

Understanding the Effects of Prejudice, Discrimination and Inequity in the Body

by Thea M. Lee, M.A., LMFT(CA), SEP and Tommy Lee Woon, M.S., SEP

The information in this document about personal traumas derives primarily from Somatic Experiencing®, a school of somatic (i.e., body-focused) therapy for healing trauma. The application of its theory to understanding and healing the effects of prejudice/discrimination/lack of equality is a work we are pursuing on our own.

The Workings of the Body in Relationship to Stressors/Threats

Have you ever had an experience, in which you were watching a scary movie and noticed yourself holding the breath, bracing muscles, covering your eyes, or jumping in your seat? This common experience gives us a glimpse into the biology of stress; our bodies are wired to respond, largely involuntarily, to a stressful and threatening situation even in movies.

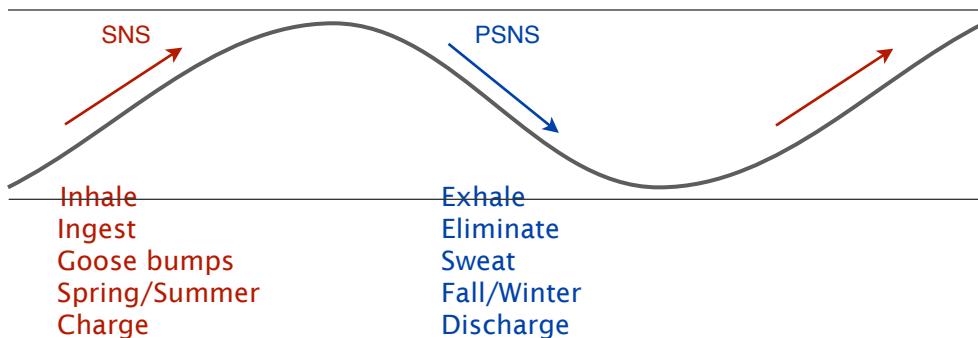
When we explore the role of the body in understanding the effects of prejudice, discrimination and inequity, we are referring to a specific part of the body, the autonomic nervous system. For this reason, throughout this document, the words, “the body/bodies” and “the (autonomic) nervous system” are used inter-changeably.

What Is the Autonomic Nervous System (ANS)?

- Governs all survival functions including:
 - * breathing
 - * circulation
 - * perspiration
 - * digestion
 - * sexual arousal and reproduction
 - * “*fight or flight*” and “*freeze or dissociation*”
- Has 2 complementary branches:
Sympathetic Nervous System (SNS) and Para-Sympathetic Nervous System (PSNS)
 - ↑ energizes, contracts, moves
 - ↓ slows, opens/releases, quiets
- As the word, “autonomic,” suggests, most ANS functions are involuntary and do not involve our conscious thoughts and decisions.

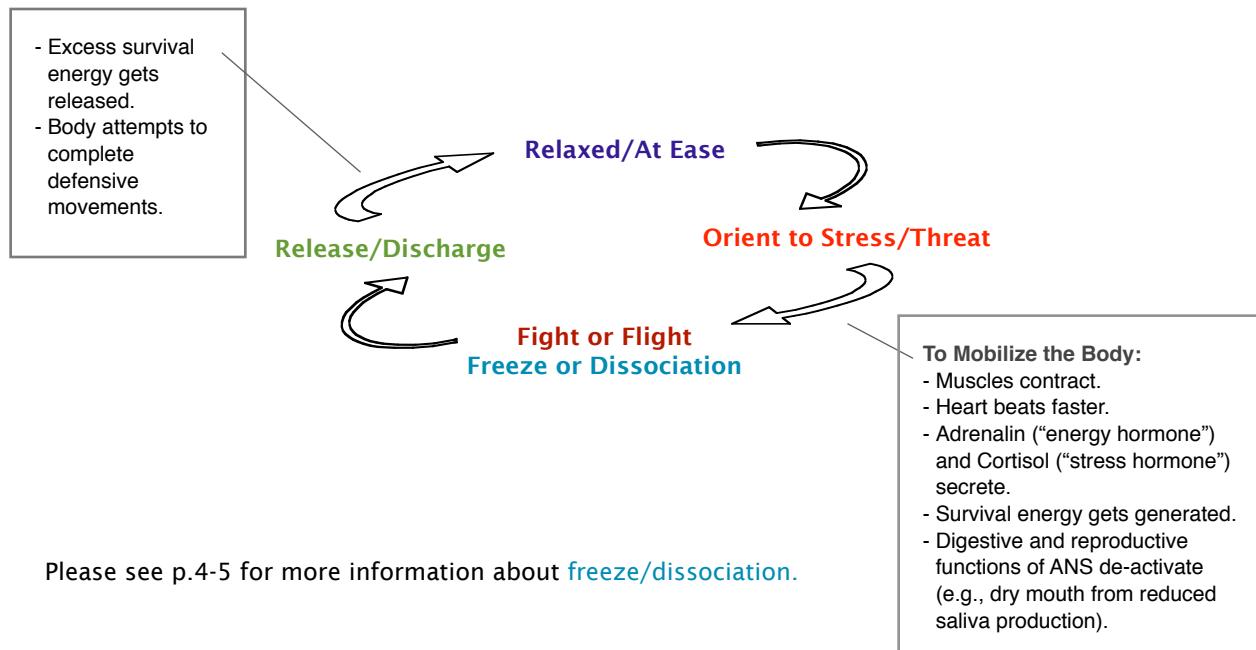
Natural Regulation in the ANS - “What goes up does come down.”

- Has a natural range, within which it flows up and down mostly on its own.
- This flow is also very much like nature with its ups and downs and seasonal changes.

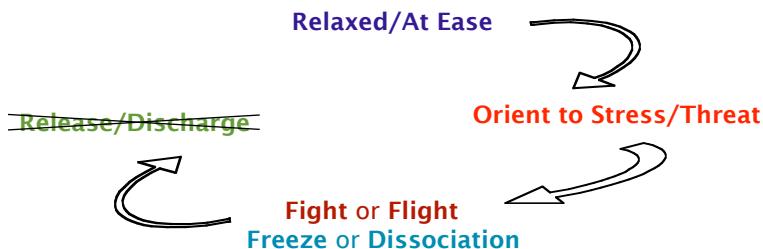


Natural Stress Response Sequence in the ANS

In response to a stressor/threat, the ANS is designed to activate and de-activate in a sequence.



When **Release/Discharge** is not allowed to happen, the ANS gets stuck in the defensive survival stage of the Stress Response Sequence.



As far as the body is concerned, the event is not over yet.

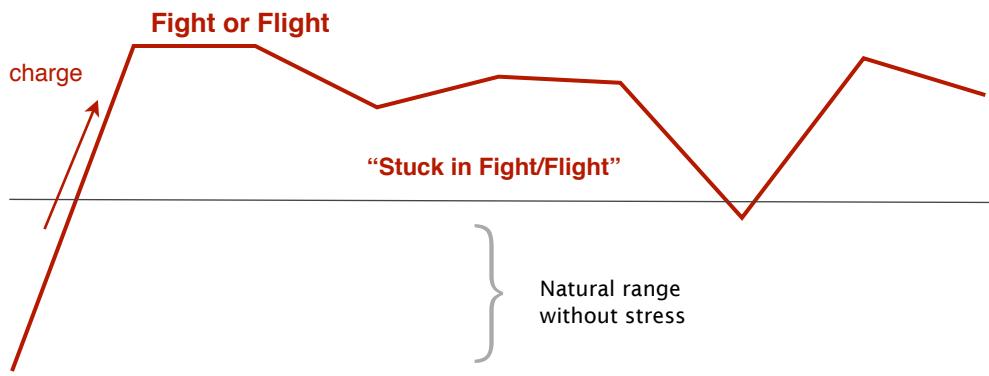
Common causes for the interruption in the sequence include:

- Not wanting to feel out of control all over again from the sensations of energy release (e.g., trembling, tingling, tearing up, etc.): We often tell ourselves to "get a grip," "Just get over it," etc.
- Situational priorities (e.g., needing to attend to a child's needs)
- On-going stressors/threats (e.g., repeated sexual abuse/violence in family, wars, colonialism, prejudice/discrimination, lack of full rights and equality, chronic poverty, vicarious trauma for providers, etc.)
- New situations that cause more stress responses (e.g., not being believed, being blamed, living in refugee camps, denial of the reality of oppression by individuals as well as the society, etc.)

Trauma Symptoms = Disregulation in the ANS

In somatic therapy, we understand that trauma symptoms are reflections of the disregulated state in the nervous system that is unable to complete the sequence in the stress response back to the relaxed state.

Stuck in Fight or Flight



The list of common trauma symptoms below reflect **the state of the body that is still “fighting/running for life,” “at war,” and “on high alert.”** These symptoms largely correspond to the “re-living” and “hyper-arousal” categories of Post-Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual (DSM) of Mental Disorders.

- anxiety, agitation, jittery/restless feelings, irritability, outbursts of anger
- tendency to over-react, violate boundaries, etc.
- impulsivity, inability to stay/commit to relationships/jobs/projects (i.e., still on the run)
- jumpiness, hyper-vigilance (i.e., on guard, ready to react), worrying that is disproportionate to the situation
- flashbacks, recurring thoughts and memories of the event/experience
- difficulty resting or sleeping, insomnia, nightmares
- muscular tension, physical pain
- self-harming and “other-harming” behaviors to manage the above symptoms

Social Traumas are caused by experiences with prejudice and discrimination on a personal level as well as cultural and structural inequities based on factors such as race, gender, sexual orientation, religion, and disabilities. Our nervous system reacts to prejudice, discrimination and inequity as a matter of survival because they are an assault on our fundamental sense of safety and the right to exist in the world.

Collective and Historical Traumas are caused by events that target a group of people, and the effects are passed down through the generations. Examples include American Indian genocide, displacement and boarding schools, slavery, lynching, segregation, Japanese American internment, colonialism, “ethnic cleansing,” and wars. Generational transmission of traumas occurs in the body when parents’, grandparents’ and the community’s traumatized nervous systems shape their offsprings’ nervous system development. It also happens through one’s identification with the historical experiences of her/his families and communities. If our bodies react the way they do to scary movies, imagine how they respond to stories of traumas that happened to those we closely identify with? In our opinion, this is why social, collective and historical traumas are matters of public health.

Common symptoms of **social, collective and historical traumas**, when the nervous system is stuck in **fight or flight** include:

- inability to fully relax/rest without feeling unprepared to face daily encounters with prejudice, discrimination and lack of equality
- having to work hard to manage anger/fear in daily encounters with prejudice, discrimination and lack of equality
- conscious/unconscious expectations of being treated unfairly because of one's race, sexual orientation, gender, disabilities, etc.
- generalized fear/anger/distrust of individuals and institutions that are in the position of power and privilege in relationship to one's sexual orientation, gender, religion, race, etc.
- distrust/judgment against people in one's own community (i.e., internalized oppression: e.g., a belief in who is a "real/authentic _____," "good/bad hair," in-fighting, etc.)

Understanding Freeze and Dissociation

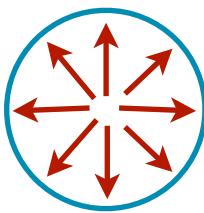
Freeze and Dissociation are not as widely known as **fight or flight**. And yet, they are very important components of the nervous system's repertoire for responding to a stress/threat.

Freeze is physical immobility (e.g., "I froze," "I couldn't scream/move," etc.), whereas **dissociation** is mental and emotional withdrawal (e.g., "I blanked out," "I left my body," "I went numb," etc.). They occur when: A) the intensity of the threat and fear is so great that it overwhelms the nervous system, and/or B) a person realizes that fighting back or fleeing is likely to make the consequences worse.

Freeze and dissociation are widely misunderstood in our culture, which emphasizes "mind over matter." Sadly as a result, many people who have experienced **freeze** blame themselves - "Why didn't I run/scream?", while those who have experienced **dissociation** fear that they may be "crazy."

In fact, freeze and dissociation are primarily an involuntary, biological response as a last resort for survival. They also shield the person from the full experience of intense suffering. It is a state of shut-down, collapse and fragmentation (i.e., disconnect) for the sake of preservation and "waiting for the threat to pass." In its extreme form, freeze/dissociation may cause the person to faint and/or a memory loss.

Physiologically speaking, freeze/dissociation is a complex phenomenon, in which **the sympathetic nervous system** and **the para-sympathetic nervous system** are active at the same time. That is to say, the nervous system is generating energy in an attempt to mobilize for fight/flight, but unable to actualize any defensive movement because the body and/or the mind have shut down. The illustration represents the sympathetic energy charge that is trapped inside the body because of para-sympathetic shut-down. Metaphorically, it is as if one foot is on the accelerator and the other foot on the brake, causing grinding.



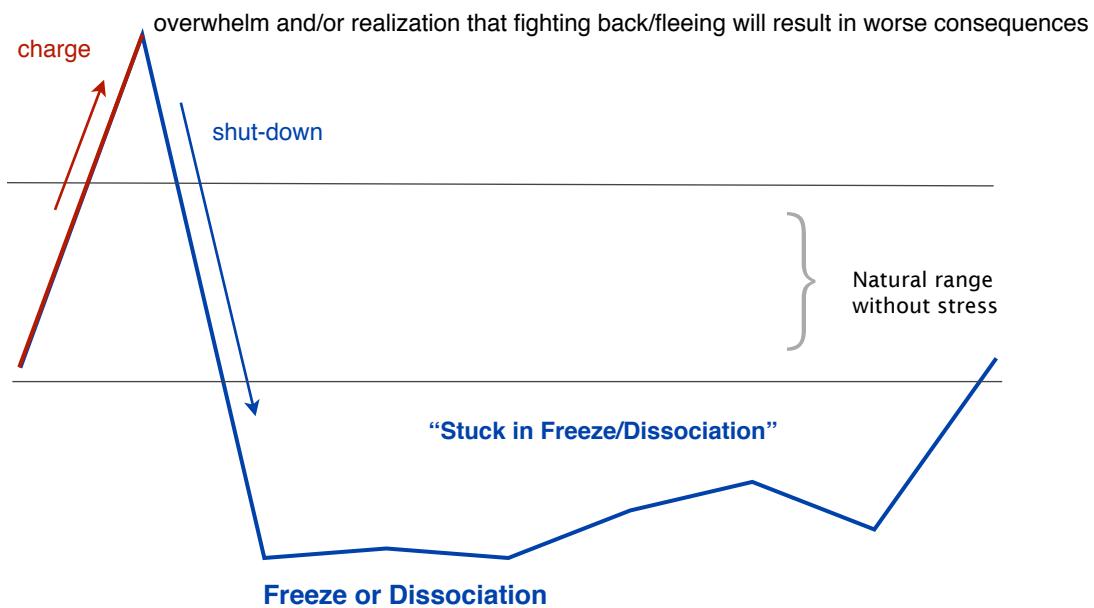
In the context of prejudice, discrimination and lack of equality, a common example of freeze is when a co-worker makes a derogatory statement or joke about a group of people and you suppress your anger and the urge to say something because of concerns about damaging a workplace relationship: "I have to tone it down so that the other person can hear it," "I must behave professionally," etc. Experiences with microaggression such as this one is very taxing to the body and cause chronic stress because it produces grinding in the nervous system. The suppressed sympathetic charge often comes up later in a form of self-blame (e.g., "I should have said something.") or resentment.



CHILDREN get overwhelmed more easily than adults because their nervous system is still developing and has limited capacity to withstand scary experiences on their own. As a result, children are more likely to experience freeze/dissociation than resilient adults. Adults, who experienced freeze/dissociation in their childhood, are more prone to freeze and/or dissociate in response to a stressful and potentially threatening situation.

Stuck in Freeze or Dissociation

Below is a graphic representation of how **freeze and dissociation** happen. As with the fight or flight response, our nervous system can get stuck in the frozen/dissociated state when, upon surviving a threatening experience, it is not allowed to complete the Stress Response Sequence.



The list of common trauma symptoms below reflect **the state of the body that is still “waiting for the threat to pass” and fragmented (i.e., disconnected) so as not to feel the full extent of suffering**. These symptoms largely correspond to the “avoidance” category of PTSD in DSM.

- depression, feelings of emptiness, spaciness, numbness and detachment
- tendency to under-react, inability to defend self or face conflicts, poor boundaries
- indecisiveness, difficulty concentrating, forgetfulness
- constant sluggishness, feelings of being drained/tired
- sleeping too much without feeling rested or refreshed
- tendency to get confused, discouraged or give up easily
- avoidance of social interactions and reminders of traumatic experiences
- limp, weak muscles
- Self-harming and “other-harming” behaviors to manage the above symptoms.

Common symptoms of **social, collective and historical traumas**, when the nervous system is stuck in freeze or dissociation include:

- a sense of sheer exhaustion, burn-out and overwhelm about the pervasiveness of prejudice, discrimination and inequity
- hopelessness/powerlessness and resignation about prejudice, discrimination and inequity (e.g., stop voting because it feels like it will not matter)
- a pattern of not speaking up about prejudice, discrimination and inequity followed by a sense of resentment/shame/self-blame
- denial or rationalization about prejudice, discrimination and inequity facing one's own community
- inability to recognize signs of resiliency and resistance in one's self and community
- withdrawal from relationships in one's own community

Final Notes

How somatic therapy facilitates healing of traumas is beyond the scope of this document. In a nutshell, the process engages our awareness of physical sensations in our bodies (i.e., the language of the body) to help regulate the nervous system out of the survival stage and back to the state of ease.

It is also beyond the scope of this document to fully describe how the psycho-biology of trauma can be applied to understanding the etiology of prejudice (i.e., How we acquire conscious or unconscious, distorted information and feelings about groups of people) and discrimination. In our observations, prejudice is a particular variation of distorted meaning and fear that come out of traumatic disregulation in the nervous system (i.e., "It's my fault," "If only I can avoid ____, I will be safe," "It can't be helped," etc.). Without such disregulation in the nervous system, we are not susceptible to forming or accepting distorted information and feelings about groups of people. It can be said that disregulation in the nervous system binds distorted information in our minds and fear in our hearts, and the state of the collective nervous system of our family, community and society can either reinforce or challenge it. Emotions, such as guilt, shame, clumsiness and confusion that are commonly associated with our efforts to do the right thing as allies, also come out of disregulation in the nervous system; such disregulation is most likely a result of childhood experiences in which we felt powerless, helpless, and unworthy. In this "bottom up" perspective, we cannot rely on logic, facts and the right kind of social analyses alone to work ourselves out of our unconscious and conscious biases, stereotypes, prejudice and fear. We cannot rely on policies and structural changes alone to bring about fundamental shifts in individuals and our society that will support full equality, justice and peace for all.

Each and every one of us have a multi-faceted social identity. For instance, as people of color, we, the authors, are the target of racism, and as heterosexuals, we find ourselves in a position of power and privilege in our society. In our pursuit for a just, equitable and peaceful world, we all deserve to heal from the effects of oppression. We also have the responsibilities to become more effective, consistent and intentional allies for others by working through our traumas and their link to our conscious/unconscious prejudices and "blind spots."

Social, collective and historical traumas are, by definition, relational traumas. It is our belief that healing of social, collective and historical traumas is a critical step towards achieving full equality, justice and peace in our society, and it must engage collective efforts AND our bodies.

We welcome your inquiries about our somatic therapy services, presentations and training.

Just healing for all,

Thea M. Lee
lee.theam@gmail.com
651-319-2110

Tommy Lee Woon
tommy.woon@gmail.com
651-319-2109