Somatic Interventions for Treating Complex Trauma

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What is trauma?

• DSM-5: Individual experiences or witnesses a traumatic event such as actual or threatened death, serious injury, or sexual violence

• Broader definition: An event, a series of events, or a set of enduring conditions, in which in the individual’s ability to integrate his or her emotional experience is overwhelmed (~Saakvitne et al, 2000)
The Truine Brain

The brain matures from the “bottom up”

• **Reptilian brain**: autonomic arousal and instinctive responses, speaks the language of sensation/impulse

• **Limbic system**: emotional brain, fight/flight/freeze/collapse, attachment, speaks the language of emotion

• **Frontal cortex**: thinking brain, uses verbal language and analytical reasoning
Window of Tolerance

Hyperarousal: Fight, flight, freeze, overwhelm, panic, rage, racing thoughts, impulsivity, addictions

Hypoarousal: shut down, numb, flat, hopelessness, helplessness, shame

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Trauma impairs normal memory processing

• implicit memories “do not carry with them the internal sensation that something is being recalled . . . we act, feel and imagine without recognition of the influence of past experience on our present reality.” (Siegel, 1999)

• when triggered, we experience sudden overwhelming sensations, impulses, and feelings that convey “I am in danger NOW” not “I was in danger THEN.”
Traumatic implicit memories are experienced as

- Overwhelming emotions
- Thoughts that predict threat or failure
- Impulses to act
- Body sensations
- Attachment symptoms
Procedural memory

• trauma-related procedural memory shows up in habitual, automatic patterns:
  • default cognitive loops
  • behavioral responses
  • emotional expression
  • interpersonal behavior

• “HOW DID THIS HELP YOU SURVIVE?” is a good way to help clients recognize function of these patterns
Recognizing trauma parts by the role they play
(Fisher 2017)

- **Attach: Needy** = desperate, craves rescue and connection, sweet, innocent, wants someone to depend on
- **Flight: Escape** = distancer, ambivalent, cannot commit, addictive behavior or eating disordered
- **Fight: Vigilance** = angry, judgmental, mistrustful, self-destructive, controlling, suicidal, needs control
- **Freeze: Fear** = frozen, terrified wary, phobic of being seen, agoraphobic, reports panic attacks
- **Submit: Shame** = depressed, ashamed, filled with self-hatred, passive, “good girl,” caretaker, self-sacrificing
This is my "depressed stance."

When you're depressed, it makes a lot of difference how you stand...

The worst thing you can do is straighten up and hold your head high because then you'll start to feel better...

If you're going to get any joy out of being depressed, you've got to stand like this.
Therapy needs to challenge procedural learning

• “wake up” the frontal lobes

• goal of Sensorimotor Psychotherapy is to cultivate new experiences in therapy that challenge procedural learning; procedurally learned patterns are the “culprits” that are keeping the trauma “alive” in client’s body (Fisher, 2010)

• therapist is tracking the client “right here, right now”: how is content of the story being expressed? looking for procedural patterns and habits of response such as body expressions and cues, autonomic arousal, too much or too little affect, negative cognitions
How to address procedural learning

• observe, rather than interpret, what takes place in the room and call attention to it — make present moment statements

• just by calling attention to the pattern we are disrupting the pattern, sometimes this is enough to bring about change

• introduce attention to body slowly and carefully, draw attention to the obvious, and watch client response (e.g., “your shoulders seems to tighten as we’re talking, huh?”)
How to address procedural learning: ask mindful questions

• SLOW THE PACE OF TALKING, NOTICE THE NOW

• Instead of “why” questions ask “how, where, what” questions
  • “As you are feeling this . . . what do you notice?”
  • “Where are you sensing . . .?”
  • “How do you experience that sadness in your body?”

• Offer a menu of possibilities (e.g., “when you feel the panic come up does your body freeze? or tense? or get jittery?”)

• Ask contrasting questions (e.g., “when you say those words ‘It’s all my fault’ do you feel better or worse?”)
Experiments

• embrace an experiential mindset

• we want clients to practice new responses to triggers in order to regulate their arousal and to change procedural learning. Experiments are a way to gather new information, offer new options.

• experimental attitude is curious; there is no right or wrong outcome

• common experiments ask the client to do something (e.g., complete a movement) or the therapist does something (e.g., moves closer or further away)
Somatic resources

Somatic resources include the physical functions and capacities that support self-regulation and provide a sense of psychological well-being and competency. In sensorimotor psychotherapy, experiments with body include:

- stage 1: teaching somatic resources to regulate arousal (e.g., ground, contain, align, center, breath, boundaries)
- stage 2: sequencing thwarted animal defenses (trauma)
- stage 3: engage missing physical actions (attachment patterns)

Ogden et al, 2006
Stage 1: Regulating arousal using somatic resources

- when clients are outside the window of tolerance somatic resources are often most effective because frontal lobes are “off line” and restoring calm to the body sends the somatic message “you are safe now”

- always introduce somatic resources as an experiment that fits with what’s happening in moment, make it spontaneous and organic, get feedback, do the technique with your client

  - to regulate arousal: deep breath or sigh, grounding, lengthening spine, slowing pace, making a movement, clenching/unclenching

  - “NOTICE WHAT HAPPENS…”

- Can ask menu questions: do you feel more present or less present? more calm or more tense? thoughts racing more or less?
Grounding
(for hyper or hypoarousal)

• practice pressing feet on the floor (balls of feet, heels of feet, notice sensations in legs, feet and back, find the right pressure)

• practice standing on your own two feet (notice position of feet whether splayed outward or turned inward, position feet forward if comfortable, rock side to side/front to back, bend knees and move up & down)

• practice feeling your sit bones (rock and wiggle on sit bones, sense ground through pelvic floor)

Ogden & Fisher, 2015
Alignment
(for hyper or hypoarousal)

• become aware of the “stacking” of the body: ankles on top of feet, legs on top of feet and ankles, pelvis resting on legs, torso on pelvis, head supported by shoulders and torso

• work with the spine: what happens when lengthen just a little bit or relax just a little bit? how does alignment impact negative beliefs?

• imagine being lifted by hook from top of your head while feeling the pull of gravity on the tail of your spine (keeping chin parallel to the floor)

Ogden & Fisher, 2015
Centering
(for hyperarousal)

- place one hand on the heart and one hand on the belly. Sense weight of the hands on the torso, notice warmth or coolness of hands, notice breath meeting your hands. What happens if you place two hands over heart or belly.

- Experiment with other hand positions on torso - such as where you feel empty or alone, or you feel tension

Ogden & Fisher, 2015
Containment
(for hyperarousal)

• Put palms on the outside of each knee: push the knees inward with arms while simultaneously pushing out with the legs. Hold pressure for as long as you like.

• Self-touch: rub and squeeze the muscles all over the body, then trying tapping all over body with fingertips

• Use arms to create a container: experiment with expanding or contracting size of container until it’s just right to hold feelings and sensations

Ogden & Fisher, 2015
Boundaries

- practice the stop gesture of putting up arms and hands, experiment with arms closer or farther away from body
- create energetic boundaries, rehearse challenges to the boundary
- work with regulation of distance and closeness: study somatic response as therapist moves closer or farther away

Ogden & Fisher, 2015
We are regulating our clients in dyadic dance

- vary tone and pace
- energy level
- empathy vs. challenge
- amount of information provided
- titrating vs. encourage affective expression

Fisher, 2008
References


• Siegel, D. J. (1999). The developing mind: toward a neurobiology of interpersonal experience. New York: Guilford Press.
Sensorimotor Psychotherapy Institute: Training for the Treatment of Trauma

www.sensorimotorpsychotherapy.org