



Sensorimotor Psychotherapy Institute

...because words are not enough

Sensorimotor Psychotherapy: Interventions for Trauma

Jack Hirose & Associates Inc.

December 8, 2022

Pat Ogden PhD

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We Adapt to Trauma, Attachment and Relational Strife

We adapt automatically, without conscious intent, to traumatic events, whether perpetrated by individuals, groups, or society as a whole (e.g., systemic oppression).

We adapt to the misattunements of caregivers, significant other individuals or groups of people to maximize the available resources or at least minimize the stress.

These adaptations accumulate to leave scars in the form of symptoms and patterns of thinking, feeling and acting that correlate with each kind of injury.

The unique legacy of each category of adversity is revealed physically in patterns of gesture, posture, movement, and physiology Ogden in press

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Habits of Posture, Expression, Movement and Gesture

These habits reflect our personal and sociocultural history (of trauma, attachment failures, relational strife, privilege/oppression dynamics, as well as positive experiences). Habits serve the purpose of maximizing available resources.



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Ogden et al 2006;
Ogden, in press

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The Somatic Narrative

Ogden et al 2006; Ogden 2013, 2014



- continuously anticipates the future and powerfully determines behavior
- reflects implicit relational knowing, trauma history, attachment-related beliefs, sociocultural elements, and affect regulation capacities
- communicates these implicitly to others
- influences our sense of self



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In Sensorimotor Psychotherapy, we help clients discover and then change their somatic narrative to promote recovery from trauma and attachment failures and resiliency in the face of ongoing trauma and oppression.

We work with posture and with specific actions.
Ogden 2014

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Some Sources of Stress & Trauma

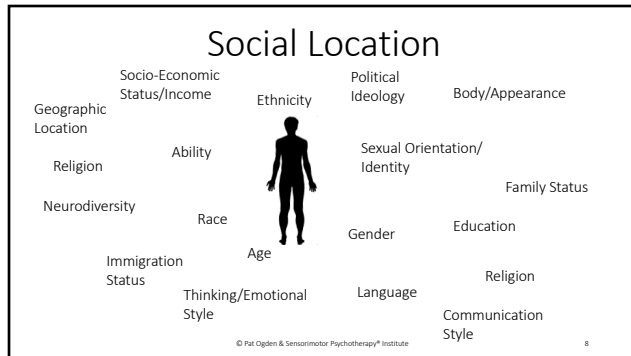
Ogden 2002/2020

Accidents	Inside Threat	Pre- Peri Natal
Asylum Seeking	Loss/Death	Racialized Trauma
Attack	Medical/Surgical	Religious Trauma
Captivity	Moral Injury	Ritual Abuse/Torture
Climate Change	Neglect	Sexual Abuse
Disaster	Oppression	Social Media
Domestic Violence	Pandemic	Terrorism
Historical Trauma	Perpetration	Transgenerational
Immigration	Persecution	Vicarious Trauma

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We 'remember' trauma with our bodies

Through sensorimotor reactivation of non-verbal implicit memories of traumatic events in the form of dysregulated arousal, emotions, defensive responses and through mysterious physical symptoms with no organic basis. (Ogden et al 2006)

Inaccessible to verbal recall, they typically remain unintegrated and unaltered by the course of time. (Van der Kolk & Van der Hart, 1989)

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Sensitivity to Triggers is a Survival Response

Long after environmental conditions have changed, we remain in a state of readiness to perform the mental and sensorimotor actions that were adaptive in the past . . .

Once actions become procedural, they do not require cortical involvement; they are characterized by automatic, non-conscious performance of actions that is efficient and automatic, rather than reflective

(Ogden, Minton & Pain, 2006, p. 22)

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Systemic Oppression, Racialized Trauma

Trauma for marginalized people reflect not only personal trauma but also systemic oppression, racialized trauma and historical trauma

Trauma is not "over" but occurring in present time:

- ongoing threat and economic struggle related to social location and intersectionality
- ongoing microaggressions that are retraumatizing
- living in areas disproportionately affected by crime
- cumulative trauma across generations from mass group trauma

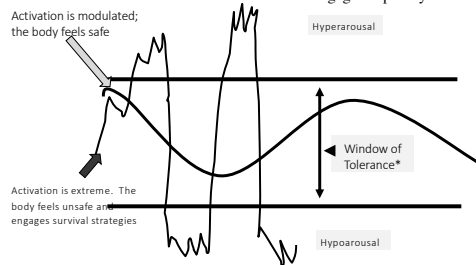
Ogden, Taylor, Jorba, Rodriguez & Choi, in press

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First Task: Help the Body Feel Safe

When the body does not feel safe we cannot fully take in new information or engage adaptively



Ogden 2008

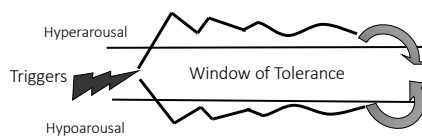
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It Helps to Know Your Triggers

News media content, images, sounds
Triggered memories of past trauma
Thoughts of historical oppression
Worry/hopeless about the future

Social media, Facebook, instagram, twitter
Reports of war, covid's progress, climate change, etc
Ongoing oppression, racialized trauma, threats
Losses of all kinds
Anger, fear, despair, futility



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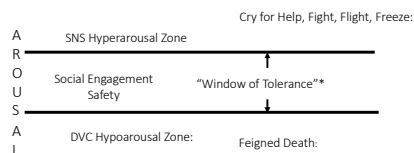
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Stress and Trauma First and Foremost Affects the Body:
We are wired to increase activation to fuel action to protect ourselves,
and if action doesn't work, to freeze or shut down

Ogden 1992; Ogden & Minton 2000; Ogden et al 2006; Ogden 2009/2011



Ogden and Minton (2000)

*Term coined by Siegel, D. (1999)

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SP PEACE Resource Protocol

5 Steps to Modulate Activation and Build Resilience

- Pause what you are doing to briefly identify bodily signals of unrest.
- Embody a somatic resource.
- Acknowledge the positive effects of the resource on your body.
- Concentrate your attention to savor the positive effects of the resource for 15 seconds or more.
- Engage in your environment.

Ogden 2022

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1: Pause and Notice Body Signals

Ogden 1992; Ogden & Minton 2000; Ogden et al 2006; Ogden 2009/2013; Ogden & Fisher 2015

Hyperarousal Signals

FEEL IN DANGER: Accelerated heart rate, rapid breathing, hyperstartle response (jumpy), trembling, hypervigilant, hyper-defensive, hyperactive, high intensity, circular thinking.



Hypoarousal Signals:

FEEL THREATENED: Feel numb, weak, low energy, low vitality, little facial expression, passive, "spacey," poor eye contact

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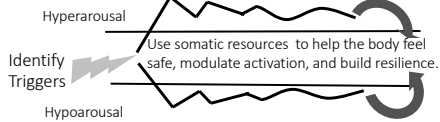


2. Embody a Somatic Resource: Take your time to discover one that feels good in your body.

Ground
Self Touch
Lengthen the Spine
Stop Gesture
Embody your Culture

Stand up
Orient to Surroundings
Walk
Push

Smile
Breathe
Hum
Move Rhythmically
Combine Resources



Ogden 2013/2022; Ogden et al 2006; Ogden & Fisher 2018
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Somatic Resources for Modulating Activation and Building Resilience

1. Breathe: focus on breath, take a deep breath, sigh, long exhale to down regulate activation, inhale to up regulate; bend over slightly if diaphragm is tense, "box breath," short breath holds on exhale when over-breathing (common when stressed)
2. Ground: sense the support of the ground, the support of the chair, feel the floor, push down against the floor with the feet
3. Orient to Surroundings: slowly look around the room and notice colors, objects, lingering on the colors and objects you like
4. Lengthen the spine: gently sit or stand taller

Ogden et al 2006; Ogden 2021
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Somatic Resources for Modulating Activation and Building Resilience, 2

5. Walk: stand up, walk around, sense the legs and feet in movement
6. Place Hands on heart, belly, place your hands on your heart, rub your legs, hug yourself
7. Smile – find your own way to smile that feels best
8. Push palms of hands against each other, the wall, or an object like a desk

Ogden et al 2006; Ogden 2022
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Somatic Resources for Modulating Activation and Building Resilience, 3

9. Make a “stop” gesture, with palms open, facing outward
10. Move Rhythmically: rock, sway, bounce, swing
11. Hum: find a low pitch you enjoy, sense the vibration
12. Embody your Culture: sense the support of your ancestors, tune in to the traditions of your culture: rituals, food, music, dance

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3. Acknowledge the Positive Effects of the Somatic Resource(s)

Ogden 2010

Hyperarousal



More relaxed, energy settles, heart rate slows, breath deepens, eyes soften



Hypoarousal

More energized, able to move, take action, can feel the body, feel less numb

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4. Concentrate Attention to Savor the Positive Effects of the Resource.

Ogden 2010

Directed mindfulness: paying attention to particular elements of internal experience, in this case to the positive changes in the body that are the results of step 3, Embody a Somatic Resource.

To capitalize on neuroplasticity to build new connections, fortify a balanced state, develop new habits, and build new neural networks, we

- become mindful of the bodily signals of dysregulation and unrest
- practice a new action—a somatic resource
- direct mindful awareness to concentrate on the positive effects of the somatic resource for at least 15 seconds

Ogden et al 2006; Ogden 2021

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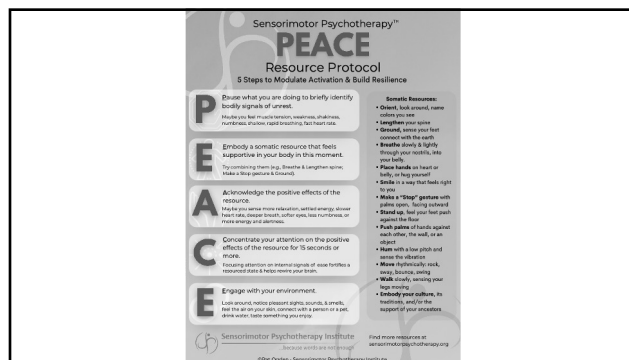
5. Engage in Your Environment

- Look around and find any pleasant color, shapes or other sights in your environment.
- Notice sounds or smells around you that are neutral or pleasing to you
- Feel the air on your skin
- Connect with someone who can support you, or with a pet
- Drink water
- Slowly eat something you enjoy.

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Paradigm Shift: from “Talking About” to Exploring the How Experience is Organized

Less interested in conversation, more interested in discovering and exploring habits

Less curious about content and current events, more curious about what is driving the content and events—the physical tendencies, related beliefs and habitual emotions

Less focused on history (personal, collective, transgenerational), more focused on the effects of history in the present moment

Less concerned with details, more concerned with patterns
Kurtz, 1990; Ogden, Minton & Pain 2006

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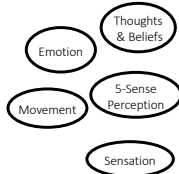


Embedded Relational Mindfulness:

Mindfulness has its roots in Eastern practices and spiritual traditions and has been widely appropriated by Western cultures. Mindfulness serves a different purpose when applied to psychotherapy than it does in the original contexts.

Ogden, Taylor, Jorba, Rodriguez & Choi 2021

- Prioritizes mindful awareness of the present moment organization of experience instead of talking about, conversation, interpretation and problem-solving
- Help clients become mindful of the 5 building blocks
- Conduct experiments ("what happens when...") to discover the organization of experience @ shame
- Track & name how the organization of experience changes in response to a particular stimuli



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Embedded Relational Mindfulness Skills

1. Track by observing the client's present experience (building blocks)
2. Make contact statements that empathically name what you track
3. "Frame" by collaborating with the client to determine a focus for mindful exploration
4. Ask mindfulness questions that clients can only answer from awareness of internal present experience.
5. Create little "experiments" (verbal and somatic) to study the organization of experience ("what happens when...?")
6. Obtain mindful report by asking that clients share their present moment experience of the building blocks with the therapist.

Ogden, Minton & Pain 2006; Ogden 2002; Kurtz 1990

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A Sensorimotor Psychotherapy Approach to Memory

From a Sensorimotor Psychotherapy perspective, effective treatment of memory focuses primarily on the effects of the memory as triggered in present time, rather than with the memory content, the nonverbal implicit memory, rather than on explicit memory content.

Ogden et al 2006

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Resourcing ← vs → Processing

Ogden et al 2006

Focus on resources that bring arousal back into the window of tolerance.

- Develop a strength or competency to regulate dysregulated arousal and deactivate overactive animal defenses.
- Practice somatic resources.

• Experientially access traumatic memories to catalyze the effects of the memory.

• The dysregulated arousal and truncated defensive responses provides the basis for processing.

• Complete incomplete actions voluntarily &/or use sensorimotor sequencing.

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Neuroregulatory Intervention Skills

(Ogden et al 2006)

Teach clients the difference between body sensation and emotion.
Not doing so will result in escalating arousal

Use sensorimotor processing to interrupt cycle of escalating arousal.

As attention is turned exclusively to sensation, emotion is disregarded until arousal has subsided.

Limit the amount and intensity of information to be processed so that it becomes more manageable

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Body Sensation Vocabulary

achy	dry	light	shudder
airy	dull	moist	spinning
bloated	electric	Nauseous	stinging
blocked	energized	numb	suffocating
breathless	faint	paralyz	sweaty
bubbly	flaccid	pounding	tense
burning	flushed	pressur	throbbing
buzzy	flutter	prickly	tight
chills	frozen	puffy	tight skin
clammy	fuzzy	pulsing	tingly
congested	goose-bump	quake	tremble
cool	heavy	quivery	tremulous
damp	immobile	radiating	twitch
deadened	itchy	shaky	vibrating
dense	jerky	sharp	warm
dizzy	jumpy	shivery	wobbly

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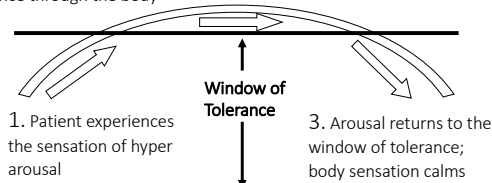
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Neuroregulatory Intervention: Sensorimotor Sequencing to Recalibrate the Nervous System

Use the memory narrative to stimulate dysregulated arousal
2. Sensorimotor sequencing: track and follow the sensations as they sequence through the body



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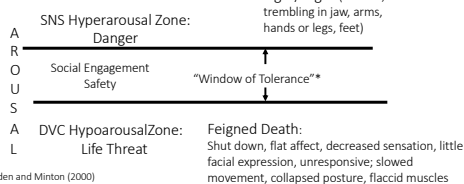
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The Modulation Model

Ogden 1992; Ogden & Minton 2000; Ogden et al 2006; Ogden 2009/2013

Freeze: Alert immobility, activity arrest, body is constricted, tense, "paralyzed terror"

Cry for Help (heightened eye contact, seeks proximity)



Ogden and Minton (2000)

*Term coined by Siegel, D. (1999)

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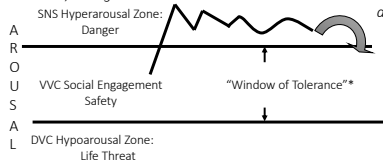
Regulate Overactive Fight Instinctive Defense

Ogden 1992; Ogden & Minton 2000; Ogden et al 2006; Ogden 2009/2011

Overactive Fight Defense:

Rage, impulsive aggressive outbursts, destructive behavior, tense jaw, arms, hands, disorganized movement

Track: Preparatory Movements:
Tension or small movements in jaw, arms, hands



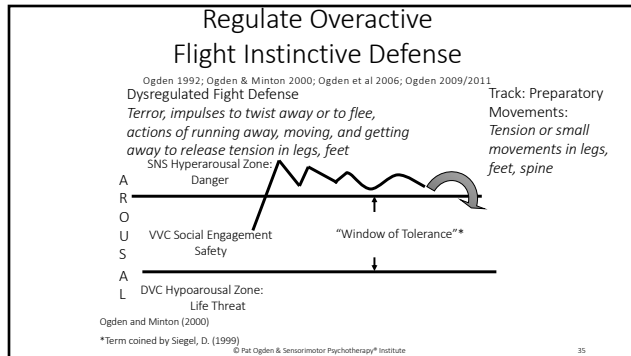
Ogden and Minton (2000)

*Term coined by Siegel, D. (1999)

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Cry for Help Preparatory Movements

Tension in throat, a feeling of sound rising up, impulse to yell for help

the "silent scream"

eyes fixed on you, the therapist

movement, tension, or sensation in hands, arms, or the body that are related to proximity seeking actions. Ogden 2021

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Immobilizing Defense

- Freeze: Hyperarousal, hyper-alert
- Movement ceases (activity arrest)
- Body is constricted, tense, may be rigid
- Feeling of paralysis
- Frozen stare or hypervigilance
- May or may not have racing thoughts
- Usually coupled with high anxiety, terror
- Mediated by Sympathetic Nervous System

- Feigned death, shut down, flag (called "Freezing" by some authors)
- Hypoarousal: flaccid muscle tone, flat affect, little facial expression, blank stare, decreased sensation
- Collapsed posture, slowed movement,
- Emotional and physical numbness
- Sometimes loss of consciousness or awareness
- Mediated by Dorsal Vagal System (Parasympathetic Nervous System)

© Pat Ogden & Sensorimotor Psychotherapy® Institute Ogden & Minton 2000; Ogden et al 2006

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Track for Preparatory Movements and Execute Empowering Actions

Fight: Movement, tension, or sensation in jaw, shoulders, arms, hands that are related to fight or pushing actions (fingers start to clench, or come up); impulse to bite or growl

Flight: Movement, tension or sensation in pelvis, legs, feet; leaning backward, movements away; wanting to run

Cry for Help: Tension in throat, a feeling of sound rising up, impulse to yell; the "silent scream;" eyes fixed on you, the therapist; movement, tension, or sensation in hands, arms, body that are related to proximity seeking actions.

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Ogden et al 2006 38

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Trauma is Reenacted through Somatic Narratives and Body-Body Interactions

The impact of nonverbal communication has been shown to be four times stronger than that of verbal language when both are used simultaneously (Argyle et al., 1970).

In this sense, seemingly ordinary social gestures not only replicate but also perpetuate transgenerational trauma histories of cultural domination and subordination. Ogden et al 2021

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"asymmetrical interactions are a hallmark of the nonverbal exchanges between individuals from dominant/subordinate social groups" (Johnson, 2015)

Dominant Actions (Subordinate are the opposite):

- Take up more interpersonal space through expansive postures and movements (Gillespie & Leffler, 1983) Standing tall, hands on hips, lifting chin, standing as other person sits, appearing bigger, taller, "manspreading"
- Eye contact: prolonged, direct eye contact can be a signal of dominance (Ellyson & Dovidio, 1985); avoiding eye contact can convey an attitude of superiority
- Initiate touch (Henley & Freeman, 1995) pat on the back, shoulder, hold an arm (can indicate a sense of ownership)
- Touch other people's possessions: pen, phone, notebook
- Claim territory: invading other person's space, sitting on another's desk, walking in the center of sidewalk
-

Ogden et al 2021

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Body to Body Communication

Bias, and power/subjugation dynamics, are reflected and sustained through body-body interactions, and non-verbal microaggressions



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Ogden 2021

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Transgenerational Trauma of Perpetrator and Victim can be Transmitted via Imitation

- Babies and children learn posture and movement patterns through imitation
- Mirror Neurons (Gallese & Rizzolatti, 1996) are premotor neurons that are activated by the observation of an action, internally activating the motor neurons as if the action were being performed
- Posture and movement predisposes us to experience particular emotions and thoughts Ogden 2021

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The Colonized Body

In colonization, we think of the forceful and violent removal of a native people from their land and culture. The truth of this depravity is traumatic and visceral. When the body is colonized the act is often sneaky and quiet but no less brutal. At a young age we clue in to the not enoughness of our physical form. Our skin is too dark. We weren't born with "good hair." Our lips too full.A battle is waged internally between you and the you you "should be."

Blackwell, 2013

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Historical and Transgenerational Trauma Impacts Perpetrators or Oppressors & Oppressed or Victimized

- Harrell (unpublished paper) points out that legacy of relational adversity and trauma "involves not just the target or 'victim', but also perpetrators and their descendants"
- The targets of interpersonal violence often become the perpetrators themselves (Friere, 2007; Kar, 2018).
- Being shunned or ostracized have been shown to predict later aggression (Ren et al., 2018; Wesselmann et al., 2017).
- Both the oppressors and the oppressed can carry the effects of recent and distant history in symptoms and behaviors.
- Negative effects of transgenerational trauma are exacerbated when historical traumatic events are not mourned, processed, and healed by both the communities who were perpetrated against and by communities whose role was that of perpetrator

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Ogden et al 2021

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A Shift is Required to Challenge the Cycle of Trauma for Victims and Perpetrators

The dysregulation that perseveres after traumatic events can contribute to a cycle of transgenerational trauma for both victims and perpetrators.

- Hyperarousal and anger can lead to violence as well as panic, anxiety and other trauma symptoms
- Numbing and detachment can prevent empathy for the pain and suffering of others as well as loss of engagement, immobility, and other trauma symptoms

"[P]erpetrator trauma demands to be recognized not only as real, but also as profoundly affecting the future of societies riven by violence." (Mohamed (2015, p. 2006);

. Ogden 2021

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Contextualize:

Challenge the Ahistorical Approach.

History does matter, the past does affect the present. The privileged cannot understand the subjugated "out of context."

K.V. Hardy

Keeping historical trauma in mind, and taking opportunities to name, discuss, and explore it (while at the same time assessing client receptivity as well as our own credibility and skill) can help place current symptoms and experience in a broader context, provide opportunities to express grief and to build resources.

Ogden et al 2021

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Perpetrator Parts

Tanner, a white upper income, cisgender, well educated client, raped his girlfriend while intoxicated.

- Address the part that raped and somatic components (tension, a hardening of his heart, and a narrowing of his eyes)
- Discover other parts (a tender, hurt child part)
- Challenge the negative beliefs of the perpetrator part (that he had to assert dominance to earn respect) and of the child part (that he was completely worthless),
- Learn new actions to soothe the child part of him that felt “like scum” by taking a breath and placing his hands over his heart. •Process the remorse and shame he felt for his misguided violent actions
- Couple therapy using pulling motion
- Contextualize: acknowledge socialization, transgenerational elements

Ogden et al 2021

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Perpetrator Parts , 2

Joe made hostile racist remarks about the African American men he encountered while incarcerated for assault, calling them violent and stupid.

Therapeutic Options

- Frame (“Let’s stay with this perception for a moment”)
- Question: “Do you remember when you first learned about other races?” “What were the attitudes of your family or hometown?” “What personal experiences have you had?”).
- Self-disclosure about the therapist’s own bias combined with psychoeducation about oppression and systemic racism
- Work with memory of being with African American men in prison (discover physical components, regulate arousal)
- Work with memory of perpetration (discover trauma-related rage, mindfully execute defensive responses, address shame)

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“Cultural Memory”

Triggers of Historical and
Transgenerational Trauma and

Current Threat

African Americans “have a cultural memory of things that have happened to us going all the way back to slavery—knowing all of that, and then hearing things in the media about unarmed Black men being shot or Black people being killed in a place of worship. These are traumatic for us many times because we have all of this cultural knowledge already”

Williams, 2014

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Linking Actions to History, Meaning, Purpose, and Context

Historical trauma can also be seen in what Menakem (2017) calls “traumatic retentions”: the intergenerational reflexive reenactments within and between groups, passed down from generation to generation.

When these actions are unlinked from the original event, they lose their meaning and may be seen and criticized as part of the culture of a particular group.

Example: Corporal punishment could be an adaptive residue of chattel slavery, ambivalently performed with a protective intent meant to prepare the children for the harsh realities of racism. DeGruy, 2017; Patton, 2017

Ogden, et al 2021

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Contextualizing a parental message to Black daughter: “You’re too old for hugs”

Could reflect a socialization process that African American children go through as a result of the historical (and ongoing) trauma their community has faced that helps the child develop the strength and resilience needed to navigate ongoing marginalization and oppression.

In a context of ongoing racism Black children may be encouraged to develop strategies of resistance that amount to little more than emotional armoring (Watson & Hunter, 2016; Woods-Giscombé, 2010).

Black girls are often socialized to exude a veneer of impenetrable strength, toughness, and self-sufficiency (Beauboeuf-Lafontant, 2005; Thomas & King, 2007).

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Ogden et al 2021

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Contextualizing Separation Issue Between Child and Parent and Incomplete Mourning

In all slaveholding societies slave couples could be and were forcibly separated..... slaves had no custodial claims or powers over their children, and children inherited no claims or obligations to theirs.

Patterson, O. 2015

Note that transgenerational trauma can result in depression and other symptoms due to “incomplete mourning” of transgenerational losses, such as language, tradition, and status (Duran et al., 1999).

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Contextualizing Rape of Black Female Client by White Man

Identify and acknowledge the history of sexual violence that has been part of the experience of many young Black and Brown girls and women throughout the world.

Discuss its direct link to and injustice of the processes of psychological, physical, and mental domination and exploitation of Black people.

Ogden et al 2021

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Trauma and Embodiment of Resilience

Recognize and inquire about the resources inherent in the client's culture, such as traditions, spiritual or religious elements, food, celebrations, songs, art, and so on.

Inquire about your client's caregivers, parents, grandparents, other relatives and ancestors. Encourage them to think back as far as they can, to reflect on ancestors' countries of origin, the challenges they faced, the talents, strengths and personal gifts they possessed, their contributions to their communities, their professions, the qualities they were known for, that speak to the resilience they developed.

Attend to how your client embodies resilience Ogden 2021

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The way to right wrongs is to turn the light of truth upon them. Ida B. Wells
Non-verbal interaction is a social cultural dialogue

- | | |
|-------------------------------------|---|
| • What we see in the therapy room: | • Physical behaviors of dominance/subordination |
| – our own tendencies of observation | – learned non-verbally over time |
| – what the client brings | – become procedural habits |
| – interaction therapist-client | – maintain relational power |

Ogden, Taylor, Jorba, Rodriguez, Choi (in press)

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Complex Trauma

Results “from exposure to severe stressors that
(1) are repetitive or prolonged,
(2) involve harm or abandonment by caregivers
or other ostensibly responsible adults, and
(3) occur at developmentally vulnerable times in
the victim's life, such as early childhood or
adolescence.”

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Ford & Courtois 2009

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Complex Trauma can also Develop in Adulthood

- Immigration and refugee status, violence, oppression, discrimination based on racial, cultural, religious, or gender/sexual identity and orientation, colonialism, domestic violence, cyberbullying, human trafficking, kidnapping, abuse
- Historical and transgenerational trauma especially when prior trauma remains unacknowledged, unresolved, or is currently recurring
- May be based on characteristics of a person and community of belonging, including skin color, gender, identity, etc.

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Ford & Courtois 2020

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Therapists often report:

- *Clients with complex trauma are too dissociative to work with the body*
- *They're are not interested in somatic work*
- *I cannot use Sensorimotor Psychotherapy's body-oriented interventions because my clients with complex trauma are:*

<i>dysregulated</i>	<i>low functioning</i>
<i>triggered</i>	<i>anxious</i>
<i>not ready</i>	<i>depressed</i>
<i>unaware</i>	<i>body phobic</i>
<i>"in their head"</i>	<i>[fill in the blank]</i>

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Ogden in press

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Complex trauma can Lead to Dissociative Parts of the Self that May Have Different:

- Predictions and expectations
- Abilities for reflective functioning and mindful awareness
- Emotional biases and preferences
- Physical habits (postures, movements, gestures, facial expressions)
- Meanings, beliefs, interpretations and ways of thinking
- Relationship styles & patterns with others

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A Few Reasons why a Somatic Approach may be Challenging for Dissociative Clients

& their Therapists

- Dissociative parts manifest somatically, so different postures and movements represent different parts of the self
- Different parts have different goals, so they have different responses to body-oriented interventions
- Movements and postures that are helpful to one part can dysregulate another (problems with body-based homework)
- The body does not feel safe; clients are phobic of the body
- Many clients live with ongoing trauma and systemic oppression; the trauma is not “over”

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Three Influences on SP Perspective on Parts, Dissociation and Integration

First Influence: 1970s

”Psychotherapists work to get
parts communicating, whether it’s
members of the family, the body
and mind, or parts of the mind.”

Ron Kurtz

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"It's an art, full of high skill, to coax these parts out of hiding, to help them speak openly and directly....

If you can get those parts communicating, they may resolve their differences and come to harmony.... "

Ron Kurtz

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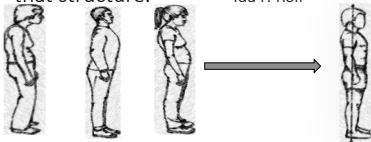
Second Influence: 1980s

Rolfing/Structural Integration

"Any real integration must concern itself with

- the structure of the body
- the effect and influence of ...environment on that structure."

- Ida P. Rolf



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Third Influence: Structural Dissociation: 1990s

cf., publications by Van der Hart, Nijenhuis, & Steele

Existence of at least two dissociative sub-systems of personality, each with at least a rudimentary sense of self

Action Systems of Daily Life
These part(s) avoid traumatic memories and reminders



Action Systems of Defense
These part(s) live in "trauma time" and are rooted in instinctive defenses

More severe, chronic trauma leads to more complex structural dissociation of the personality, i.e., more parts fixated in trauma, and, eventually, more parts living in trauma time

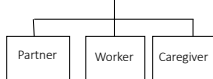
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Diagram of Structural Dissociation

Daily Life part(s), rooted in action systems of daily life, avoid traumatic reminders to engage in normal life roles and tasks.



Parts in Trauma Time, rooted in action systems of instinctive defense, engage survival strategies and as such are usually hyper- or hypo-aroused.



Ogden, Adapted from van der Hart, Nijenhuis & Steele, 1999

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Conflicting Goals of Parts

The goals of the defensive parts-- to defend and protect -- that are stimulated by traumatic reminders conflict with the goals of daily life parts -- to engage with other people and the environment.

- Both daily life parts and instinctive defensive parts are visible in the postures and movements of the body that often conflict.

Ogden et al 2006; Ogden & Fisher 2015

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Structural Dissociation:

A good theory for body-oriented therapy

- Psychobiological action systems readily clarify how dissociative parts manifest somatically. Each part (associated with each action system) has corresponding movements, postures, gestures, expressions, etc.
- Both daily life parts and instinctive defensive parts are visible in postures and movements of the body that perpetuate dissociation
- The body offers opportunities for eliciting parts of the self for the purpose of integration; gesture, posture, tension, gait, movement, and body sensation are targets for treatment interventions for Structural Dissociation.

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Ogden 2008

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Personal Trauma & Systemic Oppression

"...a person or group of people can suffer real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves." (Taylor, p. 25)

"Double Consciousness (Du Bois 1903): the contradiction between society's perspective and one's own perspective of oneself, can be internalized as two differing views of oneself.

Double consciousness: "a condition in which two distinct, unrelated mental states coexist within the same person. This may occur, for example, in an individual with dissociative identity disorder." (APA 2020)

Help clients to quickly return arousal to the window in the face of dysregulation due to ongoing threat helps to develop resilience. Ogden 2021

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Mapping Physical Correlates of Parts

Daily Life part in back and squared shoulders, (present when caring for others, at job and other "adult" roles)

Fight part that turned her anger toward herself in tension of jaw, arms and hands

Flight part connected with addictions, precipitated by a backward movement and jittery feeling in legs

Shutdown, feigned death part in numbness and a collapsed posture, self-loathing and shame

Freeze part in overall constriction, high anxiety and darting eyes

Cry-for-Help part in a sensation of panic in her chest when her boyfriend is upset with her

Ogden 2004/ 2021

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Actions, like words, can be viewed as threatening and adversarial by other parts or self states whose reality is challenged by such actions. Ogden 2014

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Collaboration among parts should include finding how to change posture or make actions in a way that includes various parts of the self, rather than choosing between one posture, or one action, and another.

Ogden 2012

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Mindfulness

Mindfulness: paying attention, in the present moment, on purpose, without grasping onto judgments. Mindful awareness has the quality of receptivity to whatever arises within the mind's eye, moment to moment. Siegel 2006

**Sensation • Movement • 5 Sense Perception
Emotion • Cognition**

Directed mindfulness: paying attention to particular elements of internal experience considered important to therapeutic goals. Ogden 2006

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Use Directed Mindfulness as a Titration Strategy

Track, contact, and direct mindful attention to internal experiences:

- that are generally resourcing and empowering
- to actions that are acceptable to most parts, rather than override
- to experiences that approach the edge of the window (not too triggering)
- to how parts might help one another through action or words
- to small communications between parts
- away from "becoming" a part, reliving trauma, or the strong emotion association with one part (until client is capable of integration)

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Ogden 2021

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Some Rewards of Connecting to the Body

- Signal physical needs like hunger, rest, or exercise
- Indicate the first signal of imminent threat, especially significant for oppressed populations and others who experience ongoing trauma
- Reveal parts of the self (ones in trauma time and daily life parts)
- Signal emotional needs, or parts of the self that need attention
- Signal hyperarousal, and guide recalibrating the nervous system
- Indicate preparatory actions
- Become a source of self-esteem, well-being and pleasure
- Unpleasant or triggering body sensation usually does not change if it is avoided

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Ogden in press 74

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Risks and Objections of Connecting to the Body

- Awareness of pain
- Dysregulation
- Reminder of past trauma, leading to reliving
- Feelings of being betrayed by the body and/or fear of sexual arousal
- Internalized judgment and hatred (from various sources, including racial or ethnic stereotypes) of the body

Ogden et al 2021

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Risks and Objections of Connecting to the Body 2

- Indicate that something terrible is about to occur
- Apprehension of becoming numb or failing to connect with the body
- Fear or judgment of the impulses that emerge from sensation
- Increased awareness of emotions like shame, rage, sadness
- Increased disgust, loathing, and revulsion of the body

Ogden in press

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Phobia of the Body

- Normalize the phobia
- Uncover the purpose of the part that is phobic (usually a protective role)
- Uncover the role of societal stereotypes and norms about bodies when relevant
- When a client is triggered by the word, "body," use other terms: inside, experience, internal world, gut feeling, non-verbal language, movement, etc
- Keep the adult/part in daily life on-line to work with the phobia; track for parts in trauma time and adjust approach

Ogden & Fisher 2015

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Phobia of the Body 2

- Take time to discover how various parts feel about connecting with the body (might write them down)
- Ask if there are any parts that can tolerate body sensation or movement
- Take time to explore how various parts feel about connecting with the body
- Find out how parts can help one another, such as ask a part that is willing to connect with the body reassure the phobic part

Ogden & Fisher 2015

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Foster Safety to Sense the Body

Titrate mindful connection to the body so that it is tolerable for the client (less not more)

Indirectly engage clients in resourcing actions that prime more direct contact with the body

Put clients in charge and in control of their body and physical interventions (*if ever I ask you to do something you don't want to do, or that makes you uncomfortable, tell me*). Track!

Track for signals of the social engagement going off line (defensive parts coming to the fore)

Ogden in press

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Foster Safety to Sense the Body continued

Generally contain your own movement; avoid quick or large expressive movements

Physically explore what is “right” relationally for the client (distance, eye contact, posture, etc) to establish a somatic sense of boundary. If they don’t know, or you don’t want to ask, move slightly forward or back and track; make eye contact, then look away, etc.

Help clients to connect with a felt sense in the body of their boundary

Start with non-threatening body-oriented interventions that do not directly relate to traumatic material

Ogden in press

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Example: Finding a Comfortable Position

- Think out loud: (*I wonder how to help you connect with your body...*)
- Ask directly about client’s physical comfort: (*I wonder if this position is the most comfortable position you could be in...*)
- Give a menu & demonstrate: (*Would your body be more comfortable curled up, or sitting up straighter, or leaning back, or....?*). If client doesn’t know, your might contrast different positions
- Experiment with new posture: (*What changes when you sit taller*)
- Track & name other resource (*your feet are more on the floor too*)
- Validate the importance of the body’s comfort and the results of the experiment (*It’s important that your back feels more supported*)

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Ogden in press

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Recognize that Each Part has its Own Unique Purpose

- Recognize (out loud) the important purpose and functions of parts as they emerge
- Ask (yourself and client) about the purpose and function of each part
- Reframe parts as “survival resources”
- Express appreciation of the parts and their purpose, and ask other parts of client do the same when they are authentically able to
- Do not take sides and intervene if one part of the client blames another part
- Do not try to get rid of a part; reassure a part that you are not trying to get rid of it if needed
- If necessary, ask a part if it would be willing to “step aside” or “dial down” for a few moments, then come back to it

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Goals and Purpose of Parts

Purpose and Goals of Daily Life Part(s)
To engage with others and what I have to do in my day to day life

Purpose and Goals of Parts in Trauma Time
To be alert to danger, protect me and keep me safe

Partner:
Support my partner, have sex, talk, and work together for the good of our marriage

Worker:
Get up and go to work, do a good job, stay centered, interact, take feedback

Caregiver:
Take care of my kids, pay attention to their needs, set limits, don't hit

Fight
To fight back when someone threatens me

Flight
To get away and run away from danger, use alcohol to do it

Freeze
To not move so no one notices me so I don't get hurt

Shut Down
To do what they want and not be there so I don't feel

Cry for Help
To try to get help and not do it on my own all the time

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Symptoms

- Anxiety
- Insomnia
- Depression
- Addiction (struggles primarily with alcohol)
- Avoids relationships, especially sexual intimacy
- Isolated, no "real" friends
- Agoraphobic tendencies
- Consumed with regret about her life, especially about not having a family

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Risks of Executing a Defensive Action

The action can vitalize the part associated with the action

Client may lose ability to be mindful, and instead identify with a part

Clients may fear that the part associated with the action will take over (they will become the part)

The action may feel threatening to other parts of the self who fear the repercussions of executing that action

The action may bring up dysregulating impulses, memories, or emotions

Finding words to go with the action may be dysregulating

The action can bring up images and memories that can be dysregulating

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Use the Body to Facilitate Somatic Communication between Parts

- Search for ways to draw on the body to facilitate awareness between parts
- Clarify how each part “lives” in the body , and what actions go along with each part
- Use actions as experiments (“what happens to that part...”
- Ask if other part(s) can sense the somatic communication
- Track and name changes in the body as parts communicate
- Discover what the parts might want to say to one another through words

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Use of Self-Touch to Help Parts Communicate:

- Physical contact can help form connection between parts, can facilitate communication and integration
- Releases oxytocin, which aids emotional connection, increases well-being, decreases anxiety and fear (but can be threatening to some parts)
- Replicates feelings of comfort and safety that we receive when a trusted loved one touches us (can be threatening)
- Can be empowering, an action taken to support one’s well-being
- May help reduce pain and tension
- Can improve mood, lowers cortisol (stress hormone)
- Increases dopamine and serotonin, neurotransmitters that help relieve stress

Ogden in press

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Facilitate Communication between Parts, cont.

- When child part emerges, stay focused on the here and now rather than go into negative emotions of the child part (unless and until client has developed sufficient integrative capacity)
- Help client find the “just right” self-touch
- Name the communication between the parts
- Capitalize on appreciation when it happens

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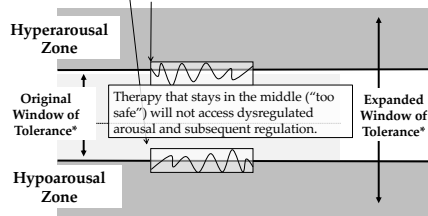
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“Safe but not too safe”

(Phrase coined by Bromberg 2006)

Work “on the edge” at the regulatory boundaries of the Window of Tolerance.



*Term coined by Siegel 1999 by Institute ©Ogden and Minton (2000)

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Integration: A Unified Sense of Self

- ongoing integrative actions that support functioning in everyday life, including regulatory and reflective functioning skills.

• Steele & Van der Hart (2008)

- a well-functioning flexible nervous system that can regulate arousal, and an expansive movement vocabulary that includes a variety of adaptive physical actions that are harmonious, purposeful, integrated and responsive to current situations

Ogden 2011

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Hope and Movement Vocabulary

Mindfully executing and practicing new movements that were abandoned because they did not produce the desired outcome can restore hope in the efficacy of the action for the future.

Ogden in press

- Yield •Push •Reach •Grasp •Pull

Bainbridge-Cohen 1993
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The Power of New Hope

There is no medicine like hope, no incentive so great, and no tonic so powerful as expectation of something tomorrow.

Orison Swett Marden

© The Sensorimotor Psychotherapy® Institute

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For info about online trainings for professionals, free and sliding-scale webcasts, go to:

<https://sensorimotorpsychotherapy.org/curriculum/online-programs/>

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PEACE

Resource Protocol

5 Steps to Modulate Activation & Build Resilience

P

Pause what you are doing to briefly identify bodily signals of unrest.

Maybe you feel muscle tension, weakness, shakiness, numbness, shallow, rapid breathing, fast heart rate.

E

Embody a somatic resource that feels supportive in your body in this moment.

Try combining them (e.g., Breathe & Lengthen spine; Make a Stop gesture & Ground).

A

Acknowledge the positive effects of the resource.

Maybe you sense more relaxation, settled energy, slower heart rate, deeper breath, softer eyes, less numbness, or more energy and alertness.

C

Concentrate your attention on the positive effects of the resource for 15 seconds or more.

Focusing attention on internal signals of ease fortifies a resourced state & helps rewire your brain.

E

Engage with your environment.

Look around, notice pleasant sights, sounds, & smells, feel the air on your skin, connect with a person or a pet, drink water, taste something you enjoy.

Somatic Resources:

- **Orient**, look around, name colors you see
- **Lengthen** your spine
- **Ground**, sense your feet connect with the earth
- **Breathe** slowly & lightly through your nostrils, into your belly.
- **Place hands** on heart or belly, or hug yourself
- **Smile** in a way that feels right to you
- **Make a "Stop" gesture** with palms open, facing outward
- **Stand up**, feel your feet push against the floor
- **Push palms** of hands against each other, the wall, or an object
- **Hum** with a low pitch and sense the vibration
- **Move** rhythmically: rock, sway, bounce, swing
- **Walk** slowly, sensing your legs moving
- **Embody your culture**, its traditions, and/or the support of your ancestors

