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# Trauma and the body

## An introduction to Sensorimotor Psychotherapy

**Tony Buckley**

**www.bacp.co.uk**

# **Sensorimotor Psychotherapy** (Ogden, 2002, Fisher, 2003)

Sensorimotor Psychotherapy is a body-oriented, talking therapy developed in the 1980s by Pat Ogden, informed by the work of Ron Kurtz (1990) and the Rolf Method of Structural Integration (Rolf 1987) and enriched by the contributions from the fields of attachment, neuroscience, and dissociation. Sensorimotor Psychotherapy **blends cognitive and emotional approaches, verbal dialogue, and physical interventions** that directly address the implicit memories and neurobiological effects of trauma. By using **bodily experience as a primary entry point** in trauma therapy, rather than the events or the "story," we attend to how the body is processing information, and its interface with emotions and cognitive meaning-making

Sensorimotor Psychotherapy® Institute 2012

# Sensorimotor Psychotherapy® Institute Faculty

**Pat Ogden Ph.D.**
**Founder/Educational Director**

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- Christina Dickinson, CHT,CAC
- Ame Cutler, Ph.D.
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- Anne Westcott, LICSW
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# Remembering Trauma

- The individual ‘remembers’ past trauma through **reliving non-verbal manifestations of the historical traumatic event (including dysregulated arousal, emotions and defensive responses) or through mysterious physical symptoms** that seem to have no organic basis.

- Inaccessible to verbal recall, they typically **remain unintegrated and unaltered by the course of time** (Van der Kolk & Van der Hart, 1991).

# Procedural learning: Expectations of the future (Ogden, 2004)

**Most human behaviour is driven by procedural memory — our memory system for process and function—and is reflected in habitual, automatic responses and well-learned action patterns: movements, postures, gestures, autonomic arousal patterns, and emotional and cognitive tendencies.**

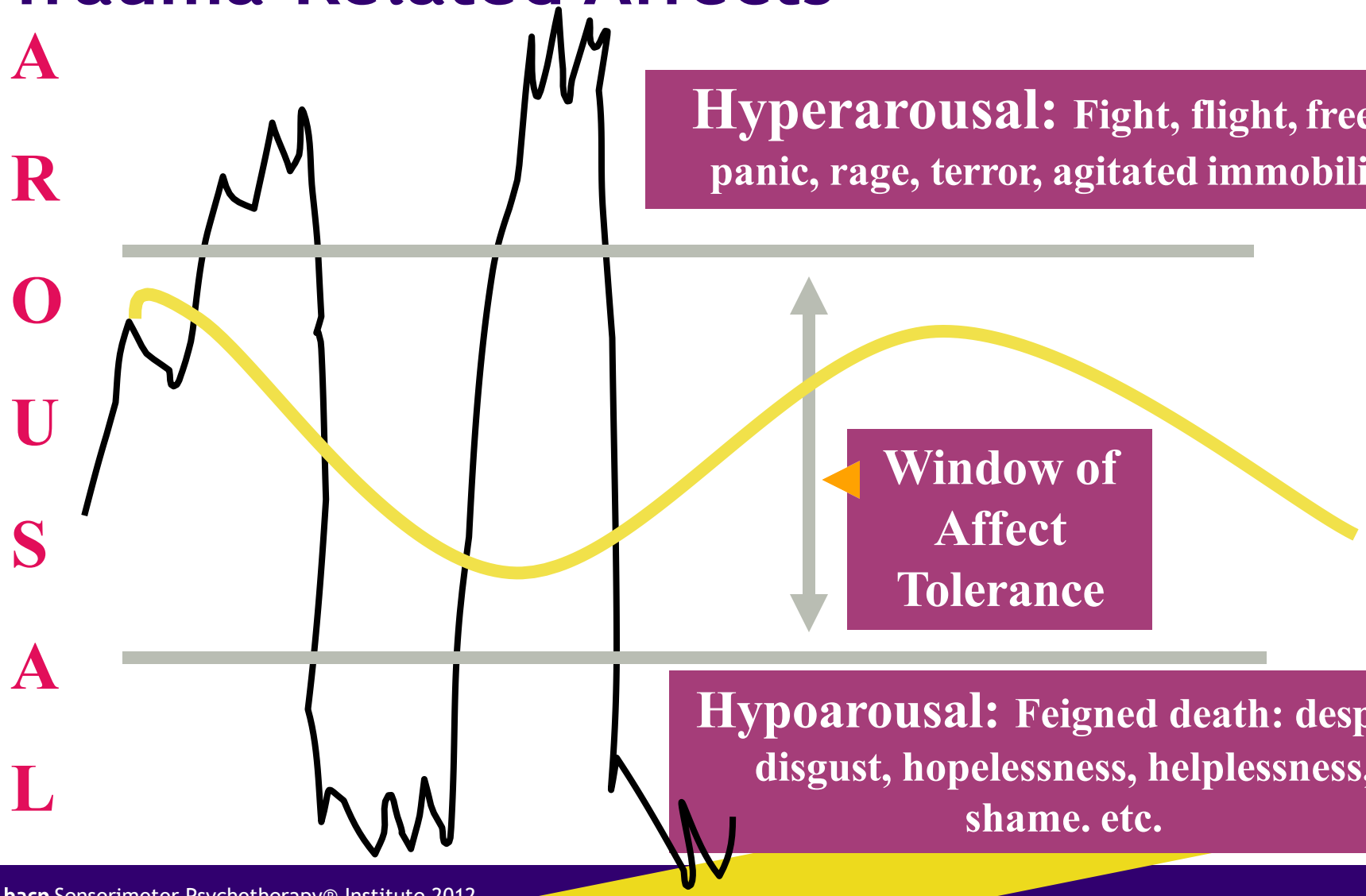
# Implications of neuroscience challenge procedural learning (Fisher 2004; Ogden 2006 )

- **"Talking about" trauma often re-activates the implicit memories, (without resolution) causing dysregulated physiological and emotional arousal and animal defenses**
- **Instead of talking about, therapists can learn to work with**
    - **Physical action and body sensation** rather than only with the **story**
    - **Implicit memory** rather than only with explicit memory
    - **Neuroregulatory interventions** that stabilize arousal rather than only with interpretation and social-emotional interventions.

# Window of Tolerance


*Siegel, D. (1999)

# Regulate Dysregulated Arousal and Trauma-Related Affects

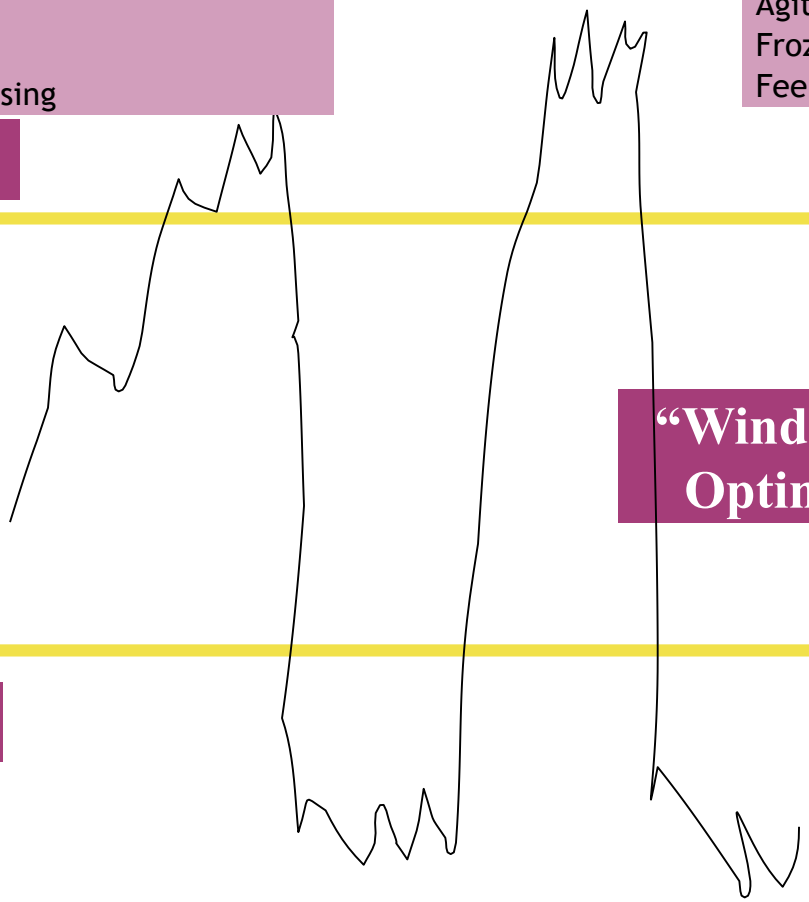


# Autonomic Arousal & Trauma Response

Hyperarousal:
Hyper-defending
Emotional reactivity
Hypervigilance
Intrusive imagery
Obsessive cognitive processing

Freeze: High arousal coupled with immobility.
Agitated immobility
Frozen defensive responses
Feel "paralyzed"

**Hyperarousal**



**"Window of Tolerance"***
**Optimal Arousal Zone**

**Hypoarousal**

Hypoarousal: Collapse
Flat affect
Cognitively disabled
Numbing
Submissive responses

# Sensorimotor Psychotherapy and Trauma Treatment Ogden, Minton & Pain (2006)

**"While telling 'the story' provides crucial information about the client's past and current life experience, treatment must address the here-and- now experience of the traumatic past. . . Thus, 'in the moment' trauma-related emotional reactions, thoughts, images, body sensations and movements that emerge spontaneously in the therapy hour become the focal points of exploration and change."**

# Tracking the Body Ogden & Minton 2000

The therapist must learn to observe in precise detail the moment-by-moment organization of sensorimotor experience in the client:

**Subtle changes:** skin color change, dilation of the nostrils or pupils, slight tension or trembling, goose bumps, narrowing the eyes, micro-movements, etc.

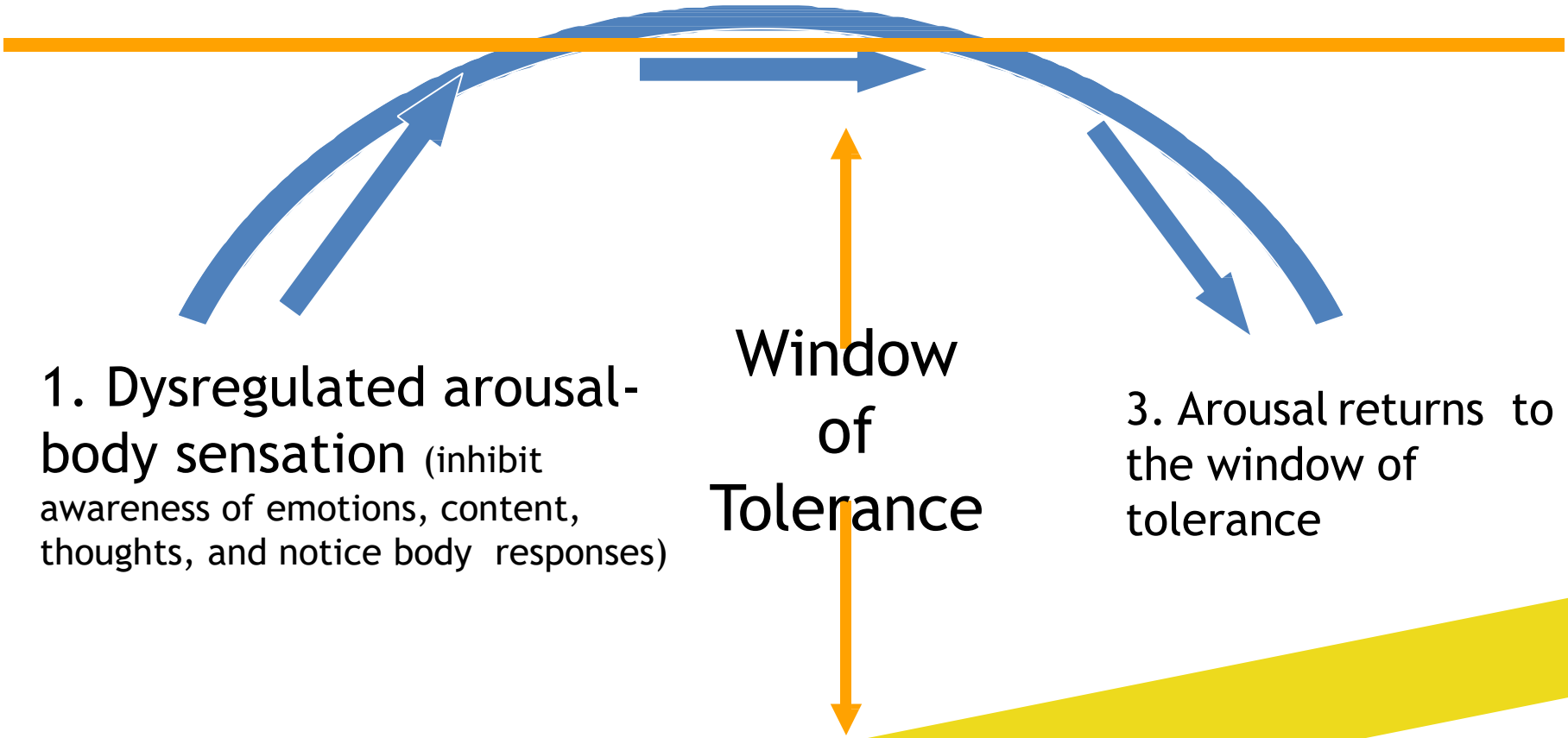
**Obvious changes:** collapse through the spine, turn in the neck, lifting the hands, a push with an arm, or any other gross motor movement.

# Neuroregulatory Intervention:

# 2. Sensorimotor processing

## Uncouple physical sensations from trauma-based emotions

**2. Sensorimotor processing**




1. Dysregulated arousal-body sensation (inhibit awareness of emotions, content, thoughts, and notice body responses)

3. Arousal returns to the window of tolerance

# Skill: Sensorimotor Processing Tasks

- **Teach clients the difference between body sensation and emotion.**
  - Not doing so will result in escalating emotional arousal accelerating into unregulated feelings of helplessness and overwhelm.
- **Use sensorimotor processing to interrupt cycle.**
  - As attention is turned to sensation, emotion is disregarded until arousal has subsided.
- **Amount and intensity of information to be processed becomes more manageable.**

# Vocabulary for Sensorimotor Experience

twitch
dull
sharp
achy
pounding
airy
suffocating
tremble
shivery
chills
vibration
itchy
stringy
fluid
frozen
warm

radiating
shudder
numb
flaccid
blocked
goose-bump
congested
heavy
tight
puffy
bubbly
tingly
shaky
paralyzed
sweaty
moist

clammy
jumbly
jerky
energized
stringy
damp
electric
tight skin
light
fuzzy
dense
cool
throbbing
faint
quivery
pulsing

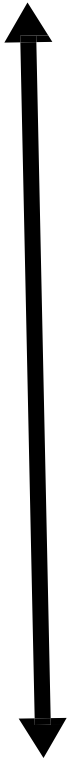
bloated
flushed
Prickly
buzzy
flutter
pressure
jumpy
tense
wobbly
tingly
nauseous
spinning
dizzy
tremulous
breathless
quake

"Physical actions are creating the context for mental actions; bottom-up processes are affecting upper level processes."

Damasio, 1999

# Levels of Information Processing

Top Down



Bottom Up

- **Cognitive Processing**

Conceptual information processing, reasoning, logic, interpretation, meaning-making and decision making.

- **Emotional Processing**

Articulation and expression of feeling and affect; adds motivational coloring to sensorimotor and cognitive processing.

- **Sensorimotor Processing**

Processing of the body; sensory and physiological sequences, fixed action patterns, defensive responses, and habits of posture and movement

# Shift attention from the Story/Narrative TO Procedural Tendencies

- Become more interested in the **organization of experience—the procedural tendencies--**than the story; avoid habits of ordinary conversation
- Empathically observe and name and teach clients to be mindful of procedural tendencies in the **present-moment:** patterns and habits of sensation, movement, five-sense perception, emotions, thoughts

# Qualities of Mindfulness

1. Awareness is toward **internal organization of experience** rather than the story or insight
2. Awareness is focused on **present experience** rather than on past or future
3. Awareness is **curious and interested**, rather than interpretive or intent on change

Mindfulness should be facilitated to the degree appropriate for your client. If mindfulness of internal organization is destabilizing, foster mindfulness of the immediate environment and/or stabilizing resources.

# Directed Mindfulness

***Directed mindfulness*** is defined as **paying attention to particular elements** of internal experience (body sensation, movement, emotion, five-sense perception, cognition) **considered important to therapeutic goals.**

# Pierre Janet 1859-1947

"The patients who are affected by traumatic memories have not been able to perform any of the actions characteristic of the stage of triumph. They are continually seeking this joy in action…which flees before them as they follow." (1925)

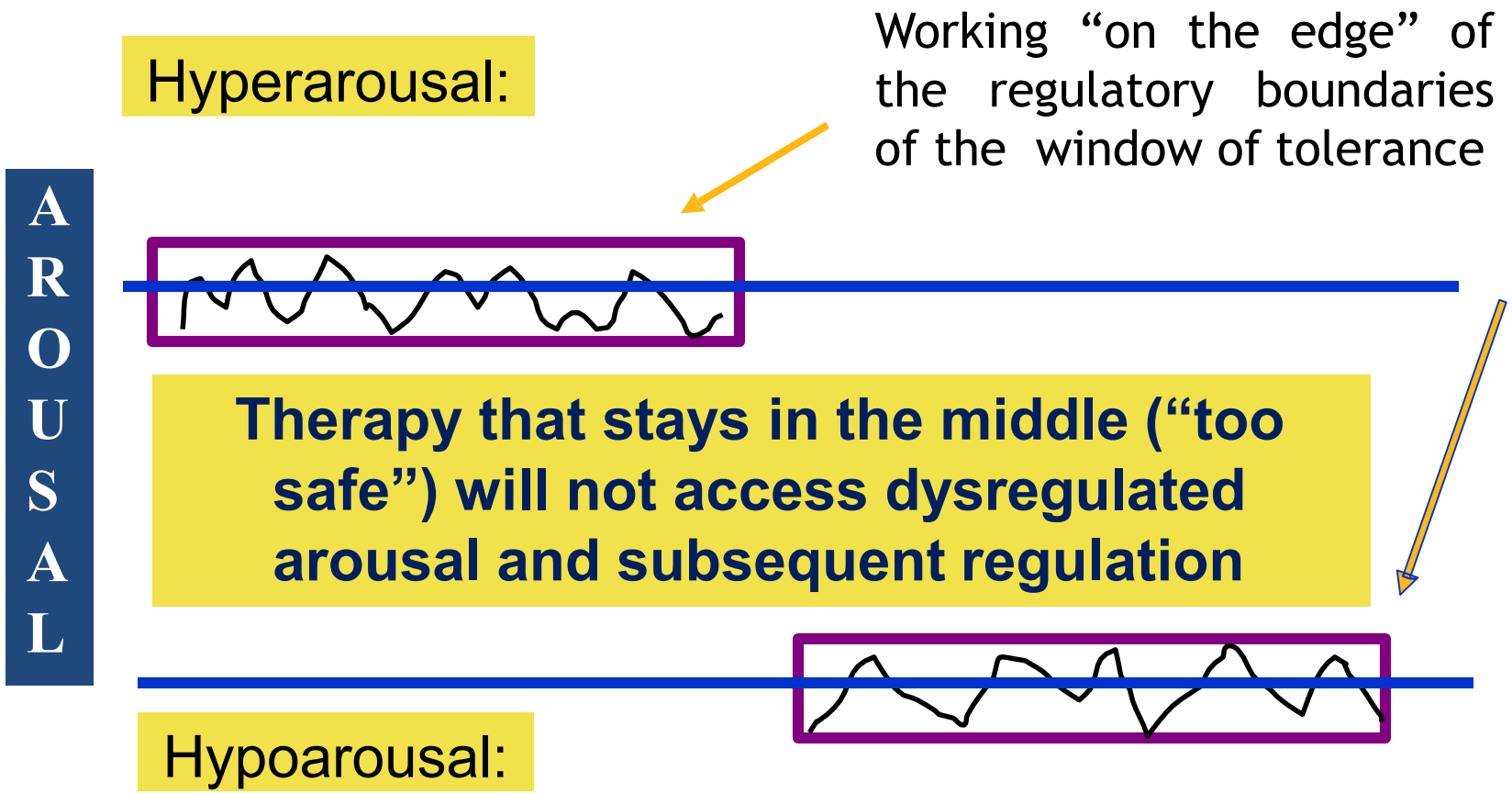
# Teaching Mindfulness Ogden, 2002; Fisher, 2006

- **Encourage the client to attend just to present moment experience**, away from past regret or future anxieties: “Right here, right now, today, what is happening?”
- **Encourage clients to inhibit interpreting their experience** in favour of “just noticing” any thoughts, feelings and body sensations
- **Ask client to just observe** moment-by-moment experience: body tension, sensation, movement impulses, thoughts, and feelings
- **Verbally notice present experience** for the client. Ask questions that require mindful attention, not cognition, to answer: e.g., “What do you notice?” instead of “What do you think?”
- **Evoke curiosity, rather than encouraging analysis:** “Notice what happened next . . .” “What happens when you . . .?”
- **Direct mindful attention** to the experience of the narrative:
- “When you describe that moment, what happens inside?”

# Dual awareness is inherently requlating

"As long as you are able to have parallel processing, you will not be traumatized. . .The prefrontal cortex allows us to have this observing presence. .. And that is something we have to cultivate with our clients. [When we encourage reliving,] we often. . .injure the client more. . ."
van der Kolk, 2001

# Safe but not too Safe Bromberg 2006

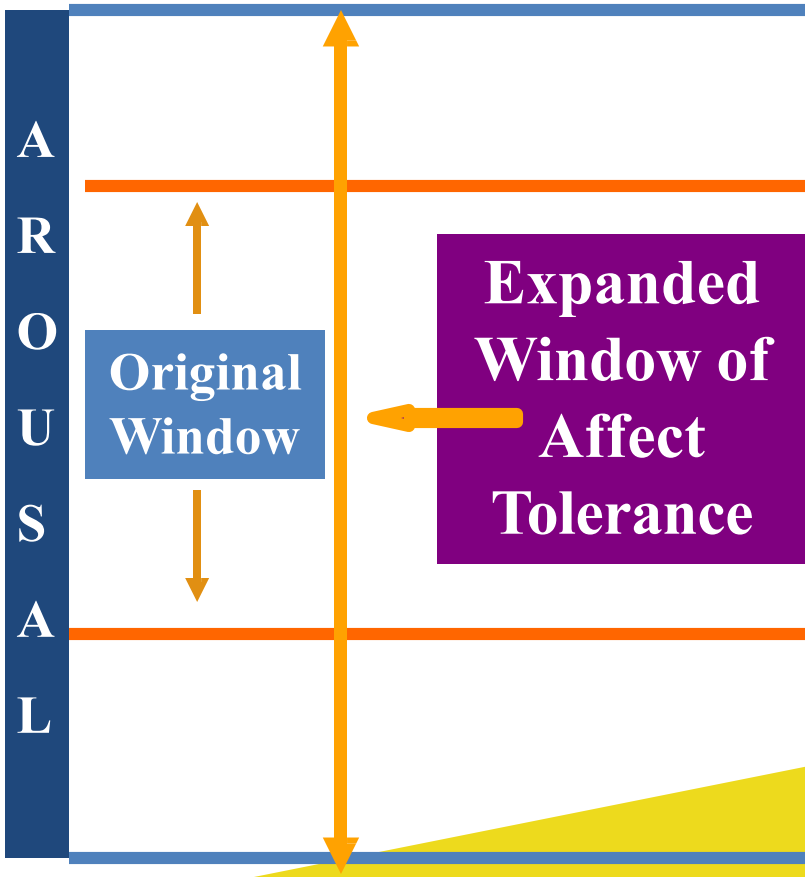



-right brain

essential." (Schore

# Expand the Regulatory Boundaries of the Window of Affect Tolerance

**"While work with emotions and cognitions are essential in treatment, they are no substitute for the meticulous observation of procedurally learned physical tendencies or the thoughtful interruption of them that teaches patients to use their own movement, posture and sensation to help them regulate their affect and expand their affect regulating capacity"**



# Trauma & Attachment Ogden 2009

- ***Trauma-related tendencies*** stem from overwhelming experiences that cannot be integrated and typically elicit subcortical animal defensive mechanisms and dysregulated affect.
- ***Maladpative attachment-related tendencies*** stem from experiences with early childhood caregivers that cause emotional distress, but that do not overwhelm the individual.
- ***Relational trauma*** ensues when these experiences are overwhelming or perceived as dangerous, such that animal defensive tendencies are employed.

# Attachment: Ogden 2004 adapted from K.Steele

- **A lifelong biologically driven need** for affiliation with other individual human beings and/or with groups
- Subsumes childhood and adult needs **for safety, protection, emotional regulation and soothing, physical contact, companionship, communication, support, and a sense of belonging**
- **Early childhood attachment patterns, however, become fixed templates** for later relationships
- **These templates are reflected not only in social-emotional patterns but also in the organizational patterns of the body:** structure, posture, movement, regulatory capacity and habits

# Summary: A Sensorimotor Approach

- **Notice the body's chronic pattern and repetitive responses** (hyper/hypo arousal, tension, habitual movements, posture, gestures, impulses, etc.), especially those that indicate defensive subsystems (fight/freeze/flight/feigned death).
- **Engage mindfulness** to help the client become curious about these patterns rather than interpret them.
- **Challenge learned patterns** by using non-verbal techniques that engage alternative physical actions without causing flooding and further dissociation
- **Encourage "Acts of Triumph",** the expression of positive affect, and developmental of somatic resources
- **Work at the regulatory boundaries** of the Window of Tolerance to promote integration and expand the regulatory boundaries of the Window of Tolerance.