

Traditional psychotherapy addresses the cognitive and emotional elements of trauma, but lacks techniques that work directly with the physiological elements, despite the fact that trauma profoundly affects the body and many symptoms of traumatized individuals are somatically based. Altered relationships among cognitive, emotional, and sensorimotor (body) levels of information processing are also found to be implicated in trauma symptoms. Sensorimotor Psychotherapy is a method that integrates sensorimotor processing with cognitive and emotional processing in the treatment of trauma. Unassimilated somatic responses evoked in trauma involving both arousal and defensive responses are shown to contribute to many PTSD symptoms and to be critical elements in the use of Sensorimotor Psychotherapy. By using the body (rather than cognition or emotion) as a primary entry point in processing trauma, Sensorimotor Psychotherapy directly treats the effects of trauma on the body, which in turn facilitates emotional and cognitive processing. This method is especially beneficial for clinicians working with dissociation, emotional reactivity or flat affect, frozen states or hyperarousal and other PTSD symptoms. Sensorimotor Psychotherapy, emphasizing sensorimotor processing techniques which can be integrated with traditional approaches that treat these symptoms. Because the therapist's ability to interactively regulate clients' dysregulated states and also to cultivate clients' self-awareness of inner body sensations is crucial to this approach, three sessions are described illustrating the clinical application of this method.

There are many anecdotal reports from both clients and therapists that attest to the efficacy of the method. Professionals who have learned Sensorimotor Psychotherapy report that it often reduces PTSD symptoms such as nightmares, panic attacks, aggressive outbursts and hyperarousal, and that the ability to track body sensation helps clients experience present reality rather than reacting as if the trauma were still occurring. Such reductions of distressing bodily-based symptoms and increased capacity for both tracking body sensation and interactive self-regulation appears to help clients become increasingly able to work with other elements of trauma, such as attachment, meaning-making, and dissociative patterns that were previously overshadowed by bodily states and the inability to utilize interactive self-regulation.

Sensorimotor Psychotherapy provides clients with tools to deal with disturbing bodily reactions, and they frequently report feeling increasingly safe as they begin to learn how to limit

the amount of information they must process at any given moment by focusing attention on sensation. Clients also report that their feeling of safety is enhanced when they experience the potential to physically protect and defend themselves. It should be noted that clients who experience hyperactive defenses in the form of uncontrollable rage may also increase their feeling of safety by learning to sense the physical precursors to full-blown aggressive outbursts, and at that moment begin to engage mindfulness. This intervention increases self-regulation and prevents the escalation of arousal to the point of discharge through aggression or other undesirable behavior.

On the other hand, therapists using Sensorimotor Psychotherapy report that some clients are not so available for, or interested in, body processing. Such clients must slowly and painstakingly learn to experience sensation and be open to the potential value of doing so. They must gradually learn from their own somatic experience that paying full attention to body sensation and movements can be safe and even pleasurable. Additionally, severely disorganized or dissociated individuals may be unable to be mindful of sensation without becoming further disorganized or dissociated. It must be realized that accessing too much sensation too quickly, particularly before clients are able to observe their experience and put aside content and emotional states, may be counterproductive and may in fact increase dissociation and exacerbate PTSD symptoms. Therefore therapists must proceed appropriately according to each client's pace and ability to integrate. Nevertheless, an occasional client may remain unable or unwilling to work with sensorimotor processing, finding body sensations too overwhelming and distressing, or otherwise finding a somatic approach uninteresting or unappealing. In such cases, sensorimotor processing is contraindicated and the therapist must use other techniques.

The full spectrum of Sensorimotor Psychotherapy integrates sensorimotor processing with emotional and cognitive processing. During therapeutic sessions, the therapist must evaluate moment by moment which level of processing to address that will produce the most positive overall effect. Emotional or cognitive processing is often called for, and in fact can have a positive effect on further sensorimotor processing.

Numerous other therapeutic maps and body-inclusive techniques exist in the overall approach developed by the authors and their colleagues that deal in different ways with relational dynamics, psycho/structural patterns and dissociation. Above all, it is important to stress that the ultimate and overriding goal of Sensorimotor Psychotherapy is to foster holistic processing by integrating the three levels of our being: cognitive, emotional, and sensorimotor.

**Sensorimotor Psychotherapy:**

**One Method for Processing Traumatic Memory**

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