

# Body-Oriented Approach to Trauma

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## How I got into body-oriented approach

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- Right out of business school
- Interested in mindfulness approach
- Boulder, Colorado
- Gestalt Therapy
- Equine-Assisted Psychotherapy



## What is Trauma?

- Traumatic experiences are those that are **overwhelming**, invoke intense negative affect, and involve some degree of loss of control and/or vulnerability. The experience of trauma is **subjective, contextual, & Developmentally bound**.
- [Complex trauma is] “**resulting from** exposure to severe stressors that (1) are *repetitive or prolonged*, (2) involve *harm or abandonment by caregivers...*, and (3) occur at *developmentally vulnerable times* in the victim’s life... **resulting in** “*changes in the mind, emotions, body, and relationships...including severe problems with “dissociation, emotional dysregulation, somatic distress, or relational or spiritual alienation.”* —Ford & Courtois, 2009, pp 13

## How Trauma Affects?

- In addition to the traditional 3 symptom clusters of PTSD (Re-experiencing, Avoiding/Numbing, & Hyperarousal), survivors experience the following 5 clusters:
  1. Emotional Regulation difficulties (e.g. impulsivity, self-destructive behaviors, emotional constriction)
  2. Disturbances in relational capacities (includes alterations in view of self and others)
  3. Alterations in Attention or Consciousness (includes dissociation)
  4. Somatic distress (e.g. chronic pain or other physiological symptoms)
  5. Adversely affected belief systems (often also referred to as “altered systems of meaning”)

— International Society for Traumatic Stress Studies (ISTSS)



## Why body?

- Language-center tends to be hijacked and distorted in trauma and trauma work.
- Early trauma was encoded non-verbally.
- Trauma happens when the person “cannot move”. (Bessel van der Kolk)
  
- Talking is for interpersonal communication; feelings/sensations are for intrapersonal communication.
- Mind learns from information; body learns from experience.
- One attempt to transcend body-mind dichotomy.



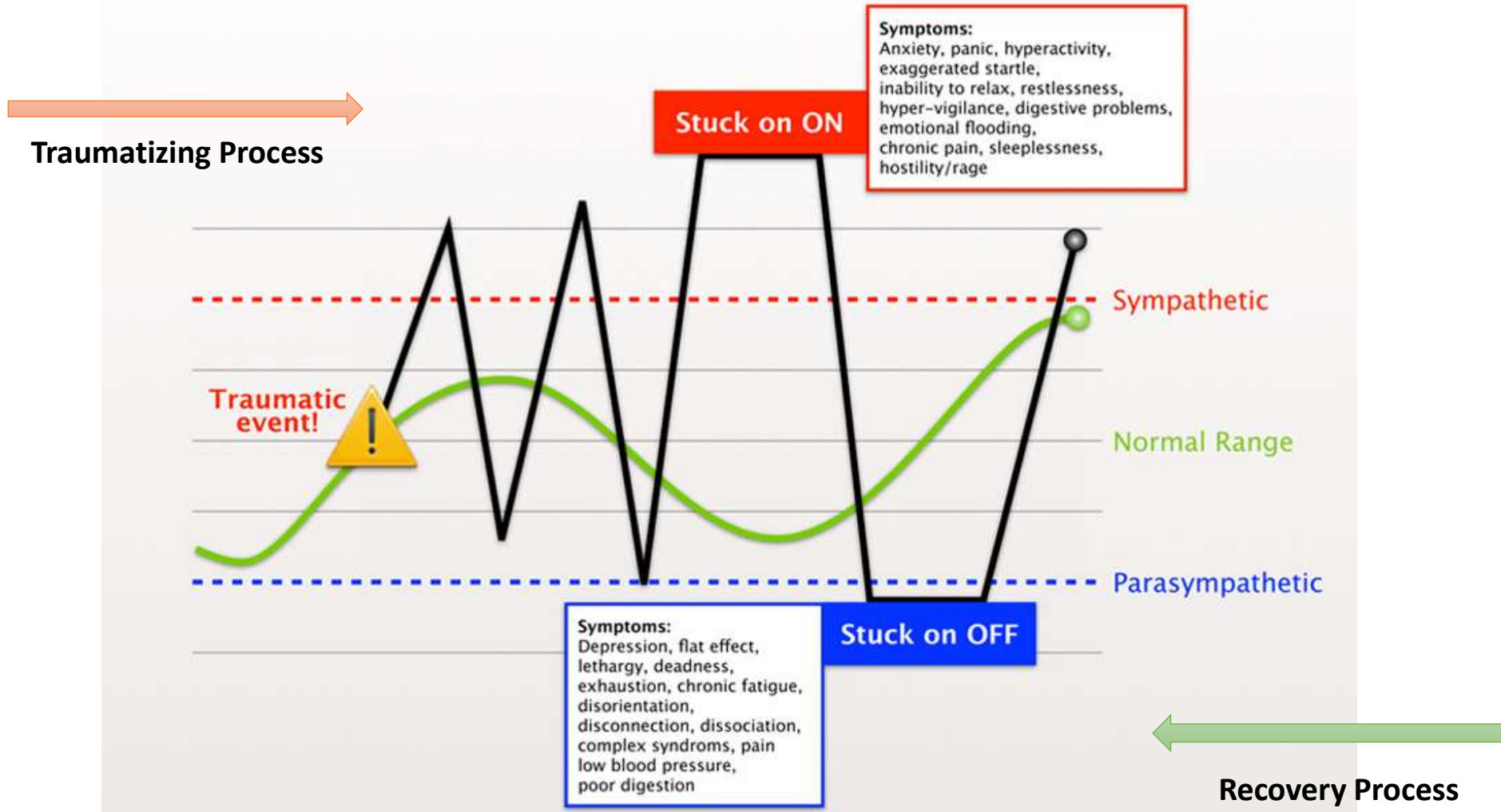
## Body-Oriented Approaches

- Sensorimotor psychotherapy
- Somatic Experiencing
- Sensory Motor Arousal Regulation Treatment (SMART)
- Trauma-sensitive Yoga
- EMDR
  
- Experiential Therapy (i.e. Gestalt, Psychodrama, Equine Therapy)
- Somatic Psychotherapy (i.e. Hakomi, Bioenergetic Analysis)
- Dance and Movement Therapy (i.e. Kestenberg Movement Profile, Authentic Movement)
- Somatic Education (i.e. Feldenkrais Method, Alexander Technique)
- Yoga Therapy (i.e. Viniyoga, Phoenix Rising Yoga Therapy)

## Prototypical Body-Oriented Approach to Trauma

1. Human body has natural tendency to restore equilibrium/health (flashback as failed resolving instinct)
2. Natural restoration process was being repeatedly inhibited, and inhibition reinforced (dysfunctional coping strategies)
3. Trauma can only be processed when one is mentally and physically in contact with it (reenactment)
4. One needs to be aware when experiencing restoration process, and minimize inhibition (window of tolerance)
5. Once the process completed, a healthier state is reached and can be consciously integrated into various aspects of one's being

# Symptoms of Un-Discharged Traumatic Stress





# Stages of Treatment

Stage 1: Safety & Stabilization

Stage 2: Deconditioning of Traumatic Memories & Responses

Stage 3: Reconnection & Integration



## Stage 1: Safety & Stabilization

- Build body as anchor
  - Slowly familiarize client with own body, as much as possible
  - Focus on positive or neutral sensory input
  - Focus on lower body or peripheral input
  - Focus on rhythmic input/activities
- Prepare body as instrument
  - Cultivate mindfulness of sensation
  - Increase client's sense of control over body and sensation
  - Increase client's tolerance to strong sensations
  - Build underused physical capacity

### Common Basics:

- Rapport
- Psychoeducation
- Support
- Permission

## Stage 2: Deconditioning of Traumatic Memories & Responses

1. Consciously enact trauma
  - Image, emotion, sensation, cognition, movement
2. Maintain present awareness while trauma reaction emerges
  - Dual attention, titration, relational connection, medication etc.
3. Discharge traumatic stress through motion
  - Shaking, crying, condemning, imagination etc.
4. Complete unfinished/inhibited movement (fight or flight)
  - In real scale, in micro scale, or with pure observation
5. Remembrance and remorse
6. Re-orientation to present (reach new homeostasis)

**Attunement  
is the key.**

## Stage 3: Reconnection & Integration

- Employ cognitive and narrative integration
- Meaning-making of past and present
- Cultivate authentic expression
- Explore and develop healthy movement
- Discuss and implement real-life change



## As a Body-Oriented Trauma Therapist

- Develop mindfulness of body
- Familiarize with one's own sensation pattern
- Develop ability to recognize and contain strong sensations
- Learn from one's own somatic process
- Establish adequate self-care system
- Keep an open mind





# Thank You!

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