
WELCOME

Thank for your interest in joining this class!

I'm excited to share with you this new proven approach to healing and the techniques I've spent over two decades researching, testing and developing.

These tools have a profound impact on my own healing and the healing and transformation of hundreds of practitioners and their clients.

These are your materials for reference during and after the class.

If you have any questions, please don't hesitate reach out at ahimsa@sashacuff.com.

Here's to healing and learning together.

Sasha



THE FUNDAMENTAL DIFFERENCES BETWEEN TALK THERAPY AND RELATIONAL SOMATIC MEDICINE WORK

There are 5 main types of healing in order of prevalence:

- Trauma resolution
- Emotional
- Relational
- Energetic
- Psychic

The fundamental differences:

- Talk therapy addresses emotional and relational wounds
- Relational somatic therapy addresses emotional, relational and trauma resolution including attachment trauma which deeply affects relational healing
- The suppression mechanisms are physical and if not address will block access to the deeper releases
- The set up of a medicine session gives a long enough corrective experience of being in a nurturing field for 7 to 8 hours which is the key to healing attachment trauma

WHY RELATIONAL SOMATIC THERAPY IS THE MISSING KEY

- Changing how we think can be helpful
- Real transformation comes from changing the way the body holds the imprint
- If you don't address the relational trauma and wounding it will often block access to the body
- Holding patterns and parasympathetic suppression mechanisms will keep unprocessed emotional charge and trauma buried
- Depression is too much suppression mechanism stuck in the body

THE 9 TYPES OF PARASYMPATHETIC NEURAL PRESENTATIONS

- Shame Freeze
- Statue
- Turtle
- Collapse (Play Dead)
- Dissociative Amnesiac Collapse (Play Dead with dissociation and amnesia)
- Deep Dorsal Play Dead
- Conservation Mode
- Structural Freeze
- Catatonia

THE 9 TYPES OF PARASYMPATHETIC NEURAL PRESENTATIONS

01 SHAME FREEZE

- Characterized by a numb feeling in the body
- Difficulty sensing or feeling body sensations and affect
- Can be triggered by embarrassment, or the feeling of “I’ve done something wrong” Addictions often trigger this type of shame when exposed or when we have been caught lying
- Always carries feelings of unworthiness
- Results of a lack of parental emotional intelligence so freezes were necessary to suppress emotion
- The lack of holding and nurturing generates this type of freeze
- Biological state generated to suppress the feelings of disappointment when need go unmet
- Mechanism to freeze out needs that might stress out the caregivers

THE 9 TYPES OF PARASYMPATHETIC NEURAL PRESENTATIONS

02 STATUE

- Symptom of emotional abuse and power tripping parents
- Shame freeze combined with a double bind
- When defending oneself made things worse

03 TURTLE

- If 1 or more of the caregivers was a threat physically or emotionally, the turtle is the bodies way of bracing for impacts that could come unexpectedly
- Creates holding patterns that get stuck in the body

04 COLLAPSE

- The neural state of play dead
- Energy disappears
- body gets limp
- If abuse continues while in this state it will progress to a deep dorsal play dead

THE 9 TYPES OF PARASYMPATHETIC NEURAL PRESENTATIONS

05 DISSOCIATIVE AMNESIAC COLLAPSE

- When remembering the trauma would do more harm than good the brain creates an amnesiac wall
- Most common with incestuous sexual abuse
- Trauma can be processed through the body without needing the memory
- Treat the same way as a collapse only do a falling/catching process to release the confusion created by the amnesiac wall; confusion can be released without memory coming back

06 DEEP DORSAL PLAY DEAD

- Response to physical and sexual abuse
- When one couldn't escape or fight
- When the initial play dead collapse didn't stop the abuse
- At the root of chronic fatigue

THE 9 TYPES OF PARASYMPATHETIC NEURAL PRESENTATIONS

07 CONSERVATION MODE

- All of the energy in the body goes into keeping the vital organs functioning
- The immune, digestive, and elimination systems go offline to conserve energy
- At the root of fibromyalgia, lupus and many other autoimmune disorders
- A deep dorsal parasympathetic shut down used to inhibit all but the essential survival functions

08 STRUCTURAL FREEZE

- Arises from abuse or severe neglect under the age of 6 months old
- Wired into the neural architecture and has corresponding numbness, lack of sensation in the body, or shut down biological signals
- For example, if there was starvation in early infancy, hunger signals may be shut down
- This type of biological shame can take years of therapy to rectify due to its' early structural development
- Medicines, in order of effectiveness in speeding up the healing of structural shame are ayahuasca, huachuma, and 5-meo-dmt.

THE 9 TYPES OF PARASYMPATHETIC NEURAL PRESENTATIONS

09 CATATONIA

- Experiences from which there was no escape that were so terrifying or painful or both that the body needed to freeze solid
- Inability to talk
- Can create a communication bridge by getting client to blink eyes for yes or keep them closed for a no
- Common with survivors of torture and Satanic ritual abuse

PARASYMPATHETIC NEURAL PRESENTATIONS CHARACTERISTICS AND INTERVENTIONS

Parasympathetic Presentation	Characteristics	Interventions
Shame Freeze	Tightness in facia, breathing gets shallow or stops, subtle immobility, shame stories	Brisk rubdown of whole body, client can do their own face, pelvic region and breasts, or whole body if safe touch is not available. Buffering
Statue	Tightness in facia, breathing gets shallow or stops, immobility, feels like turning to stone, often has a look of shock on the face	Let everything get tight and breathing stop, important to let face freeze into shock expression, then slowly move fingers, slowly bring movement into hands, wrists, forearms, progressively until whole body start to mobilize, smile to finish
Turtle	Shame freeze with symptoms of tightness in facia, breathing gets shallow or stops, impulse to pull inward, hiding inside, bracing	Let everything get tight and pull inward, arms into chest, person will often curl up into a ball, when they've pulled in tell them "I'm going to look around and make sure that we're safe"(look around)then say "coast is clear, are you ok" as you put a hand on their shoulder. They will naturally start to uncurl and orient.
Dissociative Amnesiac Collapse	Feeling of falling through space, limp, lost, confusion, trauma imprint with no memory of the trauma	Elevate body, get client to feel falling feeling, drop and catch them

PARASYMPATHETIC NEURAL PRESENTATIONS CHARACTERISTICS AND INTERVENTIONS

Parasympathetic Presentation	Characteristics	Interventions
Collapse	Tired, low energy, body wants to droop, feeling of giving up	Get client to droop forward ½ way into the collapse, support them with your arm across their chest, get them to do breath work, do it with them, as they breath posture will slowly become more erect
Deep Dorsal Dead Play	Collapse with no energy, deep freeze, difficulty speaking, shock	In this order: calf and foot massage, gentle rubbing of head and forehead, acting out protecting, get client to breath deep and then cough, do some breath work together with them, massage arms and hands and pectoral muscles
Conservation Mode	Feeling of peace, wanting to go home to some place on the other side of death. Giving up, collapse	Treat the same way as a collapse, add to it: check for threats and say we're safe, then help the client find things about life that are interesting such as the beauty of nature, love, friendship, humour, etc.
Structural Freeze	Numbness, lack of sensation in the body, or shut down biological signals	Ayahuasca, huachuma, and 5-meo-dmt
Catatonia	Paralysis, loss of body sensations, inability to feel pain, speechless, terrified	Move and speak slowly with a calming voice. Check to make sure there are no threats present, lock doors, look out windows etc.

MAKING THE IMPLICIT EXPLICIT

One of the main goals of somatic therapy is to make the implicit imprints explicit so that they can be seen, felt and processed. There are many ways to do this, here are the main ones and some helpful somatic inquiry questions:

Facial Expressions

- "That pain your feeling, can you show me with a facial expression, how it feels?"
- "That yucky feeling that you are feeling in your stomach, what would it look like if you could show it to me with your face?"
 - Always make the face with them, if they have trouble doing it, you can say, "let's do it together"

Gestures

- "That impulse you're feeling, does it have a gesture?"
 - Always mirror the gesture

Movement

- "Can you show me with your body how that impulse would move?"
- "Try doing the movement really slowly at your own rate, you are in charge."
 - Always mirror the movement

MAKING THE IMPLICIT EXPLICIT

Sounds words and noises

- “If that part could talk, what would it say?”
- “That energy coming up your oesophagus, is there a sound to it?”
- “What kind of noise would that feeling make?”
 - With sounds and noises it can often be helpful to copy the sound/noise.
 - Sounds are particularly helpful for when there is a lot of jaw tension or when then energy is getting jammed up in the throat.

Therapist directed movements and sounds

- “See if you can reach out with your hands from that alone place?”
 - Always meet their reach with your hands (be patient with their reaching it can be slow and there can be a lot of inner processing going on)
- “Touch your face”
- “Explore how it feels when you give that child room to expand”
- “Explore how it feels when you give that child permission to move however she likes”
- “Would you like to try humming together and see if that helps that frozen feeling”
- “Try vibrating your lips, like the horse sound.”
 - If the client becomes severely dissociated or catatonic the interventions becomes necessarily directive and louder.
- “We are standing up now and looking around the room”

MAKING THE IMPLICIT EXPLICIT

Therapist directed movements and sounds (cont.)

- “Try vibrating your lips, like the horse sound.”
 - If the client becomes severely dissociated or catatonic the interventions becomes necessarily directive and louder.
- “We are standing up now and looking around the room”

Therapist Intuitive/Attuned (this one is usually for more advanced practitioners and empaths)

- “I noticed when you said _____ I felt _____ name the present time body sensation “
- “I’m noticing something going on in my gut. Do you a sense of that in you?”

Symbolic relational positioning and therapist body language

- “How does it feel when I stand guard?”
 - Be near client, facing away, in a protective stance
- “What happens inside you when I move a bit closer towards you?”
- “What do you notice when _____ co-therapist’s name stands in between us?”
- “I can avert my eyes if this direct gaze feels too intense”
- “What happens in your system when I look away from you?”
- “What do you notice when you see me mirroring your _____gesture, facial expression, movement, sound, etc._____”

MAKING THE IMPLICIT EXPLICIT

Touch

- “Does this touch feel ok?”
 - If not, remove hand and say “thank you for telling me”
 - If yes, say “what happens in you when I touch you here”
 - Feet are most likely the safest place to start
 - It is important to note here that sometimes the clients mind will say yes that touch is ok and at the same time their body is tensing. Always listen to the body and say something like “I know you said it’s ok but I get a sense that your body is not totally ok with it”
- “See if you can push out some of that anger, let it come from deep down and let it sequence out slowly. It’s not about how hard you can push, it’s more about feeling connected with yourself while doing it” (hold up your hands so they have something to push against)



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**HELPING PEOPLE UNCOVER
THEIR ESSENCE SELVES**