ARTICLE · 2009

Processing the Body in Trauma Therapy

By Morit Heitzler

By Morit Heitzler. An exploration of how body psychotherapy approaches the processing of traumatic material — integrating EMDR and body-focused methods with an understanding of the somatic substrate of trauma. This article examines the spectrum of trauma presentations and the clinical implications of working at the intersection of body and mind in trauma recovery.

KEY THEMES

— Processing traumatic material through the body

— EMDR and body psychotherapy: convergences

— The spectrum from single-event to developmental trauma

— Somatic indicators of trauma processing

— When body-focused work helps and when it hinders

The Somatic Substrate of Trauma

Trauma is, at its core, a bodily experience. Whatever its precipitating events — whether a single overwhelming incident or the cumulative effect of relational injury over years — trauma is registered in the nervous system, held in the musculature, and expressed in the breath, posture, and involuntary movements of the body. This is now well-established by neuroscientific research, confirming what body psychotherapists have observed clinically for decades.

What is less well understood — and what this article attempts to address — is how to work with the body in trauma therapy in a way that is genuinely healing rather than potentially re-traumatising. The body holds the trauma, but it also holds the defences against re-experiencing it. Any approach that simply tries to 'get at' the trauma through the body, bypassing the defensive structures which have developed to manage it, risks repeating the original experience of overwhelming and violation.

The approach developed here integrates EMDR's capacity for processing traumatic memories with body psychotherapy's understanding of the somatic dimension of that processing — attending to what is happening in the body during memory processing as a guide to the depth and safety of the work.

The Spectrum of Trauma Presentations

As soon as developmental trauma is involved, what really matters is the client's implicit and unconscious experience of the therapeutic relationship, regardless of the therapist's input. This hinges on whether the client brings with them a sufficiently healthy, non-traumatised personality structure that will allow them to form a trusting attachment to a therapist in the first place.

We can roughly distinguish a spectrum of trauma presentations, from pure single-event trauma at one end to developmental trauma as the explicit presenting issue at the other — with a large and confusing swathe in between. Moving across this spectrum, the role of the therapeutic relationship, as distinct from the specific trauma-processing techniques, becomes progressively more central.

For clients at the developmental trauma end of the spectrum, no technique — however evidence-based — can substitute for the quality of the therapeutic relationship. The client's nervous system is regulated (or dysregulated) primarily by the relational field, not by the specific interventions offered within it.

Integrating Body and Process

The integration of body psychotherapy with EMDR is not simply a matter of adding body-focused attention to the standard EMDR protocol. It requires a rethinking of the protocol itself — specifically, a greater attention to what is happening in the body throughout the processing, and a willingness to modify the pace and direction of the work in response to somatic indicators.

Somatic indicators of readiness for processing include: a settled, present quality of bodily engagement; a capacity to tolerate dual awareness (being aware of both the traumatic memory and the present moment simultaneously); and the absence of signs of dissociation or overwhelming. Somatic indicators that processing needs to slow down or pause include: increasing physical tension or 'bracing', signs of dissociation (blanking, floating, absence of affect), and the disappearance of contact in the therapeutic relationship.

The therapist's own somatic attunement — their capacity to track these indicators in real time and respond to them — is therefore not peripheral to effective trauma work but central to it. This is where the body psychotherapy tradition makes its most essential contribution to the integration of somatic and trauma-focused approaches.

BIBLIOGRAPHY

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

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

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

— Heitzler, M. (2009) Towards an integrative model of trauma therapy. In L. Hartley (ed.) Contemporary Body Psychotherapy. Routledge

— Schore, A.N. (1994) Affect Regulation and the Origin of the Self. Erlbaum

Published at soth.co.uk · © 2009 Morit Heitzler · All rights reserved