

Session 2

Inquiry and Somatic States

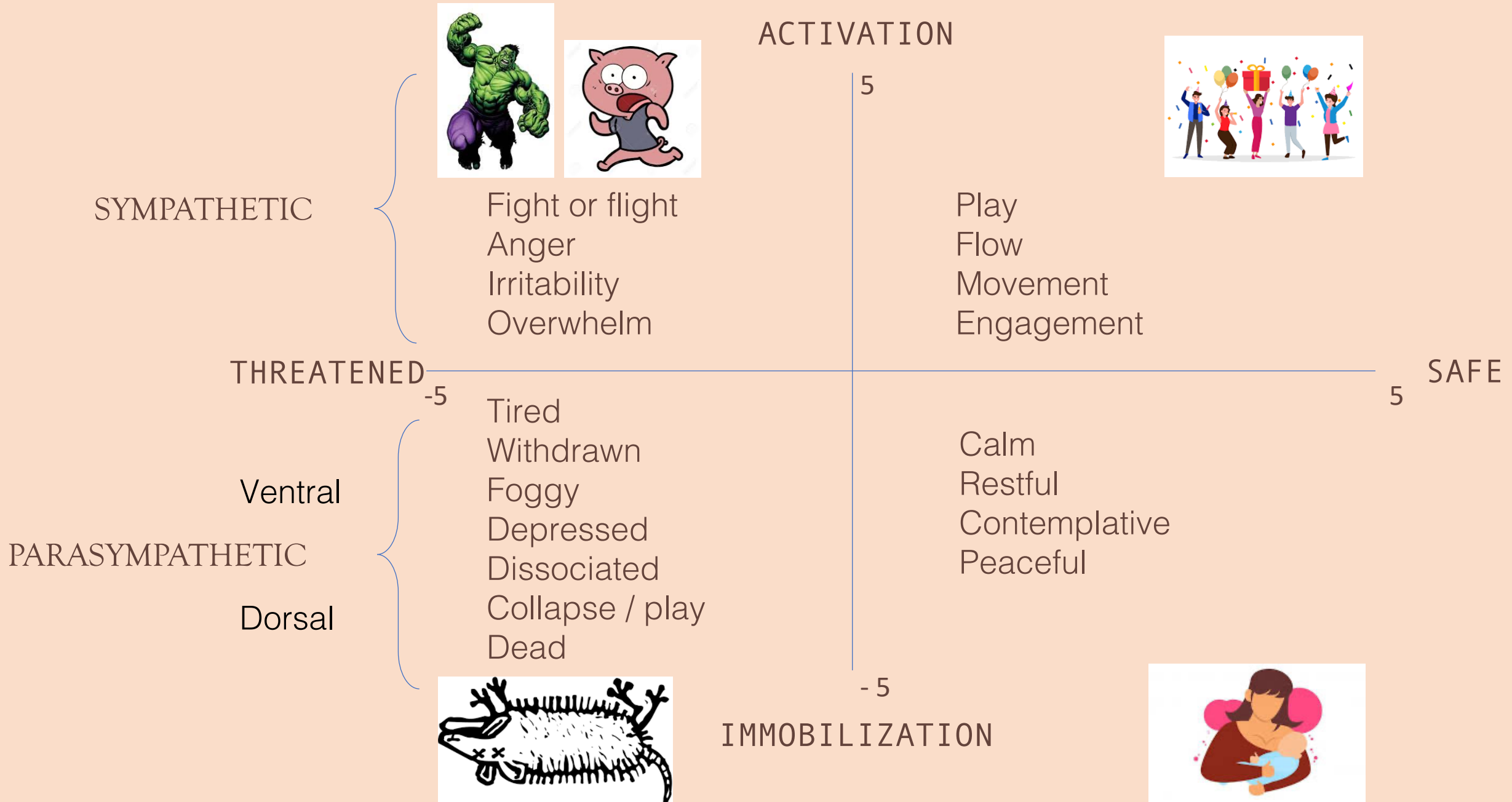
Facilitators:

Devon Christie, MD CCFP

Deanna Rogers, H BA, MA C

EMBODIED INQUIRY FOR PAT



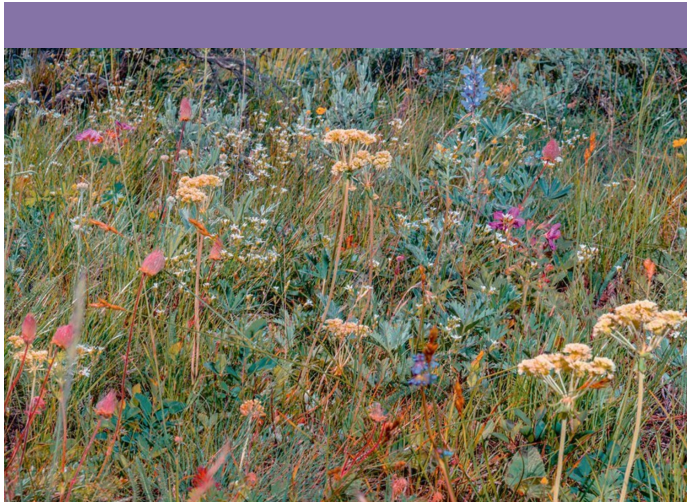


AGENDA

Welcome, agreements, L.A.	01
Arrival practice	02
Introductions	03
Context, Objectives & Overview	04
Self-Referencing	05
Applied Neuro-Science & Trauma	06
Inquiry Skills	07
Inquiry Demo & Practice	08
Closing	09

Group Agreements

CENTRE



CONFIDENTIALITY



ENGAGEMENT



NON-JUDGMENTAL
LISTENING

Group Agreements

CENTRE



TIMELINESS

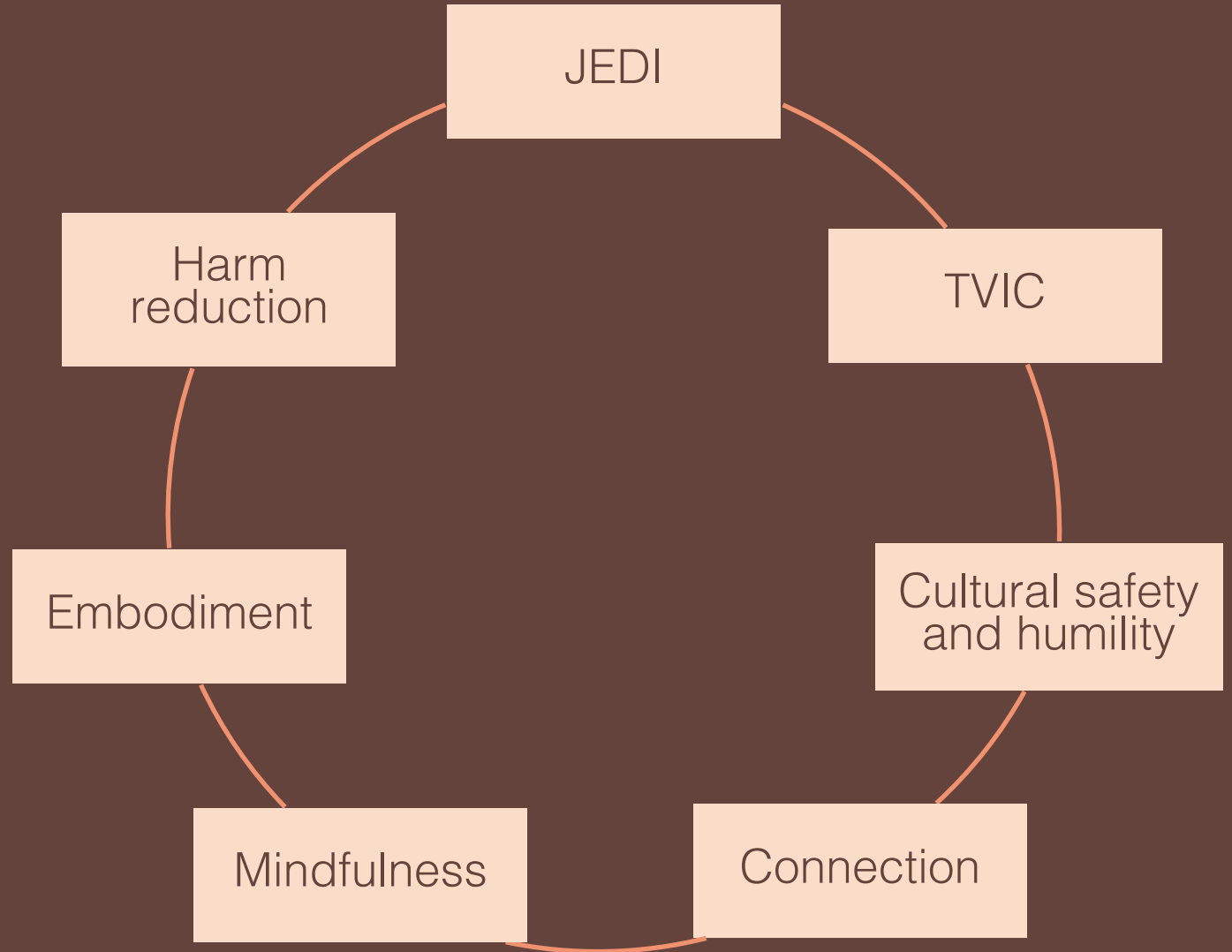


RIGHT TO PASS



EQUITY

SEVEN GUIDING PRINCIPLES



EMBODIED INQUIRY: SESSION 2 LEARNING OUTCOMES

Upon successful completion of the module, learners will be able to:

- Practice noticing the difference between narrative versus experiential self-referencing; "bottom up" secondary vs. primary consciousness
- Describe the threat response states of the nervous system threat as they relate to trauma and PAT
- Explain how an understanding of trauma neurobiology informs Embodied Inquiry, and apply basic trauma-specific skills/tools



Narrating vs Sensing Exercise

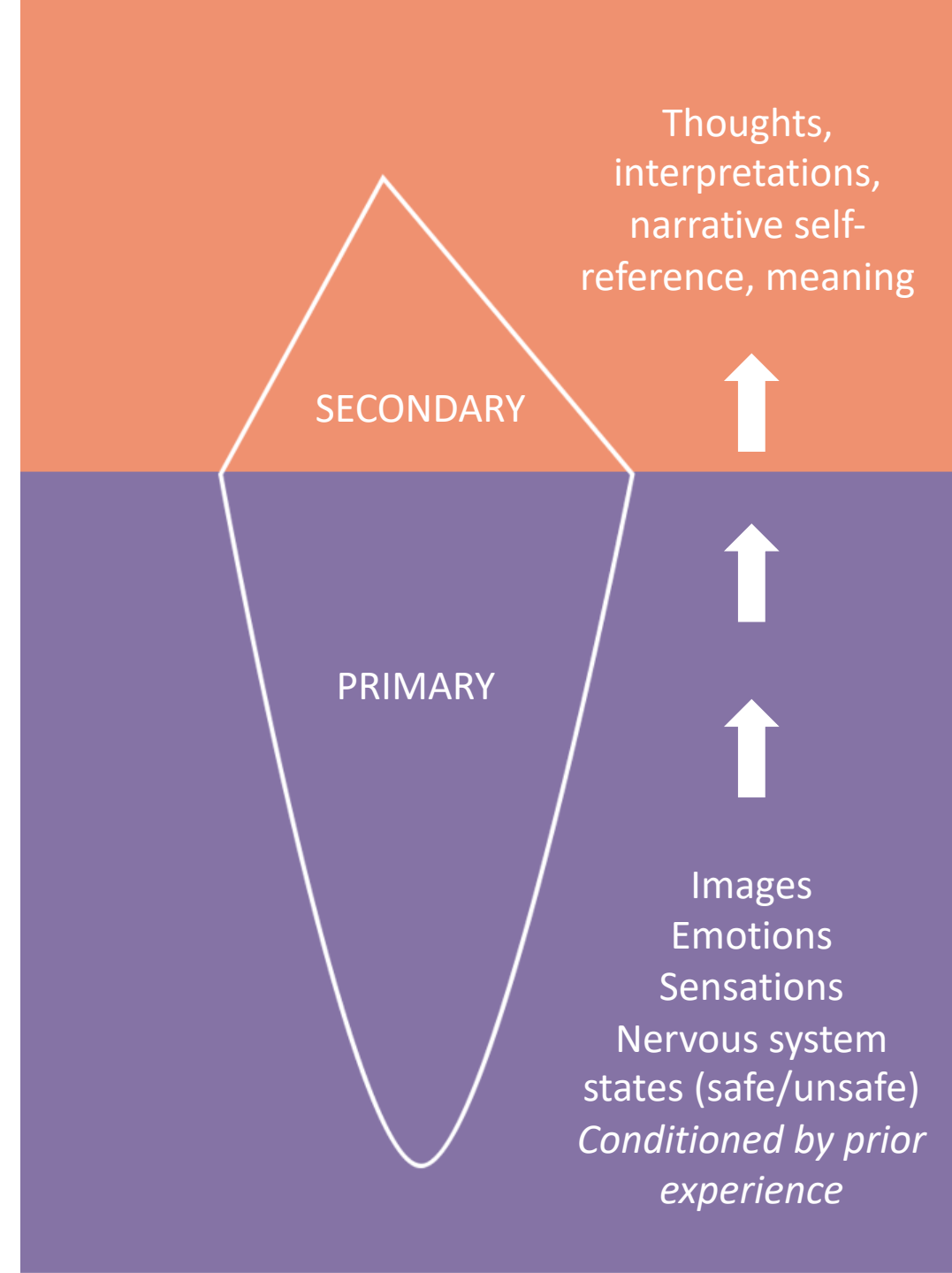


“WITHOUT KNOWING THROUGH THE BODY, ONE’S SENSE OF SELF IS AN EMPTY MENTAL ABSTRACTION, AN IDEA WITHOUT GROUND, A STRUCTURE OF DRY LOGIC AND ABSTRACT LANGUAGE WITHOUT A FEELING OF HEARTBEAT OR BREATH”
– STANLEY, 2016, P. 89

Stanley, s. (2016). Relational and body centered practices for healing trauma. Routledge

THE WHOLE SELF

- The truth of the mind begins in the body:
 - Primary (implicit) consciousness informs secondary (explicit) consciousness...ALL. THE. TIME.
 - What resides in primary consciousness can be discovered through present-moment awareness (direct experience of sensation, emotion, imagery)
 - Creates space for new meaning to emerge
- *“The body is the keeper and holder of all information, past and present.”*
 - Y. Mariah Moser, 2014, personal communication



TRAUMA

- Overwhelming and uncontrollable circumstances of trauma lead to disembodiment, dissociation, and fragmented implicit (primary) content and bound with highly charged physiological survival responses and corresponding emotional states (rage/terror/fear/shame)
 - **Location: primary consciousness**
- Talk therapy has limitations, because it accesses the content of secondary consciousness
- It is the **body's** story that needs to be heard/witnessed, processed, and organized to allow for a new narrative

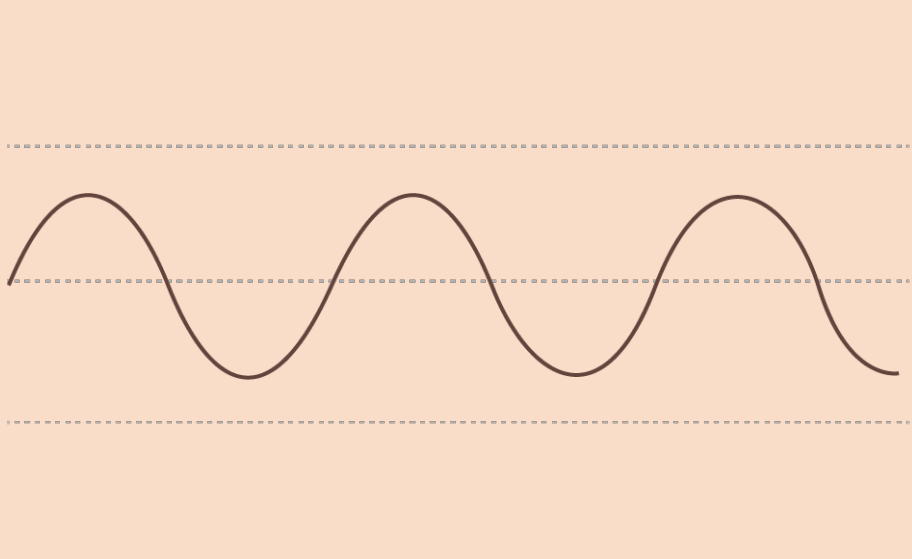


RESTORING PERCEPTION

- People literally cannot see, hear, and feel specific aspects of the present moment when in the grip of unconscious implicit memories
- Practices of somatic awareness and empathy can help people discern between haunting traumatic lived experience, and the accurate, fresh, immediate experience of feeling current reality
- Somatic practices also help to reveal differences between illusions of our minds, and the responsive and immediate truth of our bodies

Stress and Survival Physiology

NATURAL FUNCTION

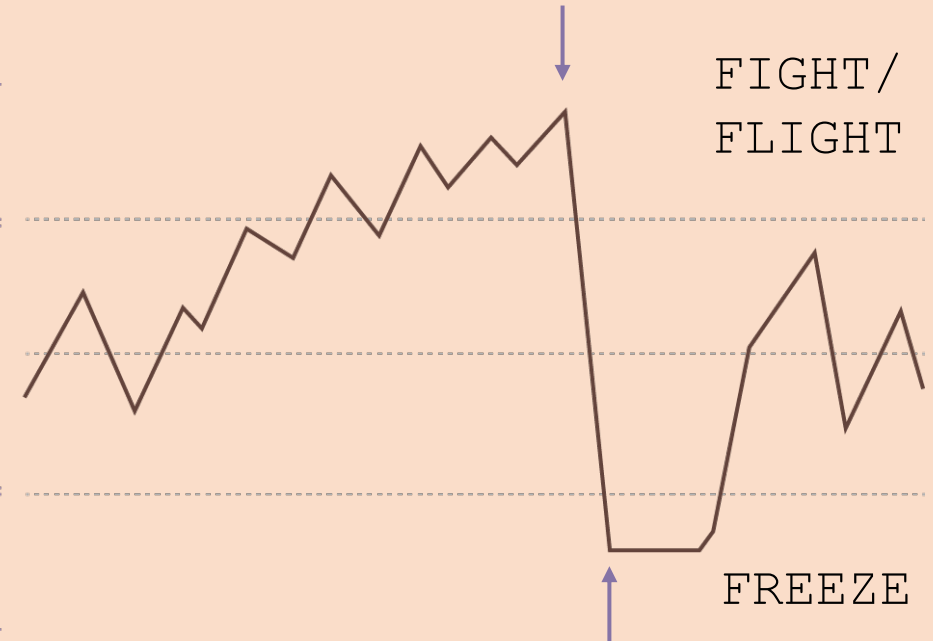


SYMPATHETIC

WINDOW OF
TOLERANCE

PARASYMPATHETIC

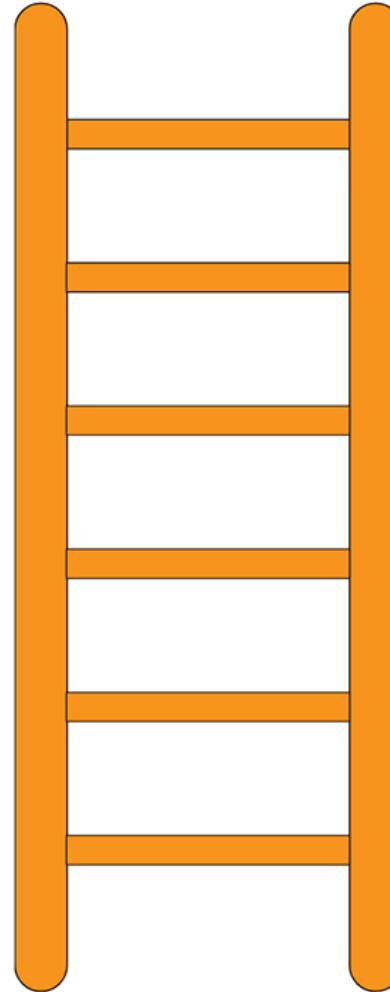
TRAUMATIZED FUNCTION



FIGHT/
FLIGHT

FREEZE

The Polyvagal Ladder



VENTRAL:

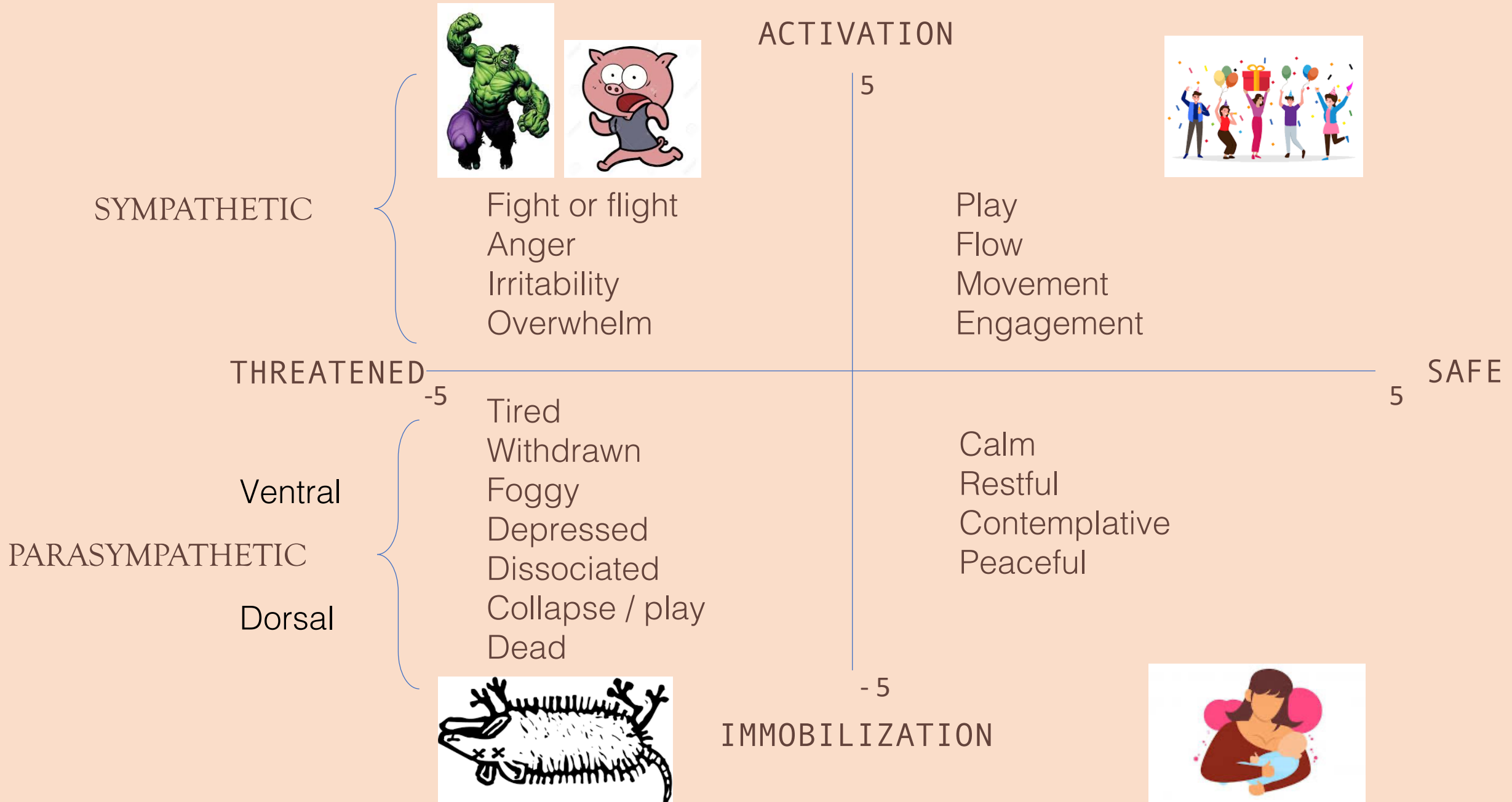
- Safe
- Social

SYMPATHETIC:

- Mobilisation
- fight-or-flight

DORSAL:

- Immobilisation
- Collapsed



Stress and survival physiology

FIGHT, FLIGHT (SNS,
HYPERAROUSAL)

“AGGRESSIVE TERROR”

Physical

- ↑heart rate, ↑BP, difficulty breathing, cold sweats, tingling, muscle tension, exaggerated startle response, difficulty sleeping, digestive shutdown

Mental/Emotional

- Flooded emotional reactivity, panic attacks, rage outbursts, hypervigilance, racing thoughts, intrusive imagery, flashbacks, disorganized cognitive processing

FREEZE, COLLAPSE (PNS,
HYPOAROUSAL)

“FROZEN TERROR”

Physical

- ↓heart rate, ↓BP, Low energy, exhaustion, collapse, numbness, low muscle tone, poor digestion, poor immune function

Mental/Emotional

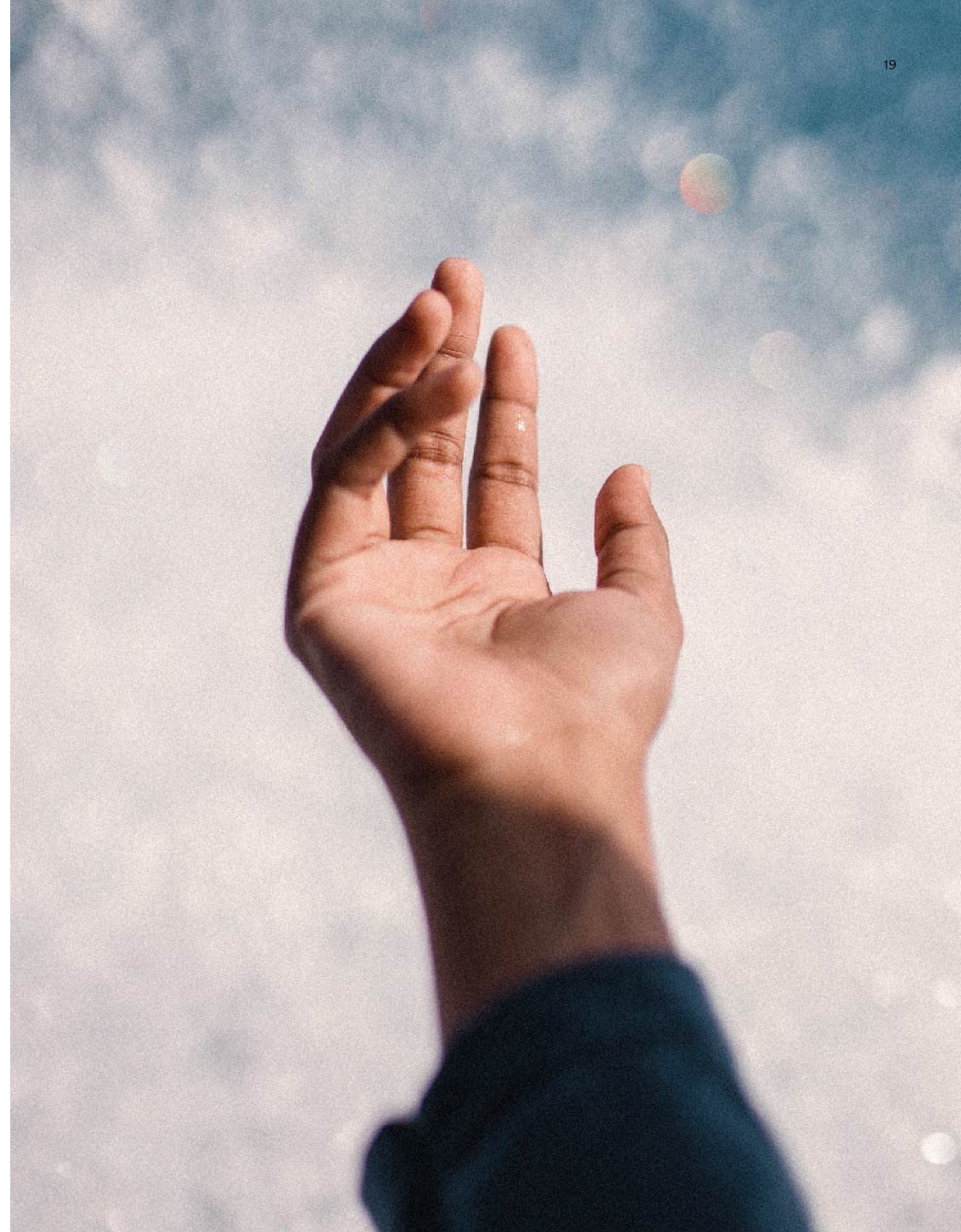
- Depression, dissociation, apathy, under-responsive, social isolation, numbing of emotions, decreased movement, disabled cognitive processing

“THE ABILITY TO SENSE AND REGULATE INTERNAL PHYSIOLOGICAL STATES IS AT THE BASE OF COMPETENCIES IN HIGHER ORDER BEHAVIOURAL, PSYCHOLOGICAL AND SOCIAL PROCESSES.”

– PORGES, AS CITED IN STANLEY, 2016, P. 190

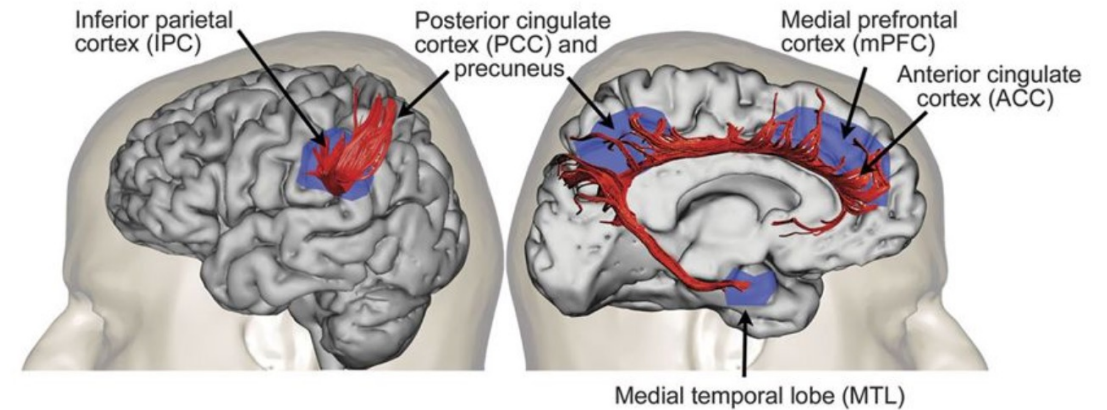
Stanley, s. (2016). Relational and body centered practices for healing trauma. Routledge

- Psychedelics remove obstacles to implicit processing
 - Supporting de-fusion
 - Opening/enhancing access to bound survival energies and emotional states
 - Increasing access to resource: decreasing shame & fear, increasing WoT, promoting self-compassion and empathy
 - Loosening grip of tightly held narratives



PSYCHEDELICS AND THE EXPERIENTIAL SELF

- Altered states of consciousness can disrupt highly conditioned and rigid narratives and habits of attention
- Under classic psychedelics, ketamine, and (to a lesser extent), MDMA, fMRI shows deactivation of brain networks associated with narrative self-awareness (default mode network “DMN”) (1,2)
- Mindfulness is also known to reduce DMN activity (3)
- Psychedelics and mindful awareness practices enhance access to primary “implicit” content



Sandrone, S. (2013)

“IT IS ONLY WHEN WE CAN STAY FULLY EMBODIED,
SOMATICALLY AWARE, AND EMOTIONALLY PRESENT TO OURSELVES
AND OTHERS IN MOMENTS OF UNCOMFORTABLE, DISTRESSING, AND
EVEN EXCRUCIATING SENSORY EXPERIENCE THAT PAST MEMORIES
CAN BE UNCOUPLED FROM THE PRESENT
SUBJECTIVE EXPERIENCE.”(STANLEY)

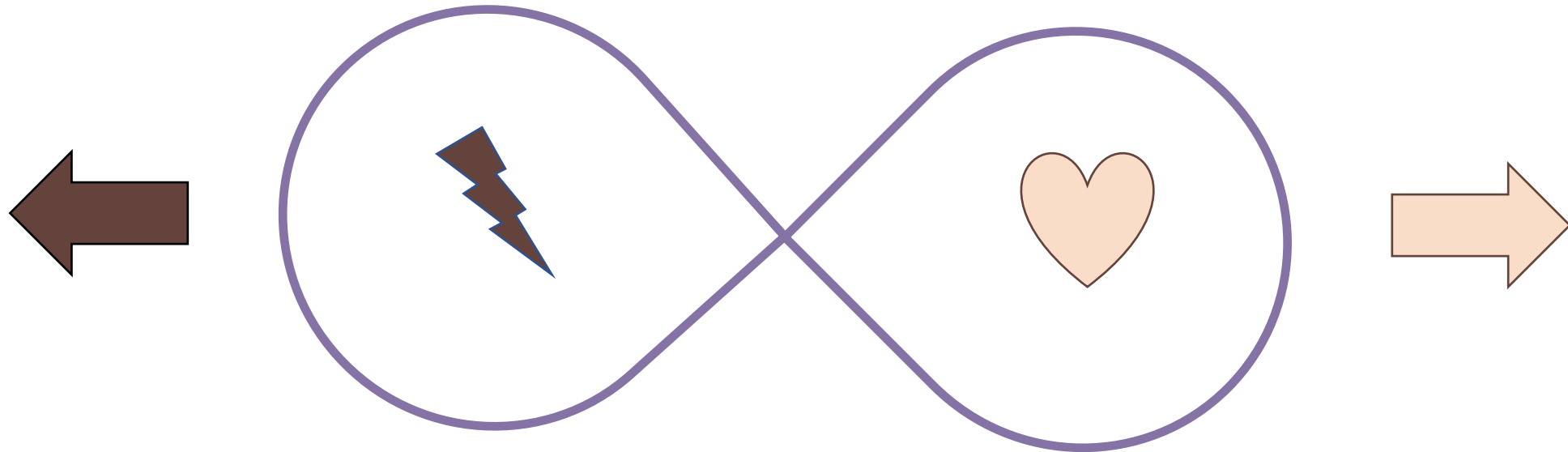
STANLEY, S. (2016). RELATIONAL AND BODY
CENTERED PRACTICES FOR HEALING TRAUMA. ROUTLEDGE

SOMATIC SKILLS

- Resourcing
- Pendulation
- Titration
- Somatic tracking, nervous system assessment
- Somatic communication – posture, gesture, mirroring, prosody, tone, facial expression, eyes, energy

TRAUMA
VORTEX

HEALING
VORTEX



DIRECT EMBODIED RESOURCES

INTERNAL:

- Contact points (feet, chair)
- Sensations of breathing
- Bilateral oscillatory movements

ELABORATED EMBODIED RESOURCES

EXTERNAL, EXPERIECED

INTERNALLY:

- Person, place, spiritual figure, plant, animal, circumstance, etc.
- Brings sense of connection, nourishment, security, warmth
- “Elaborated” using EI, SIBAM

Embodied INQUIRY:
LEADING BY FOLLOWING THE CLIENT

TITRATIONS

- When working with an image – putting it outside yourself
 - On a screen – where you can press pause, go back or forward, choose speed
 - At a specific distance away – you can put it further away, make it smaller, put it inside something like a room, a crystal, anything that might shield/reduce it's intensity to make it more manageable
 - Into an object in the room that represents/holds it's energy – you can move the object into another room, the therapist can hold it, change distance/orientation to it
- When sensing into a difficult body sensation
 - Sense where its edges are
 - Notice the sensations around it
 - Dip your toe in – going slowly, not right to the centre
- Using micro-movements for bringing in vitality/activation to collapsed/frozen states

“WHILE UNREGULATED SUFFERING CANNOT BE ENDURED WITHOUT SOME AGGRESSION, WITHDRAWAL OR DISSOCIATION, REGULATED RELATIONAL SUFFERING REVEALS REDEMPTIVE MEANING OVER TIME” – LLINEAS, 2006, P. 128

Stanley, s. (2016). Relational and body centered practices for healing trauma. Routledge

EMBODIED INQUIRY PROCESS:

1. Bring attention to direct experience - inquire
2. Elaborate a resource
3. Track/describe experience (SIBAM)
4. Listen and reflect (verbal, somatic, dual awareness)
5. When possible, stay with, and bring kind attention to difficult states
6. Recognize when directing and resourcing (client or self) is supportive
7. Create and support more functional meaning to emerge
8. Reinforce and integrate the learning beyond the session

EMBODIED INQUIRY PROCESS:

6. Recognize when directing and resourcing (client or self) is supportive

- Directing/re-directing
 - Titrating /inhibiting
 - Stimulating – amplifying; increasing vitality
 - Reinforcing – naming; describing, embodying (anchoring)
 - Clarifying
- Containing/Resourcing
 - Pendulating
 - Co-regulating
 - Resourcing
 - Meta-awareness
 - Intersubjective field

Inquiry Process

- Inquiring – into client experience
- Track and describe experience: Listening (active – verbal/non-verbal, reflecting, following
- Reflecting
- Following (tracking the client)
- Directing/Re-directing
 - Inhibiting,
 - Stimulating – amplifying; increasing vitality
 - Reinforcing – naming; describing, embodying (anchoring)
 - Clarifying
- Containing
 - Regulating
 - co-regulating
 - Resourcing
 - Meta-awareness
 - Intersubjective field
- Supporting Integration (completion)

What directs therapist interventions

- Client intentions – therapeutic goals
- Support the client to do something different - increase access to what is possible
- Dual Awareness
- Nervous system state/ WOT
- Clinical judgement – what you think is needed



