



THE EMBODIED SELF

**SOMATIC METHODS FOR
EMDR PRACTITIONERS**



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The Embodied Self: Somatic Therapy for EMDR Practitioners

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Introductory Remarks

- Announcements? Who We Are, Why Are We Here. Three Legs of the EMDR Tripod. Tempo of Somatic Work
- Special Guest Tim Istowanohtaakiwa MA Native American traditionalist. Somatic work is sympatico with Native understandings, way of beings
- Intended as a gift, teaching and grounding, to assist in resourcing, to teach how native healing is similar to somatic healing. Not foisting a particular spiritual path, if it doesn't fit, let it go.
- Sandra's Background: Two decades teaching EMDR & dissociation My training – 1 year each: Somatic Experiencing – Peter Levine and Somatic Transformation – Sharon Stanley emphasis on developmental trauma & attachment . Both emphasize resourcing and move back and forth between traumatic material and resourced state to titrate amount of material catalyzed and cleared
- Why Are We Here? EMDR – standard protocol is highly robust Many clients can't tolerate affect or sensation – are not embodied. Somatic therapy gentle and resourcing. How to incorporate somatic without compromising the EMDR protocol ? Advanced Skills for Complex Cases.
- Tempo and Pacing. Slower than I can go in teaching. Slow and expensive training Use the speed ofdog. Drop Down Into the Felt Sense.
- Even in dissociative disorders, SDQ-20 and SDQ-5 correlated well with other measures though only measures somatic symptoms --Nijenhuis, Spinhoven, Van Dyck, Van der Hart, & Vanderlinden (1996, 1997, respectively). Appreciation that somatic therapies enable access to somatically held traumatic disturbance,
- EMDR practitioners wonder whether and how to do them and ask... Do I have to take a two year training to learn how?
- Overview of Workshop
 1. Neurobiological theory and findings
 2. Introduce key somatic concepts
 3. Overview of somatic techniques
 4. Identify where in the eight step process of EMDR to utilize specific techniques while maintaining integrity of EMDR
 5. Show some video
 6. Have demos and practicum

Neurobiology and Attachment : Schore Implicit Memory, Right Hemisphere , Porges Polyvagal Theory, Trevarthen Intersubjectivity, Mirror Neurons

First Four Somatic Techniques: Grounding, Somatic Empathy, Tracking, Somatic Resourcing

Adaptive Neuro-Development Occurs In Healthy Relationship

- Positive affect states in the parent/child relationship are the basis of secure attachment
- Attachment unfolds in the moment to moment attuned interaction between mother and child. This is the basis for and foundation of mental health and resilience -Schore

Implicit Memory, Affect & The Right Hemisphere - Schore

- Different biology than explicit memory evident in amnesia studies
- Implicit experience is right hemisphere, unconscious, non-verbal, relational and somatic
- Explicit memory is left hemisphere, conscious, verbal, logical. Guess where people go to cut off?
- Schore's Wall Importance of Right Hemisphere, Trauma, Attachment. Why Is This Important?
- Need a way to bypass left hemisphere and access the right hemisphere and its implicit memory because that's how the information is stored
- We need to be relationally and somatically engaging because that's the state the client needs to be in to access their baby states
- Trauma Is Experienced Somaticallly
- Early trauma in the right hemisphere but experienced as in the body (Schore).
- Early trauma is associated with somatic syndromes, including somatoform pain disorder, conversion seizures, chronic fatigue, and other somatic syndromes
- "The body keeps the score" (van der Kolk)
- Why Is Feeling Safe And Resourced Key To Healing?
- Let's Look at Polyvagal Theory the Work of Steven Porges
- I and Thou of Intersubjectivity Trevarthen
 - Healthy Intersubjectivity: The "I and thou, " Sufficient mirroring, Ego and object
 - Capacity for empathy, Self love, Relationship itself, Smooth state shifts
 - Mom shows us how to switch states
 - Brain Organization Reflects Self Organization

"Human emotions constitute the fundamental basis the brain uses to organize its functioning, so brain organization reflects self organization..." and " Parent child communication about emotions directly shapes the child's ability to smoothly organize his or her self." Daniel Siegel

Secure Attachment and Insecure Attachment Without solid foundation, hard to pass the next developmental milestones and the next and.... Early Relationship Trauma Results In Syndromes Clinical syndromes originate early in life from failure to navigate developmental milestones due to trauma and neglect if attachment fails

Primary Focus is Resourcing Somatic Strategy Keep Person in Window of Tolerance

Use the Relationship to Maintain Ventral Vagal Activation Strengthen Them With Resourcing THEN They Can Tolerate Trauma Work, EMDR

Getting What They Should Have Gotten Young Somatic Emphasis on Resource How can this work? How can this be? Bessel van der Kolk (personal communication)

Somatic Therapy Directive. Therapist directs attention to subtle slow directed shifts in states through focused attention, physical movements, and excursions of imagination guided by therapist

Compared to EMDR in which attention is directed but the BLS carries the work through the process (unless stuck)

Somatic Therapy Compared to EMDR.

Emphasis is on Resourcing as Capacity. We want the capacity of the processor to be greater than the volume of material to be processed Watkins, Paulsen & Watkins. Purpose: Systematic & Efficient Strategies to: Increase capacity of the process Manage the volume of material to process. Many ways – we'll recommend what we find most efficient

First Four Methods

1. Grounding,

2. Somatic Empathy. Healing the inter-subjectivity, Looking through each others eyes, I & Thou, Relationship, Attachment, Empathy, Connection. Therapeutic Alliance: Therapist's Ventral Vagal Expectancy Divine Alliance. Compassion Connectedness

3. Somatic Resourcing

- Different from skills building (also valuable) , Evoke and strengthen client's capacity to be in a ventral vagal state With safety and a sense of well-being in the therapeutic relationship, transformation is possible/ Want to make body awareness comfortable. We invite client to identify something
- Somatic Resourcing To Activate the Right Part of the Nervous System. Any Thing Life Enhancing, Resourcing: Cole Slaw Recipe, Horses, Art, GrandBabies, Beach Safe Place, God
- Resourcing Exercise: *What's something that is resourcing for you, life enhancing...when you go there or even think of it, you feel good about yourself, calm and confident ...often a place or things in nature. I notice a big smile when you talk about the cedar trees “ May be competencies, any kind of asset Use relationships only if clearly positive without worries or grief*
- *Notice how it feels in your body in this moment....how would it be to just sit with that a minute together...just noticing..that's right“ What do you notice in THIS moment?(wait).....and NOW?*
- ***If they move into negative material***, return them to resource image, or even change images. We aren't yet processing traumatic or even disturbing material
- ***If they are in their heads move them to their body***, “How would it be to just notice what's in the body in THIS moment?

4. Tracking Foundational skill in somatic work,

- Inquiring, moment to moment, about subtle shifts in client's felt sense. Inviting an observing stance, curiosity, Physical sensations, such as pressure, warmth, clenching, prickling, If we are energy sensitive, sensing their sensations in our body, experienced as information. Refers to therapist's ability to closely notice and follow the moment to moment process of client's non-verbal behavior, which becomes the client's ability to similarly track Somatic correlates of emotions (tears, flushing, jaw clench) Subtle such as pupil dilation, subtle sigh, pulse in nec. Fidgeting in hands, feet indicate thwarted fight or flight responses.

Tracking quotes:

"The background body sense is continuous, though one hardly notices it, since it represents not a specific part of anything in the body, but rather an overall state of most everything in it." - Damasio

"The capacity to sense and describe sensation and to uncouple it from trauma-related emotions and cognitions enhance the possibility of client's reintegrating the somatic experience of their trauma, in order to establish new meanings and understandings of their past." -Ogden, et al 2006

Therapist helps client slow down and become mindful observers of their orienting and attentional responses, increasing their awareness of how and why they focus their attention."
-Ogden, et al 2006

- Less likely to have attention co-opted, client comes to focus on tracking process.. With curiosity. Called bottom up processing – Ogden. Like what we do in EMDR when we say, "just notice it" or "go with that", but with a difference.
- In EMDR all channels are equal (cognitive, affective, bodily). Exception: somatic interweave for intellectualizer. In Somatic work, body sensation is considered to have primacy, is foundational

*"This ain't no thinkin' thing,
right brain, left brain
It goes a little deeper than that
Forget mathematical equations
Self help psychology
Gray matter don't matter much darlin'
When it's gettin` down to you and me"* --Trace Adkins

- Exercise to give therapist practice at noticing and inviting client to notice client's movements and bodily state. Like "just notice it" in EMDR, but no BLS, and only focusing on body sensation (so that wouldn't be EMDR!). Shorter "sets" of observing silence than in EMDR. No target in this exercise, just notice in present time. Work in pairs, just 10 min each.

- Helps client learn mindfulness, internal stance of non-judgmental observer. “What are you noticing in your body right now?” “Where exactly is that sensation?” “What’s happening in your body as we talk?” “What are you noticing in THIS moment?”
- Therapist may draw attention to something observed, fidgeting, or tension, or stance, or rubbing of neck, and invite client to note those internal sensations with curiosity. If they go to their head, redirect to the body while maintaining their self esteem, Therapists are often WAY too heady here, take a lot of education, ask them to “drop into the felt sense”
- Not thoughts, not even emotional labels *“ask, what are you noticing that you’re calling (emotional label)?”* Sensations & Not Sensations In the Present Moment, In the Body
- Exercise Use form in handout Sensations & Not Sensations In the Present Moment, In the Body. How was that similar or different from EMDR? Can do it with or without a target, but first do it without to assess and train client to notice

Porges Polyvagal Theory.

- Organizes basic emotions based upon survival systems and attachment/social engagement system. Porges added a new parasympathetic nervous system - the Ventral Vagal Nervous System. Now hypothesized a total of three nervous sub-systems, One sympathetic, Two parasympathetic, including the new one ...the Ventral Vagal system . . . The Connected State: Ventral Vagal Nervous System. Social Engagement System. To others, to self, to tribe, to spirit. Resourced State. Safe State
- But In The Presence Of Danger....The Sympathetic Nervous System. Fight If We’re Big and Scary and Ready to Fight ...Flight Get to Safety The Parasympathetic System. Two types: If neither fight nor flight is possible Dorsal Vagal Nervous System Freeze Response. Dorsal Vagal Shutdown Surrender Helpless Dissociated Prepare for death Painless
- Ventral Vagal Connection. Together We Two Belonging Together Together We Two The Connected State All resourcing involves activation of the ventral vagal nervous system
- When doing deep, scary and/or early work, the client needs to be held in a ventral vagal state by the relationship, the process, and their own resources.
- Ventral Vagal Social Connection Not JUST Social Engagement....Ventral Vagal Connected to Self, Connected to Family, Connected to Community. Why Is This So Important? Change and healing only happens in the optimal window of arousal. Need dual attention awareness – safe in the here & now -as a starting point for ET. Why not use the highest resourced state available to your client? Ogden, Van der Kolk, others “Window of Tolerance” Siegel

More Somatic Methods

5. Evoked Oscillation. Aka “pendulation” or “titration.” Moving back and forth between the painful and the resourced states titrates the intensity so they stay in the mid-range. May do approximately 3-6 evoked oscillations in a session

6. Utilizing Discharging. Excessive arousal can be discharged by such overt behaviors as exercise. Indigenous cultures have ways to discharge such as *inipi* (sweat lodge) and drumming for healing. As a result of tracking, negative material (arousal) gets accessed and begins to spontaneously discharge. Noticing Discharging. Evidence of spontaneous discharging of pent up sympathetic arousal: Fluttering of eyes, Twitching or tics, Leave space for it to happen, don't rush it, Moving through material, Evidence processing is occurring, Just notice it

7. Spontaneous Oscillation. Be alert to signs of spontaneous rocking back and forth, or other rhythmic movement. Gently give permission to just notice it, so they don't inhibit it. Occurs after releasing a large energetic holding, rearranging heavy furniture. Evidence that the body is adjusting its frequency, and finding its own internal regulation or balance, or “coherency.” Utilizing Spontaneous Oscillation. Potentiating Spontaneous Rhythmic Movement Healing Pulse Rocking “coherency”

8. Initiating Micro-Movements. To release trapped sympathetic arousal. Not in sudden, dramatic movements which would release nothing, merely an acting out. Gradual attenuated release . To Release Thwarted Sympathetic Arousal very important that the movement be profoundly slow. People always want to do this too fast. If it is too fast it releases nothing. If it is slow enough ones attention can be present to it ---the only way the releasing can occur, through attentional connection. Ego state variation “kids can be in the arms” Ogden calls this the “Action Intrinsic.” Offer Resistance if Appropriate. ...to Completion. If run into trouble, I use remedial Poodle Resourcing

9. Release Impact. In case of shock trauma, moment of impact like car accident, violent assault. Returning body to the position it was in at the moment energy was trapped

10. Palpate boundaries. As if a space or bubble around them where THEY feel it to be.

Summary of Somatic Techniques

AIP & Polyvagal Theories Compared. Common Pathways to Healing? Summary – Theoretically The theories are not mutually exclusive, rather, different levels of analysis. Both enhance the other. Address question of how to combine somatic interventions without compromising EMDR A word about Somatic Experiencing & Somatic Transformation as Therapies Compared to EMDR Therapy – Differences. Somatic Therapies – Titrate Between EMDR Standard Protocol Target Trauma material held in neural networks Keep returning to target Maintain dual attention awareness. Only do installation of positive after SUD is 0 or 1 Resource at beginning but not in middle May resource at end of session for close down Exceptions made for DID, when must fractionate work to titrate intensity and add imaginal resources to manage affect during processing) . An AIP “Crime” We explicitly do not move back and forth between traumatic material and resource in the middle of an EMDR session

....or It's not EMDR by definition One exception: Dissociative Identity Disorder Absolutely must fractionate the work Standard protocol beneath standard of care – do no harm

EMDR Bumper Sticker Keep the train going down the track Stay off the track

Demo and/or Practice As Time Permits Watch for....(or be sure that you use)
 ____ Grounding, ____ Somatic Empathy. ____ Somatic Resourcing, ____ Tracking

Watch for signs they are in their head, Listen to tone of voice. If here monotone or logical, it's left hemisphere. If they have dropped into right hemisphere, it feels like two crows on a telephone wire, working at the speed of dog Questions before you practice?

PRACTICUM:

Schedule for afternoon is....

First practicum: _____

Break at about: _____

Convene here for Q&A: _____

Second practicum: _____

Reconvene at: _____

How to Integrate With Eight Steps of EMDR?

Phase 1. Client history & treatment planning. Assessment of client capacity to notice and tolerate body sensation and emotion. Important information, sets pace of work. May be dissociative or alexythymic. May need more preparation before EMDR Red flag if can't tolerate soma. Check by use of Tracking, Somatic Empathy

Phase 2. Preparation. Along with safe place, RDI, containment, ego state maneuvers. Somatic Resourcing to strengthen tolerance. Tracking to instruct in mindfulness. May initially metabolize trauma with Evoked Oscillation to strengthen client capacity. Helps develop observing witness, resources. Use boundaries for strengthening. Use spontaneous oscillation and discharging to increase trust in own healing capacity. Use coherency to teach about healing tendency. Having processed trauma initially in this gentle fashion they'll learn about wave-form nature of processing, healing potential, gain strength and understanding, motivation for EMDR

Phase 3. Assessment. Somatic channel is already part of standard EMDR protocol. Standard to ask "where is it in your body" so that suffices, no change needed

Phase 4. Desensitization. In EMDR, no bias toward somatic. Use standard protocol unless can't. If processing loops, consider **somatic interweaves** (below) . Return to standard processing and "stay off the track" as soon as you can. Of somatic interweaves , consider:

- Tracking (what are you noticing in your body, or if that feeling had a shape, what would it be),
- Utilizing Discharging (there's a twitch there, notice it),

- Evoked Oscillation: Imagine NC in one hand, PC in other, notice felt sense of it, or imagine one end of that conflict in one hand, other end in other hand, feel weight of each.
- More Evoked Oscillation: If they are looping on an inability to see themselves with compassion, can ask them to touch their arm with their other arm, the way a child should be touched, and notice the felt sense of it in the receiving arm, and the sending arm, oscillating between the two.
- Micro-Movements: If looping and either client says they want to hit/kick someone, or if you notice fidgeting or clenching or other movement in extremities, invite very slow expression of that impulse, “that’s it, ever so slowly, easy does it, just notice” and return to std protocol.
- Radical Somatic Empathy: If you are energy sensitive, notice client’s unacknowledged material resonating in your body, so can inquire with curiosity ONLY IF PROCESSING IS LOOPING or SUD not going to zero, “What’s that in the throat” or “is there discomfort in the chest? Notice it.”

Phase 5. Installation phase. As installing PC, asking them to observe felt sense in the body, as in Tracking. If it Installation is successful it is a felt sense of a resource, it is ventral vagal (efficacious, socially engaged, connected to self (or community, or divine, or otherwise adaptive resolution). Take the felt sense into the future template. If Spontaneous Oscillation, invite them to notice it.

Phase 6. Body Scan. Already a somatic step, no change needed

Phase 7. Closure. Somatic Resourcing if session is incomplete, Have them leave office in ventral vagal state and use grounding

Phase 8. Reevaluation. Among follow up questions, “how is it being in your skin,” “how’s the felt sense?” when you check the EMDR target, as in, “when you think about the [original picture, or target memory] what happens in your body in this moment?”

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SENSATION EXERCISE

Check in the correct column to indicate whether each statement is a sensation and or not a sensation. If a statement is not a sensations, what could the therapist ask to make sure the client is tracking and therefore owning a sensation?

	CLIENT STATEMENT (In response to therapist asking, "and what are you noticing in this moment?"	Yes	No	If not, what could the therapist ask?
1.	Crushing			
2.	Heat in my face			
3.	I can't do this very well			
4.	I feel pressure behind my eyes			
5.	I feel sad			
6.	I notice I'm clenching my fist			
7.	I want to run			
8.	I'm embarrassed to do this			
9.	Its about my father			
10.	More pain than I usually feel			
11.	Numb			
12.	Pain in the usual places			
13.	Pointing wordlessly to solar plexus			
14.	Reminds me of when I had my son			
15.	Resentment			
16.	Shape expanding in my chest, here to here			
17.	Tears			
18.	This is exactly how I felt over the weekend			
19.	This is stupid			
20.	Tingling			
21.	Twitching by my mouth			

PERSONAL RESOURCE CHART

Fill in the boxes with words, pictures, drawings, to show activities, something from nature, thoughts, or anything that enhances your life or well-being (not people, for now).

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20