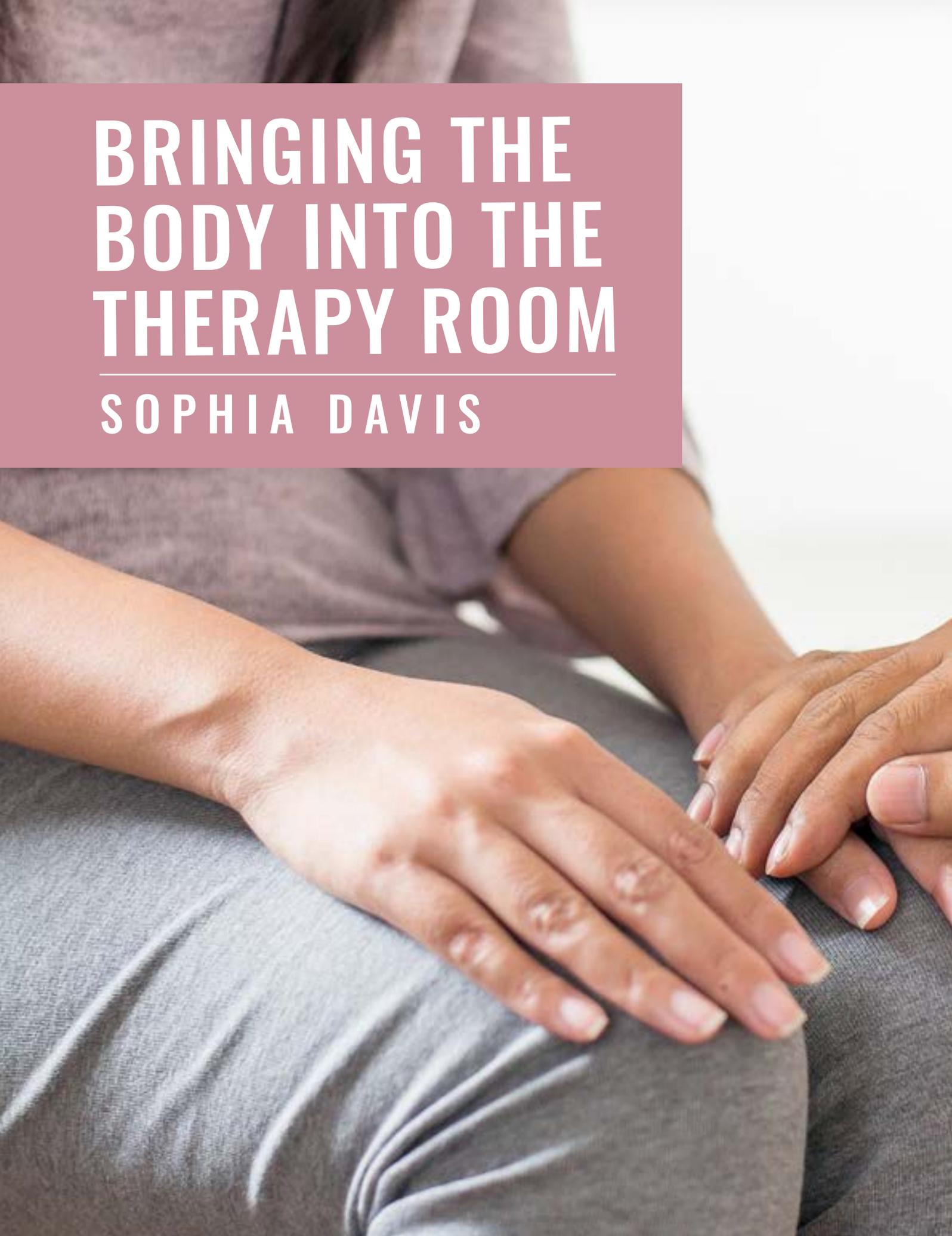


BRINGING THE BODY INTO THE THERAPY ROOM

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Integrating awareness of the body within a talking-therapy context can have a surprisingly powerful effect on changing our psychological patterns. In practice, it's a bit like bringing mindfulness into dialogue with another person. But tuning into our bodies often begins with noticing unpleasant, unwanted sensations. This is exactly why I want to use an example from the therapy room, where my client, Rosie, managed to become relaxed and confident going into an operation that she'd been terrified of. Navigating through and beyond our physical experiences can enable us to shift the tracks of our nervous systems and transform experiences like anxiety.

Mind–body therapies have been gaining increasing attention in recent years (Scharff, 2017), with a growing awareness of how strongly linked

our
mental
and physical
well-being are.

There are many studies on the effects of practicing mindfulness meditation (Sundquist, Palmer, Johansson, & Sundquist, 2017), acupuncture, doing yoga (Rankin-Box, 2015), and breathing techniques (Alderman, 2016), which show the links between these practices and reducing stress, anxiety, and depression. There has been a great deal of research into the brain–gut connection (Carabotti, Scirocco, Maselli, & Severi, 2015), revealing how much our guts influence our mental health (Rieder, Wisniewski, Alderman, & Campbell, 2017). Advances in the neuroscientific research on the brain and body in trauma also abound, an excellent starting point for which is Bessel van der Kolk's book, *The Body Keeps the Score* (2014).

UNCOMFORTABLE ENCOUNTERS

In any kind of body-based therapy, when the therapist talks with her clients, she is also listening to what their body is saying: the way they hold themselves, the places that seem tense, stuck, or absent, how they become animated or worked up, or collapse and shrink into the chair. At various points in my conversations with my clients, I slow things down and ask them to describe what they notice about their experience, gradually including the physical level as well as emotional and cognitive experience.

Bodies can be uncomfortable things. When we start tuning in to them, shoulders have a habit of feeling tense or weighed down, chests can feel tight or like an empty void, and bellies can seem to have minds of their own, becoming tensed and twisted, or like a heavy block. For some people, noticing their bodies means noticing a high level of activation that they have built strategies around shutting out. What's worse, paying attention to those sensations can intensify them. For some people, starting to actually notice the tension in their belly or chest makes it feel as though that tension is rising up to strangle them in the throat.

Focusing on these experiences can make people feel uncomfortable and frustrated, and can bring a sense of shame or self-judgment. Stronger still, it can make us panicked and overwhelmed. But there is a lot to be gained from learning to dip into these uncomfortable sensations. Taking a slow, titrated approach, we can explore the sensations, learn about them and how they are connected to different thoughts, emotions, and ideas about ourselves, and learn how to move through them.

As a way to engage further with this physical level, I encourage my clients to describe what it feels

like their body is trying to do at that moment. What does it feel like the tension is for? Some people feel like they're ready to spring, while others feel a restless energy of needing to do something, but not knowing what, and are trying to hold themselves together. Others feel like they're trying to defend themselves against something, or that they're trying to hide or disappear. Still another pattern is to feel disconnected from their body, becoming numb and shut down. Getting to know these physical patterns can help us change our psychological states, since they are always linked.

CHANGING THE VOLUME

Near the start of one of our sessions, Rosie* told me that she was feeling strongly disconnected from her entire body, with a sense that there were uncomfortable feelings in her belly that she didn't want to feel. We had been talking about an upcoming operation, which was triggering a lot of anxiety for her; just thinking of the operation brought intense nausea, and then the feeling of becoming absent from her body. She was filled with dread.

After telling me this, Rosie immediately added that she has felt like this every time she's been sick since a few years before, when she had passed out when sick. She seemed gripped by this memory, her eyes widening and shoulders stiffening and hunching inwards as she related it. The memory seemed so integral to her current experience that I stayed with it long enough to find out what had been so frightening. Rosie explained how she had been taken to hospital after falling unconscious, and how she remembered feeling completely powerless and weak there.

Just relating the story strengthened my



sense of her being frozen in fear, and so I brought us back to the present moment, asking if there was anywhere in her body now that felt a little bit less disconnected, a little more accessible. I made sure she knew that I wasn't ignoring her feeling of being absent and afraid, and that I was just curious to see if we could shift the focus. I also made sure that I stayed relaxed, with a lightness to my voice, and that I didn't react to her fear. I've been with clients experiencing a lot of fear many times, and I'm usually confident we'll find a way out.

Rosie realized after a few moments that her face and hands felt more accessible. They felt more in control. I asked her to focus there, suggesting that she even bring her hands to her face so that they were together. She placed her hands over her cheeks and eyes, and gradually they both began

to feel warmer and more energized. Starting to smile, she said it felt calming.

A few minutes later, I asked Rosie to put her hands wherever else it might feel good. She placed them on her belly, which had felt so disturbing before. Slowly, the warmth of her own hands seemed to calm the uncomfortable feeling there, and she related feeling more attached to her body again. What could she sense when she was more attached, I wondered, and she replied: "Joy!" I gave Rosie time to explore this experience, which is usually quite unfamiliar to her, encouraging her to try to label the physical sensations that came along with the joy. Both of us found ourselves laughing as she described feeling light and physically able to act—the opposite of powerless!

MOVEMENT AS RESOURCE

Continuing to describe the sense of joy, Rosie mentioned that it felt like floating in water. Just saying this helped her relax even further. The anxious alarm bells were now definitely off, which was excellent, but I sensed that it would be useful for her to learn to shift again into a more active experience, since her original memory had focused on feeling helpless. Just as an experiment, I suggested that she imagine swimming in that water. I invited her to make micro-movements (tiny movements that are barely visible) of that action, but mostly just to imagine it.

A few minutes of this brought a sense of powerful joy and freedom in her entire body, and she seemed to visibly glow. She talked about having loved swimming as a teenager, and how it had made her feel free. Not only had we journeyed out of a disconnected fear state into a relaxed sense of power, but we had also broadened her self-image beyond identifying with that powerless moment, to remembering an earlier self who had felt free and confident.

After giving her some time to get used to that experience, I brought us back to paying attention to her belly and thinking about the operation, and then back again to the swimming sensations. We repeated this shift of focus between feeling powerful and free, and thinking and talking about the operation, and by the end of the session, the operation seemed something matter of fact to her. Instead of the looming event that brought a flood of anxiety, it had attained the character of one of those practical tasks you just have to get done. As I found out the next time we met, Rosie stayed calm right until the operation, and it went very smoothly.

NERVOUS HABITS

Many of our emotional response patterns are established early on in the unconscious brain area of the limbic system, particularly the amygdala, and the areas it is in close and complex connection to: the hypothalamus, the cingulate gyrus (emotion processing and communication), and the insula (connected to feeling internal sensations or “gut” feelings). The patterns established there determine how we react to conflict or experience emotions like anger, sadness or shame, and these patterns are likely to be exaggerated when we experience a traumatic event.

These areas influence whether we react to situations with calm resilience, or whether we easily slip into a state of alarm, anxiety, and panic. This latter mode involves the unconscious areas triggering our fear and stress responses by stimulating the sympathetic nervous system (SNS) and the release of adrenaline and cortisol, powering the fight-flight response. We could think of this tendency toward anxious hypervigilance as an over-activation of the SNS.

Conversely, we might tend to react to stress by shutting down and withdrawing, going into a collapsed state of lethargy, numbness, and depression. As well as fight/flight, we also have another fear response of freeze/flop, which tends to appear when we perceive we are helpless, or when we have simply been overactivated or under stress for too long for our systems to handle. This has particularly powerful effects when it is during the earliest years of life, due to failures in attunement in our early attachment relationship (Gerhardt, 2005). If the hypervigilant mode feels like being stuck “on”, the freeze mode is like being stuck “off”, or a dominance of the parasympathetic nervous system (PSNS). For

many people, a high level of activation has led them to develop strategies to effectively shut down the distressing emotions they are feeling, but the high activation remains underneath, which body therapists often refer to as feeling as though the accelerator and brake pedal are both on at the same time (Levine, 2010).

An extra step in this process is mapped out by Stephen Porges (2011) in terms of polyvagal theory, which suggests that our initial response to threat is to orientate to other people. The PSNS is ruled by the vagus nerve, which has many different branches. Porges argues that the upper part, the ventral portion, is activated when our social engagement systems are online, as we look to those around us for help, support, or comfort. If this doesn't work, or we're in immediate danger, then we revert to fight or flight. If that fails, then a lower branch of the PSNS, the dorsal portion, is activated, so that we disengage, collapse, and freeze.

In fact, our bodies are built to be continually shifting between the SNS and PSNS. Not only do they

control how we calm down again after a threatening situation, but they also regulate all our basic organ functions, including the activity levels of the digestive and immune systems, heart and breathing rate, blood-vessel constriction, and muscle tension. This is why psychological imbalances are so often connected with physical symptoms. When we have repeatedly reacted with defensive orientation and the fight/flight response without being able to relax fully afterwards, we can think of that nervous system activation as being held as incomplete within our psychobiological systems (Heller & LaPierre, 2012).

Crucially, the patterns in our unconscious, emotional brain also feed into our conscious, thinking brain (Steimer, 2002). There is a huge amount of feedback from the body to the brain, in which unconscious brain areas monitor sensory factors such as blood-vessel constriction, muscle tension, and joint position, informing our sense of well-being. When the body is in alarm mode, you will feel uneasy, even if you can't explain why, and you will think in ways that are colored by those anxious or shut-down feelings (Hull, 2002).



REPROGRAMMING THE SYSTEM

Rosie's session is a good example of how body attention—or somatic mindfulness—can help us learn to re-regulate our nervous systems, as is used in the systems of somatic experiencing (Levine, 2010) and neuro-affective therapy (Heller & LaPierre, 2012). Rosie's experience of fear put her into an extremely passive experience; feeling frozen or immobilized is often accompanied by feeling numb, or outside of ourselves. Rosie managed to “thaw out” of that state by noticing where she did have control. We could think of this as re-activating the SNS. She then progressed to becoming calmer and more relaxed, indicating that we had accessed the type of PNS activation that should happen after a frightening experience is over. She was able to “dis-charge” the old defensive response, so that she was no longer reacting as if it was happening all over again.

I played a part in this too, letting her know that I heard and saw her. As Bessel van der Kolk (2014) explains, for our physiology to calm down, heal, and grow, we need a visceral feeling of safety. He describes the importance of attunement with others for influencing those body–brain connections. Since I was keen for Rosie to strengthen the feeling of being able to act rather than powerless, I encouraged her to shift back into a more active (SNS) experience. Our brains are wired in complicated ways, and imagining movements can actually change our physical sensations, making new patterns of neurons that fire and then wire together.

As Rosie's experience of her body became more positive, we repeatedly revisited the area that had felt so disturbing at the start. This process of shifting back and forth is known as pendulation, and relies on having first established a sense of safety, or

grounding. Accessing a positive sensation can enable us to feel as if it surrounds or holds the difficult one, helping it to subside. In terms of neuroscience, this shift is regulated through oxytocin, which is released when we feel loved and safe, and which reduces the level of cortisol, the hormone activated by the fear/stress systems. It also re-activates our social engagement systems, creating feelings of connection and belonging, and our prefrontal cortex, which can quell the fear response. We can then contain the emotions we feel, resiliently letting them roll through us without being overwhelmed by them. By revisiting the uncomfortable area and her thoughts and feelings about the operation, we were able to make links between her comfortable physical state and the cognitive level.

CONCLUSION

Working with the body and somatic mindfulness can help make deeply transformative changes, using a bottom-up route to access patterns that are held at a mostly unconscious level in the emotional brain and nervous system. Some somatic therapists, including myself, also use touch in this process, as another tool for guiding attention and helping them shift states. It can be immensely beneficial for clients to experience approaches that integrate this kind of learning with the exploration and insights of a more top-down, cognitive approach. That said, any body-oriented approach, particularly when including touch, needs to be pursued with a degree of caution and a lot of training, especially when dealing with people who are further along the spectrum of being numbed or dissociated. For people who have very little contact with or access to their body and its sensations, the success in shutting down often masks a high level of activation underneath. In these cases, the body must be approached slowly and attentively because going

too quickly can lead to a flood of sensations and a range of difficult emotions, which can be too much for someone to deal with and can lead them to shut down further afterwards. There is much to gain from bringing the body into the therapy room, but as with any kind of therapy, the pacing is important and requires a high degree of sensitivity.



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