

## Explain why ISP cannot just be simply added to SE.

ISP is a complementary modality for Somatic Experiencing (SE). You can use ISP from time to time, as explained later, to improve outcomes and shorten treatment horizons in an SE process. That does not mean that the tools of the two can be freely mixed for the reasons I have described in the responses to the questions that follow. With both ISP and SE under your belt you will be trained in two different modalities for working psychologically through the body!

Viewing ISP via the SE lens during the ISP training will be confusing. Therefore, just for the duration of the ISP training, we encourage participants with an SE background to put all their SE tools to one side and experience a different way of working with emotions through the ISP approach, something that can improve all aspects of an SE process when you returns to it. Then, you use SE or ISP as you see fit but without getting confused by trying to apply them both at the same time.

### During the ISP session:

- Don't think titration: When you have people who have very limited capacity, please think of working with emotions in short cycles, expansion of body and emotion to only a few places, not staying in one place for too long, expanding only superficially in each place you expand the emotion in.
- Don't think resources: Think of all the ways you can support the client to access the emotion and have a deeper experience of the emotion. Use the model of physical body regulation and energy body regulation to direct the path of expansion of body, energy, and emotion. Use touch and movement and expression to help expand and regulate body, energy, and emotion.
- Don't think pendulation: If things are too much for the client in your opinion, end the cycle by having them let go of the situation and the support for the emotion you are providing them. Instead have them notice the expansion in the body and improvement in the energy that the capacity they built for the emotion has brought about.
- Don't look for discharge: If you see it ignore it because you will let the energy that is supporting the emotional experience leak out. If the energy is too much, expand the body to distribute it to other places rather than discharging it.
- Don't look for movements as a way to open up the body or as a way to complete orienting flight or fight responses: The movements can be counter to the emotional experience. Tracking orienting, flight and flight responses do not make sense when you are processing love or grief.
- Don't track defenses like freeze and dissociation: The emotion that is driving the dissociation and the freeze, if you contact it and develop a capacity for it, can dissolve both freeze and dissociation and then lead to transformative experience.

- Don't be thinking so much about re-traumatizing clients that you are reluctant to go on with the processing of emotion in depth or intensity: Use all the ways of the ISP approach that have been described in all the responses below to avoid re-traumatization.

### **What approach does ISP use instead of SE tools such as titration and pendulation that may look similar?**

Most if not all therapeutic modalities have things in common, such as providing necessary support, assessing the client's capacity, backing off when it is too difficult for a client, going away from it and then coming back to it later, getting the group's support when the work is done in the group, and so on.

ISP has tools of expanding and regulating the body and energy plus strategies that can vary the length of a cycle, the width and depth of the body involved, and the time spent with the emotional experience in each part of the body, to thus work with people with different levels of capacity without re-traumatizing them. Using an SE lens these things may be seen as resourcing, titrating, pendulating. In addition, providing emotional support or touch support may be seen as SE resources. Toning down the emotional support and not talking about the situation but looking at the improvement in the body and energy in the integration stage and bringing the client out might be seen as tracking the healing vortex and pendulating to the other side.

However, the theories and the protocols are quite different, as can be seen in the responses to the following questions. Trying to understand concepts from one approach with one goal (creating greater capacity for emotions through emotional embodiment) with concepts from another approach with another goal (down regulation of nervous system to resolve trauma symptoms) can be fraught with possibilities for confusion.

ISP meets the client where they are at and will expand emotion to the extent possible without re-traumatizing the client. As described above, ISP has protocols for people with low as well as high capacity and it is adjusted according to the client's capacity.

There is no 'a priori' assumption that we have to be careful enough to titrate, resource, and pendulate every process because people have widely differing capacities. Not every person is equally disorganized.

Also, in SE, there is a basic assumption that healing in the body involves an organic pendulation between healing and trauma vortices. In ISP, there is no such assumption. As the capacity for the emotion increases, as the body is expanded in a regulated way to expand the emotion, the body goes increasingly in the direction of greater health continuously.

## How to avoid re-traumatization using ISP tools

The possibility of re-traumatizing a client is something that one should guard against in any therapy. In SE, it can become such a serious conscious or unconscious concern that it may inhibit the practitioner from taking the client deeper into the trauma vortex even when the client has a capacity to do that. When a nervous system is disorganized, challenging it a little bit helps to reorganize it towards greater health and capacity. Titration is challenging the system a little bit, with a little bit of activation. It is needed when the client has a highly disorganized nervous system at the beginning of treatment. A resource is used quickly in such instances to help pendulate the client's physiology towards the healing vortex.

Not all clients who are traumatized have highly disorganized nervous systems. Even for those with highly disorganized nervous systems, SE recommends progressively higher levels of activation and longer periods in the trauma vortex for healing to take place. Only when we can take clients deeper and longer into the trauma vortex can we evoke the deeper energies of the healing vortex.

From my experience of teaching the advanced level of SE training in nearly 20 countries over many years, there appears to be a systemic inhibition that prevents SE practitioners in all the countries it is taught in from taking their clients deep and long enough into the trauma vortex to evoke the deeper healing vortex energies. The fear of re-traumatizing clients, I observe this often in classes and during supervision, is a primary driver of this inhibition. In the ISP training, to make this fear conscious in order to lessen it in SE practitioners, I often say "Don't be afraid of re-traumatizing your clients". This at times is misunderstood as there is no concern for traumatization in ISP or re-traumatization is part of the ISP treatment! What I should probably say instead is "Do not be so afraid of re-traumatization that you keep the client away from an intense experience of an unpleasant emotion. ISP has other ways of minimizing the possibility of re-traumatization."

ISP has other ways of ensuring that re-traumatization does not happen. How does ISP do that? It uses a model of physical body regulation and a model of energy body regulation. Using these two models, we expand the body and regulate it at the same time to expand the emotion. This ensures that the expanding emotion remains tolerable and therefore regulated to minimize the chance of re-traumatization.

In addition, ISP avoids re-traumatization by varying

- a) The overall time spent with the unpleasant emotion in each cycle of the emotion (shorter or longer)
- b) The time that is spent on experiencing the emotion in each part of the body that the emotion is initially present or the emotion expanded to (shorter or longer)
- c) The extent to which the body and the emotion is expanded (to a few places as opposed to many places in the body)
- d) The depth to which the body and the emotion is expanded in a part of the body (superficial in the chest muscles only or deep into the lungs, for example)

These four variables can be adjusted by the practitioner, depending on the capacity of the client, to avoid re-traumatization, in addition to using the two models of expansion/regulation of body and energy.

## Can you a bit elaborate further on the strategies that are used in ISP to avoid re-traumatization?

In ISP, we expand and regulate the body in a systematic way using a model of regulation with seven categories of flows and a model of energy body regulation with zones for each element or layer of energy. The ultimate aim in working with either the body or energy is to expand and regulate the emotional experience in the physical body to develop a greater capacity for it.

- If it is very difficult for the client when we are working with an emotion, stop referring to the situation, stop supporting the emotion and bring the client out with having them notice how the little bit of work they did with emotion has improved their body and energy (This step, called integration, is the optional fourth step in the four step process of emotional embodiment).
- ISP also uses superficial and narrow expansion of body and emotion to keep things less intense and manageable for those with less capacity. And also the strategy of staying only for a short period of time in each part of the body that becomes involved in emotional experience. **Example?** There is sadness in the heart area, Just expand it to one or two areas only, such as the face or the belly, as opposed to trying to expand all parts of the body to expand the sadness to all over the body. Also, stay with the experience of sadness in the heart as well as the belly for only a short periods of time. The longer one stays in one area, the deeper the body and energy will expand there and more intense the emotional experience can get. Keep each cycle short using the step of integration explained above, pause, and go back again for another short cycle.
- If they have more capacity, we keep going for longer cycles and for deeper and wider expansion of body, energy, and emotion for longer periods. We can also stay with emotion in each part of the body for a longer time. **Example?** Expand as many parts of the body and also expand the emotional experience to as many places in the body as possible, stay for a while in each part of the body with emotion to deepen the expansion of the physiology there as well as to deepen the experience of emotion there. The longer one stays and works with one part of the body, the deeper the expansion is, of body, energy, and emotion. Here, you can take a longer time with each cycle.

On a psychological level, we provide the necessary support for the emotional experience to stay with the emotion and to experience and tolerate the emotion. This is important when working with emotions. These tools include: Mirroring, modeling, sharing own emotional experiences, offering sympathy and empathy, educating about the necessity of emotional experience, and so on. Some statements can be: "Of course, it is painful, why wouldn't it be when one is abandoned?" "Be with that feeling, it is so precious". "I am moved by your sadness, most people in your place would feel this and that", and so on.

The Sri Lankan Training Manual, which is in module two materials on the ISP student portal, has a whole section on all the ways to support someone's emotions.

**How can creating a capacity for unpleasant emotion improve diverse outcomes (cognitive, emotional, behavioral, physical, energetic, relational and spiritual) and shorten treatment times (horizons) in all therapeutic modalities - including those that are already body-oriented such as SE. What is the hard science behind such a claim?**

The hard science in a nutshell: According to the evidence-based neuroscience of embodied cognition, emotion and behavior, the availability of the brain and the body and their connection to the environment are important for cognition, emotion, and behavior. It is usually the lack of capacity for difficult emotion that shuts the body and brain down thus disconnecting both from the environment. Therefore, when we create a greater capacity for difficult emotion, the brain and body can remain more open and be in an open relationship with the environment. This can improve cognition, emotion, behavior, body, energy, and relationship outcomes and shorten treatment times in all therapy modalities.

There are several articles on the blog section of [www.integralsomaticpsychology.com](http://www.integralsomaticpsychology.com) as well as the ISP Student Portal that discuss the science behind ISP.

**Why it is important to allow the client to be with their higher levels of activation (stay with the emotion)? Why does it allow them to heal faster and deeper?**

There are many ways in which this can help in healing. Let us look at some of the ways in which this can come about: Because life is difficult, we often find ourselves with prolonged experiences of unpleasant emotions. If we have a capacity for tolerating unpleasant emotions through their embodiment, the brain and the body will remain more open and be in greater connection with the environment. This is what the hard scientific evidence informs us is necessary for optimal processing of cognition, emotion and behavior in relation to the situation.

Also, more specific research shows that the access to emotion in general and embodied emotion in particular in a situation improves both cognition and behavior in that situation. Staying with the emotion longer is made possible by involving more of the body in ISP. That gives the brain more time to process the emotion for cognitive and behavioral implications. Research shows that people can generate more relevant behavioral alternatives and are better at choosing the best behavioral alternative when emotion is available and is regulated; and that all aspects of cognition, including memory, function better when emotion is available and regulated which in ISP is done through embodiment.

When I can tolerate an emotion more with the body using it as a bigger container for it, I am unlikely to act out cognitively or behaviorally. For example, if I can tolerate the heartache from a breakup, I am less likely to hurt others or myself. I am less likely to come to the conclusion that others are not to be trusted with my heart or the conclusion

that I should never open my heart again.

If I can tolerate the emotion, it is more likely to get resolved. As we saw, my cognition and behavior in relation to the situation that is causing the troublesome emotion improves with affect tolerance that comes through the embodiment of the emotion. This can lead to the resolution of my emotional suffering through effective and appropriate cognitive and behavioral solutions. Also, my not being able to tolerate an emotion implies that the stress and dysregulation of the emotional experience is high relative to my capacity. Getting the emotion to become more tolerable through embodiment by involving more of the body means that the level of stress and dysregulation involved in my emotional experience is lower than before. That makes the healing of the physiological injury of the emotion such as heartache more possible as the entire physiology is on a healthier footing. Therefore, one can see how important the building of capacity for unpleasant emotions can be in the resolution of psychophysiological symptoms that arise from difficult emotions.

Please note that the level of unpleasant emotion required for healing depends on the individual's capacity. Some people form symptoms at low levels of emotion because their capacity is low. Others form symptoms at high levels of emotion because their capacity is high. So the level of emotion at which symptoms form varies. Often, we need to increase the capacity just beyond the current capacity for the symptom to resolve.

The Emotional Embodiment Exercise handout summarizes how to do this in 4 steps:

- **The Situation** – Exploring the details of the emotionally challenging situation.
- **The Emotion** – Working with different types of emotion including sensorimotor emotion, working with psychological defenses, and providing adequate emotional support.
- **Expansion & Regulation of body and energy** – Working with the seven flow patterns in a model of expansion/regulation in the physical body, working with the five elements and their zones, working with the defenses in body and energy, and between individual and collective bodies.
- **Integration** – Noticing physical and energetic gain from a cycle of emotional embodiment cycle, during the cycle from time to time to give client relief, or to bring a client out of the cycle when it gets to be too much for the client.

**Does ISP only work with unpleasant emotions? Why is there so much focus on them?**

In ISP we work with unpleasant emotions because they are the ones people usually avoid innately and psychologically, they are typically the ones responsible for the body shutting down. If people want to grow more individually and spiritually, they have to **develop a capacity to tolerate opposites**. That means that we also have to help clients develop a capacity for pleasant emotions. For example, it is not sufficient to work with the painful experiences that led to the symptom of difficulty connecting to others, it is also important to work with the pleasant experiences of connecting to others, embodying them and creating a capacity for them to heal the disconnection they suffer from.

However, unlike SE, ISP does not require that a person go back and forth between pleasant and unpleasant experiences to heal a symptom caused by an unpleasant emotion each step of the way. In general, all of us have more difficulty working with unpleasant experiences than pleasant experiences because of the innate resistance we all share in the brain against unpleasant experiences. Therefore, in the short time we have during trainings, we focus on working with unpleasant emotions.

It takes time to get the work. There may be resistance to the idea of engaging in the necessary suffering to bring about faster healing. Unfortunately, with psychiatry and medication dominating psychological treatment, there is less and less of the understanding in psychological practice that one has to go through necessary suffering to heal. That is why I often say that it is a difficult training but worthwhile in how it can improve outcomes and treatment times. This is because embodying emotion, expanding the body in a regulated way to expand the emotion in a regulated way to create a greater capacity for it, can widen the window of tolerance quickly.

**Why do you consider that SE is not always optimal for working with emotions? Explain why the otherwise very good features of a trauma model may not be optimal when working with emotions, namely titration, discharge, pendulation, completing incomplete responses, extreme care of re-traumatization, tendency to always down regulate as soon as activation shows up, etc.**

SE has done so much to bring the body into psychotherapy in general and trauma treatment in particular. The core of the SE approach is as follows: People who are exposed to a traumatic event will develop symptoms of trauma if they get stuck or triggered into any of the stages of responding to a threat: Orienting, active mobilization for fight or flight or protection, freeze and dissociation. In each of these stages, the sympathetic arousal is high and that is a problem. SE aims to get people to feel safe and move backwards to rest (where the sympathetic arousal is low and the parasympathetic arousal is high). So, the core strategy is one of down regulation. Tools such as tracking of body sensation, tracking of activation, resources, pendulation, completing incomplete responses, discharge, etc., make perfect sense given the basic premise of the model to down regulate.

If the physiology is regulated, all other aspects of experience (image, behavior, affect, and meaning) will become more regulated. If they do not regulate, to go back to the body and do more of the same SE protocol is the standard recommendation in SE. This makes sense to some extent as no coherent psychological experience of image, behavior, affect, and meaning can form or be regulated in a very dysregulated physiology. But it is not necessarily an optimal way to work with affect (emotion) as well as behavior or meaning as science is showing that they are highly dependent on emotion and its embodiment.

In a nutshell, unpleasant emotions are states of stress and dysregulation - at times with high arousal and at times with low arousal. Working with emotion is to work with states of stress and dysregulation, at times with high arousal and stress, managing the stress and dysregulation and the arousal in such a way that they are not too regulated to make

the emotion go away or to do too little to cause psychophysiological symptoms of trauma.

Tracking of body sensations is down regulating because it provides the brain with more information about how to regulate the body - unless sensation tracking is done with the intention of supporting emotion in a careful way. This is not an easy thing to do because our working memory can only process so much in any given moment. It involves tracking emotion and sensation, two levels of body experience at the same time. The more sensation tracking there is, the likely that the stress and dysregulation that is inherent in an unpleasant emotion will be downregulated and the emotion destroyed. Discharge, pendulation and the completing of incomplete movements are also down regulating. So is working with resources if not done with the objective of creating a greater capacity for the emotion. Resourcing in SE is typically done to help find the healing vortex in the body to pendulate to the healing vortex when the therapist determines that the activation in the trauma vortex is too much.

This is why when working with emotions, the emotional embodiment strategy of ISP is a good complement to the SE practice and helpful to do with SE clients from time to time to improve cognition as well as behavior. In fact, one can expect all aspects of SE process (healing vortex, trauma vortex, resources, pendulating, down regulating, discharging, etc.) will be much improved if ISP is used from time to time within an SE session as a detour when one runs into emotions or between SE sessions when the SE process is stuck.

To understand why tracking of body sensation can disperse or destroy emotion, behavior and cognition (meaning), please refer to my article 'How to avoid destroying emotions when tracking body sensations' in the blog section of [www.IntegralPsychology.com](http://www.IntegralPsychology.com)

**How does using resources and titration strengthen defenses?  
What is too much resourcing? What does this contribute to?**

Using resource is a tool. Any tool is too much if it does not lead to healing and if it leads to avoidance of the suffering that needs to be processed for healing to take place. At times, resourcing alone can lead to healing. We cannot then say that resourcing is too much because it brought about the desired healing.

Titration is working with as small a quantity of activation as possible and it is appropriate for very disorganized nervous systems. But approaching every client with a notion that they need to be titrated and pendulated, or whenever activation levels get high that the practitioner becomes afraid that they will get retraumatized, is ineffective. It can set up an avoidance in the client to always look for a resource to pendulate or to make things small as soon as suffering becomes a bit too much.

**How do you get past defenses if they are often “resources” as defined by SE notions?**

There is no official definition that defenses are resources. In the typical sense of the word a resource is something that helps to facilitate or support healing. At times we say that

defenses are resources to normalize defenses so that people do not feel bad about them or having used them.

All defenses are coping mechanisms and can therefore be considered resources in one sense. But it is better not to call them resources.

How is dissociation and splitting a resource? We cannot use them to pendulate from the trauma vortex to the healing vortex.

### **How to integrate ISP with SE & other modalities within sessions**

If you use ISP when you run into affect (emotion) in an SE process, by taking a time out from SE protocols, you would find all aspects of the SE process improved when you return to it.

In clients in whom you do not run into affect (emotion) in an SE process, especially in a process that is stuck or going nowhere, if you take a time out from the SE protocols and use the ISP protocols to identify and work with the emotions, you will likely find all aspects of the SE process improved with the client when you return to SE.

How ISP could be used with modalities other than SE would depend on the modality. For ideas, please refer to the blog article on the ISP website 'How to Improve Outcomes in all Therapies Through Greater Embodiment of Emotions'. Supervision or case consultation is a good way to learn how to apply ISP to improve outcomes and shorten treatment times in your primary therapy modality.