When Stillness Feels Unsafe: Somatic Work With High Achievers Who Cannot Rest

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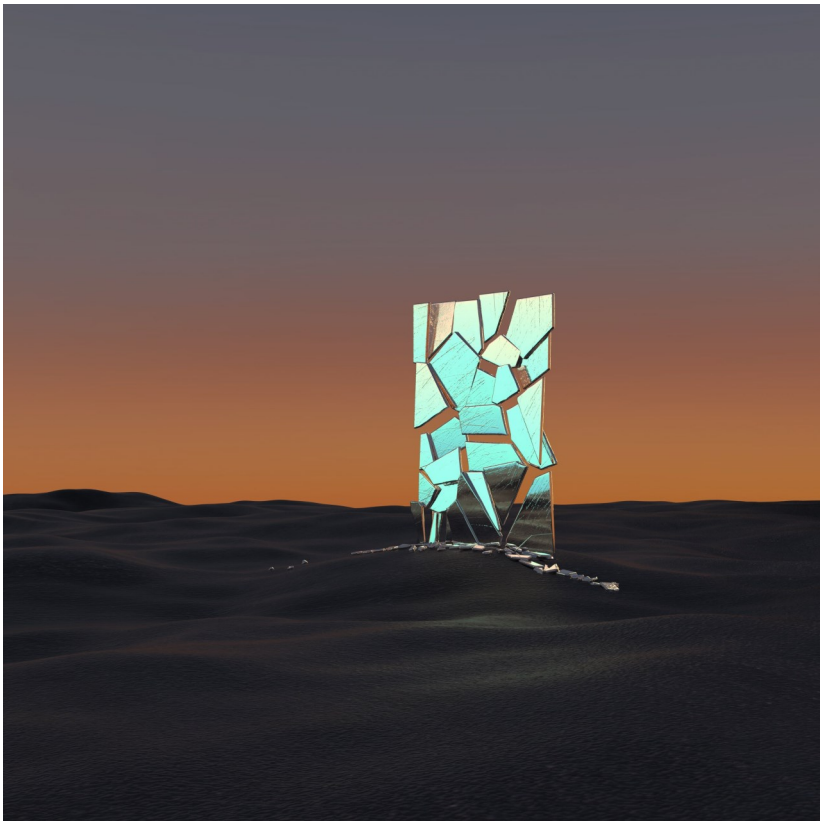
Ask a driven person what they would do with a free afternoon and you will get a good answer. Ask them to spend one, and something else happens. The first day of vacation brings a headache. Sunday feels worse than Monday. A pause in session sends a hand toward the phone. For many of the high achievers I see, rest is not restful. It registers as danger.

I want to name that pattern clearly, because it is easy to mistake for a personality trait. I call it stillness intolerance: the experience of rest itself registering as threat, so that when activity stops, arousal either rises or drops into flatness instead of settling. It is not a failure of willpower, and it is not a time management problem. It is a nervous system that learned, over years, that moving is how you stay safe.

I should say plainly where I stand. I am a licensed clinical social worker and a talk therapist, not a somatic practitioner. What I offer here is the view from the other chair: what I have learned to recognize, why I think it happens, and when I refer to somatic colleagues and what I hope they can offer. I am writing for the clinicians who receive those referrals, and for those of us who need to make them well.

Two Ways Stillness Goes Wrong

Polyvagal Theory gives clinicians a useful map here. Porges (2022) describes neuroception as a neural process, distinct from perception, that evaluates risk and safety and shifts autonomic state without conscious awareness. In his account, when cues of safety are not available, defense shows up, first as sympathetic mobilization, the platform for fight and flight. If mobilization does not bring the person to safety, then the system can shift into immobilization through the older dorsal vagal pathway, with features he lists as including dissociation, withdrawal, despair, and depression.





Porges (2022) also describes the mammalian capacity to "immobilize without fear" (p. 12), the kind of stillness that makes rest, birth, and intimacy possible, and depends on feeling safe.

That distinction is the heart of this article. Stillness without safety does not feel like rest. For a person whose system has organized itself around mobilization, stopping tends to go one of two ways. Some clients spike: the mind races, the jaw sets, and they reach for the laptop just to check. Others drop: heavy, flat, foggy, unable to get off the couch and unable to enjoy being on it. Both are protective. Neither is rest.

I use Polyvagal Theory as a clinical map. As a map, it helps me hear what a client means when they tell me a quiet weekend "felt awful."

When Relaxing Makes It Worse

Kim and Newman (2019) studied relaxation-induced anxiety, the paradoxical spike in anxiety that some people feel during relaxation training. In a sample of 96 participants with generalized anxiety disorder, major depressive disorder, or neither, sensitivity to sharp shifts into negative emotion (what the Contrast Avoidance Model calls negative contrast sensitivity) fully mediated the link between generalized anxiety disorder and relaxation-induced anxiety, and partially mediated the link for depression. Put simply, some people stay braced because falling from calm into distress feels worse than never getting calm at all.

Many high achievers would recognize themselves in that finding. Staying braced has a payoff: no unpleasant surprise. Being told to just relax asks them to give up the very strategy that has kept them functioning. That is one reason I no longer hand these clients a breathing app and call it a plan.

The Collapse Underneath

Merete Holm Brantbjerg's work has sharpened how I think about the second pattern, the drop. Brantbjerg (2020) argues that the muscle system takes part in our defenses not only through tension and holding, but through hypo-response: giving up, taking energy out of the muscles, so what we were meant to feel goes unnoticed and unfelt. Her method, which she calls Hypo-Response Muscular Dosing, works with small, slow muscle activation so the system can habituate to more vitality and regain access to impulses and emotions.

In later work, Brantbjerg (2021) describes hypo-arousal, or collapsed immobility, as a natural human survival reaction, and shows how low-dosed muscle activation and a relationship to the experience of collapse can build the capacity, in client and therapist alike, to stay present on the edge of hypo-arousal instead of being pulled into it.

For the client who goes flat the moment they stop, that reframes the task. Relaxation is the wrong instruction for someone who is already under-activated. They may need a little more energy in the body, offered in small doses, before rest can feel like anything other than collapse.

Why High Achievers in Particular

Two things make this pattern common among the executives, founders, physicians, and attorneys I see. The first is reinforcement. Their best results have often arrived while they were running hot, so their bodies learned that activation means safety and success. The second is isolation, and this is where the polyvagal emphasis on co-regulation matters. Porges (2022) places feelings of safety inside relationships: cues of safety sent and received between people calm defensive states and make trust possible.

Many high achievers have very few people they can exhale with. A 2026 CEREVITY report, 88% of High Achievers Say Success Made Them Lonelier, reviewed 312 high achievers who sought therapy through the CEREVITY network, a private-pay concierge network of independent licensed clinicians. Eighty-eight percent said reaching the success they had worked toward left them lonelier, and 61% said the number of people they could be fully honest with had fallen. These are self-reported figures from an internal review, not a peer-reviewed study, so I offer them as a pattern worth testing rather than an established finding. The clinical logic is still direct: if stillness feels safe mainly in the presence of a trusted other, a person with fewer trusted others has fewer places where stillness can feel safe at all.



What I Listen For

None of these is diagnostic on its own. Together, they tell me the problem is safety, not scheduling.

Rest described in the language of risk: "If I stop, it all catches up with me."

Symptoms that arrive on the first day off: the headache, the cold, the low mood that lifts on Monday morning.

Rest that only counts if it is productive. A hard run is fine. Sitting on a porch is not.

A pause in session that sends the hand to the phone, or a body that goes vague and heavy when I ask what is happening inside.

A history of relaxation attempts (apps, retreats, a meditation habit) that made things worse, followed by self-criticism for failing at rest.

When I Refer, and What I Ask For

I refer to a somatic colleague when stillness reliably produces panic, numbness, dissociation, or collapse; when there is a trauma history the body seems to be carrying; or when talking about the pattern has stopped changing it. I tell the client something like this: this is not you being bad at rest. Your system learned that moving is how you stay safe, and it can learn that stillness is safe too, slowly and with help.

Then I tell my somatic colleagues what I hope they will consider. These are their skills, not mine, and I defer to their judgment, but clients with this pattern seem to need these things.

1. Start with movement and slow it down, rather than starting with stillness. A walk that gradually slows, or rocking that gradually quiets, gives the system a ramp instead of a cliff.
2. Dose in seconds. Ten seconds of stillness that ends by the client's choice teaches more than ten minutes endured.
3. For the client who goes flat, consider adding energy before asking for rest, in the low-dose spirit of Brantbjerg's work.
4. Build stillness in company first. Shared, attuned stillness with the therapist may need to come before solitary stillness at home.
5. Warn clients about the drop. If Kim and Newman (2019) are right that the contrast itself is what people fear, naming the first wave of discomfort as expected can keep a client from deciding they have failed.
6. Keep the eyes open, the exits visible, and the choices in the client's hands. For someone who equates stopping with exposure, control is part of safety.

The Goal Is Not a Calmer High Achiever

I do not think the aim is to make driven people less driven. Many of them love their work, and their energy is real. The aim is a nervous system with more than one way to be safe: one that can move hard when the moment calls for it, and come to rest afterward without bracing for what rest might bring. That second capacity is rarely learned alone. In my experience, it is learned in the presence of someone who stays steady while the client tries it, which is exactly what our work can offer.



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Website: Cerevity.com

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