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POCKET RECOVERY SHOW

CLINICAL GUIDANCE SERIES • SOMATIC MANUAL

Episode 3 Somatic Down-Regulation Exercises

An Evidence-Based Guide for Autonomic Regulation & Distress Tolerance

1. The Physiological Sigh – High Alert

Dual-Inhale Pulmonary Reset

Primary Indicator: Acute Anxiety, Panic Attacks, Hyperventilation, and High Sympathetic Spikes

Vagal Pathway: Pulmonary Stretch Receptor / Sinoatrial Node Regulation

NEUROBIOLOGICAL MECHANISM

During acute stress, the tiny air sacs in the lungs (alveoli) collapse, restricting carbon dioxide (CO_2) exchange. This leads to a rapid build-up of CO_2 in the bloodstream, triggering the autonomic nervous system's suffocation alarm and inducing sudden panic. The physiological sigh utilizes a double nasal inhalation—where the second "pop" inhale reinflates the collapsed alveoli. This is immediately followed by a long, relaxed exhalation which dumps the accumulated CO_2 at maximum speed. This sudden chemical drop and physical pulmonary stretch triggers a neural message that overrides high heart rates and overrides the amygdala's fear center in under 5 seconds.

STEP-BY-STEP INSTRUCTIONS

1. **Primary Nasal Inhale:** Take a deep, brisk breath in through your nose, filling your lungs to roughly 90% of their total capacity.
2. **Secondary Pop Inhale:** Without exhaling, take a second, sharp, rapid "pop" inhale through your nose to fully inflate the absolute top of your lungs.
3. **Extended Exhale:** Release the entire volume of air slowly and completely through your mouth with a soft, audible, relaxed "sighing" sound. Aim to make this exhalation twice as long as your inhales.
4. **Frequency:** Perform 2 to 3 consecutive cycles for immediate down-regulation. Avoid doing more than 5 cycles consecutively to prevent dizziness.

CLINICAL GUIDANCE

Keep your neck and chest as soft as possible. Do not force high chest expansions. Focus purely on the mechanical "pop" at the very top of the breath and a completely passive, limp exhalation.

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2. VOO Breathing – Flat, Numb, Dissociation

Co-Vocalized Diaphragmatic Resonance

Primary Indicator: Hyperarousal, Flight-or-Fight Agitation, Dissociation, and Somatic Tension

Vagal Pathway: Recurrent Laryngeal Nerve / Diaphragmatic Vagal Afferents

NEUROBIOLOGICAL MECHANISM

Developed by Peter Levine (Somatic Experiencing), Voo Breathing utilizes low-frequency vocal resonance to stimulate the motor branches of the vagus nerve (which wrap around the larynx and pharynx). The deep, vibrating "Voo" sound creates physical resonance that travels through the throat, chest, and down to the abdomen, physically massaging the abdominal organs. This mechanical vibration mimics the sound of a deep foghorn, directly signaling the cardiac pacemaker and visceral branches that the immediate environment is completely secure, forcing the system to return to a safe homeostatic baseline.

STEP-BY-STEP INSTRUCTIONS

1. **Diaphragmatic Inhale:** Place one hand on your lower belly. Inhale slowly and quietly through your nose, allowing your belly to expand outward while keeping your shoulders relaxed.
2. **Initiate Sound:** Open your mouth slightly, relax your jaw, and on the exhale, produce a sustained, low-pitched, deep, resonant "Voooooo" sound.
3. **Trace Vibration:** Direct your internal focus entirely onto the physical vibration of the sound. Feel it reverberating in your throat, then vibrating your chest, and finally expanding deep inside your pelvic floor.
4. **Complete Exhalation:** Maintain the low vibration until you have exhaled all of your air. Let your body collapse and go completely soft at the end of the sound.
5. **Integration Pause:** Stay silent and still for 3 seconds, noticing the resonance and shifts in your nervous system. Repeat for 3 to 5 full cycles.

CLINICAL GUIDANCE

This is not a singing exercise; the volume does not need to be loud. The therapeutic benefit comes entirely from the low-frequency mechanical vibration. Let the pitch go as low as possible without straining.

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3. Mindful Orienting & Softening Gaze – Spacey or Mild Elevation

Visuo-Spatial Parasympathetic Shift

Primary Indicator: Hypervigilance, Obsessive Cravings, Ruminating Thoughts, and Environmental Disconnections

Vagal Pathway: Superior Colliculus / Oculomotor Pathway / Spinal Accessory Nerve

NEUROBIOLOGICAL MECHANISM

Under threats, the sympathetic nervous system locks our eyes into "foveal focus" (sharp, tunnel-vision focus) to track potential dangers. This visual narrowness keeps the amygdala in a state of high alarm. By deliberately widening our visual field to include peripheral details (panoramic vision) and softening our visual focus, we activate parasympathetic circuitry via the oculomotor and superior colliculus pathways. Furthermore, slowly scanning the room and rotating the neck engages the spinal accessory nerve (Cranial Nerve XI), which relaxes the trapezius muscles and physically confirms to the brainstem that the surrounding space is free of physical danger.

STEP-BY-STEP INSTRUCTIONS

1. **Anchor Gaze:** Look directly at any neutral object or spot on the wall in front of you with a soft, relaxed attention.
2. **Soften Focus:** Relax the tiny muscles around your eye sockets and eyelids. Allow your gaze to become slightly out of focus, imagining your eyes sinking gently back into your head.
3. **Expand Peripherals:** Without moving your eyeballs, consciously expand your awareness to the far left, far right, ceiling, and floor. Try to notice colors, light, shadows, and shapes in your entire room simultaneously.
4. **Neck Orienting:** Slowly and smoothly rotate your head from side to side. Let your neck muscles release. As you turn your head, let your eyes land on 3 specific neutral objects. Notice their texture, color, and boundaries.
5. **Settle:** Take one long, slow breath, letting your chest drop, and bring your awareness back to the space you occupy.

CLINICAL GUIDANCE

Keep your jaw unclenched and separate your teeth slightly. A soft jaw and relaxed eyes work together to signal safety to the autonomic nervous system.

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4. The Butterfly Hug – Shame, Intrusive Memory, or Thought

Bilateral Somatosensory Desensitization

Primary Indicator: Acute Emotional Overwhelm, Intrusion of Traumatic Triggers, and Severe Emotional Flooding
Vagal Pathway: Interhemispheric Integration / Somatosensory Bilateral Desensitization

NEUROBIOLOGICAL MECHANISM

Developed by Lucina Artigas during natural disaster relief, the Butterfly Hug is a self-administered bilateral stimulation (BLS) method. Alternately tapping the left and right sides of the body sends alternating tactile inputs to the brain's hemispheres. This rhythmic bilateral stimulation activates the parasympathetic branch, down-regulates the overactive amygdala, and facilitates rapid cognitive processing in the prefrontal cortex—similar to the integration that occurs naturally during REM sleep. It establishes a physical and psychological "somatic container" of absolute safety.

STEP-BY-STEP INSTRUCTIONS

1. **Cross Arms:** Cross your arms over your chest. Place your right hand on your left upper arm or shoulder, and your left hand on your right upper arm or shoulder.
2. **Open Fingers:** Spread your fingers to form the body of a butterfly, resting your hands flat against your chest like wings.
3. **Bilateral Tapping:** Close your eyes or soften your gaze. Begin to tap your shoulders alternately—left tap, then right tap, then left tap, then right tap.
4. **Rhythm:** Maintain a slow, comforting, steady rhythm (approximately one tap per second). Continue to breathe deeply and smoothly from your belly.
5. **Observe and Allow:** Do not try to block or judge any thoughts, emotions, or somatic sensations that arise. Simply observe them as they pass by, like clouds floating through a clear sky, using the physical tapping as your safe grounding anchor.
6. **Duration:** Continue the tapping for 2 to 3 minutes, taking a long, deep breath at the end of the practice.

CLINICAL GUIDANCE

Ensure the tapping is light and rhythmic. If the emotional distress increases, slow down the tapping even further and focus entirely on the physical contact of your hands resting on your chest.