

Fear, Stress, and Anxiety in Somatic Hypnotherapy

A clear conceptual distinction between fear, stress, and anxiety is foundational to Somatic Hypnotherapy.

Conceptual confusion between these terms — and between thoughts, feelings, and emotions more broadly — frequently obstructs effective resolution of emotional distress. In this approach, the three states are differentiated by their temporal orientation, physiological signature, energetic impact, and relationship to unresolved somatic residue.

Core Conceptual Foundations

Somatic Hypnotherapy rests on the primacy of emotional feelings* (raw interoceptive bodily sensations) as the upstream substrate of experience. Emotions are constructed meanings the brain builds from those feelings* through interoception, memory, context, and learning (drawing on Barrett's Theory of Constructed Emotion and Damasio's Somatic Marker Hypothesis). Thoughts are secondary, symbolic processes that interpret and respond to what is already being felt.

The reversed paradigm is central: *feeling differently leads to thinking and reacting differently*. Unresolved negative feelings* act as persistent somatic markers that keep the nervous system in a state of low-grade alert. These markers are addressed ablatively (subtractively) — by releasing the unwanted somatic component at its root — rather than by overlaying positive suggestions or cognitive reframes.

Within this framework, fear, stress, and anxiety are understood as distinct configurations of fearful feelings*.

Fear: The Innate, Adaptive, Energy-Boosting Response

Fear is the healthy, present-moment response to a real and current threat. It is an innate survival mechanism, short-lived and proportional to the actual situation.

Physiologically, fear activates the amygdala and sympathetic nervous system, releasing epinephrine (adrenaline). This accelerates heart rate, redirects blood flow to muscles, increases oxygen intake, and mobilizes glucose and fats for immediate energy. The result is a temporary boost in mitochondrial energy production and physical readiness — the classic fight-or-flight mobilization.

Once the threat passes, the system returns to baseline. Fear is therefore adaptive and life-preserving when it remains time-bound to the present. It is not pathological; it is the body's natural "energy booster."

In clinical terms, genuine fear is recognized as a legitimate signal rather than something to be eliminated. The therapeutic work does not target adaptive fear itself.

Stress: The Time-Shifted, Energy-Draining State

Stress (specifically chronic stress in this framework) arises when fearful feelings* are reactivated by the recall of a past threatening or traumatic experience. The original event is no longer present, yet the somatic residue remains active.

This reactivation engages the hypothalamic-pituitary-adrenal (HPA) axis, sustaining elevated cortisol levels and maintaining the nervous system in a prolonged state of alert. Unlike the short burst of epinephrine in fear, chronic cortisol elevation depletes energy reserves, impairs cellular immunity (including natural killer cell function), disrupts metabolic processes, and contributes to a wide range of downstream effects on cardiovascular, immune, and mitochondrial function.

Stress is therefore characterized as an “energy drainer.” It is a conditioned (learned) response rooted in unresolved somatic markers rather than an innate reaction to present danger. The body continues to behave as if the past threat is still active.

Notably, as per Health Quebec, “Stress is a normal physiological response to an abnormal situation. As such, it is part and parcel of our lives. It enables our body to adapt to the multiplicity of positive and negative events that we experience, like a birth, marriage or loss of employment. Stress comes and goes on its own” However, stress is not a pathological condition per se!

Anxiety: The Projected, Insidious Energy-Draining State

Anxiety occurs when unresolved fearful feelings from the past are subconsciously projected into the present or future. It is triggered by uncertainty, anticipated threat, or the reactivation of unhealed emotional residue in situations that bear no actual present danger.

Like stress, anxiety engages sustained physiological arousal and functions as an energy drainer. It is often more insidious and far-reaching than stress because its temporal scope is unbound — it can attach itself to almost any future contingency or ambiguous situation. Somatic manifestations commonly include chest tightness, restlessness, racing heart, visceral tension, or a pervasive sense of dread.

Anxiety is a fearful feeling that has become decoupled from any specific present stimulus. It is a conditioned pattern of reaction stored in implicit (somatic) memory, not a rational evaluation of current risk.

Notably, as per Health Quebec, “Contrary to fear, which is a response to a well-defined and very real threat, anxiety is a response to a vague or unknown threat. Anxiety manifests itself when we believe that a

dangerous or unfortunate event may take place and are expecting it. Everyone experiences anxiety at their own individual degree and intensity.” However, anxiety is not a pathological condition par se!

Summary Comparison

Aspect	Fear	Stress	Anxiety
Temporal orientation	Present threat	Past event (reactivation)	Present/future projection of past residue
Nature	Innate, adaptive	Conditioned / learned	Conditioned / learned
Duration	Short-lived, returns to baseline	Sustained	Sustained / open-ended
Primary physiology	Epinephrine / sympathetic mobilization	Cortisol / HPA axis activation	Cortisol / sustained limbic arousal
Energetic effect	Energy booster (mitochondrial activation)	Energy drainer	Energy drainer
Proportionality	Proportional to real threat	Disproportionate to present reality	Disproportionate / often free-floating
Clinical status	Healthy survival response	Pathological when chronic	Pathological when chronic

Clinical Implications in Somatic Hypnotherapy

Because stress and anxiety are rooted in unresolved somatic feelings rather than in present circumstances or faulty thinking, the therapeutic target is the bodily residue itself. Under the specific state of somatic hypnosis — deep bodily relaxation combined with focused interoceptive attention — these markers become accessible. The process allows the subconscious to release or resolve the unwanted somatic component.

Once the energetic charge is dissolved, the factual memory of past events typically remains intact, yet the emotional and physiological reactivity diminishes or disappears. Clients commonly report that previously disturbing memories feel distant or neutral. Thoughts, perceptions, and behavioral patterns reorganize spontaneously as the underlying feelings and state of mind changes — consistent with the reversed paradigm.

This distinction also clarifies why purely cognitive or additive approaches often produce only partial or temporary results: they attempt to manage or overlay states whose roots are somatic. Once these roots are uprooted, everything falls back into place; no more continuous management is needed.

In short, Somatic Hypnotherapy treats adaptive fear as a resource to be respected, while treating stress and anxiety as conditioned, energy-draining patterns that can be resolved at their somatic origin. Clear differentiation of these three states is not semantic refinement; it is the conceptual prerequisite for effective, root-level work.

Scientific Resources Supporting the Above Claims

Cannon, W. B. (1915/1920). *Bodily Changes in Pain, Hunger, Fear and Rage*. Free full text (Internet Archive):

<https://archive.org/details/cu31924022542470> Alternative:

<https://archive.org/details/bodilychangesinp029647mbp>

Selye, H. (1936). A syndrome produced by diverse nocuous agents. *Nature*, 138, 32. <https://www.nature.com/articles/138032a0>

Harvard Health Publishing – *Understanding the stress response* (clear sequential description of epinephrine surge followed by HPA-axis/cortisol activation): <https://www.health.harvard.edu/staying-healthy/understanding-the-stress-response>

Chu, B., et al. – Physiology, Stress Reaction (*StatPearls* / NCBI Bookshelf): <https://www.ncbi.nlm.nih.gov/books/NBK541120/>

Segerstrom, S. C., & Miller, G. E. (2004). Psychological stress and the human immune system: A meta-analytic study of 30 years of inquiry. *Psychological Bulletin*, 130(4), 601–630. Free full text (PMC): <https://pmc.ncbi.nlm.nih.gov/articles/PMC1361287/> PubMed record: <https://pubmed.ncbi.nlm.nih.gov/15250815/> Direct APA PDF: <https://www.apa.org/pubs/journals/releases/bul-1304601.pdf>

Craig, A. D. (2002). How do you feel? Interoception: the sense of the physiological condition of the body. *Nature Reviews Neuroscience*, 3(8), 655–666. PubMed: <https://pubmed.ncbi.nlm.nih.gov/12154366/>

Barrett, L. F. (2017). The theory of constructed emotion: An active inference account of interoception and categorization. *Social Cognitive and Affective Neuroscience*, 12(1), 1–23. Free full text (PMC): <https://pmc.ncbi.nlm.nih.gov/articles/PMC5390700/>