SOMATIC PSYCHOTHERAPY FOR TRAUMA TREATMENT

An Introductory Overview of Theory and Practice

By Nicholas Barth, MA LMFT

INTRODUCTION TO THE PRESENTER

Background in Vipassana and Tibetan Meditation and Performance Art

Formal Studies:

- B.A. Contemplative and Somatic Psychology at Naropa University, Boulder CO
- M.A. Somatic Counseling Psychology at California Institute of Integral Studies, SF CA
- EMDR trained by EMDRIA, Burlingame CA
- Professional Training with Bill Bowen's Psycho-Physical Therapy Institute, Berkeley CA

LMFT in California

More info: www.montereysomatics.com

INTRODUCTORY EXPERIENTIAL (BRIEF)

Establish Mindfulness

Guided Body Scan

Identifying positive memory and sensations

Enhance Resource

Disclaimer: Please use this resource if material in presentation is overwhelming

OBJECTIVES

Theories for Somatic Psychotherapy

- Western Roots: Phenomonology and Merleu Ponty
- Felt Sense
- Structural Perspectives: Reich, Keleman, and Tonicity
- NeuroAnatomy: Nervous System, Window Of Tolerance, and PolyVagal Theory

PTSD Treatment

- PTSD features
- Techniques and Resources
- Three phases of treatment

SOMATICS?

Wikipedia: "Somatics is a field within bodywork and movement studies which emphasizes internal physical perception and experience. The term is used in movement therapy to signify approaches based on the **soma**, or "the body as perceived from within,"[1] including Alexander technique, the Feldenkrais Method, and Rolfing.[2] In dance, the term refers to techniques based on the dancer's internal sensation, in contrast with "performative techniques," such as ballet or modern dance, which emphasize the external observation of movement by an audience.[3][4]"

In the 1970s, American philosopher and movement therapist Thomas Hanna introduced the term "somatics" to describe these related practices collectively.

Inaccurate definition: "Described or relating to, arising from the body ***as separate*** from arising in the mind." (psychologydictionary.com)

- Rather, it is the mind ***arising from*** the body.

Laura Hollick's "Body Mapping".

http://www.soulartstudio.com/wordpress/tag/bodymapping/

ROOTS

Primordial Unity, in traditional holistic models of medicine.

Western Lineage: Later material body and immaterial mind "split" response to:

Physics: Positivism and Materialism, the Copernican, Cartesian, and Newtonian objectification of bodily experience as Reductionist Mechanism.

Religion: Body is earthly, sinful, and low, and spirit is divine, etc.

For phenomenologists, like Husserl (and Merleau-Ponty (1908-61), in contrast, the human body is itself a 'subject', and the human subject is necessarily, not just contingently, embodied.*

First it was a way of studying sensations and felt sense experience, then grew into healing arts.

Lineage from 20th Century: Elsa Gindler (1885-1961), Charlotte Selver (1901-2003), Marion Rosen (1914-2012), Moshe Feldenkrais (1904-1984), Ida Rolf, Bonnie Bainbridge Cohen, Irmgard Bartenieff, Mary Whitehouse (Authentic Movement), Thomas Hannah.

Modern Neuroscience and Quantum Mechanics catching up, confirming Mind-Body Unity.

Non-Western Orientations: Yoga (yoking/union); Tao Te Ching; Buddhist Mindfulness

*Phenomenology of Perception (1948; trans. C. Smith, Routledge)

"FELT SENSE"

The felt sense is an awareness of one's ever-changing sensations, energies and emotions as they occur in the body.*

Core feature of Somatic Experiencing®, Gendlin's "Focusing", and many other formalized methods.

"felt sense is the embodiment (bringing awareness inside the body) of one's ever-changing sensory/energetic/emotional landscape."

From Body-Mind Centering® its becoming aware *through* the body, not just *of* it.

Many times numbed and/or dissociated in PTSD
And can be overwhelming/flooding to feel.

*http://www.new-synapse.com/aps/wordpress/?p=63, Accessed 11/3/18

EXAMPLES OF QUALITIES OF THE FELT SENSE:

feeling/sensation

- **pressure –** even, uneven, supportive feeling, crushed feeling, cutting off circulation
- **air current –** gentle, cool, warm, from right, from left, stimulating, rush, like a feather, like mist
- **tension –** solid, dense, warm, cold, inflamed, protective, constricting, angry, sad
- **pain –** ache, sharp, twinge, slight, stabbing
- **tingling –** pricks, vibration, tickling, numb
- **itch –** mild itch, angry itch, irritating itch, moving itch, subtle itch, small itch, large area of itching

temperature – warm, hot, burning, cool, cold, clammy, chills, icy, frozen, like: hearth, oven, fire, sunshine, baked bread, snow, stone, shade

size – small, large

shape – flat, circle, blob, like a mountain

weight – light, heavy

motion – circular, erratic, straight line

speed – fast, slow, still

texture – rough, wood, stone, sandpaper, smooth, silk

element – fire, air, earth, water, wood

color – gray, blue, orange etc.

mood/emotion sinking, pulling in, open, closed, uplifting, sunny day, dark cloud, roiling

sound – buzzing, singing

taste – sour, bitter, sweet

smell – pungent, sweet, like rain, like leaves

absence/nothingness – blank, empty

*http://www.new-synapse.com/aps/wordpress/?p=63, Accessed 11/3/18

REICH'S CONTRIBUTIONS

Wilhem Reich (1897 – 3 November 1957) was an Austrian doctor of medicine and psychoanalyst, a member of the second generation of analysts after Sigmund Freud.

Controversial, and vast contribution to the field.

Pupil of Freud, ostracized for unorthodox research.

Character Analysis ("Armour") - Tonicity (tension) –

- HyperTonic----------HypoTonic
  - Rigitity Chaos

Focus on Catharsis (expression from rigid repression) and
- building tonicity from hypo-tonic for expression

Guitar Example: not too tight, not too loose.

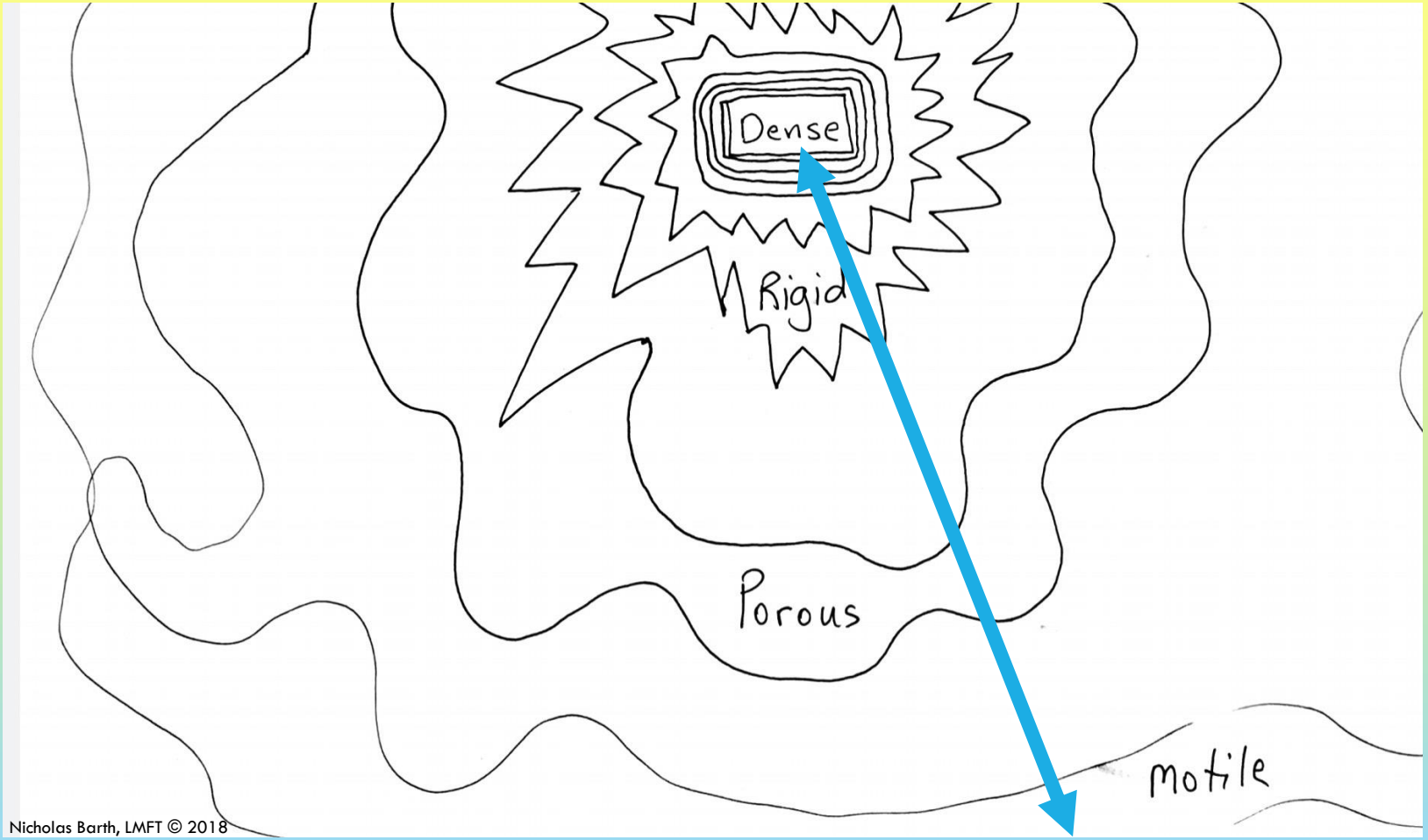
Cautions: containment, non-invasive, "taking over defenses" rather than stripping them.

STANLEY KELEMAN'S FORMATIVE PULSATION

All Organisms Pulsate

4 – stages

- Dense – contracted and immovable
- Rigid – moves within predictable limits
- Porous – Can connect and play
- Motile – Yields and releases with abandon



For more, directly from Keleman:

https://youtu.be/1NJU7iFGyT0

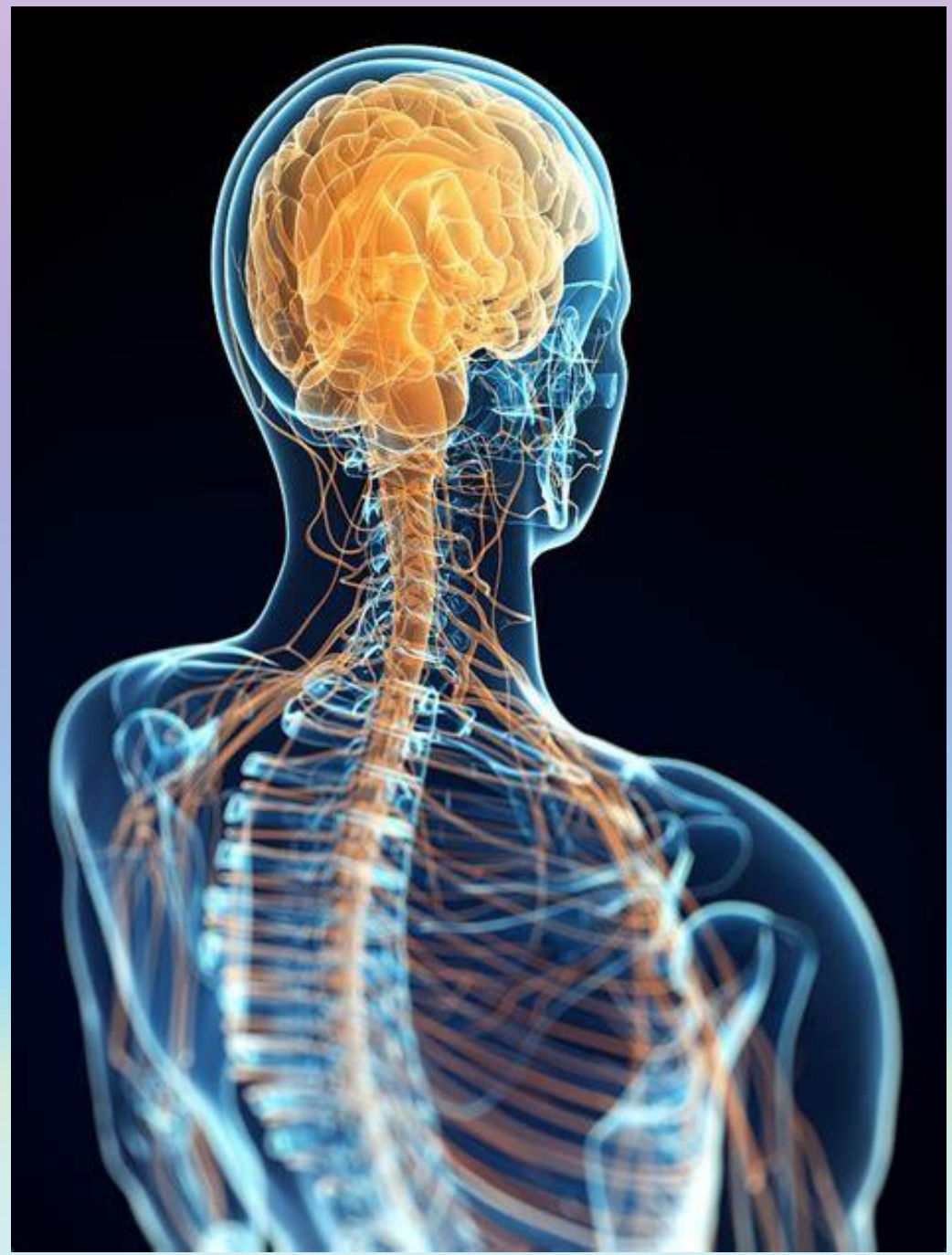
NUERO-PHYSIOLOGY OF TRAUMA

How our autonomic nervous system responds to stress, threats, and horror

Sympathetic / Parasympatic Nervous System

Window Tolerance

Poly Vagal Theory



Accessed 11/8/18 https://fineartamerica.com/featured/22-human-nervous-system-artwork-sciepro.html

SYMPATHETIC & PARASYMPATHETIC NERVOUS SYSTEM

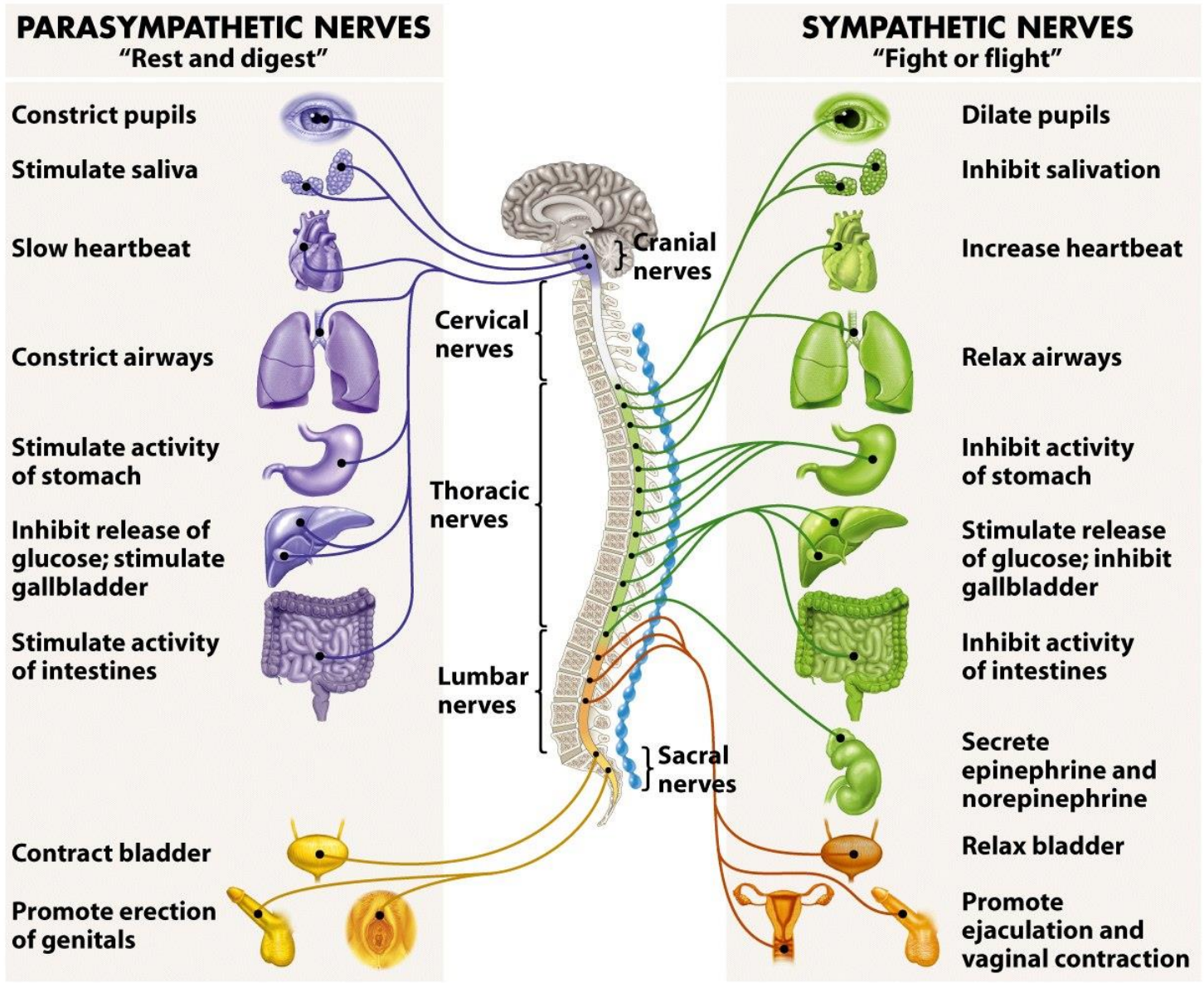
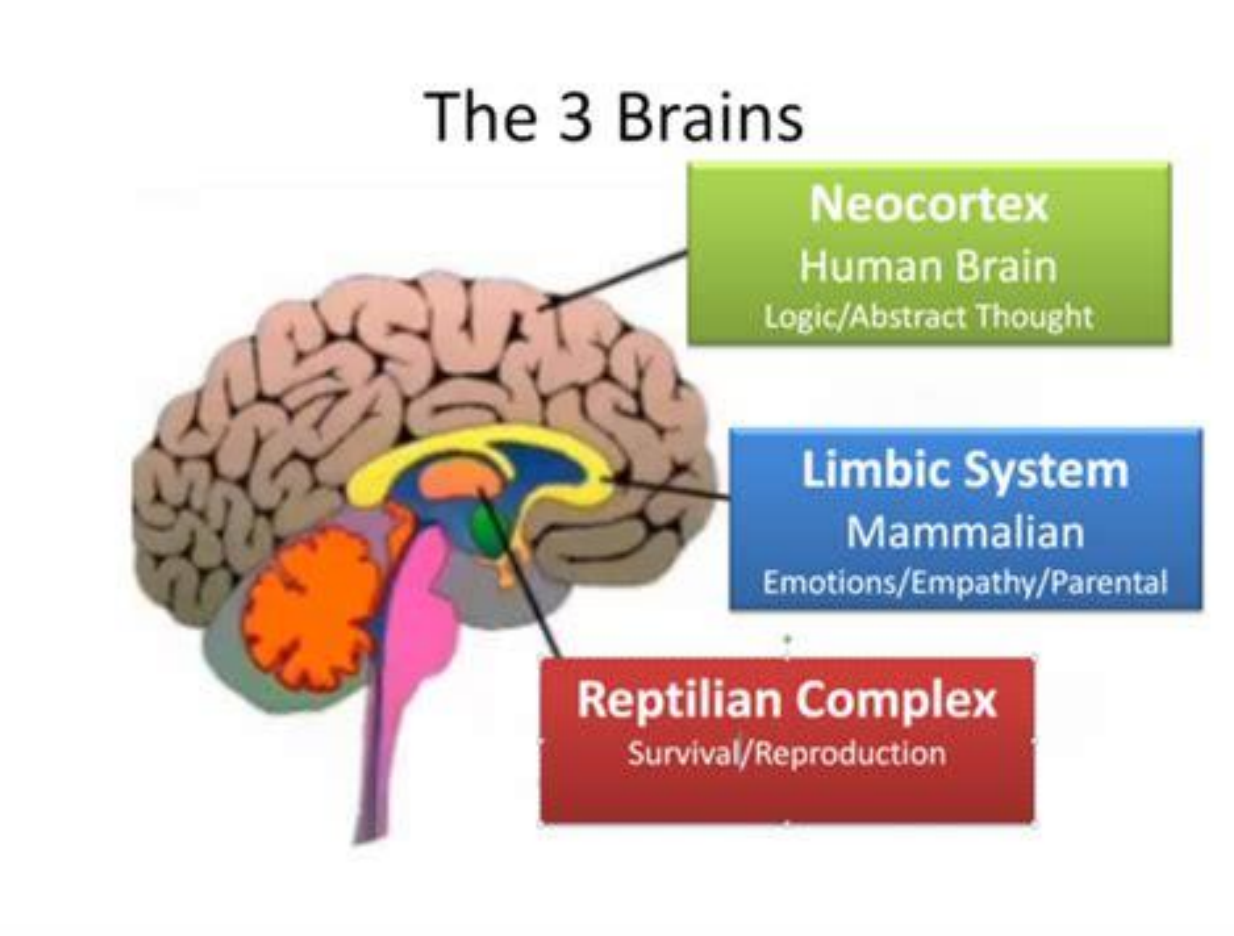
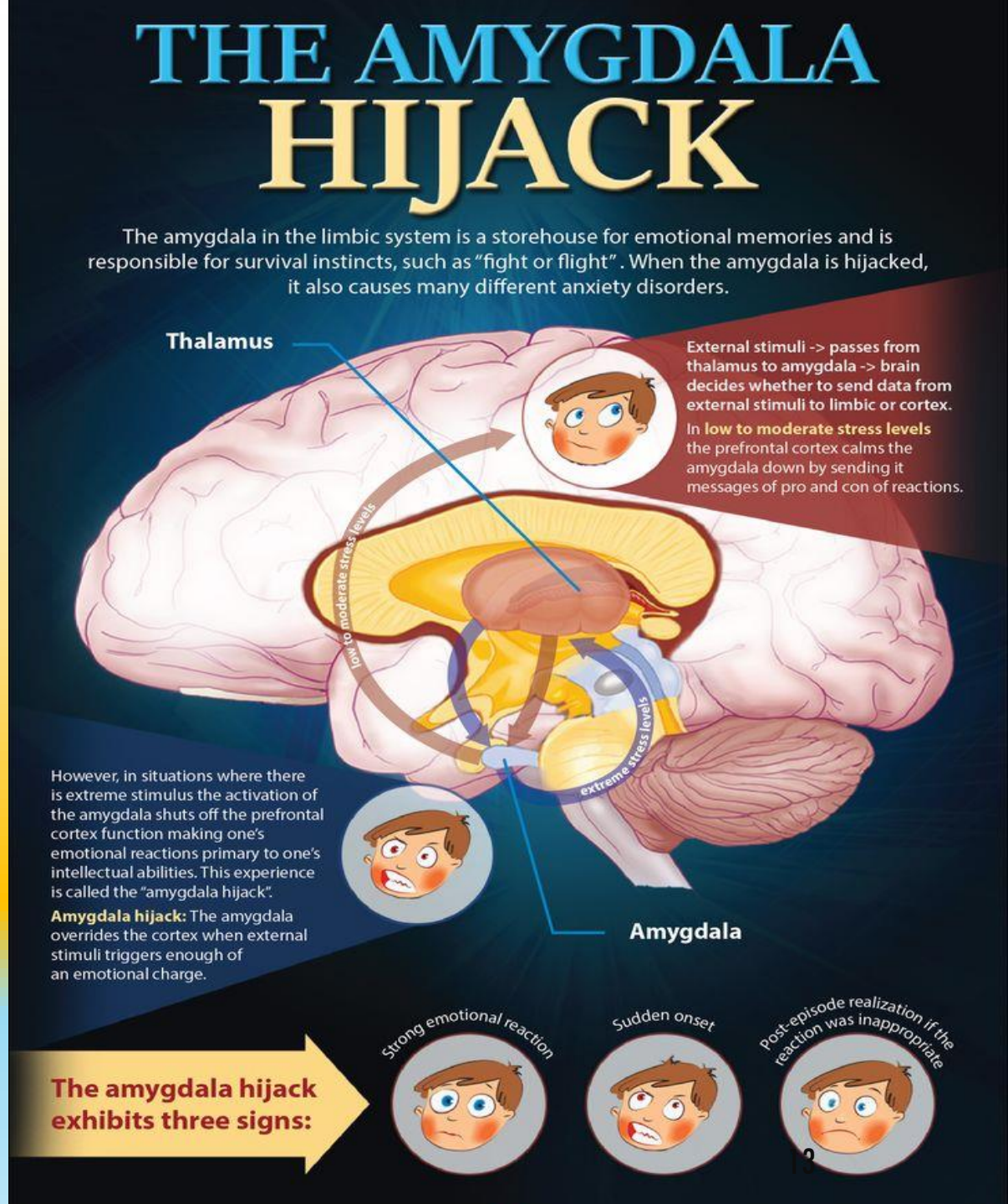


Figure 45-20 Biological Science, 2/e

LIMBIC SYSTEM "HIJACKS"





THE THREE BRAINS' RESPONSE TO THREAT

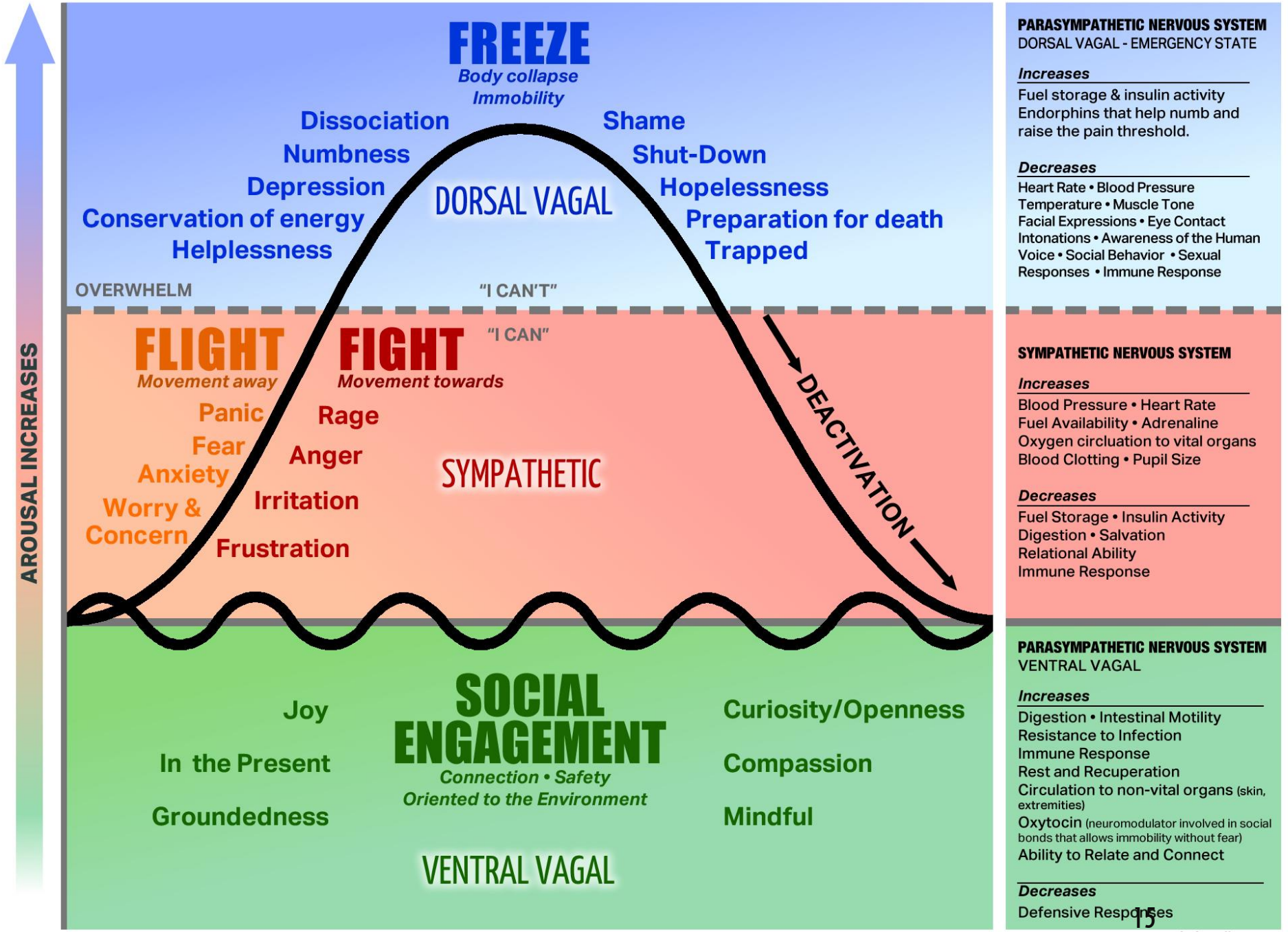
"The tonic immobility is the most primitive system, and it spans probably over 500 million years. It is a combination of freezing and collapsing—the muscles go limp, the person is left without any energy."

"The next in evolutionary development is the sympathetic nervous system, the fight-or-flight response. And this system evolved from the reptilian period which was about 300 million years ago. And its function is enhanced action, and, as I said, fight-or-flight."

"Finally the third and most recent system is the social engagement system, and this occurs only in mammals. Its purpose is to drive social engagement—making friends—in order to defuse the aggression or tension."

POLYVAGAL THEORY

Dr. Stephen W. Porges, Ph.D



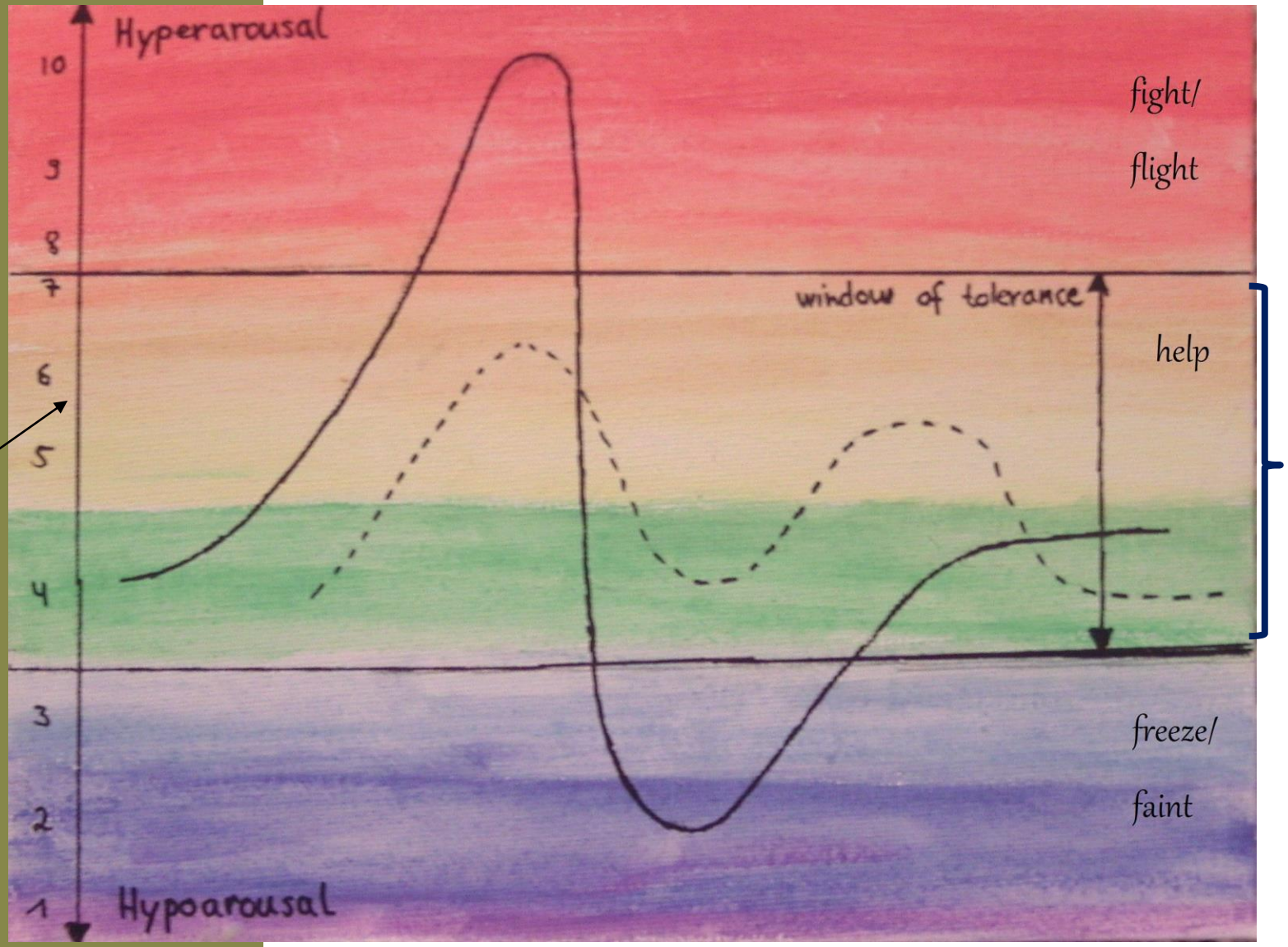
Adapted by Ruby Jo Walker from: Cheryl Sanders, Steve Hoskinson, Steven Porges and Peter Levine

WINDOW OF TOLERANCE

When in the zone of tolerance, Information from external and Internal sources can be Integrated.

Arousal Spectrum 1-10

http://www.dafpods.co/schematic/window-diagram-of-stress-tolerance.html

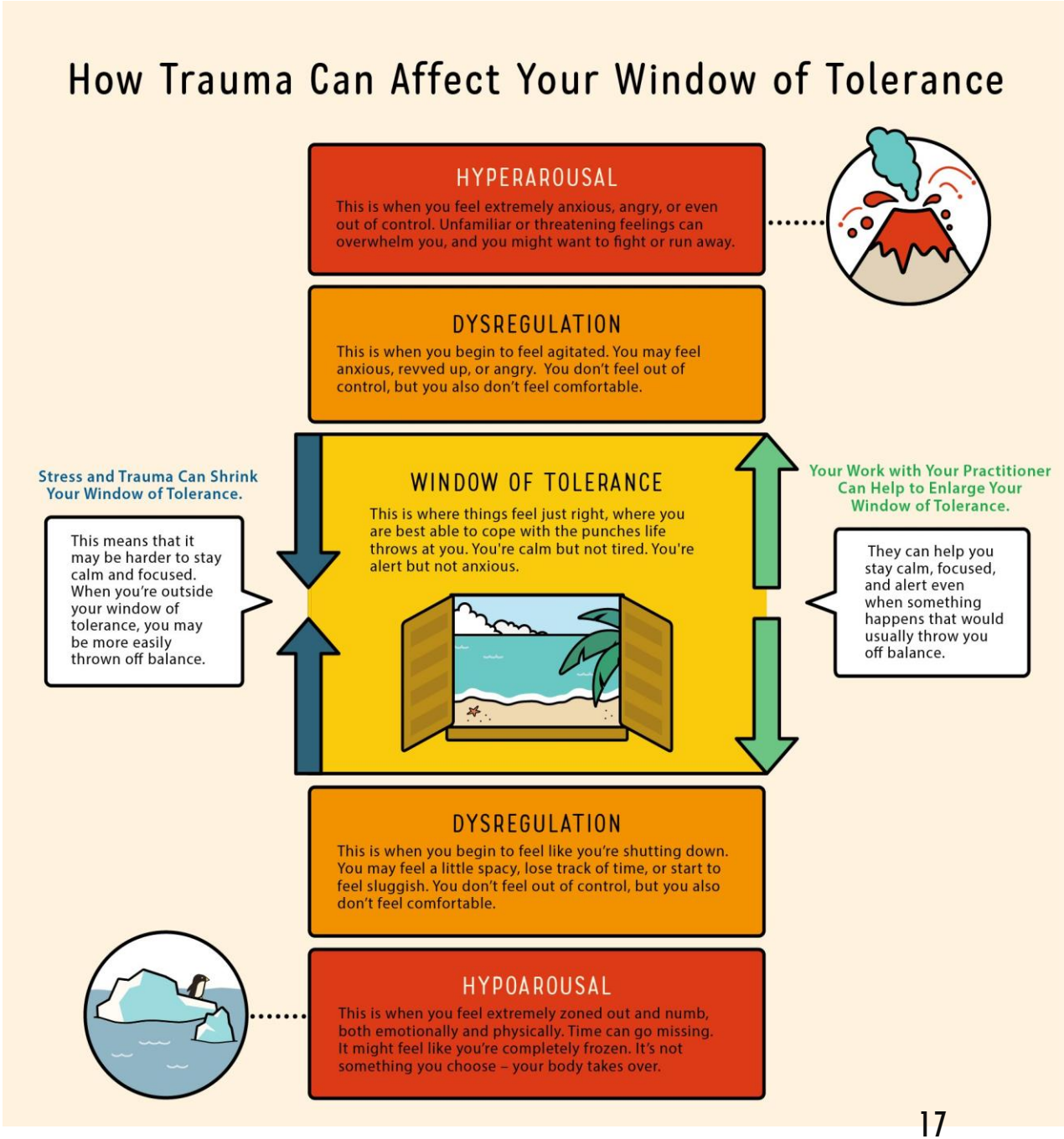


Siegel, D., (1999) *The Developing Mind*

TRAUMATIZED WINDOW OF TOLERANCE

Shrinks Window Of Tolerance

- Harder to stay calm and organized
- Harder to integrate or respond adaptively



TREATMENT IMPLICATIONS

Regulation : Co-regulation with therapist to teach client to auto-regulate and seek co-regulation from others.

- Track sensations as antecedents to overwhelming affect, can sooth, feel, and integrate,
- and divert extreme distress.

Distress Tolerance – Slowly expand the window by co-regulating with therapist and using coping skills to maintain sense of safety through affective arousal experience.

PETER LEVINE EXPLAINS

Titration for Release and Integration

With a slinky

Remember

Reich's Armor
Keleman's Pulsation
Porges's PolyVagal Theory

www.youtube.com/watch?v=ByalBx85iC8

LEVINE'S TAKE-AWAYS

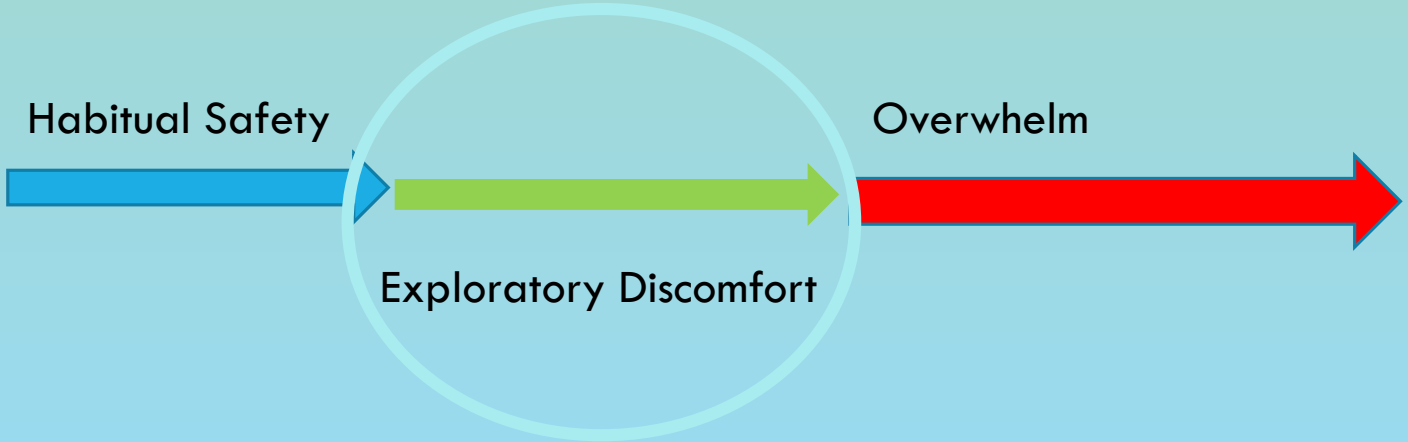
Therapists maintain safety, gently pendulating and accessing frozen nueral material, to avoid explosive discharge or flooding flashback.

Avoid cathartic therapies of flooding, to slow process enough for neural integration

SAFETY

Goldilocks Zone of Proximal Discomfiture

"Growth happens when we are uncomfortable, but not when we are too uncomfortable"



PTSD QUICK REVIEW

Hyper Arousal – rapid breathing + heartbeat, startle, nausea, panic (flight/fight/freeze/faint)

Flashbacks – Intrusive images, emotions, body sensations, behaviors

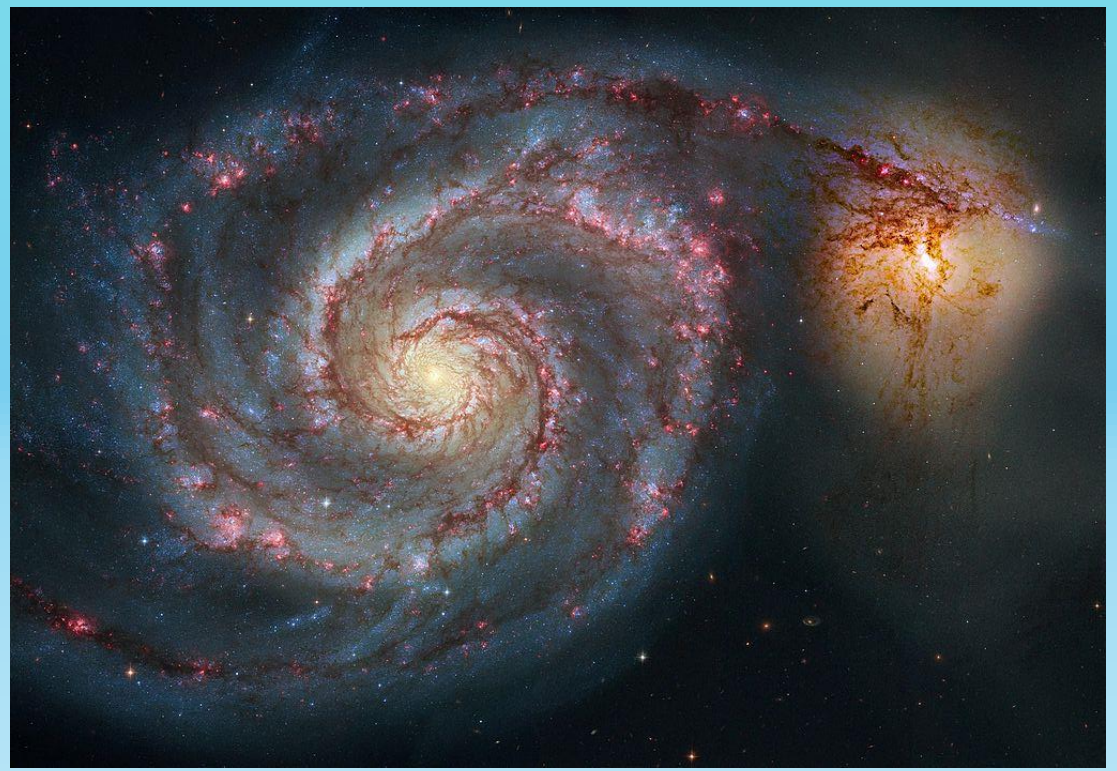
Avoidance – dissociation of overwhelming experience

- (cognitive, affect, sensory, behavioral)

THREE PHASES OF TREATMENT

Pat Ogden, et al "Trauma and the Body" (2006)
Sensorimotor Approach to Psychotherapy

"Phases", not "stages", suggest non-linear approach and may require cycling back through previous phases.



Three phases to Treatment :

Stabilization – developing somatic resources for stabilization

Processing – processing traumatic memory and restoring acts of triumph

Integration – Integration and success in normal life

TECHNIQUES FOR STABILIZATION

Resourcing – Coping skills to regulate arousal and manage dissociation

Shuttling – track, attune, and regulate self and other

Body Reading and Contact Statements

Pendulation/Titration – slowly recover in safety

COPING RESOURCES

Rehearsals -

Practice swimming strokes
before going out to sea,
before the boat sinks.
Improves general sense of safety.

Orientation

- Notice shapes, colors, counting, of surrounding environment
- Craning the neck

Relaxation Exercises

- Progressive Muscle Relaxation
- **Voluntarily regulated breathing practices**
  - "Straw Breathing", Diaphragmatic Breath, Pranayama, etc.
- Calm/Safe Place (EMDR)

ORIENTATION

Quick Experiential

Look around (craning the neck), notice the space in which you currently inhabit…

Notice all the blue things…

Notice all the round things…

Describe in thick detail what is happening in a painting or picture…

Count how many lights there are…

ORIENTATION CUE CARDS

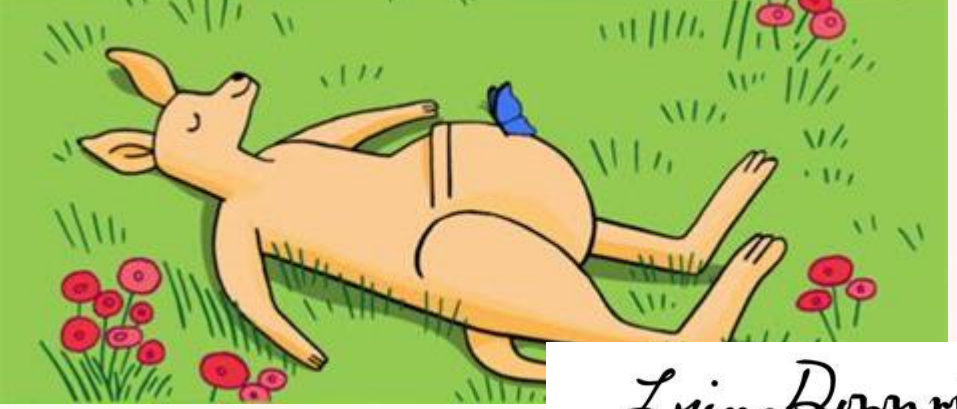
Patients who experience chronic dissociation can create cue cards with orientation instructions customized for all of their most distressing environments.

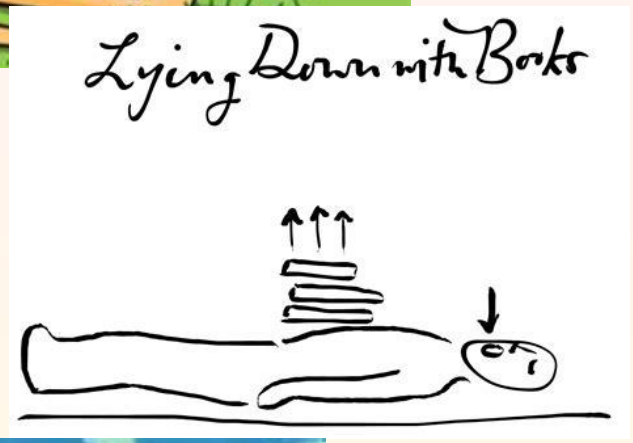
For example:
The waiting room at the doctor's office -

- Count how many magazines
- Describe a painting/picture

In line at the grocery

- Count how many types of M&Ms
- Notice all of the shiny textures





REGULATION FOR PARASYMPATHETIC SAFETY

Voluntarily regulated breathing practices (VRBPs)

Mind-body practices include movement, breathing, and meditation. According to polyvagal theory, states that are characterized by increased influence of the parasympathetic myelinated pathways of the vagal nerves increase feelings of safety and support social engagement and bonding while inhibiting defense limbic system reactions.[4] Within minutes, slow, voluntarily regulated breathing practices (VRBPs)—in the range of 4.5 to 6 breaths per minute for most adults—will lead to a state of sympatho-vagal balance characterized by emotional calmness and mental alertness.[5] This state improves emotional processing, cognitive functioning, and the capacity for positive relationships.

http://www.psychiatrictimes.com/integrative-psychiatry/top-down-plus-bottom-integrative-treatments-psychiatry

4. Porges SW. The polyvagal theory: new insights into adaptive reactions of the autonomic nervous system. *Cleve Clin J Med*. 2009;76(suppl 2):S86-S90.
5. Brown RP, Gerbarg PL. *The Healing Power of Breath* [book and CD-ROM]. New York: Shambhala Press; 2012.

SHUTTLING

Basic Technique to enhance somatic awareness and deepen therapeutic listening:

1) Notice own felt sense
2) Then track their body signs
3) repeat

Prepares to attune with client, and co-regulate affective arousal

"Bodynamics" was originally founded in Denmark by Lisbeth Marcher
Check out www.bodynamicusa.com for trainings in USA/Canada

BODY READING

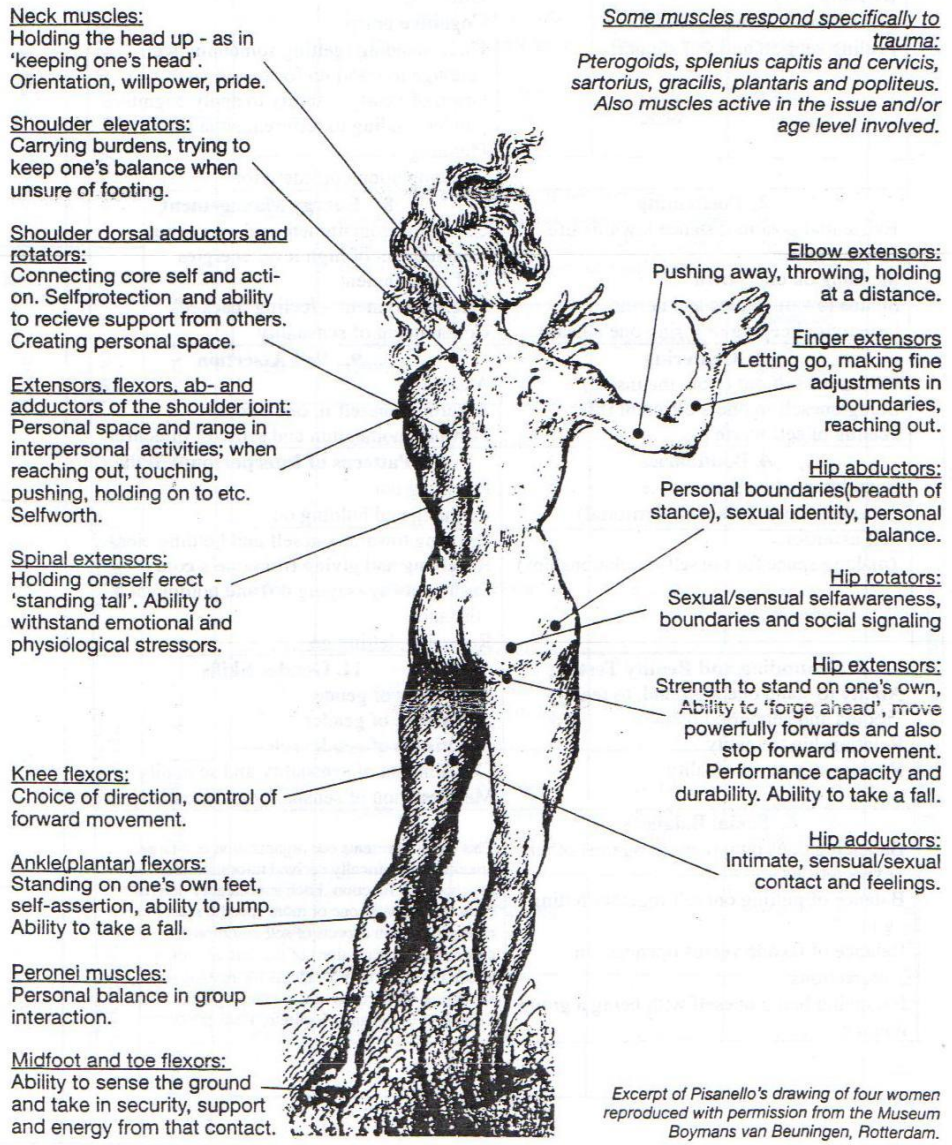
Observation of persistent action tendencies

Example: Habitual posture of lifted shoulders

Helps therapist become aware of the client's chronic patterns of physical structure, movement, and posture

Correspondent to beliefs and emotional tendencies.

Example: chronically hiked shoulders may correspond to the **belief** "I'm always in danger" and a perpetual **feeling** of fear.



Excerpt of Pisanello's drawing of four women reproduced with permission from the Museum Boymans van Beuningen, Rotterdam.

Ogden, P. (2006) *Trauma and The Body, p189*

CONTACT STATEMENTS

Redirects client's attention to bodily experience, engenders curiosity about how they are organizing in both body and mind.

Authentic Movement practice: http://www.wegederschoenheit.at/ergaenzende-werkzeuge/

Not just reflecting feelings and thoughts…

Reflecting here/now experience of body:

1- "seems like your body is tensing…"

2- "as you say those words, your hand is beginning to curl up into a fist…"

Ogden, P. (2006) *Trauma and The Body*

TRACKING FOR SOMATIC TRANSFERENCE/COUNTERTRANSFERENCE

Noticing subtle non-verbal body-language that conveys unformulated or undifferentiated thoughts and feelings:

- Movement, tension, or gesture often first indicators of transference phenomenon
- Defensive subsystems:
  - Submission (lowering of eyes, acquiescence and compliance, flaccidity in the musculature);
  - Freeze (overall tension, immobility);
  - Flight (pulling back);
  - Or Fight (tensing of the arms and shoulders).

As therapy progresses and client tracks, understands, identifies, and expresses emotions often result in the fearful, vulnerable insecure, or angry affects towards therapist.

- Important to help client differentiate the therapeutic relationship from past relationships so pathological traumatic reenactment and unworkable traumatic transference are prevented.

Ogden, P. (2006) *Trauma and The Body, pages 178-179.*

MINDFULNESS AND EXPERIMENTS

Kabat-Zinn defines **mindfulness** as "paying attention in a particular way: on purpose to the present moment, and non-judgementally." (*Whereever you go[…]*" 1994, p.4)

"Therapist teaches mindfulness by asking questions that require present-moment experience to answer:

'what do you feel in your body right now?'

'where exactly do you experience that tension?'

'what sensation do you feel in your legs right now as you talk about your abuse?'

Experiments conducted to make discoveries about the organization of experience, to bring awareness to effects of trauma.

For example: "Would it be okay if we studied what happens when you repeat that gesture with your arms again? Let's see what happens when you repeat it again."

"Let's focus on what you notice in your body when you say the words 'I can say 'no" *now.*'"

Encourages thoughtful trials of new responses as an alternative to maladaptive tendencies and emphasizes non-biased observation of their impact."

Ogden, P. (2006) *Trauma and The Body, pages 195-197.*

OTHER PROCESSING METHODS

Somatic Experiencing® (SE) by Peter Levine.

- "Offers a framework to assess where a person is 'stuck' in the fight, flight or freeze responses and provides clinical tools to resolve these fixated physiological states.
- The SE approach facilitates the completion of self-protective motor responses and the release of thwarted survival energy bound in the body, thus addressing the root cause of trauma symptoms." [2]

[2] https://traumahealing.org/about-us/

EMDR – Adaptive Information Processing Model

- Bi-Lateral Stimulation (eye movements, aural, tactile) to desensitize and reprocess
  - Activated memory networks stuck in the limbic system are processed through higher-brain (para-sym nervous system, ventral vagal)
  - Trauma moves from here/now to there/then.

Top Down Approaches which can be adapted to integrate with Somatic Approaches:

CPT – Cognitive Processing Model

- Write out narratives,
- understand impacts of traumas on belief systems,
  - Over-accommodated beliefs → accommodated beliefs → changes in behaviors and feelings

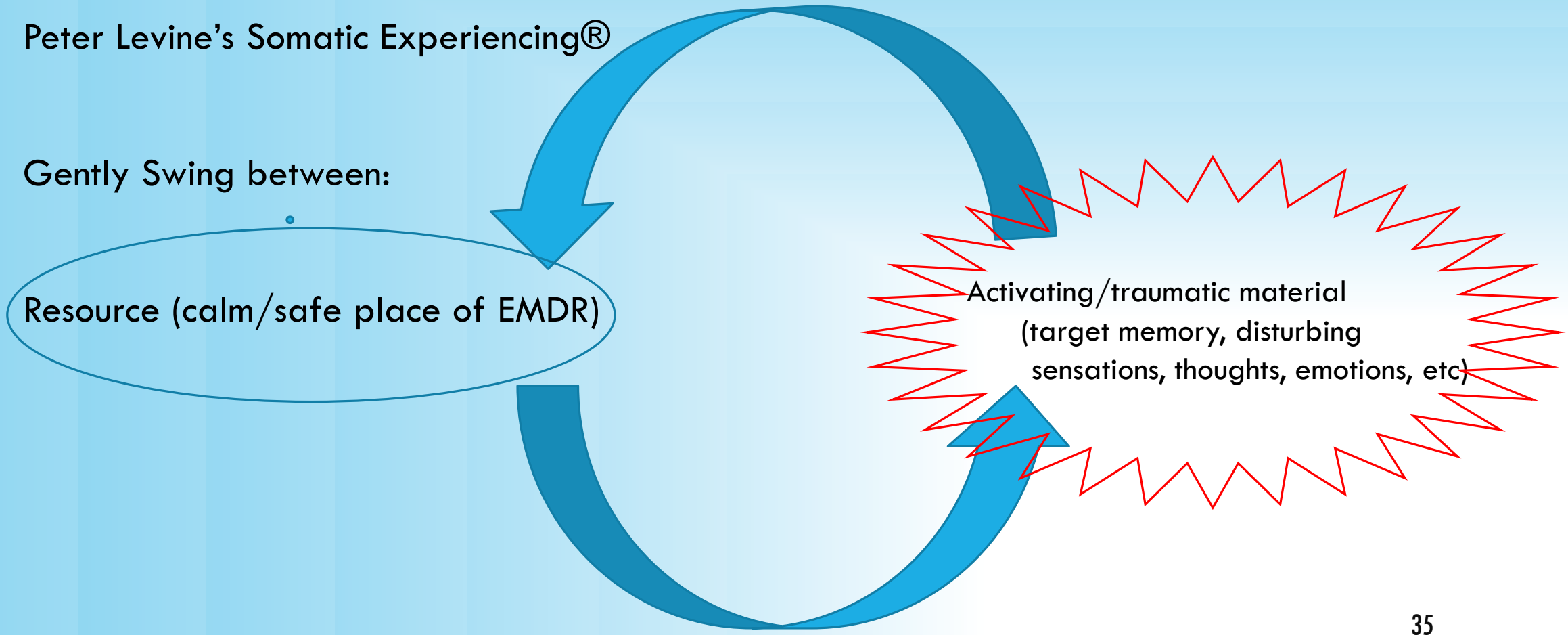
TF-CBT – Trauma Focused Cognitive Behavioral Therapy

- to first stabilize, then write out coherent narrative of trauma

PENDULATION AND TITRATION

Peter Levine's Somatic Experiencing®

Gently Swing between:



INTEGRATION

1 separation of current internal and external reality from past experiences, and

2 the accurate prediction of the impact of internal experience and external events on the future.

“for example: the client who experiences panic symptoms when men get on an elevator with her must learn to discriminate her internal experience (racing heart, constricted breathing, feelings of fear) from current external reality (these men are her own colleagues, liked and well known to her; there are other people in the elevator; she is able to protest if approached inappropriately).

“Presentification” = being aware of the present moment while realizing it’s relevance to the past and its implications for the future.

(Ogden, 2006)

PRESENTIFICATION

Sense of continuity over time, contributing to stable sense of self

New Adaptability –

- Awareness of which postures and movements are appropriate to the current context and which ones reflect maladaptive somatic tendencies programmed by the past

To promote integration and adaptability –

- "When client's achieve realization, the past trauma is accepted as having occurred to them in the past; this perspective enables them to respond adaptively to current life challenges." (Ogden, p184).

INTEGRATIVE CAPACITY AND ADAPTABILITY

Need to address body, not just top-down cognitive restructuring: mind may understand there's currently no threat, but body continues to expect one.

- Sends mixed signals, confusing here/there now/then.
- Need to address posture, sensations, motor scripts priming body to respond maladaptively.

Brief Case Example:

- "When given negative feedback in a supportive manner by a co-worker she instinctively cowered without realizing it was an artifact from her childhood abuse. She reported interpreting this incident as an agry attack, although she knew intellectually that this was not the case. Her Integrative capacity was undermined by as her cringing body posture rendered her unable to interpret or respond appropriately to the present moment, no matter how much she "told" herself she was not in danger. To overcome this distorted and inaccurate mixing of past and present, she had to learn how to orient away from trauma related stimulus (being given feedback) toward her sensorimotor experience and, instead of cringing, to practice literally "standing tall" in the face of criticism." (Ogden, p184).

TO REVIEW

Three Phases:

- Stabilization –
  - Coping skills, expanding window of tolerance, more affective regulation
- Addressing traumatic memories –
  - desensitization and overcoming phobic avoidance
  - truncated or incomplete defensive actions incipient in the traumatic experience
- Master Somatic Integration, overcoming blocks to full participation in life
  - Take up tasks of adult development
  - Overcome fears of challenge and change
  - Participate fully in work and relationships
  - Increase tolerance for positive affect

Techniques:

-Attunement and shuttling

-Body Reading and Contact Statements

- Mindfulness and Experiments

- Pendulation and Titration

TIME FOR QUESTIONS?

FURTHER READINGS:

"Waking the Tiger" – Peter Levine

"Trauma and the Body" –Pat Ogden et al

"The Body Holds the Score" – Bessel van der Kolk

"Body Centered Psychotherapy; the Hakomi Method" – Ron Kurtz

"Healing Developmental Trauma; The NeuroAffective Relational Model for Restoring Connections" – Heller and LaPierre

"Body Process; A Gestalt Approach to working with the Body in Psychotherapy" – James I. Kepner

"Relationality: from Attachment to Intersubjectivity" – Stephen Mitchell

"PolyVagal Theory" – Dr. Stephen Porges, PhD. http://stephenporges.com/