FROM THE 2018 EMDRIA CONFERENCE IN ATLANTA, GA

SESSION 236 HANDOUTS

EMDR Therapy & Somatic Psychology to Enhance Embodiment

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EMDR Therapy And Somatic Psychology: Interventions to Enhance Embodiment in Trauma Treatment

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Session 236
EMDRIA **C**onference 2018

The Theory and History of Somatic Psychology

Somatic Psychology

The study of the interactions among brain, mind, body, and behavior and how this directly affects psychological and physical health.

Historical Perspective

The Energetic Tradition (Reich, Lowen, Pierrakos)

- **Resolve body-mind conflicts**
- **Holding Patterns**
- **Body Segments**
- **Character Strategies**

Somatic Psychology Today

- **Integrative Body Psychotherapy (Rosenberg & Rand)**
- **Moving Cycle (Caldwell)**
- **Authentic Movement (Adler, Whitehouse)**
- **Body-Mind Psychotherapy (Aposhyan)**
- **Focusing (Gendlin)**
- **Hakomi Method (Kurtz)**
- **Sensorimotor Psychotherapy (Ogden et al.)**
- **Somatic Experiencing (Levine)**

7 Principles of Somatic Psychology

- **Embodied Self Awareness**
- **Mindfulness Based**
- **Bi-Directional Influence**
- **Working Experientially**
- **Relationally Based**
- **Regulation Focused**
- **Attend to Nonverbal Communications**

The Science of Embodiment

Embodiment

An experience in which a primarily physical sensation becomes an experience of emotional depth replete with transformational power and meaning.

What is Embodiment?

- **Conscious Awareness of Somatic Experience**
- **The combined experience of sensations, emotions, and movement impulses in the present moment (Fogel, 2009)**
- **Integration of sensory feedback systems: exteroception, interoception, and proprioception.**

Intercorporeality (Merleau-Ponty)

- **Embodiment is an ever-changing, dynamic relationship between self and environment.**
- **Challenges the idea of the self as a discrete, interior consciousness.**
- **We are shaped by our earliest life experiences, our culture, the current environment, and the social circumstances.**

Embodied Culture

- **The totality of culturally and socially informed somatic experiences that are both consciously acquired and passively inherited over time**
- **Embodiment is expressed through the body in our facial expressions, postures, gestures, voice tone, interactional styles, movement patterns, emotions, and behaviors**.

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Somatic Intelligence

Embodiment practices build a reservoir of bodily-kinesthetic awareness that:

- **Facilitates affect-regulation**
- **Guides decision making**
- **Enhances interpersonal relationship and communication**
- **Strengthens empathy**
- **Informs trauma resolution**

(Damasio, 1999)

Somatic therapies are not just a set of interventions for the client, they are the foundation for the attuned presence of the therapist.

Embodiment in Psychotherapy

- **When therapists attune to their own embodied awareness during sessions, we sense subtle changes that provide insight into the experience of the client.**
- **The somatic therapist provides a safe space to help clients mindfully reflect upon their own sensations and emotions.**

Countertransference and Somatic Resonance

- **Somatic Resonance: Somatic reactions that a therapist feels in response to a client (Keleman, 1987)**
- **Objective Countertransference**
- **Subjective Countertransference**
- **Self-reflection allows the therapist to differentiate between subjective and objective countertransference. (Sometimes it's both)**

Once you feel it, it is your responsibility to attend to your sensations with self-care.

Mind-Body Break…Move and Breathe

5 Point Check-in

- Mind: thoughts and mental focus or clarity
- Emotions: feelings and associations
- Breath: holding or restriction
- Body: notice sensations
- Energy: fatigued or energized

Respond and Regulate:

- How can you move and breath in a way to helps you stay alert, engaged, and connected to yourself now?
- What allows you to effectively reset your mind and body?

The Neurobiology of Trauma

Implicit and Explicit Memory

Implicit Memory:

- Available at birth
- Dominant until age 3
- Provides the foundation felt sense of self
- Stored as motor patterns and sensations.

Explicit Memory:

- Available around age 3
- Knowledge of facts, time, and place.
- Provides basis for a verbal narrative that helps us develop a coherent sense of self across time.

Preverbal and Nonverbal Memories

- **Preverbal Memories:** Earliest memories including early attachment informed relational expectations.
- **Nonverbal Memories:** Traumatic stress can impair the brain structures involved with explicit memory (van der Kolk, 2015) in which later (after age 3) memories are stored as fragments of disconnected sensory and bodily experiences.

- **Our earliest preverbal memories are neither verbal nor stored as images. Instead, they exist as motor patterns and sensations. They are blueprints of our earliest relationships represented by psychophysiological arousal and emotion.**
- **In times of extreme stress or trauma, high arousal states can disrupt hippocampal functioning, leading to hypermnesia (enhanced memory) for affect or sensations and amnesia (loss of memory) for facts.**

Healthy Response to Trauma Exposure

- **Exposure to a stressful (or traumatic) event**
- **Increase in cortisols**
- **Initiation of mobilization response-(fight/flight)**
  - **Feel, Move, Shake, Breathe**
- **Stress activated response systems achieve homeostasis (cortisol levels return to baseline)**

Polyvagal Theory (Porges)

Social Nervous System: Most recently evolved (Ventral Vagal Complex). A fine-tuned response to your environment that creates choice.

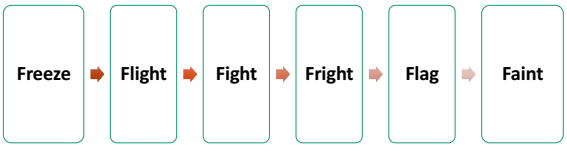
Sympathetic Nervous System: Mobilization to facilitate safety and re-establish connection. Play when safe, flight and fight in threat.

Parasympathetic Nervous System: Oldest Evolutionary (Dorsal Vagal Complex). Immobilization to reestablish safety & connection. Relaxation response when safe or "faint" in threat.

The nervous system detects whether situations or people are safe, dangerous, or life threatening.

Stephen Porges calls this process "Neuroception" which occurs with and without conscious awareness.

Neurobiology of Trauma (Schauer & Elbert, 2010)



- **Freeze:** SNS. Orienting reflex
- **Flight:** SNS mobilization toward escape
- **Fight**: SNS mobilization toward protection
- **Fright:** Dual autonomic activation, abrupt alternations of SNS and DVC PNS leading to panic, dizziness, nausea
- **Flag:** DVC PNS. Blood pressure drops, collapse, helpless, loss of speech & vision, numbness
- **Faint:** DVC PNS. Vasovagal syncope-nausea, loss of bowel control, vomiting, and fainting. Can occur after either experiencing or witnessing horrific events.

Conditioned Immobilization

- **A small percentage of individuals progress more quickly into immobilization (Ogden & Minton, 2014).**
- **Ongoing early developmental trauma primes the nervous system for immobilization.**
- **An infant has no option to flee or fight and will resort to immobilization sooner.**
- **Long-term, early onset trauma shapes the nervous system within a dangerous environment.**
- **In adulthood, the social nervous system and sympathetic nervous system may fail to engage.**

"Failure to fight or escape, that is, the physical immobilization, becomes a conditioned behavioral response."

(van der Kolk, 2006)

Shame and Learned Helplessness

- **Persistent childhood trauma is characterized by a state of learned helplessness and the emotion shame.**
- **When there is no way to stop abuse a child feels powerless.**
- **When children witness something bad, they feel bad may believe they are at fault.**
- **Shame is characterized by the belief, "I am bad" and a distorted sense of self as being unworthy or a failure.**
- **Adults who were abused as children often continue to blame themselves for the abuse.**
- **In the body you might see collapse, low muscle tone, difficulty making eye contact, or flat affect.**

How we heal…

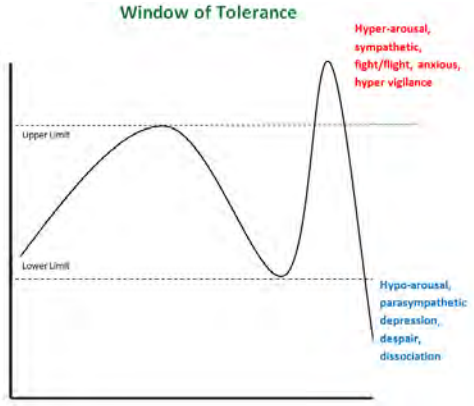
Healing involves safely processing the traumatic event *and* engagement of the social nervous system during mobilization and immobilization.

Mind-Body Break…Grounding

- **Approach grounding with mindfulness and curiosity**
- **Bring awareness to your legs and feet**
- **Explore mindful movements**
- **Feel your connection to the earth**
- **Engage your senses**
- **Mindful use of self-touch**
- **Bring awareness to your breath**

The Window of Tolerance

- **Window of Tolerance:** An optimal zone of nervous system arousal where clients are able to respond effectively to their emotions and sensations (Siegel, 1999)
- **Above the Window:** Feeling anxious, overwhelmed, or panicked is a sign that the client is hyper- or over-aroused.
- **Below the Window:** Feeling shut down, numb, or disconnected is a sign that you are hypo- or under-aroused.



Effective trauma treatment involves a balance between the regulating function of top-down processing and the accessing function of bottom-up processing (van der Kolk, 2003)

Top-Down or Bottom-Up Interventions

Top-Down Interventions:

- Engages upper brain centers in the neocortex to provide regulating, conscious, thought-based tools for addressing trauma symptoms.
- Pressing on the brakes-slows down processing

Bottom-up Interventions:

- Engages the lower brain centers in the limbic system and brain stem to help the client access emotional and sensory components of traumatic material.
- Pressing on the gas-speeds up processing

Top-Down Interventions

- Psychoeducation (e.g. somatic vocabulary)
- Mindfulness
- Cognitive interventions (identify NC and PC)
- RDI (Safe Place, Containment, Grounding)
- Talking about traumatic events
- Conscious Breathing

Bottom-Up Interventions

- Focus on body sensations (e.g. body scan)
- Sequence or discharge tension out of body
- Invite movement to facilitate somatic release
- Follow movement impulses
- Titration and Pendulation
- Conscious Breathing

- Integration of neural networks between upper brain centers (neocortex) and lower brain centers (limbic system and brain stem) helps with managing impulses and developing greater self-control.
- Integration of neural networks across left and right hemispheres of the brain help us express feelings with words and assimilate positive resources into negative perceptions of emotions

Interventions to Enhance Embodiment in EMDR Therapy

Phase 1: History Taking and the Body

- Sensory Based Inquiry
- Body Mapping
- Postural Awareness

History Taking Tool: Sensation Based Inquiry

- How do you feel about your body?
- Do you have any significant historical experiences related to your body?
- Do you have any physical sensations that you feel are related to historical traumas?
- When you feel triggered, do you notice any physical pain associated with any memories or events in your life?

Body Mapping

- Areas of relaxation
- Areas of tension
- Areas of pain
- Areas of numbness or dullness
- Areas you like
- Areas you dislike
- Areas of strong emotions
- Injuries or scars

Phase 2: Preparation and Resource Development

- Breath and Body Awareness
- Grounding and Sensory Awareness
- Build Somatic Vocabulary
- Proximity and Boundary Awareness
- Build Affect and Sensation Tolerance
- Containment of Somatic Distress

Somatic Vocabulary			
Achy	Dizzy	jumpy	Spinning
Bloated	Dull	Light	Strong
Blocked	Electric	Nauseous	Suffocating
Breathless	Energized	Numb	Sweaty
Bubbly	Expansive	Pounding	Tense
Buzzy	Flushed	Pressure	Thick
Chills	Flutter	Prickly	Throbbing
Clammy	Frantic	Puffy	Tight
Cold	Frozen	Radiating	Tingly
Congested	Fuzzy	Shaky	Trembling
Constricted	Heavy	Sharp	Warm
Dense	Itchy	Smooth	Watery

Proximity and Boundary Awareness in a Cultural Context

- Increase your awareness of the use of space in your office
- Explore varying the distance between you and your client to meet the needs of the individual

Build Affect and Sensation Tolerance

Phobic perpetuation of PTSD symptoms: Fear of inner experiences such as arousal states, affect, and body sensations.

- Assist the client to build tolerance for emotions and accompanying somatic sensations.
- Explore memories or messages received about emotions and accompanying sensations

Discomfort is your body's wake-up call that can guide you to move in a way that resolves tension naturally (Fogel, 2009)

Build Affect and Sensation Tolerance

What supports the client to stay with emotion and sensation to build safety in the body:

- Breath
- Movement
- Beliefs
- Grounding
- Imaginal Resource
- Pacing

Practice:
Building Affect and Sensation Tolerance

- Choose emotion or sensation that you would you like to build a greater capacity to tolerate.
- Can you use your breath to support the feeling of…?
- Are there any movements that could support you in this feeling of…?
- Is there a statement that you can say to yourself to help you be with this feeling of…?
- What happens when you press into your feet and legs?
- Can you imagine an ally who could help you with this?
- You are in charge of how much and when to feel and you can take breaks from this feeling as necessary.

Phase 3: Assessment
Building a Target from a Sensation

- Target Development from a Sensation with a floatback/affect bridge
- Target Development from a Sensation without a floatback/affect bridge

(see additional handout)

Start with Sensation and Body Awareness

- Identify the picture that represents sensation
  - How big is the sensation?
  - Is there a color, shape, or texture?
  - What picture or image represents this for you?
- Identify related NC
- Identify related PC
- VoC
- Identify related emotions
- SUDS

Phase 4: Desensitization

- Adapting type of BLS/DAS to client
- Sequencing and Somatic Re-patterning
- Pendulation and Titration
- Interweaves for Psychobiological Regulation
- Somatic Interweaves for Stuck Processing

Sequencing and Somatic Re-Patterning

Sequencing
- Movement from core through periphery

Somatic Re-Patterning
- Completion of movement sequence with mindful movements

Titration and Pendulation

Titration
- Experiencing small amounts of distress with the goal of discharging physical tension.

Pendulation
- Oscillate attention between feeling internal distress and sensing the external environment
- Oscillate attention between a resource in the body and a distressing sensation or memory

Practice
Pendulation of Internal and External Awareness

- Scan your body
- Notice area of discomfort
- Now, bring your awareness externally to the room.
- Scan the room and find something to look at that feels resourcing.
- Take a few breaths and allow the positive feeling to get stronger (Add BLS if positive feeling is strong)
- Bring your awareness back to the distressing sensation (No DAS/BLS)
- Now go back and forth between the resource and disturbance.
- Notice how you feel in your body and mind.

Interweaves for Psychobiological Regulation

- Engaging social nervous system (yours and clients)
- Relational exchange
- Focus on present orientation and safety
- Proximity awareness
- Sensory interventions
- Conscious use of eye contact
- Conscious use of voice tone
- Movement interventions

Somatic Interventions for Stuck Sensations

- If sensation could move, how would it move?
- Is there a sound or words for the sensation?
- Place hands over and breathe into the sensation
- Allow your hands and arms to express sensation
- Allow whole body to take over the sensation
- Pushing with arms and legs
- Stepping movements with legs and feet
- Scrunching face, moving jaw, tongue, and lips
- Reaching and pulling with hands and arms

Phases 5-8: Installation, Body Scan, Closure, and Re-Evaluation

- Embodied Integration during Installation
- Embodied Future Template
- Golden Nugget
- Self-Acceptance

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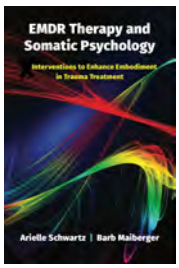

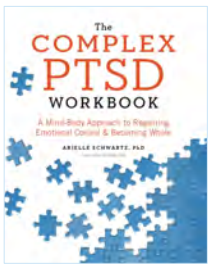

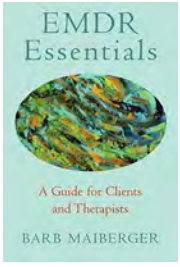

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