Academic/Research Article

An exploration of therapists' experience of and use of grounding techniques in their work with developmental trauma in adults in Ireland

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This article explores the experiences of student therapists using grounding techniques when working with adults who have experienced developmental trauma. It uses a qualitative methodology and thematic analysis (TA) to analyse data, as existing research is limited.

Introduction

Experiencing developmental trauma can cause substantial negative lifelong outcomes. Research demonstrates grounding interventions may serve as a key somatic resource for treating symptoms of Complex PTSD (C-PTSD) and attachment trauma (van der Kolk et al., 2001; Schwartz & Maiberger, 2018; Punkanen & Buckley, 2021).

The current study, conducted as part of the author's BSc (Hons) dissertation, explores therapists' experiences of using grounding techniques when working with clients who experienced developmental trauma. This study sought to explore therapists' reflections on their competence in working with these clients.

The existing research and applied literature on this topic indicate that it is a growing clinical discipline and field of academic investigation. Quantitative research investigating the treatment of developmental trauma and the efficiency of grounding techniques is gaining momentum (van der Kolk et al., 2001), yet qualitative evidence on individual's experiences, and analyses of a humanistic approach, is lacking in Ireland (Forde & Duvvury, 2021). Working with grounding techniques is integral to the recovery process, while providing salient insights into the complexity of the grounding techniques in developmental trauma treatment.

Literature Review

The pioneers in the field of trauma indicate that working with embodied trauma is an integral aspect of the recovery process for childhood abuse survivors (Van der Kolk at al., 2001; Punkanen & Buckley, 2021). Van der Kolk et al. (2001) present the assessment and treatment of C-PTSD, by using a number of quantitative studies and discussing theory and methods. The findings indicate that "patients with PTSD symptoms need to practice stabilisation techniques to ground themselves when they feel hyperaroused or dissociated, such as changing their posture and noticing the sensation of feeling one's feet on the floor"

(van der Kolk et al., 2001). Body awareness exercises are beneficial for survivors with embodied trauma (Price, 2005). Punkanen and Buckley (2021) illustrate the importance of embodied safety while stabilising clients with complex trauma, which can be achieved through grounding.

An Irish Qualitative Study by Forde & Duvvury (2021) on 11 adult survivors of childhood abuse, detailing the lived experience of the recovery process from the perspectives of survivors and 12 psychotherapists, emphasises the need for trauma informed therapists who specialise in body-mind approaches. The findings indicate that successful integration depends upon psychotherapists employing specialist knowledge to monitor individuals' levels of arousal. Body awareness can halt traumatic hyperarousal, and separate past from present (Forde and Duvvury, 2021). A rich array of grounding techniques can be adapted to individuals to support their awareness not just cognitively, emotionally and socially, but also in their physiological experience.

Developmental trauma

Developmental trauma refers to exposure to multiple, cumulative traumatic events, usually of an interpersonal nature, during childhood, resulting in developmentally adverse consequences (van der Kolk, 2005; Busuttil, 2009). It includes sexual, physical, and emotional abuse, neglect, war, community violence, traumatic loss, betrayal or disruption of primary attachment relationships and chronic emotional dysregulation of caregivers (van der Kolk 2005; Ford & Cloitre 2009; Sarr, 2011).

Neuroscientific studies (Schore, 1994; Damasio, 1994) illustrate that the infant's capacity for regulation is determined by the quality of their primal bond. "Secure attachment" with one's caregiver is shaped by the caregiver's attunement to the child's psychobiological states (Bowlby, 1988). When not emotionally attuned to child, patterns such as "avoidant attachment", "ambivalent attachment" and "disorganised attachment" may develop (Carr, 2012). Attachment patterns often persist into adulthood (van der Kolk, 2014), and are not fixed but are fluid, flexible and can change (Innerhofer, 2013).

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Many survivors of developmental or attachment trauma present with symptoms of dissociation (Herman, 1992; Levine 1997) and flashbacks that significantly impair their capacity for present-oriented and adaptive functioning and social engagement (Allen & Coyne, 1995; Cloitre et al., 2009, Pierce, 2014; Heller & LaPierre, 2012). Other symptoms may manifest through somatic disturbances, hyperarousal, constriction, and immobility with freeze/helplessness (Herman, 1992; Levine, 1997). Shame and unworthiness are also signature symptoms of childhood trauma (Schwartz & Maiberger, 2018).

Grounding

While grounding techniques are common in yogic, chakras and other ancient Eastern philosophies, in the West, the concept of grounding was expanded on by the founder of Bioenergetics – the body psychotherapist Alexander Lowen (1993, 2006). Based on the interaction of body and mind, a well-grounded individual with body awareness who "has his feet on the ground" is a balanced, psychologically mature person "who is in touch with reality" (Lowen, 1993). The feet and legs lay "the foundation and support of the ego structure" (Lowen, 2012). Physical stability allows emotional stability. Lowen's concept of grounding is crucial in dealing with aspects of the person's loss of physical and psychological reality with clients presenting with trauma (de Tord & Bräuninger, 2015).

According to Clauer (2011) the concept of grounding includes verticality (contact with the ground), contact with one's own physicality, the capacity for emotional holding, and discharge of energy into the ground, and being able to understand ourselves and to connect and relate to others, including the therapist. De Tord and Bräuninger (2015) discuss clinical application of grounding exercises on one or several of the four levels: physical grounding, sensory grounding, emotional grounding, and social grounding.

Visualisation exercises such as imagining roots growing out through one's feet or pelvis and visualising "inner safe places" may help clients achieve a sense of safety and containment (van der Hart, 2012). According to Heitzler (2009), they help clients to self-regulate, restore balance and re-experience the safety of the "window of tolerance" (Siegel, 1999) – an optimal zone of nervous system arousal. The establishment of a "safe space" is a current or remembered site of safety and protection, ideally "an actual, earthy location that the client has known in life" (Rothschild, 2000).

Are grounding techniques safe to use in therapy?

While many clients will find grounding organising and settling, some find it anxiety provoking.

When grounding is not possible, other regulating techniques such as pendulating, resourcing, and orienting can discharge activation (Heller & LaPierre, 2012). Punkanen & Buckley (2021) explain that many clients avoid relaxation techniques because lapses in vigilance are associated with past victimisation and can cause stress. Rothschild (2000) argues that induced relaxation may precipitate a trauma reaction, increasing hyperarousal and anxiety, risking flashbacks. Relaxation-type trainings increase anxiety in some people (Heide & Borkovec, 1983, 1984; Jacobsen & Edinger, 1982; Lehrer & Woolfolk, 1993). Relaxation techniques, including grounding need to be titrated according to client readiness and monitored to prevent traumatic state changes (Pierce, 2014).

There is increasing theoretical convergence between the fields of attachment, neuroscience, and trauma psychology (Rustin, 2012; Schore, 2009). Working with embodied trauma is an integral aspect of the recovery process for childhood survivors (van der Kolk et. al, 2001; Levine, 2010; Ogden, 2021). Ensuring that grounding techniques are practiced safely with trauma clients requires appropriate training and conscious, and careful application. Visiting the past in therapy should be done while people are firmly rooted in the present and feeling as grounded as possible.

The present study

The study was informed by Basic Qualitative Research (BQR). A qualitative methodology was employed to understand the role of grounding techniques in developmental trauma treatment in adults as it provides rich insights into participants' understandings and experiences (Rubin & Rubin, 2005). Thematic analysis was chosen to ensure therapists' voices could be heard. The findings were produced based on the themes that emerged from the data analysed from one-on-one semi-structured interviews, with the results shown in Table 1.1. The sample of participants consisted of three female student therapists in the final year of their BSc (Hons) Degree in Integrative Counselling and Psychotherapy with the IICP, all adults having in-depth knowledge and at least one year's experience of working with developmental trauma in adults and grounding techniques.

> *Effective treatment should help patients to be fully in the present in the here and now*
>
> *(van der Kolk et al., 2001)*

Emerging themes

Four themes emerged for this study after analysing the data: here and now, therapeutic relationship as a safe space, therapists' self-care activities, therapists' training in trauma informed care.

Table 1.1 highlights the themes and the number of times they were mentioned in the interviews.

Table 1.1: *Main themes and the number of times they were mentioned in the interviews.*

Themes	Count
• Here and now	58
• Therapeutic relationship as a safe space	64
• Therapists' self-care activities	45
• Therapists' training in trauma informed care	25

Theme One – Here and now

Effective treatment should help patients to be fully in the present in the here and now (van der Kolk et al., 2001). T1, T2 and T3 agreed that one of the aims of trauma therapy is to closely monitor hyperarousal and dissociation signals, both of which indicate that the client is no longer able to distinguish between past and present. All participants employ grounding techniques to bring clients into the here and now.

All participants believe that grounding facilitates the dual awareness state that is necessary to keep the client safe during trauma reprocessing (Rothschild, 2000). It requires that clients remain aware of present-moment experiences while simultaneously addressing memories related to the traumatic event (Schwartz & Maiberger, 2018). Dual awareness can be maintained through the use of interventions that are relational, sensory based, and encourage movement (Lanius & Paulsen, 2014). T3 incorporates movement and creative work to ground clients when they need to be up-regulated. T1 discussed the importance of applying dual awareness and Babette Rothschild's flashback protocol (2000) for safe trauma therapy. T1 follows Judith Herman's (1992) trauma treatment framework, which places emphasis on establishing a sense of safety within relationship and developing skills for orienting to present time and space. It is currently recognised as best practice (ISSD, 2005).

Theme Two – Therapeutic relationship as a safe space

If there is absence of a developed, secure relationship between client and therapist, trauma therapy should not take place (Rothschild, 2000). All participants agreed that the need for establishing safety before engaging in deep therapeutic work is essential when working with vulnerable clients who experienced difficulties with developing secure attachments (Bowlby, 1988). T1, T2, and T3 use concepts and

strategies from client-centred counselling (Rogers, 1984) and consciously empower clients in making choices. T1 spoke about giving clients autonomy around the frequency of sessions.

Therapists can help traumatised clients become more aware of the implicit effects of their trauma and attachment wounds (Punkanen & Buckley, 2021). When an early trauma is triggered by a recent event, it is impossible for the client to regulate states of arousal during therapy, or use the therapeutic relationship as a potential resource, until the early trauma has been addressed and contained (Heitzler, 2009). Clients may often recapitulate the relationship dynamics from their childhood with their therapist (Schwartz & Maiberger, 2018). T1 and T3 highlighted that the individual might perceive the therapist based upon his projections from the past relationships. T1 and T2 confirmed that acknowledging people's attachment styles is important when treating developmental trauma.

Being aware of transference and counter-transference as they occur is crucial as it may negatively impact on the counselling process (IACP, 2022). Trauma can be re-enacted in the transference – as psychological symptoms (i.e., mistrust) or as somatic symptoms (Schwartz, 2018). T1 indicated that some clients might resist trusting a well-meaning therapist. All participants believe that individuals with long term, chronic trauma exposure can lose the ability to accurately perceive whether people are safe or trustworthy (Ogden & Minton, 2014).

Mutual regulation in therapy can help clients to "learn new regulatory patterns, and develop a new model for successful relationship" (Schwartz & Maiberger, 2018). The accounts shared by all participants indicate that the therapist acts as a psychological regulator for the client (Schore, 1994). The neurophysiological principles to creating safety with therapeutic presence, based on concepts such as co-regulation and neuroception of safety are stemming from Polyvagal Theory (Geller & Porges, 2014). T1, T2 and T3 engage the client's nervous system by developing a trusting rapport through warmth and authenticity. The process involves attunement of the client's arousal states and an application of Polyvagal Theory, as described by T1 who tells clients: *I feel my nervous system activating when you are talking about that.*

Ensuring that grounding techniques are practiced safely with trauma clients requires appropriate training and conscious, and careful application

T2 believes that therapists can model regulating behaviours through breath and movement, as needed for the client.

The narrative shared by T2 draws attention to individual clients' varying preferences in regard to proximity of seating arrangements. According to Schwartz and Maiberger (2018) "seating distance is related to the power dynamics in relationships." Therapists should acknowledge cultural factors in the treatment of trauma and address traumatic events that are rooted in prejudice, discrimination, and oppression (Nickerson, 2017).

Theme Three –Therapists' self-care activities

T3 described her early work experiences with clients who presented with developmental trauma. T3 joined with the physiology of the client without realising it. Psychophysiology of the client could be induced in therapists (Schwartz & Maiberger, 2018). T3 was able to identify countertransference and process difficult experiences through personal therapy and supervision. T3 engages personal self-care resources to compassionately differentiate from the client. Differentiation allows therapists to consciously uncouple their somatic resonance and arousal state from that of the client (Schwartz & Maiberger, 2018). T2 explained that:

If you're not able to regulate yourself, then how can you support the client in co-regulation? Their nervous system is going to be very much in sync with our nervous system, so our nervous system needs to be very calm.

Rothschild (2006) suggests that too much empathy can have negative repercussions. To recover mentally, emotionally and physically T1, T2 and T3 engage in self-care strategies, including physical activity, mindfulness practices, grounding and spending time in nature.

Theme Four – training in trauma informed care

Ensuring that grounding techniques are practiced safely with trauma clients requires appropriate training and conscious, and careful application. The findings underscore the importance of trauma informed training. All participants stressed that lack of therapist knowledge/ training in trauma informed care can lead to therapists wrongly treating developmental trauma in adults, thereby, negatively affecting therapeutic relationship (McLeod, 2013). T1 and T3 spoke about a lack of formal trauma informed care training in their core counselling programmes in higher education.

T1 explained:
I have completed two undergraduate programs and a Masters in Counselling Psychotherapy. None of the modules have covered trauma, the impact from a neurobiology side.

T1 and T3 believe more training should be put in place by colleges, while T2 stressed that all personnel in mental health institutions should be trauma informed. T1 and T3 highlighted how this lack of training meant they felt underprepared and overwhelmed to work with developmental trauma. Maté (2018) and van der Kolk (2014) advocate for trauma informed care in education and mental health institutions. T3 spoke about the vigilance around vicarious trauma for the practitioner. The topic of compassion fatigue, vicarious traumatisation, and therapist burnout has been discussed by Rothschild (2006), Mathieu (2012), and Schwartz and Maiberger (2018).

Recommendations
The analysis showed that employing grounding techqniques should be titrated according to client readiness and monitored to prevent traumatic state changes (Pierce, 2014). Therapists need to engage the safety system of the brain, and help clients to be fully in the present in the here and now. It is recommended that therapists teach trauma survivors how to stabilise and ground, before trying to promote new ways of thinking (Ogden, 2021).

The analysis shows that participants provide emotional and social grounding (de Tord & Bräuninger, 2015) when working with developmental trauma in adults. Working with Polyvagal Theory is essential in establishing safety and restoring relational connection. All participants provide external psychobiological regulation by engaging the client's social nervous system through a trusting rapport (Schwartz & Maiberger, 2018). Creating a safe space for clients involves responding to their needs and preferences. It is recommended that trauma informed care therapists understand human development, and the attachment patterns.

Traumatised clients often experience hyper- or hypo-aroused reactions and can flip between the two (Punkanen & Buckley, 2021). The psychophysiology of these states can be induced in therapists (Schwartz & Maiberger, 2018). To be firmly grounded and present for their clients, it is recommended that therapists engage in self-care activities. Therapists' own interoceptive and embodied awareness can help support psychophysiological regulation for clients during sessions (Schwartz & Maiberger, 2018). Therapists should possess the required knowledge and skills in regulating their own nervous system to avoid burnout and prevent vicarious trauma.

This study shows that the therapists' understanding, knowledge and school of training on developmental trauma treatment may impact their effectiveness in clinical practice. The recommendation is that all therapists are trained in trauma-informed approaches in their core counselling training. It is recommended that all personnel in mental health institutions are educated to recognise the signs of trauma in clients.

Limitations
The design and findings of the research have several limitations. Based on the extensiveness of the data obtained in each participant interview, the participant group size was deliberately kept small (n=3). Other limitations include lack of literature in Ireland. It can be difficult to focus analysis on trauma approaches and it depends on the researcher's interpretation.

Conclusion
The findings of current study enhance our understanding of the dynamics involved in the biological, psychological and social components of developmental trauma. According to Ogden et al. (2006) successful trauma treatment should have a combination of top-down processing and bottom-up processing. The challenge in helping clients with developmental trauma is not only with helping them separate past from present, but also supporting them in enhancing the quality of day-to-day experience. Grounding techniques should be incorporated into trauma treatment, with an emphasis on safety and stabilisation, so clients can be fully present in the here and now.

The findings underscore the importance of trauma informed training in higher education and mental health institutions. Grounding techniques must be practiced safely with trauma clients. Both hypoarousal and hyperarousal nervous system states require different set of skills. Lack of knowledge can lead to therapists wrongly treating developmental trauma, which can damage the primarily important therapeutic relationship (McLeod, 2013).

Without commitment to self-care, maintaining a practice focused on the treatment of trauma symptoms can have a significant impact on the mental, emotional, and physical health of the therapist (Schwartz & Maiberger, 2018). Therapists must have strategies to disengage from the client's somatic process.

It is hoped that delving into the understanding of grounding techniques might support clinicians and clients in working with developmental trauma.

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