From NEURONS TO NEIGHBORHOODS
New Ways to Prevent and Heal Emotional-Trauma in Children and Adults

Second Annual Conference
May 17th and 18th 2003
Los Angeles, CA

INTEGRATING COGNITIVE AND SOMATIC APPROACHES

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From the 2003, from Neurons to Neighborhoods Conference, this is tape number 20, a keynote address by Dr. Pat Ogden on integrating cognitive and somatic approaches in trauma treatment.

It's a pleasure to be here among so many colleagues who are doing innovative work in working with the body to heal trauma, and not just cognitively oriented. I've been presenting a lot of cognitively oriented conferences lately. This is a very refreshing change. To clarify what Jayolina(?) is saying, I'm a co-founder of the Hakomi Institute, which was founded in 1980, and more recently I founded my own school called Sensory Motor Psychotherapy Institute. So, that's the confusion. The Hakomi still forms a very strong basis for our work. I think like all of us, we work collaboratively. I've drawn from a lot of forces in developing this work, and I just want to acknowledge the people who are contributing to our work in the past and also in the present, fellow trainers of sensory motor psychotherapy and also our advisory board that we're in ongoing dialogue with and are really helping us shape this work.

What I'd like to do today is talk about how to incorporate the body, especially physical action in the treatment of trauma, in integrating a cognitive approach with a somatic approach. There's one guy who is not on our advisory board, because he's dead, and that's Pierre Jenet. He's recently contributed tremendously to understanding what we've been trying to do with our traumatized patients. Back then trauma was called hysteria, and Jenet says hysteria is characterized by a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality. Now Jenet is considered the father of the field of dissociation.

What we're working with with traumatized people are action systems that are not communicating. They are not integrated within the person. This shows up in systems of ideas and mental functions, but it also shows up in systems of physical functions. Jenet says traumatized patients are continuing the action or rather the attempt at action that began when the thing happened. They exhaust themselves in these everlasting recommencements. I think this is what we see with our clients. They act out aggressively on their loved ones, they're unable to regulate their arousal and stay within a window of tolerance, and they freeze and can't take action when action is called for.

This is a holocaust survivor's testimony of how the actions don't complete. He says, "At night I was fighting the Germans, really fighting, and the SS were after me all the time,

and I was trying to save my mother and sister. I was jumping off from building to building and they were shooting at me, and each time the bullet went through my heart. I was sitting up not knowing, at night in my bed, and I was screaming." You can see in his testimony here actions that didn't complete, they weren't successful, he wasn't able to save his family.

Judith Herman, she says, "When neither resistance nor escape is possible," which is common with our traumatized patients, right? They weren't able to escape and they weren't able to resist successfully, "well then the human system of self defense becomes overwhelmed and disorganized. Each component of the ordinary response to danger, like hyper-arousal." You need that arousal to take the physical action, the tension and the musculature to fight or to run away, "these components having lost their utility, they tend to persist in altered and exaggerating states, long after the danger is over." This is what we see over and over again, that our patients can't make the trauma a memory**,** because they're still reacting as if it's happening today.

Let's look at that human response to danger. There are several. (inaudible), the neuroscientist, coined the word emotional operating systems, and there are several that are dedicated to defense and survival of the individual. There's the attachment cry. A baby animal will cry for its caregivers. There is hyper-vigilance, flight, freeze, fight, total submission and recuperation. We'll see in our patients that they're kind of stuck at different defensive responses, where they're not able to complete those actions. For example, in total submission, their collapse, there's flaccidity in the musculature, because they're not able to defend or take proactive action in their lives. Do you ever have these patients who are seeing 12 different healthcare practitioners, trying to get over, trying to recover, trying to get better? They're still licking their wounds. Sometimes the patients are very isolated in that stage of recuperation. So these are some of the action patterns we're going to explore that need to really complete in therapy.

Now to continue with this holocaust survivor's testimony, those defensive action systems were not the only ones that were manifesting in his life. He also bought a home, he says, "started to establish ourselves, and things were getting better." He started to engage in activities of daily life: having a family, buying a home, and going to work. He says, "I was working hard trying to forget myself, trying to forget the trauma, and forgetting the past. But, it came back to me like a recorder in my head. During the day I was working hard and studying and trying to establish myself." At night he was reliving his trauma. It's important for us to know that there's a whole other set of emotional operating systems that have to do with our daily functioning. These are also operating systems that our traumatized patients have trouble with.

How many of you work with children? Quite a few. Well, what happens to a traumatized child or a traumatized adult is that the ability to play and explore is really curtailed. That lack of safety clamps down on these other emotional operating systems that then cannot have full execution. Now with both the defensive operating systems and these operating systems, they're both dedicated to survival. The defensive systems—the fight, flight, flee, submit, recuperation—they're dedicated to the survival of the individual,

whereas these action systems are dedicated to the survival of the species, of Homosapiens as a whole. And, of course, we need them both. In trauma they're often competing with each other.

Jim Chu, who is a current expert in dissociation, he says, "PTSD has been classically seen as a bifasal(?) disorder with persons alternately experiencing phases of intrusion and numbing." So, when a person is experiencing those incomplete defensive responses, those are often intrusive. The numbing is connected with the survival of the species, where they want to forget the trauma, they don't want to remember it. It's the intrusive phase associated with recurrent and distressing recollections and fall forward dreams as well as reliving the events and flashbacks. The memory phases associated with efforts to avoid false or feelings associated with the trauma, emotional constrictions and, sometimes, social withdrawal. We see this kind of alternating with our trauma patients.

Yesterday there was quite a bit of talk about joy and pleasure in the presentation I went to working with children. Joy and pleasure is something that's really absent from many of our patients' worlds. (inaudible) says that, "the completed action, when the actions are really well executed and completed, then the joy can start to come back. The patients who are affected by traumatic memories have not been able to perform any of the actions characteristic of the stage of triumph. I love that phrase, the stage of triumph, or mastery of the trauma. They are continually seeking this joy, continually endeavoring to achieve this completion of the memory that flees before them as they follow," he says. Traumatized people often get into reenacting patterns. (inaudible) says it's an attempt to gain mastery over the past experience. But very often, unless there's some intervention that helps a person execute a different physical and mental action it's not a completion, it's just a reenactment.

A few weeks ago, my colleague Kikuni(?) Mentan(?) and I were presenting in Washington, D.C., and we had a discussion with Dan Siegel, who is one of your local experts here in town. This came out of our discussion, which is a very interesting way now for me to think of trauma. Trauma is a disruption in the memory of a possible projected future. Implicit memory holds not only the bodily state, but also the projected future action from past traumatic experience. What we're talking about here is that when we enter those trauma states with our patients, within those states there's already in the memory system a projected future action that never got completed. With a sexual abuse client, there's in the memory system that projected action of being able to defend, to protect one's self, or being able to get away, that really didn't get to be executed. These actions then come out in kind of aberrated ways.

This is a graph around modulation. Between those two orange lines, we call that the window of tolerance. Within those boundaries a person can basically process and integrate both the information coming from the outside and the information coming from the inside. That's when, within our window of tolerance, we feel really alive and creative and vibrant. With traumatized people, they're often up at the top end here in hyperarousal, and they're outside of that window of tolerance. Their actions come out in

an unintegrated way, because there's too much arousal in the system to execute integrated actions. There's emotional activity, hypervigilance, fight, flight and freeze, etc. Then we also see these states below that bottom line, a hypo aroused state, where there's two little arousal to process information and therefore take appropriate action. Then we see things like submission, numbing, and collapse. So how do we help people get back up and into that window of tolerance through working with the body? I'm going to show you some tapes, hopefully that will illustrate this for you.

This first tape that I'll show is a woman named Valerie. She had stayed out of relationship her whole life and in her forties she started going to therapy because she thought this was odd. She had had a year or over a year of sensory motor psychotherapy before this session. All the clients you're going to see have had work. They're not my regular clients. I can't find it in myself ethically to tape my regular clients. These are clients of colleagues that do a series of videotaped sessions with me. We enter into this session as Valerie is talking about wanting to go out with this boy when she was in high school. His name is Jerry Maguire, oddly enough. She's Irish. And she said he asked her out 27 times, but she said no every time. You'll see how her arousal starts to drop, and it's really difficult for her to be present for the therapy work. So, you'll see at that low end of the modulation model.

AND, SO REMEMBER THAT FEELING. YOU WANTED TO BE HIS GIRLFRIEND.

Yeah.

AND LET'S SEE WHAT…WHAT HAPPENS, HUH?

I can't.

THERE'S A VOICE INSIDE THAT SAYS, 'BUT I CAN'T.'

Yeah.

AHA, A VOICE THAT SAYS, " BUT I CAN'T", YEAH, AND YOUR BODY PULLS BACK A LITTLE. DID YOU FEEL THAT JUST THEN? AHA. AHA. YEAH. SO YOU WOULD LIKE TO BE…YOU WOULD HAVE LIKED TO HAVE BEEN HIS GIRLFRIEND, BUT THERE'S THIS VOICE THAT SAYS, "BUT I CAN'T", AND SOME FEELINGS TOO HUH? HE'S STILL HERE?

Just about.

JUST ABOUT GONE OR JUST ABOUT…

Just about here.

SO, COME BACK INTO YOUR PELVIS A LITTLE BIT, HUH? IT'S HARD TO STAY WITH THIS, ISN'T IT?

Well, I'm having a talk that I know I didn't have then.

WHICH WAS? WHICH IS?

What happens in the dark afterwards.

WHAT HAPPENS IN THE DARK AFTERWARDS? YOU DIDN'T HAVE THAT THOUGHT THEN, BUT YOU'RE HAVING THIS THOUGHT NOW. AHA.

But I'm still in then. I'm back in the memory.

YOU'RE KIND OF HERE NOW, BUT YOU'RE ALSO…

Yeah.

THAT'S GOOD, KIND OF A DUAL CONSCIOUSNESS.

That's what we want in working with traumatized patients. We want them to access those trauma states, which we can see in Valerie. We can see her tighten up and pull back, and she's starting to lose her ability to be present. Then within that trauma state, we want to somehow find a way that that projected future action can be executed.

CAN YOU SAY ANYMORE ABOUT THAT THOUGHT? WHAT HAPPENS IN THE DARK AFTERWARDS? ARE THERE ANY…IS THERE ANYTHING ELSE THAT GOES WITH THAT?

I tighten my jaw.

A TIGHTENING IN YOUR JAW. OKAY. SO FEEL THE TIGHTENING. AND WHAT ELSE HAPPENS? AGAIN, TRACK YOUR…IF YOU'RE DISSOCIATING, IF YOU'RE STAYING HERE, LET'S KEEP IN TOUCH WITH THAT. I CAN'T QUITE TELL ANYMORE.

"Something happened to the sound?" I said, "I can't quite tell where you are." She says, "I'm trying to feel where I am." I asked if she feels her body. She says she's not feeling her body. She's not really able to respond. I'm telling her that I think she left her body when she had that thought, "what happens in the dark afterwards," and she is agreeing. I hope this comes back. Now she's saying well maybe if I sit on the floor, I'll be more grounded, be able to be more present.

IT'S REALLY HARD TO STAY HERE, HUH? TO STAY PRESENT.

But it's…I…I feel as if I'm going to blast out of myself.

YEAH. YOU FEEL THAT PHYSICALLY, ALMOST LIKE YOU'RE GOING TO EXPLODE SOMEHOW?

That there's a fear I'm afraid I'll explode and I'll never put the pieces back together again.

YEAH, YEAH. LIKE YOU'LL FRAGMENT, HUH?

Yeah.

YEAH, YEAH. YEAH. HOW ARE YOU DOING RIGHT NOW BEING HERE?

I'm having great difficulty.

YEAH, YEAH. AND HOW DO YOU NOTICE THAT? IS IT JUST…

I feel very small and fearful and I'm wanting to be anywhere but here.

YEAH. I JUST HAVE THIS FEELING WE SHOULD STAND UP FOR A MINUTE. IS THAT OKAY? YEAH? AND WE'LL JUST SEE WHAT HAPPENS WITH STANDING.

So my thinking there was that she wasn't able to be present, so we really couldn't work, not on the trauma, not on what she wanted to work with. My thinking is that well if we stand up, she'll be more resourced somatically. She's got more options to move if she's on her feet. I felt that might give her somatic sense of safety so she could actually start to work on this experience she wants to work with. (inaudible) has told me that just in standing up, it changes the organization of the brain, so the different parts of the brain come on-line, mainly more areas in the cortical, in the cortex, come on-line. That makes me think that standing can really help people, traumatized patients, access more of their brain so they can actually process their trauma. Watch the difference now, what happens when she stands.

I'm feeling very vulnerable down here. My whole pelvis area.

WHAT DOES VULNERABLE FEEL LIKE PHYSICALLY? DOES IT FEEL TIGHT OR…

It feels mushy.

MUSHY.

Yeah, it feels like…it feels like you could do anything.

SO THERE WAS NO DEFENSE THERE REALLY, HUH?

That I wouldn't have a right to…to not allow you.

YEAH.

And a feeling urge to put…

Okay, there it is. There's that action. "I'm feeling the urge to push you," that defensive response that she couldn't execute as a child. Valerie didn't remember any abuse as a child, but she started to have recall of very, very early abuse, pre-verbal abuse. So, there's that action. Now the job is okay let's just help it.

…shoulder. My shoulder.

SEE WHAT HAPPENS WHEN YOU PUSH, PUSH AGAINST ME, MY SHOULDER. YOU CAN PUSH HARD. WHATEVER IS RIGHT FOR YOUR BODY. DO YOU WANT ME TO MOVE BACK OR DO YOU WANT ME TO HOLD IT?

No, I want you to hold it.

OKAY. AND JUST SEE WHAT HAPPENS IN YOUR BODY.

I want you gone. I want you gone.

AHA. YEAH.

So, just in that little incident, Valerie got not only the physical, but also some of the emotional charge that was there, and also intellectual.

…YOUR HANDS MAKE FISTS, HUH?

Yeah. I…it's like I want to say that if you fuck with me, I'll kill you.

AHA. YEAH. NOW WHO ARE YOU TALKING TO?

That's an important question right there because she's looking right into my eyes. I don't want to get in the way of that perpetrator. It's an important point that when we are

working with physical actions of defense, that we keep that attachment system on-line. We want to keep some of those other operating systems on-line as we work with the defense. We don't want to just go into pure defense. We did that when we beat pillows. It's not really that useful for traumatized patients. Now watch what happens when she names her perpetrator, because her body, I can speculate, exemplifies the conflict we see with so many of our patients whose abusers were also their caretakers.

> WHAT…IS THERE A PERSON OR JUST MAYBE A SENSE OF SOMEBODY? MAYBE NOT, BUT I JUST WANTED TO…
>
> There is.
>
> AND YOU MAY NOT WANT TO SAY.
>
> It's my grandmother's…

She says,"it's my grandmother's brother," and look at her body. Her whole body changes, her head comes down, her hands have a different organization. We could speculate that that's the conflict between the attachment system and the defensive system. Type D attachment.

YOUR GRANDMOTHER'S BROTHER?

Yeah.

YEAH.

And I…I want to kill him.

YOU WANT TO KILL HIM, YEAH. YEAH. FEEL YOUR HANDS RIGHT NOW, LIKE THEY'RE KIND OF COMING TOGETHER, HUH? YEAH, YEAH. YOU WOULD LIKE TO KILL HIM. YEAH. LOTS OF SHAKING. YEAH. AHA. AHA. YOU WANT TO KILL HIM. YEAH. TRY THIS. JUST WRAP YOUR HANDS AROUND THAT. JUST SEE IF IT FEELS GOOD PHYSICALLY. JUST SEE IF IT FEELS GOOD. DOES IT FEEL GOOD ON YOUR BODY? YEAH, GREAT. SO STAY WITH THE GOOD FEELING IN YOUR BODY.

We're always going through that good feeling, because when an action does complete itself, in the right way, it feels good somatically, because there's a feeling of pleasure in the body.

IT'S NICE WHAT'S HAPPENING, BECAUSE THERE'S SOME…JUST IMPULSES, DEFENSIVE RESPONSES COMING UP IN YOUR BODY, YOU KNOW, LIKE WANTING TO STRANGLE, WANTING TO KILL HIM, WANTING TO BEAT THE SHIT OUT OF HIM. YEAH. YEAH. WELL WHAT HAPPENS IN YOUR BODY WHEN YOU FEEL THAT YOU WANT TO BEAT THE SHIT OUT OF HIM? LIKE WHAT'S THE ENERGY? WHERE'S THE ENERGY?

The energy's here.

IN YOUR ARMS.

And it's in my face.

YEAH, YEAH.

I feel my fists aren't big enough. I need bigger fists.

YEAH. REALLY DEAL WITH IT. YEAH. AND REALLY, REALLY HIT, HUH?

Yeah.

YEAH, YEAH. SO WHAT WOULD BE THE RIGHT WAY TO WORK WITH THAT? SHOULD I GIVE SOME RESISTANCE? WOULD IT FEEL GOOD OR…JUST PHYSICALLY NOW.

I don't know.

WE CAN PLAY AND SEE. TRY IT. YEAH. YEAH. STRONG WOMAN.

Yes.

WHOA. WHAT HAPPENED INSIDE YOU? WHAT HAS HAPPENED TO YOUR BODY AND…

Totally energized, and…

YOUR LEGS TOO?

Yeah.

YOUR PELVIS.

Yeah. And yeah my legs feel strong now. I feel strong. That was really good, I mean, because a lot of you.

YEAH A LOT OF ME. IT FEELS GREAT TO BE ABLE TO REALLY PUSH ME AWAY OR PUSH SOMEONE EVEN BIGGER THAN YOU AWAY, HUH?

Yeah.

YEAH.

Yeah.

YEAH.

I (inaudible) I can.

YEAH. YEAH RIGHT.

Yeah there's a strong sense that like don't fuck with me.

YOU DEFEND YOURSELF.

Yeah. And there's a sense that I'm standing square. That I'm present.

RIGHT. AHA.

Yeah, I like it.

SO ENJOY THAT, HUH?

You can really see the pleasure that occurred for her at the stage of triumph, as Jenet would say. This is an interview just a few weeks later, what she says.

> I pushed her out of her socks, and it was wonderful. And she was resisting me. I mean she wasn't…she was…she was doing (inaudible), and I managed to push her. And after it was…it was a whole…everything was energized, it was like I can, I can do this, I can…I can defend, I can reach out, I can say no.

So she's integrating different action systems though. We didn't work on reaching out and connecting with others, but once she felt the completion of the ability to defend, it naturally emerges, the ability to…the sociability and the attachment. She goes on to talk about that.

> I didn't even have to unprocess it, in a sense. When it was done, it was done. And I felt great. And within that week, every time I looked in a mirror, there was a brighter person in the mirror. And I went out at the end of the week and I bought myself a set of clothes, and I haven't done that since I came here. I bought things I needed. But I bought a set of clothes I felt good in. I went to a party and I felt content. And it's continued. It's still there. I think I'm still more bodied than I was.

You can hear the changes from being able to complete that action. And again, I'm showing you one session of people who are already in psychotherapy. Second, I'm showing you my best sessions. I don't show you my worse ones. What we're seeing, what we saw in Valerie, and what we see in many of our patients is that there are conflicting projected futures. There are conflicting actions. In her, the ability to reach out and really make connection with people, and be social, conflicted with the need to defend and protect herself.

Let's look at different somatic trauma responses then. This chart was developed in collaboration with Steven Porgess(?), out at Manhouse. When I first had this chart, I didn't have the first category, the social engagement system, up there, and then I showed it to Dr. Porgess(?) and he said, "You've got to put the social engagement

system at the top of the chart." Steven has come up with a way of looking at the nervous system called the polyvagel hierarchy. He distinguishes the parasympathetic nervous system into two branches—one is the ventralvagel(?) complex, which as you see up here, it governs the facial muscles, eyes, larynx, and middle ear, those adaptive movement is the movement of engagement. These are organs that we use to engage. You see disturbances in this area with say autistic children, some traumatized patients who aren't able to engage with a flaccidity and the musculature and ability to make eye contact, etc. We want to always keep that social engagement system on-line. We want to evoke that system in our patients through the therapeutic relationship, and we don't want to let it go. We want to keep it on-line so that we can safely study these other trauma states.

Attachment for survival, this involves the voice and movement towards a safe person, towards an attachment figure. If a child's able to move, they're going to run towards their attachment figure. If they're too young to move, they're going to cry, they're going to scream. There's an increased sympathetic nervous system activation, plus that social engagement system that need, that desire for connection. Flight is also increased sympathetic nervous system tone, but there's movement away from the threat. Freeze is very interesting, because there seems to be some discrepancy in the field as to what actually causes that stiffening immobility, that shallow, fast breathing, the tense musculature. Some people say it's a combination of sympathetic nervous system tone and parasympathetic nervous system tone. Others say it's a high sympathetic tone, but an inhibition in the motor cortex. I'm not a scientist, I don't know, but we know what it looks like. It looks like this. It looks like a stiffening in the body. There's lots of action that wants to happen, but there's no action happening.

Then there's a fight response, which is increased sympathetic nervous system tone where there's aggressive action. Then there's total submission, which I think is misunderstood somewhat in the field. Total submission involves an increased dorsal vagel tone, which is the other branch of the parasympathetic nervous system. The dorsal vagel system is responsible for slowing everything down, slowing down our organs, slowing down our heart rate, etc. This is an animal defensive response that is different from the freeze. For example, if there's a rat in the middle of the room, and it gets frightened, the first thing it's going to do is run to the corner, the darkest corner of the room, and then it's going to freeze. There's going to be that stiffening immobility. The threat gets closer, there might be an attempt at attack, but then it will be total submission, which is a limp type of immobility. The musculature is flaccid. So when the dorsal vagel tone is higher, the tone of the muscles goes down, there's a limpness in the body.

We see all these different trauma somatic responses in our patients. They all hold actions that are wanting to happen. Ron Kurtz, who is the founder of the Hakomi Method, way back in the '70s he said, "Our patients aren't problems to be solved; they're experiences wanting to happen." Which kind of reframes the pathology. When we're working with a traumatized client, we access both the state-specific processing associated with the event. So, in Valerie, that state-specific was when she was starting

to really dissociate, not be able to be present, associated with the past event, and also to the implicit disrupted projected future of the sequence of actions. We have to have both. We could have said to Valerie just go practice, go to martial arts or practice pushing or something, but that won't do it, because what we want to have is that trauma state right beside that future action that then we're going to execute. We help the client's body consciously and organically unfold a possible future from that state-specific processing of the original memory. Is this making sense to you all? You have to have that state-specific processing of the original memory there, and then help them unfold that future action. In a way, it becomes explicit, conscious and with choice.

Let's watch another session here. This one is with someone who experienced a really rather strong freezing response. She is a psychiatrist, she also had cancer at the time of the session. She hasn't had any sensory motor psychotherapy, but she has had quite a bit of therapy and she's really interested in her bodily responses. She has pretty severe attachment disruption. She's been isolated most of her life, been in and out of mental hospitals and psychiatric units for depression, on medication. She doesn't remember a lot of her childhood, but she grew up with an alcoholic mother, who used to come up into her room and hide bottles under her bed when she was a little girl. We come into this session there, and why I want you to see this session is because you'll see a pretty potent freeze response, and also how to evoke then the projected future action through the therapeutic relationship.

> Yeah, I think I would pretend to be asleep and she'd be crawling under the bed.
>
> HIDING.
>
> Getting beer.
>
> SO WHEN YOU TELL ME THAT, WHAT HAPPENS INSIDE YOU?
>
> There's a little activation, a little sense in my chest, and a little bit in my upper arms.
>
> IN YOUR UPPER ARMS, YEAH.
>
> Yeah.
>
> SHALL WE STAY WITH THAT A LITTLE? DOES THAT FEEL…
>
> Well, and a quick capacity to (inaudible), so…yeah. It's there now.
>
> IT'S THERE NOW, YEAH. SO WHEN YOU REMEMBER THAT, BEING IN BED AND YOUR MOTHER CRAWLING UNDER THE BED, IF YOU JUST REMEMBER THAT PIECE, THAT'S WHEN YOU FEEL A LITTLE BIT OF ACTIVATION?

Yeah, and I can…can feel myself tensing.

TENSING WHERE? IN YOUR SHOULDERS?

Sort of my shoulders and my upper arms almost.

YEAH SO JUST FEEL…

It's just I'm getting every sort of muscle tensing.

EVERY MUSCLE IS TENSING.

In my arms and my neck and shoulders.

YEAH AND THERE'S A SHAKING TOO.

Yeah. And it's like, you know, sort of I'm…they're all sort of rigidly, you know, I guess frozen together.

YEAH, YEAH. SO YOU CAN FEEL BOTH THE TENSION AND THE CONSTRICTION AND THE FREEZING, HUH?

Yeah.

YEAH, YEAH. IS THERE ANYTHING ELSE THAT GOES WITH IT, ANY OTHER WORDS OR IMAGE? NO. JUST THE BODY.

Yeah.

DON'T STRUGGLE. IF EVER YOU'RE STRUGGLING, TELL ME, OKAY?

One of the nice things about having a body is that we don't need the content to process the trauma, because we're always working with the effects of the trauma in the person's present experience. We're never working with the events anyway. So, although she doesn't remember much, as soon as she started talking about her mother hiding those bottles, her whole system started to response. We have that to work with, and that's plenty. People are often saying, "How do you work with kids, because they can't really talk about it?" You're working with how they're organized around it, so you can still affect that projected future being executed, without the content.

I WONDER IF YOU…WITH THAT TENSION THAT'S THERE, WHAT…OFTEN TENSION IS LIKE A PRECURSOR TO SOME KIND OF MOVEMENT. IF YOU ASKED YOUR BODY, HOW WOULD THAT

TENSION MOVE? DOES IT WANT TO JUST PULL IN? DOES IT WANT TO PUSH OUT? DOES IT WANT TO PUSH AWAY?

Well, I had an image come to mind of my hands staying sort of in the formation there, and now, and wanting to just lift straight up off of me.

WANTING TO LIFT STRAIGHT UP OFF OF YOU.

Yeah.

Okay, so she's able to describe the action that wants to happen. Even when she's in this freeze state. Now she has an image of that projected action that wants to happen.

SO IF YOU SEE THAT IMAGE, WHAT STARTS TO HAPPEN IN YOUR ARMS AND HANDS?

I get tighter.

YOU GET TIGHTER.

Yeah.

YEAH, YEAH. YEAH.

This is the conflict. There's a movement that wants to happen with her arms lifting up but, instead of executing that movement, she gets tighter.

YEAH. AND YOU MIGHT WANT TO DO THAT MOTION OR YOU MIGHT WANT TO JUST…

It's almost like I feel like I can't do it. I mean I'm not literally sort of paralyzed…

IT FEELS PARALYZED.

But yeah. I feel…I mean like there's something preventing it.

AHA. IT FEELS LIKE THERE'S SOMETHING…LIKE YOUR ARMS WOULD WANT TO GO LIKE THIS, RIGHT, JUST COME UP?

Aha.

BUT THERE'S ALMOST SOMETHING PREVENTING IT?

Yeah it's almost, you know, the tension is almost like I'm being held down by an outside force, although I know I'm not.

YEAH, BUT YOU KNOW YOU'RE NOT, BUT THAT'S THE FEELING.

Yeah.

AND YOU SENSE LIKE THERE'S A PRESSURE ON TOP OF YOUR HANDS OR…

From my sort of elbows down to my wrists, more on the right than the left, it feels like being held down.

WHAT HAPPENS NEXT IN YOUR BODY AND IN YOUR THOUGHTS AND FEELINGS (INAUDIBLE)?

I mean I'm sort of shaking.

I CAN SEE ALL THAT SHAKING.

Yeah. And still feeling paralyzed. But, you know, I think that I'm sensing wanting to move, you know. Part of the shaking is sort of this attempt to get the hands off of me.

YEAH, TO GET THE HANDS OFF OF YOU. SO FEEL THAT WANTING. YEAH. AHA. AND SOMETHING MORE?

No, this not…I mean literally not being able to move.

NOT BEING ABLE TO MOVE. AND WHAT ENDS THAT YEAH. YEAH. TAKE YOUR TIME. JUST FEEL YOUR BODY. YEAH. YOUR BODY REALLY WANTS TO MOVE. YEAH. YEAH. RIGHT. A LOT OF PAIN.

Laura expresses the feelings emotionally, but it doesn't really alleviate the freezing in her body. So, even though she entered that state specific processing and process emotionally, it didn't really help her body. She was still frozen.

I'm frozen again.

AND HOW DO YOU TELL YOU'RE FROZEN?

I…I have the sense that I can't move my arms.

THAT YOU CAN'T MOVE YOUR ARMS.

That…you know.

THAT YOU CAN'T MOVE YOUR ARMS NOW.

Right.

Laura had spontaneously closed her eyes. I'm going to do an experiment here where I ask her to open her eyes, because I want to find out if there's any way that the relationship will help her with the freezing pattern. Do you think it will? That's what I thought. I thought it would.

EXPERIMENT, OKAY? LIKE FEEL THAT FREEZING IN YOUR ARMS AND I'D LIKE TO ASK YOU TO JUST OPEN YOUR EYES AND SEE ME HERE WITH YOU. AND WHAT HAPPENS WHEN YOU SEE SOMEONE HERE WITH YOU. FEEL THAT FREEZING NOW.

Nothing changes in the freezing.

NOTHING CHANGES IN THE FREEZING. YEAH. YEAH. AND WHAT HAPPENS INSIDE YOU?

I'm pretty numb. It's sort of I can see you but it's not a sense of…I don't have a sense of keeping you out, but you're certainly not…I'm certainly not feeling connected either.

That, kind of, says the dilemma of someone with their attachment disorder where well I'm not really keeping you out, but I'm not connected. It's like they're not able to interactively regulate, which, makes sense, because she grew up with an alcoholic mother. She didn't learn how to use relationship to regulate her states. Then, I thought well if that didn't work, let's find out what happens if I close my eyes, since when she opened hers it didn't help. Watch what happens when I close my eyes.

WHAT HAPPENS IF YOU LEAVE YOUR EYES OPEN (INAUDIBLE), AND I JUST CLOSE MY EYES? AND I'M STILL REALLY HERE, I'M JUST NOT SEEING.

Right away, I'm much more relaxed in my arms.

RIGHT AWAY.

Yeah. It took a…took a few seconds.

YOU RELAXED IN YOUR ARMS.

Oh no, I'm really having problems here.

And now all that's frozen is really my wrists and hands when my eyes are closed.

She's more relaxed. Did you see that almost instantly her breath deepened, that freezing started to let up a little bit. We're just going to continue in that vein. I'm going to then sit back and move back and watch what changes in her body.

Yeah.

LIKE THAT?

Aha.

AHA. AND WHAT HAPPENS THEN WHEN I SIT BACK?

There's even a little bit more relaxation and my wrists feel unfrozen and my fingers are still frozen.

YOUR FINGERS ARE WHAT?

Still frozen.

There's the pleasure that starts to come as the actions start to happen, this release of the freezing. She starts to giggle. She's starting to enjoy herself as the actions start to happen.

…move my hands and my wrists.

YOU CAN MOVE NOW.

Yeah, but not my fingers.

SO IT'S INTERESTING HOW IT REALLY IS THE RELATIONAL PIECE, LIKE YOU SAID, THE RELATIONAL TRAUMA, THAT EVEN BRINGS UP THE FREEZING AND EVERYTHING.

Right.

YEAH.

And it makes sense, because my sense of my mother is, you know, she's just incredibly intrusive.

RIGHT. RIGHT, SO THE ONLY OPTION YOU HAVE IS JUST FREEZE.

Right. Yeah. I mean it's like I just am in the world assuming that people are going to…probably assuming that people are going to be intrusive and…

If I just keep moving back here…I've still got my eyes closed.

Have more movement in my arms and my shoulders, but my fingers are still…You probably have to be across the room for my fingers.

INTERESTING, HUH?

Yeah.

SHOULD I MOVE BACK FARTHER?

You could certainly try.

OKAY.

There's nothing behind you.

OKAY.

There's that movement.

CHECK WITH YOUR FINGERS IF THEY CHANGE.

I'm so happy I have the tape, because I've still got my eyes closed. I couldn't see that that movement that she wanted to have happen, it's now happening. It's now occurring spontaneously.

Two of my fingers on my right hand, they're frozen together, but they're able to move together now.

AHA, OKAY.

So there's…you know. There's just subtle shifts, and…

SO THERE'S A LITTLE MORE MOVEMENT IN YOUR FINGERS?

Yeah.

YEAH. SHOULD I KEEP GOING BACK A LITTLE FURTHER? TRUST YOUR BODY, YOU KNOW. I MEAN…

Yeah. I'm… It feels like that's what going to…what it's going to take.

OKAY. LET ME KEEP MOVING BACK.

Okay.

There's that hand.

I've got my right hand unfrozen, and…

RIGHT HAND'S UNFROZEN.

Yeah. And I can move my left hand sort of in the air. But the fingers are still sort of…

YOUR FINGERS ARE STILL…

Sort of all frozen together.

IN YOUR RIGHT HAND?

In my left. The right hand's all unfrozen.

I SEE. SO YOU CAN MOVE YOUR LEFT HAND, BUT IT…

Yeah. I can't…the fingers are still…

I SEE. SO YOU GUIDE ME HERE, LAURA. WHAT FEELS…

Okay, my left hand, three of the fingers unstuck, and they're still…

THERE'S TWO ARE STILL STUCK?

Still stuck.

YOU'RE LAUGHING, HUH? YOU'RE HAVING A GOOD TIME. WHAT'S HAPPENING?

Well, I don't know, I guess it's sort of, you know, that I can… I don't know. Sort of the words that come to mind is the sense of control.

YEAH. THAT'S RIGHT, YOU HAVE THE CONTROL. RIGHT. AND HERE IS THE CONTROL OVER THE RELATIONSHIP, RIGHT, THAT ALLOWS FOR THESE ACTIONS TO TAKE PLACE. SO IF YOU'RE IN CONTROL, SHOULD I GO BACK AND GO BACK MORE? I CAN'T TELL. SHOULD I GO BACK A LITTLE MORE?

Yeah.

OKAY.

Try to get these last two.

Watch her fingers.

That did it.

THAT DID IT? SO YOU'RE UNFROZEN.

I'm unfrozen.

SO JUST FEEL THAT. FEEL YOUR OWN CONTROL, AND WATCH YOUR RELATIONSHIP, YOU KNOW, AND WHAT THAT UNFREEZING IS LIKE THEN. IF YOU WANT TO. AGAIN YOU CAN SAY NO I DON'T WANT TO DO THAT.

No.

IF YOU WANT TO, JUST SENSE IT.

Yeah. It feels good to move.

IT FEELS GOOD TO MOVE. SO JUST ENJOY THAT, LAURA. FEELS GOOD TO MOVE.

There's that movement again. Now watch.

You can probably open your eyes now.

SHOULD I?

Yeah.

OKAY, WELL LET'S SEE WHAT HAPPENS IF I OPEN MY EYES.

Now you feel…

She says, “Now you feel too far away,” and her arms make a different gesture, more a gesture of reception. It’s similar as with Valerie that she can now access that attachment impulse.

AHA.

Once unfrozen.

ONCE YOU’RE UNFROZEN, I FEEL TOO FAR, YEAH.

Yeah.

SHOULD I…

Yeah I have a sense that…

I SHOULD COME A LITTLE CLOSER.

And now she’s beckoning. She says come a little closer.

BUT BEFORE I DO, JUST SENSE THAT, YOU KNOW.

I think that’s probably enough. This is illustrative of different ways to evoke that action. We couldn’t evoke it directly through accessing her body. We had to evoke it through working with the relationship. One of the things that I learned in the ‘80s from Margery Rand, who I think is in the audience, is how important boundaries are, and how important it is, how close you sit to somebody, how far away you sit, that proximity.

I want to come back to the pleasure of a competed action, with Pierre Jenet. He states, “An important characteristic of a completed action, one we must do our utmost to obtain, however difficult it may be”—and it’s really difficult sometimes, isn’t it, sometimes with our patients—“is pleasure. When an action is being functionally restored, we almost always notice at a certain moment that satisfaction reappears in one form or another, a sort of joy, which gives interest to the action and replaces the feelings of uselessness, absurdity and futility, which had formerly troubled the patient in connection with this action.” Yeah, so there’s that mastery, that stage of triumph, and with that comes that feeling of competency and pleasure.

Peter Levin, the founder of somatic experiencing, he told me that there’s a word for that in the animal kingdom. It’s called “pronking,” when animals successfully escape in that stage of triumph. When we are working with a sensory motor system and facilitating that sensory motor processing, okay, the patient first must access that state-specific processing. They must become aware of their habits of movements, postural, the structural patterns, and relationship to their trauma.

Then we want to help people practice alternatives. We do a lot of little experiments. What happens you open your eyes, what happens when I open my eyes, what happens when you start to push? We're always working with the changes in the organization of present experience. Patients are taught to track their inner body sensations, which I want to show you one more video, which you'll see in this next video, and they're taught to practice actions that can resource these trauma states. We're working with somatic resources of grounding, pushing, physical actions that can actually help a person mitigate some of their traumatic patterns.

I was talking yesterday evening to a man who works with veterans. We were talking about how difficult it is to work with vets, what terrible treatment they're getting. They're kind of a forgotten group, very often. Especially in light of all the wars going on, I think we really need to get better treatment for our veterans. That soldier, the description of him, it says, as (inaudible) as he looks, he sleeps badly or not at all. During his nocturnal insomnia, he dreams loudly, and his nightmares are guided by a vision always the same, with some variations. The one accident from which he was evacuated, there was an explosion of a bomb or mine, and a burial in a trench or in a dugout, etc. Again here's those memories coming back that hold actions that were not able to be executed.

I'd like to show you one more video of working with war trauma. This is a man, a Vietnam veteran. He had done therapy at a vet center. He'd done psychodrama at a vet center a few years back. It was terrible for him. He said that he actually couldn't do it. He said it just freaked him out too much. He was told that he would have to keep coming back and keep reenacting that trauma in a therapy setting until it resolved. They said you've got psychic numbing. He's been even more phobic now of accessing his traumatic memories. He was a drug addict, that's how he dealt with his trauma, which is how many traumatized people try to modulate their arousal. He first went into treatment in the late '90s, but what really helped him was hands-on body work--cranial sacral therapy. Now he's a massage therapist. He went into massage training I think in '98 or '99 and became a massage therapist. He has a lot of awareness. He's done a lot of therapy, but he hasn't really resolved this one trauma. We talked at the beginning, did some cycle education and talked about how we're working with that memory. I explained to him how you can tell me a little about the memory, but as soon as your body starts to get activated, we need to stop and start to work with your body.

> So we had been in country for approximately 17 days, so it was fairly new, and I was attached to an armory cavalry unit. I was in the infantry. And we…
>
> WHAT HAPPENED JUST NOW?

I watched his body and we're going to (inaudible).

> (inaudible) inside. My gut tightened.

YOUR GUT TIGHTENED, YEAH, RIGHT. AHA. AHA. AHA. YEAH. SO JUST PLACE YOUR HAND THERE ON YOUR GUT, MICHAEL. YOUR BODY KIND OF WANTED TO DO THAT ANYWAY.

Yeah.

So we're following his natural action.

JUST FEELING YOUR LEGS AND WHAT YOU'RE SENSING IN YOUR BODY, AND YOU HAVE YOUR EYES OPEN OR CLOSED, WHATEVER HELPS YOU.

Yeah, it kind of helps me.

I'M SORRY?

It helps me to close my eyes, internally.

OKAY GREAT.

Yeah.

IT HELPS TO KIND OF SENSE YOUR BODY.

Absolutely.

OKAY GREAT. HOW ARE YOU DOING IN YOUR BODY?

I'm okay now. I'm back.

YOU'RE BACK.

(inaudible) coined a very nice term, I think—pendulation—and what he means by that is going back and forth between a resourced body state and the trauma reactions. That's a very important concept in trauma therapy, that we don't go just back into trauma reactions, but we also work with the resources and we pendulate. We go back and forth and Peter is really an expert at that.

So anyway we pulled into a location that something inside of me told me that it was not the right place to be.

WHAT HAPPENS IN THE BODY AS YOU KIND OF REMEMBER THAT KNOWING?

That's an important moment when told me it's not the right place. That holds that projected action that maybe didn't get to be executed.

> I just kind of feel like I'm coming up to a…really alert. You know, it's like this orienting almost, this…
>
> YEAH.
>
> …sense of danger, you know, there's danger here. I'm feeling like I need to flee.
>
> OKAY.
>
> Something like…
>
> YOU NEED TO FLEE. RIGHT. YEAH.
>
> It's not right here.
>
> IT'S NOT RIGHT, YEAH. YOU KNOW…
>
> My legs want to run.
>
> YOUR LEGS WANT TO RUN.
>
> It's real clear to me that there's this running wants to happen.
>
> YEAH, RIGHT, YEAH.
>
> I mean my quads are starting to engage a little.
>
> AND WHAT HAPPENS WHEN YOU JUST FEEL THAT ENERGY IN YOUR LEGS?
>
> What happens, I get more present in my experience. My heartbeat slows down. It feels really good to connect with that.
>
> GREAT, SO…

Watch his legs now. You see those little involuntary movements? See that happening?

> SEE WHAT HAPPENS NEXT. IT'S A GOOD FEELING SOMEHOW.
>
> It's kind of slowing down.
>
> SLOWING DOWN.

That was another piece of the memory. Then we just dropped the content and we just stayed with his body, like sensing in his body that action that had wanted to happen. Now we're ready to go on with the content.

> Well you know, a continuation of that is when I went on a patrol that day, and walking, a lot of times we would find what we call blue lines, which is a little creek. Rather than beat our way through the jungle, we'd walk down the creek. And I even had a sense…
>
> IT HAPPENS AGAIN.
>
> Yeah.
>
> ON YOUR BODY.
>
> Yeah.
>
> YEAH. YOU'RE DOING GREAT TRACKING.
>
> I had a sense that…I just had this really knowing that somebody was aiming at me.
>
> FEEL YOUR HAND.
>
> Yeah it's just like…
>
> YOUR HANDS GO UP. YEAH. SO STOP THERE, MICHAEL. SENSE YOUR BODY. FEEL IT IN YOUR HANDS, WHAT THEY WANT TO DO. YOU KNOW, JUST SENSE WHAT YOUR BODY WANTS TO DO RIGHT NOW.
>
> It just wants to…
>
> PUT YOUR HANDS UP.
>
> Put my hands up, yeah.
>
> AND DO THEY WANT TO PUSH OR DO THEY WANT TO… I'M GOING TO TAKE A PILLOW AND I'M JUST GOING TO PLACE IT HERE, AND IF THERE'S AN IMPULSE TO PUSH, YOU CAN TRY IT AND JUST SEE IF IT FEELS GOOD IN YOUR BODY.
>
> Yeah, it feels real good.
>
> OKAY.

That's our key when that action is being executed, it should feel good. If he said, "Oh it feels terrible," we would do something else.

JUST GO WITH THAT GUT FEELING, AS STRONG AS YOU WANT. YEAH. YEAH THAT'S GREAT, PUSHING FROM…IT FEELS LIKE YOUR BACK'S ENGAGED TOO.

Yeah.

YEAH. YOUR WHOLE BODY. YEAH. CHANGING NOW A LITTLE.

Yeah, it's kind of softening a little.

YEAH. AND WITH THAT COMES MORE OF A BREATH, HUH?

Yeah, just feeling kind of (inaudible), calmness. Activation is calming down.

CALMING DOWN, YEAH.

We didn't explore that motion that it changed into, but it feels very connecting. It feels like a little dance between us, although we didn't explore it.

That night I went to sleep on top of the APC.

WHAT'S AN APC?

An armored personnel carrier. In my sleeping bag, and about 11 o'clock at night I was awakened to pure pandemonium and screaming.

YOUR HANDS CAME UP AGAIN RIGHT AWAY.

Yeah. I mean it was just rocket propelled grenades going off, explosions, small arms fire, a guy real close to me screaming for a medic.

PAUSE FOR JUST A MINUTE, OKAY, BECAUSE I WANT TO…I DON'T WANT TO GET BEYOND WHAT YOUR BODY CAN WORK WITH.

When I said, "I don't want to get beyond what your body can work with," that's crucial when we're working with traumatic memory. We don't want to access more information, we don't want to get too far above that window of tolerance. As soon as the person starts to go over that line, we want to help them somehow modulate, because otherwise they're not going to have an integrative experience.

It's coming up inside.

He feels panic coming up inside.

> FEEL THE PANIC AS BODY SENSATION, MICHAEL, OKAY? HOW DOES IT FEEL IN YOUR BODY? IS IT TREMBLING…
>
> Aha. Just something way in here. I don't know, way in my core.
>
> VIBRATING, HUH?
>
> Tightening, constricting, just all real…it's happening real rapidly.
>
> SO JUST TRACK THAT TIGHT AND THAT CONSTRICTING. JUST TRACK THAT IN YOUR CORE, AND LET'S SEE WHAT HAPPENS NEXT. YOU'RE JUST WATCHING IT. **YOU CAN DROP THE CONTENT RIGHT NOW. JUST YOUR BODY'S RESPONSE**. YEAH THAT'S…JUST LET THAT HAPPEN. YOU'RE WITH ME, RIGHT?
>
> Yeah.

So I'm just having him follow those involuntary (inaudible - speaking over each other).

> JUST LET THAT SHAKING HAPPEN. NOT TO MAKE IT STRONGER, NOT TO MAKE IT LESS. YEAH, AHA, AHA. LOTS OF SHAKING IN THERE, RIGHT THROUGH YOUR SPINE, HUH?
>
> Yeah, it's really at more core.
>
> IT'S REALLY IN YOUR CORE.
>
> Yeah.
>
> SO JUST FEEL THAT SHAKING IN YOUR CORE. IT LOOKS LIKE IT'S CHANGING A LITTLE BIT.
>
> Somewhat, yeah. Slowing down.
>
> SLOWING DOWN, YEAH. SO JUST FEEL IT SLOWING DOWN.
>
> Interesting going on.
>
> YEAH. JUST KIND OF LET YOUR BODY…
>
> Just kind of observe it, yeah.
>
> YEAH. RIGHT, YEAH.

That was a nice statement that Michael made because that was kind of a core of the trauma, that was the worst of it for him, when the grenades were going off, people were dying and everything. Now instead of going into a panic about it, he said it's interesting to watch his body. That curiosity is present, that interest in his own organization. Next this feeling of anger comes up, just spontaneously, not connected with any content, but Michael had had trouble managing his rage, as many of our veterans do.

It feels like it's just right in my belly.

RIGHT IN…

It's not in my spine, it's right in my belly.

AND WHAT HAPPENS WHEN YOU PUT YOUR ATTENTION TO IT? WHAT DO YOU NOTICE INSIDE?

It seems to intensify the tightening when I stay with it. Yeah I notice with this hand it clenches tighter.

THAT HAND WHAT?

Right in the fist. The fist I'm clenching hard.

YEAH. YEAH, YEAH. DOES THE FIST FEEL…LIKE WHEN YOU MADE THAT MOTION WITH YOUR FIST, DOES THAT FEEL CONNECTED TO THE BELLY?

I feel angry at the moment.

YOU FEEL ANGRY. YEAH.

Just like I'm pissed off.

SO FEEL THAT. FEEL THAT IN YOUR RIGHT ARM TOO.

It kind of feels hard for me to slow it down.

AHA. AHA.

Almost like it's explosive.

OKAY. YEAH, RIGHT. AND HOW DO YOU NOTICE THAT INSIDE?

Well I just feel like something wants to erupt from outside, inside.

INSIDE. SO I'M GOING TO…WE'RE GOING TO GO SLOW, OKAY? MAY I TAKE THE PILLOW?

Sure.

SO I'M GOING TO PUT IT HERE IN THE DIRECTION THAT YOUR FIST WANTED TO GO. AND YOU CAN PLAY WITH IT A LITTLE, OKAY, BUT THE KEY HERE IS TO STAY REALLY CONNECTED WITH YOUR BODY.

Yeah.

BECAUSE WE DON'T…I DON'T THINK AN ERUPTION IS WHERE WE WANT TO GO, PROBABLY.

No.

That's important to get his agreement because we're working with his rage, done a lot of cathartic work, it hasn't helped his rage, so we're going to see if we can help his body work with that motion that it wants to happen in a more of a mindful way. Watch what happens to his right shoulder, as he works with the anger, because his body also contracts as the arm comes out.

FEEL WHAT YOUR BODY WANTS TO DO, AND TELL ME AS MUCH AS YOU CAN. I FEEL A LITTLE MOVEMENT FROM YOUR FIST.

Yeah, it just wants to go up.

SO LET IT… IS IT RIGHT FOR ME TO GIVE SOME RESISTANCE?

Yeah.

OKAY. SO I'LL GIVE SOME RESISTANCE, AND YOU CAN GUIDE ME. AND WHAT HAPPENS AS IT STARTS TO COME UP, MICHAEL? I WANT YOU TO TELL ME IF YOU CAN.

Just wants to come up more.

YEAH, OKAY. BUT YOU'RE WITH ME, RIGHT, IT'S NOT TOO MUCH.

Yeah.

OKAY. THERE'S THAT THROAT SOUND AGAIN, HUH?

See the tightness in his shoulder?

HOW ARE YOU DOING?

Good.

OKAY GOOD. SO LET THE SOUND COME UP IF IT FEELS RIGHT.

(Growls.)

Okay, so…

That's good.

YEAH? HOW CAN YOU TELL IT'S GOOD?

It feels good to connect with that energy.

YEAH.

I tracked in his body a pushing but also a contraction, so his energy wasn't moving in one direction. When we're working with executing an action, we want to make sure that the body is mobilized in one direction. If somebody's pushing, they're not, pushing and pulling back at the same time. They're actually making an organized physical movement. I'm talking to him about that in this next session.

IT'S NOT GOING IN ONE DIRECTION?

Aha.

YOU CONNECT WITH THAT?

Aha.

YEAH, YEAH.

It's like it's (inaudible) contained or something.

YEAH.

I can get a sense of that.

AHA. AHA.

Yeah.

SO I'M CURIOUS IF YOU WANT TO TRY JUST, YOU KNOW, ALL THE ENERGY JUST COMING INTO THIS DIRECTION.

Aha.

IF YOU'RE INTERESTED IN THAT.

Say that again.

IF ALL YOUR…YOUR ENERGY MOVES IN THE ONE DIRECTION OF COMING OUT. I DON'T MEAN LIKE WITH A LOT OF FORCE, BUT I MEAN JUST SO IT'S NOT…SO IT'S GOING ALL IN ONE DIRECTION.

Okay I got it. So it's more directed.

YEAH. AND JUST SEE HOW THAT FEELS IN YOUR BODY.

Okay.

WHAT?

I'm not sure how to do that.

YEAH, EXACTLY.

As (inaudible) said back in the 1800s, he said the therapist must ascertain precisely what physical action is lacking in the patient and actually teach them how to do it. He said if you're trying to figure it out through your own system, you're not going to be able to tell. So, like Michael says, he's not sure how to do it. You'll find out why in a minute.

FEEL THE DIRECTION THAT THIS FIST WANTS TO PUSH IN, THAT THIS ARM WANTS TO PUSH IN, AND THEN JUST PUSH LIKE…ALMOST LIKE FROM YOUR SPINE, YOUR BACK, SO IT'S ALL GOING IN THAT DIRECTION.

Yeah, it wants to come across.

IT WANTS TO COME ACROSS. OKAY. THERE YOU GO. FEEL THE DIFFERENCE?

Yeah.

YEAH. INTERESTING, HUH?

Yeah. (inaudible) be more focused with it.

YEAH, IT FEELS DIFFERENT IN YOUR BODY.

Yeah it does.

YEAH.

I think that's good.

Can you see the difference in the pushing now? It's a more integrated movement.

Yeah. It felt like it was all bound up in this quadrant somehow. I just had a memory come back of laying in a hospital bed for 17 days with malaria on my right side.

OH WOW.

And waking up and not being able to move my right arm.

AHA.

Isn't that interesting?

YEAH IT IS. WHAT HAPPENS RIGHT NOW AS YOUR RIGHT ARM DOES MOVE? IT'S REALLY STRETCHING OUT…

It feels great.

IT FEELS GREAT. YEAH.

I think we'll stop there. That's an example of how you don't need the content. We had his body. I didn't know about his malaria experience but we had his body, and that was enough to access the movements of the projected future, the movements that wanted to happen. Michael said a week later that he actually felt a shift. I think very importantly about his experience is that he developed a confidence and then began working with his trauma from this experience. He didn't have any negative repercussions, as he said. We're wanting to integrate the mind with the body.

This is a funny cartoon. The language of the body does allude most people until we learn to track it and we learn to make sense of it. We're really integrating a cognitive, or top down, approach with a somatic, or bottom up, approach. I think that's a very powerful combination for helping people heal disregulation and helping people with their trauma.

Thank you.