Understanding Trauma – A Bodyworker's Experience

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Use what works

Of all the techniques and methods I've learned over the years, it seems that the most effective approaches involve actively engaging with the client. It's not necessarily about focusing on the memory, the muscle group, or the physical activity that's compromised. When the client can engage here with me, sensing what they are sensing at the moment, that's when significant change happens. In other words, it's about attuned relationship. News to all you psychotherapists? Not so much! But for me, a Big Paradigm Shift from my early years of helping people through touch.

After several years as a massage therapist, I became resigned to the fact that not every problem could be solved with postural analysis and structural re-balancing. Experiencing craniosacral therapy for the first time helped me set aside some of my left-brain need for "how-to" diagrams: the changes and new movement patterns *felt* right. Training in Peter Levine's Somatic Experiencing®, starting in 2000, furthered my differentiation from massage, bringing in the relational aspect of therapy. Somatic bodywork uses a gentle, static contact; it's supportive, not manipulative. My human presence in the session is a vital component, as opposed to being the invisible "pair of hands" we were taught to be in massage school. Most of my work now includes a somatic focus, with attention to not only the client's body-mind-brain but to the interaction of physiologies – mine and my client's - for "bottom up" change.

Attending my first Friday morning study group in Dan Siegel's office (October 15, 2004), I learned another name for this concept that explained what I do: *vertical integration*! Although I had read in *The Developing Mind* (Siegel, 1999) about the role of the middle prefrontal cortex in nine types of integration, I think I learned it more in my left hemisphere on that first go around. As Dan explained it to the 20 of us gathered that day, I felt a lift in my blocked cognitive processing, perhaps integrating the ideas in my right hemisphere. I was getting it! With attuned communication in the study group, an environment my amygdala perceived as safe, my underlying "but I'm not good enough" message from old engrained learning was quieted." I felt validated. *What I do is vertical integration*! Meaning shifted as my prefrontal cortex grouped information in new ways – a felt experience of interpersonal neurobiology that I could bring home.

Vertical Integration

As a bodyworker, I am intervening at the sensorimotor level to gently foster neural connections blocked by trauma. Using touch and movement can often elicit change while providing containment. Peggy, whose intruding traumatic images terrify and impair her daily function, reports that she's anxious about "holding it together" at an upcoming business conference. As she complains of a painful abdomen and back, I sense in my own abdomen an unmet need to be comforted. *Is it hers or mine?* Experience tells me Peggy's pain would readily abate if I invited her to lie supine, and applied gentle hands-on techniques. *Or would that just be my own transference?*

More than a quick fix (or a "fix" of comfort), I want to provide take-home tools for containing her anxiety. I introduce an option for her physiology: sensing her legs. Are they attached to her upper body? Her awareness, narrowed by anxiety, widens to include legs, feet on floor, the ground beneath. As she is invited to stand and begins bending her knees to push her feet into the floor, her thoughts immediately go to "the only thing to do when overwhelmed is hide." Sitting back

down, her upper body contracts, curving into "hide." Meanwhile, I observe the slightest shakiness in her legs, and ask permission to place my hands at the sides of her legs. The contact draws her attention back to her lower body, and to me. Some minutes later, as shaking subsides, there comes a natural, deeper breath. I notice her abdomen has settled just slightly. It's enough to indicate an increase in the stability of her autonomic nervous system, perhaps signaling a reduction in fear. I withdraw my contact.

Touch

When I touch my client, our nervous systems are interacting directly. Sensory receptors in the skin, connective tissue, and joints send messages to the brain about the external stimulus of my hand -- registering pressure, temperature, motion, for example. The rhythms of my system (heart, respiratory rates, blood pressure, digestive and hormonal responses, mediated by autonomic arousal or calm) can model for the client's system. If my system gives the message, "blowing in the wind," the client may dissociate. (Or, revive memories of 60's folk songs.) If my system provides a concrete anchor, the inflexibility in my response may drag the client's system toward freeze. So while using physical contact to evaluate and facilitate, I must monitor my own well-being, as well as remain responsive to cues from the client's ever-changing system.

Maureen's frustration with a fraudulent contractor has brought her to tears again today. Wiping her eyes, she says, "I know it's not about the contractor, it's about how nobody was there to help me when I was born." Meaning is not my department, but it's emerged from her experience. I acknowledge the pattern she identifies, and ask about how her conversation with the attorney was helpful. "He heard me," she sobs. "I feel relief in my whole body." As she senses into that, there is a solidity to this feeling that I get in my gut. It's like she has allowed the world to hold some of the burden of the unfair situation, and she doesn't have to do it herself: *is this interpersonal integration?* I won't diagnose. But remaining within my scope of practice, I will postulate: for her to experience touch at this point could be constructive in three ways. It might help her body's proprioception (sense of where the body is in space). It could increase head and neck mobility, enhancing her ability to orient to the environment (part of her amygdala's fight-flight survival response). And it could even increase circulation of blood and oxygen to the head. Here, we segue to the table. Maureen is supine while I cradle her sub-occipital area. When the constriction there diffuses, we check in with the thoracic spine, the liver: a little more constriction. Here, there, a gentle, supportive, attuning touch. As she returns to sitting, she finds renewed stability.

Discomfort to comfort, back and forth

"Aghh, I'm feeling sooo panicky right now!" Having difficulty drawing his attention back from the whirling vortex of thoughts, Hugo presents in collapse/ fragmentation. His therapist has referred him; our sessions are adjunct to ongoing therapy. A capable sales professional by his own report, Hugo feels one of his strengths is attuning with others. Today's panic accompanies anticipation of *any* appointment, including meeting with his sales prospects. He spirals into despair when repetitively comparing his own perceived-dysfunctional relationships with the perceived-superior-intimacy of his clients' – a shift in consciousness that probably signals him being pulled from his adult capacity for connection into implicit memories of early childhood attachment trauma. Since attunement is something he

identified as a strength, I remind him. What about now? *I feel a visceral joy in welcoming him each time to my office and connecting. Does he attune with this?*

Seated in chairs, we affirm the resonance in sitting opposite each other. I invite him to track his sensations. Specifically, I ask him to feel not too little comfort, not too much, just enough (like Goldilocks). He quickly dissolves in tears again, and asks for support. *Where would your body like support?* I approach his side and lay a hand on his forehead. Relief is followed by overwhelm at me being too close in his personal space. He asks me to move away. I comply. His hands clench, then move as if fists banging on a table. Slow motion helps the building anger release in movement. He has an image that contains him - last week saying "no" to his mother on the phone. We invite this image to be part of his movements. Is there something your fists might say? Left, right, left, a silent scream of "No!" From collapse, to being able to ask for support, to stating "move away" and "no," to moving with emotion, today's work tells of changing action patterns and neural nets, seen in one session. The sadness, the deep despair that drags Hugo down has roots in his childhood history of neglect and abuse – a history that has meaning and presence in his daily life now. I do not want to take away his story, but know that with support for his small movements, his relationship with his history will gradually change. I know it's an OK time to end today's session when he shows he's better able to physically contain the still-raw emotions, adding, "Even when it's not OK, it's OK." For me, that's enough of a start toward integration and regulation.

Touch with containment offers an extra feedback mechanism the body can use to communicate messages to itself (body to the brain, brain to the body). The resulting physiological change can affect structure, function, and behavior. The implicit memory provided, not only by touch but by guided awareness to sensation in the moment (during the safety of our session and beyond), can support the client with increased vertical and state integration, keys to self-regulation.

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Also, as I lay there thinking of my vision, I could see it all again and feel the meaning with a part of me like a strange power glowing in my body; but when the part of me that talks would try to make words for the meaning, it would be like fog and get away from me.

--Black Elk
Wichasha Wakan
Oglala Lakota