Integrating Somatic Techniques in Therapy

Training Manual

Sally Bubbers, Michael Pasterski

LifeArchitect™

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Introduction

Our training manual is an invaluable companion throughout your learning journey. It not only covers theoretical foundations but also guides you through various somatic modalities and includes detailed descriptions of all practical exercises featured in the training.

Edited by an IFS and Sensorimotor Psychotherapist Sally Bubbers, this 67-page PDF manual is easy to use and filled with valuable content that enhances both understanding and application of somatic techniques in therapy. It's structured to be your go-to resource, available whenever you need to revisit any part of the training.

In this manual, you will find:

- An introduction to trauma informed, somatic therapy.
- More detail about some of the core theory and science that underpins somatic approaches, that you will be introduced to during this training. You will hear these referenced by several of the teachers.
- Basics of the most commonly used somatic therapy modalities.
- Practical suggestions for integrating some of your learning into your practice.

Trauma informed somatic therapy

What is trauma informed, somatic therapy and what skills define a therapist who works in this way?

This is a very good question and one that is not simple to answer. Any professional who calls themselves a trauma informed, somatic therapist should be someone who has gained an understanding of the mind - body connection, linking biology, neurobiology, attachment theory and psychology, with a curiosity about how the body may be communicating non-verbally, in the support of healing, and this can be integrated into any therapeutic modality.

Pure 'talking therapy' is not wrong, but if someone is living with symptoms or behaviours that they are not able to change or manage, we[1] now know that what we need to offer is a somatic informed, 'bottom up' mapproach, tailored to fit the client, to support their healing.

"Through the neurobiological lens, what appears clinically as stuckness and resistance, untreatable diagnoses or disordered behaviour simply represents how an individual's mind and body adapted to a dangerous world in which the only protection was the very same caretaker who endangered him or her. Each symptom was an ingenious solution by the body to create some semblance of safety for the developing child or endangered adult."

- Janina Fisher

Over the last 25 years there has been a paradigm shift as the implications of forgotten 100 year old historic writings were re-discovered and the ability to study the brain and body with scans developed.

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1. Ogden, Minton, & Pain, 2006

One writer was Pierre Janet (1859-1947) who published Líautomatisme psychologique in 1889. His first book explored the psychological processes involved in the transformation of traumatic experiences into psychopathology. Janet studied overwhelming experiences and proposed that traumatic memories may be expressed as sensory perceptions, affect states, and behavioural re-enactments.[2] Janet later published the 'three phased' approach to working with trauma.[3]

"Being traumatized means continuing to organise your life as if the trauma were still going on - unchanged and immutable - as every new encounter or event is contaminated by the past."

- Bessel Van Der Kolk

As a human being, each one of us grows and lives within a unique cocktail of 'nature' and 'nurture'. As we grow we accumulative patterns of survival or illness that can cause dis-ease.

'Nature' we have come to understand more in recent years through epigenetics.[4] 'Nurture' we see as impacted by:

- our life in the womb,
- the quality of attunment our carers were able to offer us as children, or if our care givers were frightening or frightened,[5]
- our community and culture in which we were embedded,
- the safety of our environment and
- the core beliefs we took on about ourselves.

These form a "blueprint of expectations"[6] from which we start to live our lives and form relationships.

"In the context of safe, trusting, authentic relationships, perceptions of fear and terror gradually transform into clear, natural, fluid ways of knowing reality through lived experience."

- Sharon Stanley

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2. Kolk & van der Hart, 1990
3. Ogden, Minton, & Pain, 2006
4. Yehuda, 2022
5. Siegel, 2012
6. Heller, 2013

Trauma informed, somatic therapy draws in knowledge and practice from fields such as epigenetics,[7] neuroscience,[8] interpersonal neurobiology [9], attachment theory,[10] Polyvagal Theory[11] - and psychology, to name a few. The somatic therapist becomes attentive to patterns of tension, movement, posture, gesture, breath,[12] tone and pitch of the voice, facial expression, arousal levels, sensation, in the client, (and in themselves). These give insights into the implicit, non-verbal, pre-conscious, automatic patterns that may be driving behaviour and symptoms in the client.

One principle of trauma informed somatic therapy is that talking about distressing experiences that happened in our lives, can result in reliving that distressing experience as if it was happening again today. Janina Fisher talks about the need to find 'gentle and nourishing forms of treatment, not intense and traumatising treatment.' Bessel Van Der Kolk describes the way we experience the somatic legacy of trauma as 'heartbreak and gut wrench', and he goes on to say that 'talking about the trauma does not make the imprint go away'. [13]

"If you practice a phase-oriented treatment approach, the actual therapeutic process is more cyclical and iterative. It requires a responsive and adaptable approach to meet the complex and changing needs of the client, therefore stabilization and trauma-processing are used interchangeably."

- Tracy Jarvis

We know that mindfulness and attention to the breath can be a helpful skill to reduce anxiety and widen our ability to tolerate stresses in life, but clients who have grown up (or live) with people that were (or are) frightening, scary and unpredictable [14] will often be hypervigilant and find being 'mindful', still and calm scary. With this understanding we can change how we introduce mindfulness or breath work in therapy to make it more accessible for these clients.

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7. Yehuda, 2022
8. Cozolino, 2010
9. Siegel, 2012
10. Shore, 2012
11. Porges, 2011; Dana, 2018
12. Ogden, Minton, & Pain, 2006
13. Kolk B. V., 2023
14. Siegel, 2012

"Children don't get traumatized because they are hurt. They get traumatized because they're alone with the hurt."

- Gabor Maté

Another mark of a somatic and trauma informed therapist is the acknowledgment that often behaviours the client is reporting, that they use to help soothe themselves and escape from physical or emotional pain, which may fall into the category of 'addictions' (for example, alcohol, porn, over work, issues with food, perfectionism, and inability to motivate themselves), are likely to be strategies developed in order to aid their survival or to escape distressing symptoms, feelings, emotions or thought patterns which they have been unable to 'control'. These are often linked with reports of depression, shame, fear and anxiety about the impact of these on themselves and those that they love. The somatic approach to therapy views trauma responses as adaptive and not evidence of pathology. Sharing this[15] perspective can support the cultivation of compassion within the client for themselves. We as humans can earn secure attachment later in life and we now know that the brain can be re-wired through neuroplasticity and memory reconsolidation.[16] In this training we will offer insights into how to support internal attachment repair by integrating somatic theory with Internal Family Systems.[17]

"Traumatic symptoms are not caused by the triggering' event itself. They stem from the frozen residue of energy that had not been resolved or discharged; this residue remains trapped in the nervous system where it can wreak havoc on our bodies and spirits."

- Peter Levine

Clients may arrive in your consulting space feeling they are mad, ashamed of behaviours or impulses that they cannot control, angry or dis-connected from their bodies or burdened with negative thoughts.

15. Fisher, 2017
16. Ecker, Ticic & Hulley, 2024
17. Schwartz & Sweezy, 2020; IFS, 2022

Working from a somatic perspective we can invite clients to start noticing their body in a new way, turning their attention to body structure, bracing or collapse, freeze or any impulse to move or act in a certain way. It is helpful to notice activation levels, feelings, emotions, thought patterns and critically placing 'time' onto body memories.[18]

This present moment attention starts in the therapy session with our support and then we invite clients to start noticing what is happening as they are navigating in the world between sessions – and this often gives us the work for the next session.

"Take a moment and find something that reminds you of the feeling of being anchored in regulation and then put it somewhere you'll see it as you move through the day."

- Deb Dana

Integrating knowledge from neuroscience [19] and polyvagal theory [20] helps us to understand that when a client is distressed (highly activated or shut down) they do not have the same thinking capacity available to them, so we endeavour to monitor activation levels in the client and ourselves during a session and pause to support our joint regulation. Janina Fisher always teaches that if either of us (client or therapist) becomes activated/dis-regulated – the session will be unproductive.

It has been hard to develop large scale research in the somatic field because every client arrives with unique hopes, founded on a unique set of life experiences: so the trauma informed somatic therapist needs to be flexible and able to create a unique approach, drawing on their experience and knowledge for each client. The introduction of body awareness, and normalising their reactions to lived experience, titrating interventions like mindfulness, sequencing of stored patterns and resourcing, create a bespoke approach for each client.

"In order for you to be able to work with someone who has trauma in their lives, you have to work on your own [trauma]."

- Frank Anderson

18. Ogden, Minton & Pain, 2006
19. Cozolino, 2010
20. Porges, 2011; Dana, 2018

As a trauma informed somatic therapist it is very important that we learn by experiencing the therapy we offer to our clients ourselves. This is because even if we think we have done a lot of work on ourselves through our professional training and our own therapy, once we start turning our attention to the body, we can bump into memories stored in our own body. Doing our own work is very important to be able to stay grounded, let go of our agendas and hold a safe space for the client in the session.

"Hyper-scanning research has profound consequences for treating trauma with relationship. The practitioner's own unresolved emotions, prejudices, and bias can be transmitted without intention, while unverbalized feelings of compassion and care for traumatized people can be directly experienced. This finding reveals the need for a practitioner to become conscious and bracket their own prejudices and bias that merge in a relationship and develop a somatic felt sense of compassion for the other."

- Sharon Stanley

There are many trauma informed somatic therapies: the main therapies are Sensorimotor Psychotherapy, and Somatic Experiencing. There are many body therapies and talk therapy modalities that now integrate some awareness of the body and if delivered by a trauma informed practitioner, can be helpful. I list a number in alphabetical order: Acupressure; Bioenergetic Analysis, Biodynamic Breath and Trauma Release System; Craniosacral Therapy; Dance and Drama; Emotion Focused Therapy; Emotional Freedom Technique (Tapping); EMDR (Eye Movement Desensitization and Reprocessing); Feldenkrais Method; Gestalt; Hakomi; IFS (Internal Family Systems); Life Span Integration; Mindful Based Stress Reduction (MBSR); Neurofeedback; Psychodynamic; Psychoanalysis; TRE (Trauma Release Exercises); Yoga and movement therapies. There is also a little known therapy called Deep Brain Reorienting (DBR) which supports the discharge of shock from the midbrain.

Janina Fisher in her book Healing Our Fragmented Selves says, “The trauma-related issues with which the client presents for help, I now believe are in truth a ‘red badge of courage’ that tell the story of what happened even more eloquently than the events each individual consciously remembers”.

This training will support you to start spotting what may be a trauma related issue in your clients and give you new ways to support the somatic healing of your clients

Understanding trauma and its somatic manifestations

Sally Bubbers [1, 2]

Adult clients can present with a confusing array of physical symptoms and mental health concerns (that may have attracted many different diagnostic labels) and distressed by their confusing, and sometimes contradictory behaviour patterns that are affecting their daily lives and that they seem unable to control: This can leave them feeling hopeless and helpless, ashamed, frustrated, and angry with themselves, and struggling with life and relationships. In this training you will learn how to draw in knowledge from various fields such as Neurobiology [3], Interpersonal Neurobiology (IPNB),[4] Polyvagal Theory,[5] trauma informed somatic therapy [6] and Attachment Theory [7] to help you support your clients to find hope and compassion for themselves. What follows in this chapter is largely drawn from previously published material by Sally Bubbers[8] and offers an overview of some theoretical concepts, which all intersect to support healing.

Did you know that:

- our bodies can remember events without us having conscious memory or words that go with them?
- when a person becomes distressed or agitated, they have a reduced capacity to remember and think clearly?
- simple mindful practices of coming into the present moment can help bring the 'thinking brain' back online in times of stress? [9]

1. Bubbers, Developing an Understanding of Trauma in Patoral Superivsion, 2023
2. Bubbers, working with stuckness in pastoral/reflective supervision, 2023
3. Cozolino, 2010
4. Siegel, 2012
5. Porges, Polyvagal Theory: a Science of Safety, 2022; Dana, 2018
6. Ogden, Minton & Pain, 2006; Levine & Fredrick, 1997; Fisher, 2017
7. Heller, 2013; Schore, 2012
8. Bubbers, Developing an Understanding of Trauma in Patoral Superivsion, 2023
9. Ogden, Minton & Pain, 2006; Ogdon & Fisher, 2015

Have you ever been confused by the reactions of your client that might not seem logical or 'adult', and do not fit with the person you thought you knew? Maybe they were operating with trauma logic? Which has a perfect 'logic' for survival.

Looking through the lens of neurobiology, attachment theory, the neurobiological triggering system and some psychological theories that interweave and overlap helps us to understand the impact of trauma on ourselves and our clients, and it can be helpful to use the language of parts.

The challenge with this work is that we need to start with ourselves. This helps us to be present to our clients in a compassionate, curious and boundaried way, allowing them to feel seen, heard and understood. They can start to learn that it is possible to feel calmer – which may never have felt safe. And we can learn to support ourselves by learning to differentiate between 'our stuff' and 'their stuff', helping to mitigate Vicarious Trauma.

For me this is a lifelong journey. Please take care of yourself as you read this because you may resonate with some of the information in a new way. I hope that as a therapist, you will have your own support network in place.

What follows is a brief summary of current knowledge and psychological theories that each interweave. I feel I need to say that I do not believe that there is any one theory or counselling modality that fully describes any one of us or is sufficient on its own, because we are all unique individuals. Thus, we co-create the healing journey with each individual client.

How do you define trauma?

It is easy to think about trauma as a single event, or quantifiable abuse but developmental trauma can result from persistent mis-attunement by a caregiver.[10]

10. Siegel, 2012

Trauma can be defined as anything that is so overwhelming that we are not able to integrate the experience.[11] This will vary according to our age and life experience; we cannot gauge the impact of an event on another person, because we do not know what levels of stress are already in their body or mind.[12] Childhood distress or abuse (developmental trauma), can result from persistent low levels of distress in the child, and care givers who are not aware of the needs of the child.[13]

The child may experience the caregiver as unpredictable if they are frightening or frightened themselves.[14] Ethnicity, heritage, disability, living with misunderstood neurodivergence, poor physical and psychological living conditions, displacement, and cultural insecurity can all have an impact. Therefore, there may not be a single event that can be named, but a persistent state of overwhelm can have a long-lasting impact on the way the resulting adult is able to live in the present, in the world and form relationships.

Good attachment comes from knowing that someone accepts you for who you are, and that you can rely on them to be there for you.

Attachment Theory

As we grow, we embody the relational dynamics of the family or caregivers that we live with. These ingrained patterns become familiar to us, laying down unconscious patterns that become a 'blueprint of our expectations' in future relationships.[15] These maps[16] of how to navigate the world, can fail us when we are challenged and stressed in our adult lives. What is not generally understood is that we can change these maps. It is good to remember that secure attachment can be 'earned' in later life, if we find good relationships and 'make sense' of our lives.[17]

11. Fisher, 2017
12. Ibid.
13. Siegel, 2012
14. Ogdon & Fisher, 2015
15. Heller, 2013
16. Kurtz, 2015
17. Siegel, 2012

We cannot define overwhelming or traumatic events in terms of size: the test is the impact on the child, and if that is not acknowledged by an attuned adult, this can cause deep confusion, anguish and distress.[18]

One example of this could be a mother who sends the children into the garden while she washes the kitchen floor. One child may feel that there is a freedom to play, and another child may feel the closed back door cuts her off from their mother, and she feels abandoned and rejected. The important thing is that the experience of the child is acknowledged and not minimised, and that repair is offered.

Working as a therapist we may experience the attachment style of the client within the therapeutic relationship. For example: they present as chaotic and/or rigid, because they are not able to be flexible, adaptive and integrate into the adult world.[19] Or they may arrive for the first session with a desire to work and heal but then they may struggle to trust as you start working - and then when you feel that you are just starting to build a therapeutic alliance – the client suddenly withdraws. These sort of behaviours can be the result of unpredictable caregiving and 'Vacant' parenting.[20]

Adverse Childhood Experiences (ACE)

Research[21] has concluded that there is a strong connection between childhood trauma and our adult health. Adverse Childhood Experiences are now considered to include childhood experiences in the household, community and environment. Our understanding of how developmental trauma can affect the developing brain is evolving all the time. Nurture versus nature is intertwined with Attachment Theory, ACE's and Epigenetics. Epigenetic studies are trying to discover the link between nurture and nature, and how each affects the other.[22]

"Intergenerational trauma often hides in plain sight. I was a trauma survivor: I had all the symptoms, but I didn't have a trauma I could pin something onto."

- Linda Thai

18. Fisher, 2017
19. Siegel, 2012
20. Siegel, 2012; Fisher, 2017
21. Felitti, Anda, Nordenberg & et al, 1998
22. Yehuda, Daskalakis, Bierer & et al, 2016

How the brain affects our daily functioning

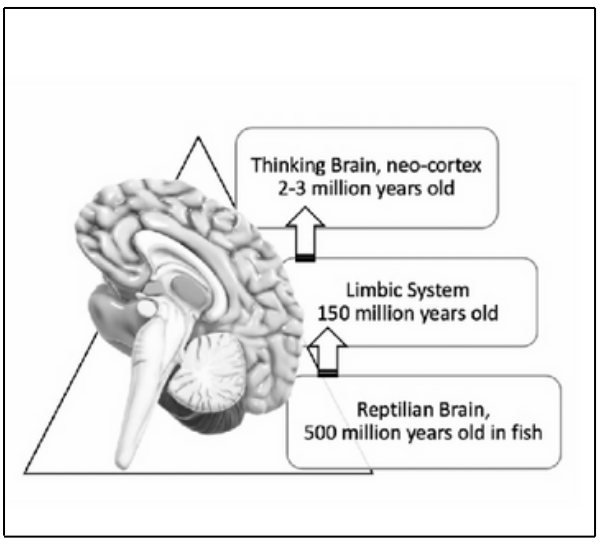
We are going to go on a lightning tour around some of the things that can help us understand the neurobiological drivers in our human bodies. Our ways of responding to events can become so ingrained in us, that we do not always realise what is happening until our whole system becomes so overwhelmed in the adult world, that parts of us can start causing panic attacks, depressive states or affect our immunity systems, leading to illness.

We have the capacity to remember things in our bodies, and these memories often have no words attached to them.

The important thing is to understand that this is all about speed of response, so that we can react faster the next time a distressing event occurs. There are various factors that affect how we store information for our survival, and this can determine how we react to future events that are deemed to be life threatening to us. Remembering bad things in our bodies, helps us respond quicker next time we are in danger, so we do not have to think about what to do.[23] Rick Hanson speaks of how bad, or negative things, stick on as if to Velcro in our brains, and good/ positive things tend to slip off as if they were on Teflon.[24]

The Triggering System and the Triune Brain

The survival system in the brain is hierarchical, so the older reptilian and limbic systems can override, or trump, the more modern complex systems of the higher thinking parts of the brain.



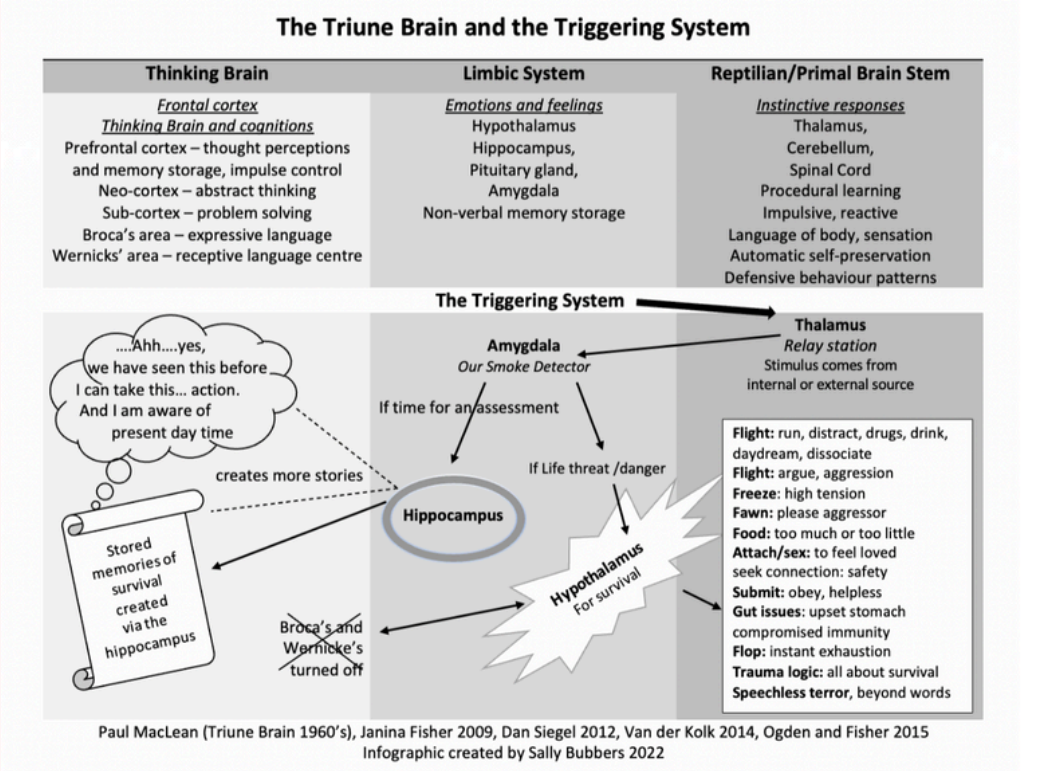
23. Van Der Kolk, 2014; Ogden, Minton & Pain, 2006
24. Hanson, 2018

Also, communication within the brain can be restricted for survival, when 80% of the alarm messages go up from the gut and reptilian brain, and the executive control of the higher thinking brain is bypassed.

For ease of explanation, I am going to use the language of the Triune Brain Model.[25] It has its critics[26] but it can help you grasp the basics of neurobiology.

The Limbic System and the Reptilian Brain

The reptilian brain and limbic system work together, largely below our conscious thinking, which allows us to have our higher thinking functions available, while undertaking routine jobs. But the drawback of this is that they have no concept of time passing. The reptilian brain learns procedural activities such as breathing, making a cup of tea, brushing our teeth, or playing a piece of music on the piano. It also scans for danger, and monitors emotions, feelings and sensations all the time without us having to use our conscious brain. But this can leave us vulnerable if there are triggering alerts that send us into[27] high arousal or shut down, at things that are not actually life threatening.



Paul MacLean (Triune Brain 1960's), Janina Fisher 2009, Dan Siegel 2012, Van der Kolk 2014, Ogden and Fisher 2015
Infographic created by Sally Bubbers 2022

25. Ogden, Minton & Pain, 2006
26. McGilchrist, 2019
27. Ogden, Minton & Pain, 2006

Because the reactions are initiated from below our conscious level of awareness, we can feel confused or ashamed of our behaviour, or reactions, because we do not know why we reacted in a certain way. The amygdala operates like a smoke detector in the brain, drawing in information from the thalamus but it has no hotline to communicate to the thinking parts of the brain. If it gets triggered, it has only two basic choices: either delay pressing the alarm for a few milliseconds to check briefly with previously stored information, or go straight for the panic alarm, activating the autonomic nervous system (ANS) onto high alert.

The ANS essentially operates as an accelerator, and brake, on levels of energetic activation in our body.[28] This turns off the parts of the brain that generate and store speech,[29] retuning our hearing for danger[30] and using the procedural responses already programmed in the brain for fight, flight, or freeze/collapse or attach cry. But the thinking part of our brain can communicate with the activation if it becomes aware of a problem: it can notice, offer support, and help calm the whole system.

A story to help understand this system

When we learn to drive a car, we must learn and practice. We have to focus and use our full brain capacity, and then our reptilian brain and muscle memory takes over by remembering the procedural patterns for us. Once we have learnt the procedural process of driving the car, our amygdala (like a smoke detector) monitors for any problems or dangers, thus freeing us to start thinking as we drive, perhaps about what we are going to cook for dinner tonight or how we plan our next meeting. If the amygdala picks up on a problem, there are two basic routes which this information can take through the brain:

Route one: if, for example, a child is spotted on the kerb, and there is not deemed to be an immediate threat to our life, the brain takes the time to check the large filing system in the left brain for information. In this case the alert signal routes through the hippocampus.

28. Porges, Polyvagal Theory: a Science of Safety, 2022
29. Ogdon & Fisher, 2015
30. Porges S. W., 2011

Messages are now sent to raise this into your consciousness, and you realise that your leg has already started to press the brake, and your eyes have orientated to the child. You drive past slowly, and all is well. Now your hippocampus can make a story that you survived and that can be stored for the next time. This slows us down so we can respond instead of reacting to the threat.

Route two: this happens if someone runs into the road in front of you. In this case, there is an immediate threat to life. There is no time to check with the brain's filing system, so the alarm is sent straight to the Hypothalamus. The thinking brain is bypassed, and we have no conscious awareness of what is happening. At the same time, two other areas of the brain (Broca's and Wernicke's) are bypassed, which help us generate and understand speech, and help us store memory in the form of words, because we do not need words in times of extreme threat. Within millionths of milliseconds, our body has slammed on the brake. Our conscious brain then wakes back up to see what has happened.

But all we can do at this point is to try and make sense of what has happened. Therefore, people who have had accidents, or felt under extreme psychological threat from another person, are not always able to tell you what happened. They make sense of it later, or other people tell them their version of what happened, but the client often does not have declarative memory of the actual events. We do know however that the body has a memory of the event. Following traumatic situations or a very difficult overwhelming event, we need to help the client notice that they did survive. This may sound strange, but that information needs to be stored in the brain, otherwise parts can live trapped in the moment of fear, trying to 'fix' what was 'wrong' then.[31]

31. Fisher, "Healing our Fragmented Selves."

Noticing

If someone feels threatened in a relational or environmental situation, noticing body sensations and realising you are suddenly feeling things like anger, fear, flight, collapse or the need to attach and find safety in another, will allow the conscious mind to assess the situation for life threat, but it can only do this if it has time. Once the alarm is raised, the pre-frontal cortex has been seen on brain scans to go dark (off-line) and it can take time to come back online.[32]

It can be helpful to notice the animal defence responses – which include fight/ flight, fear/freeze, submit and cry for help[33] as your client is speaking. Our brain sees the world through our own individual, unique perspective. It is alert for any danger that could affect our survival. It can make meaning out of any new experience, but the meaning may be based on implicit bias that is honed from previous experiences, which are embedded deep in our non-verbal trauma logic, and not from a wider perspective possible through the higher, thinking parts of the brain. If we are exhausted or triggered, we are more likely to react to something through the threat/hypothalamus route, which bypasses the thinking brain. Inviting your client to pause for a moment before responding, can help them learn that skill in their life.

Understanding non-verbal body memory

The Amygdala (there are actually two of them just inside our head between our ears) comes on line four weeks before we are born and starts scanning for danger and storing information.

So... how can we tell what the amygdala is scanning for?

32. Van Der Kolk, 2014
33. Ibid.

A story to illustrate how the smell of coffee can become dangerous:

Act 1: imagine you are walking past a coffee shop and suddenly you are mugged. Implicit Neuroception (our body's radar system for external threats)[34] picked up on:

1) a man in a dayglow jacket;
2) there was a particular grey paving stone;
3) the smell of coffee; and
4) it was a sunny day.

These four things are now suspect for the amygdala and are to be monitored. Every time your Neuroception picks up on any one of them, your ANS will go up a notch.

Act 2: some years later, you fall and break your leg on:

1) the same grey paving stone; and
2) it was a sunny day; and
3) there was the smell of coffee.

Now these features go higher up the watch list.

Act 3: some months later, you have an upsetting row with someone you care about, and

1) there is the smell of coffee in the room.

Now the smell of coffee will activate the fear and defence systems in your ANS. Every time you are around the smell of coffee, you may notice your heartbeat rise, your breathing rate increase, your body tense a little, or you may be afraid to move (freeze) and you are more alert to danger. This, in turn, means you are more likely to become dysregulated and less likely to communicate clearly and make rational decisions.

We can become aware of what the amygdala is scanning for if we start to become curious and notice shifts in our body, the activation levels in our ANS, or patterns of negative thinking.

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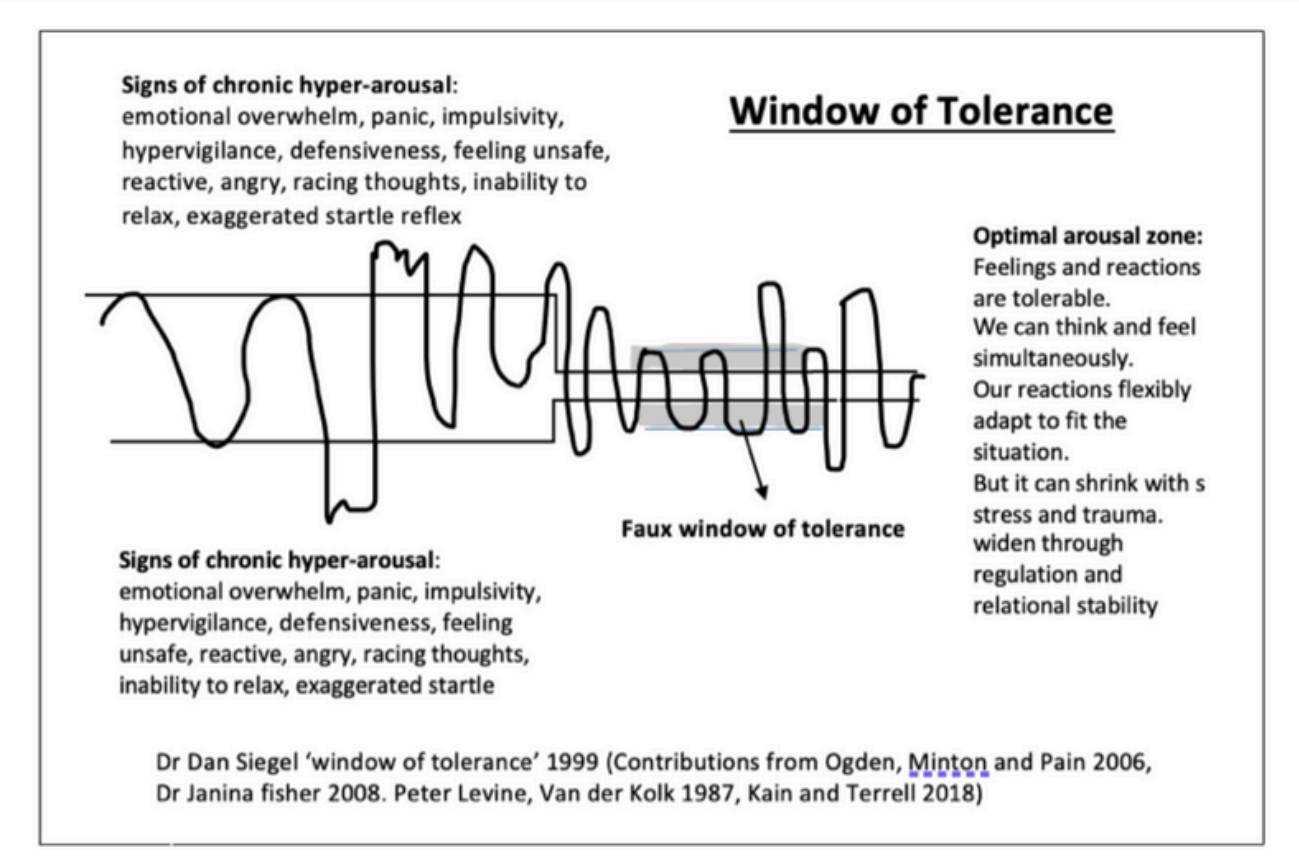
34. Porges S. W., 2011

The ANS activation operates out of our awareness, so if it starts to become activated and the thinking brain has no idea what is happening, as signals start flying from gut to brain – the brain is flooded with stress hormones (adrenalin and cortisol) and the heart and lungs speed up – we may have thoughts that this did not go well last time: our body may tense – which changes our voice; we may start to feel hot or cold and panicky; other people around us may sense we are tense. Then our mind picks up the activation in the body. But by the time the panic reaches this stage, the thinking brain does not have full capacity to figure out what is happening. It has no idea what the problem is but just knows the body alarm systems have all been activated and the focus is on the belief that 'I am in danger'.

A note regarding some recent discoveries: I also want to mention here is that there is another region of the brain called the Midbrain – this is identified in the work of Dr Frank Corrigan (Deep Brain Reorienting) - who proposes that the Locus Coeruleus stores shock from very early in life, which can also hijack the system from lower in the brain.[35]



35. Corrigan. Dr. Frank MD, 2024

Window of Tolerance and Polyvagal Theory

We all have a window of tolerance,[36] or optimal arousal zone. Children are born with a small tolerance for distress. We develop our own window, dependent on the level of safety we feel in our bodies, but that can shrink under stress or distress. When our tolerance levels are low, we can get thrown out of it (triggered) quicker, and then we do not have such a wide optimal zone to operate in. Kain[37] and Terrell have added the idea that people who are living with a permanently narrow window of tolerance, develop strategies to operate in a 'faux' window of tolerance, which sits just inside the hyper- and hypo- arousal areas. This feels to them like the Optimum Arousal Zone, but they do not know that a greater state of calm is possible. It has been shown[38] that contemplative practices which bring us into the present moment can help widen our window of tolerance.

"Honouring the magical language of the body. Feeling into our emotions through the language of the body widens our capacity for connection, presence, love and healing."

- Jacqueline Compton

Stephen Porges, in his paper 'Polyvagal Theory: a Science of Safety', reflects on how we have come to accept the phrase, 'I think, therefore I am' (Descartes), ignoring our felt sense[39] of body, emotions and feelings. Porges says that we have to be able to feel ourselves in order to fully exist: 'I feel myself, I exist'. Cues of threat and safety are not under voluntary control, so we need to find ways to monitor them.

The Autonomic Nervous System (ANS) is made up of the Sympathetic Nervous System (SNS), which is 400 million years old, and the Parasympathetic Nervous system. The latter is made up from the two branches of The Vagus Nerve, comprising the Ventral Vagal Nerve (VVN), which is 200 million years old, and the Dorsal Vagal Nerve (DVN) which is 500 million years old. They divide at the diaphragm - the Dorsal Vagal having control below the diaphragm / gut and Ventral Vagal above. [40]

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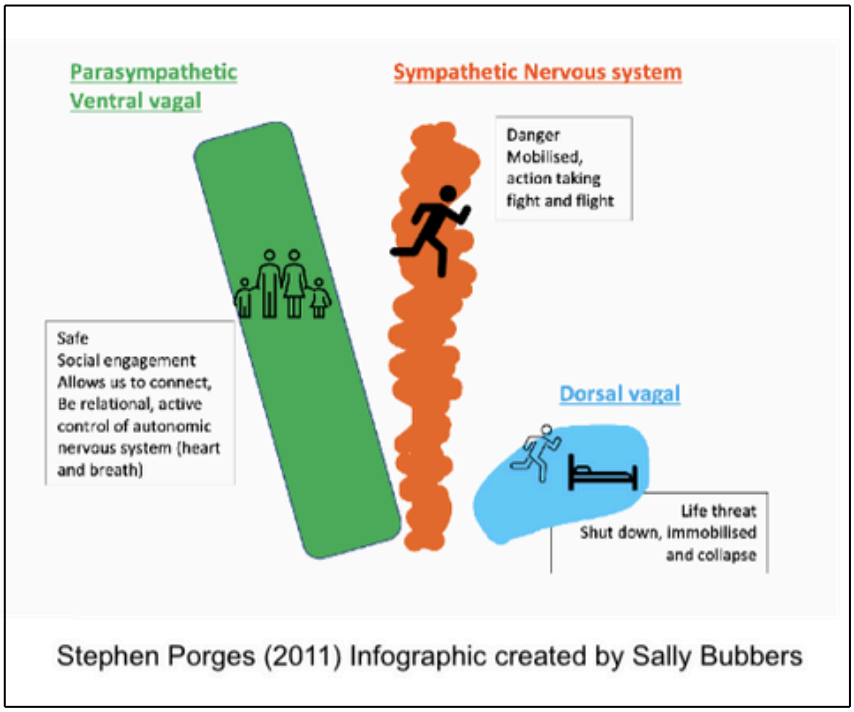
36. Siegel, 2012; Ogden, Minton, & Pain, 2006; Fisher, 2017; Van Der Kolk, 2014; Levine & Fredrick, 1997; Kain & Terrell, 2018
37. Ogdon & Fisher, 2015
38. Kain & Terrell, 2018
39. Porges S. , 2022
40. Dana, 2018

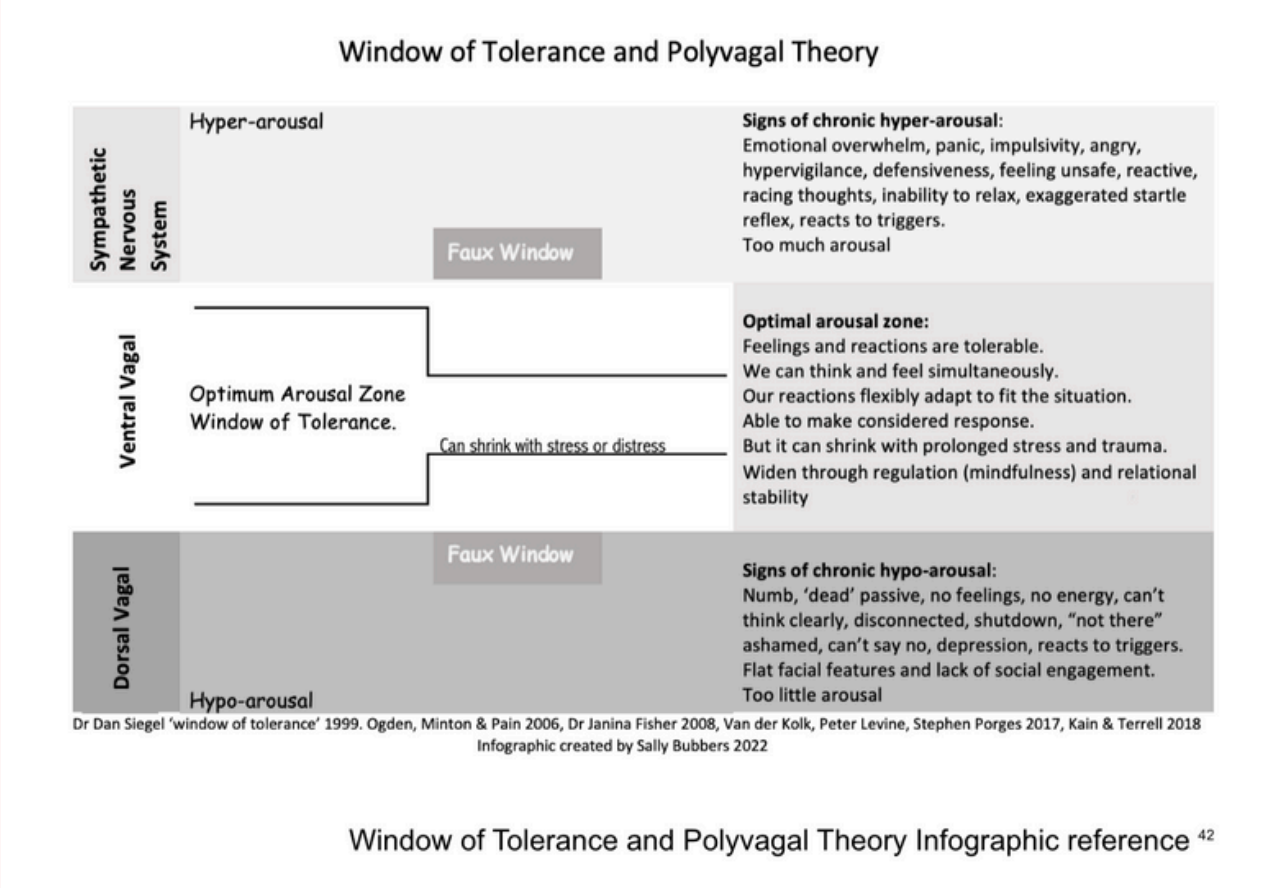
The Ventral is the newest part which is Myelinated, which means that signals can move very fast. 80% of the fibres in the Vagus Nerve travel up from the gut to the brain, whilst 10-20% travel down.



When we are operating from the Ventral Vagal it can be equated to the optimal arousal zone in the window of tolerance. The Sympathetic arousal equates to hyper-arousal. This is when people can become highly activated, angry or compulsively busy. The Dorsal Vagal equates to hypo-arousal of the window of tolerance. A Dorsal Vagal 'shut down' can look like someone is depressed. They tend to lose facial tone and signs of social engagement, and the middle ear tenses which affects hearing. The main thing left running in the body is the gut. People can go into a sort of hibernation.

Ventral is a place where we can regulate our internal stability, emotionally and physically, and have control over our breathing and heart rate: we can speed them up, or slow them down, by choice, even while external conditions may be changing.[41] It is sometimes called 'rest and digest', or 'homeostasis'. We can think clearly because we have our full thinking brain online. We can store memories with language and generate fresh creative thoughts and language.

41. Proges, 2017



Window of Tolerance and Polyvagal Theory Infographic reference [42]

The implication of this for communication is that you will need to hold this information in mind when working with a client. If they are not within their Ventral Vagal or Optimal Arousal Zone they may not be able to integrate anything new from the session.

We are social mammals who need to learn how to co-operate and co-regulate in proximity to other humans.[43] If we are permanently hypervigilant and expectant of danger at any moment, it is hard to feel 'safe' enough to connect with people and it does not take much for us to overreact.

We have multiple alarm sensors within our body, mind and brain that operate like guards at 'look out' posts. Blending information from our Interoception and Neuroception, they observe and assess the intentions behind the actions of others, the warmth and prosody of voices around us and facial expressions.

42. Bubbers, Developing an Understanding of Trauma in Patoral Superivsion, 2023
43. Ibid.

Feelings of safety form the basis of social connection, but our systems were devised to survive in a hostile world where the alertness to a smell on the wind, or the sound of a snapping twig might be a lion is heading towards us.

These systems, which continuously monitor for signs of threat and safely, are not under our voluntary control.[44]

If we are living in such a way that we ignore the early warning signs from our bodies this reduces our Window of Tolerance, results in permanently high levels of vigilance and stress. This results in any additional agitation, worry, or concern, being read as a potential threat to life. If we are not able to bring our adult conscious attention to this, we can go into our pre-programmed defence strategies learned in childhood or times of perceived life threat. This happens in milliseconds, turning down our capacity for higher 'logical' thinking.

Notes: 1) clients with developmental trauma will often present with an inability to tell you what is happening in their bodies. This is a survival strategy that served them well as a child because they needed to switch off the alarm messages from their body in order to be in relational contact with a scary care giver, or alternatively perhaps they ignore their body with its memories of abuse, so that they can function in the world.

2) in doing so they often have a calm/flat appearance on the outside and high activation on the inside – I find it helpful to use the language of parts to make sense of this reality.

Using the language of parts

Dr Richard Schwartz the founder of Internal Family Systems (IFS)[45] argues that we all have an internal family that consists of many non-pathologised parts, which we can start to notice with compassion and curiosity in our clients and ourselves.[46]

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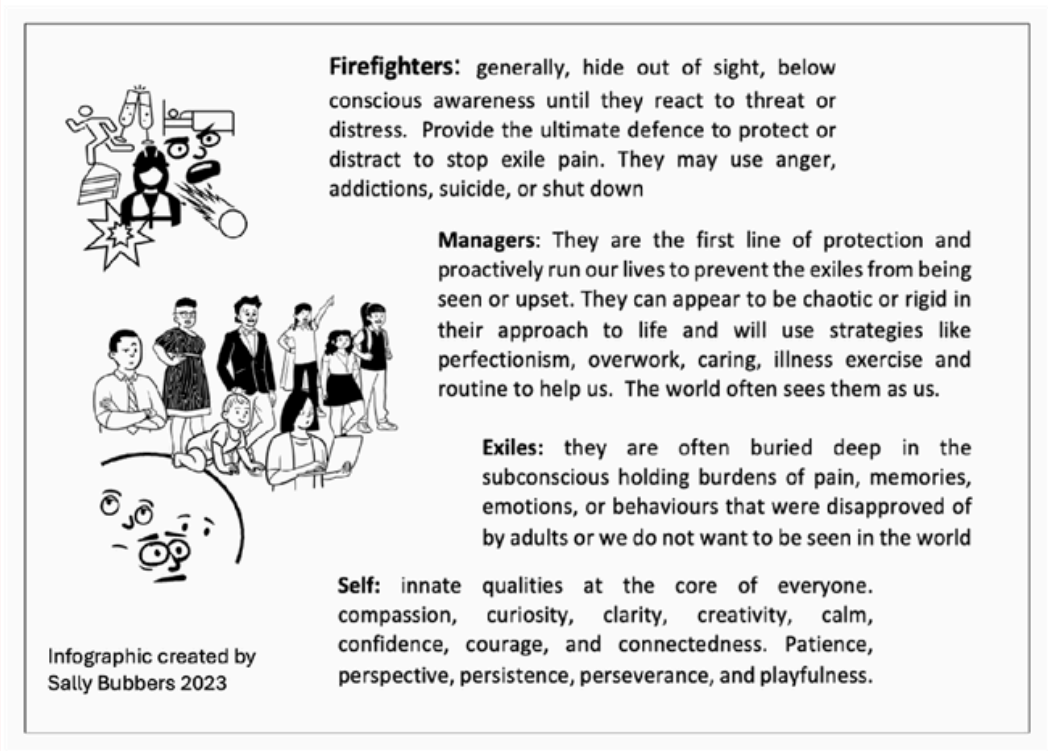
44. Porges, "The Polyvagal Theory."
45. Schwartz, 2021; IFS, 2022
46. IFS, 2022

This helps to name behaviours and symptoms within the client *as a part of them* and not the whole of them.

IFS is a constraint- releasing model, offering a way to identify internal constraints that prevent us from addressing external pressure and stress in an appropriate, nonviolent manner.[47]

Integrating the ideas from IFS into your counselling practice also increases the possibilities for relational collaboration within the therapeutic relationship. For example, IFS approaches transference and counter transference in an interesting way: using the understanding of parts can help us as we work, to notice if there is a protector or a vulnerable part of the client speaking to us and enable us to notice if we have a part reacting or responding to them from our system.[48]



Schwartz asserts that at our core we all have Self-energy which is good: some call it our God Essence,[49] or True Self.[50] Some of the qualities of Self are curiosity, calm, confidence, compassion, creativity, clarity, courage, connectedness, presence, patience, persistence, perspective and playfulness.

47. Reed & Wooton, 2023
48. Schwartz, 2021
49. Riemersma, 2020
50. Martin, 2006

Self-energy is also a particle and a wave – so it can be within us in our bodies and also an energetic presence in the world.

We also all have non-pathologized parts that hold good intentions for us, but have taken on roles and burdens to help at some stage in our lives: they do not always realise the consequences which their actions may have on us or on those around us. Schwartz[51] divides the parts into two groups. Firstly, parts that become exiled in our system, because they hold painful memories and emotions that we could not integrate as children, or behaviours that were not acceptable to those around us or we do not want to be visible in the world. These become burdens that the parts carry. It is important to remember that parts are not their burdens: they have taken on the job of carrying burdens to help us survive. Secondly, the protective system has two lines of defence. In order to stay in relational connection, primarily with our parents or caregivers, we develop managerial parts that proactively run our lives to ensure that the exiles are not seen or upset. If something happens that upsets a part, and the managers cannot contain the 'fire' inside, then the firefighters come out. They are the ultimate, reactive backup. They are not all bad and have good intentions to bring relief to our system, but invariably they have no concept of the relational damage, or physical harm which they may cause by their actions. They just want to distract attention away from the exile's distress or overwhelm. Unfortunately, we often then develop managers that can be critical and hold shame about our firefighters' behaviour, which can affect our self-esteem, confidence and drain our energy, thus leading to stress and exhaustion.

IFS has unique protocols to support internal attachment repair and unburden parts, always seeking permission from the protective system, updating parts to the present and then with the support of Self-Energy of the client, getting to know the exiles. No parts are rejected, but they are respected for their roles and offered help and support. If they then feel able to change their jobs it is always their choice. IFS embodies the Hakomi principal of non-violence[52] towards each part and the system they live in.

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51. Schwartz, 2021
52. Kurtz, 2015

Mindfulness and contemplative practices

Mindfulness and contemplative practices can teach us to settle ourselves, and to be able to spend time in the present. As we still ourselves, we start to notice body sensations, feelings, emotions and thoughts, effectively placing present moment time onto our experiences. And if we incorporate a longer slow out breath that can help bring the Parasympathetic online.

Modern day stress and neuroplasticity

Dan Siegel has a saying, "neurons that fire together, wire together." [53] If we continually experience anxiety and Autonomic Nervous System (ANS) activation in a certain situation, then the stress and fear circuits can be activated as we mentally ruminate about it, or anticipate the situation. The body becomes primed to react faster next time, as the highway of messaging becomes well-worn and faster. The reshaping of neural pathways is called 'neuroplasticity' and can be used for negative and positive change in our brain structure.[54]

Our bodies do not recognise the difference between the threat of a lion attack, or endless mental stress. They react in the same way, unless we notice that there is a difference. A client may have a visceral feeling that they will not survive the work meeting, despite their thinking brain knowing that they are unlikely to lose their life. Our systems are designed to react to short term stress, which, in the case of running away from a lion, would be accompanied by physical exertion to burn off the adrenaline. But in our modern-day life, we live in a kind of 'pink zone' [55] with persistent ongoing stress, while often spending hours doing sedentary administrative tasks on the computer. The first sign that you or your client may be going into adrenal fatigue, is if you start to wake up tired in the morning, and start to feel tired all day long, even after getting a good night's sleep.

53. Siegel, 2012
54. Ibid.
55. Hanson, 2018

Thomas Guilliams warns that this can result in the "amplification of numerous inflammatory pathways and increased susceptibility to developing inflammatory diseases, including autoimmune diseases, mood disorders.... (and) chronic fatigue syndrome."[56] Noticing rumination, or ANTs (Automatic Negative Thoughts), provides a helpful way to calm our system. Our brains can fall into such ways of thinking that they become a persistent habit that drains our energy. Whenever we are not consciously focused on a task our brain falls into the neural default mode network. Using the skills we have learnt, through mindful contemplative practices, to notice them, helps to calm our whole system.[57] Whenever we notice an ANT, I would suggest recognising it as a part that is worried about something. Check if the part believes it is true, and if the answer is 'yes', acknowledge that and then you can spend a few moments checking if your adult has other information. This can help settle the system and bring the worried part up-to-date with a realistic assessment of the situation in the present moment. Environmental situations and complex relational dynamics cannot always be changed, but we can help our clients to find ways of being, so that the situation does not drain them as much, and they have better emotional boundaries and hopefully live with less stress as the levels of activation in their bodies reduce.

56. Guilliams, 2014-2024
57. Clinic, 2022

A practical look at Integrating these understandings into clinical practice

Pause to take in anything positive

Pause to take any shift of good, however small. Sometimes a client may mention something that went well, but rush past that to the problem they want to talk about. We all have a negativity bias in our brains to ensure that bad things never happen again. This was very helpful when negative events could be life threatening. Remember the negativity bias.[58]
We can help to change this pattern in our clients by pausing to notice the good thing for a few seconds and preferably a couple of minutes if possible. Help them to notice how it feels to have the positive thought or experience. This helps to redress the balance, enabling them to feel more positive about life in general and actually rewire the brain. If you want to understand more about the power of this type of pause, you could look up memory reconsolidation[59] and neuroplasticity.

Notice how they 'tell' their story to you

Try and get into the habit of being really curious about the non-verbal story that the client's body is telling you, and see if that fits or is congruent with the words that are coming out of their mouth:

- Is there a part saying, 'I am ok', or 'I can handle this', but maybe their shoulders are drooping and their voice is flat?
- Do they start to slump with a sense of being weighed down with the weight of it all?
- Do their hands fidget or form fists? - Maybe they feel angry or threatened?
- Do their feet tuck under the chair? – Maybe they feel trapped and cannot see a way out?

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58. Hanson, 2018
59. Ecker, Ticic & Hulley, 2024

- Do they cross their arms and look out of the window, possibly defensive or seeking an escape? Sometimes clients can feel nervous of what you might be thinking about the way they handled a situation, which is bringing up shame and the self-critic.
- Does the tone, pitch, pace or volume of their voice change?
- Does their body tense or pull back as they talk?
- What is coming up in you as they talk? Our own body resonance can give us clues, even on Zoom.

If you do notice something, we have to be very careful not to make the observation sound like a criticism of them. So, this needs to be offered in a tentative and gentle way, only if you feel it will be helpful to the client; otherwise hold it as a valuable insight.

Admitting if we get something wrong and validating the client's experience:

Dan Siegel talks about the dilemmas of a caregiver being unavailable, frightened or frightening to a child. When a caregiver is chaotic or rigid or unpredictable, this is very scary for a child (and the adults around them). Often children have to deny their reality to remain in relational[60,61] connection with their carers and they have it denied by others who do not admit any fault.

As therapists we model listening, letting the person feel heard and affirming that we understand their perspective, or the perspective of the part that is talking to you. But are we able to model saying, 'I got that wrong'? If we offer something that is not helpful, validating someone's experience is very important and this can help to open space inside them and build trust.

60. Siegel, 2012
61. Fisher, 2017

Is the client over-focused on a negative event?

Over-focussing is part of the freeze response, and people can become obsessed with an individual or subject. Because the neurobiological freeze has been triggered, they will also feel more threatened internally than you may expect from looking at the outside, and also the thinking brain will be working with limited capacity. Interventions that can help this situation, include inviting them to look at something else and particularly to move their neck muscles by looking around the room. This initiates the orientating response which can help break the over focusing and then they may be able to take in new information.

Understanding confusing and contradictory behaviour

Distressed parts get stuck in time, as parts find ways of ignoring the distress in order to prioritise survival (connection to the caregiver and getting on with life). It can take a lot of energy to suppress these feelings and fears. If we continue to ignore the distressed parts, they can start to shout louder, and symptoms of anxiety or anger can flair through sympathetic arousal, or dorsal activation can shut the client down and look like depression on the outside, in an effort to stabilise or become invisible. As we grow older, these parts and the body memory often get stuck in time and struggle to transition their strategies into the adult world.

It is also helpful to understand that a client can have two levels of activation running in their body at the same time: I find it helpful to see this as parts activation. For example one part is angry, upset or wanting to run (fight and flight) and another is frozen in fear (freeze).

Polyvagal theory calls this a hybrid state and it can occur between Dorsal and Ventral, Ventral and Sympathetic or Sympathetic and Dorsal. This means that someone could still look socially engaged in Ventral but actually be in a freeze or Sympathetic state inside. This has important implications for cognition and learning new tasks, if we remember that the Sympathetic (hyper-aroused) and Dorsal (hypo-aroused) states reduce our ability to think and take on new information or change patterns of behaviour.

When it comes to understanding confusing behaviour, or entrenched situations when a client is overfocused, the first question which we need to ask ourselves is, 'how does this behaviour benefit the person?' Is it a way of distracting or defending a vulnerability?

When clients are struggling to make sense of their behaviour or reactions

We all have parts that seek reassurance that our reactions are normal. When people get dis-regulated, they tend to feel they are bad or a failure: they are unable to cope and become self-critical and lose confidence. I would invite you to share any of this information about trauma that you feel may help normalise their reactions. Here are some examples of how you might introduce some of this information:

- When we get stressed, we can lose our thinking capacity.
- We can get stressed and anxious just thinking about meeting someone; so it can help to practice settling ourselves before we meet them by doing training rounds in our mind with the mirror neurons.
- If you notice yourself becoming agitated, it can help to lengthen your out-breath as you breathe – would you like to practice that now and see if you notice any change?
- Sometimes people can have protective parts that come up to protect their vulnerability.
- Our window of tolerance shrinks when we are under stress.
- We can feel very tired if we get overwhelmed: it is called a dorsal vagal shutdown and we can feel very negative and depressed.
- It is not healthy for us to be highly activated all the time so sometimes our bodies shut us down.

Stress and anxiety:

We can calmly help teach clients how to use curiosity and noticing as a cognitive strategy to help think things through.

- It can be helpful to be curious about what is affecting the client personally or what they may be experiencing as personal. There is a subtle difference, and it can be helpful to notice.
- We can be curious about what parts are active and the roles or agendas they have in the internal system. For example: is there a part trying to keep the client out of danger by creating fear of going outside?
- Once the stress and anxiety start, it can continue to loop and fuel Automatic Negative Thoughts, ANTS. We can be curious about what is being driven from internal worry, or what is being driven from external events triggering the internal system.
- Another question to ask, when they are settled, is to wonder - what they have control or influence over? Often, we do not have control over external events, though we may have some influence. If we cannot influence the external, perhaps we can consider acknowledging that there is nothing that we can do and turn our attention to what we can influence inside ourselves.

Body structure:

Body structure has a big impact on how others perceive us, and how we feel inside ourselves. Muscles can lock in memories and the neural feedback from our own structure affects our mood, and the way we are able to interact with other people.

As *an experiment*, you can share doing with your clients:

- Try slumping in your chair, as if you have the world on your shoulders.
  - Notice if your face goes flat and see if it is hard to smile.
  - Notice your energy: does it become heavy, making it hard to take a full breath?

    - Is it hard to look around from this place, to orientate to a new direction or connect to someone else.
    - Now try saying, 'I am happy'. Is that hard?
- Now sit up, lengthen your spine and let yourself breathe. Move your head and look around you. What do you notice is different in this place? Can you think of something that makes you happy and notice the ability to smile has returned?

Our human brains monitor the body structure of others, but unless we consciously notice our own, we are not aware of its silent influence on our mood. When we are in sessions with our clients, the body can speak louder than their (or our) words.[62] How we notice what other people are saying, is read implicitly and not just through the actual words. They may say, 'I am fine,' but can you notice what is happening in their body?

Consequences of dysregulation

Dysregulation will always happen, but what we can help change is the speed at which it happens in our daily lives, and how quickly we can notice and recover. Moving from reacting (which happens in milli-seconds) to a chosen response can be learnt. These psychological, physiological, and neurological understandings can be helpful. They enable me to sit with a troubled, hopeless client with greater compassion; and if a client is confused about their inability to control their reactions, or understand the behaviours of other people, my sharing of some of this information, and thereby normalising the situation, can be settling and bring some calm to their system. From the perspective of IFS[63] you can understand that individual parts of us can press the alarm buttons in our body and mind, as they react to internal thoughts of threat or to external triggers.[64] We can only intervene to support ourselves if we are able to notice some of the 'tells' in our body, which significantly happen outside of our conscious awareness,[65] alerting us that we are leaving, or have left, our Ventral Vagal or our optimal arousal zone.

62. Van Der Kolk, 2014
63. Schwartz, 2021
64. Fisher, 2017
65. Proges, 2017

Training runs in the counselling session (present moment mindfulness)[66]

We have Mirror Neurons in our brain that can bring things up in our bodies, as if they were happening now. This includes changing our body structure towards a brace, or collapse, or maybe revving up the ANS, or feeling we have no energy to go and tackle that problem today. This can be useful to observe in the therapeutic session and see if you can help the client notice the somatic signs in their system. Once they have noticed them, they can start to do that in the world.

An experiment with noticing 'training runs' in the session.

Support the client to think about something that they find stressful.

- Invite them to bring a recent experience to mind.
- Invite them to pause and notice what is coming up in their body or mind.
- Help them to notice how thinking about a situation can be so powerful: that worrying about something can mean that by the time we encounter the anticipated situation, we have already left our optimal zone/Ventral Vagal, resulting in very little calm and Pre-Frontal Cortex to help.
- Support them to practice noticing what happens in their body and thought patterns during the week: you can check in with what they have noticed next week.

The following is adapted from the work of Lisa Ferentz.[67] Using 'REACTS' offers a very helpful way to support clients to notice activation and spot patterns after an event.
We can also keep asking what happened just before.

R Relationship Dynamics at the time?
What were you doing/talking about when you were triggered?
Who were you with before you got the impulse?

66. Ogdon & Fisher, 2015
67. Ferentz, 2014

E Emotions

What were you feeling as you started planning /got triggered?
What were you feeling as you actually started taking the action?

A Awareness of the five Senses

What did you smell, hear, see, taste, touch, when you had the urge to act on the impulse?

C Context

Where were you?
What was going on in the environment that might have been upsetting or threatening to you?
Include date and time.

T Thoughts

What were you thinking before the trigger or act?
And what were your thoughts afterwards?

S Sensations in the Body

What did you notice happening in your body just before you acted on your impulse?
What did you notice happening in your body as you took the action?
What happened in your body after you took the action?

Note any other observations.

Use the language of parts

I find the language of parts helpful, because often when we become blended with a fearful, agitated or critical part of us, we feel that that is who we are. To reframe that as a part of you, leaves space to acknowledge it is not the whole of a person and for other parts and contradictions to be noticed.

Building resilience

Developmental trauma affects the ability to set boundaries, often leaving people believing that self-reliance is the only option.

Noticing, curiosity and mindfulness are key for building resilience and starting to widen the window of tolerance and move people into Ventral Vagal.

Research shows that following six weeks of mindfulness practice, the amygdala is less reactive, the hippocampus can grow, and the lining of the brain thickens.[68] It is incredibly powerful. There are now books that offer ways to notice and take in good things,[69] and also tone the Vagus Nerve which can support whole body regulation.

Human beings utilize two modes of regulation. These are defined as

1. *interactive regulation*: the ability to utilize relationship to help if either you start to become shut down or you need to calm yourself. Infants are dependent upon interactive regulation to survive and then gradually learn to develop auto-regulation; and
2. *auto-regulation*: the ability to self-regulate, independent of other people.[70]

"When bad things happen to us, our self-repair and recovery does not depend on personal resilience alone. It depends on if we feel supported by significant others in our lives."

- Cathy Malchoidi

A healthy adult has the flexibly to use both.[71] Key here is learning the ability to calm ourselves without going into a dorsal vagal shut down.[72] We can help clients widen the gap from Reaction to Response[73] by:

- Helping them experience both interactive and auto-regulation within the therapeutic relationship, by modelling this for them, and helping them notice if they are leaving their window of tolerance, so that they do not become stuck in a dysregulated, or overwhelmed state in the session. When talking about something that is upsetting, with the healthy expression of emotion we want the client to notice that they are accompanied by the attuned adult and they are not alone this time – offering a new experience;

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68. Ackerman, 2022
69. Hanson, 2018
70. Schore, 2012; Ogden, Minton & Pain, 2006
71. Schore, 2012
72. Ogdon & Fisher, 2015
73. Hanson, 2018

- Widening the window of tolerance via mindfulness, breath, grounding, rainbow ball;
- Curiously noticing themselves and others;
- Encouraging clients to notice what happens in a session as they think about a stressful situation;
- Encouraging them to be curious if they are over-focused on the problem;
- If they are not able to forgive someone, are they able to understand that person may have be driven by their own survival strategies and protective parts and find some understanding or compassion for them?
- Practicing pausing and noticing anything that is good or positive which they may 'gloss' over to get to the problem topic in the session. Help them to take in the good or positive by noticing their physical reactions.
- Ask, 'what happens as you talk about that?', in the hope that they can notice their body structure change, their breath deepen and slow, and their feeling become calmer.

Planning sessions

Always remember that with traumatised clients, it may take time before their system feels able to trust you – never underestimate the value of them experiencing an available and attuned presence, as they turn up each week. This may be the attachment repair they need.

Working from an attachment perspective we need safe boundaries but also model flexibility around session length and frequency.

A client may only be able to tolerate checking in with you by text at a session time or ask for 15 minutes on the phone. They may need to know you are still here but not able to tolerate a whole session. At different phases in treatment clients may need longer sessions. 50 minuets is a very short time if a client spends the first 20 minutes settling in to your presence, and the last 20 sad that they have to leave you. In this case it can be helpful to think about offering a longer session of 60, 75 or 90 min. The client may only be able to afford 1 or 2 sessions a month, but good work can still be done, if this is the only option

Clients may also become very distressed that you are taking a holiday but it is important that you do, to show that you will come back (which is a developmental lesson) and model your own self- care.

Empathy and compassion

Richard Schwartz offers a helpful insight into empathy and compassion. Empathy comes from our parts, which connect to our material, this allows us to resonate with the client but then we need to shift into our Self-energy and be present to the client with compassion, bringing other qualities of Self, such as curiosity, presence and patience. If we only work from our empathy, we are in danger of reacting to the client from our parts and burning out.

Introducing mindfulness and using the breath with clients

Clients may report having a meditation practice and we may assume that they are able to bring themselves into the present moment. But through the work of Ken Wilber[74] and Robert Augustus Masters we understand that they may sometimes be dissociating or have become adept at spiritual bypassing[75] by 'doing instead of being', to avoid sitting quietly and dealing with painful feelings, unresolved wounds and developmental needs, worry and anxiety. It may be too hard for them to be in their bodies, in the present moment. It can be helpful to define what we mean by mindfulness. Dr Jon Kabat-Zinn defines mindfulness as 'the awareness that arises from paying attention in a particular way: on purpose, in the present moment and non-judgmentally'.

For a client who is hypervigilant mindfulness needs to be titrated and made very small to start with. Examples of this are suggesting that they might start giving themselves a commentary as they:

- brush their teeth in the morning,
- make a cup of tea,
- wash their hands or do the washing up,
- gaze out of the window at the clouds,

74. Wilber, 2017
75. Masters, 2010

- try mindful running or walking and notice their environment or body as it moves.[76]

All these practices are in the present moment and this is how small you have to start.

Then you might graduate to offering a momentary pause in a session with you both slightly lengthening the 'out' breath (to help activate the parasympathetic) and notice how they respond to that.

If the client goes into a Dorsal Vagal shut down, you can talk to the parts that are driving this and find out what their concerns are and maybe suggest we both tap our upper arms and thighs, which can help bring activation back into the body, but this is always offered as an invitation.

If we assume that any somatic body sensation, feeling, emotion or thought is communication from a part then I find some of the language of letting go or watching them pass on by to be unhelpful from a parts perspective, as it can leave parts feeling ignored and pushed away. This can lead to the parts endlessly interrupting the client at night or in quiet moments, as they keep popping up to get attention.

Setting up a mindful practice using the language of parts:

- We can ask the parts to give us space before we start a mindful practice.
- I would assume that any thoughts and sensations that arise, are communication from parts as we notice and acknowledge then check and see if you have any qualities of Self Energy towards that part by asking yourself 'how do I feel towards this part?'
- If we are in Self Energy then we can ask the part to soften.
- Let the part know you will come back later if it needs attention.
- If we are not feeling any qualities of Self energy, then is it possible to notice that we are in another part and maybe that is what we need to be curious about in this moment.

"Therapist/practitioner must attend to their own system and un-blend from parts uncomfortable with silence, somatic expression & emotional expression so they can hold Self-energy for client's process."

- Alexia Rothman

76. Hanson, 2018

The Focusing Ball exercise is described below and grew out of my (Sally's) desire to have a short grounding exercise to offer clients, which included an introduction to mindfulness and helped widen their 'window of tolerance'. It can be completed in about three minutes, which I find is long enough for people to notice a difference in levels of activation in their bodies, but short enough for them to start integrating it into their daily life.

High levels of activation, which can lead to panic attacks or intrusive worrying thoughts, can be present in clients. So, the worksheet below is written for calming, with the longer out-breath to help activate the parasympathetic. My experience is that clients with a trauma history often only use the upper chest to breathe, so asking for big breaths can be triggering to their system. This practice invites a gentle lengthening of the breath.

The reason for the focusing ball exercise sections are:

- Moving the head (orienting) helps disrupt a potential freeze.
- Naming things around them can help introduce the skill of placing 'time and place' on the felt sensation or triggering event.
- Noticing the body is often a scary adventure for those who have stopped attending to alarm signals which their body has been sending out.
- Naming feelings, emotions, thoughts, images and words, can help them notice habitual patterns.
- If the client is unable to go straight to their breath, they can hold the ball and name, or count, the colours.
- The ball can be used as a SUDS (Subjective Units of Distress Scale) as well.

The ‘rainbow’ practice golf balls can easily be purchased on the internet and the gift of the playful ball also acts as a transitional object for the young parts of the client to remember you are there and someone is helping.[77] I have found all ages report carrying the balls with them in their pockets, handbags or leaving on their desks. Many also have been able to share the practice with family members supporting greater regulation in the home.

Start breathing in and out at your own pace, not forcing anything Breath in 1 2 3, pause Breath out 1 2 3 4, pause Notice where the ‘in’ breath goes. if it is high in your chest, gently try and send it a little further down into your belly The longer out breath calms the body	**Focusing Ball** grounding exercise  Start breathing following the instructions on the left ▪ Hold the ball in your hand and name or count the colours ▪ **Rate which colour** you are on the ball eg fizzy red, or calm blue? ▪ Look around you, moving your neck and name 5 things you can **see** *Come back to you breath* ▪ Name 3 things you can **hear** *Come back to you breath* ▪ Notice any **tension** in your body and move if you need to *Come back to you breath* ▪ Name and just notice any **sensation, emotion or feelings** *Come back to you breath* ▪ Name any **thoughts, words or images** in your head. Acknowledge them and let them know you will come back to them later *Come back to you breath* ▪ **Check inside** and see if anything has changed ▪ Now check and see if you feel any closer to the blue ring Created by Sally Bubbers 2017

Supervision

We can incorporate the trauma informed somatic way of working into coaching, counselling and other body work but if you are going to start working with clients who have experienced severe trauma in their lives - this group of clients are challenging and we need good support from a supervisor who understands the way you are working.

77. Bubbers, Focusing ball exercise for grounding, 2017-2018

In summary

I hope that you have gained an understanding of the following:

- Feeling 'safe' is subjective and dependant on a calm Autonomic Nervous System regulated by the Ventral Vagal.
- Feelings of stress and anxiety can fuel threat and defence responses in our bodies, which have learnt to scan for danger in a unique way using information we have accumulated out of our conscious awareness throughout our life.
- We need to feel safe, allowing our 'social engagement system' to be online, in order to be able to interact socially and cooperate with other humans, and allow others to feel safe around us.[78]
- Secure adults are able flexibly to use both self-regulation and co-regulation, as needed.[79] This in turn allows them to function from a state of calm (ventral vagal, within their window of tolerance or optimal arousal zone) with their higher thinking functions online.
- We can use the energy our bodies give off (in-person or online) to support help regulate a client.
- When in a state of distress, we are unable to create explicit memories and stories. The experience is only stored via implicit memory, which can leave us confused about what is influencing our thoughts, decision making, feelings and behaviours.[80]
- Repair is possible from a place of calm with those around us, and also by creating stories via the hippocampus that make sense of our experience and acknowledge that we have survived.[81]
- There is much talk about 'resilience', as though clients with trauma are not, but these clients are incredibly resilient to have survived this far.
- If there is dysregulation in our core being, it will impact and affect our ability to interact socially and collaborate with others. We need to work with clients from a bottom up (body and trauma informed) not top down (cognitive) perspective. [82]

78. Porges S. , 2022
79. Siegel, 2012
80. Van Der Kolk, 2014; Ogden, Minton & Pain, 2006
81. Ibid.
82. Ogdon & Fisher, 2015

- Finding new ways of seeing ourselves and others can be challenging, but we can also become exhausted maintaining ways of relating that we developed in childhood; and the act of resisting change, holding our ground and defending our position, can drain us more in the long run.[83]
- Common addictions are overwork and perfectionism, but when an individual has pushed themselves as far as they can, their body will try to stop them with physical ailments in order to survive.
- Understanding how our ANS can influence our communication and behaviour patterns, affects how we relate to people.
- The language and philosophy of IFS can help clients to feel they are not 'all bad' and support internal attachment repair.
- This information is relevant to everyone, but it has particularly supported me in my own healing journey and helped me to find more compassionate ways to be present with my clients and helped them to have insights and compassion for themselves.

There is hope and possibility.

"It always made sense to look inside the body; to consider it as a garden in need of nourishment and tending."

- Giten Tonkov

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83. Fisher, 2017; Hanson, 2018; Van Der Kolk, 2014; Levine & Fredrick, 1997; Ogden, Minton & Pain, 2006; Proges, 2017; Schwartz, 2021

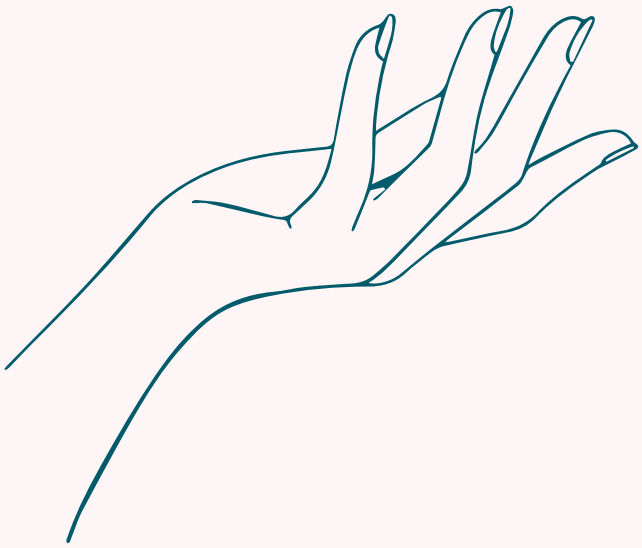
Somatic therapy modalities

Michael Pasterski

In the field of mental health, staying informed about various therapeutic approaches is crucial for providing comprehensive care. This section of the manual is dedicated to introducing you to a range of somatic therapy modalities, including Somatic Experiencing, Somatic Internal Family Systems (IFS), Polyvagal Theory, Breathwork, Dance Movement Therapy, Craniosacral Therapy, and the Feldenkrais Method.

In this section we present modalities that are included in the training curriculum, but also ones that are not discussed during the workshops. Engaging with this material may spark your curiosity, leading you to explore a specific modality more in-depth. And if you are already acquainted with some of these modalities after learning about them during our training, this section can provide a refresher on the most important principles, making it easy to revisit and integrate these concepts into your practice.

By reading about the basics of these modalities, you will gain a broader understanding of the diverse techniques available for addressing trauma and promoting healing. Enjoy!



Sensorimotor Psychotherapy

Overview

Sensorimotor Psychotherapy was developed in the 1980s by Pat Ogden, PhD as body-centred talking therapy. It was created to specifically address the body and the physical/psychological symptoms of traumatic stress disorders. Sensorimotor is a somatic approach that can be integrated into traditional talk therapy. Sensorimotor holds that traumatic experiences become ingrained in the body and mind. Sensorimotor Therapists teach their clients to begin knowing their own bodies to find maladaptive patterns and habits they may not be consciously aware of. Sensorimotor therapists believe that these protective ways of being can negatively affect an individual in various areas of their life, causing symptoms that would present as mental and physical health issues. The therapist works with the client to uncover how their body holds/feels/experiences the issues the client came to address. Sensorimotor work focuses on strong emotions, limiting beliefs, or physical symptoms and may be used in conjunction with other therapies.

How it works

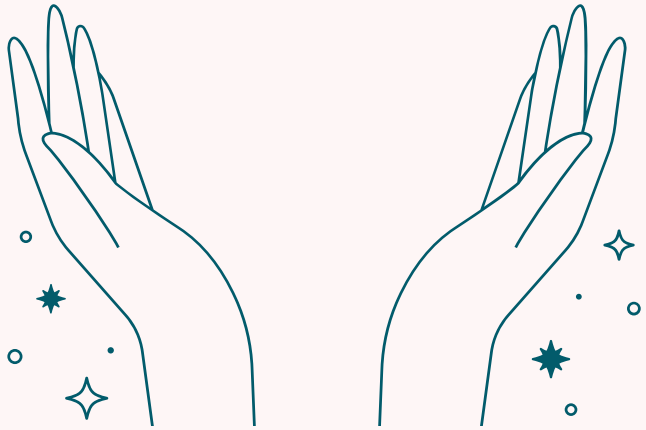
While talk therapy does not always directly address and heal the individual's traumatic past, in sensorimotor psychotherapy, the therapist will help the individual safely unearth deeply held or hidden beliefs and feelings. There will be guidance on how to experience the trauma again to understand thoughts and feelings better.

When someone has been through a traumatic experience, their mind and body will often play a tape of the experience in memory, thought, or physical experience, like tension or panic. The person is re-experiencing the trauma as a function of the nervous system. But by re-experiencing the trauma intentionally, in a safe environment, the individual can experience the physical symptoms and characteristics of the trauma on their own terms.

In this way, it's possible to continue to build on the experience and on the trauma to help the patient toward something more positive in their future. However, this requires a safe space where the patient can feel comfortable and go through the trauma again to help them work through it and actually find a way to integrate it without being powerless to it. When clients begin to control the responses that occur when trauma triggers are present, they eventually feel less afraid and out of control, helping them be less overwhelmed by the trauma over time.

Goals and benefits

Healing trauma and moving clients toward overall health and wellness in body and mind is the broad goal of Sensorimotor, generally helping the client get more control out of their own life and feel more capable of achieving the things they desire. More specific benefits can include pain reduction (both emotional and physical), reduction of PTSD symptoms; the reduction of anxiety and related physical symptoms; increased ability to regulate emotions; physical health; increased capacity for intimacy and fulfilled relationships; integration of dissociative parts; skills and awareness around boundary setting and an overall feeling of being more in touch with oneself. Sensorimotor is known to be adaptable and beneficial in its way to each client.



Somatic Experiencing

Overview

Somatic experiencing is a specific form of somatic healing developed by Peter Levine, PhD. It was initially developed to treat PTSD. Based on Levine's research and understanding, Somatic Experiencing (SE) therapy is founded on the idea that trauma is stored in the body.

Peter Levine developed this model when he noticed that animals when they're in a dangerous situation, are naturally able to discharge the stress energy after a life-threatening moment. Humans on the other hand tend to keep that energy trapped in the body because we have learned to override natural ways of releasing the nervous system with more logical or suppressive responses. This leads to undesirable activation in the nervous system that can have a whole litany of consequences. Somatic experiencing aims to help people move beyond where they are stuck in processing a traumatic event and find a more natural equilibrium in their bodies and day-to-day lives.

How it works

When the nervous system becomes activated because it senses danger in the environment or within ourselves, it activates the sympathetic nervous system - which is responsible for the fight-flight response. In a normal situation, we would be able to move through the sympathetic response and come back down into the parasympathetic or rest/digest mode. With trauma, we can get stuck with the activated sympathetic nervous system on. The body may perceive a threat even though it's no longer there. This is at the heart of Somatic Experiencing, that trauma is still stuck in the body even though the threat is gone. The body keeps perceiving threats and keeps us at 100, which eventually results in dis-regulation in the nervous system. This can lead to many of the symptoms that people suffering from a singular or chronic experience; including intrusive thoughts, mood instability, hyper-arousal, insomnia, and eventually even chronic illness and chronic fatigue.

When you study SE, you learn how to support the body to complete protective motor responses and release trapped energy/activation that was warded off in that moment of danger and is therefore stored in the body. This addresses the root causes of trauma symptoms.

With a foundation in Somatic Experiencing you will learn to gently guide clients to be with uncomfortable bodily sensations and suppressed emotions.

Essentially, accessing the body's memory (procedural memory) of the traumatic event, not the story. The act of releasing the trapped energy here will help your client overcome how the trauma they experienced is held and support them to be able to continue progressing and healing. You will also learn how to guide clients to reconnect with the body, increase tolerance for uncomfortable sensations and notice somatic patterns. This will help your clients raise awareness and track their early cues for reactive moments. This awareness is significantly empowering and can be the beginning of clients shifting from chaos to more internal stability.

Somatic Experiencing Tools

- **Bottom Up Processing** refers to the actual process of starting with the body when referring to SE therapy. Meaning that the trauma work will continually relate to what is happening in the body, with the aim of looking at sensations that are deeper than our feelings and thoughts.

- **Pendulation** means moving gently back and forth between the trauma and coming back into safety and resourcing. This teaches the body that it can “go there” towards the traumatic experience and do it safely. This will give your clients a deeper sense of their innate resilience.

- **Titration**, the slow release of this stuck energy from the trauma, is another important tool in SE. This repeated and rhythmic process helps your client to develop a greater capacity to handle stress and stay in the present moment.

Somatic IFS

Overview

Internal Family Systems is a validated psychotherapy model developed by Richard Schwartz PhD, that focuses on a person's inner psychology. IFS views a person's internal system as being composed of various parts, different, important personalities that interact with each other in various inner relationships. The IFS model asserts that each person has wounded parts and other parts that try to protect us from feeling the pain of past hurts and trauma. IFS therapists help identify and reconcile these parts by supporting the access and connection to the client's Self. With the therapeutic goal to find true healing through acceptance, insight, and unburdening.

Somatic IFS was developed under the IFS framework by Susan McConnell. It is the lens of understanding the embodiment of the internal family. With the therapeutic aim of bringing compassionate witnessing to the stories the body holds. In the introduction of her book "Somatic Internal Family Systems Therapy", Susan McConnell writes, "Including the body story along with the verbal story illuminates and awakens what has been obscured by darkness."

How it works

The unity of body and mind is more than a concept, it is a lived experience that can transform us and the culture as a whole. Our internal families are embodied; they exist within our physical and energetic bodies, including the parts that block our access to our Embodied Self. Somatic IFS aims to give you tools to become skilled at working with clients to discover how attachment and trauma wounds make a physiological imprint. It gives a clear, useful methodology for healing, witnessing, retrieving, and unburdening these wounds to restore the limbic system. It also focuses on how you, as a therapist, can connect with your own embodied parts and learn how they work and reside within your own physical body.

There are five practices of Somatic IFS — awareness, breath, resonance, movement, and touch. These practices can be incorporated into the IFS Model to facilitate a deeper dimension of presence in the body.

Somatic IFS Tools

- **The five practices of Somatic IFS** (awareness, breath, resonance, movement, and touch).
- **Understand protective parts.** They may fear and resist embodiment due to individual, cultural, ethnic, ancestral, and intergenerational burdens.
- **Listen and learn** how exiles use the body to tell their stories through sensation and movement.
- **Somatic Practices integrate with the IFS Model** to access parts of the internal system of individuals and facilitate their unburdening, restoring our embodied Self-energy.
- **Understand** how embodying the internal system, including the Self, addresses trauma.

Polyvagal Theory

Overview

Polyvagal Theory (PVT) is a theory that links the functioning of the autonomic nervous system to social behaviour and overall wellness. It was developed by Dr Stephen W. Porges, who describes trauma as chronic disruption in connectedness; these disruptions carry their imprint through our lives via our nervous systems. Porges looks at co-regulation and safety, as he explains that it is impossible to live happily and engage with people when feeling unsafe or threatened. The theory is used to look at how the autonomic nervous system affects people, with the understanding that trauma lives in the body and continues to shape our lives and relationships. Polyvagal theory links the state of our nervous system to how safe and connected we feel in our everyday lives. We may be in distress as a reflection of the state of our nervous system or we may feel grounded, connected, and available for learning.

How it works

When we experience trauma, our nervous system changes the way it regulates the body's organs. To comprehend how this relates to people's overall health and wellness, PVT focuses on understanding the vagus nerve and how it's involved in our response to high levels of stress. The vagus nerve impacts our parasympathetic nervous system and our sympathetic nervous system. The vagus nerve plays a role in digestion, immune function, stress response, and recovery. PVT teaches that the autonomic nervous system may be divided into separate pathways: the dorsal vagus, sympathetic, and ventral vagus. Understanding this division is elemental to polyvagal theory because it teaches us how and why we regulate high levels of stress. PVT helps us to use this knowledge to support clients to track and regulate emotions according to this lens; the body feels everything first through sensations, these become our emotions, and then we utilize thoughts to make sense of our emotions.

We can heal, but our nervous systems have plasticity. The self-protective strategies of our nervous system may have begun to feel normal inside, they are not set in hard-wired. They can be 'rewired' for greater connection and safety and PVT teaches us this process.

Principles and tools

The polyvagal theory is built upon three principles:

1. Hierarchy
2. Neuroception
3. Co-regulation

When applying the Polyvagal Theory, therapists can help their clients:

- **Gain awareness** of the constant communication between the body and the brain.

- **Understand** how chronic stress lives in the body long after a traumatic event.

- **Develop insight** into how past trauma may lead to extreme emotions or states of being shut down.

- **Recover from trauma** by learning how to perceive and regulate emotions.

- **Learn to "rewire"** their nervous system.

Breathwork

Overview

Breathwork is a general term describing numerous modalities that use the breath as a tool for exploring altered states of consciousness and meditation.

Breath has been used as a healing for its therapeutic benefit since ancient times. The Latin words for breath and spirit are the same. Breathwork utilizes conscious manipulation or controlling of breathing patterns to achieve certain desired results. The amounts of O2 and CO2 we take in, expel, or maintain in our blood have a direct effect on our physical bodies and well-being. Various breathwork modalities make use of the scientific information available to us about the effects of levels of oxygenation on our organisms. These modalities utilize special breathing techniques, which support increasing or decreasing levels of oxygen in our body to achieve the desired result.

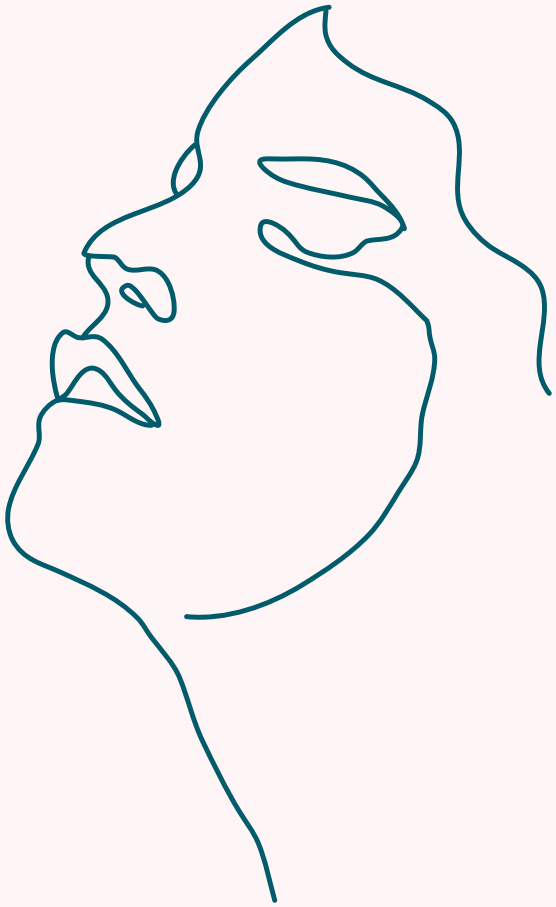
A direct connection between our breath and our emotional responses is utilized by many existing modalities. Many modern body-oriented psychotherapy modalities, such as Bioenergetic Therapy founded by Alexander Lowen, as well as mainstream therapies rooted in the foundation of the work of famous body-oriented psychologist Wilhelm Reich use breath as one of their main tools. A famous psychologist and LSD researcher Stanislav Grof, a creator of Holotropic Breathwork and a pioneer in the field, popularized breathwork in the West.

How it works

Breathwork, when administered by a skilled facilitator with proper knowledge, intention, and suitable context has the potential to release the effects of long unresolved traumas, thus supporting the general healing of our physical organism and psyche. Breathwork can prevent the onset of debilitating and potentially life-threatening trauma-related diseases. Conscious use of breath by many existing breathwork modalities can help individuals to live with vitality and radiant health.

Biodynamic breathwork and trauma release, the modality we will be featuring in our program was created by Giten Tonkov. It is a therapeutic approach that uses breath as a main tool with the help of supporting elements such as movement, touch, sound, conscious emotional expression, and meditation to support trauma release and healing on the somatic level. BioDynamic Breathwork heals trauma by releasing core tension and supporting clients to complete arrested trauma-related Fight/Flight or Dissociated responses.

Used with permission from Giten Tonkov: www.biodynamicbreath.com



Dance Movement Therapy

Overview

People have been using dance as a healing medium for thousands of years; for ritual, expression, celebration, protest, and language. Dance Movement Therapy as a healing modality has been around since the 1940s when dancers began to notice the link between movement and psychotherapeutic benefits. Today it is a highly acclaimed field with a number of validated applications for treating psychological diagnosis. Dance/movement therapy (DMT) is defined by the American Dance Therapy Association (ADTA) as the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual for the purpose of improving health and well-being. (Taken from the ADTA website). It is important to note that DMT is inclusive of all body types and abilities.

From the DMT perspective, it is understood that the movement of the body has a valuable function through which people can access meaningful connection, healing, and self-understanding. DMT uses a number of techniques to access creative expression with their physical bodies. Dance therapy is different from other forms of traumatic treatments because it allows holistic creative expression. Moving in a relationship with someone else, a trained somatic mental health professional can highlight maladapted movement patterns, which allows for somatic, visual as well as cognitive processing of emotions, sensations, or trauma. There is a mirroring that happens in a DMT session, and the therapist is trained in Kinesthetic empathy. The therapist feels into their own body for any sensations present, allowing for a deeper connection with the client, while also drawing upon personal movement experiences to build a greater therapeutic alliance. The dance becomes a conduit to connect to each other and to the deepest parts of oneself.

Stages of the process

The four stages of the Dance Movement Therapy process, are as followed as described by Bonnie Meekums, a pioneer in the DMT field:

- **Preparation:** In the warm-up stage, a safe space is established without distractions, a supportive relationship with a witness is formed, and a comfort zone is created for participants to become familiar with moving with their eyes closed.

- **Incubation:** the leader prompts the participant to go into the subconscious; open-ended imagery is used to create an internal environment that is specific to the participant, with space for a relaxed atmosphere, symbolic movements, and gestures.

- **Illumination:** the integration of the process with conscious awareness through dialogue with the witness and self-reflection. The participant uncovers and resolves subconscious motivations which can result in increased self-awareness and may have both positive and negative effects.

- **Evaluation:** Discuss insights and significance of the process, prepare to end therapy, closure.

"For my patients, I always recommend that they see somebody who helps them to really feel their body, experience their body, open up to their bodies. And I refer people always to craniosacral work or Feldenkrais. I think those are all very important components for becoming a healthy person."

- Bessel Van Der Kolk

Craniosacral Therapy

Overview

Craniosacral Therapy (CST) is a light-touch, gentle approach that releases tensions in the body to relieve any pain or dysfunction and improve whole-body health and performance.

Craniosacral Therapy works with the Central Nervous System. All of the nerves in the body are connected and surrounded by a membrane. The brain, which is part of the nervous system, creates a cerebral spinal fluid that permeates inside the membrane and lubricates the brain, the spinal cord, and all the nerves in the body. As the spinal fluid is formed and moved through the nervous system, it creates a rhythm, not unlike the pulse but slower, called the Craniosacral Rhythm. The therapist uses different techniques and listening stations to feel into and adjust the rhythm. Craniosacral Therapy is a subtle yet powerful modality of healing for both psychological and physiological issues that can be effective for all ages - including children and newborns.

How it works

Craniosacral Therapy involves the use of extremely gentle touch and holding firstly to help the client to relax and reconnect with a sense of safety, and calm, and secondly to support the release of old patterns of tension and nervous system activation.

Craniosacral Therapists are trained to feel and sense rhythms expressed by the body on extremely subtle levels. These rhythmic motions are an expression of our life-force energy. The therapists learn to palpate and find areas of unresolved injury, tension, or stress which are reflected in the body as disruptions, restrictions, or lack of vitality in the movements of the spinal fluid/energy.

The clients' life force is the driver of healing and well-being, and the therapist consciously connecting with this essential healing force helps to initiate a natural process of healing and rebalancing.

The Feldenkrais Method

Overview

The Feldenkrais Method® is a form of learning about one's physiological patterns that uses gentle movement and directed attention to improve movement and functioning. It's named after its founder, Moshé Feldenkrais, an Israeli physicist. He believed that traditional rehabilitation exercises weren't based on proper body mechanics. The method was first created to teach himself how to move without pain after a knee injury.

He observed that his inability to improve his walking during rehab was due more to an old movement pattern than the knee itself. He hypothesized that to make a shift in a movement pattern to create a new action; he would need to unlearn the old pattern and bring his 'old image of action' back to neutral. From here, he became curious. He replicated the learning explorations of sensing and noticing differences as we did as children to rebuild a new 'image of action.' Through attention and awareness, he learned that curiosity was the key to finding many different optimally organized ways to move quickly and efficiently.

DR Feldenkrais soon realized that learning how to learn how to move was more important than what one was learning. From here, he developed and first taught the Method to 13 students in Israel in the late 60s. Eventually, Moshe Feldenkrais created two processes to help clarify and maintain optimal personal organization: Group Awareness Through Movement and Individual Functional Integration.

How it works

In either group lessons that use verbal instruction or one-on-one sessions that are hands-on, clients learn to notice how parts of their bodies – often those they wouldn't normally focus on– feel, move and fit together using a series of nearly 1,000 movements.

The movements are rooted in basic human functions like grasping or turning, or looking. The goal of Feldenkrais is to bring people's awareness into their bodies to integrate the whole self in each and every movement.

Clients are taught to use their natural ability to sense what's easy, comfortable, and fluid. The process is slow, safe, and gentle. It teaches individuals how to find and rely on their own kinesthetic sense, the sense of bodily posture, weight, movement, and other physical sensations which results in a more profound connection to the body.

Over time, it's believed that the specific, easeful movements invite the brain to rewire itself such that patterned movements or positions can be achieved in new and better ways. In effect, students might find that Feldenkrais helps relieve muscle and joint pain, eases anxiety, enhances athletic and artistic performance, deepens sleep, improves balance and coordination, boosts cognitive function, fosters peace of mind, and more. Feldenkrais lessons are appreciated for their relaxing nature and injury-prevention benefits.

How it works for trauma healing

Feldenkrais works to calm the nervous system. The nervous system inherently wants to move away from chaos and towards equilibrium. For people who have been traumatized, their baseline level of bracing, tension, and protection is really high. It takes a lot of energy to protect ourselves like that. And letting that barrier down is not an option until we feel safe. The more choice one offers the nervous system, the more likely it is to find a path to rest, calm, and safety. The Feldenkrais method offers many new options for one's nervous system to find organic health and healing.

Conclusion

During this training, you are being introduced to a range of core trauma theories and learn how they might manifest in your clients. Additionally, you are exploring practical somatic techniques that you can integrate into your practice.

To enhance your learning experience, consider practicing some of the exercises and interventions with like-minded professionals. Arranging supervision with a somatic therapist whose approach resonates with you can further help you safely introduce these techniques to your clients and develop your skills for specific cases.

As part of this training, you will also have access to 6 hours of case consultation in the new year to support your learning process.

If there is a particular modality that interests you and you are considering further training in, it can be beneficial to book sessions with a therapist trained in that modality to experience it firsthand.

Some key takeaways – and final tips

On the theme of noticing:

- Practice noticing activation levels, sensations, body structure and thought patterns in your own body.

- Then start noticing these in your clients: body structure, activation levels and breathing, patterns of tension, movement, posture, gesture, tone & pitch of the voice, and facial expression. You can invite your clients to report what they notice to you, which can give clues to their implicit, non-verbal and automatic patterns.

Things to listen out for in early sessions, that may flag up body memory or developmental trauma:

- Just find myself doing it… (loose my temper, act childishly, fight, panic)
- I am so ashamed and do not know why I did it.
- I just cannot maintain normal life…
- I keep doing things that are not like me.
- I don't like myself.
- I feel so bad.
- Any auto immune disease – particularly connected to the gut.
- I have no energy - ME or chronic fatigue.
- Multiple mental health diagnoses.
- Unexplained physical symptoms.
- Behaviours that could be classed as addictions.
- Issues with food, drink, self harm or neglect.
- Anything they report that may indicate disorganised attachment.

Introducing therapeutic somatic experiments slowly:

- mindfully,
- with a spirit of curiosity and fun,
- make the offer small enough for the client to feel able to try it out for a moment with you,
- join the client in any movement, so they do not feel on their own,
- pause and check how the client is feeling,
- let the client know they can stop at any time,
- always pause and check with the client immediately if you sense any reticence or resistance in the client with a gentle enquiry 'how is this going for you?' or 'what is happening in you as you do this?'

Good to remember:

- When the client comes in with confusing or challenging behaviour ask yourself, and maybe them 'How did this help you survive?'
- If the client has parts that are 'resistant', that means it is not safe enough to change (either internally or in their external world). So we need to pull back on our agenda and go at the client's pace.
- Always remember that with traumatised clients, it may take time before their system feels able to trust you – just turning up each week and being with an attuned presence, may be the attachment repair they need.
- If a client does not 'trust', don't take it personally. You have to earn trust.
- If the client is not settling in the room for in-person therapy, maybe try and help them to check around the room, check the distance between you both: allow them to move the chairs to where they want. The same can be checked on Zoom – distance, how much they see of your body, light levels. Maybe they want to 'see' the room you are in – be curious as to what would help them.
- Feelings of stress and anxiety can fuel threat and defence responses in our clients bodies – and that can bring up our protectors as well – which knocks our Self-Energy off line.
- It helps to end the somatic work 10 minutes before the end of the session to allow the client to settle and re-adjust before leaving your physical or virtual room.
- We want to help our clients to move from 'React' to 'Respond' and gain some compassion for themselves.
- Feeling 'Safe' is subjective and dependent on the autonomic nervous system
- We want to be boundaried, hold a safe space but also model flexibility around session length and frequency.

- Spotting patterns and curiously asking ‘what happens just before’
- And finally here is some wise advice from Janina Fisher: if either you or your client are dysregulated – pause and settle – because otherwise the session will go nowhere.

Enjoy your new adventure viewing the world through the somatic, trauma informed lens.

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