Embodied Presence

The Essential Therapeutic Stance in Working with Addictive Behaviors

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ABSTRACT

The focus of this article is the embodied presence of the therapist. An embodied presence is a core ingredient to work with those who engage in addictive behaviors or have experienced trauma. An overview provides the theoretical framework that informs the understanding of embodied therapeutic presence. Using the polyvagal concepts of co-regulation, social engagement, and neuroception, practical applications and specific strategies for the embodied presence are presented in three areas: creating the brave space, preparing for an encounter, and the five essential qualities of an embodied therapist.

Keywords: Embodied presence, addictive behaviors, co-regulation

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> ***Every bad feeling is potential energy to a more right way of being, if you give it space to move toward rightness.***
>
> Eugene Gendlin

The therapist's embodied presence is the essential ingredient that creates a safe environment for healing and recovery. The focus is on the therapist and the use of embodied presence – how to *be in the work*, rather than in the knowledge and skills of how to *do the work.* The fields of therapeutic presence, trauma, and addiction form the theoretical framework for this paper.

Self-awareness is a critical skill for therapists in general, but having an awareness of what is happening in the body while with clients is central to embodied presence. Therapists must be able to connect to what is happening within themselves as well as in the relational space, and help their clients connect to their body (Winhall, 2021). This requires a willingness to be vulnerable, and an ability to regulate one's own autonomic nervous system. Working with those who have experienced trauma or engaged in addictive behavior should be a free and informed choice, as the work has profound consequences.

Practical applications for the therapist's embodied presence are presented in three areas: creating the brave space, preparing for an encounter, and the five essential qualities of an embodied therapist. Specifically, these five essential qualities are described, along with strategies to assist therapists in maintaining an embodied presence. The five qualities include being invitational, intentional, integrative, insightful, and inspirational. From the state of embodied presence, therapists can coregulate their clients through the creation of a brave and safe space. Once clients can internalize a sense of safety, they can slowly begin to access the wisdom of their own bodies to heal and recover.

The Foundational Framework

The following overview provides the theoretical framework that informs an understanding of an embodied therapeutic presence.

Understanding the various fields and foundational theories related to trauma, attachment, child development, neuroscience, therapeutic presence, and addiction is essential to inform the work with those who engage in addictive behavior. We are here but for a moment in time – with our attempt to provide the best possible care, using the most effective practices available. Our understanding of working with those who have experienced trauma and engaged in addictive behavior has and will continue to evolve.

Therapeutic Presence

> ***"The essence of working with another person is to be present as a living being. And that is lucky, because if we had to be smart, or good, or mature, or wise, then we would probably be in trouble."***
>
> Eugene Gendlin, 1990

Therapeutic presence has long been identified as foundational in psychotherapy, regardless of the theoretical approach. "Therapeutic presence is the state of having one's whole self in the encounter with a client, by being completely in the moment on a multiplicity of levels – physically, emotionally, cognitively and spiritually" (Geller & Greenberg, 2012, p. 7). In his early work, Carl Rogers identified the qualities of congruence, empathy, and unconditional positive regard as the necessary and sufficient preconditions for therapists to assist change (Rogers, 1957). Eugene Gendlin, who studied under Rogers, developed Focusing, an experiential approach that helps access bodily felt knowing and wisdom. Gendlin described the body's felt sense as experienced somatically – the sense of the "whole" experience of a situation, problem, or aspect of one's life. Paying attention to an experience with acceptance, welcome, and curiosity moves it step by step until a forward movement emerges (Gendlin, 1996). Gendlin asserted that when two people interact, there is only one interaction. Embodied presence refers to the felt sense of being embodied, with an awareness of "the whole" of what is happening in the moment, in and between two individuals. The relational felt sense is the felt experiencing of an interaction between focuser and listener (Winhall, 2014).

Neuroscience has provided language and understanding for what is neurophysiologically happening in the body. Polyvagal Theory is an important development, allowing for a more comprehensive understanding of our autonomic nervous system. Porges (2011), developer of Polyvagal Theory, identified three organizing principles:

1. ***Neuroception***, our body's unconscious quest for safety in relationship. Observing another's body posture, prosody, and nonverbal facial and eye muscles cues, our body determines whether we are safe, or activates a fight/flight response.
2. ***Coregulation***. Biologically, we are hardwired to connect with others. Through mirror neurons, when two people interact, the same neural structures are activated in their brains. We are unconsciously predisposed to imitate those around us (Siegel, 2010). Therapists who are connected to their social engagement system maintain attunement to themselves, their client, and the relational space. An individual with a regulated brain and body can regulate another person's brain and body. Therapists are most effective when fully attuned and in a state of embodied presence. Since a calm embodied presence can unconsciously help clients reach a similar state, repeated encounters with embodied presence create neural pathways of safety, and promote positive social engagement (Geller & Porges, 2014).
3. ***Hierarchy***. Deb Dana (2018) describes Polyvagal Theory in lay language understandable to clients and therapists alike. She describes the arousal hierarchy as a ladder. When we are at the top of the ladder, we are in the parasympathetic ventral vagal branch, or safe state. This social engagement system occurs when the body feels safe, and when we can fully connect to our prefrontal cortex, the thinking part of our brain. This is where health, growth, healing, and emotional and relational regulation occur.

If our system feels under threat, we move down the ladder to the sympathetic nervous system where fight/flight responses are activated. If this state is not sufficient to keep us safe, the body responds through the dorsal vagal branch of the parasympathetic nervous system, which brings about a shutdown or immobilization response that results in states of disconnection, fainting, or fawning. Babette Rothschild (2017) has created a scaled chart to describe what to look for in various states within the autonomic nervous system – for example, how might arousal, bodily functions, emotional regulation, and connection to the prefrontal cortex manifest when a person is in the parasympathetic branch of their ANS (lethargic, dorsal vagal, or ventral vagal response), as compared to when they are in the sympathetic branch of their ANS (active/alert, fight/flight, or freeze). In addition, Bruce Perry's Neurosequential Model of Therapeutics (NMT) integrates developmental theory and neurobiology to clarify the impact of early maltreatment on function. Of particular importance is state-dependent function, describing how developmental age, time, cognition, and arousal operate differently when the body is aroused or experiences alarm states (Perry, 2013). For example, if individuals are in a state of fear, or, from a polyvagal perspective, in parasympathetic shutdown, they will act younger than their chronological age, function at a

lower IQ level, experience a loss of time, and may experience dissociative symptoms. Thus, interventions must target the state of functioning; in this example, the targeted intervention will involve strategies that are patterned, repetitive, and rhythmic, as clients will not be able to utilize their cognitive capacities (Perry, 2013).

Neuroscience provides information critical to our understanding of embodied presence. As therapists, we need to understand what is happening in our brain and nervous system when with our clients. When we move out of the ventral vagal branch of the parasympathetic nervous system, we need to identify our state, and target our strategies to address the specific parts of our brain and nervous system as we work to return into social engagement – for example, identify strategies and develop tools that address fight/flight states versus fixated or shutdown states. Understanding our nervous system responses, and planning strategies to return to a ventral state, prepares us to maintain a socially engaged embodied presence.

Trauma

The word trauma has become part of our everyday lexicon. People use it in many different contexts, and it seems to have become synonymous with adversity. From a psychological perspective, "trauma is an inescapable stressful experience that overwhelms an individual's existing coping mechanisms" (Van der Kolk, 1995). Three key features have been identified to further explain the concept of trauma: the event(s), the experience of the event(s), and the effects of the event(s) (Substance Abuse and Mental Health Services Administration, 2014). Lenore Terr (1992) was the first to describe distinct types of traumatic events:

1. Acute trauma of a single event – unexpected, dangerous, and overwhelming, the event appears "frozen in time." Memories may be more complete, and are more likely to lead to typical symptoms of post-traumatic stress disorder.
2. Multiple events that are chronic and longstanding – the expectation and fear of recurrence becomes anticipated. This type of trauma is more likely to be of human design, such as physical, sexual, emotional abuse, neglect, torture, and war. Traumatic events that are experienced repeatedly can lead to complex trauma (Herman, 1992).
3. Intergenerational trauma and cultural genocide – trauma to entire populations, or to generations, as in the colonization of Indigenous peoples. Environmental trauma is becoming more prevalent with massive wildfires, tornados, typhoons, floods, and landslides, to name a few. When traumatic events are experienced by entire communities and cultures, individuals as well as families, communities, and cultures are impacted – impacts that require additional ways of healing.

How an individual experiences an event depends upon a multitude of internal and external factors. Not everyone who experiences a traumatic event will be traumatized. Our unique internal and external resources determine our resiliency – our ability to cope – when traumatic events are experienced. Trauma can impact every area of functioning: social, emotional, physical, psychological, and spiritual, as well as negatively impact a person's worldview (Van der Kolk, 1996; Janoff-Bulman, 1992). How trauma impacts functioning is unique to each individual, and points to the importance of conducting a comprehensive assessment to determine the unique effects of traumatic experiences (NCTSN, 2022). Janoff-Bulman (1992) identified a number of core beliefs or assumptions about the self and the world that are affected by trauma. Trauma can change core beliefs so that a client then views the world as unsafe and unpredictable, and views the self as unworthy and deserving of what has happened.

In summary, experiencing a traumatic event – one that overwhelms our body's ability to cope – can impact a person's function on many levels, as well as how they view themselves and the world. Understanding trauma (the event), its impact (the experience of the event), and its effect (the meaning assigned to the event) is necessary when working with those who are traumatized. While not all those who have experienced trauma will engage in addictive behavior, the connection between trauma and addiction is well documented (Nathoo, Poole, & Schmidt, (2018); Yafit et al., 2021). Therefore, knowing how to help people heal from trauma is essential when working with those who have engaged in addictive behavior.

Addictions

Addiction is a large, complex, and multidisciplinary field. The use and description of such terms as substance use disorder, substance abuse, and addiction are vague and often used interchangeably; however, there are differences. "Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving" (Savage et al., 2003 in Herie, Godden, Shenfeld & Kelly (2010). Another way addiction or the problematic use of a substance has been described uses 4 Cs: Craving, loss of Control, Compulsion to use, and use despite Consequences (CAMH, 2022 website). Most current definitions of addiction reflect a disease or medical problem perspective.

I was thrilled to learn of the Felt Sense Polyvagal Model (FSPM™) developed by Jan Winhall (2020). It is a

non-pathologizing and embodied approach that views addiction as a learning process, and as a means to cope. Winhall's FSPM integrates Polyvagal Theory and Gendlin's focusing-oriented therapy.

She identifies six autonomic states in her client version of the model:

- Flock – the ventral vagal branch of the ANS
- Fight/Flight – the sympathetic branch of the ANS
- Fold – the dorsal vagal branch of the ANS
- Fun/Fired-up – the intertwining of the ventral vagal branch and the sympathetic nervous system
- Flow – the intertwining of the ventral and dorsal branches of the ANS
- Fixated or addicted – the intertwining of the sympathetic and dorsal branches of the ANS

This view describes addiction as state regulation strategies in a quest for safety – strategies seen as natural embodied responses in which the social engagement system is inaccessible. As a result, the individuals are left in dysregulated states, using a substance or behavior to avoid intense emotional states or to shut down completely (Winhall, 2021). This perspective shifts our concept of recovery, and highlights how people who engage in addictive behavior do so to manage and cope, rather than due to some inherent disease that leaves them prone to relapse. Addictions help us when there is not enough safety. The function of addictions as protective strategies is contrary to the view of addiction in medical or disease models. This instills hope. Our bodies hold the wisdom needed to heal (Winhall, 2021). This model supports the values of a recovery-oriented approach that is person-centered, honors empowerment, and is strength-based, focusing on a person's overall health and well-being (Gagne, White, and Anthony, 2007). The reader is referred to Winhall's book, *Treating Trauma and Addiction with the Felt Sense Polyvagal Model* (2021). "The model provides a graphic representation of the integration of felt sense experiencing, and the neurophysiology of the autonomic nervous system (Winhall, 2021, 8)." To cultivate an embodied presence, the therapist needs to be in their social engagement system during an encounter. This is often easier said than done. We are all human, and we will respond to our clients' experience through the activation of our own autonomic nervous system. Having awareness of our own ANS allows us to identify and use targeted strategies to return to our social engagement system. Through personal awareness, we can coregulate with our clients, and help them be more aware of their own internal state so that they can maintain ventral vagal presence. It is empowering for a client to be able to identify and manage their nervous system through targeted interventions, and develop a toolbox of alternative coping strategies.

Becoming an Addiction and Trauma Therapist

To become a professional in the field of addiction and trauma requires a foundation of knowledge and skills. Professional associations such as SAMSHA (Substance Abuse and Mental Health Services Administration) and NCTSN (National Child Traumatic Stress Network) have outlined specific essential competencies that provide a framework for standards of practice, identifying the knowledge, skills, and attitudes essential for professional practice in this field. Readers engaged in working with addiction would do well to follow their professional guidelines and ethical practices.

Self-awareness

As therapists, it is important to understand our own theoretical orientations and approaches. The lineage of influential people, approaches, and theoretical understanding is unique to each therapist. Who we are reflects the learning paths we have chosen, and the professionals who have influenced us along the way. My understanding of embodied presence comes from Focusing. I had the honor to work with Eugene Gendlin, and to experience firsthand the power of his presence. The ability to identify a felt sense, to accompany the inward journey with welcoming compassion and curiosity, to allow the bodily process to unfold in a forward direction requires time and practice. Focusing is a natural process in which our bodies have the wisdom and knowing to move our lives forward if we know how to listen. One of Gendlin's sayings that most moves me is that "every bad feeling is potential energy to a more right way of being, if you give it space to move toward rightness" (1981, 76). At the heart of this approach is the belief that each of us has within the knowing we need to move our lives forward, and that the body is biased towards moving towards health and well-being (Gendlin, 1996).

The motivation and reasons for choosing this field and work with those who have experienced trauma and addiction are also unique and multilayered. Some may have had firsthand experiences of trauma or addiction themselves or within their family. Others may have fallen into it through a job opportunity. Whatever the reason, the choice must be conscious. Since self-awareness and reflection are essential qualities, you are invited to explore the history of the field, and of those who were influential in your development as a helping professional. Consider the following questions:

- What theoretical frameworks have informed your practice?
- Who clinically has influenced you as a professional?
- What five books on your bookshelf have you read that have personally touched you?
- How have your history and life experiences influenced who you are as a therapist, and your choice to enter the field of addiction and trauma?

- What is your learning style? Personality style? Temperament?
- What are your strengths, skills, and knowledge gaps related to embodied presence?

Having a broad understanding of the development of our field, of its approaches, of its theoretical underpinnings, and of those who have gone before us, locates us in the work. Knowing who you are, where you come from, and how your lived experience influences your *being with* another on their journey is essential. This understanding of self, the field, and the commitment to be a lifelong learner will assist you in being the captain of your own career.

Self-awareness has long been recognized as an essential skill in the helping profession, especially for cultivating an embodied presence. Indeed, there is a body of research that provides a comprehensive understanding of self-awareness and its benefits to health, mental health, and well-being. For the purposes of this article, I refer to self-awareness as one's ability to observe what is happening internally – being able to observe your thoughts, emotional states, and physical sensations, and being conscious of your memories and behaviors. Dan Siegel (2013) refers to this as "mindsight," and describes it as "the ability to truly 'see' or know the mind ... and is at the core of both emotional and social intelligence" (p. 39-41). You are not your thoughts, feelings, behaviors, and body sensations; there is *you*, and you have them. This differentiation or disidentification allows the observing part of the brain to be separate, and not merge or become overwhelmed by emotional states (Cornell, 2013). Cornell refers to this state as self-in-presence, an optimal stance to observe and explore one's inner process with curiosity and compassion. Being able to pay attention to what is happening inside your body is an essential skill for an embodied presence. In witnessing your embodied state, your client's mirror neurons learn to connect with their body, develop their sense of self, differentiate from what has happened or what they have done, and redefine their sense of purpose and meaning in their lives (Siegel, 2010).

Let's Practice

A Focusing Clearing Space Exercise

- Get in a comfortable position.

  Sometimes it helps to sit upright with your feet on the floor, allowing your strong back and the furniture to provide the support to go inside.

- Notice your observing self.

  Having a relaxed body and an alert mind helps to notice what is happening in you.

- Notice your breathing.

  You do not have to change it or "do it right;" just notice with curiosity and acceptance.

- Begin to bring your awareness into the center of your body.

  Somewhere between your throat and lower abdomen, say a friendly hello to whatever is there for you.

- Ask inside: Is there anything coming between me and feeling fully present in this moment?

  Pause and notice what comes. An alternative question, if nothing comes, might be a statement like "Everything in my life is well, and I am fully present in this moment." Perhaps something may come; for example, "All that about work," or "All that about family."

- Notice how your body carries "all that." Where is it physically?

  The language of the body is not complex. Is there a word or image that captures how you experience the sensation physically?

- Don't fall into it.

  You are not it; there is you and then there is this physical sensation. Using your observing mind, get the "right distance" from the felt sense.

- Invite the felt sense to move outside, and allow it to determine the right distance.

  Perhaps put it next to you, or on the other side of the door, or in another city. You can come back to it later.

- Clear out all that comes between you and being fully present in this moment.

  Continue to ask the same question, and one by one, move out or to the side all that comes between you and being fully present.

- Take some time to notice this cleared space and embodied presence.

  As you are truly present in the moment, invite an attitude of welcoming, curiosity, and acceptance. It is from this *state of embodied presence that you can be open to "being with" another.*

- Describe the felt sense of this embodied presence.

  Where is it physically? Is there a word, phrase, or image that describes the physical sensation? Does it have a size, shape, color, texture or movement? Take the time to focus your attention, and repeat the words that come. Allow the body to modify them so that there is a "right fit" between the words and the physical sensation.

- Is there a handle word, which would capture the whole of this felt sense of a cleared space?

  Look for a handle that will allow you to more easily return to this felt sense when you need to in the future.

- Bring your awareness back to the here and now.

  Try not to rush. Rather, invite your body to return in its own time and its own way.

- Externalize the cleared space of an embodied presence.

  Invite yourself to write, draw, or express the handle of this cleared space and embodied presence. This will help to reinforce the physical sensation, allowing you to return to it more easily in the future.

For additional information on Focusing, see www.focusing.org

Body Awareness

Body awareness has its origins in Eastern practices, particularly meditation and yoga. "Body awareness implies the precise, subjective consciousness of body sensations arising from stimuli that originate both outside and inside the body" (Rothschild, 2000, p. 101). From the outside, we take in information that comes through our senses (touch, taste, smell, sounds, and sight). The brain then unconsciously determines possible threat, and the ANS responds accordingly. From the inside, the body perceives through its connective tissue, muscles, and viscera, sending signals to the brain. The vagus nerve connects many internal organs to the brain, with 80 percent of its fibers being afferent – meaning they go from the body to the brain (Van der Kolk, 2014).

Trauma happens in the body; it alters our brain and nervous system. Somatic memory can also be carried in the body (Rothschild, 2000). For those who have experienced trauma or engaged in addictive behavior, the body then becomes an essential resource with which to work. The therapist's own embodied presence is required to help traumatized individuals reconnect with their body. Embodied presence creates a safe container for the client to explore their bodily awareness. Helping clients to befriend their body, notice and tolerate emotions and sensations, restore executive function through developing self-awareness, and experience the state of social engagement all become essential tasks in recovery.

Choice

The last important feature to consider in becoming a therapist working with those who have experienced trauma or engaged in addictive behavior is *choice*. The work is demanding, and complex. Walking with someone on their journey has its own responsibilities – above all, do no harm. Choosing this work requires the capacity to explore possible barriers to our own embodied presence:

- Take a moment to consider your experience with those who have experienced trauma or engaged in addictive behavior.
- Imagine sitting across from someone who caused significant harm as a result of their addictive behavior.

- What arises in you? How do you maintain compassion for yourself and your client when something arises?

Engaging as a therapist with an embodied presence requires the choice to be vulnerable. In Brené Brown's wonderful book, *Daring Greatly* (2012), she describes vulnerability as uncertainty, risk, and emotional exposure. Being an embodied therapist requires taking the risk to be wholly connected, uncertain of how our lived experiences may get triggered, and the ability to sustain the potential result of being in an activated and uncomfortable state. It is the willingness to be seen, genuine, and real that allows deep connection with clients. We need not be perfect, because none of us is – we need to be present, knowing that we have the skills to return to an embodied presence. We need to be in our social engagement system, as the need arises.

Lastly, before choosing to do this work, we must be aware that the work has consequences. "The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet" (Naomi Rachel Remen, 2006). Working with those who have experienced trauma or engaged in addictive behavior will have an impact! It is not only a matter of developing the skills or knowledge that prevents us from being affected by the work; it is a matter of recognizing when and how the work impacts our thoughts, feelings, behaviors, physical sensations, and worldview. This is why a free and informed choice is necessary.

Practical Applications

Specific to becoming an addictions or trauma therapist, this section presents practical applications in three areas: creating the brave space, preparing for an encounter, and important qualities a therapist must have to do this work.

The Brave Space

Creating a safe space is a key component of all therapies. Creating a safe environment includes all realms: physical, emotional, mental, spiritual, and relational (Geller, 2017). Therapists can create a safe environment, and offer an embodied presence that is calm, open, accepting, non-judgmental, compassionate – however, this does not mean clients will feel safe. Clients have their own internal systems, unique brains and autonomic nervous systems that decide, consciously and unconsciously, if they feel safe. Those who engage in addictive behavior have experienced or caused harm, and often enter therapy with significant levels of mistrust, denial, minimization, shame, and activated arousal. Building trust and creating safety takes time. We need to join clients where they are in their process, and walk with them from there. One of my colleagues, Heather Barbour, introduced me to a definition of trust I find helpful to share with clients. Trust is "saying=doing over time". Creating a structured, consistent, and welcoming environment, and being compassionate and embodied as a therapist will eventually help create the safe container for the client to do their inner work. Honesty is essential in the therapeutic relationship. Denying and minimizing are common coping mechanisms, especially with those who have caused harm to self and others. Shame can interfere with truth-telling.

- What is it like for you as therapist or helper when a client tells a bold-faced lie during a session?
- How do you confront?
- How do you repair ruptures in the relationship as a result of lies?

I invite you to sit with the felt sense of what it is like in you when a client lies in a session. Notice what forms in your body as the whole of this experience. Notice if your nervous system is activated, and what that is like. What does the felt sense need from you in this moment? What strategies work for you to return to a sense of calm? I invite you to think about some of these challenging issues in advance, so that when they arise in a session, your body has a sense of what it needs to return to and maintain a regulated state.

Arao and Clemens (2013) popularized the notion of creating brave spaces. Creating a brave space in a therapy environment allows for safe self-reflection, challenging with compassion, taking responsibility, and relationship repair. Being transparent and discussing the creation of a brave therapy space is the first step. In addition, normalizing that shame is a common and human experience can help clients acknowledge their behavior. When the groundwork is set, challenging with compassion from an embodied presence is possible. For example, "I feel a tightness in my chest, as I have information to the contrary. I am wondering what comes between you and being able to tell the whole or more accurate experience?" Another example might be, "I noticed your body appeared to tighten when you were talking about … I wonder what that is like for you physically in your body, and would it be okay to spend some time with that felt sense?" Within this brave therapeutic space, we can challenge with curiosity and compassion.

Preparing for an Encounter

In preparation for a session, I pause and connect with my felt sense of embodied presence. As a therapist, I need to distinguish what is happening in my body as I listen and hold space for the experiences of my clients. Early in my career, Mary Armstrong, my Focusing mentor, taught me to create a container to hold the other person's experience. I continue to use a *precious container* to hold someone's experience with respect, acceptance, and non-judgment. I use the image of an ironwood bowl, and found an image of a bowl that matched my felt sense on the internet.

I invite you to create a special and precious container:

- What would it look like?
- What size, shape, texture, and material would make it special for you?

Before a session, I imagine this container in a felt way; for me it is in my abdomen – solid, open, and inviting. With this container, I can hold the other's whole experience, no matter what the trauma or behavior, because it is not mine and it is not in me. Of course, from time to time, it spills over. In those times, I pause to acknowledge my own felt sense and my nervous system's response. I mark it so that I make time to come back to it later, asking what it needs so that I can keep it separate from my client's experience. Sometimes it is only through reflective practice that I can identify and manage my response. But at the close of a session, I imagine giving clients their experience back, because it belongs to them. I was given the opportunity to enter their world, but in the end, it is their experience.

Qualities of the Embodied Therapist

As a trauma and addiction therapist, it is important not only to be an authentic and attuned presence: *how you are* in session is also important. I have identified five qualities I believe to be essential for an embodied therapist. The qualities all begin with the letter I: Invitational, Intentional, Integrative, Insightful, and Inspirational. The following provides the rationale for each of these qualities as they relate to being an embodied therapist working with those who have experienced trauma or engaged in addictive behavior:

Invitational. Trauma robs a person of their sense of control, particularly in complex trauma when the body anticipates re-experiencing trauma, and the unpredictability of when the next trauma may occur (Herman, 1982). Therefore, as a compassionate therapist with an embodied presence, it is essential to support our clients' autonomy and sense of control by inviting them to participate, and allowing them to have input whenever possible. Choices can help clients maintain a sense of control. For example, "What feels right to do first?" or "It sounds like there is a lot going on for you; check inside to see if anything needs your attention now," or "Check inside and see what comes between you and choosing to…" It may not sound that significant, but language matters, especially when you are seen as a person in authority. When clients are desperate and just want to have you tell them how to fix their life, it can be tempting to save the day. However, telling someone what to do, or trying to fix another person not only robs them of an opportunity for control, it is also unlikely to result in lasting change. We must empower clients to take charge of their life and their process; they have to make the choice to heal, and they have to heal themselves.

Intentional. Intentionality refers to being resourceful and directive so that there is a purpose to everything we do. Best practice promotes an assessment-driven process with a phased approach to treatment. Herman (1982) suggested a three-phase approach that involves safety and stabilization, resolving the trauma, and moving on. Other therapeutic approaches have a number of phases or steps that all tend to include similar content. With respect to addiction, there are a number of competencies and approaches that facilitate recovery. Knowledge is empowering, and so psychoeducation is an important part of the healing process. Therefore, those who help people recover from addiction need to understand the theories and concepts, and offer psychoeducation in language that is understandable and helpful to their clients.

Therapists with embodied presence have knowledge of the issues to address, and through intentionality, bring them up in session at appropriate times. By being in their social engagement system, they help clients stay in that state with them as they take in information. Thus, clients develop more ability and readiness to succeed. Clients who have substance use disorders or have engaged in addictive behavior often will not voluntarily express the desire to work on shame or other emotionally painful topics. Therapy with intentionality provides the avenue to bring these difficult topics into the session.

Integrative. Integration means living a connected life. As we experience life, we are connected to our thoughts, feelings, memories, behaviors, and physical sensations. In treatment, some of the tasks that promote the integration of experience include helping to identify and address cognitive distortions, teaching emotional language and expression, understanding how emotions, memories, and experience are carried in the body, resolving traumatic memories, and helping clients connect with their felt sense and body wisdom. During the assessment, I attempt to determine the extent to which clients are able to integrate and connect to their thoughts, feelings, memories, behaviors, and physical sensations. This becomes the starting point towards helping them live a connected life. Telling the story about an event does not guarantee that its memory will be integrated and laid to rest. When clients first describe their experience, they are often immersed in it. They are in a dysregulated state, often reliving the emotions, smells, sounds, memories, and body sensations of the past. Helping clients coregulate and drop into the parasympathetic ventral branch of their nervous system allows them to engage the parts of their brain that supplies a sense of time and perspective – being in the now, and not the past – as well as to integrate their trauma in a coherent narrative (Van der Kolk, 2014). Trauma results in disconnection, in splitting memories, emotions, somatic sensations, and behaviors. Healing requires linking all the aspects of an event; both the implicit and explicit aspects and memories need to be bridged in or-

der to create a cohesive narrative (Rothschild, 2000). From an embodied presence, we have to help clients make their own meaning from their experiences. We help them understand in an integrative way – including how they carry the experience in their bodies – how to make sense of their lived experiences, and how they will choose to live their life moving forward.

Insightful. When people have made the decision to heal and take charge of their lives, they develop a sense of agency. Agency – also referred to as interoception – is the ability to be aware of what is happening physically in our bodies (Van der Kolk, 2014). To be aware of what is happening inside involves being aware of our thoughts, feelings, memories, and physical sensations. This ability to be an observer to what is happening inside is an essential component in mindfulness. I like to refer to it as *insight in the moment* – we can observe what is happening inside from *just the right distance*, so as not to fall in and become overwhelmed.

Insight also refers to the ability to make connections from the present to the past. Identifying triggers or reminders of traumatic experiences, or acknowledging the need to disconnect from uncomfortable and overwhelming emotional states, is part of developing insight. Being conscious and aware of the triggers allows us to engage with the experience differently. Recognizing, "Oh yes, that is what it felt like when…" allows compassion and understanding. Our ability to observe the state then allows us to take action – for example, saying to ourselves, "That was then, and it is not happening now," or "What does this place need right now?" or "It makes sense that I was reminded about what happened." Insight is necessary to integrate experience, make meaning, and allow trauma to be held in the past.

Inspirational. Inspiration is about holding and instilling the hope for a better future. It is well known in positive psychology that hope and optimism are related, and both contribute to positive outcomes physically, mentally, and emotionally. The hope theory of Charles Snyder, an early pioneer in positive psychology, identified three elements: goals, paths, and freedom of choice (Mulder, 2019). When clients initially enter therapy, they have often lost hope and their personal sense of agency. As embodied therapists, we need to hold the hope and belief that the person has the ability to heal until they are ready to internalize their own sense of hope, meaning, and purpose. Neurologically, the midline structures of the brain are involved in creating our sense of self. Specifically, the medial prefrontal cortex allows us to notice what is happening inside our bodies. This is important to understand, as trauma causes a loss of the sense of purpose. Traumatized individuals have an undefined sense of self, and feel unsafe in their bodies (Van der Kolk, 2014). As embodied therapists, we help clients connect with their social engagement system so that they not only develop a cognitive sense of building a hopeful future, but also internalize their vision in a bodily felt way. Instilling hope must be realistic. It is important not to offer false hopes over which neither therapist or client have control. For example, it would not be fair to suggest that relationships will return to what they once were. The only person clients can control is themselves. Thus, hope must focus on the belief that they will recover from their trauma and addiction with a renewed sense of agency, make meaning of their experience, and develop a sense of purpose for themselves.

Conclusion

The embodied presence of the therapist is central to helping clients heal from addiction and trauma. Having an embodied presence is based on the ability to connect to our felt sense and attune to what is happening physically in our body, and in our felt sense awareness of an integrated experience – in our thoughts, feelings, behaviors, memories, and physical sensations. Not only is it important for therapists to understand the ever-evolving knowledge in the fields of neuroscience, addiction, and trauma (and more), it is also essential to provide psychoeducation to help clients connect to their body, regulate their nervous systems, and thus take control and make meaning of their experiences. As therapists with an embodied presence, maintaining presence in our social engagement system and holding the brave space creates a sense of safety. Through the polyvagal lens of coregulation, clients develop new neural pathways of safety within their bodies. The therapist's embodied presence allows clients to become attuned, and able to regulate their own internal nervous systems (Porges, 2011). Healing and recovery occur through connection. When embodied therapists and clients are grounded in their social engagement systems, clients can access their prefrontal cortex so that they can integrate and make sense of their experiences.

We examined five qualities that contribute to a therapist's embodied presence while working with those who have experienced trauma or engaged in addictive behavior. Being invitational helps clients maintain a sense of choice, and invites them into their body. Intentionality brings purpose to sessions, addresses difficult issues, and ensures that the timing of interventions matches clients' nervous system state. Integration, or connection to thoughts, feelings, memories, behavior, and physical sensations, is a necessary condition for healing. A neurophysiological sense of safety allows for meaning-making of lived experience, and helps people live connected lives. Insight encourages self-awareness, allowing clients to be aware of what is happening in their nervous system, and determine what their body needs in order to return to a regulated state and connect to their social engagement system. Inspiration is the ability to hold and instill hope for a different future, and contributes to successful outcomes in therapy. The felt sense of hope becomes an embodied experience promoting lasting change.

This article focused on the therapist's embodied presence as the central or core component required to heal from addictions and trauma. Embodied presence, self-awareness, and self-reflection are essential qualities for therapists to access the wisdom of their body. In these uncertain times of COVID-19 pandemic, having an embodied presence and being able to regulate our nervous systems supports resilience. Our embodied presence can create safety for others, as we strive to help them live a calm and connected life.

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