

From Disconnection to Deep Sensation

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How TRE May Support Women's
Sexual Healing and Pleasure

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1. Introduction

Difficulties related to female sexuality – including the inability to experience pleasure, achieve orgasm, or feel fully present during intimacy – are often approached through psychological or interpersonal frameworks that focus on cognition, emotion, or relational dynamics. However, emerging research in trauma, somatic therapies, and nervous system regulation suggests that many of these challenges may also be rooted in chronic tension patterns, unresolved trauma stored in the body, and states of nervous system dysregulation.¹

TRE (Tension and Trauma Releasing Exercises), developed by **Dr. David Berceli**, is a somatic method designed to support the body in releasing muscular and neurological tension through self-induced neurogenic tremors.² While TRE is not a form of sex therapy, its core mechanism – the facilitation of embodied safety and nervous system regulation – may offer valuable benefits to individuals seeking to reconnect with their sexual self, particularly when trauma or disconnection is present.

This essay examines the potential role of TRE as a supportive tool for women’s sexual healing. It draws on foundational literature in trauma theory, somatic therapy, and TRE itself, alongside selected insights from sexuality studies. The central inquiry is whether and how TRE may help address common barriers to sexual wellbeing – including disconnection, pelvic tension, and a lack of embodied sensation and pleasure – by fostering greater presence, self-regulation, and bodily awareness.

1) Bessel van der Kolk, *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma* (New York: Viking, 2014); Peter A. Levine, *Waking the Tiger: Healing Trauma* (Berkeley, CA: North Atlantic Books, 1997).

2) David Berceli, *Trauma Releasing Exercises: A Revolutionary New Method for Stress and Trauma Recovery* (Denpasar, Bali: Book Surge Publishing, 2005).

2. The Nervous System, Trauma, and Sexuality

Understanding sexuality through a somatic lens requires an understanding of the nervous system. If disconnection from pleasure arises primarily from the body's protective mechanisms, then healing must begin with restoring physiological safety. When the nervous system remains dysregulated, it becomes difficult – sometimes impossible – to access intimacy, trust, and embodied sensation.

Dr Stephen Porges's Polyvagal Theory provides a valuable framework for understanding this relationship. He proposes that the vagus nerve mediates our physiological states of safety, danger, and threat. According to Porges, the autonomic nervous system functions hierarchically: the ventral vagal system supports social engagement and connection; the sympathetic system mobilises action in response to danger; and the dorsal vagal system induces shutdown or collapse when a situation feels overwhelming or inescapable.¹ In a state of ventral vagal safety, the body allows openness, curiosity, and pleasure. When danger is perceived – whether physical or emotional – the system shifts into fight, flight, or freeze, inhibiting sensuality and relational connection.

Autonomic States and Safety Continuum



These autonomic states are not static; the nervous system continually shifts among them in response to perceived safety or threat.

While trauma represents an extreme form of nervous-system overwhelm, chronic stress activates the same physiological pathways, only in subtler and more prolonged ways. Persistent activation of the sympathetic system can keep the body in a state of vigilance, preventing full relaxation and receptivity. Over time, this low-grade arousal exhausts the system, leading to both emotional burnout and diminished sexual vitality. The very mechanisms that protect us from harm also inhibit surrender – the essential state that allows for deep pleasure and intimacy.

¹) Stephen W. Porges, *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation* (New York: W.W. Norton, 2011).

Dr Bessel van der Kolk emphasises that trauma “*keeps the score*” in the body: it is not stored merely as memory but as state.² Likewise, **Dr Peter A. Levine** describes how incomplete defensive responses leave residual energy trapped in the nervous system, seeking completion through movement or discharge.³

For many women who feel disconnected from their sexuality and pleasure, the issue may not be a lack of desire or skill but protective patterns in the nervous system that associate intimacy with threat or overwhelm. Such patterns can lead to chronic activation or shutdown – physiological states that make arousal, trust, and surrender nearly impossible.

From a sexual science perspective, **Emily Nagoski, Ph.D.**, explains this interaction through the dual-control model of sexual response, which describes two systems: an accelerator that notices sexually relevant stimuli, and a brake that responds to potential threats or stress.⁴ When the brake dominates, as it often does in trauma or chronic stress, the body prioritises safety over pleasure.

Similarly, **Sheri Winston, CNM, RN, BSN**, conceptualises female arousal as a “*whole-body system of interconnected pleasure pathways*,” dependent on relaxation, safety, and energetic flow.⁵ From this somatic perspective, trauma disrupts the coherence of this system – constricting not only muscular and energetic flow but also the ability to feel and inhabit the body fully.

These insights converge on a crucial point: difficulties with arousal or pleasure are not signs of physiological dysfunction, nor are they purely psychological. Rather, they reflect how the body has learned to protect itself. The nervous system and the mind are not separate but part of a deeply interconnected system in which signals constantly flow both ways – from body to brain and from brain to body. Sensations, emotions, and thoughts influence each other in an ongoing feedback loop that shapes how safety, desire, and intimacy are experienced. When chronic stress or trauma keeps the system in defensive patterns, it restricts this natural communication and diminishes the capacity to feel.

Because of this, healing must engage the body directly – not to fix it, but to restore safety, sensitivity, and flow. Somatic practices such as TRE help to regulate and integrate these protective patterns, allowing the body-mind system to rediscover its innate capacity for aliveness and pleasure. When the nervous system begins to settle, sensuality and connection often arise spontaneously in the right circumstances, as natural expressions of balance and safety.⁶

2) Bessel van der Kolk, *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma* (New York: Viking, 2014), p. 66.

3) Peter A. Levine, *Waking the Tiger: Healing Trauma* (Berkeley, CA: North Atlantic Books, 1997).

4) Emily Nagoski, *Come as You Are: The Surprising New Science That Will Transform Your Sex Life* (New York: Simon & Schuster, 2015).

5) Sheri Winston, *Women's Anatomy of Arousal: Secret Maps to Buried Pleasure* (Woodstock, NY: Secrets of Women Publishing, 2010).

6) Peter A. Levine, *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness* (Berkeley, CA: North Atlantic Books, 2010).

3. What is TRE and How Does It Work?

Tension and Trauma Releasing Exercises (TRE) is a somatic method developed by Dr David Berceli, designed to help the body release deep muscular tension and restore a sense of safety through a natural neurophysiological process.¹ Berceli observed that in situations of stress or threat, humans – like other mammals – activate defensive muscular contractions to protect the most vulnerable parts of the body. In animals, these contractions are typically followed by spontaneous shaking once the danger has passed, allowing the nervous system to return to equilibrium. In humans, however, this natural recovery mechanism is often suppressed; social conditioning tends to discourage visible expressions of trembling, crying, or shaking, which are commonly interpreted as weakness or loss of control.

As a result, the body retains a degree of the original tension, keeping parts of the musculature – particularly around the psoas, pelvis, and lower back – in a subtle state of readiness. Over time, these uncompleted defensive responses can lead to chronic contraction, pain, and a persistent sense of unease. Berceli and other somatic researchers note that this accumulated tension can become a physical imprint of unresolved stress or trauma.² The lower back and pelvic region are especially significant: they are structurally central to stability and also linked to safety, sexuality, and self-expression. Clinical observations suggest that chronic tension or pain in these areas is particularly common among survivors of sexual abuse and long-term stress.³

TRE consists of a sequence of simple physical exercises that gently fatigue and stretch specific muscle groups, eventually inducing neurogenic tremors – involuntary shaking or vibrating movements generated by the body itself.⁴ These tremors are understood as a natural mechanism for discharging excess tension and rebalancing the nervous system. Their activation typically stimulates parasympathetic regulation, which can calm the system and create a felt sense of relaxation and safety. Participants often describe an experience of groundedness, warmth, or subtle energetic flow – signs that the body is shifting from defence toward restoration and integration.

It is important to note that TRE is not a form of psychotherapy or sexual practice, nor is it intended to provoke specific emotional or erotic experiences. Its purpose is to support the body's innate capacity for self-regulation, which may in turn foster the physiological and psychological conditions for deeper embodiment and connection. By gently releasing layers of tension, the body can rediscover its natural rhythm of safety and ease.⁵

1) David Berceli, *Trauma Releasing Exercises: A Revolutionary New Method for Stress and Trauma Recovery* (Denpasar, Bali: BookSurge Publishing, 2005).

2) Berceli, *Trauma Releasing Exercises*.

3) Peter A. Levine, *Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body* (Boulder, CO: Sounds True, 2005).

4) Berceli, *Trauma Releasing Exercises*.

5) *Ibid.*

4. Potential Benefits of TRE for Women's Sexuality

While TRE was not developed as a sexual or therapeutic modality, its effects on embodiment, safety, and nervous system regulation can naturally influence sexual experience. Sexuality does not exist in isolation from the body – or rather, the bodymind – as a whole. When chronic contraction gives way to relaxation and flow, the capacity for pleasure, intimacy, and surrender may expand. In this sense, TRE can be seen as a practice that helps us return to the embodied conditions in which pleasure becomes possible.

4.1. Increased Body Awareness

TRE enhances interoceptive awareness – the ability to perceive and interpret sensations arising from within the body. During the tremor process, attention is drawn away from cognition and into direct sensory experience: subtle pulsations, vibrations, and shifts in temperature or breath. This heightened somatic awareness supports a more intimate relationship with one's own body.

For many women, especially those who have experienced trauma or long periods of disembodiment, reconnecting with bodily sensation can feel both unfamiliar and profoundly healing. This mirrors the goals of mindfulness-based or somatic sex education practices, which also cultivate presence and non-judgmental awareness of internal experience.¹ As regulation increases, it becomes easier to sense arousal, emotional cues, and boundaries as they arise, allowing for a more authentic and attuned sexual expression.

4.2. Relaxation of Pelvic Tension

The pelvic region is a central interface between safety, emotion, and sexual energy. When stress or trauma accumulate, the pelvic floor and surrounding muscles often tighten unconsciously, restricting both movement and sensation. This contraction may protect the body in moments of threat but, over time, it limits the flow of pleasure, orgasm, and vitality.

Through tremoring, TRE can help the body gradually release this stored tension, inviting more softness and responsiveness into the pelvis. Many practitioners and participants describe feelings of openness, warmth, or gentle pulsation in the hips and lower belly as the body transitions from defence to receptivity. From a somatic perspective, these sensations mark a shift toward the embodied state in which sexual pleasure, trust, and orgasm become possible.

As the body learns that it is safe to soften, awareness can naturally extend to areas that may have felt distant or numb, including the genitals. This renewed sensitivity is not about sexual

1) Jon Kabat-Zinn, *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness* (New York: Bantam, 1990).

stimulation, but about reclaiming a sense of wholeness and presence in the body. As Sheri Winston notes, the foundation for arousal is not stimulation but relaxation – the safety that allows energy to move freely through the whole body.²

4.3. Increased Blood Flow in the Pelvic Region

When the deep muscles of the pelvis and abdomen relax, circulation naturally improves throughout the pelvic floor and genital tissues. This increased blood flow enhances oxygenation, tissue vitality, and the body's responsiveness to pleasure. It is a central physiological component of arousal: as the parasympathetic nervous system activates, vasodilation occurs in the clitoris, vagina, and surrounding structures, preparing the body for sensual receptivity.³

Chronic muscular contraction or sympathetic dominance can restrict this circulation, contributing to numbness or decreased sensitivity. By facilitating relaxation and nervous system regulation, TRE indirectly restores the healthy vascular and energetic flow necessary for arousal and orgasm. From an embodied perspective, this process could be understood as the reawakening of life force and presence in an area often affected by tension or shame.

4.4. Ability to Surrender and Feel Pleasure

Ultimately, the most profound contribution of TRE to sexuality may be its invitation to surrender – to allow involuntary processes without fear. Tremoring teaches trust: the body moves on its own, and safety is maintained. This somatic permission mirrors the energetic state of orgasm, which also requires yielding control and letting the body lead.

Emily Nagoski, Ph.D., emphasizes that pleasure arises when the body perceives safety; when stress responses dominate, the nervous system inhibits arousal.⁴ By discharging tension and activating parasympathetic regulation, TRE may help shift the system toward that baseline of safety where pleasure becomes possible. What follows is not merely genital arousal, but a wider sense of aliveness and receptivity. The orgasmic experience, as Winston and many tantric authors describe, is not a singular peak but an expanded state of flow that can permeate the whole body when defences dissolve.

In this way, TRE supports the very foundations of erotic embodiment: trust, relaxation, and the freedom to feel. By teaching the body that it is safe to tremble, it simultaneously teaches that it is safe to feel – and in that safety, pleasure, connection, and orgasm can emerge naturally as expressions of wholeness.

2) Sheri Winston, *Women's Anatomy of Arousal: Secret Maps to Buried Pleasure* (Woodstock, NY: Secrets of Women Publishing, 2010).

3) Irwin Goldstein, Cynthia A. Graham, and Rosemary Basson, 'Female Sexual Arousal: Physiology and Pathophysiology', *Journal of Sexual Medicine*, 1.1 (2004), 23–45, <https://doi.org/10.1111/j.1743-6109.2004.10105.x>

4) Emily Nagoski, *Come as You Are: The Surprising New Science That Will Transform Your Sex Life* (New York: Simon & Schuster, 2015).

5. Limitations and Ethical Considerations

While TRE offers promising potential for supporting women's sexual healing and embodiment, its application within this context also requires sensitivity and discernment. The method was not originally designed as a sexuality-specific intervention, and practitioners must avoid framing it as such. Each person's nervous system and trauma history are unique, and releasing deep muscular or emotional tension can surface vulnerable material that requires adequate containment and aftercare.

Furthermore, sexual healing involves complex layers of psychological, relational, and socio-cultural factors. TRE can complement – but not replace – therapy, medical care, or specialized trauma support. Ethical facilitation therefore includes clear communication about scope of practice, informed consent, and referral when deeper therapeutic support is needed. Finally, facilitators must maintain professional boundaries, especially when working with women exploring themes of sexuality, safety, and body awareness, to ensure that the space remains non-sexual, supportive, and empowering.

6. Conclusion

TRE invites a gentle re-inhabiting of the body – an awakening of safety, aliveness, and trust from within. For women whose sexuality has been shaped by tension, fear, or disconnection, this reconnection can mark a profound step toward wholeness.

While systematic research on the relationship between TRE and sexuality is still lacking, it may be hypothesized that releasing deep tension supports the body's natural capacity for pleasure, intimacy, and orgasmic states. In this way, TRE does not aim to address sexuality directly, but rather to cultivate the bodily conditions from which sexual wellbeing can naturally arise.

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