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...because words are not enough



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Trauma, Dissociation and the Body: A Sensorimotor Psychotherapy Approach

September 28 & 29, 2023

Pat Ogden PhD

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Complex Trauma ➡ Dissociation

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.”

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
- 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.

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 & Fisher 2015

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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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Some Terms for “Parts”

- Dissociative parts of the personality
- Ego States
- Self-states
- Part-selves
- Alters, alternate personalities
- Identities
- “Dissociation of affect”
- IFS “parts” (i.e., firefighters, managers, exiles.)

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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

“Structural Integration is about the whole person . . . the sensation of moving from weakness into strength, the exhilaration of owning a new part of oneself...”

Emmett Hutchins

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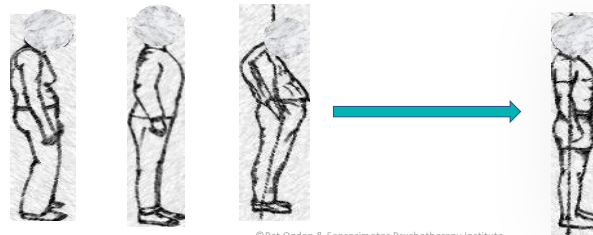
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Integration: the Rolf Method:

“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

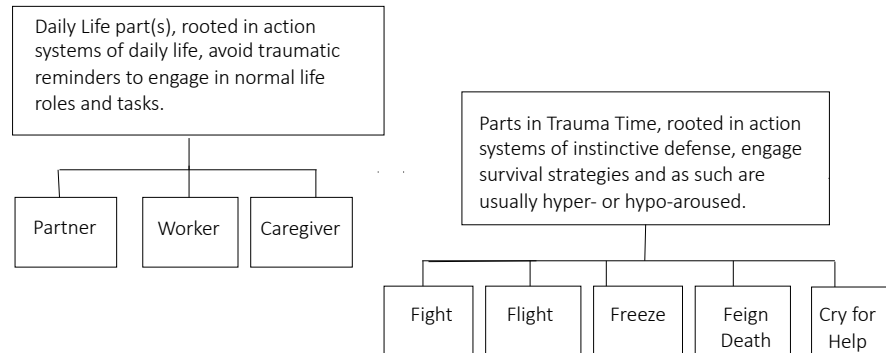


Action Systems of Defense
These part(s) live in "trauma time" and are rooted in instinctive defenses

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Diagram of Structural Dissociation



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.

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Ogden et al 2006; Ogden & Fisher 2015

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Structural Dissociation: A good theory for body-oriented therapy

- Psychobiological action systems clarify how dissociative parts manifest somatically.
- 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:**

**Gesture, posture, tension, gait, movement, self-touch and body
sensation become a focus of treatment interventions**

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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, 1995, 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.

(APA 2020) “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.”

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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 often phobic of the body
- Many clients live with ongoing trauma and systemic oppression; the trauma is not “over”

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Mapping Parts of the Self

The expression, *part of the self* is a metaphor used to describe the lack of integration between the systems of daily life and those of defense.

Clients learn to recognize the physical signs that indicate certain parts (& associated emotions/agendas) are activated.

They become aware of the elements of present experience that might precipitate the full emergence of a part.

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Ogden & Fisher 2015; Ogden 2021

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Mapping the Physical Correlates of Parts

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

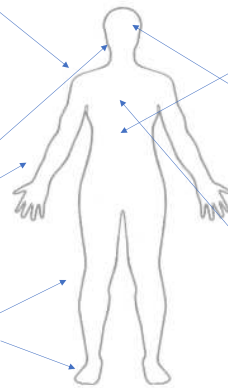
Fight part that turned her anger toward herself in tension of jaw, arms and hands

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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Mapping the Physical Correlates of Parts

Which parts of the body go with which part of the self? Are there certain movements or sensations that belong to a part of the self? Describe below, drawing arrows to the part of the body where you sense the part of yourself.

Daily Life Part (s)

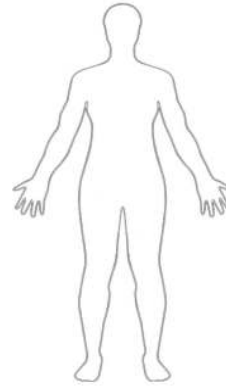
Shutdown Part

Fight Part

Freeze Part

Flight Part






Cry-for-Help Part



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Parts of the Self have Their Own Postures

				
Posture compressed, plodding gait	Collapsed, flaccid muscles	Tense, pulling in toward core	Collapsed stance	Body mobilized upward, chest & arms tense

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Potential Rewards and Risks of an Upright Posture

Rewards

- confidence and self-assuredness
- sense of strength and pride
- social engagement
- deeper breath
- back comfort, relief from pain
- more room for organs
- better orienting
- integrated, economical action
- lowered cortisol

Risks

- being visible
- drawing unwanted attention
- showing oneself
- being exposed
- showing confidence
- showing power
- use of tension to maintain posture
- challenges physical habits of gender socialization
- overriding a dissociative part

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Different Postures Represent Different Parts of the Self

Try on these different postures and identify which ones feel most familiar to you.

Write under the figure which part the posture reflects: a depressed part, angry part, child part, or something else.

Describe the physical elements, emotions, and thoughts for the postures that feel familiar



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Conflicting Goals of Parts

Goals of a part embodied in a more aligned posture might be to be confident, be seen, and engage with others..

Goals of a part embodied in a more slumped posture might be to be invisible, not seen, to hide and not noticed.



These two parts can experience contradictory emotions, such as confidence and pride vs shame and self-loathing

These parts can also experience contradictory thoughts and different views of acceptable or desirable physical actions.

Ogden et al 2006; Ogden 2021

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Posture as a Resource: Considerations

Lengthening the spine can be incompatible with the goals of the part that is reflected in a slumped posture

Lengthening the spine can stimulate a part whose reality is incompatible with the part reflected in a slumped posture.

Lengthening the spine can override parts of the self instead of integrate

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.

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“Anita:” Exploring Posture

- Severe trauma history, has done a lot of therapy and can now hold a job.
- In this vignette we explore her low self esteem, reflected in a slumped posture, butterflies and tension in the belly
- The focus of the vignette is to find a somatic resource –the right degree of upright posture -- to help the part with low self esteem

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Some Rewards of Connecting to the Body

- Signal physical needs like hunger, rest, or exercise
- Signal the first signal of imminent threat
- Signal parts of the self (ones in trauma time and daily life parts)
- Signal emotional needs, or parts of the self that need attention
- Signal dysregulated arousal, & guide recalibrating the nervous system
- Signal self-esteem, well-being and pleasure

Note unpleasant or triggering body sensation usually does not change if it is avoided

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A Body Approach can be Challenging for Clients

- Do not believe the body is a viable target of intervention
- Difficulty being aware of the body
- Different parts have different responses to somatic interventions
- Ongoing crisis so that therapy consists of managing & recovery
- Ruminates on problem, no hope that a body approach can help
- Unable to sustain changes & gains
- Does not do homework consistently
- Triggered by body awareness and somatic interventions
- Phobia of the body &/or of positive affect

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Connecting to the Body can be Challenging

- Awareness of pain
- Trigger dysregulation
- Reminds client of past trauma, leading to reliving
- Elicits feelings of being betrayed by the body and/or fear of sexual arousal
- Exacerbates internalized judgment & hatred of the body

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Connecting to the Body can be Challenging 2

- Signals 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

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Psychoeducation Can Help: Some Options

- Ask if clients want psychoed
- Reassure clients that they are in charge of body interventions
- Identify client's goals
- Elicit clients' questions or concerns
- Normalize their physical pattern
- Use your own body to illustrate potential value of body approach
- Positive reinforcement

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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 (contextualize)
- 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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Introducing the Body as a Viable Target of Intervention

- Notice how the body participates in the client's presenting problem and their resources
- Find out goals—what the client wants to accomplish or change
- Consider specific physical changes – a small “next step” – that might support therapeutic goals
- Instill hope that somatic interventions might help accomplish client goals
- Body-Oriented psychoeducation, appreciation and positive reinforcement

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Mindfulness

Mindfulness has its roots in Eastern practices and spiritual traditions and has been widely appropriated by Western cultures Ogden et al 2021

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

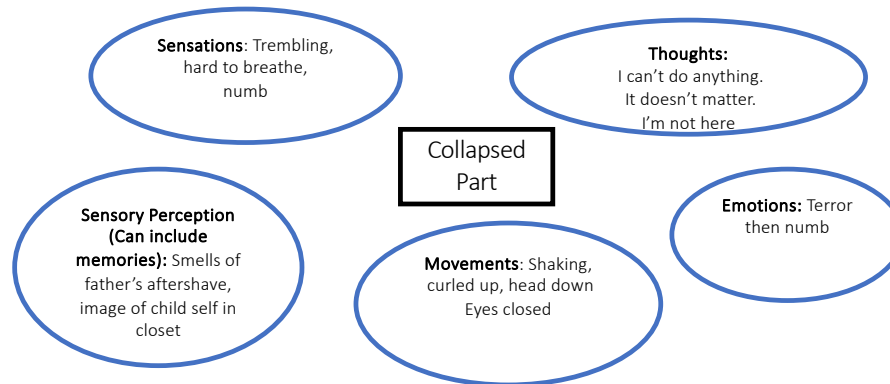
Directed mindfulness: paying attention to particular elements of internal experience (body sensation, movement, emotion, 5-sense perception, cognition) considered important to therapeutic goals. Ogden 2006

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Mindful Mapping the Internal Experience of Parts

Write down the sensations, movements, emotions, images and thoughts belong to a particular part.



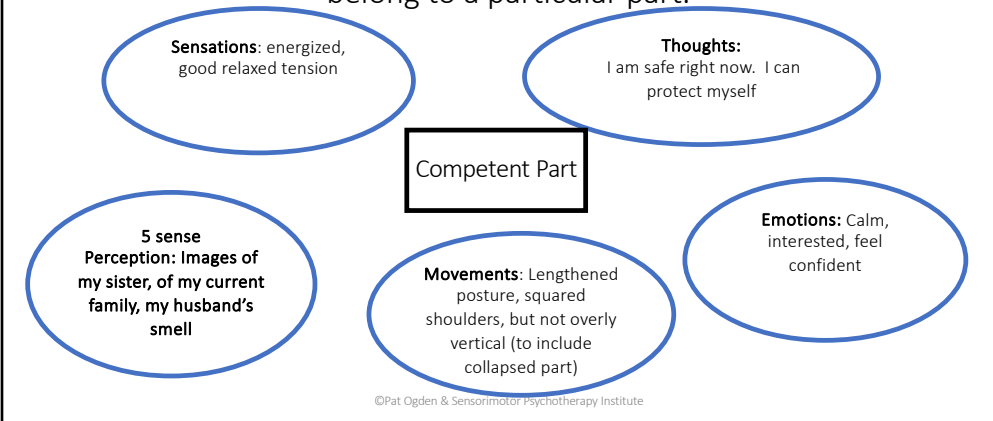
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Mindful Mapping the Internal Experience of Parts

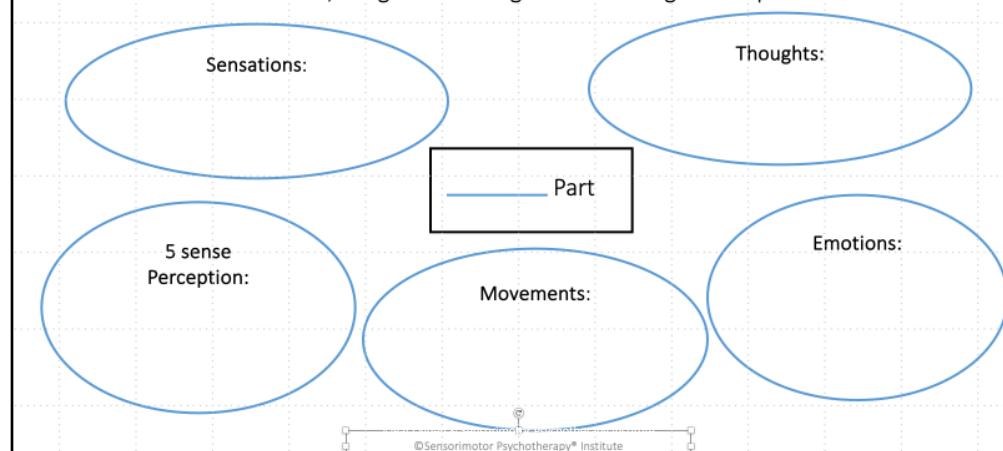
Write down the sensations, movements, emotions, images and thoughts belong to a particular part.



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Mindful Mapping the Internal Experience of Parts

Identify to part of yourself in the rectangle, and then write down the sensations, movements, emotions, images and thoughts that belong to that part.



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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
- to small actions that run less risk of overriding parts
- to experiences that approach the edge of the window (not too triggering)
- to the emergence of regulated parts in the body, cognition or emotion
- to small communications between parts

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Use Directed Mindfulness as a Titration Strategy, continued

Use oscillation interventions:

go back and forth between working at the edge of the window and returning to resources or non-threatening interventions

Take breaks to “talk about”

Use homework templates and co-created homework

Ogden in press

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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

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

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*).

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Foster Safety to Sense the Body cont.

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.

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

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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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Exploring Pleasure and Positive Memories are Potential Avenues to Sense the Body

[P]leasure indicates something is biologically useful....

Useful stimuli are those that inform the brain of their potential to restore the body toward homeostatic equilibrium when it has deviated from its biologically dictated "set-point" level.

Panksepp, 1998

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Some Benefits of Positive Affect/Memory

- Heighten positive affect & pleasurable body sensations
- Discover images, thoughts, and so forth that can be resourcing
- Reveal information about current physical habits related to parts
- Provide information needed to develop a somatic resource and share with other parts of the self
- Provide opportunity for sharing positive affect/resources with other parts, and with the therapist
- Can enhance tolerance of parts for intimacy and attachment relationships

Ogden in press

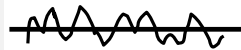
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Some Risks of Positive Affect/Memory

Positive affect can pair either high or low arousal with pleasure that may be associated with traumatic history.

Excited, happy, gleeful,
delighted, joyful, exhilarated



Satisfied, pleased, peaceful,
contented, grateful, calm

- Coupled with trauma, so can be dysregulating or frightening
- Trigger parts that live in trauma time
- Bring up parts that hold emotional pain, helplessness, grief, etc
- Coupled with negative beliefs (*If I feel good bad things will happen; I don't deserve to feel good*)

Ogden 2014

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Cultivating Tolerance of Pleasurable or Neutral Body Sensations

Ogden 2002/2020; Ogden, Minton & Pain 2006

- Psychoeducation: normalize fear or avoidance and discuss the benefits
- Explore how different parts of the self experience pleasurable, tolerable, or neutral body sensations
- Discover and change beliefs that interfere with tolerance and enjoyment
- Track for physical signs of well-being in the session
- Make tolerating pleasure a focus of sessions
- Discover and deepen neutral or positive moments, checking with internal parts
- Create homework to continue cultivating tolerance (and enjoyment)

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Ogden 2002; in press

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Interventions: Explore a Positive Memory

- Ask if there is a part that has experienced, and is OK with exploring, a positive memory
- Ask other parts if they are ok with this, and to step aside if needed or observe
- Ask directly for positive memory
- Ask to embellish the memory through sensory experience
- Provide menu to evoke the experience of the memory
- Find the physical changes that the memory elicits here and now

Ogden in press

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Interventions: Explore a Positive Memory 2

- Find words that describe the effect of the memory, in present experience
- Ask for the experience of other parts
- Track the body and contact
- Track for or suggest an empowering actions when parts living in trauma time emerge
- Name the effects of the resource *and ask what else they notice*
- Collaborate on next step

Ogden in press

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Positive or Neutral Memory and Resources

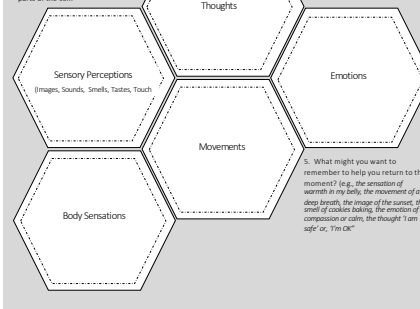
Think of a moment that felt good in some way, or, if you prefer, think of a moment that felt neutral. The moment can be as simple as eating dinner, reading a good book, petting your dog or cat, being with a friend, taking a walk, or anything else. As you remember the moment, complete the three prompts below.

1. Describe your good or neutral moment.

2. Ask inside if all parts are ok with this exercise and see if there is anything needed to be comfortable to proceed. Write what you discover here.

3. In the top half of each hexagon, describe the thoughts, emotions, movements, sensations & sensory perceptions, that go along with the positive/neutral moment.

In the bottom half, describe any part that emerges, and those that go along with it.



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Mindfulness for Working with Parts

Rather than identifying with dissociative parts, identify parts through mindfulness of the somatic indicators of parts (along with emotional and cognitive indicators).

- Encourage mindfulness of emerging parts: impulses to switch, go away, intrusions, numbing, trauma-related emotions, thoughts, etc
- Mindfulness engages the frontal lobes in observation of parts
- Facilitate the client mindfully working with action
- Foster mindful study of “resourced” phenomena
- Encourage mindfulness of responses of all parts to interventions

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Ogden 2007/2021

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Mindfulness Skills

- ✧ Track the body by observing in precise detail the moment-by-moment organization of the building blocks, especially the body, in the client
- ✧ Make Contact statements that empathically name what you are tracking in the body and other building blocks.
- ✧ “Frame” an access route and associated narrative by collaborating with the client
- ✧ Ask Mindfulness Questions that clients can only answer from awareness of internal present somatic experience.
- ✧ Conduct little experiments: “What happens when....?”

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Ogden 2002; Kurtz 1990

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Mindfulness Skills

General Mindfulness Questions:

When you remember that incident, what happens inside?

When you think about how mad you are at your husband, does something change inside?

What happens in your thoughts, emotions, images, and body when this happy feeling comes up?

Directed Mindfulness Questions:

When you remember that incident, what happens in your body?

When you talk about your success at work, what do you notice in your body?

What impulses do you have when you sense that anger?

Sense that good feeling in your chest--is there an emotion that goes with it?

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Ogden 2004

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“May:” Three Main Parts Addressed in the Session

Daily Life part that longs for relationships, expressed in the presenting problem of lack of connection with others

Protector part that put up a wall to keep people out

Scared part that withdraws in fear from contact and life experience

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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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Purpose of Experiments

- to find out how the building blocks of present experience are affected
- to gather information about the organization of experience
- to elicit mindful awareness of different parts of the self in present time

Kurtz 1990; Ogden 2002

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Guidelines for Experiments

1. Give your client choice: ask permission, give a “menu”
2. Help your client become mindful to notice the results of experiments and which parts emerge
3. The “language” to experiment is: “Notice what happens when....”
4. Track and ask for a verbal report of what changes in the building blocks as a result of the experiment. Do not accept a discussion or interpretation (unless needed for regulation or clarity)
5. Therapist remain curious and interested in the results (change in the building blocks) of the experiment

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Kurtz 1990; Ogden 2002

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Experiments Help to Clarify Parts

Parts will have different reactions to experiments.

Mindful experiments help clients refrain from “becoming” parts living in trauma time and identify these parts instead.

As parts emerge and are identified, clients begin to “unblend” Schwartz 1995

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Proximity-Seeking Experiments

Proximity and distance experiments: therapist (or client) increases and decreases physical proximity

Eye contact experiments: Therapist (or client) closes eyes, makes eye contact, looks down or away

Reaching out: Therapist or client reaches out with the arms (can also explore reaching with eyes and so forth)

Words: Therapist or client requests proximity, distance, eye contact or another proximity-seeking action

Ogden 2002/2021

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Mindful Experiment with May



Therapist & client together mindfully study the changes in the building blocks of the client's present experience that emerge spontaneously in response to a selected stimuli (moving back and forward).

Ogden & Minton 2012

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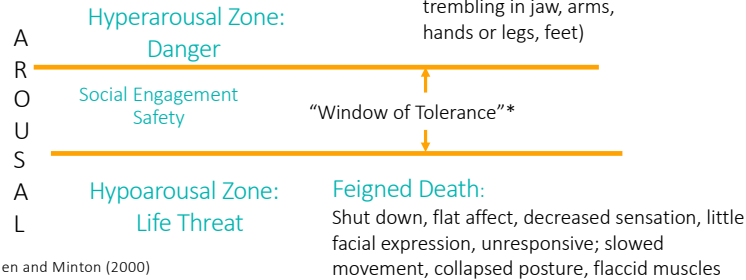
The Modulation Model

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)

Fight/Flight (tension,
trembling in jaw, arms,
hands or legs, feet)



Ogden and Minton (2000)

*Term coined by Siegel, D. (1999)

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Mobilizing Defenses (cry for help, fight, flight) may Instinctively Give Way to Immobilizing Defenses (freeze, feign death)

- They were ineffective or overpowered
- Client did not have the physical ability to run or fight
- There was not enough time to react
- They would have made the trauma worse
- Person had conflicted feelings about perpetrator
- Person was threatened with retaliation if they resisted
- Conditioning from prior trauma led to automatic responses

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Ogden 1999/2021

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Executing Mobilizing Defenses

- Can bring the “joy” of completing an “act of triumph” (Janet 1925)
- Can elicit fear or emotional pain related to the ineffectiveness of the action in the past, grief for not having been able to use it
- Can bring up other parts of the self
- Can expand meaning making and support new adaptive potential
- Can support therapeutic gains

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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

The action may feel threatening to other parts of the self

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 dysregulating images and memories

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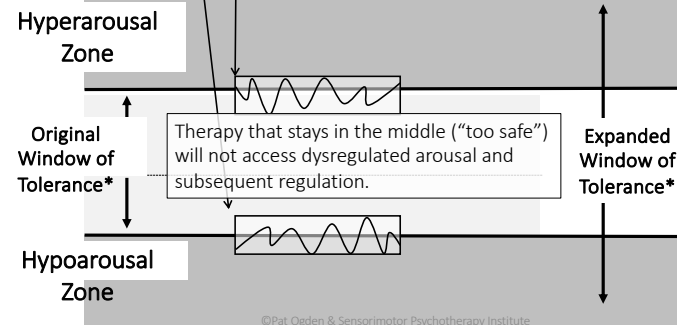
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“Safe but not too safe”

(Phrase coined by Bromberg 2006)

Work “on the edge:” at the window’s regulatory boundaries



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

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Validate a Part rather than Try to Eliminate it

All parts of the self have important functions and purposes.

Parts rooted in survival are often tenaciously protective and fearful of being eliminated

The protective part can be validated by acknowledging its role (in this case, putting it in charge of distance), which can lead to a defensive action

Defensive actions are particular to the client and their body, and may be unintegrated, irregular or mechanical

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Track Somatic Indicators of Parts

- Help clients become mindful of the moment-to-moment signs that indicate certain parts are being activated.
- In that way, clients can become aware of the building blocks that accompany emergence of a part.
- The “get out” impulse can be a sign of a “fight” part; the hunching shoulders can be a sign of a scared part.
- As clients learn to observe and name the building blocks associated with the different parts, they begin to develop mindfulness of two or more parts simultaneously—an “unblending” skill

Ogden & Fisher 2015

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Benefits of Parts Language

“If we use parts language, it will be easier to notice that it is the parts that are struggling.

“I am depressed” seems to confirm that the whole body and mind are depressed.

“A part of me is depressed” expresses empathy for the part while also conveying that there are other parts that are not depressed.

Parts language also facilitates increased self-compassion: If an angry, lonely, or ashamed feeling is reframed as a communication from a young part, we can feel more empathy for those feelings.”

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Working with Parts

- Promote present-focused internal communication
- Titrate internal communication: focus on regulation and appreciation rather than traumatic memories until client develops regulatory capacity
- Initially use a cognitive and body-oriented approach rather than an emotional one
- Avoid triggering when you can, and work to teach regulatory skills when client is triggered
- Foster awareness and understanding between parts
- Accept all parts for their unique function

Ogden & Fisher 2015

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“Assume that the parts always have good intentions and that they are just trying to help [the client] survive in a world they perceive as dangerous.”

Fisher, 2020

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Worksheet: 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
threaten
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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Goals and Purpose of Parts

Each part of the self has a vital purpose and goal. Write down the goals, intentions and purposes of Daily Life Parts and Parts living in Trauma Time in the rectangles below.

General Purpose and Goals of Daily
Life Part(s):

General Purpose and Goals of Parts in
Trauma Time:

Daily Life 1

Daily Life 2

Daily Life 3

Fight

Flight

Freeze

Shut
Down

Cry for
Help

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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
- Ogden in press

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Exploring the Client's Self-Touch



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Self Touch: Connection with Oneself or Part of the Self

Infants of mothers with unresolved trauma do not touch themselves as much as other infants. (Beebe)

Self-touch can help us non-verbally connect and nurture ourselves and help us feel centered and contained. But it can also be triggering.

Ogden 2012

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Potential Benefits of Self-Touch

- Physical contact is a basic human need—forms bonds and helps to regulate.
- Releases oxytocin
- Replicated feelings of the comfort and safety that we receive when a trusted loved one touches us
- Empowering: taking action in the interest of one's well-being
- May help reduce pain and tension, and promote relaxation
- Increase self-compassion, nurturing
- Improve mood, lowers cortisol (stress hormone)
- Facilitates integration and communication among parts
- Increases dopamine and serotonin, neurotransmitters that help relieve stress

Ogden in press

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Some Risks of Self-Touch

- Clients may be unable to set internal boundaries between parts of the self.
- Self-touch can stimulate parts with strong attachment needs
- Self-touch can evoke dysregulated parts and exacerbate dissociation.
- Self-touch can break down needed defenses of parts against one another.
- Self-touch can bring up conflicting goals of various parts.
- Different parts of the self experience touch differently
- Self-touch can bring up parts that relive trauma memories.

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Client Examples of Self-Touch Over the Heart

- Case 1: Self-touch over the heart elicits hyperarousal and reliving of trauma
- Case 2: Self-touch over broken heart leads to hypoarousal and shut down
- Case 3: Touch over heart (where client felt the need for emotional support that he had been shamed for) elicits “stopping the bleeding” of the “wound”
- Case 4: Touch over heart (where client felt the ashamed child) elicits compassion for himself

Ogden in press

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Self-Touch Interventions

- Titrate by asking client what happens when imagining or thinking about the self-touch, or observing you demonstrate the self-touch
- Experiment to find the “just right” self-touch for the client
- Do the touch together with the client
- Use touch as an experiment: What happens when we do this self-touch together?
- Gather more information about what happens

Ogden in press

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Self Touch Interventions, 2

- Discover parts of the self that object or have a reaction to the touch
- Explore finding a resource when needed
- Find meaning of the touch, especially when it feels good in some way
- Experiment with removing the hands when self-touch is dysregulating or unmanageable, and discover the effect of ceasing the touch

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Help Parts Communicate through Touch, Action and Words

- Ask if parts can communicate physically, through action or self-touch (let the body guide the action)
- Use spontaneous actions as experiments
- Name how meaning changes (from a “shield” to “pushing away the bad stuff”)
- Ask if other part(s) can sense the change from the 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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Collaboration: Work with Two Parts (or more) at a Time

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 privileging one posture/action over another that override a part.

Remember parts need one another.
Discover how the action of one part affects another and discover the communication—what the action is “saying” to the other part.

Ogden 2012

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Considerations to Help Parts become Aware of One Another

- Consider how parts fits into the internal system
- Consider the different goals of the parts it understand why they stay adversarial or disconnected
- Consider including all parts in the therapy (in your mind)
- Search for ways to facilitate awareness of parts of one another
- Focus on understanding and respecting each part's intention
- Foster understanding, cooperation, and communication among parts
- Clarify how each part "lives" in the body
- Discover the impact of a part's posture or action on other parts

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Action is Guided by the Body

Refine and deepen mindfulness of the body so that the action is guided by the client's attunement to the body—"what the body wants to do."

When the action comes from the body, not the mind, it can reflect implicit impulses that are under the surface

Executing an action will be more satisfying when it follows the impulses of the body

Ogden 2011

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Facilitating Internal Communication

- Use the words from one part as an experiment to another part
- Recognize when a part spontaneously supports another part
- Focus on the experience that had been missing that is being provided between the parts in the here and now (comfort)
- Acknowledge that communication occurs through self-touch

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Facilitating Internal Communication, 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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Self-Touch Exercise

Directions:

What might be the “just right” self-touch for you—where might you place your hands, the pressure, whether your hands are still or moving.

Experiment with self-touch until you feel you have found the best touch for you right now, a touch that feels good, safe or tolerable.

Once you find the way of contacting your body that feels right for you, fill out the boxes (some boxes may not apply)

Describe your self touch — the location, pressure, movement or stillness, etc.	Describe what happens in your body when you do this self touch.	Describe what happens in your emotions when you do this self touch?
Describe the thoughts that come up when you do this self-touch.	What other parts emerge, if any, when you do this self-touch?	If other parts emerge, how do they respond to the self-touch?
Do you want to adjust this touch? Is there another place or kind of touch that might feel more “right”?	Is there a resource that you want to use, such as a breath, reminding yourself this is safe, or something else?	If this touch could talk, what might it be saying? Is there a word or a sentence that the touch is saying?
Is there a part of you that your hands are speaking to, or that needs to hear the message of your touch	When you are ready, remove your hands, and describe what happens. What is the aftermath of the self-touch?	Would it be helpful to practice this self touch? Why or why not?

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Tips to Help Parts Cooperate

- Explore asking parts to making decisions collaboratively
- Give parts a task or do an experiment that requires they work together
- Do not expect parts to agree (remember they have different goals)
- Track the body to clarify how parts are reacting (one leans forward, another gets tight)
- Keep focused on current time (*can you see me, not anyone from past*); right here right now
- Ask permission from the part(s) (*is it is OK or not for me to come closer?*)

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Tips to Help Parts Cooperate, cont.

- Help parts make requests by asking them to verbalize their wishes
- Acknowledge and appreciate the sensitivity of the part(s)
- Interpret the need of the part(s) (to know that their boundary will not be violated)
- Acknowledge the grief and the (outdated) purpose of part(s)
- Appreciate the part(s) for doing their best
- Recognize and name that the parts need one another

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Experiments to Help Parts Work Together

Use experiments to encourage parts to work together:

Reaching out
Proximity between client and therapist
Degree of upright posture
Pushing away
Eye contact
Positioning the therapist

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Actions are abandoned or distorted when they repeatedly fail to produce the desired outcome (and even produce a painful outcome) in the past.

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Hope and Movement Vocabulary

Mindfully executing and practicing new movements that were abandoned can restore hope in the efficacy of the action for the future.

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•Yield •Push •Reach •Grasp •Pull

Bainbridge-Cohen 1993

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Five Fundamental Movements

Yield: To let go; to release tension, to release the body into contact with an object, gravity, the earth, or another person, to elicit the dorsal vagal system for immobility without fear

.

Push: To separate, create distance between oneself & objects or people, to assert oneself, to set a boundary, defend, protect (self or other), to differentiate, individuate, say “no”

Ogden 2021 adapted from Bainbridge-Cohen 1993,
Aposhyan 2006

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Five Fundamental Movements, 2

Reach: To seek proximity or nearness to an object, express interest, curiosity, connection, satisfy need and wants (yours & other's), to extend our energy & body outward

Grasp: To hold or hold on to something or someone, discover the nature of the thing or person, get to know the quality and significance of what we have grasped through our senses

Pull: To draw something or someone toward oneself, bring oneself toward something or someone, increase proximity, decrease distance

Ogden 2021 adapted from Bainbridge-Cohen 1993, Aposhyan 2006
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New Actions Of and Between Parts in the Present Moment

- Be aware of actions of yield, push, reach, grasp, and pull that have been modified or abandoned by certain parts
- Be aware of the action different parts favor
- Suggest experimenting with these actions in therapy
- Recognize, name and encourage these actions when they spontaneously emerge
- Acknowledge and reinforce the efficacy of the action relationally, between parts or with the therapist, in present time
- Acknowledge grief that emerges upon realizing the action had been ineffective in the past

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Clients experience grief after every
therapeutic gain. Grief is the
bridge between past, present and
future.

Onno van der Hart

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Grasping (holding on) Experiments

Grasp with hands (of an object or through self touch)

Grasp with arms (make motion, enclose pillow)

Grasp with legs, toes (make motion or use pillow)

Grasp with mouth, eyes facial expression

Ogden 2012

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

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

Less interested in conversation, more interested in discovering and exploring habits of dissociative parts and their thoughts, emotions, and actions, and the effects of experimenting with something new

Less concerned with details, more concerned with exploring patterns and experimenting with the effects of new actions, emotions and thoughts

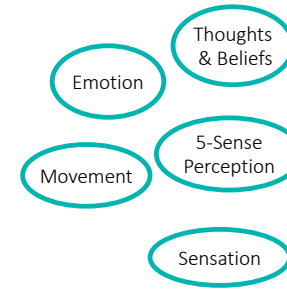
Kurtz, 1990; Ogden, Minton & Pain 2006

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Embedded Relational Mindfulness:

- Prioritizes mindful awareness of parts as they manifest in the present moment organization of experience instead of talking about, conversation, interpretation and problem-solving
- Help clients become mindful of the 5 building blocks related to parts
- Conduct experiments (“what happens when...”) to discover the organization of experience of parts, and enhance their communication/integration
- Track & name how the organization of experience changes in response to a particular stimuli



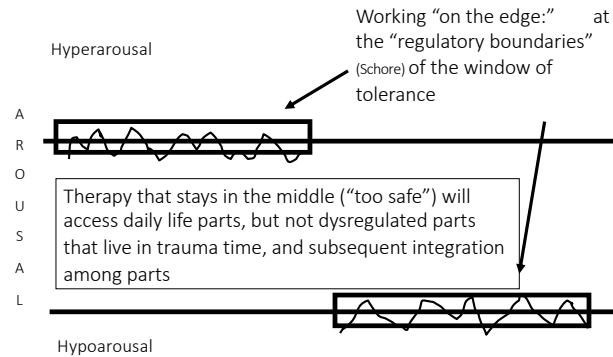
Risky Encounters

“It is not necessary (or possible) to avoid encounters that might feel ... threatening to the patient. The goal is to provide sufficient safety so that the patient can make it back from the edge of the abyss and be aware of having done so.....the optimal treatment context requires that the patient feel “safe but not too safe.”
Bromberg 2006, p. 189



“Safe but not too safe”

Bromberg 2006



Ogden 2007

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

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The Goal of Trauma Therapy is Integration

Integration is an adaptive process involving mental and behavioral actions that help assimilate experiences and sense of self over time and contexts.

Integration is fostered when present moment connections – cognitive, emotional, and somatic – are made and experienced among dissociative parts. These connections are a process rather than an end point and are cumulative over time.

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Steele and Ogden 2009

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Integration must occur, throughout the session not only at the end

- ALL interventions are geared toward unblending and increasing integration
- Interventions are focused on addressing more than one part at a time
- Understand, and help clients understand, the relationships between parts, including conflicts, defenses, goals and physical manifestations
- Increase communication and inclusion (between client and therapist and among parts, and through the body)

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Integration must occur, throughout the session not only at the end, cont.

- Whenever possible, foster collaboration between therapist and client
- Use cognitive integration to help clients make sense of their internal system
- Stitch together the elements of the session and the client's physical organization
- Allow plenty of time for integration throughout session

Ogden 2003/2021

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Integration with the Body

- Get clarity on the physical components of the new experience
- Use mindful awareness to support the positive changes in the body.
- Expand and ground the new experience in the body.
- Attend to sensual experience--contacting seeing, hearing, smell, tactile experience. (What looks different from this new place?)
- Find an anchor in the body as a resource to support new experience. An anchor is something that will bring them back to the new experience
- Work with eye contact--being with another person from a new experience (such as inhabiting the back of the body).

Ogden 2003

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Homework Possibilities

- Mindful awareness of parts and their patterns

Practice new physical organization to resource and promote a new capacity (like feeling strong, solid)

- Practice new actions to support connection among parts
- External resources to support somatic reorganization: such as specific weight-lifting, Pilates, yoga, continuum, patterning, Rolfing
- Somatically based exercises to increase physical/sensual pleasure: texture, scents, foods, massage, sexuality, visual beauty, music, massage, etc.
- Develop resources to strengthen areas of life: play, social, intimacy, exploration, spiritual, etc.
- Co-create worksheets specific to the client to integrate the session

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Ogden 2003/2021

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Collaborate with Client and Internal Parts to Create Homework

- Think out loud: "I wonder what you might practice during the week to integrate what you accomplished today?"
- Ask, "What are the pieces you want to remember, or take home with you?"
- Write down the points so client can take them home
- Recap the integrative actions or resources from the session
- Notice and reinforce integrative actions as they emerge at completion
- Keep it simple! Do not overload the client.

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Integration requires Differentiation and Linkage (Siegel 2010)

Use language of parts to promote both differentiation and linkage; substitute words if client is not receptive (“aspect,” “facet,” “side of you,” a “role,” “viewpoint”)

Directed mindfulness toward indicators of internal parts helps

- Clients identify the parts (unblend) rather than identify with them (Ogden & Minton 2000).
- Build connection between prefrontal cortex and subcortical impulses/dysregulation of parts

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Teaching Clients to “Unblend”

Schwartz 1995

“[T]he client must learn how to unblend from parts so that the realities of both brains [left and right hemispheres] can be appreciated. From an unblended, dual awareness perspective, the [Daily Life part] can learn to orient to the immediate environment by focusing visual attention, can correctly evaluate the level of safety, but also feel the [defense] parts’ fear and bracing for danger as “their” evaluation. From the perspective of “present reality,” [the daily life part] can bear witness to the [defense] parts’ past reality and often feel empathy for their still being “there.” “

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Fisher 2020

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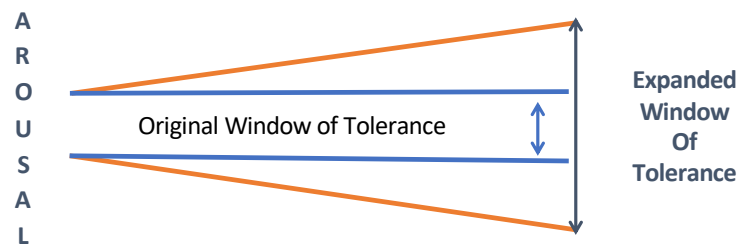
A Sensorimotor Psychotherapy Approach

- Body-oriented interventions can help clients unblend parts
- Mindfulness helps the client identify and become curious about parts (unblend) rather than identify (blend) with them.
- Experiments to engage new physical actions related to parts can facilitate communication between parts
- Combining sensorimotor “bottom up” interventions with cognitive and emotional approaches promotes integration and unblending
- Sensorimotor Psychotherapy interventions are conducted within the context of an attuned therapeutic relationship, with interactive psychobiological regulation on the part of the therapist.

Ogden & Minton 2000; Ogden 2009/2021
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Surviving to Thriving: Expanding the Window



Ogden & Karelis 2012; Ogden & Fisher, 2015; Ogden 2021

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- Explore when how you value your body in your daily life and when/how you do not (and help client do the same)
- Consider what your attitudes are about the body, and how they were learned (family, from abusers, social stereotypes, norms that enforce systemic oppression, etc)
- Ask yourself if you truly believe that the movement, posture and sensation of the body are viable targets of therapeutic action

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YOUR RELATIONSHIP WITH YOUR BODY

Reflect on the connection between how you, or different parts of you, feel about your body and how you, or parts of you, treat your body. Perhaps you can describe the purpose underneath dislike, judgment, or disrespect of your body.

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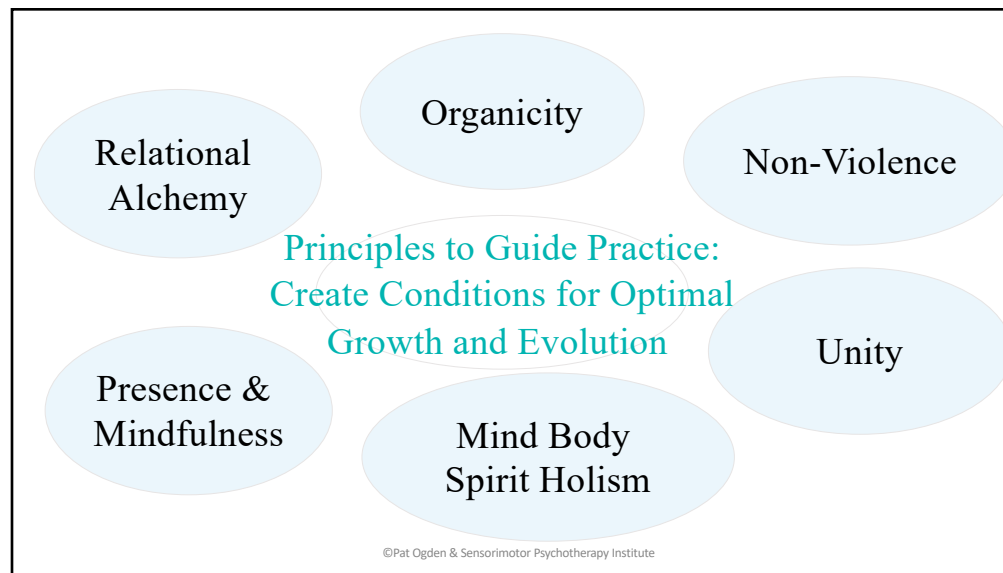
The Power of New Hope

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

Orison Swett Marden

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...because words are not enough



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...because words are not enough

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org/curriculum/online-programs/](https://sensorimotorpsychotherapy.org/curriculum/online-programs/)

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