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Processing the Body — Journal of Traumatic Stress

By Morit Heitzler

By Morit Heitzler. A shorter, more focused article for the Journal of Traumatic Stress presenting research and clinical observations on the integration of body-focused processing with established trauma protocols. This piece addresses how body awareness can be integrated into trauma therapy across different modalities.

KEY THEMES

— Body awareness in trauma protocols
— Somatic indicators during trauma processing
— Research on body-focused trauma approaches
— Clinical observations on somatic processing
— Practical implications for trauma therapists

Background and Context

This article presents clinical observations and preliminary findings on the role of body-focused attention in trauma therapy, drawing on work developed at the Chiron Centre and informed by the integration of EMDR with body psychotherapy approaches.

The fundamental observation is simple: trauma is stored in the body, and effective trauma processing requires attending to what happens in the body during that processing. This is not a controversial claim — it is now supported by substantial neuroscientific evidence and is implicit in many established trauma approaches. What is less well-established is how to integrate body-focused attention into trauma protocols in a way that is clinically effective and does not inadvertently introduce new risks.

The work reported here represents an attempt to develop such an integration — grounded in clinical observation, informed by neuroscientific research, and anchored in the body psychotherapy tradition's 80-year history of working with somatic experience.

Somatic Indicators in Processing

Clinical observation suggests that somatic indicators provide reliable guidance throughout trauma processing. Before processing begins, the quality of the client's somatic engagement — their degree of groundedness, their capacity to maintain dual awareness, their level of muscle tone and breath — indicates how much processing the session can safely contain.

During processing, shifts in somatic state provide moment-to-moment information about the depth and safety of what is occurring: increasing tension or bracing suggests the client is approaching the edge of their window of tolerance; a quality of dissociation in the breath or gaze suggests the processing has exceeded that edge; a gradual softening and deepening of breath suggests successful metabolisation.

After processing, the quality of the somatic settling — the client's return to a regulated baseline — is an important indicator of whether the session has been resourcing or potentially depleting. Clients who leave sessions with notably increased tension or dissociation may need a longer period of relational settling before the next processing phase.

Implications for Practice

The practical implications of these observations are several. For therapists using EMDR or other structured trauma protocols: incorporate somatic tracking from the beginning of

the session, not just during the structured protocol. Use somatic indicators as guidance for pacing and resourcing. Be willing to pause the protocol when somatic indicators suggest the client has exceeded their window of tolerance.

For therapists using body psychotherapy approaches: recognise that body-focused attention is not inherently stabilising — it can be activating, and the relational context in which it occurs is at least as important as the technique itself. The therapist's own somatic attunement — their capacity to track their own bodily responses as indicators of what is happening in the relational field — is the most important single clinical tool.

For all therapists working with trauma: the therapeutic relationship is not a warm background against which trauma processing happens. It is the primary medium through which healing occurs, and the quality of the therapist's embodied presence within that relationship is not peripheral to the work but central to it.

BIBLIOGRAPHY

— Shapiro, F. (1989) EMDR. Journal of Traumatic Stress

— van der Kolk, B. (1994) The body keeps the score. Harvard Review of Psychiatry

— Levine, P. (1997) Waking the Tiger. Berkeley CA: North Atlantic Books

— Porges, S. (2005) The polyvagal theory. Biological Psychology 74

— Rothschild, B. (2000) The Body Remembers. London: Norton

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