

Working with body awareness from a trauma informed perspective

“Where the body is not sensed being is diminished ”– Jim Kepner.

”If you inhabit your body, you inhabit yourself ”– Peter Levine

A basic premise for embodied therapies is that the self or I is an embodied self. This goes against the conventional view of our western cultural values, that idealizes rationality and thinking and dismisses the body as a material object that is much less important. As Renee Descartes once said, “I think therefore I am!” However, rational thinking is only one mode of knowing! Hiding in the body is a whole universe of untapped wisdom waiting to be discovered.

We are holistic beings. The mind, heart and body are one unitary experience that function inseparably from each other. Although we may not know it, we all meet, respond to and adjust to every situation with the whole of our being, not just with our mind. If we are being yelled at or criticized we adapt as much by pulling in our shoulders to avoid feeling, slumping our spine, hardening and bracing our chest muscles, bowing our heads in shame or constricting our breathing. If we turn towards this with curiosity and compassion, we can discover more and more how our bodies maintain, shape and perpetuate our experience. Our experience of our bodies is our experience of our Self unfolding in each moment. If you inhabit your body fully, you inhabit yourself as Peter Levine, founder of somatic experiencing suggests.

When we make our body an ‘it’ that exist below our head, instead of an ‘I’, we make ourselves less than we are. We diminish ourselves to the extent that we disown our body and see it as an object separate from our self. Jim Kepner, a gestalt therapist in the states and the author of ‘Body Process – working with the body in psychotherapy’, believes that many of our problems – feeling disconnected, dissociated, fragmented, dull, lifeless, or out of control stem from our disconnected relationship with our body.

“Our ultimate aim is to enhance, deepen, expand and integrate the client’s experience of their whole being: from their deep embodiment to their expansive spirit” (Kepner 1993)

The body is the sensing organ of the field:

When we are fully occupying our body, we have the capacity to receive much more direct, immediate information about our current state and our relationship to our environment. We are more able to experience and recognize what’s figural and immediately present - our feelings, needs and desires, and we can then listen to our bodies about what is needed, what boundaries are required, and what is missing or out of balance. This is crucially important for healthy self-regulation and functioning. Even our body symptoms are messages that tell us where we are disconnected, needing listening and deep attention. When we occupy our bodies we are much more likely to be in touch with reality and to discern how our environment is impacting on us. When we are in touch with our bodies, we tend to have better mental health. Why is this? Because the more embodied we become, the more we can experience a sense of solid selfhood and we have more capacity to feel present, grounded, in the moment, concrete, real, energized, substantial, awake, alive and open to learning from ourselves and

others. Our sense of reality is in large part based upon our contact with our sensory ground – our 5 senses. Without clear sensation and interoception (the sense of the internal state of the body) we lose touch with reality, our sense of self, and our location in relation to our environment, and connection to our felt sense and needs. We remain lost in and encapsulated in our conceptual mind.

Desensitisation – what is it? (Anaesthetizing the sensing self)

Jim Kepner argues that as a result of trauma and environmental conditioning, many of us are desensitized and numb. ‘Desensitisation is the process of coping (creatively adjusting) to disturbing and intense sensations by altering the capacity for perception’. **It is the process of numbing ourselves to sensations in our body in order to cope with overwhelming experiences and trauma.** Therefore, desensitisation is not bad or wrong – In fact we all exist along the continuum between being completely desensitised and oversensitised, where we feel too much to the point of feeling overwhelmed, like we have no boundaries or skin.

When do we tend to desensitise?

There is always a good reason why the mind isn’t ready to bring attention to the body, and to use desensitization as survival strategy! Its important to explore and appreciate this before we push to become embodied? We may numb ourselves in the acute phase of a grief reaction or in an emergency situation like a car crash as a way to cope. Deadening of our emotional selves may temporarily help us to move into action, pseudo-functioning and act on auto pilot - i.e. *to arrange a funeral, go to war, be a surgeon, or call emergency assistance, manage the impact of trauma and abuse when there is no support.* Or desensitization can manifest in psychological detachment from physical pain – e.g *hiker getting blisters but desensitising till they arrive at destination.* A huge degree of desensitisation is present in any addictive behaviour whether compulsive eating, sexual addiction or substance abuse. In our fast moving / busy lives we can often desensitise to some degree due to the pressure we encounter to stay in our minds trying to fix, figure out and problem solve life. Ideally we want to slow down, or allow sufficient time to linger over experiences and fully sense. This also allows the nervous system to slow down and come into healthy parasympathic states of rest and recuperation.

Desensitisation can become problematic and maladaptive when it is chronic and habitually used without choice. As mentioned, severe and chronic desensitisation most often develops early on in our lives as a survival mechanism (a creative adjustment in Gestalt terms) to avoid overwhelming pain, discomfort, trauma or emotional neglect. As a child, if you risk rejection or violence from people significant to your welfare you are likely to feel overwhelmingly terrified and alone. To keep the connection to the adults we depend upon we are often put in a choiceless choice to divorce and disown feelings and expressions that are not acceptable or supported. In trauma language, desensitization also correlates with hypo-arousal and dorsal vagal shut down states (collapse and freeze states). If feelings are overwhelming and not met with support and care, its adaptive to shutdown and numb out. Desensitisation then is part of the self’s process of creatively adjusting to life – of resolving the field of traumatizing experiences into the best possible solutions that serve our core needs for safety, survival and connection.

So what might be common signs of de-sensitization and disembodiment?

- Dulling of sensation – a lack of interoceptive awareness of body sensations.
- Reducing our quality of bodily attention.
- Your Client describing feeling nothing, dead, empty, depressed, wooden, shutdown and numb when asked what they're feeling or sensing in their bodies
- Chronically contracting our breath.
- Having no language for sensations when asked. The person may also feel ashamed of this.
- Avoiding movements or activities that may arouse sensation.
- Tensing and contracting our muscles to avoid feelings like sadness. The ability to soften into vulnerability and allow oneself to sob can only happen when the tensing and bracing pattern softens.
- Altering our perception and awareness of the body (anorexia nervosa - severe distortion of perception of body)
- The mind having dismissive or fearful attitudes towards the body and cultivating body awareness.
- Other symptoms and signs of desensitization – chronic pain, tension patterns, anxiety low motivation, don't care, collapsed, depressed mood.

The costs of being disembodied and desensitized

Having to sever and deny one's bodily nature in order to survive stops one from being fully who they are. The lessening of pain also brings with it lessening of pleasure and capacity for joy. Desensitisation then becomes a double-edged sword. When we are not in contact with our sensations (bodily self) there is little opportunity to develop a clear sense of what our feelings, desires, longings and needs are – of what matters. We lose vital access to information about where we are and what we need. Hence we are less equipped to act in the world skillfully to know and meet our physical and relational needs e.g. to set boundaries, ask for comfort, to withdraw, relax, express emotion and take care of ourselves (eating, sleeping, relaxing). The more likely we are to lose contact with important parts of ourselves e.g. anger, needs, sexual impulses, hurt, grief, and joy. The more disembodied we become the more likely we are to feel dull, insubstantial, empty, lifeless and numb, and paradoxically susceptible to more anxiety.

When we are disconnected from our bodies, we are less likely to make full and satisfying contact with others (given that there is little contact with self), and there is less capacity for adaptation to the demands of the environment and growth. Organismic self-regulation is compromised. Movement through the cycle of experience – from sensation, to awareness of needs and feelings, to action, to contact, to satisfaction, to integration and withdrawal is interrupted, often at the sensation level. One's behaviour is then acted from guesses and out of date beliefs and old identities rather than from our actual embodied needs and a clear figure of organismic interest. Furthermore, when we disown our bodily awareness and feelings they often manifest in other less direct ways e.g. free floating anxiety, tensions, odd pains and somatic feelings.

The dilemma of reconnection for traumatized clients

Before I share some ideas about learning to become embodied, I would like to stay that for many of us that have experienced trauma, neglect or attachment disruption becoming reconnected to our bodies can feel like opening the trap door to hell. It is associated with fears of being flooded by intense unwanted feelings, feelings of overwhelming shame, feelings of dissociation and fragmentation, that for some can trigger suicidal ideation and deep despair. Hence, when we embark on a journey towards reconnection, we need to honor and understand the parts of us that are terrified of this. We need to first hear them, and build new skills and resources to re-sensitize and reconnect at a pace that doesn't overwhelm us and stays within our window of tolerance. We need to help the client develop resources they can return too (pendulate back too) when the clients activation levels feel too much. It helps to acknowledge the core dilemma of reconnecting, and to invite the Client, when they are ready, to begin the descent into their body at a pace that is manageable and not overwhelming. Paradoxically, often only by deeply understanding the fears and beliefs of going into the body can clients naturally find the willingness and desire to connect to their embodied life. Even then it is helpful to go slowly and gently into this new territory of embodied life!!

Re-sensitizing and connecting back the body:

Embodiment work is focused on -

- Appreciating that the body is the royal road to what's out of awareness (the implicit memory imprints in the unconscious)
- Increasing awareness of our disconnection and de-sensitisation process and how and why we do it!
- This includes knowing how we disconnect, what beliefs sustain and maintain it, what body postures and breathing patterns sustain it.
- Knowing the contexts of where it happens, the pros and cons of this is important.
- Understanding the ways in which dis-ownership of bodily life is part of our early or current survival strategies to life challenges.
- Developing increased access to our body sensations in a slow and safe ways when the client is ready.

Some guidelines that we can learn to re-sensitise and support embodied inquiry in safe ways

- Inviting our clients to explore their relationship with their body and body sensations. This often pulls out their beliefs, concerns, attitudes, judgements, fears and significant learnings about their body. Validate and understand this first.
- Don't push for embodiment until the client is ready. Validating and contextualizing the survival value of desensitizing builds the ground to then move beyond it.
- When we begin to enter the body, we need to be mindful of trauma, assessing and staying within the WOT, and titrating the amount of contact we have with sensations to as to avoid flooding, dissociation and de-compensation.
- Learning to breathe with continuous and regular inhalations and exhalations to supports body awareness and regulation in general.
- Finding places in the body that are already regulated and or neutral to support greater regulation and stability e.g in the hands or feet, at the periphery! This is often helpful

and an important first step for clients who are already overwhelmed and hyper-activated.

- Entering into body awareness through resourcing experiences first e.g a memory of feeling safe, empowered, alive, valued or connected. This creates a ventral vagal anchor that is an important step in beginning trauma work.
- Learning to distinguish what we think about our experience (habitual labels, interpretations, words and stories) from actual felt immediacy of experience.
- Learning to gently, slowly develop a language for sensations and linking feelings to sensations. Asking sensation questions. E.g When you say your sad/happy/scared/angry, what are the body sensations that go with that? What's the quality of the sensation? Is it tight, throbbing, prickly, heavy, tingly or something else? Often a menu helps here!
- Inviting present centered embodied inquiry into the immediacy of our embodied experience. Inviting clients to track and inquire into body sensations and see what unfolds and happens next? (e.g How they may be linked to feelings, an action impulse/tendency that wants completion, a discharge response, new meanings.)
- With the right support and the ability to recruit the mind as a witness to the body, we often discover that contained within our body sensations is the inherent self-regulating wisdom of the body that shows us what didn't get to happen previously, what wants to happen next, and to complete the experience cycle e.g. a discharge, a feeling and need emerge, a movement impulse, an interrupted mobilizing defense.
- Using touch, body work, massage, exercise, yoga, and physical activities to enliven and sensitise the body. Physical movement often brings about psychological movement, illustrating the unitary nature of our being.
- Developing concentration and sustained attention towards the body e.g body scans.
- Inviting clients to become aware of their postures and how their posture sustains and maintains survival strategies, sensations and beliefs. Then trying out different opposite postures to see what happens?
- Developing awareness so that we can notice when and how we are disconnecting and de-sensitising from our bodies (e.g. shallow breathing, bracing and tensing, deflecting, intellectualising, going back to the story, and staying constantly busy).
- Inviting embodied experiments – invitations to re-direct attention towards our bodies, to experiment with changing postures or try movements that may open up and offer a new experience or become a resource, to try an action pattern that supports completion and empowerment e.g breathing into a feeling, pushing away, reaching out, taking in or yielding. Saying yes and saying no.
- Therapist practicing embodied empathy to attune to the clients embodied experience e.g. trying on and mirroring their posture with them, or a movement they are making that looks empowering and sharing what you notice in your own phenomenology as you do this. (today's experience with client, movement of hands out - felt expansive)
- In embodiment work we seek to increase the client's bodily felt sense by encouraging immediate here and now experiencing and relating, heightening awareness of sensations, sensing functions and modelling an embodied way of being.
- If we habitually place our experience at a disembodied distance, we diminish ourselves. However, don't forget that our behaviour can only be understood in context. If I am encountering a traumatic situation without support, an ability to move away from my bodily felt sense maybe what my situation calls for. This is often compounded by

Western cultures over focus on left brain processing and dismissal of feelings and sensations.

For many of us, our growing edge on the embodiment awareness continuum between desensitization to sensitivity to hyper-sensitivity is a movement towards the increasing sensitivity of body sensations and the felt sense. However, please don't forget many clients also need support to be less hyper-sensitized or hyper-aroused and to learn skills to down regulate their heightened sensations using resources like grounding, containing, orienting to cues of safety in the outer environment, self touch, outbreath and recalling being in safe and supporting places. Once this is established, only then can the Client feel brave enough to face their disowned parts of self and to process and complete once interrupted protective responses that never got to happen at the time of the original trauma.

In summary, increasing body awareness need to be done gently, slowly and at a pace the client can manage. For some clients, they are already often flooded by intense feelings and feeling hyper-aroused, and their learning edge is around becoming more regulated and resourced, and learning to identify and support a more ventral vagal settled nervous system state. For some, who are very shut down and desensitized, safely and gradually learning to become aware of sensations, feelings and activation will help them widen their window of tolerance and become more resilient and integrated. In time increased body awareness becomes a door way back to aliveness and the capacity to be present to the deep wisdom waiting to be discovered in their body.