

Sensorimotor Psychotherapy

"There are maps through your bones and skin, to the way you've felt and the way you've been."

Christopher Poindexter

Sensorimotor Psychotherapy is somatic psychological psychotherapy. It builds on traditional psychotherapeutic understanding but approaches the body as central in the therapeutic field of awareness and includes observational skills, theories, and interventions not usually practiced in psychodynamic psychotherapy. It draws its knowledge from somatic or body therapies, (including Hakomi), neuroscience, attachment theory, dissociation, as well as cognitive approaches.

The approach developed by Pat Ogden recognises two major ways we are affected by trauma and/or by developmental trauma.

It also has a third approach developed by Janina Fisher that provides an effective method for working with complex trauma.

Trauma is known to have profound effects on the body and nervous system and that many symptoms of traumatised individuals are somatically driven. Clients suffering from unresolved trauma nearly always report unregulated body experience; an uncontrollable cascade of strong emotions and physical sensations, triggered by reminders of the trauma, replays endlessly in the body.

Ogden et al (2006) state that the capacity to assimilate the traumatic experience within a life narrative is not yet available for these individuals, both because traumatic memories are not encoded in autobiographical memory and because the recurring trauma-related arousal continues to create a somatic sense of threat – a speechless terror.

The process of sensorimotor psychotherapy broadly covers the following schedule;

- Developing resources to stabilise the client (somatic resources, creating safety, experiencing competence and pleasure, pushing the window (of tolerance) with experiments, social regulation, managing hypo and hyper-arousal, oscillating between resourced body areas and pain, build awareness of bodily sensation, naming sensations, differentiating body sensations from emotions and cognitions, increasing sensation, and building self-regulation.
- Processing Traumatic memory and experiencing acts of triumph (maintaining social engagement, limiting information – to avoid over arousal, working at the edge of the window of tolerance, utilising resources, developing resources, mobilizing defences and experiencing acts of triumph.
- Integration and success in normal life (making meaning and changing cognitive distortions, distinguishing between the core and peripheral movement, expanding intimacy, exploring new actions, developing mentalisation_ attuning in relationships, learning healthy boundaries, tolerating pleasure.

Research and evidence base

"You are mistaken if you think we have to lower ourselves to communicate with children. On the contrary, we have to reach up to their feelings, stretch, stand on our tiptoes."

Janusz Korczak 1925



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