Embodying the Unspoken Self

Working with Implicit Communication and The Body

Kathy Steele

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Integration of Traditional and Body-oriented Psychotherapy

- Track the explicit *and* the implicit
- Content, process, *and* the body
- Track words *and* the body
- Track psychological defenses *and* animal defenses
- Use a variety of approaches: cognitive, affective, relational, sensorimotor
- Attention to "the dissociative surface" (Kluft, 2006)

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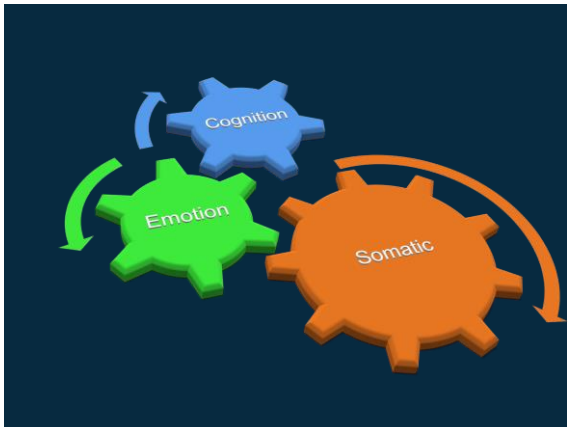

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Felt Sense

- Felt sense is “a special kind of internal bodily awareness . . . a body-sense of meaning” (E. Gendlin, 1981, p. 10)
- Therapists can focus on the client’s felt sense of attachment (security and safety), of danger (animal defenses), of experience in the moment, and of reflecting on the past and imagining the future.
- The felt sense of experience is often disconnected from what the client is saying.

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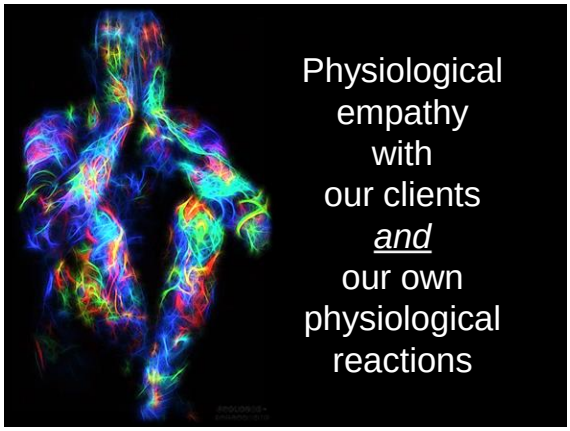

Physiological empathy with our clients *and* our own physiological reactions

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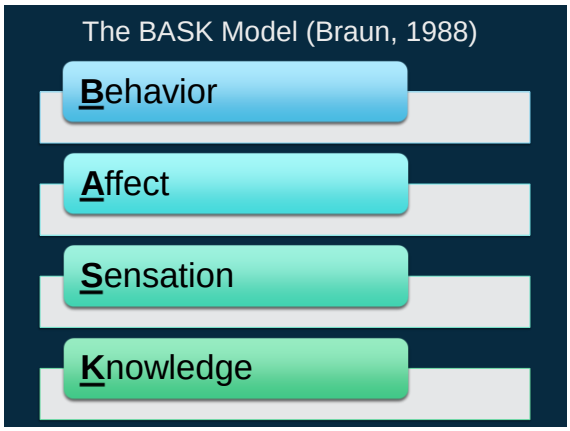

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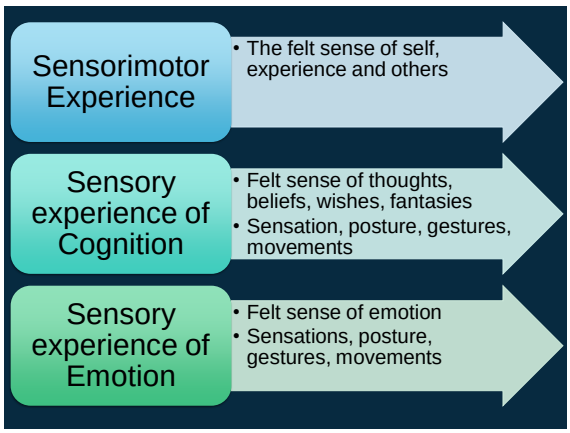

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Ways to Work Somatically

- Felt sense: What does it feel like?
- 5 senses: taste, touch, sight, sound, smell
- Posture / alignment
- Movements
- Gestures
- Animal defenses
- May use imagery and metaphor if client is able
- For example: my anger is red, burning to the touch, sticky, and like an enormous pulsing, fiery ball in my chest

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Difference Between Body Awareness and Processing

- Awareness of the body: What do you notice? What sensations do you experience? Does your body feel tense? Relaxed? Where do you feel that in your body?"
- Processing: How the client implicitly makes meaning, processes information, and executes action. Look at the procedural tendencies, affect regulation, sensory processing and how to change these.
- ~ Pat Ogden, 2009

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How Does Sense of Self Manifest in the Body?

- Posture
- Gestures
- Facial expressions
- Movements
- Sensations

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Intersubjectivity

- Intersubjectivity involves the psychological relations between people that include:
- Shared explicit and implicit agreements about relational meaning and intention;
- The psychological energy that is exchanged between individuals;
- Ways in which relational issues are implicitly communicated in non-verbal ways;
- Understanding the construction and organization of the other's subjective reality.

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Implicit Communication is Embodied

- Perception of implicit communication creates a *felt sense* in both therapist and client
- Implicit communication involves a body sense of activation of particular neural networks
- Mentalizing is based on neuroception, felt sense and mental representations in a feedback loop
- Understanding and recognizing the "felt sense" of what happens makes the implicit more explicit, opening the possibility to further enhance the felt sense of relational experience and overall integration.

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Enactments and the Body

- Each enactment script has a corresponding "felt sense" in the bodies of both client and therapist
- Enactments often involve specific dissociative parts (and there may be a corresponding internal re-enactment among parts)
- Notice your own body first!
- Then help the client notice his or hers.
- Often the implicit felt sense is what clues the therapist in to the possibility of an enactment.

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Developing Embodiment

- Embodiment is most likely to be successful when social engagement is activated (regulated physiology = less phobic avoidance)
- When all parts of self are calmer / regulated / engaged in therapy
- When the therapeutic relationship is safe enough
- When the therapist can explicitly reflect on "felt sense" in self and in the client

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The Embodied Sense of Others

HOW OUR BODIES DEFINE WHO OTHERS ARE

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The essential functions of mirroring

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The Felt Sense of Another

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Matching without Altering: Example

- *Client*: "I am so bad. No one could ever love me."
- *Therapist*: "You are so convinced that you are bad and unlovable. Yes, I can feel that coming from you very strongly in the room, that sense of experiencing yourself as so bad. It seems so very painful. Can you tell me more about it as we are together?"

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Negative Matching In Therapy

Therapists can sometimes spend more time matching the client's negative experiences than positive ones, as depressed mothers do with their infants.

As the client becomes distressed, the therapist becomes increasingly activated…leading to "mutually escalating over-arousal" (Beebe, 2000)

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Negative Matching in Therapy

- As both client and therapist become increasingly distressed, the tendency of the therapist is to disrupt the treatment frame by acting rather than reflecting
- Instead, the therapist might best focus on self-regulation and reflecting on the shared experience of dysregulation.

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Exploring the Client's Experience in The Moment

Is the client paying attention to the present moment, or is he or she stuck in the past or future?
What is the client's felt physical experience in the moment?
What are the client's thoughts and beliefs?
How does the client experience our relationship?
How do I experience myself with the client?

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Motivational or Systems in Therapy

THE EMBODIED SENSE OF SAFETY AND DANGER

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Action Systems as Somatic Organizers of Sense of Self

- Action (motivational) systems involve their own neural networks in the brain
- They are implicit evolutionary "memory" for what is positive (to be approached) and what is negative (to be avoided)
- Mediated by primary affects and needs
- That is, they are embodied
- They highly influence sense of self through bodily patterns and perceptions
- The also organize how we view others as safe or dangerous

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Neuroception: The Polyvagal Theory

Neuroception describes how we distinguish whether situations or people are safe, dangerous, or life threatening via neural networks, before conscious awareness.

--Stephen Porges, 2003, 2011

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Social Engagement

- Parasympathetic homeostasis.
- Heart rate, blood pressure, digestion, respiration, etc. regulated
- Sense of generalized well being
- Involves both implicit and explicit intersubjective experiences

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Neuroception of Somatic Signals in Trauma

WHEN THE BODY IS INTERPRETED AS DANGEROUS

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Phobic Avoidance of the Body

Somatic experience becomes linked to danger

It becomes avoided by a combination of psychological and physical defenses

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Phobic Avoidance of the Body

- Body as the source of
  - Trauma: pain, sensations, emotions
  - Jarring intrusions or losses due to activity of dissociative parts
  - Betrayal
  - Perpetrator's desire
  - Alienation from others
  - Unacceptable difference

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Assessing Phobic Avoidance

- Can the client tolerate noticing emotions and sensations?
- What lies beneath a phobic avoidance of the body?
- Shame, fear, other avoidance strategies?
- With a strong phobia, focus on basic psychoeducation
- Noticing neutral sensations (neither positive or negative)
- Noticing sensations not related to emotion

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Pendulation as a Regulation Strategy

- Pendulation (P. Levine, 1996)
- Oscillation (P. Ogden, 2006)
- Draw attention back and forth between positive or neutral sensation and a negative sensation
- Examples: Move your attention back and forth between a sensation of sadness and one of joy; between a sensation of calm and one of tension of stress

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Somatic Resourcing

- Calming a negative sensory experience
- Accessing a neutral or positive resource
  - Memories
  - Imaginal exercises (safe or calm place)
  - Present moment experiences
- Pendulating between a positive and negative
  - May be titrated: just to the edge of the negative; very quickly

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Resources

- Positive memories
- Imagery
- Present moment experience

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Creating a Felt Sense of a Safe Other

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Felt Sense

- Both attachment and collaboration involve *felt sense*,
- Therapists can focus on the client's felt sense of attachment (security and safety) and of collaboration (understanding and being understood) as therapeutic interventions
- "What happens (What do you notice?) when you feel understood just now?"
- "What do you notice when we feel so connected to your dog?"
- "Is this something all parts of you feel?"

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"Take Me With You": The Felt Sense of a Positive Other

- Our clients can learn to develop a felt sense of the experience of being attuned to, grounded, and present with the therapist (or supportive others).
- The therapist encourages "all parts of you to feel what it is like as we are together right now. Take it with you, and carry it wherever you go. It is yours whenever you need to call upon it."

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Collaboration and Positive Experience

One of the most powerful positive experiences is in feeling heard and understood by another

Thus, moments in the therapy relationship will provide immediate positive experiences for the client

Draw the client's attention to these experiences and their felt experience on a regular basis.

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Developing a Felt Sense in the Moment to Moment Exchange

- What is your experience as we are working together right now?
- Do all parts of you experience how we are working together in this moment?
- (If not:) Could we explore together what might be keeping those parts of you from feeling this moment?
- Is there any conflict about this shared time together?
- Can the parts of you that do feel this moment share together with the parts that do not? Let them feel what it is like, just for a moment, and notice what happens.

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"Take Me With You:" Developing a Felt Sense of a Positive Other

- Focus on how the client experiences positive moments of being with the therapist and others
- gradually translates to a greater ability to call upon positive mental images or memories of being with others.
- Necessary for the felt sense of attachment

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Developing a Felt Sense of a Safe Other

- Have client take a "body picture" of the felt sense (of being understood, feeling calm, safe, etc.).
- Reinforce the experience as a memory from which the client can draw support.
- "Take it with you, inside your mind and heart, where nothing can take that feeling away. It is yours whenever you want to draw upon it."
- "Let's explore some ways to help you keep that feeling in mind when you are not here."

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Developing a Felt Sense with Imagery

- Help client use positive images of "ideal" figures
- May not be human
- Book or movie characters, religious figures, animals, inanimate objects
- What might the ideal figure say?
- How does the client feel when with the ideal figure?
- Practice the ideal figure exercise often

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Learning to Hold a Felt Sense of a Safe Other

- Help the client notice what happens just before "separation cry" is activated
- May be activated by an internal conflict about closeness or acceptance by another
- Shame is often an impediment to holding a positive image of another

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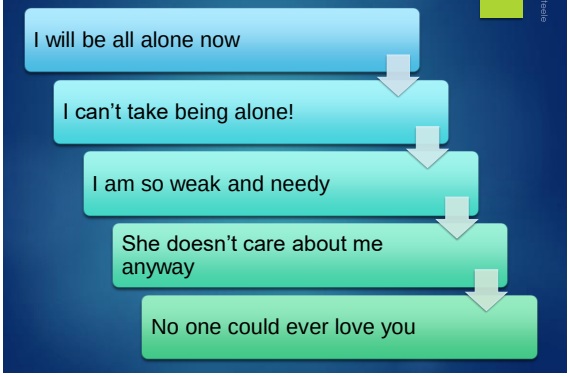
Blocks to a Felt Sense of the Other



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Learning to Hold a Felt Sense of a Safe Other

- What happens in the moment during which the client loses a felt sense of feeling connected with you or with another?
- What does the client tell him/herself about connection in that moment?

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Ideal Figure

- Ideal figure can be an important part of regulation, both in and out of session
- May be used when client
  - is processing traumatic memory
  - Is at an impasse
  - Does not feel self-compassion

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Ideal Figure

3 – 5 characteristics of your ideal figure

May be a person, book or movie character, composite, animal spirit, animal, religious figure, inanimate object

May be "future" self, or "wise" self

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Shift to Ideal Figure

Therapist: As we are sharing this nice feeling of working and being together, can you imagine your ideal figure with you now?

Client: Yes, she is with us.

Therapist: And what is your experience of her?

Client: She is happy that I feel good.

Therapist: Yes, she understands that you want to feel good, connected, safe and wants to help you accomplish that.

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Shift to Ideal Figure

Client: Yes, I guess she does.

Therapist: She does. She is always with you, offering this safe and connected feeling that we are sharing now.

Client: I don't know about that. I can't feel that a lot of time.

Therapist: She understands your uncertainty and is very patient. It's OK with her that you feel uncertain. She will wait with you while you take the time you need to feel certain. Even when you can't feel her in the moment, she is still there for you.

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Dissociation, The Body and Non-verbal Communication

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Dissociation is Disembodiment

- Dissociation involves disconnection from not only the mind, but also the body, as mind-body is not separate.
- Felt sense is avoided and cortical activities of body awareness decreased, making change much more difficult
- Felt sense is essential to regulating implicit processes
- Thus, embodiment must occur before language and reflection (mentalizing)

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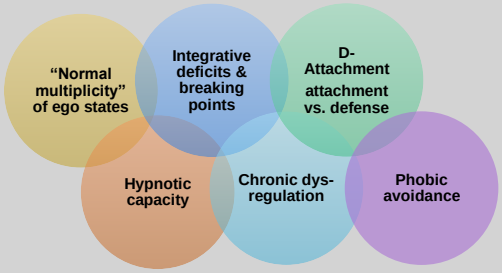
Contributions to Dissociation Can Be Somatically Expressed



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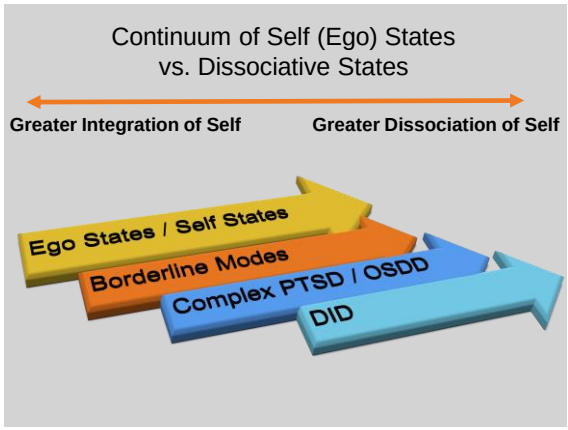

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Not Real, Not True, Not Mine, Not Me

- The inability to **realize** is a central feature of dissociative disorders, which have been called:
  - *Syndromes of non-realization* (Janet, 1935)
  - *Multiple reality disorder* (Kluft, 1983)
- Lack of realization can manifest in the body

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The Felt Unknown

- What we cannot yet realize still exists in some form in our experience
- It can manifest somatically in:
  - Flashbacks
  - Unconscious re-enactments
  - The felt sense that is avoided
  - Dissociative parts that hold non-realizations

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Implicit Communications in Dissociation

- Avoidance of dissociative parts is often implicit. This can be observed in the client's body and narratives in therapy.
- Dissociative parts are always interacting in implicit ways, even in people with severe amnestic barriers.
- Parts interact in relatively predictable patterns with each other, and these interactions often manifest in shifts and changes in mental and behavioral actions that can be observed.

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Therapist Reactions to Dissociation

- Research indicates that it is not only the presence of disturbed communications that contribute to D-attachment, but also the absence of appropriate and attuned communications that address the whole person.
- When the therapist is only working with "one part" of the client in a session, there is an implicit absence of communication directed toward the client as a whole and toward certain parts.
- When the therapist's behavior shifts too much with the shifting of parts, the client as a whole may become increasingly disorganized.

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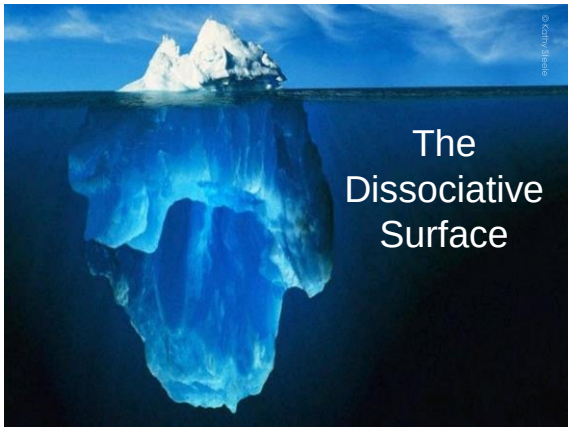

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The Dissociative Surface

- The dissociative surface…"is the external manifestation of the [parts'] behavior and interactions with the external environment and with the third reality—the inner world of the [parts].
- The inner world may be accorded equal or superior importance than the outer world of external reality."

~R. P. Kluft (2006, p. 297)

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The Dissociative Surface

- Working with the dissociative surface involves understanding the implicit communications of parts that act beneath the surface of consciousness, and therapeutically working with those parts.

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The Dissociative Surface

- Hearing voices
- Feeling as though your body is controlled by someone else
- Ego dystonic emotions, thoughts, perceptions, sensations, etc.
- Thought withdrawal or insertion
- Body language indicative of dissociation
- Behaviors during amnestic episodes

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The Body and Dissociative Parts of the Personality

- The influence of dissociative parts can often be seen not only in the client's mind (influence of thoughts, emotions, perceptions, etc.)
- But also in the client's body, such as:
  - Changes in movement or gesture patterns
  - Changes in prosody and use of language
  - Sudden aggressive, fearful, or regressed posturing
  - Changes in micro-expressions
  - Often outside the awareness of the client
  - Unexplained intrusions or losses

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The Felt Sense of Dissociation

- Dissociative parts are most often a subjective, hidden phenomenon, a kind of inner organization that is felt by the patient in jarring, upsetting ways.

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Somatosensory Experience of Dissociation

- Absorption – lack of awareness; sometimes automated movements
- Physiological shutdown – numbing, lack of awareness of pain or sensation; slow or absent movement
- Depersonalization – sensory distortion
- Structural dissociation – jarring intrusions and losses; phobic avoidance of the body

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Somatic Evidence of Dissociative Parts

- Unexplained somatic intrusions (e.g., pain, sensations of being strangled or hit)
- Unexplained somatic losses (e.g., paralysis, numbness)
- Auditory hallucinations of voices
- Sometimes visual or sensory hallucinations
- Feeling body is controlled by someone else (movements, gestures, sensations, etc.)
- Numbness; reduced pain sensation

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Matching with Dissociative Patients

- The therapist must match multiple, contradictory, and inconsistently shifting subjective experiences of the client from moment to moment.
- Matching thus must be carefully modulated with consistent reference to other parts in order to maintain social engagement with all parts.
- e.g., It is important not to treat child parts like children, or talk to them like children, as that fails to match the experience of the adult, and may evoke shame or disgust in protective parts.

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When Words Fail

DISORGANIZED NARRATIVES AND NONVERBAL TRAUMA

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The "Story"

- The "story" of what has happened to the client may not have words, or may not have accurate words
- We are not so concerned with "facts" but with how the client *experiences* whatever happened, and how it affects them in the present.
- An autobiographical narrative should be congruent, lively, flexible according to the situation, and meaningful. The client should fee present and engaged when telling the story.

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Ways of Telling The Story

- Clients tell their story both with words and in implicit ways.
  - How they behave, move, and react
  - What they think, believe, feel, sense, perceive, and predict
  - What they experience as they tell the story
- Re-enactments involve the non-verbal telling of trauma
- Dissociative parts have characteristic implicit and explicit ways of being that tell the story

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Tracking the Story

- When we (and the client) cannot make sense of the story
- Or when the client cannot tell the story
- We can track implicit processes that help tell the story
  - Somatically
  - Intersubjectively

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Tracking Narrative

- Change in tone of voice
- Change in speed of speech
- Faltering, long lapses or pauses
- Use of pausing language: umm, aah, hmm, etc.
- Incomplete sentences
- Grammatical and syntax errors
- Strange use of words
- Changes in tense (past, present, future)
- Use of indirect pronouns (they, she, we)

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Disorganized Narrative

- **"She was good, giving cookies to them. Um, yes, I think she will, uh, would, umm, be like that."**
- Client looks confused.
- Therapist is unclear about who "them" refers to (The client and her siblings? Someone else?)
- Client closes her eyes and squeezes them tight when she says, "…be like that."

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Disorganized Narrative

- **"I remember….umm, not so good at it, let's see, umm, yeah, it's like I remember in a fog. Foggy memories, umm, not articulated."**
- Client looks spaced out, in trance
- Eyes down and staring; face relatively slack and without expression.
- Therapist also feels spaced out a bit and unclear, almost sleepy.

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Disorganized Narrative

- **"My father was great fun. Great at play. Except when it was dangerous. Must run. Very funny he was. Don't get too close. No! Strangulation."**
- Client looks happy. Laughs when she said, "it was dangerous."
- As she moves forward in the story, she continues to smile, but her eyes deaden- the muscles around her eyes are slack. Her body is very still.
- She abruptly changes the subject and face becomes more lively again.

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Disorganized Narrative in DID

- I saw a child being abused
- My brother abused me
- I don't have a brother
- A monster abused me
- I'm not sure if this is a dream or real

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Managing Somatic Experience in Traumatic Memory

- Help client remain as present as possible
- Use somatic experience in the present to ground
- Titrate to degree possible exposure to somatic aspects of the traumatic experience
  - Go just to the very edge and no more of that sensation
  - Pendulate between the sensation and a positive resource
  - Help parts cooperate not to overwhelm the client

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Preverbal Memory: Telling the Story

- Have client tell a general story:
- "When I was little I was hurt and very scared and no one helped"
- "I thought I was going to die"
- "I couldn't make sense out of what was happening"

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Processing Preverbal Memory

- Process somatic experience
- Process emotion
- Carefully titrate
- Process on a time line from "the beginning to the middle, all the way to the end and beyond."

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