Applying Somatic Experiencing® therapy in the treatment of Substance-abuse Addictions

By Galit Serebrenick-Hai, MA, MSW, Somatic Experiencing® trainee

A few years ago I began incorporating Somatic Experiencing® therapy into my psychodynamic psychotherapy work with clients who struggle with substance abuse addictions. This newly applied somatic perspective completely revolutionized my work as I began to notice that the vast majority of my clients have boundary issues, in the sense that they tend to go into threat response (fight/flight/freeze) in the mere presence of other people.

Many therapists tell me that they are not interested in working with clients who struggle with a substance-abuse addiction (e.g. street drugs, prescription drugs and/or alcohol). They give various reasons for this preference: "They (the clients) lie all the time, they are manipulative, they are not really interested in therapy, all they want is to use drugs…" etc.

After working with hundreds of adult clients who struggle with substance-abuse addiction in an inpatient detox and rehabilitation facility, I have to admit that what these therapists are saying is true. Addicts lie a lot, they are great manipulators, and their motivation to undergo a therapeutic process is low to non -existent (more often than not they attend

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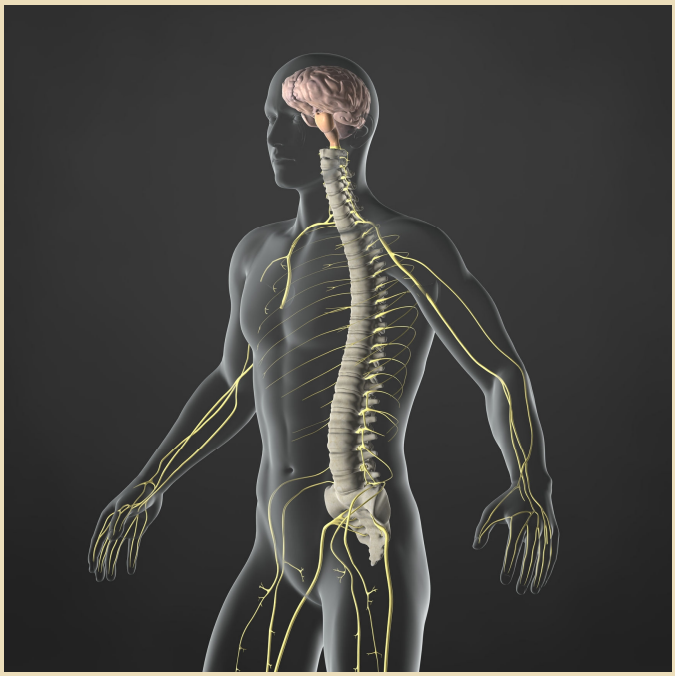
therapy sessions or check themselves into an inpatient rehab facility in order to please a family member or due to a court order). They portray a picture of reality that is far from what is really going on in their lives, and then convince themselves that they are right. Although an addict's self- manipulative behavior is ostentatiously textbook and to be expected, it nonetheless does increase our difficulty as therapists to properly disseminate befitting advice to the situation at hand. In one case, a colleague of mine was working for about a year with an alcoholic client. The main issue that the client had presented besides the drinking problem was overcoming the loss of his daughter in a terrible car accident. One can only imagine how surprised this therapist was when at one of their sessions the client had to rush to the airport because his daughter, the one who had supposedly died, was coming for a visit. Unfortunately, from my experience, stories like this are not rare.

For those of us who are still interested in working with people who struggle with addiction and are able to maintain an outlook of addicts being severely traumatized people, I suggest that incorporating somatic psychotherapy, in particular Somatic Experiencing® (SE) therapy developed by Peter Levine (1977) can offer a new outlook on some of the challenges that addicts face. In addition, SE offers practical tools not found in other therapeutic disciplines. Using such tools is beneficial not only for the client, but for the therapist as well.

Somatic Experiencing®

Somatic Experiencing® (SE) is a chronic stress and trauma therapy developed by Peter Levine (1977, 1997, 2010). In SE™, an event is considered traumatic if it causes long-term dysregulation in the autonomic nervous system (Levine, 1977, 1997). This means that although facing the same event, people will differ in their reaction to it. Due to various reasons such as genetic, developmental, and environmental factors, some people will be traumatized while others will be able to handle the challenge (Payne, Levine, & Crane-Godreau, 2015).

When people face a threat or a possible injury, their entire body, as a response, gets into a state of readiness in order to ensure its survival. This state of readiness is charged with high-energy as the body prepares itself to fight or flee. If, for some reason, the appropriate reactions are not completed, this tremendous energy becomes frozen or stuck preventing the nervous system from "resetting" itself back



into a regulated state. This chronic dysregulated state could manifest itself either in a chronic, hyper-aroused neuromuscular state or a collapsed, shutdown-dissociated one (Payne et al., 2015).

SE is a technique that facilitates both the completion of the biological defense responses as well as the discharge of the excess energy. According to this technique, the client's attention is guided toward interoceptive, kinesthetic, and

proprioceptive experiences and imagery. It is important to note that the whole process is carefully monitored by the therapist as clients will only approach sensations associated with trauma after they have experienced an embodied resource in the form of bodily sensations that are associated with safety and relaxation. This important principle of titration (bit-by-bit) is followed in the same way as the biological defense movements are completed and new corrective experiences are encouraged in order to replace former experiences of helplessness and fear. As a result of this process, trauma symptoms are said to be resolved (Payne et al., 2015).

Somatic Experiencing® and addictions

As soon as I started applying SE into my former work, which was largely dominated by a psychodynamic psychotherapy perspective, I noticed that people who abuse drugs and/or alcohol have easy access to their bodily sensations. It is not uncommon for me to be able to make a quick introduction of SE (psycho-education) and then conduct a full SE session (in which the client is required to stay "in the body" for a substantial amount of time) as soon as the intake session is over. If a client does seem to have a hard time accessing his/her bodily sensations, my experience has taught me that it is not a result of feeling uncomfortable in one's own skin or that noticing bodily sensations feels intrusive in any way (or any other reasons that might be common with non-addicted people). With addicts, it usually means that more effort needs to be exerted in order to engage them in the therapeutic process (regardless of the approach I choose) or that more psycho-education work needs to be done. In some cases this might mean that they were traumatized in a way that shattered their ability to trust another human being. In both cases, when these issues are addressed and resolved to some extent, and the client is somewhat willing to take part in the therapeutic process, their access to their own bodily sensations is quick and quite easy. I have often wondered about the possible explanation for such relatively easy access to one's own sensations of clients who are so severely detached from their emotions. What seems to me as a possible explanation is that while intoxicated, addicts are, in fact, "in their bodies". They closely monitor their sensations in the search of feeling “at their best”. Therefore, during some time of abstinence (due to their stay at a rehab facility for example), when asked to notice their bodily sensations as required in SE therapy, they might not enjoy it as before, but they can definitely follow such an instruction quite easily.

After incorporating SE therapy into my work, I noticed that the vast majority of addicts suffer from boundary issues, not only from a psychodynamic perspective but also from a somatic one. The SE framework allows me to observe, understand and address this well-known issue of addicts in a completely new way. By this I refer to the

manifestation of boundary issues in one's tendency to almost constantly feel that one's space has been invaded in the mere presence of other people in one's surrounding. This results in an unconscious tendency to go into a fight/flight/freeze response or an approach/avoid response, also labelled as the "preparatory set" (Payne & Crain-Godreau, 2015). This could be, by the way, the result of different kinds of traumas, ranging from a car accident to sexual assault, all leading to the same perceived threat response.

I believe that this observation is especially important for addicts since joining different groups and meetings (therapeutic or self-support) is common and highly recommended as addicts begin their journey

toward recovery. Group therapy is one of the most popular therapeutic tools in rehab facilities, but even more important, addicts are strongly encouraged to participate in the AA/NA meetings (Alcoholics/Narcotics anonymous) and 12-step self-help groups, which are globally considered as a crucial component in their efforts to refrain from abusing substance. As addicts try to attend these groups, the proximity of other people might generate a fight/flight/freeze response. Such a response might result in a projection of this stress on their surroundings and lead them to a conclusion such as, "I don't feel comfortable in this meeting/group; I don't like these people." This may result in a misfortunate dropping out of an important resource.

This important boundary issue can be diagnosed by using a simple exercise that is taught in SE trainings. All is needed is a fairly big room in which the client and the therapist sit on opposite sides of the room facing each other as far as the room allows. Before we begin, I usually make a short demonstration in which, as the client is sitting, I walk slowly toward him/her from the front and then from the sides, while maintaining a fairly big distance. I ask the client to monitor his/her sensations as I explain what I am doing and reassure him/her that I will maintain a fairly big distance between us. The client is usually surprised to discover how uncomfortable it feels as I move throughout the room.

As described earlier, according to SE principles, as the client and I sit in a fairly big distance, the client will be asked to monitor any bodily sensations that come up, as the goal is to help the client discharge the excess "stuck" energy (using SE techniques). We then move to the next step, in which I will move my chair a little bit closer to the client, only after the client has reassured me that he/she feels completely comfortable and relaxed. After reaching a fairly "social distance", I ask the client to sit with his/her left shoulder towards me, then the back, and finally the right shoulder. Again, in each position I wait until a complete relaxed state is achieved.

In my work with addicts, I have found this exercise to be effective not only in the results it presents, but also as an introduction to somatic psychotherapy. It can also be used as a framework for at least a few sessions. In some cases, the completion of this exercise might be rather quick (1-2) sessions. In other cases it might take longer as the client may choose to discuss some other issues at the next session, or maybe some images or thoughts might emerge from the sensations that lead

us to a different path before we return to the completion of this exercise. Either way, wherever this exercise might take us, the foundations of the somatic work have been laid, and in whatever path we continue, the inclusion of somatic work later on will be much more natural. However, it is important to note that in case the client and I decide to take a break from the exercise, I continue to maintain the exact same distance that we have reached between our chairs in order not to provoke an unnecessary threat response.

This exercise enables me to engage clients who struggle with substance-abuse addiction in somatic therapy. Being able to demonstrate to them how their bodily sensations shift as I slowly walk toward them (as they expect to "talk" about their problems) definitely catches their attention and makes many of them become curious and engaged in the therapeutic process. As for myself, the therapist, the use of this exercise helps me be more efficient, as I get the client to cooperate in a way that eliminates my wondering whether what is being said is true or not, or whether I am being manipulated. Bodily sensations don't lie.

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