Somatic Polarity Method

Practitioner Manual *(70 p.)*

1. Introduction

Why Was the DCB Somatic Polarity Method Developed in the Context of Trauma?

Deep Circular Breathing (DCB) has been used for many years as a method for increasing self-awareness, regulating emotional states, reducing internal tension, and deepening connection with the body. In practice, circular breathing is often observed to naturally activate emotional processes, release long-held tension, and create favorable conditions for new insights and internal integration.

In many cases, the breathing process itself is sufficient to produce meaningful change. However, over years of individual and group work, one recurring pattern became increasingly clear: when a participant arrives with a highly specific issue—such as betrayal trauma, addiction, low self-worth, or recurring relationship patterns—the breathing process alone does not always provide enough direction.

In such cases, breathing may activate a wide range of memories, emotions, and bodily responses, yet it is not always clear which of them is directly related to the core issue. Some participants naturally reach the central experience, while others move for a long time between different memories, emotions, or body sensations without reaching the primary internal organization that appears to be maintaining the difficulty.

This observation led to a search for a more precise way of identifying the active psychological and somatic organization before the breathing process begins. In other words: how can a participant gain a clearer understanding, prior to DCB, of the internal state that is currently most strongly maintaining the issue they want to work with?

Several complementary approaches were integrated during the development of the method.

From **Roberto Assagioli's psychosynthesis**, the method draws on the idea that the human psyche is not a single, uniform structure but includes different parts or subpersonalities that may

become dominant in particular situations. This perspective helps clarify the psychological function of various protective responses.

From **Dr. Peter A. Levine's Somatic Experiencing® approach**, the method adopts a strong focus on the body as a primary source of information. Rather than relying only on the narrative of what happened, attention is directed toward how the experience is currently reflected in breathing, muscular tone, movement impulses, and bodily sensations.

Polyvagal Theory, developed by **Dr. Stephen W. Porges**, provides a framework for understanding different states of the autonomic nervous system and their relationship to experiences of safety, fight, flight, and freeze.

These theoretical perspectives are integrated within the context of **Deep Circular Breathing** not to replace the breathing method itself, but to create a clearer preparation and navigation protocol for working more intentionally with specific psychological themes.

It is important to emphasize that the **DCB Somatic Polarity Method** is not presented as a new school of psychotherapy or as a treatment for trauma. It is a practical working model designed to help a DCB instructor identify the participant's active **Protective Somatic Organization** before the breathing process, recognize a possible **Resource Organization**, and then more intentionally observe the natural integration process between these two organizations during DCB.

The purpose of this manual is to present the theoretical foundation, practical algorithm, principles of application, and limitations of the method in detail, while inviting the international breathwork, somatic therapy, and psychology communities to critically evaluate the model, explore it in practice, and contribute to its further development.

2. The Challenge

Why Isn't the Breathing Process Alone Always Enough?

Deep Circular Breathing (DCB) has a remarkable ability to naturally activate emotional and somatic experience. During a session, memories, emotions, bodily sensations, images, and new insights often emerge spontaneously. For this reason, DCB has been successfully used for many years in personal development, emotional regulation, and work with a wide range of psychological challenges.

However, years of practical experience have revealed an important distinction:

A spontaneous process is not always a directed process.

When participants simply wish to increase self-awareness or reduce general stress, the spontaneous nature of DCB is often sufficient. The nervous system naturally brings forward experiences that are ready to be processed and integrated.

The situation changes when participants arrive with a clearly defined intention, such as:

- betrayal or loss;
- addiction;
- recurring relationship patterns;
- chronic shame;
- low self-worth;
- persistent anxiety or fear.

In these situations, an important question arises:

Is the experience that emerges spontaneously actually the one maintaining the person's current difficulty?

Practical experience suggests that the answer is **not always**.

The Limitations of a Purely Spontaneous Process

In its classical form, the DCB process typically follows this sequence:

Presenting Issue

↓

Deep Circular Breathing (DCB)

↓

Spontaneously Emerging Experience

↓

Integration

In many cases, this approach is highly effective.

However, when working with specific psychological themes, it became apparent that the experience emerging during breathing is not always the most relevant one. DCB may activate

memories, emotions, or bodily sensations, yet it is often difficult to determine whether these represent the participant's **primary Protective Somatic Organization** or simply one of its many expressions.

As a result, a need emerged for a more structured preparation process—one that could help identify **what the participant is actually bringing into the breathing session before the breathing begins.**

A Practical Observation

One of the most consistent observations in practice was that participants rarely begin with their primary experience.

When asked what they would like to work on, they often describe an experience that has already been processed, rationalized, or adapted into a socially acceptable narrative.

For example, someone may say:

> *"I want to let go of my anger."*

Yet deeper exploration reveals that beneath the anger lies a much more fundamental experience of betrayal, humiliation, or helplessness.

Another participant may say:

> *"I want to learn to trust people."*

Further exploration may uncover a deeper internal conclusion:

> *"I'm the person who will always be abandoned."*

These observations suggest that people frequently begin working not with the original experience itself, but with an interpretation of it.

Recognizing this distinction became one of the key motivations for developing the **DCB Somatic Polarity Method**. Before the breathing process begins, the protocol seeks to move beyond the participant's initial narrative and identify the underlying **Subjective Experience**, **Somatic Organization**, and **Protective Strategy** that are actively maintaining the issue in the present moment.

Only then does **Deep Circular Breathing (DCB)** become a process of exploring and integrating the nervous system's core organization rather than simply following whatever happens to emerge first.

Censorship of Subjective Experience

During the development of the **DCB Somatic Polarity Method**, another recurring phenomenon emerged—one that eventually became one of the method's central assumptions.

In practice, it became evident that people do not simply suppress their emotions.

They first censor their own Subjective Experience.

Throughout this manual, this phenomenon is referred to as **Subjective Experience Censorship**.

It can take many forms.

A participant internally experiences:

> *"I was betrayed."*

Yet says aloud:

> *"It was just a painful situation."*

Internally they feel:

> *"I hate him."*

Yet allow themselves to acknowledge only:

> *"I'm disappointed."*

They carry a profound sense of humiliation but describe themselves merely as someone who "felt uncomfortable."

In most cases, this is **not** a conscious attempt to deceive.

Rather, subjective experience is filtered through multiple layers, including:

- personal moral values;
- social expectations;
- professional identity;
- religious or spiritual beliefs;
- the desire to be a "good" or "spiritual" person;
- fear of confronting painful truths about oneself.

As a result, participants often enter a **Deep Circular Breathing (DCB)** session carrying an already edited version of their inner experience.

Why Emotional Release Alone Is Not Always Enough

If the breathing process activates only the emotional experience that has already passed through this internal censorship, integration may remain incomplete.

This does **not** mean that the participant receives no benefit.

Many people genuinely feel calmer, lighter, or clearer after the session.

However, the underlying **Protective Somatic Organization** may remain unchanged because the breathing process never reached the original embodied experience that continues to organize the problem.

For this reason, the **DCB Somatic Polarity Method** does not replace or restrict the spontaneous nature of Deep Circular Breathing.

Instead, it introduces a brief but intentional preparation phase before breathing begins.

The Proposed Solution

The **DCB Somatic Polarity Method** proposes identifying two primary internal organizations before the breathing session.

The first is the **Protective Somatic Organization**—the organization currently maintaining the participant's difficulty.

The second is the **Resource Organization**—an existing or potential state within the nervous system that supports regulation, resilience, and integration.

Deep Circular Breathing then becomes more than a process of spontaneous emotional activation.

It becomes an intentional space in which the nervous system can naturally explore and integrate these two internal organizations.

The protocol follows this sequence:

Presenting Issue

↓

Subjective Experience

↓

Protective Somatic Organization

↓

Resource Organization

↓

Deep Circular Breathing (DCB)

↓

Integration

This additional preparation phase does not alter the principles of **Deep Circular Breathing**.

Rather, it provides the instructor with a clearer clinical orientation, helping connect the breathing process to the participant's original intention while preserving the spontaneous, self-organizing intelligence of the nervous system.

Chapter Summary

Practical experience suggests that a spontaneous breathing process does not always guarantee focused work with a specific psychological issue.

One possible reason is that participants often begin the session with a version of their story that has already been shaped by **Subjective Experience Censorship**.

The **DCB Somatic Polarity Method** therefore introduces a brief preparation phase before breathing begins. Its purpose is to identify the participant's **Protective Somatic Organization**, recognize an appropriate **Resource Organization**, and only then proceed to **Deep Circular Breathing (DCB)**, allowing the nervous system to move naturally toward integration.

3. Theoretical Foundation

The **DCB Somatic Polarity Method** was not developed in isolation. It integrates several complementary theoretical perspectives that have significantly advanced our understanding of the nervous system, trauma, and psychological adaptation over recent decades.

This chapter introduces only those concepts that are directly applied within the method. It is not intended to be a comprehensive review or interpretation of these theories.

3.1. The Autonomic Nervous System

The autonomic nervous system continuously monitors both the internal and external environment, regulating the body's adaptation to changing conditions. Most of this regulation occurs automatically and outside conscious awareness.

From the perspective of this method, the nervous system is constantly asking one essential question:

> **"Am I safe?"**

Based on its answer, it organizes:

- breathing patterns;
- muscular tone;
- cardiovascular activity;
- attentional focus;
- emotional responses;
- behavioral strategies.

For this reason, bodily sensations and breathing are understood not as isolated symptoms, but as valuable information about how the organism is currently adapting to its internal and external environment.

The purpose of the **DCB Somatic Polarity Method** is therefore not simply to change emotional states, but to understand **how the nervous system is organizing those states**.

3.2. Polyvagal Theory

Polyvagal Theory, developed by **Dr. Stephen W. Porges**, expanded our understanding of autonomic nervous system regulation by emphasizing its relationship to perceived safety and threat.

According to this theory, the nervous system continuously evaluates the environment and automatically activates different adaptive responses depending on whether it detects safety or danger.

Within this method, four primary organizational states are considered:

- **Social Engagement (Safety)** – the individual can connect with others, learn, communicate, rest, and regulate emotions naturally.
- **Fight** – energy is mobilized for active protection or confrontation.
- **Flight** – energy is directed toward escape or avoidance.
- **Freeze** – the organism minimizes activity in an attempt to survive overwhelming threat.

These states are not viewed as healthy or unhealthy.

Rather, they are understood as **adaptive biological survival strategies** that have evolved to protect the organism under different circumstances.

Consequently, the purpose of this method is not to eliminate fight, flight, or freeze responses, but to understand their protective function and create conditions that allow the nervous system to transition more flexibly toward states of safety and regulation.

3.3. Peter A. Levine and Somatic Experiencing®

One of **Dr. Peter A. Levine's** most influential contributions was demonstrating that the lasting effects of trauma often reside not in the event itself, but in the body's unresolved physiological response to it.

The central principle of **Somatic Experiencing®** is that traumatic stress is maintained by protective survival responses that were interrupted or never fully completed during the original event.

For this reason, the approach places particular emphasis on:

- bodily sensations;
- spontaneous movement impulses;
- changes in breathing;

- nervous system regulation;
- the gradual balance between activation and settling.

The **DCB Somatic Polarity Method** does not reproduce the Somatic Experiencing® protocol itself.

Instead, it adopts one of its fundamental principles:

The body is a primary source of information about how the nervous system is currently organizing experience.

Accordingly, before the breathing process begins, careful attention is given to breathing patterns, muscular tension, bodily sensations, movement impulses, and other somatic indicators.

3.4. Roberto Assagioli and Psychosynthesis

Roberto Assagioli's Psychosynthesis views the human psyche as a dynamic system composed of multiple psychological parts, often referred to as **subpersonalities**.

Different situations activate different internal organizations.

Examples include:

- the Inner Critic;
- the Caregiver;
- the Wounded Child;
- the Perfectionist;
- the Controller.

These parts are not considered pathological.

They are understood as adaptive psychological organizations that once helped the individual cope with particular life circumstances.

Within the **DCB Somatic Polarity Method**, the concept of subpersonalities is not used to analyze the participant's entire personality structure.

Instead, it serves as a practical hypothesis that helps the instructor understand the psychological function of the participant's current **Protective Strategy**.

In this context, subpersonalities provide another perspective for interpreting the meaning of the body's adaptive responses.

3.5. Deep Circular Breathing (DCB)

Deep Circular Breathing (DCB) is the central experiential process within this method.

It is important to emphasize that the **DCB Somatic Polarity Method** does not modify the breathing technique itself.

What changes is **the preparation for breathing and the way the process is navigated.**

Within this framework, **Deep Circular Breathing** serves three primary functions.

First, it deepens awareness of the body, allowing participants to recognize somatic processes with greater clarity.

Second, it naturally activates emotional and physiological processes that are ready to emerge into awareness.

Third, it creates conditions in which the nervous system can safely explore and integrate the relationship between the **Protective Somatic Organization** and the **Resource Organization**.

Breathing is therefore **not** understood as a technique for "removing trauma" or "cleansing emotions."

Rather, it is viewed as a process through which the nervous system is given an opportunity to reorganize and integrate previously established adaptive patterns.

Chapter Summary

The **DCB Somatic Polarity Method** is built upon five complementary principles:

- the autonomic nervous system continuously organizes adaptation to the environment;
- Polyvagal Theory provides a framework for understanding states of safety and defense;
- Somatic Experiencing® emphasizes the body's central role in trauma integration;
- Psychosynthesis helps explain the function of different internal protective organizations;
- Deep Circular Breathing creates the experiential conditions in which these organizations can be explored and naturally integrated.

Together, these complementary perspectives form the theoretical foundation of the **DCB Somatic Polarity Method**.

4. The DCB Somatic Polarity Method

4.1. Purpose and Overall Structure

The **DCB Somatic Polarity Method** is a structured protocol for **preparation, navigation, and integration**, designed to be used alongside **Deep Circular Breathing (DCB).**

The method does **not** modify the breathing technique itself. Instead, it complements DCB by introducing a structured process that takes place **before**, **during**, and **after** the breathing session.

The central premise of the method is that when people seek help for a specific psychological issue, they are often consciously aware of only part of their experience. Other aspects may have been rationalized, softened, morally judged, or disconnected from bodily awareness. As a result, moving directly from identifying a problem into an intensive breathing session does not always engage the **Protective Somatic Organization** that is maintaining the difficulty.

Before beginning **Deep Circular Breathing (DCB)**, the protocol helps participants:

1. identify their **Subjective Experience** with greater precision;
2. recognize how this experience is organized within the body;
3. understand the possible function of the **Protective Strategy**;
4. identify the underlying **Core Need**;
5. recognize an existing or potential **Resource Organization**;
6. establish **Somatic Polarity** between the protective and resource organizations;
7. allow the breathing process to naturally explore and integrate the relationship between these two organizations.

The method consists of **nine sequential stages**:

1. Identifying the **Subjective Experience**.
2. Identifying the **Protective Somatic Organization**.
3. Formulating a hypothesis about the **Protective Strategy**.
4. Identifying the **Core Need**.
5. Identifying the **Resource Organization**.
6. Establishing **Somatic Polarity**.
7. **Breathing Navigation**.
8. **Deep Circular Breathing (DCB)**.

9. **Integration**.

These stages are **not** intended to control the participant's process or direct it toward a predetermined outcome.

Rather, they provide a practical framework that helps both the instructor and the participant understand **what is being worked with, how it is organized within the body, and what internal resources may support greater flexibility and self-regulation within the nervous system.**

The breathing process itself remains spontaneous.

The protocol simply provides the nervous system with a clearer point of orientation from which spontaneous exploration and integration can naturally unfold.

Stage I. Identifying the Subjective Experience

Purpose of the Stage

The purpose of the first stage is to help the participant identify, as precisely as possible, **what they want to work with** and to distinguish their **primary Subjective Experience** from the explanations, interpretations, or rationalizations that have developed around it.

Participants often begin a session by saying:

- *"I want to let go of the past."*
- *"I want to trust myself more."*
- *"I want to get rid of my anxiety."*
- *"I want to let go of this relationship."*
- *"I want to stop controlling everything."*

These statements indicate the general direction of the work, but they rarely reveal what the experience actually means to the individual.

For example, beneath the statement:

> *"I want to let go of my relationship."*

there may be a much deeper experience, such as:

- *"I was betrayed."*
- *"I became unimportant."*
- *"I felt humiliated."*
- *"I'm afraid no one will ever love me again."*
- *"I can't accept that I lost control."*

At this stage, the objective is **not** to establish the objective truth of the event.

The objective is to understand **how the participant's nervous system experienced it.**

The Instructor's Role

The instructor helps the participant clarify their presenting issue while remaining attentive to signs of **Subjective Experience Censorship**.

The instructor does **not** judge whether the participant's interpretation is objectively accurate, morally justified, or factually correct.

Likewise, the instructor does not encourage blaming others or reinforcing a fixed victim identity.

Instead, the goal is to create a safe space in which the participant can temporarily acknowledge how the experience has been lived internally.

An important distinction should be maintained:

- **"I am a victim."** → describes a fixed identity.
- **"In that situation, I felt like a victim."** → describes a subjective experience.

The first may reinforce identity.

The second opens the possibility for exploration and integration.

Sample Questions

- What would you like to work with today through **Deep Circular Breathing (DCB)?**
- Which situation currently creates the greatest tension for you?
- What did that situation mean to you personally?
- Who did you become in that experience?
- How would you describe yourself within the context of that situation?
- Which word or sentence is the most difficult for you to admit?
- What do you truly think when you no longer need to be polite, spiritual, or rational?

- Which emotion feels unacceptable to you?
- What would you say if you knew you would not have to act upon it?
- Which version of your story feels socially acceptable, and which one feels more authentic inside?

If the participant struggles to answer, the instructor may gently offer possible directions—not as diagnoses, but as invitations for exploration:

- Does it feel more like **betrayal**?
- **Humiliation**?
- **Abandonment**?
- **Rejection**?
- **Helplessness**?
- **Injustice**?
- **Loss of control**?

The participant's own experience should always remain the primary guide.

Common Mistakes

1. Becoming Lost in the Story

The instructor may begin exploring every detail of the event, relationship, or chronology.

While this information may be interesting, it often shifts attention away from the real objective.

Within this method, the primary question is not:

> **"What happened?"**

but rather:

> **"How is this experience organizing the participant's nervous system today?"**

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2. Reframing the Experience Too Early

Statements such as:

- *"Perhaps this was a lesson."*
- *"Maybe they did the best they could."*
- *"You need to forgive."*

- *"Perhaps you chose this experience."*

may unintentionally strengthen **Subjective Experience Censorship**.

Meaning, forgiveness, and broader understanding may naturally emerge later in the process.

Before that can happen, the participant's original experience must first be fully acknowledged.

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3. Confusing Emotion with Behavior

Allowing someone to experience anger, hatred, grief, or fear internally does **not** mean encouraging harmful behavior.

The instructor should consistently distinguish between:

- the participant's right to fully experience their internal reality;
- their responsibility for how they choose to behave in the outside world.

This distinction creates psychological safety while supporting emotional honesty.

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4. Reinforcing Identity

The purpose of this stage is **not** to convince participants that they are victims, abandoned people, or permanently broken individuals.

These words are used only as temporary bridges toward experiences that may have remained unacknowledged for many years.

Once the original experience becomes fully conscious, the nervous system is often able to reorganize naturally during **Deep Circular Breathing (DCB)**.

The goal is **not** to strengthen an identity.

The goal is to increase awareness of the experience from which that identity was originally constructed.

Stage II. Identifying the Protective Somatic Organization

Purpose of the Stage

The purpose of the second stage is to identify **how the participant's Subjective Experience is currently organized within the body.**

At this point, the process shifts from describing the story to directly exploring embodied experience.

Rather than focusing solely on what the participant thinks about the situation, the instructor helps them notice:

- where the experience is felt in the body;
- the qualities of the sensation;
- how it influences breathing;
- whether it contains an impulse toward movement;
- changes in muscular tone;
- whether the participant remains connected to their bodily experience.

Within this method, the **Protective Somatic Organization** is **not** viewed as "trauma stored in the body."

Instead, it is understood as **the body's current adaptive organization in response to the participant's chosen issue.** It reflects how the nervous system is attempting to protect the individual in the present moment.

The Instructor's Role

The instructor gently guides the participant into a slow and precise exploration of bodily experience.

Curiosity and neutrality are essential.

The instructor does **not** suggest what the participant should feel, nor do they assign symbolic meanings to particular body regions.

For example, pressure in the throat does not necessarily mean *"unspoken truth,"* and tension in the abdomen does not automatically indicate *"fear."*

The meaning of a sensation should emerge primarily from the participant's own experience rather than from the instructor's interpretation.

Sample Questions

- As you think about this situation, where do you notice it first in your body?
- Where is the sensation strongest?
- Where do you feel the least vitality?
- Where is the greatest tension?
- How large does this area feel?
- Does it have clear boundaries?
- Is it moving, pulsing, expanding, contracting, or completely still?
- Does it feel warm, cold, or neutral?
- Does it feel heavy, light, dense, or empty?
- Does it press, pull, burn, freeze, vibrate, or tighten?
- If it had a color, what would it be?
- If it had a shape, what would it look like?
- Does the sensation feel inside the body, on the surface, or around the body?
- How does this part of your body breathe?
- Does it allow a full inhalation?
- Does it allow a complete exhalation?
- Does the breath stop or hesitate there?
- If this part of your body could speak, what would it say?
- Does your body want to do something—push away, withdraw, run, curl up, cry out, reach forward, or become completely still?

Using the VAK Model

At this stage, the instructor may draw upon the **VAK model**, widely used in Neuro-Linguistic Programming (NLP), to help participants describe their experience with greater precision.

- **V – Visual:** color, shape, size, image, movement, location, direction.
- **A – Auditory:** sounds, words, internal dialogue, tone of voice, silence.
- **K – Kinesthetic:** pressure, temperature, movement, density, pulsation, pain, numbness, emptiness, vibration.

The purpose of the VAK model is to enrich awareness of the participant's experience—not to force a particular type of perception.

If the participant does not naturally experience an image or an internal sound, there is no need to create one artificially.

The body should always lead the process.

Common Mistakes

1. Attempting to Change the Experience Too Soon

A common mistake is trying to modify the sensation before it has been fully understood.

For example, suggesting that the participant should:

- reduce the intensity;
- change its color;
- breathe the tension away;
- transform the image.

At this stage, **nothing is changed.**

The objective is simply to become deeply familiar with the existing **Protective Somatic Organization**.

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2. Interpreting the Body

The instructor should avoid statements such as:

- *"Your throat means you're not speaking your truth."*
- *"Your chest represents unresolved grief."*
- *"Your stomach indicates control issues."*

Such interpretations may replace the participant's own experience with the instructor's personal beliefs or theoretical assumptions.

Within this method, the participant's direct experience always takes precedence over symbolic interpretation.

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3. Excessive Activation

If exploration of the body begins to overwhelm the participant—for example, if they become disoriented, stop responding appropriately, become pale, lose awareness of their body, or show signs of significant dissociation—the exploration should be slowed or temporarily paused.

The priority is always **nervous system regulation**, not emotional intensity.

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4. Searching for a Single "Correct" Body Area

Not every participant experiences a single, clearly defined location.

Some may perceive their experience throughout the entire body, while others notice sensations that shift continuously from one area to another.

Both responses are entirely acceptable.

The protocol should never become a mechanical exercise in which the instructor insists on identifying one specific point.

The goal is not precision for its own sake.

The goal is to understand **how the participant's nervous system is currently organizing the experience through the body.**

Stage III. Formulating a Hypothesis About the Protective Strategy

Purpose of the Stage

The purpose of the third stage is for the instructor to develop a **working hypothesis** about the protective function of the identified **Protective Somatic Organization**.

This hypothesis serves as a guide for the next stages of the protocol and helps the instructor better understand the participant's adaptive response. It is **not** a diagnosis and does not necessarily need to be shared with the participant.

For example, the instructor may hypothesize that the active organization is related to:

- control;
- fight;
- flight or avoidance;
- freeze;
- compliance or adaptation;
- the Inner Critic;
- the Wounded Child or Lonely Child;
- preserving connection with others;
- avoiding shame or rejection.

The objective is not to determine what is "wrong" with the participant, but to understand **how the nervous system is attempting to protect them.**

The Instructor's Role

The instructor observes the participant's responses as a whole, including:

- verbal expression;
- breathing patterns;
- muscular tone;
- movement impulses;
- emotional intensity;
- connection with the present environment;
- possible psychological functions reflected through protective parts or subpersonalities.

The central question is not:

> **"What is wrong with this person?"**

but rather:

> **"What is this response trying to protect or preserve?"**

This shift in perspective changes the entire therapeutic attitude—from correcting symptoms to understanding adaptive intelligence.

Sample Questions

- What is this response trying to do for you?
- What is it protecting you from?
- What do you imagine would happen if it disappeared?
- What does this part fear the most?
- What is it trying to control?
- What threat does it perceive?
- Does it want to fight, escape, freeze, or adapt?
- How old does this part of you feel?
- Does it recognize that you are here, now, or does it react as if the original situation were still happening?
- What does it expect from other people?
- What has this protection cost you over the years?

These questions are not intended to create intellectual analysis but to deepen awareness of the protective logic operating within the nervous system.

Examples of Protective Strategies

Control

This strategy may present as:

- strong tension in the diaphragm, jaw, or abdomen;
- highly controlled breathing;
- an intense need to understand everything intellectually;
- fear of letting go.

Its possible function is to protect against chaos, uncertainty, or helplessness.

Fight

This strategy may appear as:

- heat in the body;
- tension in the arms or hands;
- clenched fists;
- jaw tension;
- forceful or restrained exhalation.

Its possible function is to restore boundaries and protect against humiliation, injustice, or perceived threat.

Flight or Avoidance

This strategy may appear as:

- rapid breathing;
- restless legs;
- excessive thinking;
- changing the subject;
- a strong need to stay busy or keep moving.

Its possible function is to avoid overwhelming emotional or bodily experience.

Freeze

This strategy may present as:

- heaviness throughout the body;
- coldness;
- very shallow breathing;
- numbness;
- slowed responses.

Its possible function is to reduce the intensity of experience when fighting or escaping is no longer possible.

Compliance or Adaptation

This strategy may appear as:

- fear of disappointing others;
- automatic agreement;
- difficulty saying "no";
- tension in the throat;
- weak awareness of personal needs.

Its possible function is to preserve connection and reduce the risk of rejection or abandonment.

Common Mistakes

1. Treating the Hypothesis as a Diagnosis

The instructor should avoid making definitive statements such as:

- *"This is your Inner Child."*
- *"You have attachment trauma."*
- *"You're in a freeze response."*

Instead, the hypothesis should remain tentative:

- *"I wonder if part of you is trying to freeze."*
- *"Perhaps this response is protecting you from rejection."*
- *"Does that resonate with your experience?"*

The participant's own experience always has priority over the instructor's assumptions.

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2. Taking Subpersonality Labels Literally

Names such as *Inner Critic*, *Controller*, or *Wounded Child* are helpful metaphors.

They are **descriptive tools**, not objective psychological entities.

The value lies in understanding the protective function—not in assigning labels.

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3. Treating the Protective Strategy as the Enemy

If the instructor attempts to "break through the control," "eliminate the Inner Critic," or "remove the freeze response," the nervous system will often respond by strengthening its defenses.

Within this method, every protective strategy is approached with curiosity and respect.

Before any pattern can change, its protective purpose must first be understood.

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4. Turning This Stage into a Full Parts Therapy Session

The purpose of this stage is **not** to conduct a complete Psychosynthesis or Internal Parts intervention before **Deep Circular Breathing (DCB).**

The objective is simply to develop a practical understanding of the participant's primary **Protective Strategy** so that the subsequent breathing process has a clearer direction while remaining spontaneous.

Stage IV. Identifying the Core Need

Purpose of the Stage

The purpose of the fourth stage is to identify **what the Protective Somatic Organization is ultimately trying to achieve** or **what essential need remains unmet.**

The underlying need is often very different from the outward behavior.

For example:

- control may be seeking **safety**;
- anger may be seeking **boundaries, dignity, or justice**;
- an addictive pattern may be seeking **calm, relief, or connection**;
- perfectionism may be seeking **acceptance**;
- withdrawal may be seeking **protection**;
- jealousy may be seeking **secure attachment**.

Recognizing the **Core Need** shifts the process away from fighting symptoms and toward understanding **what the nervous system is attempting to create or preserve.**

The Instructor's Role

The instructor helps the participant distinguish between:

- the **Protective Strategy**, and
- the underlying **Core Need**.

For example, a participant may say:

> *"I need my partner to always be with me."*

This describes a possible **strategy**.

The deeper need may instead be:

- safety;
- reliability;
- closeness;
- being seen;
- inner support.

The instructor does not decide what the participant's need is.

Instead, they create the conditions for the participant to discover it directly through their own experience.

Sample Questions

- What is this part of your body truly longing for?
- What would it need so that it no longer had to protect you so intensely?
- What was missing when this pattern first developed?
- What is this part trying to create for you now?
- If this problem disappeared instantly, what would you experience instead?
- What would be more important than simply eliminating the symptom?
- Does it need safety, freedom, support, gentleness, space, a voice, healthy boundaries, or rest?
- How would this part know that it is safe now?
- What does it need from **you**, rather than from someone else?
- What positive function would it like to preserve?

The most commonly identified Core Needs include:

- safety;
- rest;
- support;
- gentleness;
- acceptance;
- space;
- freedom;
- a voice;
- healthy boundaries;
- connection;
- being seen;
- inner strength.

Common Mistakes

1. Identifying the Need Intellectually Rather Than Experientially

Participants may automatically answer:

> *"I need peace."*

However, their body may have no actual experience of that state.

For this reason, every identified **Core Need** should later be connected to an existing or imaginable embodied experience.

Within this method, a need becomes meaningful only when it can be experienced—not merely understood intellectually.

---

2. Confusing the Strategy with the Need

Statements such as:

> *"I need my partner to come back."*

describe a **strategy**, not necessarily a **Core Need**.

The deeper need may be:

- connection;
- safety;
- emotional stability;
- belonging.

Recognizing this distinction creates flexibility within the nervous system and opens new possibilities for regulation.

---

3. Trying to Eliminate the Protective Organization Too Soon

The objective is not to replace a "bad" state with a "good" one.

Before change becomes possible, the participant first needs to understand **what essential need the Protective Somatic Organization has been serving.**

Protective strategies often soften naturally once their underlying need has been recognized.

---

4. Using Abstract Words Without an Embodied Reference

Concepts such as:

- *love*;
- *freedom*;
- *peace*;
- *acceptance*;

remain abstract unless they are connected to direct bodily experience.

For this reason, the next stage of the protocol focuses on identifying a **Resource Organization** that allows these needs to become physically and experientially recognizable within the participant's nervous system.

Stage V. Identifying the Resource Organization

Purpose of the Stage

The purpose of the fifth stage is to identify a **real or potential bodily and nervous system experience** that corresponds to the participant's previously identified **Core Need**.

The **Resource Organization** is not necessarily the opposite emotion.

For example:

- the resource for fear is not necessarily courage;
- the resource for anger is not necessarily calmness;
- the resource for shame is not necessarily pride.

More often, the Resource Organization consists of experiences such as:

- safety;
- support;
- spaciousness;
- the right to exist;
- the freedom to choose;
- healthy personal boundaries;
- secure connection.

The goal is not to replace one emotional state with another, but to identify an embodied state that naturally supports greater regulation and flexibility within the nervous system.

The Instructor's Role

The instructor first looks for a **real experience** from the participant's life.

An actual remembered experience is generally more valuable than an imagined one because the nervous system already carries its sensory, emotional, and physiological imprint.

If no such memory can be recalled, the instructor may gently help the participant imagine what such a state might feel like, while remaining grounded in bodily experience rather than fantasy.

Sample Questions

- Has there ever been a moment in your life when you experienced what this part is longing for?
- Can you remember a time when you felt even slightly safe?
- When did you feel more free?
- When did you experience a sense of inner support?
- When were you able to say "no" while remaining connected to another person?
- When did you feel accepted without having to prove yourself?
- When did you feel that you had a choice?
- Who or what helped you experience that state?
- Where do you notice even the smallest hint of that experience in your body right now?

If no real experience is available, the instructor may ask:

- If your body knew what safety felt like, how would it breathe?
- Which part of your body would relax first?
- What would change in your shoulders, abdomen, or jaw?
- What would one percent more spaciousness feel like?
- What is the smallest possible amount of this resource your body could experience right now?

The emphasis is always on creating an embodied reference rather than an intellectual idea.

Common Mistakes

1. Searching for an Unrealistically Strong Resource

For someone who has never experienced a consistent sense of safety, asking them to imagine **complete safety** may feel impossible.

It is often more helpful to explore:

- one percent more safety;

- five seconds of reduced tension;
- one small area of the body that already feels neutral or settled.

Small, authentic experiences are usually more valuable than idealized ones.

---

2. Imposing Positive Imagery

The instructor should avoid statements such as:

> *"Imagine a brilliant white light that heals everything."*

If this does not arise naturally from the participant's own experience, it may become another way of avoiding rather than engaging with the nervous system's actual organization.

Within this method, authentic embodied experience is always preferred over externally imposed imagery.

---

3. Using the Resource to Suppress Emotion

The purpose of the **Resource Organization** is not to eliminate fear, grief, anger, or shame.

Its role is to **expand the participant's capacity** to remain present with their experience.

The goal is integration, not emotional suppression.

---

4. Keeping the Resource Too Abstract

Words such as:

- *love*;
- *peace*;
- *freedom*;
- *strength*;

are meaningful only when they become embodied experiences.

The **Resource Organization** should therefore be identifiable through the participant's body—through breathing, posture, muscular tone, warmth, movement, or other direct somatic sensations—not merely described conceptually.

Stage VI. Establishing Somatic Polarity

Purpose of the Stage

The purpose of the sixth stage is to establish two clearly distinguishable internal maps:

1. the **Protective Somatic Organization**;
2. the **Resource Organization**.

Somatic Polarity refers to the participant's ability to recognize two distinct bodily and nervous system experiences that can coexist within awareness.

This is **not** a conflict between a "bad" and a "good" part.

Both organizations are understood as meaningful expressions of the nervous system.

The Protective Somatic Organization represents an adaptive survival strategy, while the Resource Organization represents a state that supports greater flexibility, regulation, and integration.

The Instructor's Role

The instructor explores the **Resource Organization** with the same level of precision previously used to investigate the **Protective Somatic Organization**.

However, an important clinical principle should be considered.

If the participant presents with an **actively triggered traumatic state**, or if the initial assessment indicates that they become highly activated simply by discussing the issue, it is often preferable to **begin with the Resource Organization before returning to the Protective Somatic Organization.**

Establishing a resource first helps create greater stability and regulation, making later exploration of the protective organization safer and more tolerable.

Both organizations are explored using similar questions so that the participant can clearly recognize the differences in bodily sensations, breathing patterns, muscular tone, temperature, movement, and overall nervous system organization.

Sample Questions

- Where do you notice this Resource Organization in your body?
- Where does it begin?
- How large does it feel?
- Does it have a color?
- Is it moving?
- What is its temperature?
- Does it feel dense, light, spacious, or soft?
- How does it breathe?
- What is happening in your abdomen?
- What is happening in your chest?
- What is happening in your shoulders?
- What is happening in your jaw?
- Where do you notice more space?
- Where do you notice more warmth?
- Where do you notice more movement?
- If this state could speak, what would it say?
- What does this organization know that the Protective Organization does not?
- Can you notice both organizations at the same time?

Somatic Polarity

Protective Somatic Organization

↕

Resource Organization

Examples of Somatic Polarity may include:

- contraction ↔ spaciousness;
- control ↔ support;
- freeze ↔ gentle aliveness;
- shame ↔ the right to exist;
- loneliness ↔ a sense of connection;
- helplessness ↔ the experience of choice;
- addictive impulse ↔ inner fulfillment;
- jealousy ↔ secure attachment and healthy boundaries.

The purpose is not to create an artificial opposite, but to identify two authentic nervous system organizations that can be experienced simultaneously.

Common Mistakes

1. Choosing the Opposite Concept Rather Than an Authentic Resource

The logical opposite of an experience is not necessarily its most effective somatic resource.

For example:

- the opposite of control is not chaos;
- the opposite of anger is not passivity;
- the opposite of addiction is not prohibition;
- the opposite of shame is not pride.

The most effective Resource Organization is the one that genuinely supports regulation within the participant's nervous system.

---

2. Devaluing the Protective Organization

Both organizations deserve equal respect.

The Protective Somatic Organization is not a mistake, a defect, or an obstacle.

It represents the nervous system's best available adaptation under previous circumstances.

Recognizing its protective purpose often reduces the need for defensive activation.

---

3. Trying to Force Integration

At this stage, the objective is simply to recognize both organizations.

Integration is **not** something the instructor creates.

It is a spontaneous process that may emerge later during **Deep Circular Breathing (DCB).**

The participant only needs to become aware that both organizations can exist within the same field of experience.

---

4. Creating an Overly Complex Map

Before beginning **Deep Circular Breathing**, there is no need to analyze multiple subpersonalities or identify numerous resources.

In most cases, one clearly recognized **Protective Somatic Organization** and one clearly embodied **Resource Organization** are sufficient to establish an effective Somatic Polarity and provide meaningful orientation for the breathing process.

Stage VIII. The DCB Process

Purpose of the Stage

The purpose of the eighth stage is to allow the **Deep Circular Breathing (DCB)** process to unfold while maintaining **safe, minimal, and purposeful guidance** from the instructor.

At this stage, analytical work largely comes to an end.

The instructor's primary role is to **observe, regulate when necessary, and protect the integrity of the participant's process.**

The Instructor's Role

Throughout the breathing session, the instructor observes:

- the rhythm and intensity of the breathing;
- the relationship between inhalation and exhalation;
- changes in body temperature;
- changes in skin color;
- spontaneous movements;
- trembling or shaking;
- muscular tension;
- emotional activation;
- possible signs of dissociation;
- the participant's ability to remain oriented and connected.

From time to time, brief reminders may be helpful, such as:

- the original intention of the session;
- the location of the Protective Somatic Organization;
- the location of the Resource Organization;
- permission to change nothing;
- permission to slow the breathing if activation becomes excessive.

The instructor avoids directing the participant toward a predetermined outcome.

Possible Interventions

When the participant remains well regulated:

- *"Notice what is happening in that part of your body."*
- *"Allow your body to move only as much as feels natural."*
- *"Keep breathing and simply observe."*
- *"There is no need to hurry."*
- *"Both experiences can exist at the same time."*
- *"Notice whether anything begins to change on its own."*

If activation becomes excessive:

- *"Slow your breathing slightly."*
- *"Feel the support beneath your body."*
- *"Open your eyes."*
- *"Look at me."*
- *"Move your fingers and toes."*
- *"Tell me where you are right now."*
- *"Return your attention to the area of your body that feels more stable."*

These interventions are intended to support regulation rather than interrupt the natural breathing process.

What the Instructor Observes Between the Two Poles

During the breathing session, the instructor pays attention to questions such as:

- Does the Protective Somatic Organization change in size, temperature, or shape?
- Does the Resource Organization become easier to access?
- Can the participant experience both organizations simultaneously?
- Do spontaneous movements emerge?

- Does the breathing pattern change naturally?
- Is there a spontaneous settling after emotional activation?
- Does the participant become more present, or do signs of dissociation appear?
- Does a new experience emerge that was not present before the session began?

The instructor follows the process without trying to control it.

Common Mistakes

1. Excessive Guidance

A common mistake is continuously telling the participant what they should experience.

Over-guiding often suppresses the nervous system's own self-organizing capacity.

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2. Equating Catharsis with Integration

Intense crying, shouting, trembling, or emotional discharge do not necessarily indicate integration.

The quality of nervous system regulation is more important than the intensity of emotional expression.

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3. Mistaking Dissociation for a Deep Trance

Stillness and silence are not always signs of deep meditative awareness.

The instructor should continuously assess:

- orientation;
- responsiveness;
- skin color;
- eye contact;
- response to voice;
- awareness of bodily sensations.

A participant who is disconnected from their body requires regulation rather than deeper activation.

---

4. Forcing Completion of Defensive Movements

The instructor should never insist that the participant push, kick, scream, shake, or complete a movement.

Protective responses should unfold only when they emerge spontaneously and can be expressed safely.

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5. Rigidly Following the Original Topic

During **Deep Circular Breathing**, the process may naturally move in an unexpected direction.

The original presenting issue serves as an orientation point—not as a rigid script.

The nervous system should remain free to reveal what is most relevant for integration.

---

6. Excessive Activation of the Protective Organization

Occasionally, after the participant enters a deep DCB state and focuses on the **Protective Somatic Organization**, the protective response becomes so strongly activated that the process effectively stops.

Instead of moving toward integration, the participant may enter an intense **freeze response**, lose much of their awareness, and become unable to continue meaningful processing.

In these situations, the traumatic experience should **not** be approached as one large undifferentiated whole.

Instead, it is often more effective to **deconstruct the traumatic organization into its individual components** and introduce them gradually.

For example, a traumatic organization may consist of:

- an identity conclusion: *"I was betrayed."*
- an emotion: *hatred*;
- a memory: *the message announcing the event*;
- bodily sensations: *coldness and pressure*;
- a sensory quality: *the color brown*.

If overwhelming freeze occurs during the DCB process, the instructor first helps the participant **strengthen and expand the Resource Organization**.

Only after sufficient regulation is established does the instructor introduce **one element** of the traumatic organization at a time.

For example:

- first, the participant maintains the Resource Organization while noticing only the **brown color**;
- later, only the word **"hatred"** may be introduced;
- later still, the bodily sensation or memory may be explored individually.

Rather than confronting the entire traumatic organization simultaneously, this gradual approach gently separates its components into manageable pieces.

As the nervous system becomes capable of remaining regulated with each individual element, the traumatic organization gradually loses its overwhelming quality.

Only then does full integration between the **Protective Somatic Organization** and the **Resource Organization** become possible.

This principle reflects one of the central ideas of the **DCB Somatic Polarity Method**:

When the nervous system becomes overwhelmed, the solution is not greater intensity—it is greater differentiation, stronger regulation, and a gradual integration of experience.

Stage IX. Integration

Purpose of the Stage

The purpose of the ninth stage is to help the participant recognize how their **body, breathing, and overall internal organization** have changed following the breathing session.

After an intensive **Deep Circular Breathing (DCB)** process, participants often remain in an expanded state of awareness, heightened bodily sensitivity, or altered consciousness. For this reason, integration begins while the participant is still lying down, without rushing into cognitive analysis.

At this stage, there is no need to stand up immediately, walk around, or perform complex NLP interventions.

The first task is simply to allow the nervous system to settle and recognize what has changed.

The Instructor's Role

The instructor:

- allows the participant to remain comfortably lying down;
- provides sufficient silence and space;
- observes the gradual normalization of breathing;
- gently brings awareness back to the body;
- helps compare the initial and current somatic organization;
- only later invites brief reflection or insight.

The body is explored first.

Meaning is discussed only when it naturally begins to emerge.

Sample Questions

- What has changed in your body?
- How does the original Protective Somatic Organization feel now?
- How does that area breathe now?
- Has its size, color, temperature, or density changed?
- How does the Resource Organization feel now?
- Is it easier to access?
- Has the relationship between the two organizations changed?
- Has a third, entirely new experience emerged?
- Which parts of your body feel more alive?
- Where do you notice more spaciousness?
- Does your original statement about yourself still feel true?
- How would you describe your experience now?
- What would you like to take with you from this session?

Only after this somatic reflection may the instructor ask questions such as:

- Did any insights emerge?
- What has become clearer?
- Has your relationship with the original issue changed?
- What small step in everyday life could help support what you experienced today?

Possible Outcomes of Integration

The results of integration vary from person to person.

Possible outcomes include:

- reduced intensity of the Protective Somatic Organization;
- freer and more natural breathing;
- greater clarity about previously confusing emotions;
- reduced **Subjective Experience Censorship**;
- deeper understanding of the Protective Strategy;
- easier access to the Resource Organization;
- a new perspective on the original issue;
- increased capacity to remain present with difficult emotions;
- clearer personal boundaries;
- a stronger sense of choice and agency.

Integration does **not** necessarily mean that the original problem has been completely resolved.

Sometimes the most significant outcome of a single session is simply establishing conscious contact with an experience that had previously remained inaccessible.

That alone may represent meaningful progress.

Common Mistakes

1. Asking "What Did You Understand?" Too Soon

Questions focused on explanation or interpretation may activate cognitive analysis before the nervous system has completed its own process.

The body should be given the opportunity to finish speaking before the mind begins explaining.

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2. Ending the Session Too Quickly

Participants should be given adequate time to return gradually to their ordinary state of awareness.

Rushing the transition may interrupt ongoing processes of regulation and integration.

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3. Expecting a Positive Ending

Some participants finish a session feeling peaceful.

Others may experience sadness, fatigue, uncertainty, or emotional openness.

None of these responses necessarily indicate success or failure.

Integration is measured by authenticity, not by pleasantness.

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4. Making Unrealistic Claims

The instructor should avoid statements such as:

- *"Your trauma has now been healed."*
- *"This issue will never return."*
- *"Your nervous system has been completely rewired."*

Instead, conclusions should remain grounded in observable changes that occurred during the session.

Long-term integration can only be evaluated over time.

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5. Ignoring Everyday Life

The true effectiveness of the method is not measured solely by the intensity of a breathing session.

Its real value becomes apparent when participants begin responding differently to real-life situations—showing greater flexibility, resilience, emotional regulation, and freedom of choice.

4.2. Complete Method Overview

1. Identify the Subjective Experience

↓

2. Identify the Protective Somatic Organization

↓

3. Formulate a Hypothesis About the Protective Strategy

↓

4. Identify the Core Need

↓

5. Identify the Resource Organization

↓

6. Establish Somatic Polarity

↓

7. Breathing Navigation

↓

8. Deep Circular Breathing (DCB)

↓

9. Integration

Simplified Formula

> **Protective Somatic Organization → Resource Organization → Deep Circular Breathing as the Field of Integration**

The purpose of the **DCB Somatic Polarity Method** is not to force the participant from one state into another.

Instead, it provides clear and safe reference points that allow the nervous system to explore a broader range of adaptive responses during **Deep Circular Breathing (DCB)** and to integrate them through its own natural self-organizing capacity.

4.3. The Instructor's Attitude Throughout the Process

The quality of this method depends not only on asking the right questions but also on the instructor's presence and relationship with the participant.

Throughout the process, the instructor is encouraged to maintain:

- curiosity rather than certainty;
- neutrality rather than judgment;
- patience rather than urgency;
- respect for all protective responses;
- continuous attention to safety;
- readiness to slow down or pause the process when necessary;
- clear awareness of professional boundaries.

The instructor is **not** someone who knows what the participant should experience.

Their role is to help participants become more aware of their own experience, maintain sufficient contact with their body and breathing, and protect the process from excessive activation, premature interpretation, or unnecessary pressure.

Ultimately, the instructor serves as a **facilitator of the nervous system's natural self-organizing capacity**, rather than as a director of the participant's internal experience.

4.4. Applications of the Method

The **DCB Somatic Polarity Method** can be applied in both **individual** and **group** settings.

In individual sessions, the instructor has greater opportunity to ask detailed questions and closely observe the participant's somatic responses.

In group settings, it is recommended to:

- introduce the overall nine-stage structure before the breathing session;
- allow participants to answer some questions privately, either silently or in writing;
- provide sufficient time for identifying both somatic organizations;
- avoid encouraging detailed public disclosure of traumatic experiences;
- clearly explain stabilization strategies and the option to pause or stop at any time;
- ensure an appropriate instructor-to-participant ratio, using assistants when necessary.

When individual monitoring is not possible, intensive work with severe trauma, active dissociation, or other high-risk conditions is **not recommended**.

Participant safety should always take precedence over process intensity.

4.5. Scope and Limitations of the Method

The **DCB Somatic Polarity Method** is **not** a replacement for:

- psychotherapy;
- psychiatric treatment;
- addiction treatment;
- eating disorder treatment;
- medical care;
- specialized trauma therapy.

Nor should it be presented as an evidence-based treatment for trauma.

At its current stage of development, it should be understood as a **practical protocol** offered for professional evaluation, refinement, and future research.

The protocol integrates:

- identification of the **Subjective Experience**;
- somatic exploration;
- formulation of hypotheses regarding **Protective Strategies**;
- identification of the **Resource Organization**;
- **Deep Circular Breathing (DCB)** as the primary process of integration.

The value of the method should ultimately be evaluated according to:

- participant safety;
- reproducibility across instructors;
- participant experience and outcomes;
- measurable changes in everyday functioning;
- feedback from professionals in related disciplines;
- future systematic research.

The long-term development of the **DCB Somatic Polarity Method** depends on continued clinical observation, interdisciplinary collaboration, and scientific investigation. Only through ongoing evaluation can its strengths, limitations, and appropriate applications be understood with greater confidence.

5. Areas of Application

The **DCB Somatic Polarity Method** can be applied across a wide range of emotional and psychological themes. Its purpose is **not** to diagnose mental disorders or replace specialized treatment. Rather, it helps identify how a specific issue is currently expressed through the body, breathing patterns, and protective responses of the nervous system.

Across all areas of application, the protocol follows the same core sequence:

1. identify the **Subjective Experience**;
2. identify the active **Somatic Organization**;
3. formulate a hypothesis regarding its **Protective Strategy**;
4. identify the underlying **Need**;
5. identify the **Resource Organization**;
6. allow both organizations to coexist within the field of **Deep Circular Breathing (DCB)**.

While the overall structure remains the same, the questions, protective patterns, and appropriate resources may differ depending on the presenting issue.

5.1. Trauma and the Consequences of Traumatic Experiences

In trauma-related work, individuals rarely come only with a memory of what happened. More often, they arrive carrying the identity, beliefs, and bodily responses that developed because of that experience.

Common subjective experiences include feeling:

- betrayed;
- humiliated;
- abandoned;
- powerless;
- rejected;
- unsafe;
- guilty;
- invisible;
- out of control.

Simply recounting the chronology of events is often insufficient. A person may tell their story many times while remaining disconnected from the emotional and somatic responses that continue to shape their present experience.

The **DCB Somatic Polarity Method** helps shift the focus from the narrative of the event to the body's current organization.

Potential Benefits

More Accurate Recognition of Subjective Experience

Participants are encouraged to express not only the socially acceptable version of their story, but also how they actually experienced it.

For example, instead of saying:

> "It was a difficult relationship,"

they may recognize:

> "I felt betrayed, humiliated, and powerless."

This is **not** intended to reinforce a victim identity. Rather, it offers temporary acknowledgment of an experience that may previously have been censored or minimized.

Greater Awareness of the Body's Response

The method helps identify where and how the experience remains active, such as through:

- pressure in the chest;
- tightness in the throat;
- abdominal tension;
- breath holding;
- muscular rigidity;
- sensations of coldness;
- impulses to push away, withdraw, flee, or hide.

This level of specificity provides a clearer focus for the subsequent DCB process.

Understanding the Protective Function

Participants may begin to recognize that control, withdrawal, anger, or emotional numbness are not personal flaws but adaptive strategies developed to preserve safety, dignity, or connection.

Understanding these protective functions often reduces internal conflict and self-judgment.

Access to a Resource Organization

Within trauma work, the resource is rarely "happiness" or "positive thinking."

More commonly, it involves experiences such as:

- support;
- safety;
- healthy boundaries;
- a sense of choice;
- permission to stop;
- the ability to say "no";
- warmth in the body;
- remaining present in the here and now.

The method helps identify these experiences not merely as concepts but as embodied states.

A More Focused DCB Process

During breathing, participants do not need to relive the entire traumatic story. Instead, the breathing process explores the relationship between the active **Protective Organization** and the available **Resource Organization**.

This may help participants:

- remain more connected to their bodies;
- reduce chaotic emotional activation;
- recognize when stabilization is needed;
- allow spontaneous bodily impulses to emerge without forcing them;
- notice meaningful somatic changes after the session.

Important Limitation

For individuals with severe, complex, or actively destabilizing trauma, this method should **not** replace specialized trauma treatment. DCB may be used as a complementary practice only when the individual is sufficiently stable, able to remain present, and has access to appropriate professional support.

5.2. Addictions

Within the context of addiction, the primary value of the method lies in shifting attention away from the addictive behavior itself toward the internal state that the addiction is attempting to regulate.

Participants may initially identify the problem as:

- alcohol;
- nicotine;
- psychoactive substances;
- food;
- pornography;
- compulsive sexual behavior;
- gambling;
- social media;
- compulsive work.

However, the underlying state often involves experiences such as:

- loneliness;
- shame;
- anxiety;
- emptiness;
- helplessness;
- boredom;
- internal pressure;
- emotional pain;
- difficulty remaining present in one's own body.

Potential Benefits

Recognizing the State Before the Urge

A central question in addiction work is:

> **What is happening in your body immediately before the urge appears?**

Participants gradually learn to recognize early signals, including:

- emptiness in the chest;
- anxiety in the abdomen;
- tightness in the throat;
- restlessness in the hands;
- accelerated breathing;
- emotional numbness;
- an inner sense of emptiness;
- the urge to escape oneself.

This helps reframe addictive behavior as a gradual process rather than an uncontrollable impulse.

Understanding the Function of the Addictive Part

The addictive response can be understood as the nervous system's attempt to rapidly change an unbearable internal state.

Its purpose may be to:

- calm down;
- experience pleasure;
- interrupt distressing thoughts;
- escape loneliness;
- regain energy;
- temporarily avoid shame;
- restore a sense of control.

Recognizing this function often reduces self-condemnation and creates space for healthier forms of regulation.

Identifying a Resource That Meets the Actual Need

The opposite of addiction is not prohibition or willpower.

More meaningful resources may include:

- inner fullness;
- calmness;
- genuine connection;
- vitality;
- supportive relationships;
- rest;
- the capacity to remain with discomfort;
- the ability to tolerate craving without immediately acting upon it.

The method seeks to connect these resources with direct bodily experience.

Exploring Craving During DCB

During the breathing process, craving is neither suppressed nor fought against.

Instead, participants are invited to observe:

- where it begins;
- how it develops;
- what it urges the body to do;
- how breathing changes;
- what lies beneath the craving;
- whether the **Resource Organization** can remain accessible at the same time.

This may gradually strengthen the capacity to notice urges without automatically acting on them.

Important Limitation

Deep Circular Breathing is not a treatment for withdrawal or addiction. It should not be used as the sole intervention for individuals experiencing severe addiction, acute intoxication, withdrawal syndromes, or significant impairment in daily functioning.

In such cases, appropriate medical care, addiction specialists, or structured treatment programs are essential. The DCB Somatic Polarity Method may serve as a complementary tool for self-regulation and self-awareness during stabilization and recovery.

5.3. Relationships and Attachment Patterns

Relationship difficulties often manifest through recurring patterns such as:

- jealousy;
- controlling behavior;
- emotional fusion;
- a constant need for reassurance;
- fear of abandonment;
- difficulty saying "no";
- rescuing a partner;
- emotional withdrawal;
- avoidance of intimacy;
- mistrust.

A person may understand these patterns intellectually, yet in real-life situations their body still automatically returns to familiar protective responses.

What Can the Method Offer?

Identifying the Specific Triggering Situation

Instead of working with a broad statement such as:

> "I struggle in relationships,"

the method focuses on a specific situation, for example:

- a partner does not reply to a message;
- a partner becomes emotionally distant;
- conflict arises;

- criticism is received;
- there is a perceived threat of abandonment;
- the person needs to express a personal need;
- a boundary must be established.

Working with a concrete situation allows the actual bodily response to become more accessible.

Recognizing Attachment Responses in the Body

Participants may notice:

- pressure in the chest;
- holding the breath;
- an urgent impulse to text or call;
- tightness in the throat;
- pain around the heart;
- contraction in the abdomen;
- tension in the jaw;
- freezing;
- an impulse to withdraw.

Relationship patterns are therefore understood not simply as stories about another person, but as recognizable responses of one's own nervous system.

Understanding Protective Relationship Strategies

Common protective strategies include:

- controlling others to avoid abandonment;
- adapting to maintain connection;
- rescuing others in order to feel needed;
- attacking to avoid humiliation;
- withdrawing to avoid being hurt;
- ending the relationship first to avoid rejection.

The protocol helps explore the protective purpose behind these strategies rather than judging them.

Developing the Resource of "Connection Without Losing Yourself"

Within relationship work, the goal is not emotional independence from everyone else.

More often, the desired resource is the ability to:

- remain connected while maintaining healthy boundaries;
- tolerate temporary distance;

- express personal needs;
- experience inner support;
- remain authentic during conflict;
- distinguish present reality from past fears of abandonment.

Somatically, these resources may be experienced as freer breathing, greater grounding, increased openness in the chest, or a stronger, more confident voice.

Creating a New Relationship with the Trigger

During DCB, participants may explore the relationship between:

- fear of abandonment and inner support;
- control and trust;
- adaptation and authenticity;
- withdrawal and safe connection;
- jealousy and a stable sense of self-worth.

The objective is **not** to eliminate the human need for attachment, but to strengthen the ability to remain in relationship without losing connection with one's own body, needs, and capacity to choose.

5.4. Self-Esteem

Self-esteem difficulties are often expressed through negative beliefs about oneself, such as:

- "I'm not good enough."
- "Others are better than I am."
- "I can't afford to make mistakes."
- "I constantly have to prove myself."
- "My worth depends on my achievements."
- "If someone criticizes me, it means I'm a failure."

These beliefs are typically accompanied by equally recognizable somatic patterns.

What Can the Method Offer?

Exploring Self-Esteem in Real Situations

Instead of pursuing the abstract goal of "higher self-esteem," the protocol focuses on a specific situation, such as:

- public speaking;

- receiving criticism;
- experiencing failure;
- being evaluated by an authority figure;
- comparing oneself to others;
- setting a price for one's work;
- expressing one's opinion;
- being seen and noticed.

This makes it possible to observe how self-esteem is organized in real time.

Identifying the Somatic Pattern of Contraction

Low self-esteem may be reflected through:

- lowered shoulders;
- shallow breathing;
- tightness in the throat;
- contraction in the chest;
- a tightened abdomen;
- a quieter or weaker voice;
- an impulse to become smaller or hide;
- facial tension;
- difficulty maintaining eye contact.

Participants begin to recognize that low self-esteem is not merely a thought but a complete psychophysiological organization.

Understanding the Function of the Inner Critic

The inner critic often attempts to:

- protect against public mistakes;
- prevent rejection;
- punish oneself before others can;
- push for greater achievement;
- maintain family or social standards.

Recognizing its protective function makes it unnecessary to "eliminate" the inner critic. Instead, participants can begin developing healthier ways of maintaining standards without undermining their own worth.

Accessing an Embodied Sense of Worth

The resource for self-esteem is not the belief that one is superior to others.

Rather, it may involve an embodied experience of:

- the right to occupy space;
- the right to be seen;
- permission to make mistakes;
- inherent worth independent of achievement;
- inner stability;
- a stronger, clearer voice;
- remaining authentic while being evaluated.

Throughout the protocol, these qualities are linked to specific bodily sensations and breathing patterns.

Establishing a New Somatic Response

During DCB, participants may explore the relationship between:

- contraction and the right to exist;
- the inner critic and an inner supportive presence;
- perfectionism and a sense of "being enough";
- fear of visibility and inner stability.

Following the session, progress is evaluated not by whether participants think more positively about themselves, but by whether their bodily response changes when facing real situations involving evaluation or criticism.

5.5. Shame

Shame is one of the most frequently censored and disconnected emotional experiences.

It may appear not only as the thought:

> "I did something wrong,"

but as a much deeper internal experience:

> "There is something fundamentally wrong with me."

When experiencing shame, people often feel compelled to:

- hide;
- make themselves smaller;
- avoid being seen;
- avoid eye contact;
- remain silent;
- disconnect from their bodies;

- present a more socially acceptable version of their experience.

What Can the Method Offer?

Recognizing the Censored Experience

In the context of shame, individuals often begin by explaining, justifying, or minimizing what happened.

The protocol helps identify:

- which words the person avoids using;
- which events they feel compelled to explain away;
- which part of themselves they experience as unacceptable;
- what they fear would happen if their inner truth became visible.

The purpose is **not** to encourage public disclosure. Instead, the participant is invited to acknowledge their experience privately, to the extent that feels safe in the present moment.

Identifying the Somatic Pattern of Shame

Common bodily expressions of shame include:

- lowering the gaze;
- bowing the head;
- tightness in the throat;
- shallow breathing;
- tightening the abdomen;
- contraction in the chest;
- warmth or flushing in the face;
- an urge to curl inward;
- emotional numbness;
- a sense of disconnection from the body.

Shame may also become so overwhelming that it is barely felt because it is masked by dissociation.

Understanding the Protective Function of Inner Censorship

Within shame, inner censorship often serves to:

- protect against rejection;
- preserve a positive self-image;
- maintain acceptance within a family or social group;
- prevent repeated humiliation;
- conceal vulnerable aspects of the self.

When this protective function is acknowledged rather than challenged, participants can approach their authentic experience more gradually and safely.

Accessing the Resource of the Right to Exist

The antidote to shame is not necessarily pride.

More often, the relevant embodied resource includes:

- the right to exist;
- one's shared humanity;
- acceptance;
- permission to make mistakes;
- the right to feel;
- the experience of being safely seen;
- self-compassion;
- dignity;
- reconnection with the body.

Within the protocol, these qualities are explored not only as ideas but as embodied experiences.

Remaining Present in the Body During Shame

During **Deep Circular Breathing (DCB)**, participants may gradually learn to:

- remain present in their bodies instead of disappearing into shame;
- notice bodily contraction without judging it;
- maintain contact with physical support and grounding;
- allow the breath to gently reach contracted areas;
- simultaneously experience even a small sense of acceptance or the right to exist.

The objective of the method is **not** to eliminate the capacity to experience shame. Healthy, adaptive shame can provide important information about personal values and the consequences of one's actions.

Instead, the aim is to reduce **toxic shame**—the global, identity-based organization in which a person experiences themselves, rather than their behavior, as fundamentally defective.

5.6. Summary of Areas of Application

Although the **DCB Somatic Polarity Method** can be applied across a variety of psychological and emotional themes, the underlying structure remains consistent.

Area	Active Protective Organization	Possible Underlying Need	Common Resource Organization
Trauma	Freezing, control, fight, withdrawal	Safety, boundaries, choice	Grounding, present-moment awareness, vitality
Addictions	Avoidance, craving, inner emptiness	Regulation, calmness, connection	Inner fullness, the ability to remain present, healthy connection
Relationships	Control, adaptation, jealousy, withdrawal	Secure attachment, reliability, healthy boundaries	Inner support, authenticity
Self-Esteem	Inner critic, perfectionism, contraction	Acceptance, the right to exist, a sense of "being enough"	Embodied self-worth, authentic voice, grounded posture
Shame	Hiding, inner censorship, dissociation	Dignity, acceptance, shared humanity	Safe visibility, self-compassion, the right to feel

The **DCB Somatic Polarity Method** does not propose a separate treatment model for each of these areas.

Instead, it offers a unified framework that helps practitioners:

- identify the participant's **Subjective Experience** more precisely;
- recognize its **Somatic Organization**;
- understand the underlying **Protective Strategy**;
- identify an embodied **Resource Organization**;
- apply **Deep Circular Breathing (DCB)** with greater clarity and direction;
- evaluate meaningful changes in both the body and everyday functioning following the session.

By maintaining the same core structure across different themes, the method provides a flexible yet consistent framework for supporting self-exploration, nervous system regulation, and the integration of embodied experience.

6. Boundaries and Safety

The **DCB Somatic Polarity Method** can deepen contact with the body, emotions, and subjective experience. For this reason, it has significant potential but also requires clear professional boundaries and careful attention to safety.

The intensity of an experience should **never** be used as a measure of the method's effectiveness. Strong emotional activation, deep trance states, or intense cathartic expression do not necessarily indicate greater integration. When activation exceeds a person's capacity to remain connected to their body, surroundings, and instructor, the process may become destabilizing rather than therapeutic.

The primary safety principle is:

> **A participant should never be guided deeper than they are able to safely experience and integrate at that moment.**

The role of the DCB instructor is **not** to diagnose trauma or mental health disorders. Rather, the instructor's responsibility is to assess whether the participant appears sufficiently stable for the breathing process, monitor their condition throughout the session, recognize when to continue, slow down, or stop the process, and know when referral to an appropriate healthcare professional is necessary.

6.1. When Can the Method Generally Be Applied?

The method may be appropriate when the participant:

- remains clearly oriented to time, place, and situation;
- is able to hear and follow simple instructions;
- can identify at least some bodily sensations;
- is able to regulate breathing intensity to some degree;
- gradually returns to a calmer state following emotional activation;
- functions relatively well in daily life;
- understands the purpose and limitations of the method;
- voluntarily consents to participate.

Common areas in which the method may be appropriate include:

- emotional suppression;
- relationship difficulties;
- attachment-related responses;
- self-esteem issues;
- shame;
- grief;
- situational anxiety;

- the consequences of mild or moderate traumatic experiences;
- addiction recovery as a complementary practice when the individual is stable and receiving appropriate professional support.

Even within these areas, instructors should evaluate the individual rather than relying solely on the presenting issue. Two people presenting with similar concerns may have very different levels of nervous system stability and tolerance for activation.

6.2. When Is Greater Caution Required?

Certain conditions do not automatically rule out DCB, but they do require a slower pace, closer observation, and often collaboration with qualified mental health or medical professionals.

Complex Trauma

In cases of complex trauma, the difficulty often extends beyond a single traumatic event. Prolonged experiences of unsafety may have influenced identity, emotional regulation, relationships, and the capacity to trust.

During DCB, participants may exhibit:

- excessive control;
- difficulty surrendering to the breathing process;
- mistrust toward the instructor;
- rapid emotional fluctuations;
- abrupt shifts from hyperactivation to emotional numbness;
- a highly active inner critic;
- disconnection from bodily experience.

In these situations, priorities include:

- consistency;
- predictability;
- shorter periods of activation;
- gradual integration;
- clear stop signals;
- reliable access to resources;
- avoiding the pursuit of intense catharsis.

Current clinical guidelines recommend specialized trauma-focused interventions delivered by appropriately trained professionals for PTSD and complex trauma. DCB should not be presented as a substitute for these treatments.

Significant or Recurrent Dissociation

Dissociation may present as:

- loss of bodily sensation;
- feeling detached from one's own experience;
- observing oneself from the outside;
- loss of awareness of time;
- markedly slowed responses;
- difficulty hearing the instructor;
- a vacant or glassy gaze;
- a flat or monotonous voice;
- pallor or cold extremities.

When dissociation occurs, increasing breathing intensity or attempting to "break through" the protective response is not recommended.

Instead, instructors should consider:

- reducing breathing intensity;
- temporarily discontinuing circular breathing if necessary;
- asking the participant to open their eyes;
- addressing them by name;
- helping them orient to the present place and time;
- encouraging awareness of physical support beneath the body;
- inviting gentle movement of the fingers and toes;
- monitoring whether meaningful contact gradually returns.

If dissociation is severe, recurrent, or persists long after the session, referral to a trauma specialist is recommended.

Panic Disorder

Intensive breathing may reproduce physical sensations commonly associated with panic attacks, including:

- rapid heartbeat;
- dizziness;
- sensations of breathlessness;
- tingling;
- chest tightness;

- fear of losing control.

For this reason, the goal of initial sessions should **not** be maximal breathing intensity.

Recommended approaches include:

- discussing possible bodily sensations beforehand;
- beginning with lower breathing intensity;
- maintaining orientation to the present;
- emphasizing that breathing may be slowed or stopped at any time;
- avoiding interpretations of panic as "trauma being released";
- never pushing participants through overwhelming fear.

Eating Disorders

Active eating disorders may involve medical risks, impaired interoceptive awareness, profound shame, rigid control, and disturbed body perception.

Because DCB can increase awareness of bodily sensations, some participants may experience:

- panic;
- nausea;
- rejection of bodily sensations;
- overwhelming shame;
- dissociation;
- an urge to escape the process.

When an eating disorder is active, severe, or accompanied by medical instability, DCB should not be used as the primary intervention. Clinical guidelines emphasize the importance of specialized psychological and medical assessment, particularly when physical health is compromised.

DCB may be considered only when:

- the participant is medically stable;
- they are working with an eating disorder specialist;
- their treatment team supports its use;
- the breathing practice does not worsen symptoms.

Addictions

DCB may help participants recognize the internal states that contribute to craving, but it is **not** a substitute for detoxification, addiction treatment, or relapse prevention programs.

Particular caution is required when the participant:

- is under the influence of alcohol or other substances;
- has recently stopped heavy substance use;
- is experiencing withdrawal symptoms;
- cannot function without the substance;
- is at risk of seizures, hallucinations, or severe confusion.

Alcohol withdrawal can, in some cases, become life-threatening and should always be managed according to established medical guidelines.

In these circumstances, a DCB session should **not** be conducted. The participant should instead be referred to appropriate medical or specialized addiction services.

6.3. When Should DCB Not Be Used as the Primary Method?

Deep Circular Breathing (DCB) is not recommended, or should be postponed, when the participant:

- is experiencing active psychosis;
- is in a manic state or severe psychomotor agitation;
- is under the influence of alcohol or psychoactive substances;
- is experiencing acute withdrawal from alcohol, benzodiazepines, or other substances;
- is experiencing active, uncontrolled PTSD flashbacks;
- frequently loses orientation to reality;
- is in an acute suicidal crisis;
- cannot ensure their own safety or the safety of others;
- is unable to provide informed consent due to their physical or psychological condition;
- has a medical condition for which intensive breathing may be unsafe and has not received medical clearance.

In these situations, assessment by an appropriately qualified physician, psychiatrist, psychotherapist, or other healthcare professional should take priority before considering participation in a DCB session.

6.4. When Should the Instructor Immediately Reduce Intensity or Stop the Session?

The session should be stopped or significantly slowed if the participant:

- completely loses orientation;
- no longer responds to verbal communication or simple instructions;
- cannot identify where they are;
- becomes severely dissociated;
- loses behavioral control;
- poses a physical risk to themselves or others;
- experiences uncontrollable panic;
- is unable to re-establish contact with the present for an extended period;
- reports acute chest pain, fainting sensations, or other potentially dangerous physical symptoms;
- presents any situation in which the instructor has reasonable concerns about safety.

Recommended Response

1. Stop all activating suggestions.
2. Ask the participant to slow down or discontinue circular breathing.
3. Encourage them to open their eyes.
4. Re-establish verbal contact.
5. Help them orient to the present environment.
6. Encourage awareness of physical support and gentle movement of the limbs.
7. Assess whether medical or emergency mental health assistance is required.
8. Do not leave the participant alone until they have stabilized or have been transferred to an appropriate professional.

During this phase, the instructor should **not**:

- intensify exploration of traumatic material;
- interpret the participant's experience;
- encourage deeper or faster breathing;
- suggest that "the trauma is leaving the body";
- pressure the participant to complete an emotional process.

The priority is stabilization—not continuation of the intervention.

6.5. When Is Referral to a Qualified Professional Necessary?

Referral to an appropriately qualified healthcare professional is recommended when:

- dissociation is frequent, severe, or difficult to regulate;
- active PTSD symptoms or recurrent flashbacks are present;
- the participant is unable to function adequately in work, relationships, or daily life;
- their condition consistently deteriorates following DCB sessions;
- a severe eating disorder is suspected;
- an addiction is active and severe;
- symptoms of psychosis or mania are present;
- the participant engages in self-harm;
- suicidal thoughts are disclosed;
- the participant expresses a specific suicide plan or intent;
- the instructor can no longer confidently assess the situation within the limits of their professional competence.

Current clinical guidelines recommend evidence-based trauma therapies delivered by qualified professionals for the treatment of PTSD, while acute psychiatric crises require immediate professional assessment.

If a participant expresses **active suicidal intent**, has a **specific plan**, possesses the **means to carry it out**, or cannot commit to maintaining their own safety, this is **not** an appropriate situation for routine referral. Immediate crisis intervention or emergency medical services should be contacted in accordance with local emergency procedures.

6.6. Professional Scope of the Instructor

A **DCB instructor** is **not**:

- a psychiatrist, unless appropriately licensed and qualified;
- a psychotherapist, unless appropriately licensed and qualified;
- a trauma diagnostician;
- an addiction medicine specialist;
- a crisis intervention professional;
- someone responsible for "rescuing" the participant.

A **DCB instructor** is:

- a facilitator of a safe breathing process;
- an observer of the breathing session;
- a guide for somatic awareness and exploration;
- someone capable of recognizing signs of nervous system overload;
- a professional who understands the limits of their own competence;
- someone who knows when referral to a more appropriate healthcare professional is necessary.

Referring a participant to another professional is **not** a sign of failure. It is an expression of professional responsibility, ethical practice, and respect for the participant's wellbeing.

6.7. Informed Consent and Professional Responsibility

Before the session, participants should clearly understand:

- what **Deep Circular Breathing (DCB)** and the **Somatic Polarity Method** are;
- that the method is **not** a medical or psychotherapeutic treatment;
- that strong physical sensations and emotional responses may arise during the breathing process;
- that they may slow down or stop the breathing process at any time;
- that the instructor may interrupt or stop the session if safety concerns arise;
- that referral to an appropriately qualified professional may be recommended when necessary.

The instructor should:

- obtain relevant health information before the session;
- explain possible physical sensations and potential risks;
- establish a clear stop signal before beginning;
- ensure physical safety throughout the session;
- have a clear emergency response plan;
- maintain the participant's confidentiality and privacy;
- avoid making unrealistic or unsupported therapeutic claims.

6.8. Decision-Making Framework

Zone	Indicators	Recommended Action
Green Zone	Good orientation, stable contact, participant can regulate breathing intensity	Proceed with the standard protocol.
Yellow Zone	Complex trauma, episodic dissociation, history of panic or addiction, fragile stability	Slow the pace, reduce intensity, establish a clear resource state, and consider collaboration with an appropriate healthcare professional.

Red Zone	Active psychosis, mania, intoxication, acute withdrawal, suicidal crisis, uncontrolled PTSD flashbacks, loss of orientation	Do not begin, or immediately discontinue, the DCB session. Arrange appropriate medical, psychiatric, or emergency support as needed.

Core Safety Principle

> **Safety before intensity. Connection before catharsis. Stabilization before deeper trauma exploration. Appropriate professional referral before working beyond one's competence.**

7. Discussion

The **Deep Circular Breathing (DCB) and Somatic Polarity Method** is presented in this document as a practical protocol for **preparation, navigation, and integration** to be used alongside **Deep Circular Breathing (DCB)**. Its purpose is to help identify, before the breathing process begins, a person's subjective experience, active somatic organization, the possible protective function of that organization, and an accessible resource state within the body.

The method is **not** presented as an independent school of psychotherapy. It is not intended to replace trauma therapy, psychotherapy, psychiatry, addiction treatment, eating disorder treatment, or medical care. Likewise, it should not be claimed that the method heals trauma, rewires the nervous system, or guarantees lasting psychological change.

The practical value of the method lies primarily in providing a clearer preparatory structure for the standard DCB process. Rather than moving directly from a general problem statement into intensive breathing, the participant is guided to:

1. define more precisely what the situation meant to them;
2. recognize possible **internal experience censorship**;
3. identify how the selected issue is expressed in the body and breathing;
4. formulate a working hypothesis regarding its protective function;
5. identify the underlying need;
6. locate a somatically accessible resource state;
7. use breathing as a shared experiential field in which both organizations can be explored.

This structure may provide greater direction to the DCB process; however, it should never become a rigid script. During breathing, experiences may emerge that differ from the issue

identified before the session. The initial map therefore serves as a guide rather than a predetermined destination.

Strengths of the Method

One of the principal strengths of the proposed protocol is its attempt to integrate psychological, somatic, and breathing-based perspectives into a coherent sequence.

Identifying the participant's subjective experience may reveal that people often work not with their original experience, but with a version that has already been rationalized, softened, or made socially acceptable.

Somatic exploration shifts attention from abstract narrative toward present-moment bodily sensations, breathing patterns, and movement impulses.

Formulating a hypothesis about the protective strategy encourages curiosity rather than opposition toward the body's responses.

Identifying a resource organization helps prevent situations in which participants remain only in a highly activated state without access to stabilization or support.

Breathing navigation provides direction while still preserving the spontaneous nature of the DCB process.

Another strength of the method is its explicit emphasis on professional boundaries. The protocol encourages instructors to distinguish ordinary emotional activation from dissociation, nervous system overload, psychiatric crisis, or conditions requiring specialized clinical care.

Limitations of the Method

At present, the method is based primarily on practical observations, instructor experience, and the integration of existing theoretical approaches. Consequently, it cannot be concluded that the Somatic Polarity protocol itself is responsible for the observed outcomes.

Positive participant experiences may also be influenced by numerous other factors, including:

- the effects of Deep Circular Breathing itself;
- the instructor's level of experience;
- the therapeutic relationship;
- group support;
- participant expectations;
- music and the surrounding environment;
- previous therapeutic or spiritual practice;
- the natural fluctuation of emotional states.

The method also combines concepts originating from different theoretical traditions. Psychosynthesis, Somatic Experiencing®, Polyvagal Theory, and Deep Circular Breathing were developed independently. Their integration into a single protocol represents a practical synthesis rather than a scientifically validated theoretical framework.

For this reason, it is important to distinguish between three different levels of knowledge within this document:

- concepts supported by existing scientific or clinical literature;
- principles widely accepted in professional somatic or psychological practice;
- practical hypotheses specific to this method.

The central hypothesis—that identifying subjective experience together with protective and resource organizations before breathing may increase the directionality of the DCB process and facilitate the assimilation of emotional experience—requires further investigation.

Directions for Future Evaluation

Future development of the method should include more systematic data collection and evaluation extending beyond participants' immediate impressions following a session.

Important research questions include whether the protocol:

- improves the accuracy of emotional identification;
- reduces internal experience censorship;
- enhances awareness of somatic signals;
- increases access to resource states;
- reduces the intensity of the selected issue;
- produces effects that persist after one week or one month;
- influences behavior in real-life triggering situations;
- decreases or increases the likelihood of dissociation or destabilization;
- can be applied consistently by different instructors;
- produces outcomes that differ from standard DCB practice.

During the initial stages of evaluation, useful approaches may include:

- standardized participant questionnaires administered before and after sessions;
- follow-up assessments at 7 and 30 days;
- standardized case reports;
- documentation of adverse reactions;
- instructor reflections;
- qualitative participant interviews;
- comparative studies between standard DCB and DCB combined with the Somatic Polarity protocol.

In the future, pilot studies conducted in collaboration with psychologists, psychotherapists, physicians, and university researchers could provide a stronger foundation for evaluating the method.

Invitation to Professional Dialogue

This document does not present the method as a finished or unquestionable system. Its purpose is to describe the protocol clearly enough that qualified professionals in breathwork, somatic practice, and psychology can:

- understand its underlying rationale;
- evaluate its safety;
- test it within the limits of their professional competence;
- compare it with their existing practice;
- provide critical feedback;
- suggest modifications;
- contribute to its ongoing evaluation.

The value of the method should not be determined by the author's claims or by particularly intense individual session experiences. Instead, it should be evaluated according to its safety, practical clarity, reproducibility, observable changes in everyday functioning, and feedback from independent professionals.

Accordingly, the **Deep Circular Breathing (DCB) and Somatic Polarity Method** is presented as an **open practical model**, not as a definitive solution.

Its central proposal is straightforward:

> **Before intensifying the breathing process, it may be beneficial to understand more precisely the internal experience with which the individual is breathing, how that experience is organized within the body, and which resource state may help the nervous system remain within a broader and safer field of experience.**

8. References

Primary Theoretical Sources

Assagioli, R. (2000). *Psychosynthesis: A Collection of Basic Writings*. Amherst, MA: The Synthesis Center.

Levine, P. A., & Frederick, A. (1997). *Waking the Tiger: Healing Trauma*. Berkeley, CA: North Atlantic Books.

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Porges, S. W. (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation*. New York, NY: W. W. Norton & Company.

Porges, S. W. (2022). Polyvagal Theory: A Science of Safety. *Frontiers in Integrative Neuroscience, 16*, 871227. https://doi.org/10.3389/fnint.2022.871227

Research on Breathing Practices

Bentley, T. G. K., D'Andrea-Penna, G., Rakic, M., Arce, N., LaFaille, M., Berman, R., & Sprimont, P. (2023). Breathing Practices for Stress and Anxiety Reduction: A Conceptual Framework for Implementation Guidelines Based on a Systematic Review of the Published Literature. *Brain Sciences, 13*(12), 1612. https://doi.org/10.3390/brainsci13121612

Fincham, G. W., Strauss, C., Montero-Marin, J., & Cavanagh, K. (2023). Effect of Breathwork on Stress and Mental Health: A Meta-analysis of Randomized Controlled Trials. *Scientific Reports, 13*, 432. https://doi.org/10.1038/s41598-022-27247-y

These studies are cited to provide the broader scientific context surrounding breathing practices. They should **not** be interpreted as direct evidence supporting the effectiveness of the **Deep Circular Breathing (DCB) and Somatic Polarity Method**, as the specific protocol described in this document has not yet been independently investigated.

Clinical and Safety Guidelines

American Society of Addiction Medicine. (2020). *The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management*. *Journal of Addiction Medicine, 14*(3S Suppl. 1), 1–72.

National Institute for Health and Care Excellence. (2017). *Eating Disorders: Recognition and Treatment*. NICE Guideline NG69. London: NICE.

National Institute for Health and Care Excellence. (2018). *Post-Traumatic Stress Disorder*. NICE Guideline NG116. London: NICE.

These guidelines are referenced to define the professional scope of DCB instructors, identify situations involving medical risk, and clarify circumstances in which breathing practices cannot replace specialized clinical treatment.

Scope and Use of the Referenced Literature

The work of **Roberto Assagioli** is referenced to support the conceptual understanding of psychological parts, subpersonalities, and their functional roles.

The work of **Peter A. Levine** is referenced to explain the significance of bodily sensations, protective responses, titration, pendulation, and nervous system regulation. **Deep Circular Breathing (DCB)** is **not** part of the Somatic Experiencing® approach, nor is Peter A. Levine presented as an advocate or developer of Deep Circular Breathing.

Stephen W. Porges' Polyvagal Theory is used as a conceptual framework for understanding states of safety, mobilization, immobilization, and social engagement. It should not be presented as the sole or definitively established explanation of autonomic nervous system functioning.

The cited breathwork research is included solely to provide a broader scientific context. Its findings cannot be directly generalized to **Deep Circular Breathing (DCB)** because breathing methods, intensity, duration, and participant populations differ substantially across studies.

At its current stage of development, the specific sequence proposed by the **Deep Circular Breathing (DCB) and Somatic Polarity Method**—including the identification of subjective experience, the mapping of two somatic organizations, and guided navigation during the breathing process—should be regarded as a **practical methodological hypothesis** that requires further systematic evaluation through future research.

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