

Trauma and the Body: Understanding the Connection between Attach Cry and Self-care

A NEW GROUP INTERVENTION BASED ON THE PRINCIPLES OF SENSORIMOTOR PSYCHOTHERAPY

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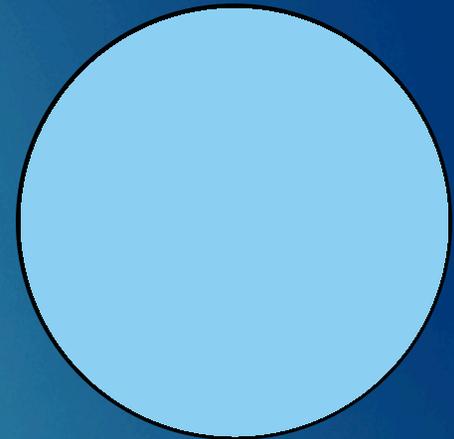
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Overview

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- ▶ The Story of Trauma and the Body Group
- ▶ Models of Trauma
- ▶ Relationship between Trauma and Self-care
- ▶ Connection between Attach Cry and Needs
- ▶ Therapeutic Tasks and Desired Outcomes
- ▶ Overview of the group structure
- ▶ Clinical Observations
- ▶ Client Feedback
- ▶ Limitations and Future directions
- ▶ Questions



Objectives

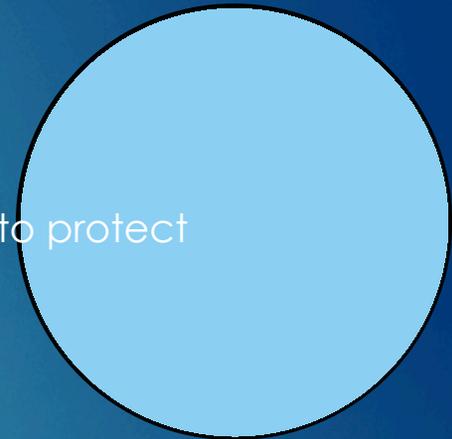
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- ▶ Describe elements of Sensorimotor Psychotherapy and how it can be utilized within a group setting.
- ▶ Describe the relationship between Attachment Theory, the Attach Cry defense response and ways in which clients' relationship to self-care may be impacted by early attachment wounds.
- ▶ Demonstrate strategies to support the development of self-care practices as a fundamental aspect of healing from trauma.

Disclosures

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- ▶ No financial/professional conflict of interest
- ▶ Confidentiality – quotes have ID altered or paraphrased to protect privacy



Acknowledgements

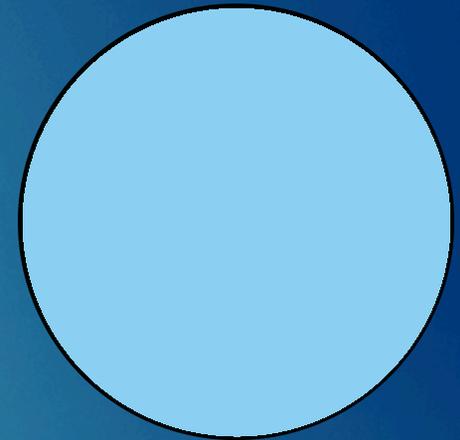
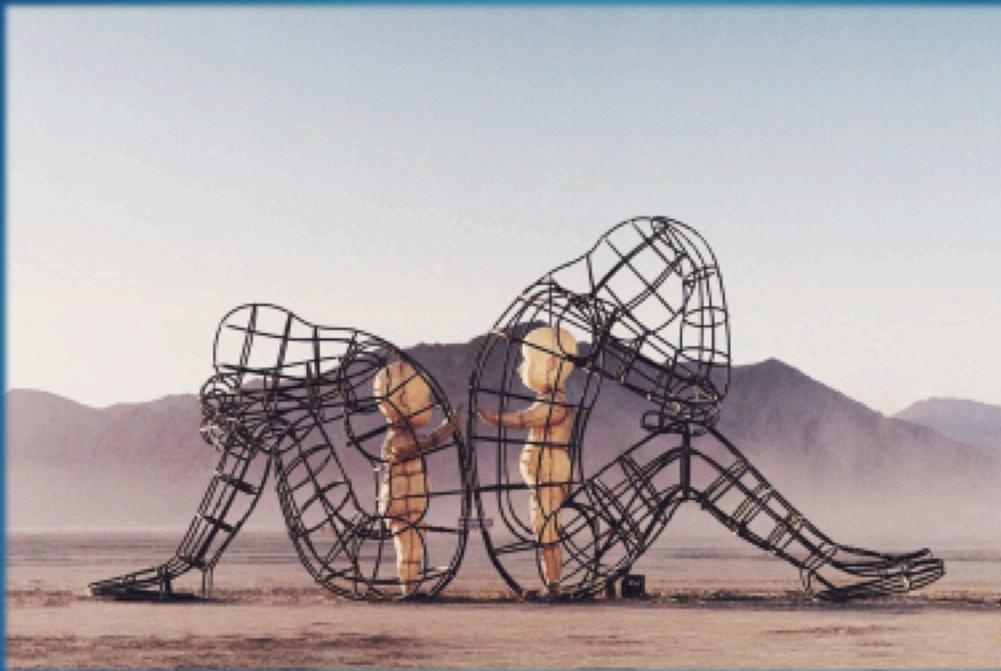
- ▶ Pat Ogden, Janina Fisher, Ame Cutler, Bessel van der Kolk for their vision and teaching
- ▶ Dr. Shari Kirsh who inspired our team to inquire into the area of SP
- ▶ Program Management for supporting training demands over many years
- ▶ Dr. Pam Stewart & Michael Gitberg who brought SP training to Toronto
- ▶ Judy Langmuir for passionately developing Trauma and the Body at WCH
- ▶ Catherine Classen for researching our T&B group
- ▶ The WRAP/ TTP team who support the (many) revisions and evolutions of T&B
- ▶ The remarkable women who explore with us the trauma of living in an abused body – a place of terror, shame, regret, grief and loss – in their courageous journey towards healing

The Story of the Trauma and the Body Group

- ▶ At the outset T&B connected somatic & relational issues
- ▶ When adapted & pared down to focus on the Animal Defensive System, we excluded the issue of Attach Cry
- ▶ Plan was to create a second level T&B eventually
- ▶ How to focus a somatic group around Attach Cry?
- ▶ Issue of self-care felt fundamental to this question

Models of Understanding Trauma

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What Makes an Experience Traumatic?

Internal and external resources are inadequate to cope with threat

“I’m going to die/ I’m going to be destroyed”

Dysregulation of central and autonomic nervous systems – affects somatic, emotional and cognitive responses

van der Kolk (1984, 1989)

Sensorimotor Psychotherapy

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Ogden, 2002; Fisher, 2003

Sensorimotor psychotherapy is a body-oriented talking therapy developed in the 1980's by Pat Ogden, informed by the work of Ron Kurtz (1990) and the Rolf Method of Structural Integration (Rolf 1987) and informed by contributions from the fields of attachment, neuroscience and dissociation. Sensorimotor psychotherapy **blends cognitive and emotional approaches, verbal dialogue and physical interventions** that directly address the implicit memories and neurobiological affects of trauma. By using **bodily experience as a primary entry point** in trauma therapy, rather than the events or the "story", we attend to how the body is processing information and its interface with emotions and cognitive meaning-making.

Sensorimotor Psychotherapy® Institute 2012

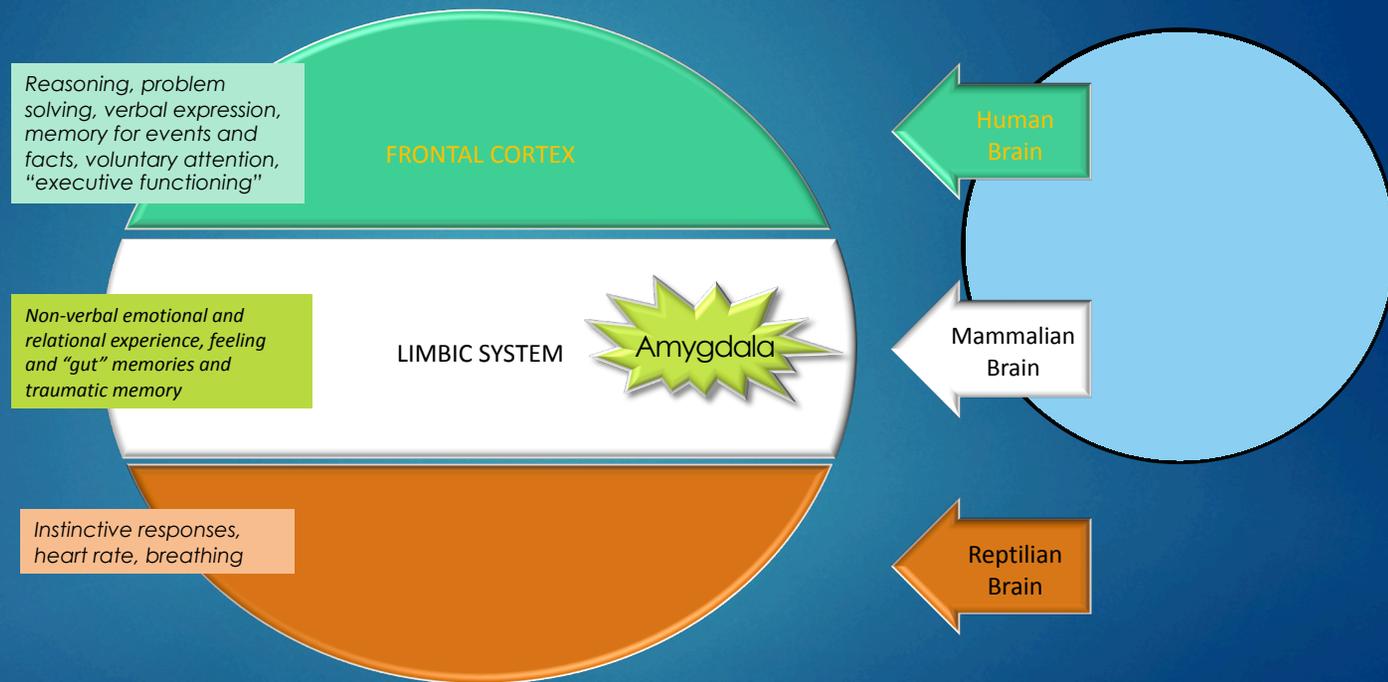
Resources: A Sensorimotor Perspective

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- ▶ Resources for trauma = strategies for responding to threat that increase chances of survival
- ▶ Autonomic nervous system – designed for survival
- ▶ Hierarchical responses – if the first line of defense fails, the backup is activated
- ▶ Polyvagal theory
 - ▶ Attach cry – first line of defense for mammals, mediated by parasympathetic system (myelinated vagus) – social engagement – when threatened, clump together for safety – especially young (small mammals keep proximity to big mammals)
 - ▶ Mobilizing defenses – fight/flight – mediated by sympathetic nervous system – requires capacity for mobilization
 - ▶ Immobilizing defenses – freeze/feign death – mediated by parasympathetic system (unmyelinated vagus) – when all else fails, shut down, conserve energy, minimize injury, be less of a target

Neurobiology for the Trauma Therapist: The 3-Brain Model

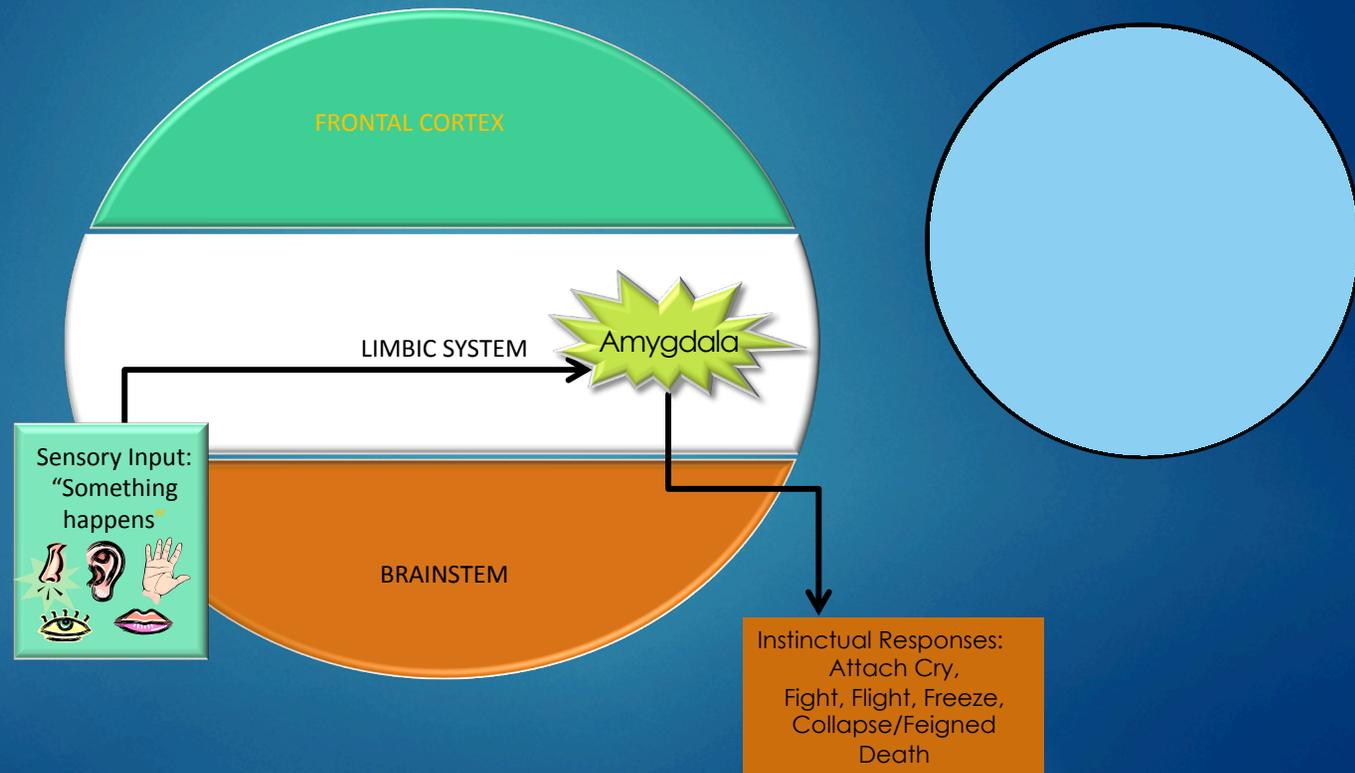
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Adapted from "Psychoeducational Aids for Working with Psychological Trauma"
by Janina Fisher (2011)

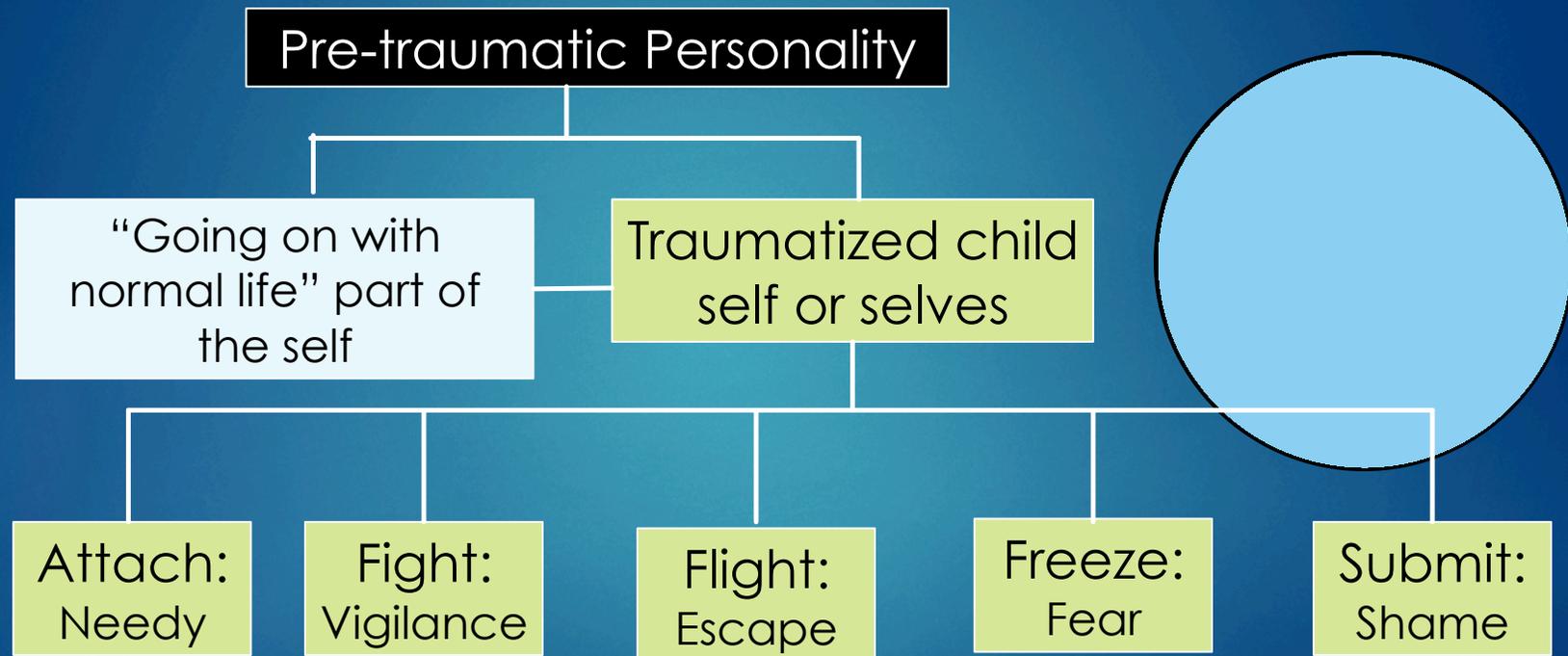
Wired for Survival: Animal Defensive Responses

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Structural Dissociation – “Parts”

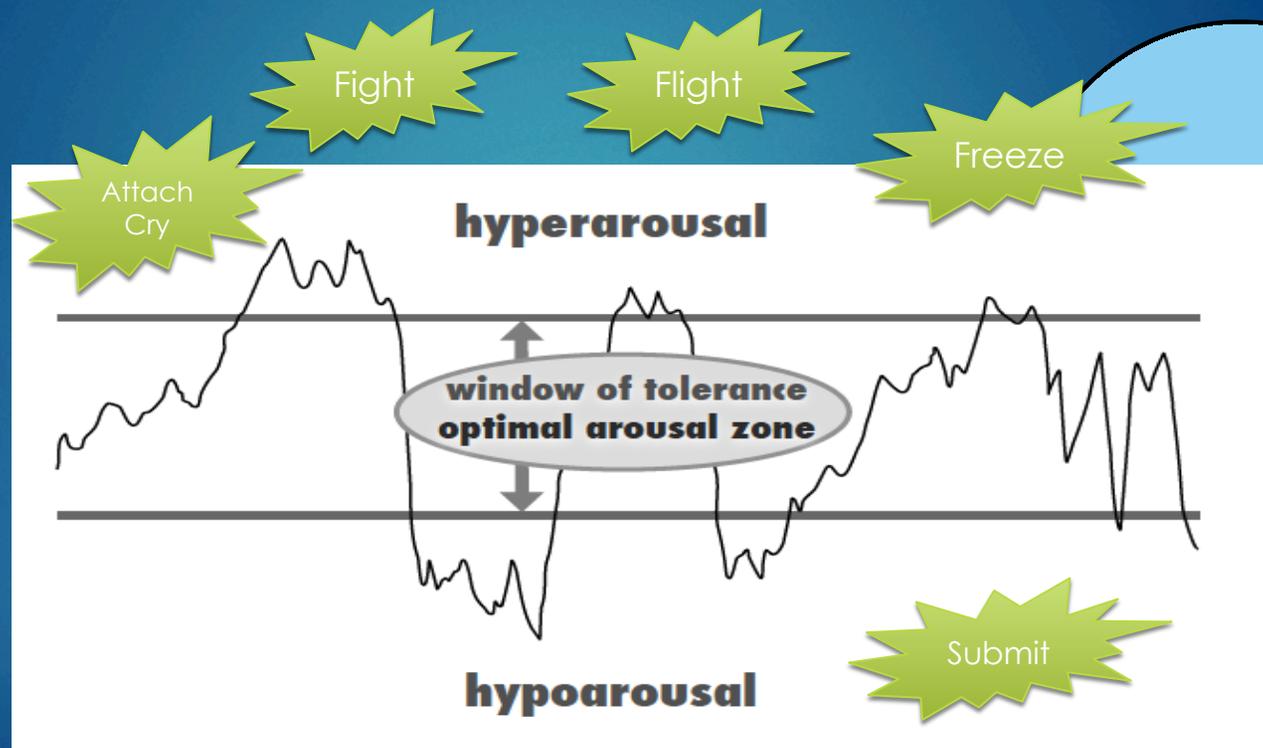
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*“Psychoeducational Aids for Working with Psychological Trauma”
by Janina Fisher (2011)*

Modulation Model (Ogden, Minton & Pain, 2006)

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The First Resource: Attachment

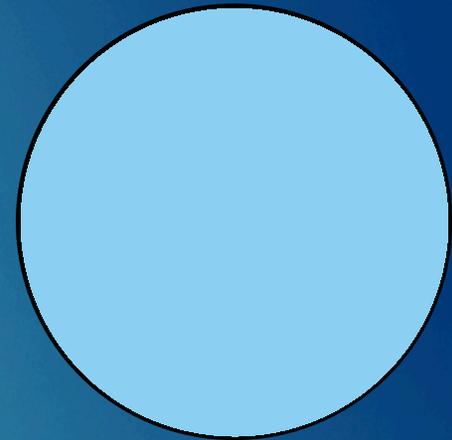
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“Most people think of fear as running away from something. But there is another side to it. We run TO someone, usually a person... It’s screamingly obvious, but I believe it to be a new idea, and quite revolutionary.”

John Bowlby, 1958, in a letter to his wife

Attachment Serves a Protective Function

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Attachment: A Threat-Response System

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- ▶ First described by John Bowlby, further elaborated by Mary Ainsworth and Mary Main, the most extensively researched psychological model
- ▶ Goal of attachment – maintain proximity to caregiver
- ▶ Attachment styles:

Adaptations to caregiver's style of responsiveness

- ▶ Reliably responsive caregiver – secure attachment
- ▶ Unpredictably responsive caregiver – insecure attachment – anxious ambivalent type
- ▶ Predictably unresponsive caregiver – insecure attachment – anxious avoidant type
- ▶ Frightened/frightening caregiver – insecure attachment – disorganized type

Secure Attachment

- ▶ When care has been responsive, we develop a sense that others are reliable when we need them and also have the opportunity to move away from our caregiver, explore the world and develop the capacity to rely on ourselves
- ▶ Adult manifestation - Autonomous
- ▶ We can use both self-soothing and relational soothing, tolerate both closeness and separation
- ▶ This sense of having a variety of strategies to manage distress allows us a wider window of tolerance



Insecure Attachment

Anxious Ambivalent

- ▶ When care/responsiveness has been unpredictable, we learn that we can't be sure if others will be there when we need them so we need to pay attention to keeping them close and engaged
- ▶ Adult manifestation – Preoccupied
- ▶ We may have been limited in developing our capacity to manage our own distress and tend to rely on soothing from others – this may lead to frustration when others inevitably reach their limits and fail or reject us
- ▶ Our window of tolerance for the distress of separation is small, but closeness is also fraught with fear of being rejected or abandoned



Insecure Attachment

Anxious Avoidant

- ▶ When others have been predictably unresponsive, we learn not to depend on others and focus on meeting our own needs as best we can
- ▶ Adult manifestation – Dismissive
- ▶ We learn to avoid reaching out to others and instead use strategies (often limited and rigid) to take care of ourselves – we may look like we are managing well on our own until a new stressor or crisis hits, then be overwhelmed
- ▶ We may find closeness or intimacy intrusive or uncomfortable, and outside our window of tolerance, but also feel the pain and loneliness of separation (although it may be well hidden)

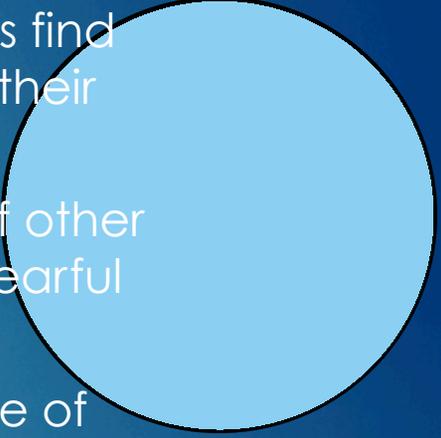


Insecure Attachment Disorganized

- ▶ When caregivers have been frightening or frightened, both closeness and distance are difficult, and capacities for relying on others and caring for self are both limited
- ▶ Adult manifestation – Unresolved
- ▶ Other people may feel dangerous and threatening, but longings for safety in closeness and intimacy may drive strategies to maintain relationships using trauma-based, often dissociative strategies
- ▶ Window of tolerance for both closeness and separation is small



“Inner Child” or “Child Part(s)”

- ▶ A construct using parts language that many clients find helpful in exploring, understanding and changing their own inner world
 - ▶ Some find it uncomfortable or ill-fitting – a range of other terms are offered (eg. vulnerable part, hurting or fearful part, traumatized part)
 - ▶ Others confuse child part with being a child – sense of adult responsibility is stressed
- 



Children Learn What They Live

If children live with criticism
They learn to condemn

If children live with hostility
They learn to fight

If children live with ridicule
They learn to be shy

If children live with shame
They learn to feel guilty

If children live with tolerance
They learn to be patient

If children live with encouragement
They learn confidence

If children live with praise
They learn to appreciate

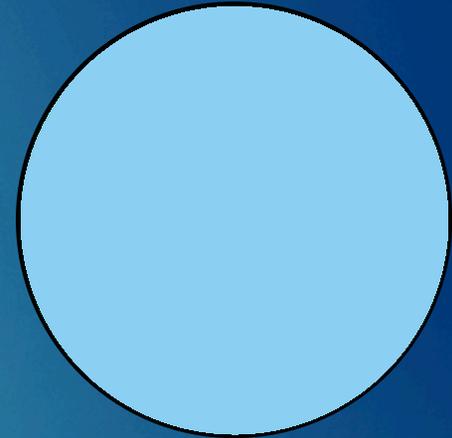
If children live with fairness
They learn justice

If children live with security
They learn to have faith

If children live with approval
They learn to like themselves

If children live with acceptance and friendship
They learn to find love in the world.

— Dorothy Law Nolte



The Relationship between Trauma and Self-care

- ▶ The key components of secure attachment are availability and responsiveness of a significant other and the worthiness of self
- ▶ We begin to learn about our needs through the experience of being attended to from birth by primary caregivers
- ▶ Children who have supportive primary caregivers that consistently attend to their physical and emotional needs develop a capacity to see themselves as worthy of care and tend to have positive relationships with others
- ▶ In contrast, children whose primary attachment figures are abusive, neglectful, or inconsistent tend to see themselves as unworthy of care and others as untrustworthy

Relationship between Trauma and Self-care (continued)

- ▶ So, essentially the experience of interpersonal trauma is one of having the perpetrator's needs met at the expense of one's own needs
 - ▶ Internalized messages- "I'm not worthy", "I don't matter", "I'm undeserving", "My needs are not important"
 - ▶ Survivors of trauma are often left with a longing for care and connection as well as anger/grief for having to do what wasn't done for them as children
 - ▶ This equals an ambivalent relationship to or disconnection from somatic, emotional, and relational needs which creates a dilemma around engaging in self-care
- 

Nourishment Barriers

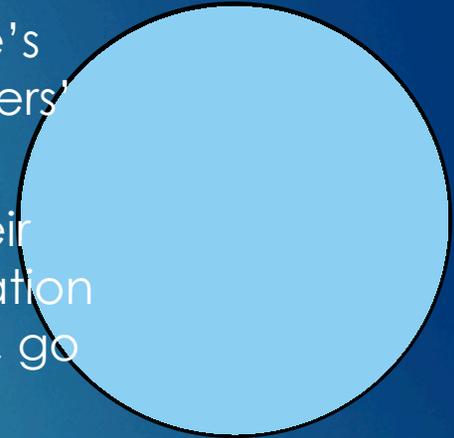
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- ▶ The experience of not having needs met due to trauma and neglect leads children to wisely adapt by distancing/disconnecting from their basic needs
- ▶ A survival strategy to protect children from their basic needs when it was not safe to have needs
- ▶ Over time, this adaptive strategy results in a nourishment barrier which is a limited ability to let in nourishment such as safety, love, comfort, self-care
- ▶ Often leads to resistance/fear/mistrust of taking in good things later in life resulting in isolation, pain, loneliness, avoidance of pleasure, addictions as substitutes for nourishment

How Nourishment Barriers Manifest

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- ▶ Development of a habitual pattern: dismissing one's needs while at the same time protesting when others don't attune to their (stated/unstated) needs
- ▶ Clients may present with a preoccupation with their dismissed needs coupled with indirect communication about getting them met by others ie. "Come here, go away"
- ▶ "I don't need it, I don't want it, and you cheated me out of it"...John Giorno

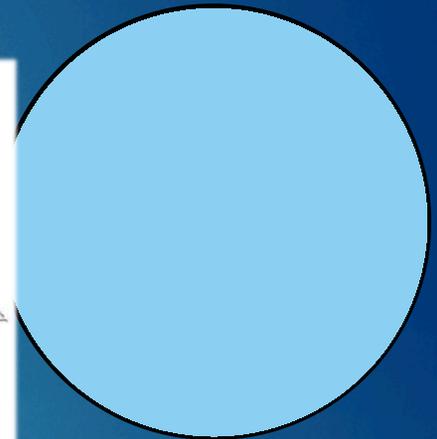


What Clients Said

- ▶ “I was neglected as a child and learned to neglect my own needs and ignore my health”
- ▶ “Because I was the emotional caretaker of my mom since childhood, I am neglectful of what I need and take care of everyone else’s needs to the detriment of my own”
- ▶ “Because I felt like a surplus child in childhood, I feel unworthy of self-care and being looked after”
- ▶ “I learned that my needs don’t come first, other people’s needs come first like my abusive father, it’s a challenge to be kind to myself as my self-blame is really strong, I blame myself for getting my medical condition, I get anxious and panicked when I don’t know how to look after myself”
- ▶ “I’m avoidant of taking care of myself, my home, and processing my trauma because I got the message that I don’t matter, therefore I put my needs on the backburner”
- ▶ “Trauma has made me unaware of my own needs such as hunger and I’m disconnected from my own body cues but I’m really good at taking care of others”
- ▶ “I dismiss my emotional and physical needs until it ends up becoming an overwhelming crisis that I’m forced to deal with”
- ▶ “Because I was a parentified child, self-care is the hardest thing for me.” “I neglect my own needs until my body gets really, really sick as I push myself beyond my limits”

Are You My Mother?

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How do I learn to Care for Myself?

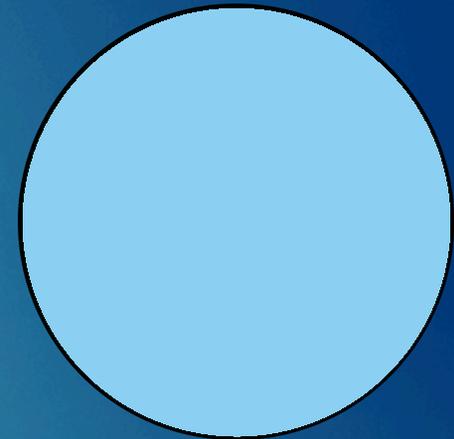
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Daniel Siegel “Mindfulness has been shown to be effective in healing insecure attachment,” “The purpose of both psychotherapy and mindfulness practice is to provide this **internalized secure base**. Attunement, whether it is internal in mindfulness, or interpersonal in attachment, is what leads to a sense of secure base.” (*The Mindful Therapist: A Clinician’s Guide to Mindsight and Neural Integration*, W.W. Norton, 2010; *Mindsight: The New Science of Personal Transformation*, Random House, 2010).

“The regular exercise of mindful awareness seems to promote the same benefits—bodily and affective self-regulation, attuned communication with others, insight, empathy, and the like—that research has found to be associated with childhood histories of secure attachment,” Siegel wrote earlier. “ Mindfulness and secure attachment alike are capable of generating... the same invaluable psychological resource: an internalized secure base.” (Siegel, 2007, Wallin, 2007, p. 5-6).

A HARSH MESSAGE (bad news/good news)

- ▶ We can't change the past **AND**
We can change our relationship to ourselves
- ▶ Old attachment patterns are hijacking you **AND**
You can develop new patterns
- ▶ As an adult you are responsible for yourself **AND**
You can ask/get support from others
- ▶ Change requires a new relationship with yourself **AND**
Change requires action and practice



A BOLD MOVE

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Observation:

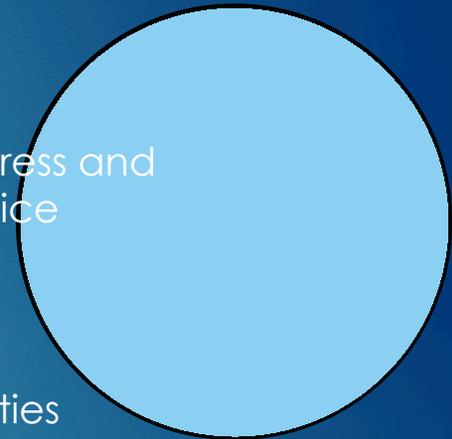
- Despite changes in self-awareness, skills in modulating distress and reduced dissociation clients still struggle with self-care practice

Hypothesis:

- A link exists between the Attach Cry and Self-Care Difficulties

Action:

- Develop a brief pilot group based on this hypothesis





Attach Cry

One of the ANIMAL DEFENSES
Activates Somaticly when Boundary is Threatened

The Impact of Trauma on the Animal Brain Interferes with the Modulation of Arousal

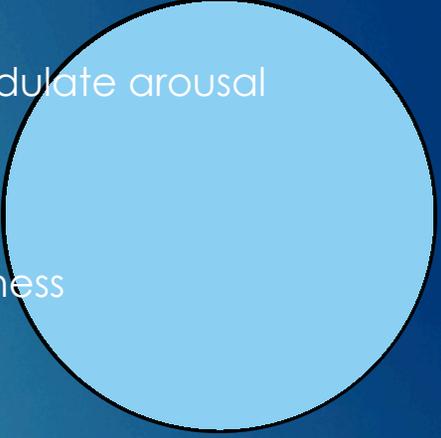
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Bottom up hijacking is the source of many a trauma survivors daily life problems and self-blame. At the mercy of the limbic system the traumatized person feels out of control, unstable and psychologically incapable. Confidence in the ability to cope with daily life is greatly diminished. "I should be over this" or "I must be crazy" are two of the most common complaints heard in therapy, stemming from the clients view that the source of the problem lies in psychological inadequacy, rather than in the functioning of the brain.

Obviously a primary goal of trauma therapy must include mitigating the tendency for bottom up hijacking.

Pat Ogden

Therapeutic Tasks of Trauma and the Body Phase Two

1. A primary goal of Trauma Therapy is teaching clients to modulate arousal
 2. Psychoeducation
 3. Practice of Self-care
 4. Attunement to Emotional Vulnerability and Somatic Awareness
- 

Desired Outcomes

1. Modulated Arousal
2. Meeting own needs through self-care
3. More positive relationship with self and others

When I feel safe

I'm capable of self-care

I know I deserve self-care

I feel pleasure in self-care



Trauma and the Body Phase One

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Group Structure

- ▶ 8 weeks; 1 ¼ hours
- ▶ Psychoeducation: Impact of trauma on the body, Breath, Mindful self-study, Experiential exercises
- ▶ Each week focuses on an aspect of Animal Defensive System (fight, flight, freeze and submit), linking it to the Modulation Model.

Benefits of Group

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Client Feedback:

- ▶ Feel less stigma/less “crazy”
- ▶ Creates a feeling of hope
- ▶ Connection to the benefits of being in the body
- ▶ Capacity to notice when out of Window of Tolerance
- ▶ Skills - grounding, managing triggers, feeling pleasure without fear, mindfulness



A Missing Piece?

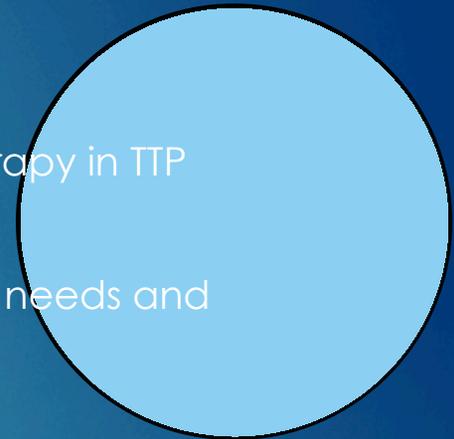
- ▶ The Attach Cry Animal Defense was intentionally left out from T&B 1
 - ▶ We were curious whether an unmet attach cry might affect self-care practice
 - ▶ We had always planned to offer a second stage T&B group to interested clients
 - ▶ AND SO... T&B 2 was born!!
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Trauma and the Body Phase Two

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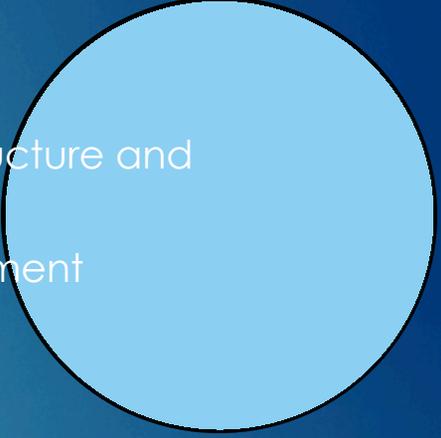
Inclusion Criteria and Intake

- ▶ Successful completion of T&B 1 and previous trauma therapy in TTP
- ▶ Clients who requested more SP focused groups
- ▶ Clients who identified a struggle with connecting to their needs and engaging in self-care despite years of therapy
- ▶ Capacity for mindfulness and modulating arousal
- ▶ Interview focused on Self-care issues
- ▶ Included discussion on emotional aspect of group



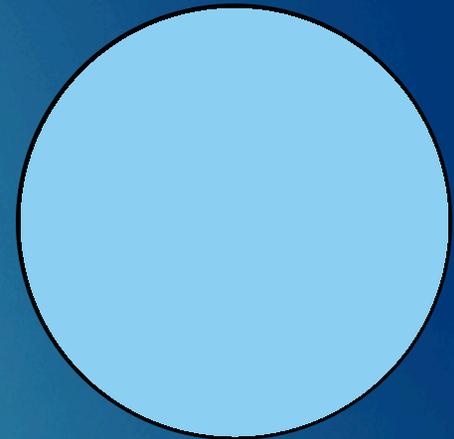
Trauma and the Body Phase Two

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- ▶ Structure of group
 - ▶ Clients were familiar with several aspects of the group structure and with the group facilitators
 - ▶ Each week we looked at the link between unmet attachment needs and self-care
 - ▶ A self-care practice was part of each session
 - ▶ Provided exercises and homework practice
- 

Overview of Weekly Group Structure

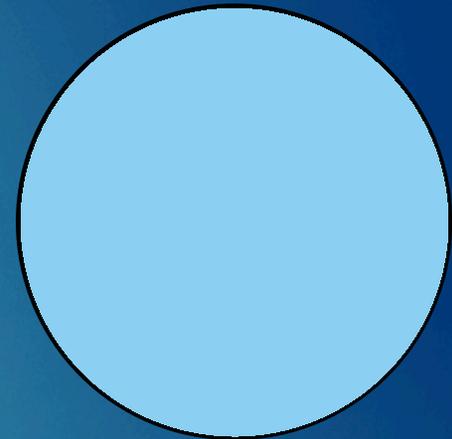
- ▶ Home practice check-in
- ▶ Mindful self-care practice
- ▶ Psychoeducation
- ▶ Experiential exercise
- ▶ Debrief
- ▶ Provide home practice



Overview of 12-week Group

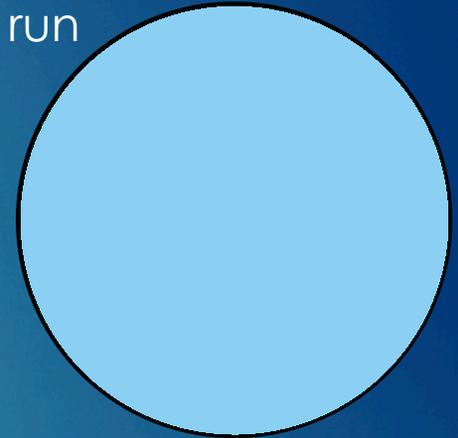
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1. a) Review of Part One Trauma and the Body
b) Self-Care to widen the Window of Tolerance
2. Self-Esteem and Self-Care
3. Inner Child
4. Daily Nurturing
5. Attachment Theory, Introduction to Attach Cry, Getting to know Attach Cry Somatically
6. Attach Cry and Fight Response - the impact on self-care
7. Attach cry and Flight Response– the impact on self-care
8. Attach cry and Freeze Response – the impact on self-care
9. Attach cry and Collapse Response – the impact on self-care
10. The Dilemma of Attach Cry – Connection vs. Self-Protection
11. The Dilemma of Attach Cry – Connection vs. Self-Protection
12. Review and Wrap-Up



Outcome of Pilot Group

- ▶ There was adequate interest in this group for us to run 4 cohorts of approximately 8 people each since February 2017
- ▶ Low attrition rate- only 2 clients did not complete group
- ▶ Client feedback has been positive
- ▶ Indication that this is worthy of further study



Clinical Observations

▶ Resistance:

- “Why bother” attitude for reaching out and/or meeting own needs
- Utter disgust for having needs
- Anger and resentment for not having needs met as a child that interferes with meeting own needs as an adult
- Increased anxiety, panic, discomfort when trying to meet own needs
- Self-sabotage and self-harm behaviours as a way of resisting meeting own needs

▶ “Ah-Ha” Moments/Progress:

- Clients beginning to identify that it's okay to have needs
- Clients learning and practicing to take up space in the world
- An increase in engaging in self-care and reaching out to others for support
- Less defaulting into fight, flight, freeze, and collapse responses

Client Feedback

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- ▶ “I have learned to connect to myself and engage in self-care (better eating and sleeping habits, breathing, meditation); I feel comfortable in my own skin”. “I also feel more comfortable around other people and related well with the other women in the group”
- ▶ “Increased awareness and paying attention to what I need in the moment when stressed (walking, refreshing shower, diffuser with scents, music, funny videos); “Relating and reaching out to others is still challenging and still choosing not to be vulnerable with people but I’m practicing with a couple friends to share more”
- ▶ “Increased self-care (practicing reading, going to bookstore, art galleries, museums); “acutely aware of hesitation to reach out at work but at home is easier to ask for help due to increased understanding and communication with family”
- ▶ “Increased self-care by practicing setting boundaries and enjoying tea slowly; increased relating to others by trying to practice asking for help a bit more”
- ▶ I was going around trying to get people to give my inner little one the love she needed; once I figured out that I could give her the love, I could get support from others

Limitations and Future Directions

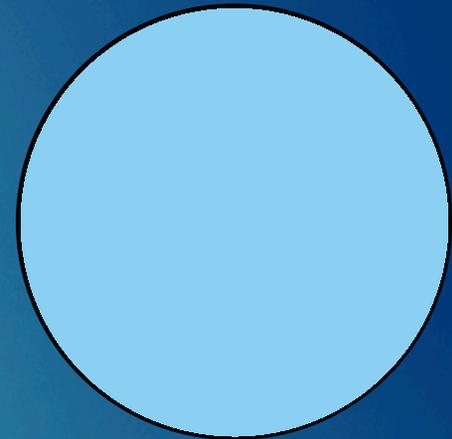
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Limitations:

- ▶ Yet to establish this pilot as an evidence based intervention
- ▶ Short length of group
- ▶ All facilitators were trained in Sensorimotor Psychotherapy

Future Directions:

- ▶ Incorporation of ideas and interventions derived from Internal Family Systems Model (Richard Schwartz)
- ▶ Increasing emphasis on practice in and out of session
- ▶ Research





It's like a mother, when the baby is crying, she picks up the baby and she holds the baby tenderly in her arms. Your pain, your anxiety is your baby. You have to take care of it. You have to go back to yourself, to recognize the suffering in you, embrace the suffering, and you get a relief.

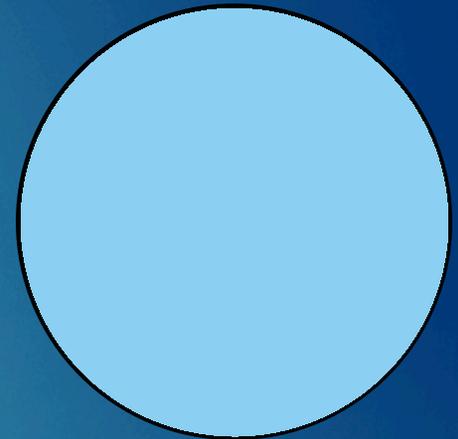
— *Thích Nhất Hạnh* —

AZ QUOTES

Thanks for Your Attention

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- ▶ Questions?
- ▶ Comments?
- ▶ Answers?



Reading List

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- ▶ Trauma and the Body: A Sensorimotor Approach to Psychotherapy (Norton) – Clare Pain, Kekuni Minton, and Pat Ogden
- ▶ Treating the Trauma Survivor: An Essential Guide to Trauma-Informed Care (Routledge) – Carrie Clark, Catherine Classen, Anne Fourn, and Maithili Shetty
- ▶ Sensorimotor Psychotherapy: Interventions for Trauma and Attachment (Norton) – Pat Ogden and Janina Fisher
- ▶ Healing the Fragmented Selves of Trauma Survivors: Overcoming Internal Self-Alienation (Routledge) – Janina Fisher
- ▶ My New Best Friend (Wisdom) – Sara Marlowe

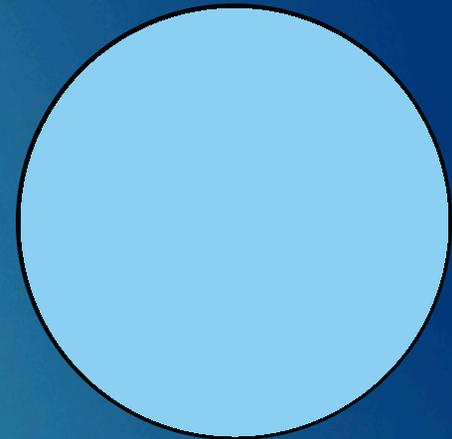
Research papers on Sensorimotor Psychotherapy Groups

- ▶ Langmuir, J.I., Kirsh, S.G., & Classen, C.C. (2011, September 19). A Pilot Study of Body-Oriented Group Psychotherapy: Adapting Sensorimotor Psychotherapy for the Group Treatment of Trauma. Psychological Trauma: Theory, Research, Practice, and Policy
- ▶ Sensorimotor Psychotherapy Group Therapy in the Treatment of Complex PTSD Nuri Gene-Cos1 *, Janina Fisher1, Pat Ogden2, and Andy Cantrel (2016) SciMedCentral

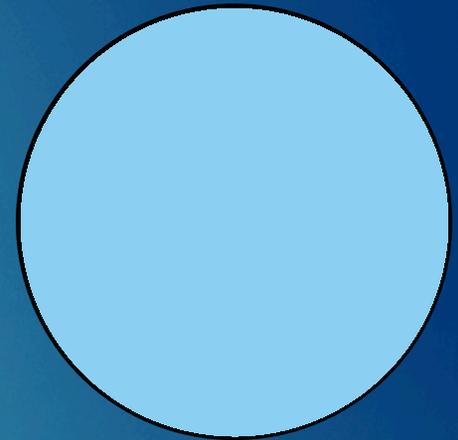
Sensorimotor Psychotherapy Contact Information

- ▶ Pat Ogden, Ph.D. Founder/Director
- ▶ For more information, contact: www.sensorimotor.org
- ▶ trainings@sensorimotor.org 303-447-3290

Sensorimotor Psychotherapy® Institute 2012



The End!



Weekly Exercises

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- ▶ 5 sense resourcing
- ▶ Somaticly Recognizing your Needs/ Reaching and Walking towards your need (represented by a stone)
- ▶ Reflection on list of unmet needs from childhood while mindfully looking at a childhood picture of self
- ▶ A Guided Somatic Mindful Self-care Practice (hand meditation using hand cream and enjoying a cup of tea with the group)
- ▶ Getting to know Attach Cry Somaticly (leaning forward in chair and saying "help me")
- ▶ Attach Cry and Fight response – Somaticly connect to urge to fight when you couldn't ask or didn't get a need met; notice and breathe through the urge
- ▶ Attach Cry and Flight response – Somaticly connect to urge to flee when you couldn't ask or didn't get a need met; notice and breathe through the urge
- ▶ Attach Cry and Freeze response – Somaticly connect to urge to flee when you couldn't ask or didn't get a need met; notice and breathe through the urge
- ▶ Attach Cry and Collapse response – Somaticly connect to urge to collapse when you couldn't ask or didn't get a need met; notice and breathe through the urge
- ▶ Connection vs. Self-Protection – Creating and respecting boundaries in pairs while playfully exploring connection using a scarf
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