Hidden In Plain Sight: Decoding the Body Language of Trauma

A Sensorimotor Psychotherapy Approach

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The Realm of Body Language: Hidden in Plain Sight

• Significant, universal way we communicate
  – Posture
  – Stance
  – Facial expression
  – Micro-expressions
  – Gesture
  – Eye contact
  – “Audibles” - sighs, moans, laughter
  – Voice – pitch, tone, prosody, syntax
  – Presence – grounding vs. dissociation

• Yet little of our training is devoted to this implicit realm – it’s ”outside the box”.
The Body Remembers: The Body Language of Trauma

• Sample somatic signs potentially related to prior trauma
  – Static frozen posture
  – Awkward unbalanced gait
  – Muscular rigidity/tension
  – Signs of fight (clenched fist, angry scowl)
  – Signs of flight (skittish, can’t sit still)
  – Signs of freeze (unchanging facial expression, monotone)
  – Sensitive startle reaction, hyperarousal
  – Numbness, failure to react to stimuli
  – Indirect eye gaze, avoidance
  – Intense reactions to seemingly neutral stimuli
Body Language is a Subsymbolic Process

Subsymbolic processes operate in sensory, motoric and somatic systems, as sounds, smells, feelings of many different sorts. They contribute to verbal processing as well, in forms such as prosody, speech rhythm patterns and modulation of intensity and pitch.  
Bucci 2011
Sensorimotor Processing

[The way in which we]...organize sensation from one’s own body ... that makes it possible to use the body effectively [initiate, implement, and complete adaptive action] within the environment.....

Ayres, 1989, p. 11
Integrating Body, Mind, Emotions & Brain

• **Cognitive Processing**
  *The Thinking Brain:* Conceptual information processing, reasoning, logic, meaning-making and decision making.

• **Emotional Processing**
  *The Feeling Brain:* Articulation and expression of feeling and affect; adds motivational coloring to sensorimotor and cognitive processing.

• **Sensorimotor Processing**
  *The Doing Brain:* Processing of the body; sensory and physiological sequences, fixed action patterns, defensive responses, and motor actions.

Ogden & Minton, 2000
## Body Awareness vs Body Processing

<table>
<thead>
<tr>
<th>Awareness of the body</th>
<th>Sensorimotor Processing</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you notice?</td>
<td>How the client implicitly makes meaning, processes information, and executes action.</td>
</tr>
<tr>
<td>What sensations do you experience?</td>
<td>• procedural tendencies,</td>
</tr>
<tr>
<td>Does your body feel tense?</td>
<td>• affect regulation,</td>
</tr>
<tr>
<td>Relaxed?</td>
<td>• sensory processing</td>
</tr>
<tr>
<td>Where do you feel that in your body?”</td>
<td>Changing these levels of information processing.</td>
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Ogden 2009
“The nonverbal language of the body (gesture, posture, prosody, facial expressions, eye gaze, and movement as well as arousal) reflects and sustains implicit processes reflected and is arguably more significant than the story told by the words.

Thus, in Sensorimotor Psychotherapy, a somatic approach is essential to effect therapeutic change across all diagnoses and with all ages, not only as a stepping stone to cognitive and emotional methods.”

Ogden 2014
Introduction

Why Sensorimotor?
Why Sensorimotor Psychotherapy Techniques

1. SP Interventions establish new capacities for effective actions. SP components:

1. Model
2. Teach
3. Practice
4. Aims for integration and generalization.
Why Sensorimotor Psychotherapy Techniques

• 2. SP works with the trauma in the body
  – somatic symptoms
  – arousal patterns
  – abrupt state changes
  – relational patterns
  – avoidance
  – re-enactment patterns
Why Sensorimotor Psychotherapy Techniques

3. SP is able to titrate interventions
   – emphasis on maintaining playful states
   – emphasis on maintaining social engagement
   – addresses automatic avoidance
   – addresses hypervigilance
Why Sensorimotor Psychotherapy Techniques

4. Trauma processing techniques utilize multiple, non-verbal methods of communicating and processing trauma
   – Movement & posture changes
   – Breathing alterations
   – Monitoring of body states
   – Relaxation, letting go
   – Automatic gesture alterations
Why Sensorimotor Psychotherapy Techniques

• 5. SP Method developed specifically to address disrupted information processing by targeting:
  • Sensory level
  • Motoric level
  • Procedural level
  • Emotional level
  • Cognitive level

• This fully addresses core areas of functioning compromised by early exposure to complex trauma
Why Sensorimotor Psychotherapy Techniques

• 6. SP Approach goes beyond addressing symptoms of bodily dysregulation
  – Teaches basic **body awareness**
  – **Expands tolerance** through carefully co-created experiences of
    • bodily sensations
    • sensory experiences
    • variety of affects
Why Sensorimotor Psychotherapy Techniques

• 7. SP provides experiential education in somatic resources for
  – increased self-regulation
  – increased co-regulation
  – follows up with repetitive and varied opportunities of practice
Why Sensorimotor Psychotherapy Techniques

8. SP Techniques are designed to
   – access procedural tendencies
   – interrupt procedural tendencies
   – guide new pattern formation
The brain as an “anticipation machine” (Siegel)
The well-traveled neural networks enable the brain to predict the future and anticipate experience.

Physical structure and posture also predict the future and turn the future into a story that reflects the past. Ogden 2015
Neuroception: How We Differentiate Safety, Danger and Life Threat

Autonomic Nervous System

Using “neuroception” (via neural circuits that sense or detect safety, danger and life threat), we instinctively evaluate and employ the most adaptive responses.

Safety: Ventral vagal system facilitates eye contact, vocalization, facial expression, vocalization to engage others.

Danger: Sympathetic arousal initiates active defenses of fight, flight, or other self-protective action.

Life Threat: Dorsal vagal system facilitates defensive strategy of feigned death.

Social engagement system

Mobilizing defenses

Immobilizing defenses
Effects of Trauma: Dysregulated Nervous System, Compromised Social Engagement System & Animal Defenses

**Freeze:** Alert immobility, activity arrest, *may be mute, body is constricted, tense*

**Fight and Flight**
Emotionally reactive, impulsive, hypervigilant, tense, disorganized movement

**Hyperarousal Zone**

**“Window of Tolerance”**
Social Engagement
Rhythmic and action flexibility and capacity

**Hypoarousal Zone**

**Feigned Death**
Flat affect, little facial expression, unresponsive, Slowed movement

Ogden and Minton (2000)

The Modulation Model & Porges’ Neuroception

Ogden 1992; Ogden & Minton 2000; Ogden et al 2006; Ogden 2009/2011

**Hyperarousal:**
Emotionally reactive, anxious, hypervigilant, hyperdefensive, hyperactive, disorganized movement, high intensity, not “in tune” with environment, impulsive, takes physical risks, often seeks sensory stimulation

**Hypoarousal:**
Flat affect, low energy, unresponsive, low vitality and energy, difficult to reach, little facial expression, passive, “spacey,” poor eye contact

*Siegel

Sensorimotor Psychotherapy Institute
Interpersonal neurobiology helps us understand how via attachment relationships we regulate and dysregulate each other’s ANS with facial gestures, actions, expressions and vocal communication. The experience-dependent immature networks of children’s social brain are sculpted within the dynamic interplay of states of arousal. 
Basic Sensorimotor Psychotherapy Skills:

**Track** present experience: body, movement, breath, posture, & affect

**Contact:** present experience, especially bodily experience.

- **Body:** “Wow, you can really push!”
- “You just sat up so tall!”
- “Your breathing just stopped for a second”

- **Emotion:** “You look so sad when you talk about this.”

- **Thoughts:** “You think you can’t say no.”

**Mindfulness** of present experience: What do you notice when you push?

**Experiments:** “Let’s find out what happens when…..”

Sensorimotor Psychotherapy® Institute

Ogden et al 2006/2009/in press
SP Basics: Therapy is relational & experiential

**Interactively regulate:** down regulate and up regulate to maintain attention and alertness for learning

**Work Bottom-Up:** “Physicalize:” find a way to address issues through movement, rhythm, activities and gestures that integrate emotions and cognitions/beliefs

**Use props:** pillows, therapy balls, body sox, fidget toys, balls, rope, blankets, etc.

**Emphasize strengths:** Positive reinforcement, acknowledge

**Atmosphere** of play, fun, non-coercive, client is in charge

**Challenge** window of tolerance appropriate for clients developmental stage

**Do your best to assure success:** provide appropriate challenge
Therapist as Interactive
“Psychobiological Regulator” Schore 1994

**Attitude:** curious, experimental, engaging, playful and fun

**Tracking:** Track for accurate and faulty neuroception and for signs of overload, need for movement, distraction, and integration

**Developmentally appropriate** prosody, language, activities, engagement

**Contact:** With strengths and what might be regulating

**Mindfulness:** Help client be aware of internal experience

**Experiments:** “What happens when...?”

**Mirroring** the client’s movement and action

**Model engagement** in activities appropriate for client’s next steps
SP Draws Upon & Builds Somatic Resources

• The category of **abilities that emerge from physical experience yet influence psychological health**

• The physical functions and capacities that **support self-regulation**

• The physical functions that **provide a sense of somatic and psychological well-being and competency**
Somatic Resources help Arousal Stay within a Window of Tolerance

Hyperarousal: activation exceeds capacity to integrate

Body awareness
Grounding
Boundaries
Breath
Containment
Self-Soothing
Movement
Reaching
Alignment
Centering

Hypoarousal: insufficient activation to integrate

Window of Tolerance
Optimal Arousal Zone

Ogden (2000)
Self-Regulation: Two Kinds (from Allan Schore Ph.D.)

**Auto regulation** is the ability to self regulate alone without other people.

It is the ability to calm oneself down when arousal rises to the upper limits of the window of tolerance and also to stimulate oneself when arousal drops to the lower limits.

**Interactive (psychobiological) regulation** involves the ability to utilize relationships to mitigate breaches in the window of tolerance, and to stimulate or calm oneself. Ogden 2002
A Regulation Theory of Therapy

“...is rooted in an awareness of the centrality of early dyadic regulation,

a thorough knowledge of right hemispheric emotional development,

and a deep understanding of the dynamics of implicit procedural memory,

An understanding of the right brain mechanisms that underlie bodily-based non-verbal communication is essential in this approach
A keen apperception of one’s own somatic countertransference ...”

Schore, J. & Schore A. 2007
Telling story after story about problems or repeating actions adaptive in the past are understandable but ‘old’ responses that do not offer her any new options.

This can be evidence of the brain’s neuroplasticity from the past, but fails to capitalize on her brain’s capacity for neuroplasticity in the present.

Fisher & Ogden 2011, Space Heater
Sensorimotor Psychotherapy Institute
New Patterns & Neuroplasticity

• “Neuroplasticity refers to the ability of neurons to forge new connections, to blaze new paths through the cortex, even to assume new roles. In shorthand, neuroplasticity means rewiring of the brain.”  (Schwartz & Begley, 2002, p. 15)

• “Plasticity is induced by changes in the amount [and kind] of sensory stimulation reaching the brain.”  (p. 16)

• In Sensorimotor Psychotherapy, mindful awareness of the present moment and the practice of new physical actions bring new kinds and amounts of sensory stimulation to the brain.
Embedded Relational Mindfulness™

Therapist & client together mindfully study the elements of the client’s present experience that emerge spontaneously in response to a selected stimulus. Ogden & Minton 2012

Mindfulness is not taught through structured exercises or practices, but is integrated with and embedded within what transpires moment-to-moment between therapist and patient in an attachment-focused therapy. Ogden in press.
Summary: Sensorimotor Approach Applicable Across Many Orientations

• Critical to pay close attention to the body: valuable cues “hidden in plain sight”
  – Track & modulate patterns, affect regulation
  – Track processing completion, new patterns

• Therapy as a mindfulness practice for client & therapist
  – Curiosity about expanding awareness
  – Non-judgmental acceptance of whatever is present