Janina Fisher

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Janina Fisher, Ph.D. is a licensed Clinical Psychologist and Instructor at the Trauma Center, an outpatient clinic and research center founded by Bessel van der Kolk. Known for her expertise as both a clinician and a presenter, she is also Assistant Director of the Sensorimotor Psychotherapy Institute, an EMDR International Association Consultant, past president of the New England Society for the Treatment of Trauma and Dissociation, and a former Instructor, Harvard Medical School. Dr. Fisher is the author of a number of articles on trauma treatment and lectures nationally and internationally on the integration of the neurobiological research and body-oriented psychotherapy into traditional therapeutic modalities.

The *Somatic Perspectives* podcast explores somatic psychology, relational therapies, mindfulness and trauma therapies. It is edited by Serge Prengel, LMHC, who is in private practice in New York City.

The following is a transcript of the original audio. Please note that this conversation was meant to be a spontaneous exchange. For better or worse, the transcript retains the unedited quality of the conversation.

Serge Prengel: Hello I'm with Janina Fisher. Hi Janina.

Janina Fisher: Hello.

S P: How did you get to do what you're doing?

J F: Well, I got to do what I'm doing which is teaching and practicing Sensorimotor Psychotherapy and traveling around the world teaching about trauma treatment and the body. I got to it in a completely almost ridiculous way. My interest in trauma, which goes back twenty years, has led me to study a number of modalities to try and find the thing that would help survivors of trauma and so I came to take the Sensorimotor Psychotherapy training as a purely left brain decision. I'm just going to learn a new technique and this will fill in some of the holes and it never occurred to me that if you are going to practice body-centered techniques you have to become body-centered and you have to become a body psychotherapist so that it flows naturally and effortlessly and the client really feels a sense that the body is a comfortable, familiar place since we know many trauma survivors don't have that level of comfort with their bodies.

S P: Yeah, yeah.

J F: So I kind of got here by accident but it's a very, very good place to be and its very, very exciting to see the reception that Sensorimotor Psychotherapy is getting literally around the world and to also see the credibility that body psychotherapy is getting in the mainstream mental health world because that's where I come from. I come from the psychodynamics psychotherapy world where we don't do body psychotherapy.

S P: Mm-hm.

J F: My audiences are largely traditional talking psychotherapists and to see them get so excited about the possibilities when you add the body to the talking therapy has just been wonderful. I just came back from Australia from doing workshops in three different cities to hundreds of therapists who were so excited and eager to start to explore all the possibilities that we have when we bring the body into the picture.

S P: Great.

J F: Yeah.

S P: Among the people who are going to be listening to this conversation some are very familiar with Sensorimotor Psychotherapy and some are much less so. So for people who are not, do you want to say a little bit about how to define this approach not just in contrast to talk therapy but also in contrast to other body psychotherapies?

J F: Sure. Absolutely. Obviously, Sensorimotor Psychotherapy owes a debt to the body psychotherapy world of Pat Ogden, who developed Sensorimotor Psychotherapy and was a Hakomi trainer and practitioner for twenty, twenty-five years before she developed Sensorimotor Psychotherapy. It's deeply rooted in the Hakomi tradition and to that what she added, and what I have helped to also add as I've become a collaborator with Pat, is incorporating a lot of traditional psychotherapy, talking therapy, techniques and concepts. We're integrating all of it with the neuroscience research on trauma so that our interventions tend to be slower and paced in a particular way that is sensitive to the effects of trauma onto the body

S P: Mm-hm.

J F: We move in smaller steps. Many of my students are Hakomi trained and what they notice as the primary difference is how much slower Sensorimotor goes and how careful attention we pay to avoiding the clients getting overwhelmed and reactivated because we believe that in order to heal trauma one has to be able to experience and transform what happens in the body in response to trauma, stimuli memories, images, and triggers. But you can't transform it if you're reliving it, so our focus is on helping people avoid reliving it, in favor of transforming it.

S P: In a way there's two very important considerations. One is that we're dealing with affects of trauma in the body and two- we're really paying attention to not reactivating it because you can not heal it from a place where it's reactivated.

J F: Exactly, because we reactivate traumatic memories, body memories, emotional memories, autonomic memories, muscle memories. If we reactivate them inadvertently and the nervous system goes into an emergency response, the frontal lobes go offline and the client has no ability to witness that these are body sensations and memories and feelings and past and present start to blur and when that happens we're actually reinforcing trauma responses instead of changing them which is of course what we all want to do.

S P: The frontal lobe awareness, consciousness has to be present for transformation to be possible.

J F: Right. And I think to some extent that awareness, that inner awareness, awareness of sensation, is a feature of most, if not all, of the body psychotherapies. In Sensorimotor we pay even more

attention, more conscious attention to keeping the client aware and mindful during the course of a session, which can be challenging but we feel it's a really, really important piece.

S P: Yeah. Would it make sense at this point to give a flavor of some of the stuff that happens in a session?

J F: Absolutely. Let me see if I can think of a couple contrasting examples. One of the things that we use Sensorimotor Psychotherapy for a great deal is to help people to de-identify with their trauma responses. For example, there is a client who suffers from lots of panic symptoms, which often lead to shutting herself in the house for days and days and days. She experiences being afraid to open the door if people come to the door and so in a recent session what we did was to have her notice what happened in her body as she imagined people coming to her door and noticing the impulse to duck down so they couldn't see her and to sort of run or scurry into the next room and shut the door and to notice all of that as just body sensations and movement impulses rather than giving into "them" which is what she normally does. Here's a fifty-seven year old woman with a master's degree in teaching who hears somebody knock on the door and she drops to the floor and crawls out of the room feeling very, very crazy. So for her, to be able to notice these sensations and impulses as body memory, as just sensations, which she can notice rather than obey, helps her to begin to transform this pattern in which something triggers her anxiety and then her body goes into very old survival responses.

S P: Yeah. So what were talking about is noticing the sensations as opposed to the interpretations or some other level of it and noticing them not obeying them.

J F: Right. So really changing the relationship to the symptoms and as you say the interpretation of them because if the interpretation is not safe, that calls for different actions than if the observation is that my heart is beating very quickly and I'm getting lots of agitation in my legs.

S P: So maybe just on this example the other part is so you know what you're showing very clearly is paying attention to the sensation, but what is happening to help the patient not get reactivated into the trauma.

J F: Well what happens is, and this is an amazing phenomenon, very, very exciting for all of us to know about. The neuroscience research tells us that trauma cues- trauma related cues activate a part of the brain called the amygdala, which is the brain's smoke detector and fire alarm. And when the amygdala starts to fire, we have an adrenaline response and we start to go into fight and flight responses or we freeze like a deer in the headlights or we collapse into a sort of numb floppy submission state. One of the things that the researchers noticed is that when the amygdala fires and as it would set off the alarm, the frontal lobes go offline. Then we noticed that if the frontal lobes were helped to stay on line the amygdala didn't fire at will. Right, the client was a subject, a research subject could have more control over the activation of the amygdala simply by activating the frontal lobes and there have been many studies of meditators. This has been a great subject for brain scan research of Buddhist monks. When the monks meditate, low and behold their frontal lobes get very active, actually sort of the third eye believe or not, get very active in the frontal cortex and the amygdala decreases activity so we have this wonderful opportunity just by helping people mindfully observe their experience to tell the body- the part of the body saying its not safe it's not safe- we can tell that part of the body right here, right now it is safe. This is done simply by telling

people to activate their frontal lobes, to refrain from interpreting their sensations, their thoughts and feelings and to instead notice them.

S P: Right. In a way, that very mindful attention to a sensation functions at two levels. One is noticing the sensation itself and two is keeping the medial prefrontal cortex engaged and therefore preventing the amygdala from firing so heavily.

J F: Exactly. Exactly.

S P: In terms of a technique, what is it that you do with the patient to keep them engaged? Is that simply to say pay attention to the sensation or do you do something else to regulate?

J F: Well, it's interesting. I'm so glad you asked that question because, and I'm sure this is true for other body psychotherapy modalities, it's often difficult to help clients to shift out of the pattern of using therapy as a place to vent or to tell stories and so probably the biggest challenge I find is less often getting people into their bodies and it's more helping them to be mindful. As you know, if my client is connecting to the body and noticing what the body wants to do and then they have a story to tell about that "I remember when I was five I was always hiding in closets" we lose the body often; lose the connection to what it wanted to do.

S P: Mm-hm.

J F: So helping people to actually stay with this process of witnessing is very challenging and I have a number of ways of doing it. I often will teach people about the medial prefrontal cortex and the amygdala and sort of do a little marketing that way. That's the left brain approach um and sometimes I have to keep saying to them let's not draw conclusions or ask why, lets just notice. Often times I find it helps if I can bring movement into the picture because its less likely that my client will think of some interesting story if we're focusing on a gesture.

S P: So a gesture. What kind of a gesture.

J F: Well it's funny because even as I said that, talk about body memory. As I said that my hand came out. My right arm and hand came up in a gesture as if I was pushing something away to the right of me, which then reminded me of a session that I did with a patient of mine a few weeks ago. He was actually the father in a family that I work with and this is a man who is incredibly burdened, he's the family workhorse and he carries that with him into the room. Whenever he comes into the room, his shoulders are slumped and he complains of feeling exhausted and burdened and ill-used by the rest of the family. At this particular session, he acted spontaneous, as he's usually in his slumped posture and his voice is kind of slow and heavy. He suddenly sat up a little straighter and said "I just want to tell all of them to go away." He made that gesture that my body just made spontaneously. His right arm came out, a kind of pushing away gesture, and I said, "Notice when you make that movement and you say those words 'go away' and in sensory motor if something works we keep repeating it and want to deepen the muscle memory for it." He did it and his face lit up and he sat up a little straighter and I invited him to notice what happened if he made that gesture again and said those words and each time he repeated there was more authority and smoothness in his movements and he was more centered, his spine was aligned and he was obviously having a great time. Then, as often will happen, he had thought of his wife who's a very needy and demanding person and he said, "Now I'm noticing some sadness coming up" and he started to go into the collapse again. I

helped him to move out of it by again making that movement, but the sadness kept coming up related to this image of his wife being unhappy with him. In Sensorimotor therapy, one of the techniques that we use a great deal is what we call a "mindful experiment" and again these are techniques used by many body psychotherapies. We try to add an extra level of mindful consciousness.

S P: Mm-hm.

J F: So I asked him if he'd be willing, which is the language on an experiment. Would he be willing to notice what happened if he put a hand over the place in his body where he was feeling the sadness which was kind of between his chest and his heart. He began to feel warmth and comfort coming from the sensation of his hand on his chest. Then we did a little role-playing and I role-played his wife saying, "But, I need you to help me" and he could feel the fear and sadness coming up and then he would make that pushing away gesture while holding a hand over his heart. Just practicing being able to stay connected to himself and almost make a boundary with his hand. One of the other things that we believe is that psychotherapy sessions need to be focused on practicing and new responses. We have something we often say to clients, we say, "It took many, many years and many repetitions for the old patterns to develop in your body and it will take many, many repetitions to build new patterns so would you be willing to practice these movements in the weeks ahead?"

S P: Yeah.

J F: Probably, not surprisingly to this audience, those clients who are willing to practice the movements even if they think I'm a little nuts. "How's it going to help me with my husband if I'm making this gesture all the time?" This is a Sensorimotor way of thinking. I say just notice what happens. We don't know if it will help and that's why we're doing this experiment so just do your practicing, notice what happens and low and behold those people that practice the movements tend to make more progress.

S P: Mm-hm.

J F: Which makes perfect sense doesn't it?

S P: It makes perfect sense, we're talking the training effect, the brain, the learning capacity…

J F: Right and one of the things that we believe is that physiological functions support psychological functions. So as people develop and practice these new physical patterns their psychological functioning is also going to change, and I think these are concepts that are very much a part of the bodies' psychotherapy world. Do you agree?

S P: Totally. That's very nicely integrated there. What I'm also noticing with the example you chose of the husband, the workhorse husband with the needy wife, that we're not talking about a field of application, a scope of Sensorimotor that is devoted to trauma as say DSM would define it, but a much broader sense, a much broader range of situations including developmental situations.

J F: Absolutely and for this example it's actually for husband and wife in which there are developmental and traumatic patterns; he survived as a child in a very abusive family by being the workhorse older sibling and being the parental child that took care of his younger siblings and

soothed his mother and did damage control with his abusive father. His wife was the youngest in an abusive family and survived by being little and needy so I guess I could say they're both developmental patterns that are reinforced by the traumatic context in which they came about. It's often much harder for people to change developmental patterns that are connected to traumatic environments because when they start to change those patterns, their bodies resist. They get fearful. It's funny, I just did a phone consultation with a colleague in California this morning, and she was talking about a client who just shut down in the context of a crisis in her relationship. The therapist was saying "I don't get it, I don't get it, she shut down just when she should be having feelings," and I said, "Well, her body is telling us that when the shit hit the fan her body learned to disconnect from the feelings as a way to survive." We know compliant children don't generally get hurt as badly as children who are more argumentative or angry.

S P: Yeah. So then there's a body memory of how to act in a way that's safe and it's going to be very hard to change that pattern.

J F: Exactly. And for any therapist, I know that I experienced this and I'm sure many of our listeners do, where clients make progress and instead of feeling good about it or building on it they regress, they go into crisis; they're actually not comfortable without being pleased about their progress and we believe that those responses to pleasurable experiences to progress, to feeling good in the body that those negative reactions are body memory telling them it's not safe to feel good or sometimes it's not safe to feel your body at all.

S P: Yeah, that's very much integrated in the roadmap of dealing with healing the trauma.

J F: Exactly.

S P: What about the concept that's saying trauma is stored in the body and can be discharged through the body so there's no more of it?

J F: Well you know, it would be wonderful if that were true. I think that's the best way to say it. You know the whole discharge theory or what I call sort of the hydraulic theory; it's very appealing. Why can't I just discharge it and be done with it? We have a slightly different take on that. What we believe is that these patterns have to be completed. The responses have to be completed rather than discharged. This the reason that they keep repeating and why clients often have a very wonderful experience of discharge at a therapy session followed by the feeling of being just as depressed, just as anxious, just as overwhelmed as before. It's because discharge alone, doesn't change these patterns.

J F: In Sensorimotor Psychotherapy and as in somatic experiencing the belief is that these traumatic reactions can get frozen or truncated because it isn't safe to act and it isn't safe to discharge. In fact, I had a personal experience with it about five years ago. I fell down a flight of stairs and broke my wrist and I had just had a conversation with Pat Ogden a few weeks before about doing Sensorimotor on oneself. And as I'm lying at the bottom of this stairwell with my broken wrist, I decided I would track my body. I thought "This is a good time to do a little Sensorimotor on myself." My colleagues were saying "Don't move, don't move, were getting the ambulance, we don't know what else could be broken," and so I started to track what happened. First, I noticed that there was a lot of shaking and trembling in my body and then as that kind of went through and completed, I

started to feel freezing cold and I just kept tracking that and then that kind of moved through and then I'd have more shaking and moaning then that would kind of discharge and I would get another round of shivering. Well this went on for an hour and a half and I was actually still tracking in the emergency room. I realized it was a very sobering, poignant realization that I have the skills to track my body for an hour and a half and stay with myself. If I were a child growing up in a traumatic environment, I wouldn't have those skills and I wouldn't have the luxury because it wouldn't be safe to visibly tremble and shake and moan and shiver.
Traumatized children have to or the bodies of traumatized children have to inhibit the fight responses, flight responses, anger, sadness, shaking, trembling, moaning, all of it. We believe in the treatment and the client has to be able to complete that cycle that I was able to complete whether it's a cycle of shaking and trembling until your body comes to a resting point that tells the body its over and its safe now.

S P: Yeah

J F: As completion comes through um creating a sense of boundary or does completion come through completing fight or flight responses. So rather than discharge, we're looking for completion.

S P: Yeah.

J F: When we have people get in touch with their fight responses we don't have them pound things. We have them very slowly and mindfully engage the pushing or kicking impulse and to actually observe it in action and feel it rather than do activities that are more discharge related.

S P: Right. It's really that sense of connecting really deeply with that impulse as opposed to the acting out of the impulse.

J F: Exactly. Now sometimes, the impulse to act it out is so strong that I may have to allow the client to first act it out and then I ask, "Now, would you be willing to make those movements again? And this time let's make them very slowly and mindfully." I don't know if this is true of other body psychotherapies, but in Sensorimotor Psychotherapy generally the therapist also does what we ask the client to do. So if the client is making a pushing movement, as if pushing someone away, I would be mirroring that movement and noticing the sensations in my body and if necessary sharing those with the client if the client particularly doesn't have a language for sensation. I might say, "Yeah, I notice a lot of heat and I notice my stomach muscles engaging so it isn't just my arm it's really my whole body. Do you notice anything like that in your body?" So there's a lot of somatic collaboration that is also really appreciated by clients.

S P: Yeah. Yeah. Well maybe as were actually completing the cycle, is there anything that you would want to say to that we haven't said that would be a conclusion to this short conversation?

J F: Well you know the one thing that I did want to mention is that the USABP conference in Northern California in October has very, very kindly invited me to not only give a key note address, but also a workshop in which there will be an introduction to working with trauma through the body and I'm very excited to be doing that and helping because I came through the traditional mental heath world to the body psychotherapy world and one of the goals at this years conference is to keep building that bridge. This brings more credibility to the body psychotherapy world; more

acceptance as a very well thought out, well founded psychotherapy approach which, I think really enriches all of us.

S P: Yeah.

J F: That's been what's most exciting to me , this ability to build the bridge between what have been two very separate psychotherapy worlds and also of course to be able to help people with their trauma responses when they have talked about them ad infinite. My burdened husband has had ten years of traditional talking therapy in which he has talked incessantly about how burdened he feels without being able to shift it. We work in the body and have that really exciting opportunity to help people shift together.

S P: Yeah. Great.

This conversation was transcribed by Jessica Cullen.