Embodied Reprocessing for working with complex trauma: dealing with internalised voices

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EMBODIED REPROCESSING

Aim

Introduction to Embodied Reprocessing of internalised voices

EMBODIED REPROCESSING

Objectives

1. Learn about the importance of dealing with internalised critical voices *(a part of shifting from Stage 1 to Stage 2 of trauma recovery from C-PTSD)*

2. Introduce the idea of prioritising embodied memories over narrative memories in trauma reprocessing

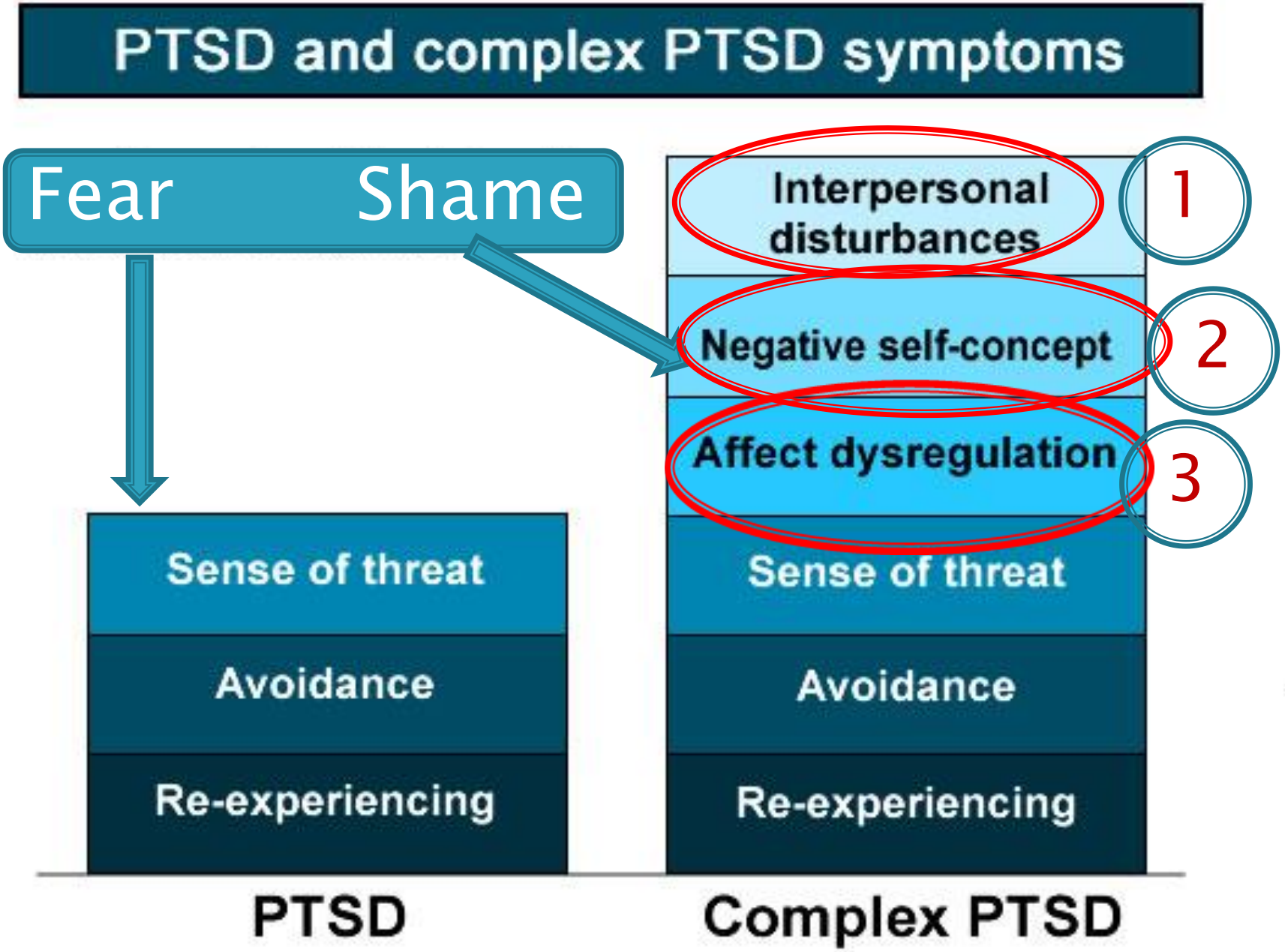
3. Introduce to Embodied Reprocessing of internalised critical voices *(externalising embodied memories of internalised critical voices)*

1

Importance of dealing with internalised critical voices as a part of trauma recovery from C-PTSD

The World Health Organization (WHO) has included *complex post-traumatic stress disorder (C-PTSD)* in the 11th edition of the International Statistical Classification of Diseases and Related Health Problems

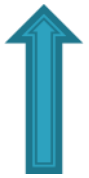
ICD-11 (May 2019)


PTSD and complex PTSD symptoms
Fear
Shame
Interpersonal disturbances
1
Negative self-concept
2
Affect dysregulation
3
Sense of threat
Avoidance
Re-experiencing
Sense of threat
Avoidance
Re-experiencing
PTSD
Complex PTSD
http://traumadissociation.com/complexptsd

Issues that prevent clients' recovery from Complex Trauma

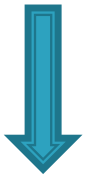
1. Extreme dependency or excessive independence:

- *Relational difficulties*
- *Fractured self* (change of personalities, personality disorders)



2. Negative self belief (Internalised/Critical voices):

- *Poor self esteem*
- *Mood instability* (affect dysregulation)



3. Emotional dysregulation – inability to manage intense negative emotion):

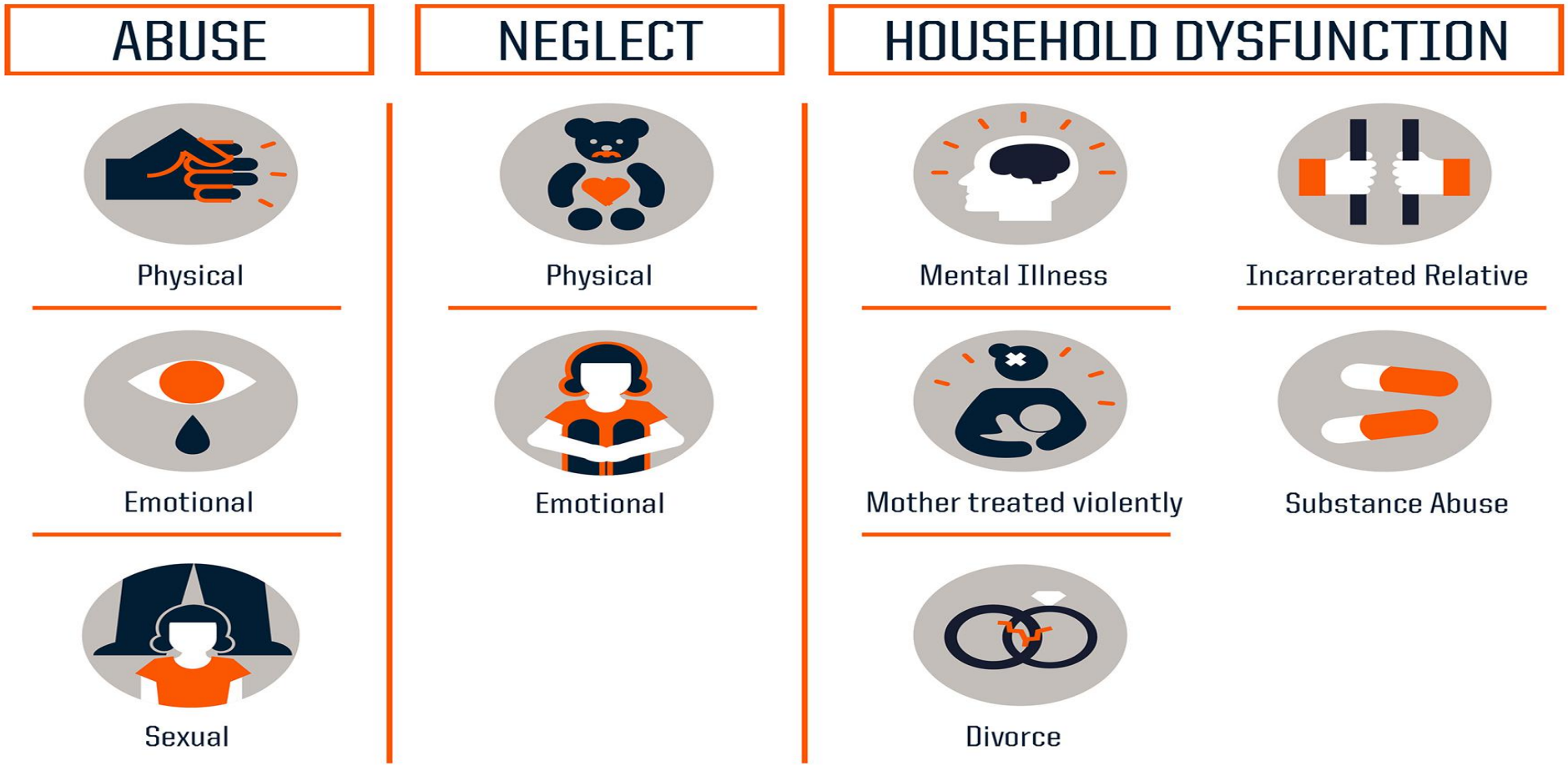
- *Addictive behaviours* (Van Der Kolk, Gabor Mate), Strong emotion can block or increase the pain (sensations, physiological responses), so addictive behaviours become a maladaptive way of dealing with negative emotions (e.g. Re-exposure to stress provides a relief from anxiety)

Video 1

3 Types of ACEs (Adverse Childhood Experiences) chronic traumatic experiences

Old view – trauma exists as a narrative story about the past

Present view – trauma changes the brain and specifically the physiological system–trauma exists as physiological responses



Deconstruction of Trauma Discourse:
Tri-Phasic Model (Herman, 1992)

1. **Present** – Safety and Stabilization (regain internal and external control, reduce negative effects of unwanted experiences).

2. **Past** – Remembrance and Mourning (reconstruct traumatic story and process in a way that the memories no longer disrupt their life).

3. **Future** – Reconnection (involves redefining oneself in the context of meaningful relationships).

Childhood trauma recovery treatment approach of CHRISTINE A. COURTOIS

(1) pre-treatment assessment (extended assessment/triaging – multi interventions) – **Stage 1**

(2) early stage of safety (psychoeducation, stabilization, skill-building, and development of the treatment alliance) – **Stage 1**

(3) The middle stage of treatment (begins only after stabilization skills have been developed and are utilized as needed) – **Stage 2**

(4) late stage of treatment involves identity and self-esteem development and concurrent development of improved relational skills and relationships. – **Stage 3**

Why an extended assessment?

Identifying and reducing maladaptive strategies (linked to avoidance behaviour & addictive behaviours)

ASSESSMENT OF COPING STRATEGIES

Coping can be defined as any *thoughts and behaviours* used in the management of internal and external demands of stressfully appraised situations (Folkman and Moskowitz, 2004)

Adaptive strategies	Maladaptive strategies
Thoughts or behaviours that reduce stressful experiences without exacerbating main symptoms in the long term	Thoughts or behaviours that reduce stressful experiences but exacerbate main symptoms and lead to long-term maintenance of the associated stress (lead to addictive behaviours (cause you to become reliant on objects or people)

Do we need to rethink addiction?

- **Childhood adverse experiences** behind addiction
- **<u>Avoidance & Maladaptive Coping strategies</u>** – temporarily reduce symptoms while the stressor maintains its strength or becomes more stressful

Do we need to rethink addiction?

- Most people understand addiction when it comes to a **dependence on substances, such as alcohol, nicotine, illicit drugs, or even prescription medications.**

- However it's also possible to develop **a behavioural addiction**, a dependence on sex, gambling, eating, shopping, work, extreme sports, relationships, exercise, tattoo, porn, shopping, the internet…

Video 2- Gabor

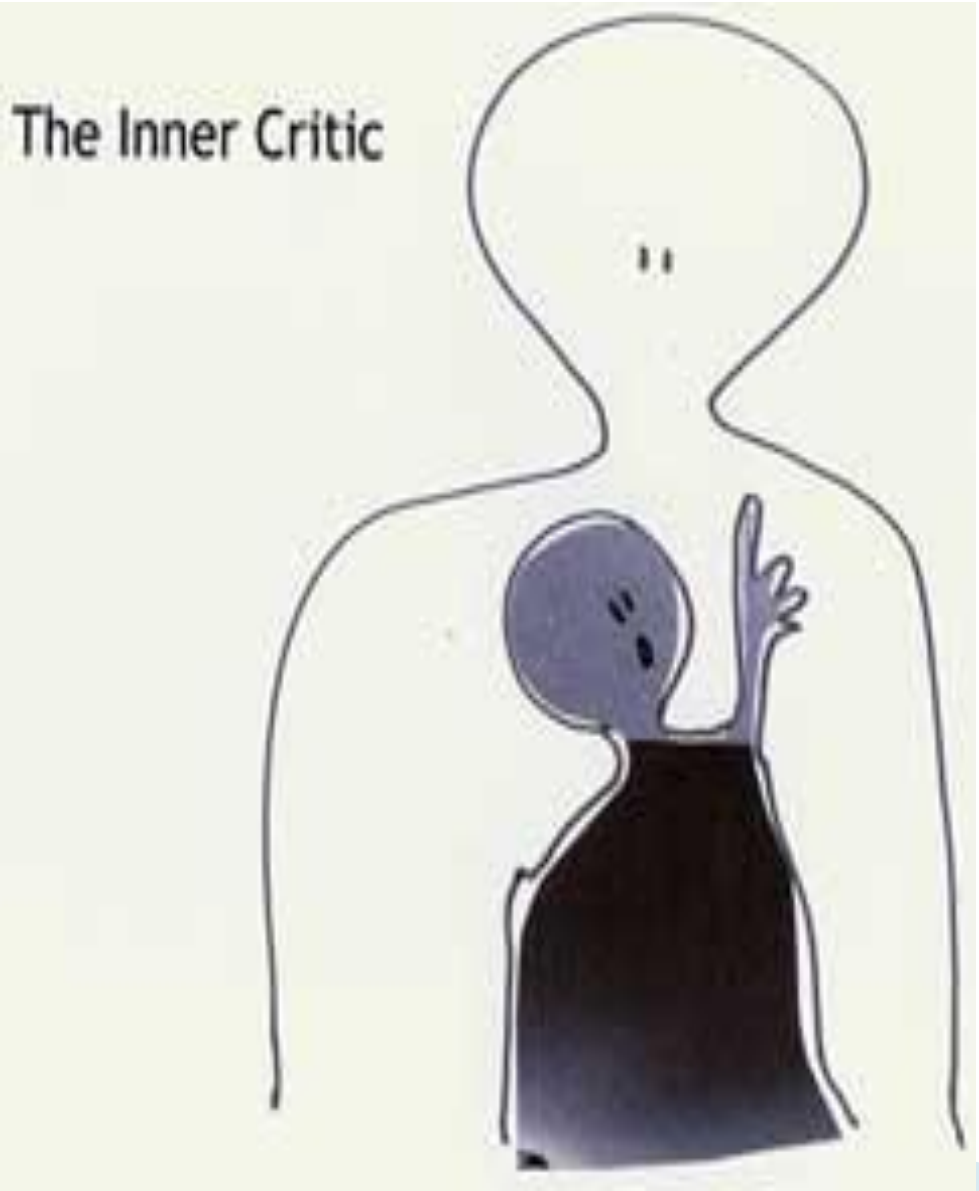

Conscious
SHAME
Subconscious


SECURITY


SECURITY


CHANGE

The Internalised/Critical Inner Voice'- negative self-talk



Internalised critical voices are often directly involved in anxiety, depression, sleep disorders, addictions, and a variety of self-destructive behaviors.

The Internalised critical voices behind emotional swamp of shame.

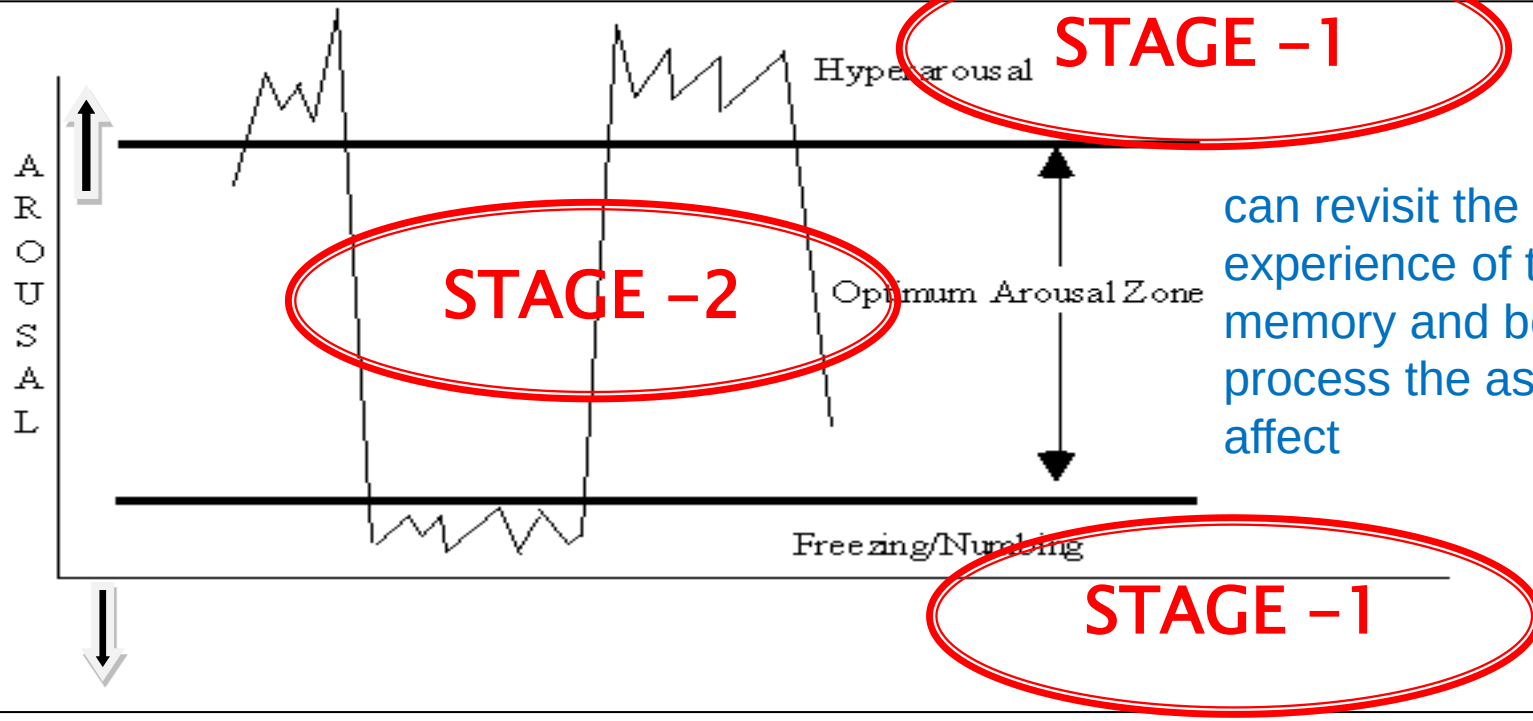
Video 3

2

Importance of prioritising embodied memories at the beginning of complex trauma work

Trauma Therapeutic work informed by the concept of the therapeutic window of tolerance.

Sympathetic system: e.g. Impulsivity, risk taking, addictive behaviour, intrusive images… - Hyper-arousal can re-traumatize the client



can revisit the experience of the memory and begin to process the associated affect

Parasympathetic system (Hypoarousal-related symptoms): numb, cognitive functioning slowed, feeling shame , despair - Hypo-arousal associated thoughts and feelings unavailable for processing.

Dissociation is being disconnected from the here and now

It's a coping mechanism to stop/reduce trauma memories (for CPTSD often implicit memories which are physiological responses)
Or/and lower fear, anxiety and shame

Managing Therapeutic Risk: Re-traumatisation and Dropout (offering present-focused therapies based on trauma assessment)

Clients:

- Ability to recognize the signs and symptoms of trauma in clients

Therapists:

- Ability to use clinical formulation based on trauma informed assessment.

The Body Remembers

The connection between traumatic memories and somatization has been noted by many researchers (*Medically unexplained symptoms/psychosomatic symptoms*)

Dual-representation theory

(Brewin, Dalgleish, & Joseph, 1996)

PTSD is an information-processing disorder

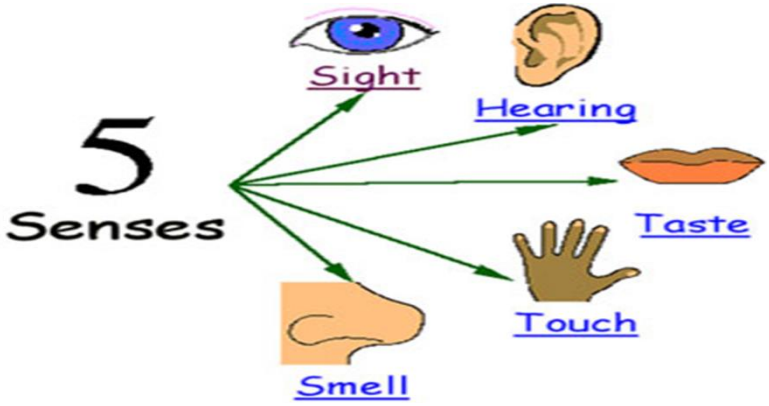
Two separate processing systems :

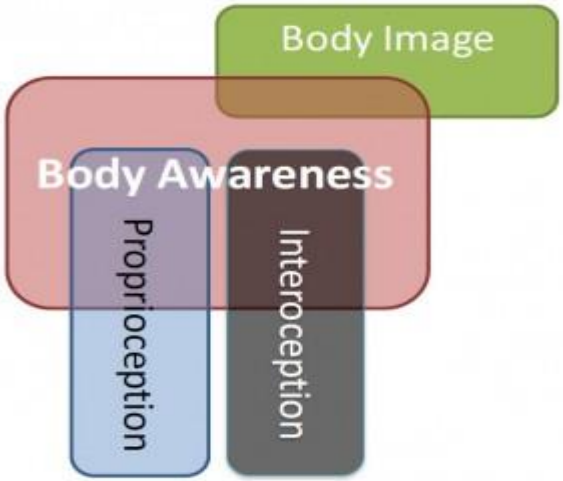
1. verbally accessible memory

2. non-verbal or primitive memory , which involves visual, sensory, physiological, and motor re-enactment of trauma memory.

The Body Remembers

(non-verbal or primitive memories relying on 7 senses)





Exteroceptors

Interoceptors:

traumatic
sensory
experiences

I am sure you have all heard the story of Perseus and the Gorgon. If anyone looked directly at the monster it would turn them to stone.

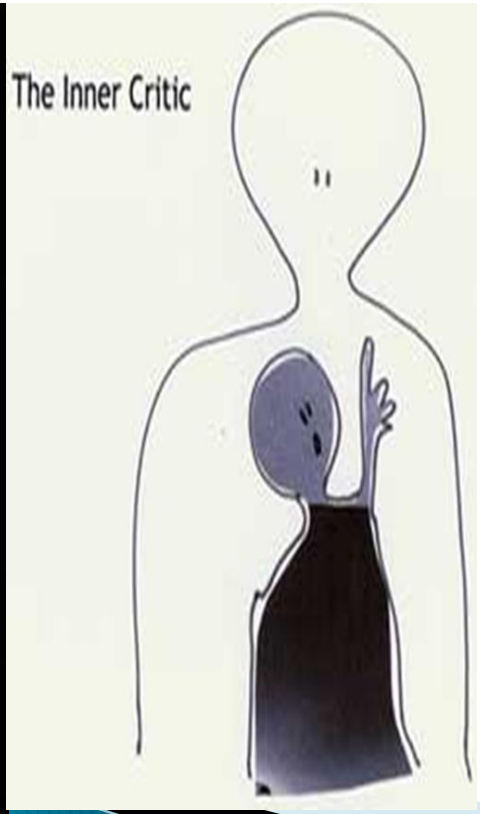
Perseus was able to trick the Gorgon by polishing his shield so that he could see her reflection in the shield. He was then able to slay the monster by using its reflection in his shield.

Embodied Re-processing (ER)

Working with complex trauma is much like tackling this monster. If we approach the trauma by working directly with **the narrative** of a traumatic event (**explicit memories**) we may increase DISSOCIATION. What we have to do is approach the traumatic event from a different angle. We work with the **embodied (implicit) memories** of the event/internalised voices.

Embodied Re-processing (ER)

Human memory is a sensory experience, says psychiatrist **Bessel van der Kolk.** ER specifically focuses on re-processing traumatic **embodied experiences** or overwhelming physiological responses connected to traumatic events.



Old view – trauma exists as a narrative story about the past

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Different types of learning and memory

Explicit memory

Medial temporal lobe; diencephalon

Facts (semantic)

Events (episodic)

Implicit memory

Procedural memory: skills & habits (basal ganglia)

Classical conditioning

Skeletal musculature (cerebellum)

Priming (neocortex)

Emotional Responses (amygdala)

Embodied Re-processing is focused on re-processing *bodily, sensory, physiological responses (embodied memories)* to traumatic events.

The Embodied reprocessing focuses on accessing previously avoided bodily experiences (implicit memories) while staying in the window of tolerance.

EMBODIED REPROCESSING

3

Embodied Reprocessing of internalised critical voices

Embodied Reprocessing– 4 stages

STEP -1: Establish Safety & Readiness for Reprocessing Childhood Traumatic Memory experiences

(*Scaffolding to reduce Dissociation & Maladaptive coping mechanism* - ***Stage 1***

STEP- 2: Shifting from narrative to embodied experiences (*Externalising Internalised Voices & Traumatic Shame - based Memories*

Stage 2)

STEP -3: Facilitate Embodied Reprocessing

- Accessing & Integrating avoided Embodied Traumatic Memories - ***Stage 2***

STEP – 4: Integration of reprocessed (previously avoided) embodied experiences to the client's wider life Context/Narrative - ***Stage 3***

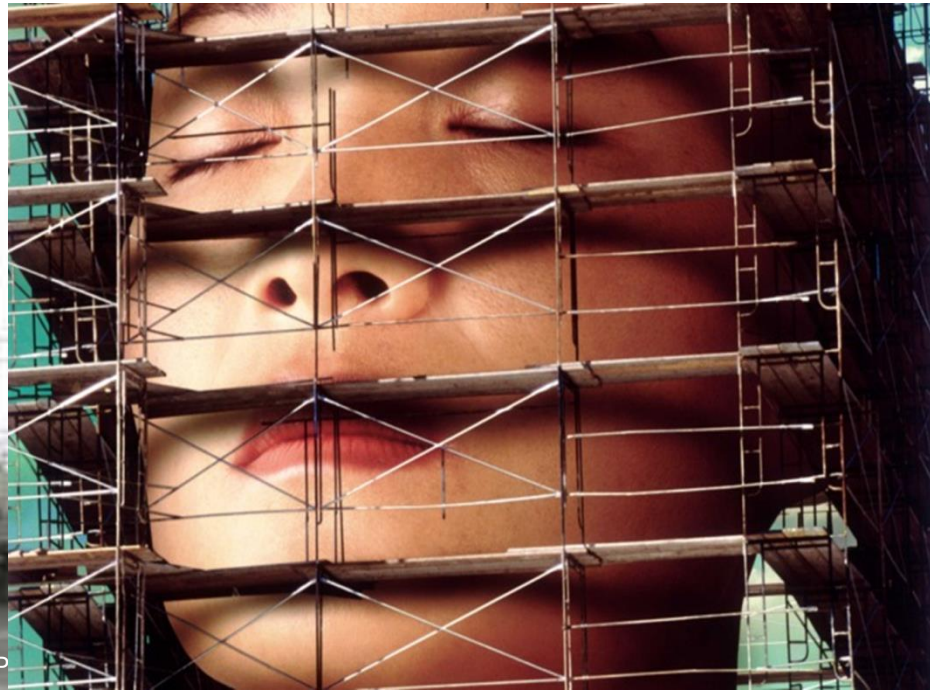
STEP -1. Establish Safety & Readiness for trauma reprocessing-manage and regulate physiological and emotional experience -

Focus on the Present

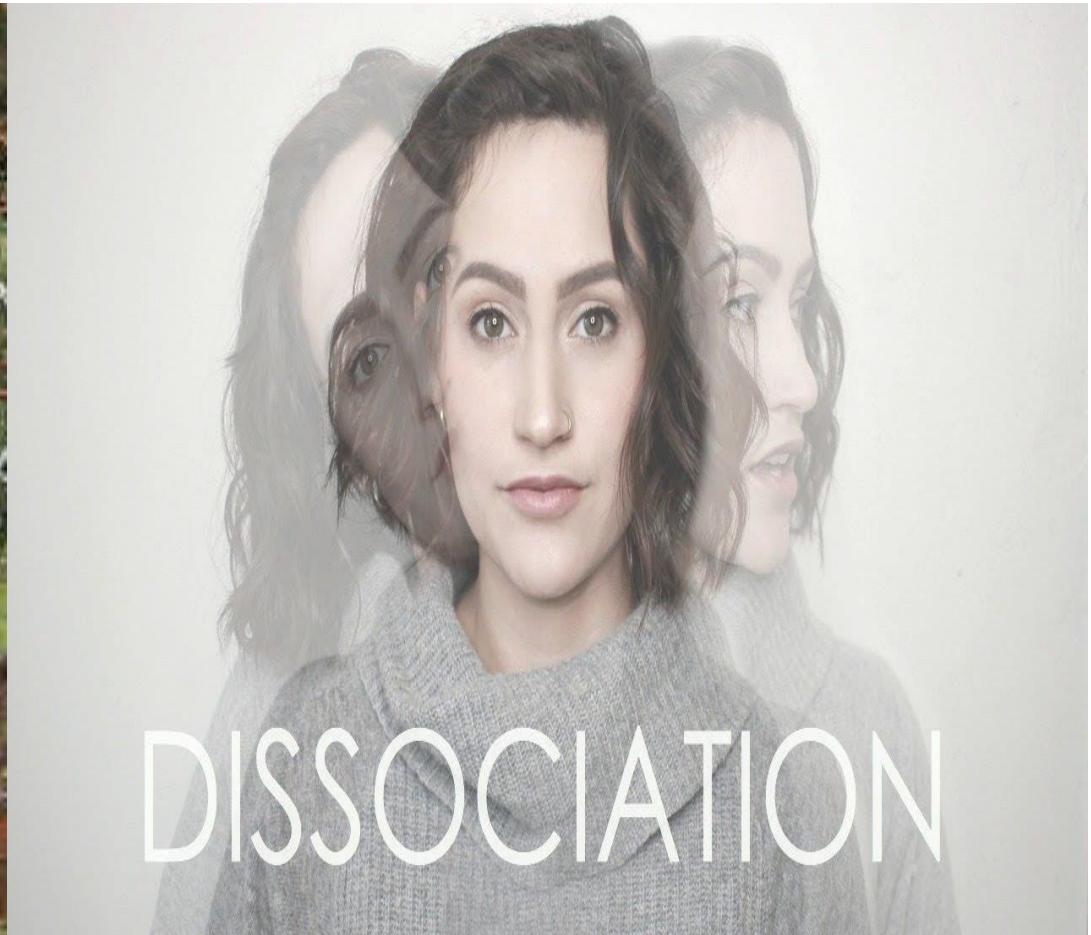
Extended assessment

managing internal triggers - overwhelming emotions (often shame or fear based) or sensations

managing external triggers



Step 1- Reducing Dissociation by addressing anxiety, depression or other overwhelming emotional or sensory responses

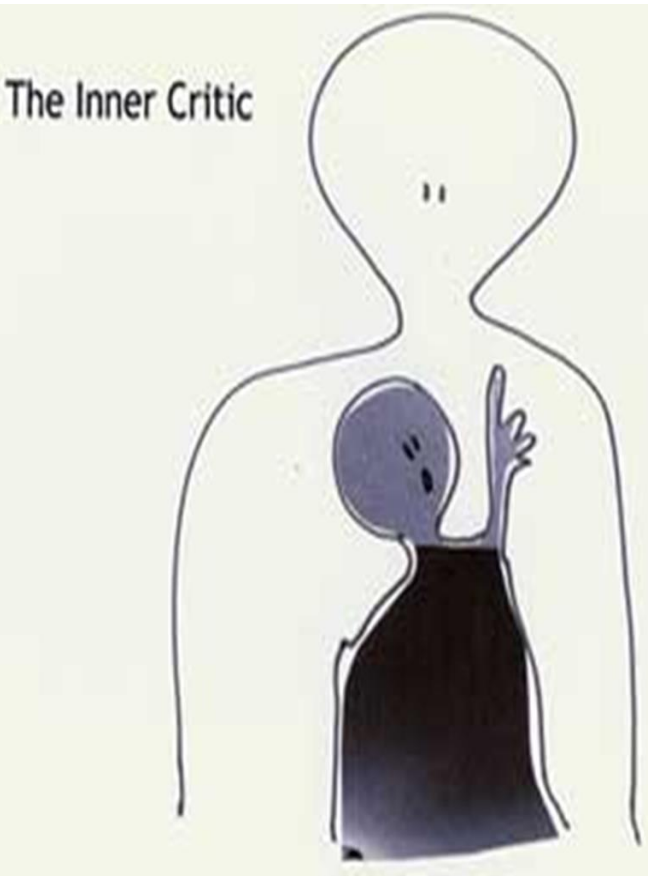


Step 1-Establishing Safety and building resources

- Assessment of multiple needs and setting up multi-interventions
- Psychoeducation
- New routine
- Grounding, breathing, centring
- Provide motivation
- Relaxing/Special Space
- Creating Distance
- Safe Space/The Protector
- Safe Container
- Start addressing addictive behaviour (maladaptive)

STEP 1– Identifying and reducing maladaptive strategies (linked to avoidance behaviour)

- Addictive behaviour
- Avoidance behaviour
- Internalised voices



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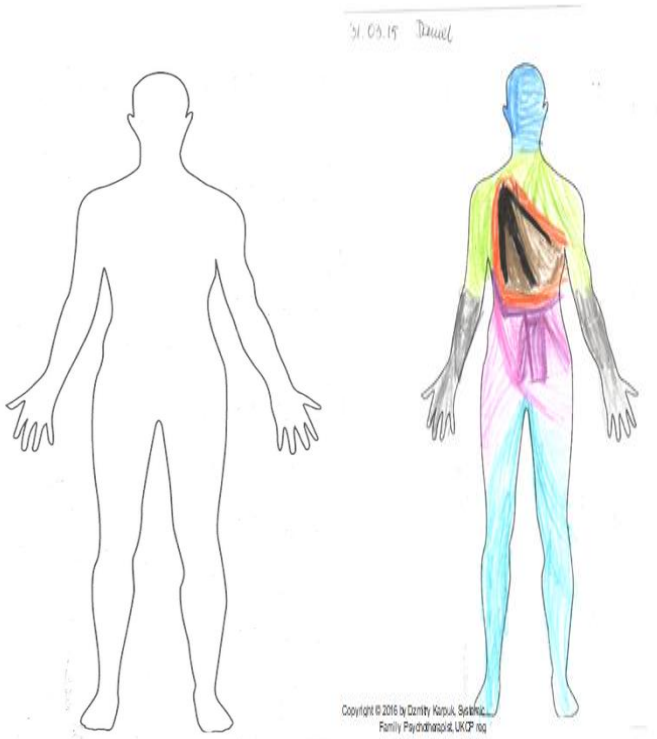
Step 2 – Shifting from narrative to embodied experiences (Externalising Internalised Voices & Traumatic Shame – based Memories

- Safely connected to inner bodily experiences
- To be able to access painful inner experiences while staying inside the window of tolerance
- Providing motivation to replace maladaptive strategies with adaptive strategies

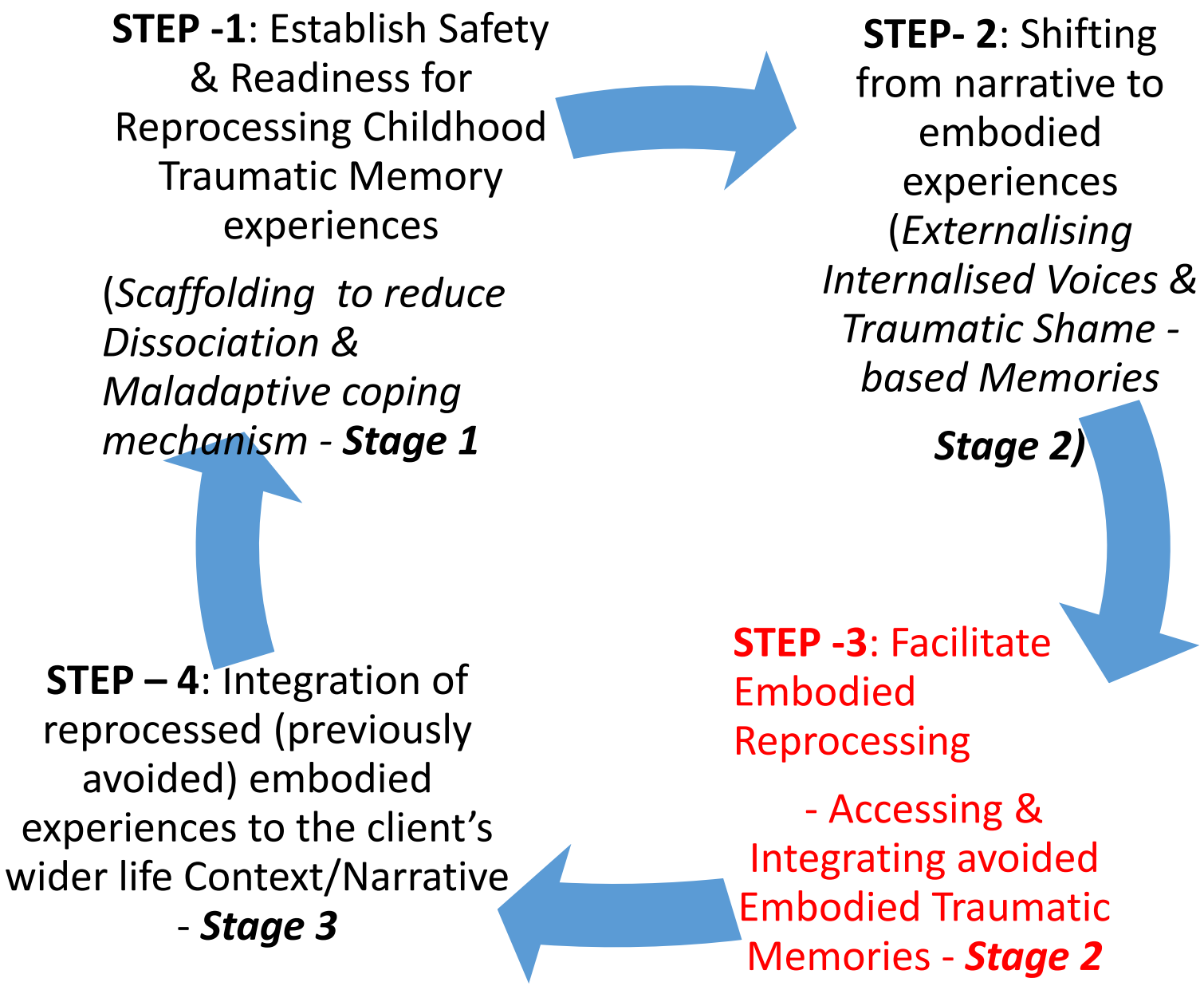
STEP 2- Externalising Internalised Critical voices (Body mapping- shifting from narrative to embodied experiences)

Goal: *helps to externalise internalised critical experiences (a gradual exposure to traumatic childhood memories).*



1. Write down a list of internal critical voices .
2. Take one of these voices and notice where do you have sensations in your body as you hear the voice.
3. Continue with all voices.

Embodied Reprocessing– 4 stages



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For any further information and feedback please contact

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