Working with Relational and Somatic Processes of Change:

Exploring applications in the treatment of eating disorders

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Psychotherapy integration

- The majority of experienced eating disorder specialists integrate different therapeutic approaches in their work, when interventions are described in behavioral terms (Tobin, Banker, Weisberg, and Bowers, 2007; Thompson-Brenner and Weston, 2006)

- Almost no one was adherent to a single model

- Is this a problem? Or does it reflect clinical wisdom?
“Perhaps the most important lesson to be learned from developments in cognitive neuroscience is that clinicians need to attend in psychotherapy to both implicit processes (emphasized by psychoanalysis and to some extent by both cognitive and behavior therapy) and explicit processes (emphasized by cognitive therapy). One cannot assume that the same techniques likely to change explicit thought processes will change implicit networks and vice versa.”
Weston, 2006
The importance of multi-modal treatment: The Multidisciplinary Team

- Physician
- Nutritionist
- Psychopharmacologist
- Individual therapist
- Family therapist
- Group therapist
- Occupational therapist
- Body oriented therapist or bodyworker
ANOREXIA

- Anxious
- Affect avoidant
- Alexithymic
- Appears constricted but underlying state may be hyperaroused
- Alternatively, may go into hypoarousal (numb, empty)
INSULA

Facial expression  Changes in eye gaze  
**DISGUST** Integrates limbic processing and cortical networks  
Interface between sense of self and self control capacities  **Analysis of threat and reward** Integrates foraging, feeding behavior, gastric functions with memory and reward circuitry  
**BOUNDARIES** Sense of self  Connects bodily states with experience, expression of bodily awareness, emotion, and behavior  
Allows us to be aware of what is happening inside of our bodies (interoceptive awareness) and to reflect on our emotional experience  
**Analysis of threat and reward**  
**INTEGRATION CORTEX**
Difficulty translating the somatic experience of emotion into awareness of psychological feelings:

"I'M FAT"
• Confusion re: internal sensations
• Difficulty sustaining continuity of self experience
• Shifts in internal states are amplified
• Nervous system easily overwhelmed and disorganized
• Feelings of fear, helplessness, sense of being out of control
MODELS OF THERAPY THAT EMPHASIZE RELATIONAL, SOMATIC, AND EMOTION PROCESSING

• ACCELERATED EXPERIENTIAL DYNAMIC PSYCHOTHERAPY (Fosha)
• SOMATIC EXPERIENCING (Levine)
• SENSORIMOTOR THERAPY (Ogden)
• COHERENCE THERAPY (Ecker, Ticic, and Hulley)
• EMOTION FOCUSED THERAPY (Greenberg)
• And others……
Attachment relationships: major organizer of brain development
Right Hemispheric Function

- Fast acting, nonconscious, non-verbal, non-linear, holistic
- Dominant 1st 3 years
- More connected to limbic system; more involved with bodily, emotional, perceptual experience
- Mediates mutual gaze, prosody, body contact
- Organized by internal working models of early attachment relationships, strategies of affect regulation, learned early
“Smart” Vagus

- Ventral vagal complex
- Most recently evolved branch of ANS
- Distinctly mammalian
- Modulates fight/flight/freeze in the service of social engagement/affiliation
- The capacity for emotion regulation and social affiliation are thought to be the product of the regulatory functions of the “smart vagus” (Beauchaine et al, 2007)
- Only expressed when feel safe; Activate via calm environment, music/movement (voice), “heart math”
Mirror Neuron and Resonance Systems

- Mirror neurons: adjacent to motor neurons; activates somatic response so that you feel the emotion/action of the other; helps us to read intention, mimic, involved in contagion
- Resonance: alignment of internal states/emotions thru sharing of non-verbal signals; sensing the experience of the other so that thru memory, becomes in a sense part of us (Siegel, 1999)
I SEE YOU...
Safety….
...enables exploration...
Jon Allen: “The mind can be a scary place.”

Patient: “Yeah, and you wouldn’t want to go there alone”.
AEDP Mantra: “stay with it, stay with me”
INTEGRATION

- The capacity to be connected to self and others
- The capacity to be with emotion without loss of reflective function, or need for maladaptive coping mechanisms
- Consolidation of an INTTEGRATED, COHERENT, FLEXIBLE, SELF
“TRAUMA” is in the body, not in the event
(Levine, 1997, 2012)
Case Presentation
Parent training

- Connection, attunement to parents
- Creation of safety
- Education about ED
- Skills training re: behavioral management, emotion regulation, perfectionism
- Facilitate understanding of child’s temperament, and how best to create safety and containment
- Potentially help examine how own histories (implicit schemas) may be operating in response to child’s temperament and behavior
Somatic empathy

- Embodied empathy (internal state of the other)
- Therapist capacity to “feel and deal” (Fosha, 2010)
- Have to be able to “metabolize” patient’s emotions
- Lend patient our nervous systems
For your nervous system....
• “The capacity to fully experience one’s feelings, particularly when they are intense and/or painful, is greatly enhanced by being able to do so with a supportive, empathic, and emotionally present other who is willing to share experiences and help with their management. This is the essence of dyadic regulation: the individual has expanded affect regulatory capacities resulting from the combined resources of the dyad, which s/he eventually internalizes, that is, makes her/his own. Being in an emotionally connected relationship based on empathic attunement and support enhances the person’s capacity to feel without needing to develop strategies to minimize, numb, or mute feeling.”

-Fosha, 2001
Empathic stance

“Vicarious introspection”; listening to person from her subjective experience, from her perspective and learning history, NOT what it would be like for you or me in a similar situation

“Mentalized”; keeping her mind in ours

“Embodied”; viscerally experiencing the internal state of the other
INDIVIDUAL PSYCHOTHERAPY: AEDP INFORMED INTERVENTIONS
(Fosha, 2000; Prenn, 2011)

• Attunement, resonance
• Moment to moment tracking of emotion
• Scaffolding; may include education, provision of tentative narrative to be confirmed by patient
• Dyadic regulation; keeping affect within window of tolerance; inviting pt to stay just a moment longer with it (emotion) with me
• Judicious use of self disclosure
• Cultivation of reflective functioning or “mentalization”
• “Metaprocessing”; (left-right integration)