



Becoming Embodied Part II: Addressing the Body in ED and Trauma Recovery

Deanna James, MA, LPC, R-DMT

Deanna.james@castlewoodtc.com



MAJOR CONCEPTS

- Research for body based interventions in ED and Trauma
- 5 Treatment goals for body based work
- Body Based Interventions



Our own physical body possesses a wisdom which we who inhabit the body lack. We give it orders which make no sense.

~Henry Miller



Why is Body Work Essential?

- Eating disorder and some PTSD symptoms further disconnect clients from their body
- In eating disorder recovery, it is essential that there is a mind/body connection
- Distorted body perception can exacerbate ED and trauma symptoms
- Body Acceptance and Body Safety essential goals in ED & Trauma Recovery
- Body can be a resource for deepening the therapeutic process, deepening the emotional connection



Research: ED and Body

- Many ED patients cannot put into words what happened to them. This stalemate occurs in part because their bodies have experienced trauma or because words have so little meaning to them due to alexithymia. (Zerbe, 1995)
- Research shows that many patients with eating problems struggle with alexithymia, which is defined as difficulty in putting feelings and fantasies into words (Zerbe, 1995).



Research: ED, Anxiety, Trauma & Body

- As many as two-thirds of clients with Eating Disorders have a co-occurring anxiety disorder (Kaye et al., 2004).
- Anxiety has a strong somatic-emotional component. (Beck & Emery, 1985)
- When addressing anxiety and PTSD, in addition to recognizing the importance of cognitive factors, body sensation and sensate experience is also important. (Levine, 1991)



Research: ED and Body

- Current research focused on ED prevention aimed at body dissatisfaction and media
- There is evidence that perceived pressure to be thin, thin-ideal internalization and elevated body mass...increase the risk for subsequent body dissatisfaction. There is also consistent support for the assertion that body dissatisfaction is a risk factor for eating pathology and that this relation is mediated by increases in dieting and negative affect. (Stice & Shaw, 2002)
- Thus body acceptance must be part of ED recovery work!



Most of us have become deaf to our own bodies, which is why we are out of tune.

~Terri Guillemets



Research: Trauma and Body

Trauma / PTSD lives in the body – Body is the enemy

- “In so many cases, it was patients’ bodies that had been grossly violated, and it was their bodies that had failed them — legs had not run quickly enough, arms had not pushed powerfully enough, voices had not screamed loudly enough to evade disaster. And it was their bodies that now crumpled under the slightest of stresses — that dove for cover with every car alarm or saw every stranger as an assailant in waiting. How could their minds possibly be healed if they found the bodies that encased those minds so intolerable?...The single most important issue for traumatized people is to find a sense of safety in their own bodies,” (Van der Kolk, *New York Times Magazine*)



Research: Trauma and Body

Flooding & Numbing symptoms all occur in the body

- Traumatized individuals are vulnerable to react to sensory information with sub-cortically initiated responses that are irrelevant, and often harmful, in the present. Reminders of traumatic experiences activate brain regions that support intense emotions, and decrease activation in the central nervous system (CNS) regions involved in (a) the integration of sensory input with motor output, (b) the modulation of physiological arousal, and (c) the capacity to communicate experience in words. (Van der Kolk, 2006)



Research: Trauma and Body

- The sensations and actions that have become stuck in and after a traumatic event need to be integrated in the treatment process, so that the person can regain a sense of familiarity and efficacy in the body (Moore, 2006).



Trauma and the Body

“Trauma is stored in somatic memory....in PTSD, failure of declarative memory may lead to organization of the trauma on a somatosensory level (as visual images or physical sensations) impervious to change” -Bessel A. Van der Kolk, MD.



Research: Attachment and Body

- Attachment- first formed in the body, cannot address attachment trauma without paying attention to the body
- Psychological and physical boundaries develop early in life. Proper attunement and nurturing helps a child understand and distinguish between what is inside and outside of themselves.
- Attunement builds and nurtures a strong sense of self, boundaries, and trust.
- A number of empirical studies have supported the idea that early attachment experiences are relevant to the development of eating disorders and indicate an association between eating disorders insecure attachment styles.

(Fonagy, Steele & Steele, 1996; Ringer & Crittenden, 2006; Ward & Carlson, 1995)

- Based on research and the relationship between attachment injury and related structural deficits, the eating disorder can be viewed as a disorder of attachment.
- “When faced with a threat, the amygdala triggers a fight-or-flight response, which includes the release of a flood of hormones. This response usually persists until the threat is vanquished. But if the threat isn’t vanquished — if we can’t fight or flee [AS IS THE CASE WITH ATTACHMENT TRAUMA]— the amygdala, which can be thought of as the body’s smoke detector, keeps sounding the alarm. We keep producing stress hormones, which in turn wreak havoc on the rest of our bodies.” (Vanderkolk, New York Times Magazine, 2014)



Research: Attachment and Body

- Humans are born with a brain system that promotes safety by establishing an instinctive behavioral bond with their mothers (Siegel, 1999) and also produces “distress when a mother is absent, as well as a drive for the two to seek each other out when the child is frightened or in pain” (Lewis, Amini, & Lannon, 2000, p. 70). A child uses its attachment figure (usually a parent) as a secure base from which to venture out and explore, and a safe haven to return to in times of danger (Bowlby, 1988). However, for children who are exposed to the trauma of domestic violence, the protective qualities of comfort and safety present in the home environment are highly disturbed. (Devereaux, 2008)



CBT- Necessary But Not Sufficient

- If we only address Cognitive and Behavioral issues:
 - Limited view of emotional responding
 - An inadequate consideration of interpersonal factors.
 - Insufficient attention to the therapist-client relationship.
 - Overemphasis on conscious controlled cognitive processing.
 - (Clark, 1995)
- CBT is enhanced by eliciting rather than managing or suppressing emotion.
 - (Samoilov & Goldfried, 2000)



Attention to the human body brings healing and regeneration. Through awareness of the body we remember who we really are.

~Jack Kornfield



Philosophy of Treatment

At Castlewood, we encourage an exploration of the mind/body connection in order to assist those struggling with eating disorders to begin to forge a new relationship with their bodies, one that is compassionate, accepting and kind.



Cultural, Gender & Religious Sensitivity

- Always assess body image with sensitivity and curiosity for clients culture, gender, religious and ethnic background.
- Consider Culture, Gender, Religious and Ethnic background when utilizing movement and body based interventions.



Becoming Embodied- How do we get there?

5 Goals

1. **CONNECTION-** Create opportunities for connection to the body in a safe manner. Connection to and acceptance of all parts/ emotional states, connection to sense of Self
2. **EXPRESSION-** Create opportunities for safe and healthy expression through the body,
3. **COGNITION-** Correct cognitive distortions related to the body.
4. **FUNCTION-** Create increased ability to utilize self soothing and affect regulation skills
5. **MINDFULNESS-** Increased ability to be present in the here and now.



Goal 1: CONNECTION

- Create experiences in therapy and the outside world for safe and healthy connection
- “If I accept that my past happened to this current body, to me, to all of me, then it becomes real and I have to make meaning of it, I have to deal with why and what it means.”
- “My body makes my trauma real, it provides me experiential knowledge of my trauma. This means listening to my body, being present in it means listening to my truth.”



Moving Toward Connection in a Safe Manner

“I made my body the enemy because it was telling the truth. But that was because my perpetrators set the world up that way, they taught me to ignore my perceptions, my body’s perceptions that what was happening was not okay. The body took the blame because it said what they were doing was not okay.”



Goal 2: EXPRESSION

- Clients often view the body as something they have to carry around with them. A number on a scale, the thing that keeps them from being happy, the thing that makes them different
- Body as vehicle for healthy expression
- View the body as an ally
- View the Body as part of themselves
- Safe self expression



Goal 3: Correct Cognitive Distortions

- Must get at the underlying core beliefs or core schemas. >> Must come from client!
- Common Trauma Based Body Distortions:
 - The bad things in my life are a result of my body.
 - My trauma is my body's fault, my fault.
 - People reject me because of my body.
 - I cannot handle the emotions held in my body.
 - The reason my trauma no longer continues is because I have found a way to cover up the bad part of myself and my body.
 - If I have curves then I have to be sexual, people will expect this.



Goal 4: Function

- Teach clients that their body can function FOR THEM.
- Create experiential knowledge that body can:
 - Be effective
 - Set boundaries
 - Calm down / Self Sooth
 - Be strong / Be gentle



Goal 5 Mindfulness

- Create opportunities for mindfulness- being in the present moment
- Use the body to experience the present moment
- Practice this in every session
- Set mindfulness goals outside of session



Interventions for Becoming Embodied



Interventions with Clients: Why Connect?

- We experience feelings in our bodies.
- Clients must learn emotional regulation skills
- We cannot like or appreciate something we are not connected to.
- Connection creates accurate body image perception
- Helps with psychosomatic symptoms



Intervention with Clients: Why Connect?

- Trauma causes disconnection and can cause re-enactment.
- Clients may ignore or dissociate from their natural early warning signs of danger.
- Connection helps clients make safe choices and gain insight into re-enactment dynamics.
- Full recovery from trauma requires body connection



Client's Reasons To Not Connect

- Commonly Heard Reasons:
 - I cannot handle the emotions, I will fall apart.
 - I don't know how, I just can't
 - If I connect it will bring the past and present together.
 - The body combines what was aware with what was unaware.
 - I hate my body I don't want to connect to it

What I would be on the inside if I didn't
distract with wanting to use drugs or my ED!!!
Draw a picture...

FEELINGS

So alone Now...



STRESS



FEAR

overwhelmed
scared...

Body
Memories

Flashbacks...

MEMORIES



Too Much...

THOUGHTS...

IMAGES...

Needs...

I'm
scared of
myself...

SELF-HATRE...

...COMPULSIVE...

WELL
MEMORIES

...D...Z...-...-...





Nature Walks

Nature walks that incorporate the following:

- reflection on surroundings
- pausing to take deep breaths
- notice the movement of the breath in the body
- moving the body in any way that feels refreshing and releases tension
- silent mindful walking meditation alone or in groups/pairs
- choosing an object in nature that represents how a client feels currently about their body and how they would like to feel in the future.





Movement Interventions

- Movement timeline
- Spontaneous, creative play
 - clapping game/hands on floor
 - popular group dances
 - Create pile of pillows and jump into the them
 - Punch pillows, throw pillows
 - Ask clients to bring in their favorite music
 - All can help clients feel more at ease and joyful in their bodies
- Expanding movement repertoire- Trying on different affinities (light/strong; direct/indirect; quick/slow; bound/free)
- Modulating Energy
- Breath Work



Body Empowerment:

- Creating opportunities for experiential effectiveness- setting boundaries, saying no, recognize internal warning signs
- Boundaries / Assertiveness work:
 - Walking towards each other, learning to say stop when gets too close.
 - Role Play Situations
- Mirroring / Shaping
 - Works with attachment system- being heard, seen.
- Healing Work
 - What do you wish you could have done or said in this situation? Enact it
 - How did that feel in your body, what do you want to tell yourself now.



Anger Work

- Have client identify where they hold anger in their body. Work to connect to this part (s) of the body.
- Identify any anger towards the body and work to direct elsewhere.
- Can use pillow and bats, dance, jumping, hitting, slashing to express anger, release anger.
- Forgiveness of self can be an important piece.
- Discuss cognitive distortions throughout.

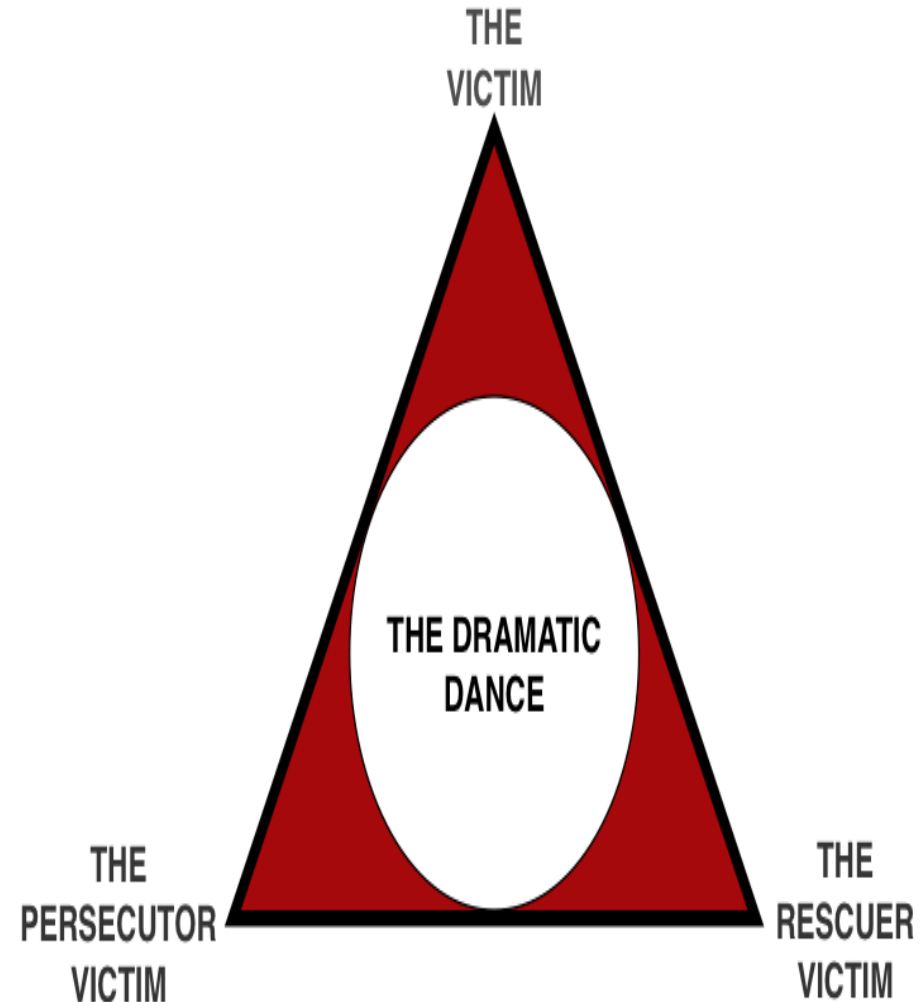


Group Interventions:

- Group Unburdening- Create a “fire” in the middle of the room. Have clients put feelings, memories represented by pillows or other objects in the middle of the room. Have clients share what they are placing in the “fire.” Put the “fire” out by placing blanket over the pile of pillows. Have clients then take positive qualities out of “water” to replace what they just gave up.
- Group Sculptures- exploration of qualities of self- Have clients explore the various qualities of self through movement, group sculptures, postures. Exploration of infinite themes (empowerment, boundaries, emotions)
- Moving in self and various parts(separating from parts)- Have clients move from pillow to pillow or chair to chair exploring what various parts (feeling states) feel like in their body. Have one pillow or chair represent the qualities of self. Explore how the body feels different between self and parts.

Karpman's Triangle

- Empowering the client- use Karpman's triangle to have them move through victim, perpetrator, bystander / rescuer roles, and move out of the triangle into empowered stance. Help client to identify perceived & preferred roles, instances they embody these roles and ways to move out of the triangle entirely.







How do we invite our body and the client's body into the therapeutic process?

- Maintain an awareness of your own body in sessions and groups. Attend to what you are experiencing in your body.
- Somatic counter-transference provides valuable information and assists with interventions.



How do we invite our body and the client's body into the therapeutic process?

In order to be more fully embodied:

- Carefully attend to non-verbal communication
- If a client shifts her posture or takes a deep breath, gently mirror the behavior yourself, and/or simply verbalize what you notice.
- Mirroring is one of the most fundamental and powerful therapeutic interventions.



*How do we invite our body and the client's body
into the therapeutic process?*

Encourage simple and mindful ways to be embodied:

- Connection with nature
- Balanced and fun movement
- Yoga / Pilates
- Dance
- Martial arts



Simple Ways to Be Embodied

- Connecting to the 5 senses
 - lighting a candle
 - applying lotion
 - listening to music
 - receiving a massage
 - manicure/pedicure
 - relaxing in a hammock

Ask regularly if your clients are engaged in some activity that connects their mind and body in a gentle, kind way.



How do we invite our body and the client's body into the therapeutic process?

“Ask regularly about what clients are experiencing in their body during therapy. This integrates mind/body and dismantles the familiar “talking head” syndrome, in which client’s are cognitively and intellectually insightful but completely disconnected from their body. The eating disorder lives in the body. The only way out is through the body.”

~ Deanna James



In Conclusion:

- Mind/ body connection is essential to recovery from eating disorders and PTSD.
- We must be embodied, bring the body into sessions, and address the body and body image.
- Create experiential knowledge through the body.
- Must address trauma based beliefs and internal schemas re: the body.



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