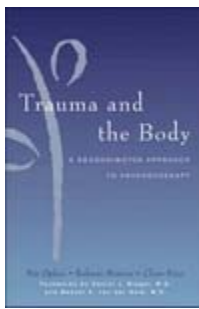


## Trauma and the Body: Examining a Neglected Perspective

A review of



### **Trauma and the Body: A Sensorimotor Approach to Psychotherapy**

by Pat Ogden, Kekuni Minton, and Clare Pain

New York: Norton, 2006. 345 pp. ISBN 978-0-393-70457-0. \$35.00



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Reviewed by

[Sandra S. Lee](#)

*Trauma and the Body: A Sensorimotor Approach to Psychotherapy* is written by Pat Ogden, Kekuni Minton, and Clare Pain. Forewords are provided by Daniel Siegel and Bessel Van der Kolk. This book is part of the Norton Series on Interpersonal Neurobiology, which seeks to understand how the structure and function of the mind and brain are shaped by experiences, especially emotional and interpersonal experiences. Scientific findings from different interdisciplinary areas converge to bring us new information about

mental health and well-being. This is the promise of the series and the book.

The central idea of interpersonal neurobiology is that integration is central to well-being. In therapy, we attempt to integrate sensations, images, feelings, and thoughts that constitute ongoing experience. *Trauma and the Body* focuses on sensorimotor experiences, using the wisdom of the body to integrate these sensations, images, feelings, and thoughts. We know that trauma itself is so often body based, and more traditional verbal and cognitive approaches to therapy are not always as effective, or as rapid, as they might be (Shapiro, 2001). What this book can bring to the majority of more traditional therapists is the theoretical and research base for, and emphasis on, body-based techniques and understandings.

The sensorimotor approach is so much more than just using the body as another frame of reference for the work of therapy. This approach has been described as using the sensations, impulses, and movements of the body to enable the therapist to open up the client's nonverbal world and make it available for integration and processing by the client.

This is an exceptional book. The first half of the book develops a scientific and theoretical framework, integrating current and past empirical research from several areas. The authors posit that clinicians should understand the nonverbal neural and interpersonal processing of the individual. The second half of the book provides clinical interventions and case examples of use to any therapist who treats trauma, from almost any theoretical point of view. A phase-oriented approach to using sensorimotor interventions is developed and expanded.

The authors emphasize that the therapist can and should be in touch with the communications of the client's body throughout the session. These communications may include how the client is standing, sitting, walking, talking, or gesturing. They also include bodily organization that reflects perhaps more directly the traumatic material, such as, for example, hyperarousal, trembling,

a collapsed chest or rounded shoulders, constriction, and holding of the breath. The therapist unobtrusively notices and tracks these communications, hypothesizing and learning what they communicate, then reflecting back these observations or designing interventions to address them.

For example, the belief that "I have to be a high achiever to be loved" may be associated with overall tension, quick and focused movements, and an erect and rigid posture. These may be seen as physical tendencies that reflect "working hard" (p. 190). The communications of the body are used in the session just as verbal and other communications may be used.

Body communications may be pointed out, questioned, commented on, or discussed, or the therapist may choose to correct or work with bodily communications in a more direct way. This might involve, for example, changing posture, focusing on and practicing straightening the spine, then being aware of the feeling of competence that may be associated with this for an individual client. This brings us to another important point and focus of this book: The therapist does not attend just to bodily organization that reflects trauma but also to bodily organization that reflects competence and well-being. This may include deep and regular breathing, relaxation, flexibility, physical alignment, and so on.

The therapist pays attention to all levels of information being presented by the client, including emotional and cognitive aspects, and how the narrative affects the client's bodily experience. The therapist describes changes and communications observed in the client's body as they unfold in the moment. These statements direct the client's attention to present bodily experience. In the same way, statements about the client's emotional content or cognitive content direct attention to the emotional or cognitive aspects of the experience.

This book is well written, and it is well organized for the reader. As an example, Chapter 9, titled "The Organization of Experience: Skills for Working With the Body in Present Time,"

begins with a brief summary of how the practice of sensorimotor psychotherapy blends interventions and techniques from psychodynamic and cognitive approaches. Working with somatically based interventions may involve, for example, working with movement or gesture and/or learning to track bodily sensations, movements, and changes. There is a subsection on "Tracking and Bodyreading" that describes this foundational skill, supplemented with case examples.

The next subsection deals with "Contact Statements," which addresses communicating relevant observations about bodily changes, gestures, or movements. Again, implications and examples are discussed and are integrated with quotations from other writers in related areas. The next subsection, "Mindfulness," explains how tracking and contact statements can facilitate mindfulness for the client. Mindfulness, according to the authors, can help the client access underlying traumatic "tendencies and resources" (p. 195).

The next subsection, "Experiments and Exploration," provides examples of ways the therapist can encourage exploration of, and new responses to, postures, gestures, movements, and physical tendencies that reflect the traumatic experience carried in the present. Four specific ways of experimenting are provided for the therapist–reader. The next section, "Putting Skills Together," discusses integrating resources and deciding which element of present-moment experience should be emphasized.

The final three chapters parallel Judith Herman's (1992) phase-oriented approach to the treatment of traumatic stress. For Herman, Phase 1 treatment involves establishing a sense of safety and security through self-care. The establishment of safety and security, for Herman, begins with the body. Ogden et al.'s chapter focuses on somatic resources, as well as physical actions that can be taught to clients. These somatic resources support the goal of stabilization, and initially this is done without addressing the memory of the traumatic events.

The therapist assesses both existing somatic resources and those that may be lacking for the individual client, through bodyreading, tracking, discussion, and history taking. Throughout this phase, careful attention is given to timing and pacing, to boundary maintenance, and to a mindful and gradual reconnection with the body. The chapter provides extensive information, techniques, and case examples for the therapist to work with hypo- and hyperarousal, body sensations, self-soothing, and numerous other somatic issues. Breathing, eye contact, and a variety of sensation and body movement issues, reflecting boundary and psychological issues, are discussed fully.

Phase 2 of treatment in sensorimotor psychotherapy involves "processing traumatic memory and restoring acts of triumph" (p. 234). The authors believe that successful integration of dissociated and nonverbal memory fragments is optimized when clients work somatically. Clients can learn to feel empowered in relation to the traumatic memory and begin to move on. The goal here is to reintegrate all aspects of the traumatic memory, including dissociate aspects.

Integrating current research and drawing on the work of Bessel van der Kolk and many others, the authors bring body memory and nonverbal memory into awareness, while at the same time maintaining an optimal level of arousal for the client. The "acts of triumph" in the chapter title refer to the completion of failed defensive actions that occurred at the time of the trauma. The focus here is on completing the physical actions. The traumatic memory then becomes associated with empowering actions and their corresponding emotions and cognitions (p. 248).

The chapter on Phase 3 of treatment is titled "Integration and Success in Normal Life." In this phase the focus is on expanding social support and connections, overcoming fears of daily life, and developing occupational needs and goals. The therapist here discovers and changes both cognitive distortions and physical tendencies that may hinder or prevent the development of these areas. The therapist works with both core

and periphery parts of the body, which may be overly tense, sluggish, or disconnected. For example, without a strong and stable core, the spine may be weak or may sag. This affects the client's posture, and the physical appearance may be stooped over, slumped, "not being able to hold yourself up" (p. 273). This may correspond with a client's feelings of being helpless, dependent, not competent, or needy. Physical experiments with the arms, such as asking the client to reach out, may be used to help assess relational disturbances.

In some ways the book can be seen as the next giant step after Van der Kolk, MacFarlane, and Weisaeth's (1996) *Traumatic Stress: The Effects of Overwhelming Stress on Mind, Body, and Society*. Van der Kolk's work is liberally used and cited. Another important thinker in the treatment of trauma, Judith Herman (1992), is cited, but I would have liked to see more exploration of the parallels with Herman's work. Eugene Gendlin's (1981) work on focusing is also cited, but again I would have liked to see more discussion of the impact and intersection of Gendlin's work with sensorimotor psychotherapy.

In addition, as I read the book, I found overlap with the techniques of eye movement desensitization and reprocessing (EMDR; Shapiro, 2001), yet there is no mention at all of EMDR, with its focus on physical sensations and imagery. Imagery, of course, involves powerful and often vivid sensations—seeing, hearing, touching, smelling, feeling. In EMDR, the image of the traumatic memory often changes to incorporate failed defensive actions and other more positive associations. The imagery itself in EMDR can involve imagined physical movements. It seems that there is an important bridge here that can be explored.

Another area that can be explored further is that of indications and contraindications (if any) of sensorimotor psychotherapy. It may be quite valuable with clients who are less verbal (or too verbal). It may also have as yet unexplored applications for athletes. I present these thoughts more in the nature of personal observations rather than scholarly criticism of

the book.

The integration of theory, research, and practice is a model rarely achieved, especially in such a readable and interesting book. This book will be read and valued by researchers and clinicians alike, as well as academics and those who already practice body-oriented psychotherapies. This is a rare achievement.

I hope this attempt to create a concise and informative review has not oversimplified what is a highly complex, multilayered, research-based, clinically oriented book. At the same time, it is highly organized, simply written, and accessible to therapists of any persuasion who would like to incorporate sensorimotor techniques and understandings into their work. This book is highly recommended.

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Article 7

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