

Mag. Romana Tripolt

Psychologist, Psychotherapist,

EMDR Trainer, 5Rhythm Teacher

romana.tripolt@traumatherapie.at

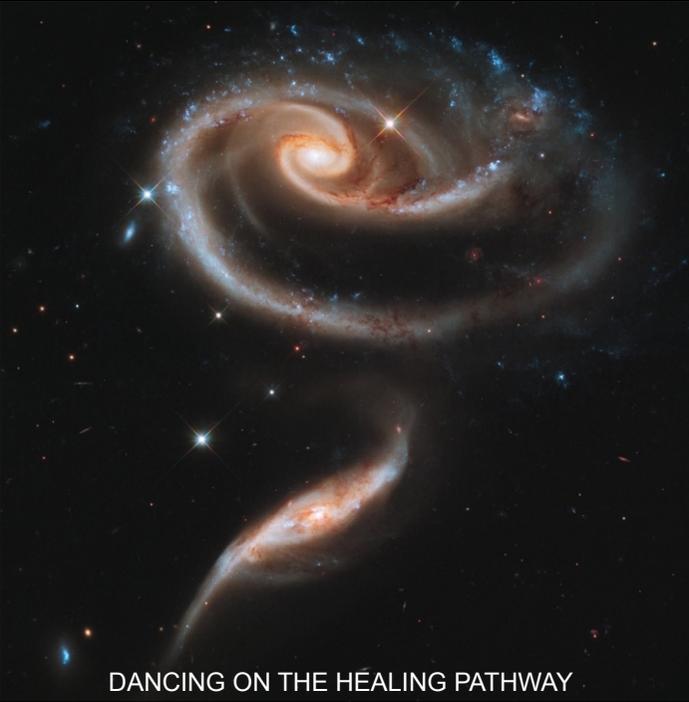
www.femdra.eu

FEMDRA.EU

## EMDR in Motion

Using movement and body-orientated interweaves for clients with  
complex trauma and dissociative symptoms

Life is Movement! Movement is Life!



## Life is Movement

We modify and learn through movement in each second, regardless if we are active or not.  
(Ratey 2001/2)

Repetitive movement and postures contribute to perpetuate cognitive and emotional tendencies. They create an attitude which determines only certain emotions and physical acts. (Barlow 1973/2008)

## Life is Movement

Movement is constantly molding our mind.

Traumatised patients repeat their actions –  
or their effort to act – they started with during  
the trauma and exhaust themselves through  
unremitting repetitions.

(Janet 1925)

## Movement is clever

14 areas of the brain contribute to the intellect.

The frontal lobe of the cortex includes the premotor and motor cortex. They moderate all sorts of movement. These parts of the brain are equally responsible for rational thinking and problem solving.

Complex thought processes involve not only areas of the cerebral cortex, but also neuron structures in the cerebellum and in the hippocampus.

## Movement Memory

- is not only necessary for complex, automated acts (driving a car, riding a bike...)
- but in the interaction with other human beings (Polyvagal Theory, Porges 2010)
- repetitive movements shape the body, structures of operations and movement cascades consolidate and become characteristic.

Function precedes structure. (Todd 1959)

## Movement Memory

Our bodies are designed to respond without thinking, primed to protect ourselves via reactionary behaviour for the behalf of secure survival.

Threat —→ startle response: Protection and defensive reaction causes imbalance between head and shoulders.

If this posture gets chronic its a source for feelings of fear, mistrust and permanent thinking about danger.

From Pierre Janet  
to Francine Shapiro

Unprocessed traumas = deficit of possibilities to integrate experiences in an adaptive way.

Memories are stored in fragments due to high arousal:

- cognitive
- emotional
- body level: hyperarousal – freeze, tense muscles, symptoms in the intestinal tract...

## Reprocessing with EMDR

EMDR allows to re-process dysfunctional stored memories and transforms all elements

cognitive, emotional and body level.

The processing of a targeted memory allows the appropriate connections to be made to the adaptive network.

## Reprocessing with EMDR in Movement

- Actively inviting movement of the whole body into the therapeutic space.
- Creating a therapeutic relationship which functions as a safe, „moving space“, which contains:
- Movement awareness: Reflexes, body signals, body language.

## EMDR in Movement

- with complex traumatised clients: Enhances reprocessing of dysfunctional stored body memories. f.e. releasing „stucked“ and „freezed“ action patterns.
- is helpfull if client has symptoms „instead“ of memories – „bottom up“ method.
- is useful to recognize and interrupt dissociation
- helps if the EMDR process is blocked or „looping“
- helps to deepen the process in a safe way

## Application of Movement

- Stabilization: Gaining the body as resource. Conscious breath, movement, bilateral stimulation.
- Re-processing with EMDR in movement: **Body consciousness and movement awareness as additional processing and reflexion level.**
- Reintegration: Finding and using a conscious movement practice like Yoga, Tai Chi, Dance.....

## Stabilization – the body as resource

- Keep it simple and sensual!
- Work with weight, ground, directions, levels, breath!
- Safety is an embodied experience!

## Stabilization – the body as resource

- Install body resources & movement with bilateral stimulation.
- Connect the safe place with movement and movement imagination.
- Do a bodypart – journey with and without music.

## Body language – talking body

Find sensate, sensual words for bodysensations.  
Every emotion can be described as a body sensation:  
Pressure on the breast, in the throat, tense jaw, cold hands...

Excercise to differentiate cognition/emotion/body sensation (A. Juhan)

I think – I feel – I sense

Stabilization –  
the body as resource

How deeply we perceive something  
depends on how open we are  
to allowing our response  
to the perception to  
sequence through our bodies.

(Susan Apostoyow)

## Sailing safe in the therapeutic relation – ship

„When we are mobilized for defense we give up access to social engagement components: benevolence, care, compassion...“

„To balance our needs for social interaction with our needs for safety, we must know when to turn the defense off and when to turn the defense back on.“

Stephen Porges (2012)

## Sailing safe in the therapeutic relation- ship

Trauma survivors experienced the original traumas and the aftermath alone without support.

Therefore its crucial to experience reprocessing from a place of connection and attachment:

Internally – working with & connecting the Ego States

Externally – working with the therapeutic relationship

## Sailing safe in the therapeutic relation- ship

Contingent communication consists of verbal and non verbal signals and facilitates positive attachment.  
(Siegel1991)

„Healthy attachment behaviors are parallel to the regulation of biological synchrony between organisms.“  
(Alan Shore 2001)

## Sailing safe in the therapeutic relation-ship

As therapist be ready to

use space, different directions, levels in the room  
to breath with the client  
to mirror on a body level: postures, gestures...  
to move with the client  
to move yourself

to help the client to regulate emotions and modulate  
behavior in relation to others in a productive way.

## Sailing safe in the therapeutic relationship

**1. Oxytocin** is not only an „attachment – hormone“, it helps to cope with stress and supports reorientation after traumatic events. „Oxytocin has anxiolytic, prosocial and amnestic effects.“ (Peichl 2009).

**2. Vasopressin:** seems to increase the sympathetic arousal.

The cooperation of Oxytocin and Vasopressin explains attachment like the parent–child bonding, friendship and also the dynamic of the traumatic perpetrator – victim relationship. (Peichl 2009)

## The Polyvagal Theory:

(S. Porges 2010)

- describes neurophysiological foundations of emotions, attachment, communication, and self-regulation.
- Immobilization in life threatening situations: Decrease of metabolism. Stuck and freeze. A primitive neural circuit, of the „reptile brain“. Can be lethal for mammals and humans.
- Immobilization without fear: Breastfeeding, birth, sexuality, digestion and recovering.



Use of the same neurobiological circuits.

## The Polyvagal Theory: (S. Porges 2010)

- Mobilization – fight/flight: Inhibiting the visceral vagus to foster mobilization behaviors. Increase of the metabolism.
- Social engagement: Unique to mammals, characterized by the myelinated vagus that can rapidly regulate cardiac output to foster engagement and disengagement with the environment. Supports positive social interaction, increases feelings of safeness.
- **Play, Dance = Hybrid: Aspects of mobilization and social engagement.**

## Neuroception

- The evolution of the autonomic nervous system provides an organising principle to interpret the adaptive significance of physiological responses in promoting social behavior.
- Depending on whether the counterpart is instantly classified as dangerous or harmless a corresponding neurobiological operation is mobilised.
- Neuroception is the ability to perceive behavior on a neural level.

## Neuroception

- Perception involves a degree of awareness and cognition.
- Neuroception emphasizes that the process also occurs on a neural basis.
- Neuroception regulates the circuit of neurobiological reactions.

Movement continuum  
of neurobiological reactions

Immobilization caused by fear:

Freeze  
Numbness, Submission,  
Attachment to the perpetrator  
...

DANGER, THREAT,  
TRAUMA

N  
E  
U  
R  
O  
C  
E  
P  
T  
I  
O  
N

Freeze

← Stillness

Immobilization without fear:

Digestion relaxation,  
contemplation  
Social engagement:  
intimacy  
after sex relaxation,  
breastfeeding

SAFENESS,  
PREDICTABILITY

Mobilization caused by fear:

Fight - Flight  
Impulsive, risky behavior,  
defensiveness...

Agitation

→ Action

Mobilization without fear:

Social engagement:  
Dance, play, sport, making  
love

Neuroception  
regulates the circuit  
of neurobiological reactions

- In Therapy we engage the circuits that supports social engagement.
- We regulate the neural platform that enables social behaviors to spontaneously, unwillingly emerge.
- We help clients to regulate their visceral state first together and than alone in order to engage and enjoy interactions.

## Desensitization and Reprocessing

Finding a target:

**Top Down Intervention (EMDR Protocol):**

Cognitions, narrative

**Bottom Up Intervention (P. Ogden 2006):**

„felt sense“ (Focusing, Gendling 1977)

sensations and movement & ,

bilateral stimulations as searching „spotlight“ for images

## Desensitization and Reprocessing

- Adding the body-resource or resource- posture or resource – movement in the EMDR – protocol
- Work with the „felt sense“ (Focusing, Gendling)
- Pendulum between resource and distress in the body (Peter Levin, Pad Ogden, Bodytherapy...)

## Desensitization and Reprocessing

- Directing awareness on movement impulses, reflexes, micro movements. „Do not change anything. Be aware of your hand...“
- Follow the impuls, exaggerate, complete. „Find the movement, go into tenseness, follow the hand, do it very SLOWLY“ (P. Levin, P. Odgen)
- Find the „healing“ relaxing, relieving movement impulse, follow it to a resource movement.

## Desensitization and Reprocessing

- Recognize and stop dissociation with body and movement awareness. The therapist is mirroring the movement: „Thats what your body did – follow it. How does it look like, how does it feel?“
- „Re – associate“ consciousness to the body with movement. „Do this gesture, hold this posture consciously – breath into it – who does it feel, what comes up“
- If there is rage or/and fear moving – slowly with EYE CONTACT!!! „Look into my eyes while doing this.“

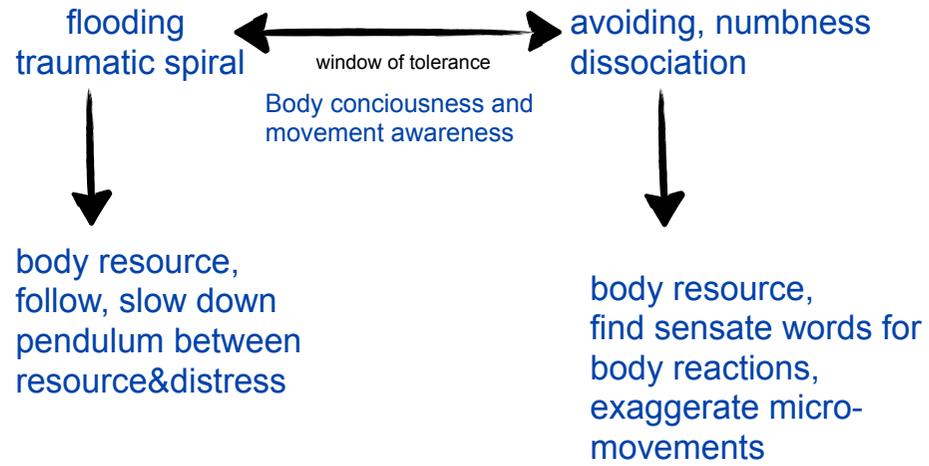
## EMDR in Movement „bottom up“ protocol

- 1A. If client is fragile, very distressed start with BODY RESSOURCE (2.)
- 1B. Target, SUD 0 – 10, activation in the body, emotion, posture/movement. (If there is a spontaneous negative cognition anytime – find the positive cognition)
- 2. Body resource – where does your body feel good, safe or at least neutral in comparison to the distress? Posture/ movement.
- 3. Pendulum: Let client decide when to explore the distress part.

## EMDR in Movement „bottom up“ protocol

- 4. BS – processing: What ever comes up is welcomed: emotions, thoughts, memories, movement...
- 5. Process in a moving way until SUD = 0
- 6. Integration: Find the best posture/movement for now, for the new situation.

EMDR in Movement expands  
the window of tolerance

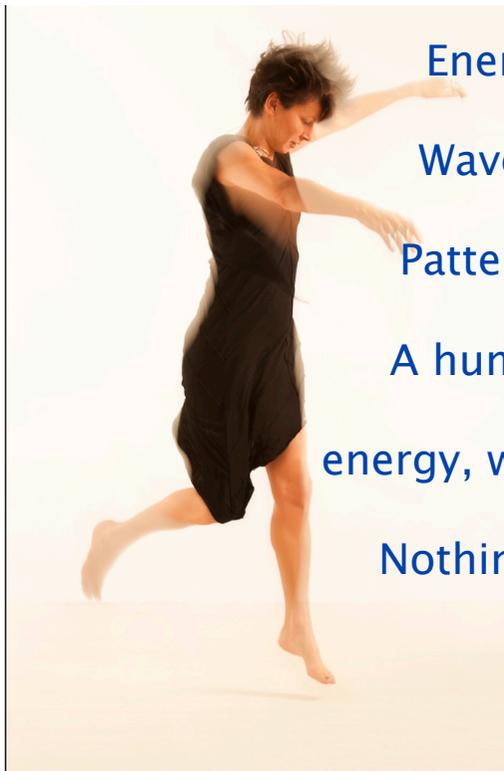


EMDR in Movement :  
From talking heads to  
moving bodies

Therapy not using movement leads to  
knowledge about...

Therapy using movement leads to  
experiences.

Experiences lead to embodied knowledge!



Energy moves in waves.

Waves move in patterns.

Patterns move in rhythms.

A human being is just that,  
energy, waves, patterns, rhythms.

Nothing more. Nothing less.

A dance.

(Gabrielle Roth)