

Date	11/03/2019
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Update log	



## **Body and Trauma**

### **Jamie Marich – The importance of embodiment for trauma**

The limbic brain needs to be activated with bottom up methods for trauma. These include EMDR, yoga, boxing, grounding methods. The mindful brain seems to be about connection and disconnection seems to be more about how to survive disconnection. Dissociation is a state of missing mindfulness. We all dissociate, whether binging on Netflix or daydream, and it can be functional. We need as therapists to recognise our own dissociative profile and parts/roles.

Useful resources:

[www.traumamadesimple.com](http://www.traumamadesimple.com) – videos on breathing techniques

[www.dancingmindfulness.com](http://www.dancingmindfulness.com)

[www.jamiemarich.com](http://www.jamiemarich.com)

Forner (2019). Dissociation and Mindfulness. Journal of Mindfulness and Trauma

### **Christiane Sanderson – Deleting the body, somatisation and sexuality**

What is your sexual script? Who with and when can we have sex?

What can sex mean? What arouses you?

What is the maximum age gap for sex?

What is your client's sexual script?

Aras that therapists need to think about when working with trauma:

- Challenge attitudes and beliefs
- Deconditioning – breaking old associations
- Embodiment and mindfulness
- Sensate focus
- Work out triggers – alcohol on breath, bedroom, dark
- Where experience somatisation is as therapist, as well as for client
- Encourage clients to reclaim their body and feel pleasure, not just pain
- Understand terminology – what does watersports mean

PURO is part of OCD – it is frightening rumination that can lead to a fear that sexual tingling in genitals is a sign that one is a sexual predator. It is assumed to be a sign of arousal, as opposed to something that happens for all of us at times. It is useful to explore the 'worst case scenario' about what these sensations could be confirming. i.e. Paedophile, homosexual? Shame and self-blame play a vital role, particularly if during rape there was lubrication and this is misinterpreted as arousal. But this is a biological fear response out of voluntary control,

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### Version 1.0

so is not actually a sign of arousal. Therefore, psychoeducation plays a vital role in therapy with clients of sexual abuse.

Therapists need to identify the role of somatisation and dissociation in survivors of complex trauma and childhood sexual abuse. The body is a source of pain, rather than pleasure and therefore a split arises with the body and mind. As a result of this dissociation, there are endless associated health problems associated with clients of sexual abuse:

- Chronic pain and unexplained illnesses
- Frequent infections
- Compromised endocrine system – appetite, growth, breathing
- Gastro-intestinal – IBS, anorexia, bulimia, obesity
- Sleep disturbances
- Autoimmune disorders – CFS, ME

Part of the work requires exploring how trauma is expressed in the body

Christiane speaks of how it is arguably an abuse of power when one sticks too close to one modality or protocol, therapists need to adapt to the client. She says this in relation to trauma therapy, but states that it can be linked to all therapies.

<https://www.christianesanderson.co.uk/phdi/p1.nsf/supppages/3109?opendocument&part=5>