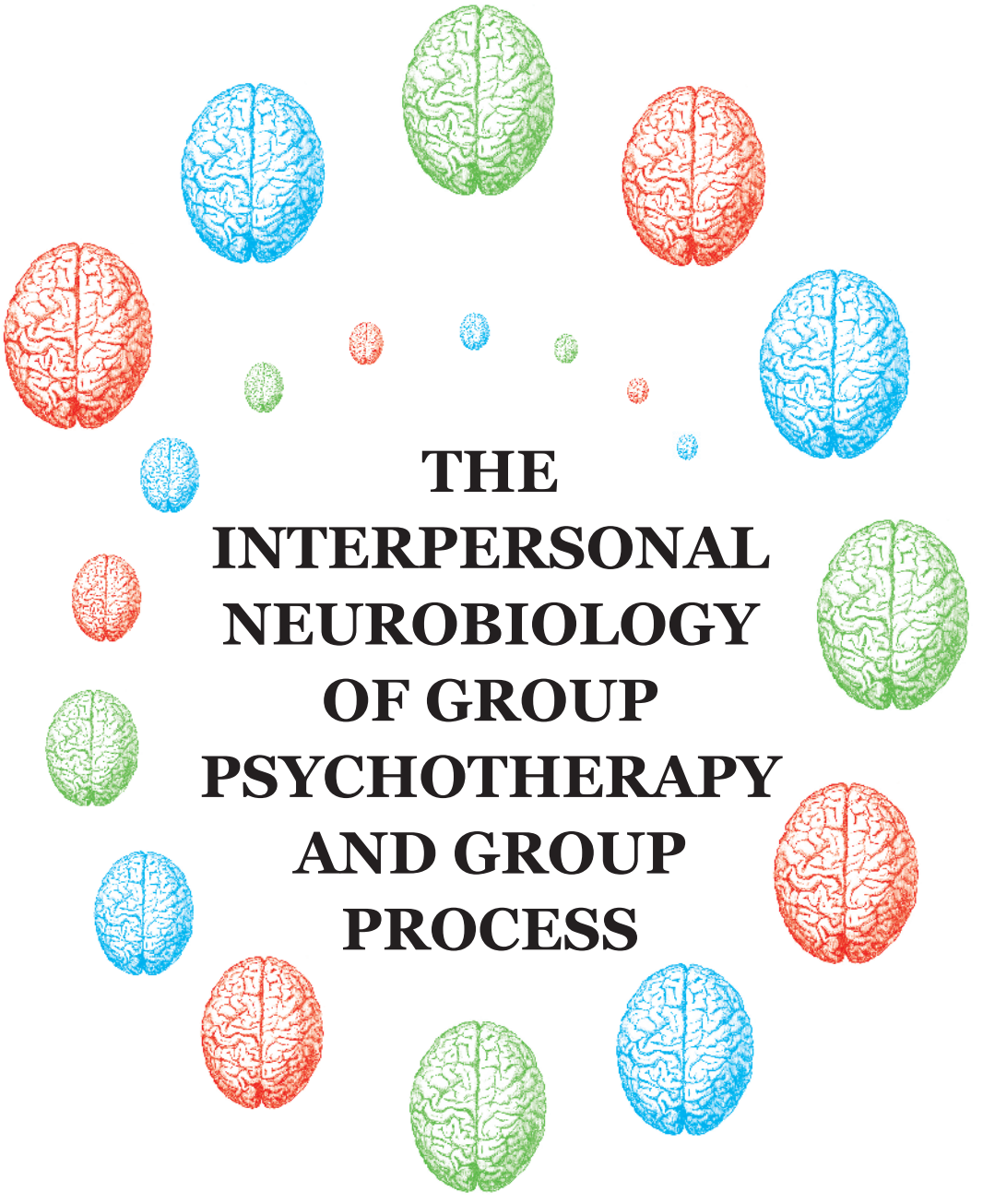

THE INTERPERSONAL NEUROBIOLOGY OF GROUP PSYCHOTHERAPY AND GROUP PROCESS

Edited by Susan P. Gantt
and Bonnie Badenoch

KARNAC

CHAPTER SIX

Sensorimotor psychotherapy as a foundation of group therapy with younger clients

Bonnie Mark-Goldstein and Pat Ogden

> I want to know if you belong or feel abandoned, if you can know despair or can see it in others
>
> David Whyte, *Self Portrait*, 1992

Introduction

Sensorimotor psychotherapy (Ogden, Minton, & Pain, 2006) offers a unique lens through which we can enhance the benefits of group therapy by thoughtful engagement with each member's embodied experience. Working "beneath the words", it elucidates ways the body contributes to the challenges of the individual and to the group, including aspects that may not be apparent through the lens of more traditional psychotherapies. The group milieu is an ideal forum in which to uncover, explore, and work with sensorimotor, body-based experience to help members develop awareness of self and other and examine their present moment experience. As the group evolves, the stages of sensorimotor psychotherapy will unfold, from building the therapeutic container, to accessing and framing the presenting issue, to processing experience as group members

work together towards transformation and integration. A different, more positive, sense of self emerges, individually and collectively, supported by changes in movement, posture, and physiological regulation that result from attending to each member's somatic experience and how it is interacting with experience of the group-as-a-whole.

Group therapy for our younger clients is particularly beneficial since "development occurs in a psychosocial context. The individual does not grow in isolation, and thus cannot be fully understood in isolation" (J. Schore, 2012, p. 91). It offers a particularly effective format to treat the multifaceted issues of children and adolescents transitioning towards adulthood because the group process enables each member to re-experience the dynamics of their family of origin, change outmoded interpersonal patterns, and establish new implicit relational templates. Group provides an opportunity to revisit early attachment issues, and group members often take on a particular role in the simulated group "family". These roles, visible in the procedural tendencies of the body, are strongly influenced by early attachment relationships and the family milieu, which shapes posture, gestures, and movements in ways designed to adapt to the particular family environment. For example, one teen, Sally, grew up in a traumatic environment with no one to turn to for safety, and her frozen, immobile body reflected the powerless and helpless feelings she had experienced in her early family. Another group member, Patrick, whose family emphasised independence and achievement and offered him little emotional support, had a body that was tense and mobilised for action, which also effectively prevented his more vulnerable emotions and needs from surfacing.

The microcosm of the world that group therapy creates makes it a profound therapeutic setting in which to observe and amend relational problems, examining interpersonal experience as lived in the present moment, as it unfolds, including the physical elements that both reflect and sustain relational dynamics. The group creates a natural, authentic, organic opportunity for members' issues and their physical manifestations to arise in real time: their own life experience recreated on the landscape of a group. The sensations, gestures, tensions, movement patterns, that go along with emotions, thoughts, and perceptions are happening live. The sensorimotor psychotherapist uses "bottom-up" approaches and interventions, teaching group members to observe,

follow, and work through issues and relational dynamics starting with the physical experience. Sensorimotor psychotherapy also integrates bottom up approaches that directly address the effects of trauma and relational issues on the body and on emotions with "top-down" approaches that focus on insight and understanding. Bodily experience becomes a primary entry point for intervention, while meaning-making arises out of the subsequent somatic reorganisation of habitual responses.

For example, Sally's group taught her to recognise her frozen body as a necessary and adaptive response to a frightening environment, and to physically experiment with exchanging her immobility for assertive action. Patrick learned in the group context to recognise how he pushed people away, and was supported by group members to gradually depend upon them and relax the tension in his body that went along with "not letting anyone in".

Attunement to the body's actions and reactions can foster curiosity as members reflect upon their bodily experiences and chronic patterns, and come to understand the physical manifestations of their beliefs. As members become aware of their sensorimotor process and skilful at observing and tracking their sometimes-disturbing bodily experiences as they arise, it opens the door for the body itself to lead them into a constructive resolution. For example, Sally, who froze instead of fighting back when her older brother abused her, would later overeat, punch holes in her bedroom wall, and engage in self-harm behaviour. In group therapy, the members discussed the wisdom of freezing and complying with her violent sibling's wishes instead of fighting back (which would have made the abuse worse), thus acknowledging Sally's instinctive survival strategy. Eventually, they transitioned to an exercise that involved pushing against a pillow held by one of the girls, an action Sally first resisted, but with the encouragement of group members, eventually was able to execute with enthusiasm. This therapeutic exercise mitigates freezing by facilitating both the execution of an active, assertive response and social engagement via the support of the group. It provided Sally with the experience of alternative actions to punching the wall and self-harm, and gradually these symptoms resolved as the embodied implicit pattern changed.

Siegel (2010a) writes that mindfulness encompasses "paying attention to the present moment from a stance that is non-judgmental and

non-reactive. It teaches self-observation; practitioners are able to describe with words the internal 'tuning in' to oneself that enables people to become 'their own best friend' " (p. 86). Curiosity and mindful attention to the present moment are as important in sensorimotor psychotherapy as the narrative. Throughout the sessions, the therapist encourages members to share their experience rather than only sharing their story. For example, if a group member starts to feel tense and cold, as Sally did when telling her story, the content is suspended while the group therapist and members mindfully explore the inner body sensation together, bringing awareness to the shift and discovering what it represents. Sally began to realise that her tension and sensation spoke of the anger she felt but did not express. Mindfulness in the group milieu, is bringing attention to intention, to intentionally help group members begin to pay attention to present moment experience as it arises, and through reflecting, processing, and integrating these experiences, help the group member learn to understand the reactions of his or her body. In this process, interpersonal support leads to the development of a greater capacity for self-regulating in a more adaptive way. Ogden (2009b) clarifies,

> Through mindfulness, clients shift from being caught up in the story and upset about their reactions to becoming curious and interested in their experience. They discover the difference between "having" an experience and exploring their procedural tendencies in the here and now, days or weeks or years after the event itself. (p. 5)

Sally was relieved and felt supported by the group members as others helped her understand the wisdom in her propensity to freeze, discover her underlying anger, and then receive support in developing her self-assertion and adaptive self-regulation. Presenting these concepts to the group members parallels instruction and modelling of a non-judgmental attitude toward self and other, with compassion serving as the foundation for group cohesion and members' safety. We use the word "modelling" to encompass a beautiful and complex process that involves mirror neurons (Iacoboni, 2009) and resonance circuitry (Siegel, 2007). Through these neural pathways, in the presence of one another, our bodies, emotions, and perceptions resonate with what the other person is experiencing. This gives us the capacity to have a felt sense, often below the level of conscious awareness (but

nonetheless influencing our behaviours) of what is happening within the other person. This is likely one basis for empathy and our capacity to attune with one another. These right hemisphere processes often unfold without words but are revealed in non-verbal ways—tone and lilt of voice, quality of eye gaze, body posture, moving toward or away, for example. Because our embodied brains are registering these constant messages from others, they give us a way to stay in ongoing "dance" with those around us at a speed that is not possible through conscious choice (Badenoch, 2011). The learning we do via these right hemisphere-based interpersonal channels is likely more powerful in shaping our relational expectations than the cognitive learning that takes place in our left hemisphere. Under stress, the behavioural, emotional, and perceptual patterns that have changed in the right hemisphere as a result of such interpersonal experiences remain, while left-only learning goes offline. Returning to Sally, we can imagine that she felt the understanding and support of the group around her "freeze", and then had a very different experience from what she experienced with her brother during the abuse. With such sustaining interpersonal connection, her perception of life's possibilities could begin to change and she was more able to begin to explore other emotions and behaviours. The combination of guided mindfulness and relational richness can help Sally gain firm regulatory footing within herself and increase her capacity for responding to others in ways that promote engagement and foster support. Guiding the group in bringing awareness to the present moment supported Sally, and modelled a foundation for using "directed mindfulness" in the group (Ogden, 2009a,b).

Directing mindful attention to particular elements of experience that emerge in the group therapy milieu, both verbally and non-verbally, lays the foundation for individual and group experiential learning. Clients are invited to be curious about focusing their attention, and through directed mindfulness, the sensorimotor psychotherapist helps expand the client's awareness and non-judgmental acceptance of whatever might arise.

Siegel uses the term "mindsight" to describe the process in the brain that allows for perception of various mental processes, including thoughts, feelings, sensations, memories, hopes, dreams, and beliefs (Siegel, 2010a,b), stating that "[m]indsight is a kind of focused attention that allows us to see the internal workings of our own

minds" (Siegel, 2010a, p. xi). In a sensorimotor psychotherapy approach, directed mindfulness is often focused on the body so that group members learn to sense and understand the movement and sensation of their own bodies while receiving support from other members.

Integration of mind and body are informed by advances in our understanding of the psychology and biology of bodily-based emotional states. In particular, the right hemisphere of the brain, rather than the more cognitive and verbal left hemisphere, is primary for emotional and body processing and unconscious affect regulation, and thus represents an unconscious, implicit self-system (A. Schore, 2011). As Schore states, "The right brain implicit self represents the biological substrate of the human unconscious mind and is intimately involved in the processing of bodily based affective information associated with various motivational states" (2009, p. 114). Looking at how the body carries and assimilates one's history provides an essential inroad to the reorganisation of experience (Ogden, Minton, & Pain, 2006) so that more adaptive action becomes possible, as we saw in Sally's case.

Building the container

The first step as the group comes together is to build a therapeutic container in which group members develop the safety to connect and to deepen awareness. For some, just being in the group will push them out of their window of tolerance. However, group members quickly develop neural pathways to modulate their own and each other's arousal, following the therapist's example and/or resonating with the embodied experience of the therapist.

As the therapist skilfully attunes to the members' bodily experience, he or she becomes an "interactive psychobiological regulator" (A. Schore, 1994) for the members' dysregulated nervous systems. A calm and mindful internal state in the therapist offers an invitation to group members to gradually enter a similar calm state through resonance circuitry. In this calm environment, the group members' brains are rewiring the circuitry of regulation in parallel with the neural firing in the therapist's more integrated brain. This deeper kind of right hemisphere learning can make permanent changes in the relational

circuitry of the brain. It can be challenging for the group therapist to balance the individual needs of each member with the collective needs of the group while simultaneously tracking everyone's moment-to-moment experience, but group members themselves quickly learn to attend to their own and others' experience. Allan Schore (2001) states that therapists must become "affect regulator[s] of the patient's dysregulated states in order to provide a growth-facilitating environment for the patient's immature affect-regulating structures" (p. 264). These again are primarily right-hemisphere-based communications between the bodily states of the therapist and group members, and secondarily may be supported by words that name and validate each person's emotional and bodily experience. Over time, group members develop the neural circuitry of regulation and can act as affect co-regulators for each other, as well as experience the example and instruction of the group therapist, who names and validates each person's experience, including bodily experience.

For example, one teen group member, Pete, entered the group angry and shut down, having been required to do group therapy by his mother at the recommendation of his school principal who was concerned about Pete's aggressive behaviour. Pete's closed body posture, with arms across his chest, and a sceptical look on his face conveyed the anger he felt about being forced into the group and became a jumping off point for all group members to demonstrate in their own bodies how they felt when they were forced into something they did not want to do. Pete became engaged as empathy and resonance were expressed, not only through words, but also through the body stances of the members. An interesting and illuminating discussion of each person's physical posture, and the others' reactions to it ensued, which the participants could easily relate to situations in their own lives. The therapist and the group members became a community of interactive psychobiological regulators not only for Pete, but for all members.

Following are examples of group therapy to illustrate a sensorimotor psychotherapy approach to create safety and build a therapeutic container.

Patrick

It was a trust exercise that triggered Patrick, age seventeen, disturbing the feeling of safety he had previously experienced in the group.

The group physically explored the issue of trusting one another by forming a tight circle around one group member, who then experimented with "falling" and being caught by the group. Group members verbalised the issues that ensued: "I was afraid no one would catch me, and that you would just let me fall at first! Then I found out you were actually there for me, and it started being fun". "I really liked the feeling of being there for someone. I was hoping everyone would fall toward me so I could catch them. But when I did it, it was scary". Patrick was the only member who had a strong aversion to this exercise, which challenged his most core way of relating—"Depend on yourself, do not trust others to support you, and do not show any need", implicit embodied "truths" he had taken in deeply in a family that offered him little support, leaving him to fend for himself. In response to these repeated experiences, Patrick had adapted by isolating himself, contributing to his poor social skills. "That's it, I'm outta here", he said as the exercise was underway. "Today is a complete waste of time for me. I shouldn't have come". He could barely tolerate being in the room. With his jaw tensed, he hunched his shoulders, while his facial expression fluctuated between distress and disdain, reflecting his discomfort with trusting others to support him, and his fear of showing his own need and vulnerability.

At that point, the group therapist took a break from the exercise, and Patrick's difficulty became a diversionary focus as the group helped to contain him and explore his reaction. The therapist first slowed things down and backtracked to allow for the components of mindful reflection. "Let's go back to right before you had that impulse to get up and leave. What cognitions, emotions, sensations might be happening in your body right now as you remember that moment?" Patrick said his body felt tight and he just wanted to run away. He expressed feeling angry, which he realised was out of proportion to what was taking place in the group.

The group commented on the tightness in his face, the frustration in his brow. "Well yeah, my face is telling you exactly what I feel!" Patrick said. Following the therapist's lead, the group members offered curiosity, openness, acceptance, and love (COAL), aspects of attuned listening and of mindfulness in group practice (Mark-Goldstein & Siegel, in press). They held the space for Patrick to express his emotions, first anger and then sadness. As he expressed them, the tightness in his shoulders and face lifted. In this environment of

mindful support and nurturing, the group effectively conveyed to Patrick his importance to them, regulating his arousal enough to continue the trust exercise. Although Patrick never participated in "falling" that day, he did experience the understanding and support of the group, a first step in countering his isolation and felt experience that he was completely on his own.

Helene

For Helene, any group focus on her experience was dysregulating. Her overwhelming anxiety and shame had interfered with her attendance at a small private college. When Helene was asked to speak in class, she could not tolerate the attention; the same anxiety would manifest when she even anticipated coming to therapy.

In order to facilitate Helene's participation, the group agreed to respect her privacy. Through gentle, supportive attunement to Helene's pulled-in body and hunched shoulders, that informed both her and the group of her discomfort, the group helped her develop boundaries that allowed for a sense of safety, paramount for Helene to continue in group therapy. Members demonstrated their own body postures that correlated with trying not to be seen, imitating one another and discussing their experience as they did so. They gently mirrored Helen's hunched shoulders, mindfully exploring together what happened internally. The group therapist listened to and adjusted to Helene's expressed parameters—for example, not calling on her, averting eye gaze, and pulling down the blinds to darken the room when she found the occasional glance of members in her direction to be disturbing. Not wanting to be seen, Helene had found that her past therapy had left her feeling naked, vulnerable, and underresourced. Helping her create such boundaries in the group environment made the group tolerable and helped her to return, week after week, each week becoming more comfortable, confident, and safe. Additionally, the collective experiments with various postures and stances created an opening to explore all the members' fears of being seen (Helene's expressed main issue), without focusing on her.

Eventually the members, including Helene, embodied the opposite posture that was "big", "upright", and visible, and discussed the emotions that a more obviously open posture stimulated. Members decided to be mindful between group meetings of when they were

taking on a posture of hiding, and when they were embodying a more open and visible posture; their discoveries became a jumping off point for the next meeting.

Nate

Nate, aged nine and a half years, came to group with a tear-stained face. He said "Nobody likes me", and then, "All of you don't like me either!". As the group was starting, it was clear his arousal was outside his window of tolerance. He wanted to leave the room, but was encouraged instead to find a space inside the room that was all his own, in which he could feel safe.

He chose a corner of the room that was hidden behind the couch. "This is my corner", he said. "No one can see me, I can't see you", and he made himself a little pillow fortress. This seemed to make him feel safe, so group members helped Nate pile the pillows higher, implicitly conveying through their actions that they would help him feel safe and help him regulate his arousal. He could see out, but it was hard to see in, and the weight and pressure of the pillows, along with the support of his peers, seemed to soothe and calm him.

Nate could overhear the group members (aged between eight and nine) discussing whether any of them had ever had a similar experience of feeling that they did not have friends. Alison said, "When I was six, all my friends left me. My best girlfriend stole my other friend. There were three of us, and then I was alone". Her body showed how dejected she felt, as her head came down and her chest slumped. There was a rustle of pillows from the corner.

Another nine-year-old said he lost his friend after he was picked last for the team, and again his dismay was evident in his physical stance. Then Daryl said he had wanted to run for student council. "My friend didn't even want to run, but then he ran against me, and he won. And now he sits at the table with all the people who are on council and I'm not allowed to be there". Daryl's anger was evident in his tense body and the clenched fists. The therapist gently pointed out each child's physical reaction to the topic, facilitating awareness and curiosity.

As each of the kids shared, the rustling from the pillow pile let them know that Nate was resonating. The physical boundary that he had created let him remain present and attentive while still feeling

safe, rather than recreating an experience of aloneness by leaving the room. Over the course of a half hour, he peeked out of the pillow pile and started asking questions. As each member demonstrated in his or her body the feeling of not having friends, Nate became increasingly interested. The tears stopped, the curiosity started, and the camaraderie allowed him to engage in a new way with his group members.

Accessing

When the container is "safe enough", the group explores the second stage of the process, "accessing" during which the group therapist encourages group members to mindfully observe their internal experience and find the words to describe it. Sensorimotor psychotherapy fosters awareness of "building blocks" of present moment experience: inner body sensation, five-sense perception (images, smells, tastes, sounds, touch), and movement, as well as thoughts and emotion (Ogden, Minton, & Pain, 2006). In group, we use directed mindfulness of all of these aspects of experience in order to interrupt the cascade of automatic reactions and make room for unfamiliar or uncompleted actions. For example, Terri, aged 6, tends to distance herself from others, creating a boundary in a home that had none. Growing up with older brothers who fought with each other viciously, she protected herself by creating distance, backing away from conflict, removing herself from engagement of any sort. In group, this manifested when doing an exercise wherein she and another group member who was a few months younger, David, navigated the physical distance between one another. Encouraged to stand on opposite sides of the room, Terri then was guided to slowly invite David to come towards her. She joyfully did so, saying "come close", "come closer", "closer still", until David was quickly approaching her, at which time, she put up her hands quite suddenly and forcefully yelled, "Back, back, back, back", halting David's rapid approach. David, on the other hand, feeling no need for boundaries at that moment, seemed to experience surprise and startle when Terri's distancing hand movements, voice, and instructions directed him backward. While Terri's behaviour stemmed from feeling triggered as her space was encroached upon, David's dejection at the sudden shift was evident with his slumped body, downcast eyes, and diminished

energy. Indeed, he was triggered by the sudden reversal in the playful exercise. He then moved in very close to Terri, encroaching upon her space, crunching her against the wall, gleefully seeming to consume her.

In the forum of the group, behavioural patterns that were characteristic of these two children unfolded, and we were able to identify and address them in the moment, while their peers observed. We could help each of them identify the triggers that were causing their behaviour. For Terri, she felt the familiar triggers (her space being encroached upon), and she responded in the manner in which she was accustomed (distancing). These triggers and responses happened so rapidly that there was no space between being triggered and reacting, as her automatic, defensive response arose. Similarly, David was rapidly triggered (feeling surprise, disappointment, or rejection when Terri turned him away), as these were familiar feelings to him. His instinctive, familiar response was to move in even more forcefully, similar to bullying or defiant behaviour, which had proven problematic in prior peer interactions. Helping both group members to become more aware of their sensorimotor experience helped create some space between the trigger and their immediate, procedural, habituated response. Rather than simply thinking about their interaction, psycho-education offered them tools to understand their sensorimotor response to such triggers. They could explore the ways their bodies reacted, in the moments after they reacted. David was able to identify his heart racing and body tensing, saying "I can feel it right here" as he put his hands to his heart. Group members helped him recognise changes in his posture and stance, as he seemed to shift from playful to fierce, his growing intensity apparent to all. Group members also could recognise shifts in Terri, commenting that she was leaning backwards, away, "as if he has cooties". (Cooties are an American idiom - something negative that children do not want to catch through contact.) Their interchange was recreated, much more slowly, with more preparation, as the two children were invited to bring their awareness of their sensorimotor experience into the interchange, thus creating more and more space between the trigger and response. Together, they were able to track their own and each other's response and adjust their own behaviour accordingly. David learned to notice Terri's slight movement backwards when he took a step too close to her, to recognise that she was not rejecting him and thus

inhibit his tendency to forcefully encroach upon her boundary, and to then take a step backwards. Terri learned to notice her own reaction to proximity as David walked towards her, and to ask him to stop before she became aggressive, which was her tendency when she became excessively triggered.

Group therapists help to slow the pace down, modelling patience, curiosity, and mindful attention. For example, when conflict arises in the group, there may be multiple reactions: some group members are on the edge of their chairs ready to fight, some want to get out of the room, and some just freeze or shut down and seem to disappear into the couch. The group therapist encourages each member to access and describe his or her own experience. "Let's take a minute, and create a space to just look down and notice what's going on in our bodies with this conflict—what emotions are coming up, what sensations, what does your body want to do, what are we hearing, or seeing".

This kind of mindful awareness offers group members tools for self-reflection, observation, and curiosity about the body's states—the sensations in our chest, our breath (shallow or deep), the rhythm of our breathing, the changes in posture, tilt of the head, angle of the shoulders, muscular tension, and so forth. To foster this understanding and find words to describe bodily experience, group members are introduced to a "menu" or "vocabulary" for sensorimotor experience, offering many options for describing the body (Figure 1).

Learning the language of one's own movement and sensations enhances the ability to form accurate verbal descriptions of these physical experiences. In the group forum, members can better understand their own body sensations and movements as well as learn to better notice those in others. Most children will not have developed a vocabulary for body experience, and the therapist may provide a menu by saying, "I wonder what kind of feeling it is in your tummy—maybe it's tingly, tight, shaky, or warm. Or maybe it feels like butterflies flying around. Or . . .". Providing options in this way will spark the child's own words to describe his or her body (Ogden, Minton, & Pain, 2006). Children will often come up with their own words, like "It feels like noodles that used to be soft but they dried up" or "It feels squishy like a marshmallow".

A child who has difficulty identifying feelings or sensorimotor experiences may prefer a visual menu to a vocabulary list. Facial charts with cartoon characters, such as "How Do You Feel Today"

twitch	radiating	clammy	bloated
dull	shudder	dry	flushed
sharp	numb	jerky	prickly
achy	flaccid	energised	buzzy
pounding	blocked	burning	flutter
airy	goose-bump	damp	pressure
suffocating	congested	electric	jumpy
tremble	heavy	tight skin	tense
shivery	tight	light	wobbly
chills	puffy	fuzzy	stinging
vibrating	bubbly	dense	nauseous
itchy	tingly	cool	spinning
deadened	shaky	throbbing	dizzy
immobile	paralysed	faint	tremulous
frozen	sweaty	quivery	breathless
warm	moist	pulsing	quake

Figure 1: Vocabulary for sensorimotor experience (Ogden, Sensorimotor Psychotherapy Institute, 1996)

(Howdoyoufeeltoday.com) include a wide range of faces with a variety of emotions depicted. Offering each of the members of the group a small flashlight and using a metaphor of "shining the flashlight" to particular areas of the body provides a playful way to turn inward and deepen awareness of both the body and emotions. Handheld mirrors can also add dimension to generating self-reflective insight, while providing visual cues to the group member's inner world. Through the group milieu, members can both lead and follow one another, while responding to one another and/or mirroring behaviours.

Alan

Ten-year-old Alan came to group after witnessing his parents violently fighting in an ongoing complicated and contentious marriage. A self-appointed protector of his mother when his father moved out, he was haunted by their cruel words, profanity, and statements such as "I wish you would die" and "I will kill you if you return here". His mother cried after his father returned to the house, and the fighting continued and escalated until a neighbour called the

police. Alan had difficulty discussing these family experiences, and was sullen and moody at school, as well as in individual therapy, showing little ability for self-reflection. He was referred to group therapy and appeared to be relieved to take a break from one-on-one therapy where he reported feeling pressure as he "always needed to talk, talk, talk". Group therapy offered him another way to explore his feelings through the interactions with others, physical exercises and exploration, and the commonality of shared experiences.

During the session where members were offered flashlights and guided through this sensorimotor psychotherapy intervention, Alan was initially playful, shining his flashlight around the room, joyfully aiming it on the ceiling, windows, and at other members. However, when the group therapist attempted to deepen awareness by shining the flashlights toward inner experience of cognitions, emotions, perceptions, body sensations, and memories, he proved to be quite distracted. Alan showed little ability to be self-reflective. Yet, at the same time, he began to discover that observing other members' abilities for self-reflection evoked his curiosity and helped him settle down. In order to foster an environment of reflection and separate this session from previous meetings, the therapist lit a candle in the middle of the room, lowering the room lights so that there was a shift in the environment, effectively quieting the group members. The therapists were able to foster a more mindful, reflective group space by lowering their voices, slowing down their speech and cadence, modelling the change that they wanted to effect in the room. As Alan grew aware of the adjustments in the room, witnessing the mood shift among other group members, he too seemed to settle, eyes wide open with curiosity. As other members took the lead in "shining the flashlight" on different parts of their bodies, becoming aware of how emotions and cognitions were represented in their bodies, where they felt them and naming them, Alan appeared to open up, utilising the others as a model for himself. While this was not an easy exercise for him, as self-reflection was challenging, he was able to shine the flashlight towards his heart, saying, "This is where things feel broken", and "When my dad hits my mom, this area in my heart is where it hurts the most".

The group offered Alan space and time to describe his experiences, acknowledging how hard it must have been for him. This supportive response allowed Alan to further explore his struggles within this safe community. He then shivered and reiterated the words that he heard

his mother cry, often, during the fights with his father—"You're breaking my heart". His new insights emerged through the supportive group environment in which this sensorimotor exercise transpired where he was exposed to other members sharing similar pain. As a group, these children grew individually and interpersonally, sewing the seeds for future sessions wherein Alan gained self-awareness and learned from and about others. This group experience of self-reflection was integral to his becoming able to draw upon the community for large and small shifts in self-growth.

Processing and transformation

Processing is the stage in the process that helps group members explore their problems more fully, leading to a transformation or change in cognitive, emotional, and physical patterns. Bottom-up therapeutic interventions can help group members address and transform their relational difficulties and trauma-related issues by implementing physical actions that promote empowerment and success, while challenging old patterns. Physical patterns, such as Helene's hunched shoulders or Patrick's overall tension, develop over time, reflecting and sustaining psychological deficits. Helene hunched her shoulders in an attempt to hide herself; Patrick's tense body effectively kept his own emotions and needs at bay so that he did not have to count on anyone but himself. When attachment figures are unavailable or otherwise fail to respond adequately to a child's needs, he or she may eventually come to depend more upon auto regulation and withdrawal than on seeking help from others. Proximity-seeking behaviours, like reaching out or making eye contact, are invariably abandoned when a child repeatedly experiences that they will not elicit the desired outcome. Ogden (in press) states

> . . .the implicit journey explores what happens when the internal world cannot be seen or understood, but is enacted beneath the words, beyond technique . . .this journey involves the body-to-body conversation between the implicit parts of patient and therapist that takes place unawares.

If a child has experienced trauma, his or her body will reflect dysregulated arousal and truncated or out-of-control subcortical mammalian

defences, the telltale signs of interrupted or futile attempts to fend off threat. Exposure to traumatic events of any sort—sexual or physical abuse, medical trauma, accidents, bullying, and so on—elicit subcortical mammalian, or animal, defences that are not mediated by the cortex. Adaptive in the moment of immediate threat, these animal defences tend to become inflexible action sequences in children and teens with post-traumatic stress disorder (PTSD). These defences can be loosely categorised into relational actions that seek the protection of another person: mobilising defences of fight and flight that organise overt action, and immobilising defences of freeze and feigned death that inhibit physical action.

By definition, traumatised children and teens' defensive responses have not worked effectively to ensure that they are safe and protected. However, even though a defensive response may have been unsuccessful or only partially successful in conferring safety, children tend to repeat a defence that was evoked at the time of the original trauma. Addressing defensive responses through bottom up interventions can reinstate the adaptive and flexible functioning of animal defences. And mindful attention to attachment-related procedural habits as well can help mobilise interrupted action sequences that can support relational connection and satisfaction. In the stage of processing and transformation, children and teens learn to become more aware of their procedural tendencies and practice the actions that have been truncated or interrupted to challenge these learned actions, addressing the related traumatic and attachment issues with the support of their group.

Stan

The referring therapist described Stan as a pre-psychotic, dissociative, and extremely at-risk teenager. He had been adopted and there was little biological family information available, but Stan had lived in several foster homes in his early years before being adopted at age five. Stan was the youngest member of his adoptive family, which included an older brother who was abusive to both Stan and his middle brother. His parents were passive and helpless in the face of their oldest son's violence. Stan seemed to live in a state of frozen immobility, described as a "chronic state of hypervigilance, a tendency to startle, and occasionally panic" (Krystal, 1988, p. 161).

Stan froze during the abuse by his big brother and felt extremely relieved when his brother left to join the military and was stationed abroad. In Stan's situation mobilising defences, such as fighting back, were ill advised and would only have provoked more violence from his older brother. Immobilising defences were then the only survival strategies remaining. However, these strategies tend to persist even when the danger is over, and Stan's procedural tendencies were entrenched. He remained passive and "stuck", and his body remained tense and frozen.

In group therapy, Stan was paired with another similarly sized group member, and they were offered a large pillow that might mitigate Stan's habitual immobility. At first, he reluctantly pushed the pillow in a quite helpless and futile manner, reflective of his experiences with his abusive brother when active defences were not effective. However, buoyed by the encouragement of group members, he eventually tried pushing back more firmly, to the cheers of his fellow members. Stan gradually felt the power of his arms increase, as he identified the tingling and slight shaking in his muscles, that he named "waking up". The exercise deepened as the group members utilised the couch as a "safety zone" upon which group members could fall, thereby allowing the person pushing against the pillow to push as hard as he wanted, thus satisfactorily "completing the action". Ogden, Goldstein, and Fisher (2012) state, "This therapeutic exercise mitigates freezing by facilitating both the execution of fight responses and social engagement via the support of the group". At follow-up sessions, Stan practiced this new action with fellow group members, both smaller and larger, using the support of a team-of-teens as they backed each other up physically as well as emotionally. Stan found that he no longer felt so "stuck" in his life, and he began to report taking new actions that he had previously avoided, such as speaking up in class.

Paul

Paul, aged thirteen, had a violent father whom he described as "filled with hot air" who frequently and loudly yelled at Paul's older sister and mother before finding other targets. Paul learned to disappear at home in order to avoid his father's rage. He struggled with depression and spoke of feeling alone, as though he was "on a different planet than his peers and parents".

In the course of an exercise in which members used their arms, legs, and bodies to carve out a space for themselves, Paul began to explore other applications for all that "hot air". He imagined going right to the moment in which his dad was exploding, and pictured himself filling a hot air balloon with the gases. The image of the balloon became a resource for him. He realised that he could utilise all that space around his body—above his head, behind his back, and as far as his arms can reach—to store the hot air in the balloon, instead of letting it get inside and trigger him. The group supported Paul in his exploration, mirroring him, encouraging and supporting him. Initially, Paul seemed a bit hesitant, and another member took on Paul's body, walking around the group room with arms wide open, reaching out and up, checking in with Paul in a supportive manner. This led to each of the members doing a similar exercise, curious about their own experience as they lived more fully in their bodies and explored filling the space around their bodies. Paul went home "armed with tools" and buoyed by the experience he had had in the group.

At our next session, Paul reported, "I used my hot air balloon and it was so cool. Dad didn't even notice, he was so busy screaming . . . but I didn't care as much". The group members responded to Paul's report with encouragement and camaraderie, and others described their own experiences. Paul reported that the most meaningful part of the past session was when everyone went around the room, arms in the air, "trying on his body". As the group processed Paul's experience, it became clearer that through both the explicit and implicit experience in the prior session, profound shifts were occurring within the support of the group. Paul spoke of feeling less alone in the group, "feeling known" by his fellow group members, and of being understood in a new way. Powerful shifts occurred through the body-to-body interchange, as the experience achieved these implied though not plainly expressed objectives within the group milieu. Through the group experience, Paul accessed implicit changes that occur through moment-to-moment attunement and interpersonal support. Parallel to the group interchange through dialogue and exercises lies the profound power of the implicit unfolding interaction between group members.

Ogden (in press) states

> . . . the implicit journey explores what happens when the internal world cannot be seen or understood, but is enacted beneath the words,

> beyond technique . . . this journey involves the body-to-body conversation between the implicit parts of patient and therapist that takes place unawares.

Similarly, through the group milieu, between member and group therapist, and from member to member, the multifold benefits of what is being articulated implicitly are often unknown until transformation has occurred. Paul's experience of his fellow group members "trying on" his body, as he called the exercise, led to a new sense of awareness of self and other. This resonance and connection alleviated his sense of aloneness, laying the foundation for other reparative work in future group sessions, and helped him tolerate the aspects of his environment that he could not change, such as his father's volatility.

Sheila

Sheila, aged thirteen, learned that the smaller and more invisible she became in her home, the less likely she was to be a victim of her father's abuse when he was drinking, angry, and obstinate. In her teen group, she would shrink into the couch and bow her head down when other members got into conflict. She was already small in stature, and it was as though she wanted to merge with the floor to get away from the conflict.

The group brought that to her attention first by mirroring, to help her see what her body was doing, and then suggested an experiment. "What happens if you try something else on?" She was reluctant to move from her safe retreat. Very gently, the group therapist said, "Let's see if there's any part of your body that might risk coming into the room, any movement or gesture that might want to happen".

Slowly, the left side of her face began to move away from her body, followed by her spine, which elongated. One group member said, "Wow, do you see her getting taller on the couch?" and reached over to help her. Sheila immediately withdrew. We paused, and wondered what could make it safe for that part of Sheila to come back into the room. She said, "If nobody helps me, and nobody tries to pull me faster or tell me how or what to do, that would work". This request reflected her family experience of being pushed and not allowed to go at her own pace, and so the group was instructed to sit back and just create an inviting space.

Everything slowed down for about five minutes. As the group members got comfortable, sitting back in their chairs with their feet on the ground, they were encouraged to notice what was happening for them. Again Sheila lifted her left chin. Her face came into the room, her spine elongated, and she said, "Yeah, this feels good". "It feels good, huh", the group therapist encouraged. "Notice what changes; where in your body does it feel good?" "I feel like there's more space right here", Sheila said, lifting her hand and pointing to her chest. The therapist reflected that motion and encouraged her to take her time. "Just notice what happens in your chest; we can be curious together". Other group members quietly mirrored Sheila's actions such as pointing to their own chests, wordlessly communicating their attunement and empathy. Conveying the message to Sheila that she could go at her own pace countered her attachment experiences.

Then Sheila took a really deep breath. She smiled a big smile and said, "Yeah, I feel like I can breathe again". For Sheila, this transformation did not come out of any kind of narrative; it emerged through a bottom-up, sensorimotor process that was in sharp contrast to how her body responded to being pushed. Group members also benefitted as the process opened up an exploration of how members respond physically and emotionally when they felt pushed and not given the time to go at their own pace.

Conclusion

Working beneath the words is an essential component of sensorimotor psychotherapy. Through the community, group members found that the "missing experience" (Kurtz, 1990) answers the request of a line from David Whyte's poetry (1992): "I want to know if I belong". Our younger clients often lack safety and a sense of feeling grounded. They want to feel okay about themselves with others in family and friendship. Seeking that inner sense of stability is an essential part of the journey where answers can be discovered, not only cognitive answers, but answers in terms of physical posture, gesture, and movement. Those answers are not found outside of oneself, in the words or offerings of another, but directly woven into the body of the individual, just waiting to be freed. Outdated physical habits and the correlating cognitive distortions that serve to sustain old ways of being

are exchanged for new actions, supported by the group milieu and adaptive in that context. Options open up, posture changes, self-regulation capacities increase, and a more positive sense of self emerges, supported by these physical changes experienced in relationship. Within the context of a group that is both supportive and challenging, habits that sustained feelings of not belonging give way to new experiences that speak to a more spontaneous and full way of being and behaving, new competencies, and increased feelings of belonging and satisfaction.

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