

Somatic Tracking Guide

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How to Use This Guide

This guide is not meant to be used in isolation. You can either use it while working with a therapist who has experience with Pain Reprocessing Therapy or complement it by reading about nociplastic pain and listening to examples of somatic tracking (you can find this on various podcasts and YouTube videos). The guide and accompanying worksheet are focused on helping you to personalize somatic tracking to you, your condition, your experiences, and your nervous system.

This guide is not intended to replace medical or therapeutic advice. Its content is for educational purposes and to complement other information you may have. If you have any questions, please contact a professional experienced in Pain Reprocessing Therapy.

What is Somatic Tracking?

Somatic Tracking is the primary therapeutic technique in Pain Reprocessing Therapy (PRT). It is a brain retraining technique, so it needs practice to be effective. It has three main components: Mindfulness, Safety Reappraisal, and Positive Affect Induction.

What is the Purpose of Somatic Tracking?

Somatic Tracking is meant to bring more safety to your nervous system, correct misinterpretations that your brain has made, and start reducing the level of threat within your nervous system.

Nociplastic pain is like having problems with the software of an alarm or computer, while somatic tracking is like giving it the information it needs to work better. It changes your relationship with pain from one of fear or threat to something that is more neutral and understanding. By reducing the fear/danger/threat that your nervous system perceives and increasing the safety perceived, you can reduce your pain levels and your ability to cope with the pain.

Mindfulness:

The First Component of Somatic Tracking

The mindfulness component of Somatic Tracking focuses on sensations within your body. It involves nonjudgmentally observing, describing, and defining sensations in our bodies. The following are the typical components of mindfulness, with some special focuses on pain and somatic tracking.

Observing

Observing is about noticing your body sensations and what is coming through your senses (vision, hearing, smell, touch and taste) or what you feel in your body. It's what is happening in the moment and letting it be. It's a relaxed state where you just watch what you are experiencing in the moment.

Describing

Describing is about putting to words what you observe, including who, what, when, and where. It may include acknowledging the thoughts and feelings that come up and letting them pass. In somatic tracking, we want to describe the location, quality and intensity of our pain so that our brain recognizes that we are fully aware of the pain and what is going on in our bodies.

Location:

- Widespread or localized
- Right, left, or both sides
- Part of the body (hip, leg, hand, arms, etc.)
- Stays in one spot or moving around (straight, erratic, circular)

Quality:

- Throbbing, piercing, stabbing, stinging, burning, shooting
- Knotted, cramping, spasming, vibrating, prickly
- Tingling, numb, blank, empty
- Warm, hot, cool, cold, icy, frozen, burning, pleasant, cozy, comfortable
- Light, heavy, uplifting, pulling in, sinking, drowning
- Constricting, protective, inflamed, solid, dense, supportive, compressed

Intensity:

- mild, moderate, severe
- dull, intense

- intermittent, pulsing, or continuous
- delicate, damaged, hearty, coarse

Your descriptions can include metaphors, imagery, or other ways of representing what you are feeling or sensing.

Participating

Participating is about focusing on the task at hand without other distractions. It's about going with the flow of the activity you are doing and what is coming at you. You can bring curiosity to what you are experiencing or something else that enhances the experience.

Nonjudgmentally

Nonjudgmentally is about observing and describing but not evaluating good or bad. You may acknowledge the difference between helpful and unhelpful and something being dangerous or safe, but don't judge them.

One-Mindfully

One-Mindfully is about being completely in the present moment. Focus on what you are doing and letting go of distractions. If your mind wanders, gently bring it back to the task at hand.

Effectively

Be mindful of your goals in the situation and do what is necessary to achieve them. Focus on what works and act as skillfully as possible in the current situation. This is not as skillful as you would like, but as skillful as you can be in the moment. Focus on the process, not if it's reducing your pain or if you are doing it correctly. Focusing on the process and what you are doing is more likely to be effective.

Mindfulness Summary

An example of the initial mindfulness component may be something like this: I feel a sharp pain shooting down the inside of my left thigh; it is not moving but fairly intense.

The mindfulness component lets your brain know you are aware of your body's sensations, reducing fear because you are not reacting to your pain with fear.

It can be challenging to be authentically mindful when paying attention to something that feels like a threat or something inherently dangerous. If you

feel distress while paying attention to the pain, gently pendulate to something more neutral or soothing. As you feel more at ease, gently pendulate back to the pain with curiosity and return to the neutral or soothing stimulus as needed. You can go back and forth between the pain and the neutral stimulus as many times as you wish.

Safety Reappraisal:

The Second Component of Somatic Tracking

Safety reappraisal is the second component of Somatic Tracking and enhances the safety created by the mindfulness component.

Building off the Evidence Indicating Nociceptive Pain

These types of safety re-appraisals are about educating your brain and moving towards the correction of misinterpretations. You want to communicate to your brain that its alarm of pain is an overreaction or a misinterpretation of what is really going on in your body. You are reassuring your brain that what is going on in your body is fine and there is no reason to be alarmed.

Fill out the following chart for the questions that apply to your condition or experience with pain. These are safety messages that communicate to your brain how the pain doesn't make sense in a functional way or other evidence that the pain is nociceptive. You can describe the evidence or write a statement you would use during somatic tracking. This is what you will use to convince your brain that it is wrong about what it is perceiving from the sensations it is reacting to.

What May Indicate That Your Pain is Nociceptive	Evidence that Your Pain is Nociceptive
Did your pain originate during a time of stress, or did it become significantly worse during a time of stress?	
Did your pain originate without injury?	
Was there a time when your pain significantly worsened?	
Are your symptoms worse for certain times of the day (first thing in the morning, middle of night, etc.) or the day of the week (weekend vs. weekday)?	
Do you experience worse pain after certain activities (not delayed onset muscle soreness) but not during?	
Does your pain go away when you are engaged in joyful or distracting activities? Does your pain occur when	

you think about it or when someone asks about it?	
Do you have a large number of symptoms?	
Do your symptoms spread or move?	
Are your symptoms triggered by stress (get worse when you are stressed, when anticipating a stressful situation, or when thinking about a stressful situation)?	
Are some of the triggers for your symptoms have nothing to do with your body (such as trauma triggers, temperature, weather changes, etc.)?	
Do you have symmetrical symptoms (same symptoms on both sides of the body)?	
Are your symptoms triggered by light touch or other stimuli that would not normally cause pain?	
Are there times you can do the same activity without pain or less pain?	
Does your pain worsen when you feel certain emotions or deal with certain situations?	

This evidence is vital so you and your nervous system can believe it is misinterpreting the data (sensations, nerve pulses, etc.). It allows you to be authentic when communicating safety to your nervous system.

Creating safety that applies to your condition or pain disorder

These are safety re-appraisals that are aimed at soothing and encouraging your nervous system to reduce the pain or that it doesn't have to be this way. Creating safety requires reassuring your nervous system and letting it know that you are safe and will not do any damage. For your nervous system to believe the safety messages, they must make sense according to your pain condition and what is happening in your body.

Some examples may include:

- ❖ Telling your body that you have done this before without damage, you have done something similar, and nothing happened, or you have done

the same thing but at a different intensity and it was fine. There is nothing to worry about. What I am doing is safe.

- ❖ Telling your body that there is nothing wrong with your body (only do this if there are no significant structural problems).
- ❖ Reassuring your brain that the sensations in your body are safe.
- ❖ You can use personalized coping statements (CBT) that are focused on your pain, corrective statements, or reframing to add to the safety re-appraisal.

Talk to your brain in soothing and reassuring ways. For example, you may speak to it like a child or a pet scared of a thunderstorm. Be confident and soothing; you know there's nothing to worry about. Your nervous system sees danger and threats where there are none and needs to feel safer. Your primitive brain needs authentic feelings of love, care, and safety.

Some examples of safety reappraisals are:

- ❖ I am safe right now. Nothing I am doing is causing harm.
- ❖ While exercising: "I have done this before without harming myself. It may be slightly more intense, but I am safe. It just feels a little different."
- ❖ When dealing with a trauma trigger that is triggering pain: "I am safe. My past trauma is being triggered, but I am in no danger right now. The danger is in the past. I am safe where I am in the present."

How to Implement Safety Re-Appraisals into Somatic Tracking

You can interweave the safety re-appraisals into the mindfulness component or leave them in a separate section between mindfulness sections.

An example of interweaving may be: "I can feel a sharp, intense pain going down my thigh, but there is no need for this pain. All my nerves and muscles are intact. I am safe where I am. I'm not doing anything to put myself in danger. The pain is intense, but I can be calm knowing there's nothing wrong."

Whereas with separate sections, you complete each section before moving to the next. You would do a description of your pain. Give safety reappraisals and then another description of your pain.

Positive Affect Induction:

The Third Component of Somatic Tracking

Positive Affect Induction is the third and final component of Somatic Tracking. It involves instilling a calmer and more relaxed state that will increase a sense of safety within the nervous system and reduce feelings of fear.

Self-compassion

Adding self-compassion to the mindfulness portion of somatic tracking can be beneficial because it can help deactivate the threat system that can trigger pain and activate the Care system that can soothe the nervous system. For example, you may start your somatic tracking by accepting, observing, and describing what you are feeling right now. You may acknowledge that you're suffering and trying your best to improve your pain and life. You might mention that you are suffering and realize that pain can be part of the human experience. You may close it by offering yourself comfort and compassion for what you are going through.

For example, you may say: I am really struggling with the pain in my right leg right now. I am trying the best I can. I know I'm not alone but it's really hard right now. I am a good person struggling with pain. It will get better. I will be okay.

Imagery

Using various imagery techniques to calm your nervous system and self-soothe, can help you feel a sense of ease and more relaxed. This can be imagery of a place where you felt safe, memories of someone who comforted you, or many other things. What works for you depends on your experiences, spirituality, and beliefs.

You can also use techniques and strategies from other therapies:

- Circle of Love (EMDR Resourcing)
- Safe Place (EMDR)
- Sitting on the beach (Mindfulness) or another place that you find calming

Humour

Humour is a great way to feel at ease and more comfortable. Often, pain may lessen when one is in a position that causes pain but is laughing at something. Here are a few ways you can add humour to somatic tracking:

- Imagine telling someone a joke and them laughing about it.
- Remember a situation where you had a good laugh.
- If you have difficulty coming up with something yourself, there are YouTube videos that you find funny. Watch them and pause intermittently to track your pain and do safety re-appraisals (or do tracking during ads).

Storytelling

Short stories that you focus on that can relate to curiosity and pain can help put you at ease. Even watching short videos to pull your attention before you pendulate back to tracking your pain.

Adding Music

For some people, it is hard to find a sense of ease alone. You can also use relaxing music or even a video with beautiful scenery and music. It can also be music that reminds you of better times. Anything that puts you more at ease.

Get Comfortable

It's going to be hard to find a sense of ease if you are sitting or standing in an uncomfortable position. Find a comfortable position or the position you are most comfortable in for doing somatic tracking.

Comfort Object

You may hold an object that brings you comfort. Some common items may include a cross or rosary beads, a gift that reminds you of a loved one, or something else.

Pets

Having a pet with you while you do somatic tracking can also offer you comfort and bring you a sense of ease.

Summary

You can add anything to your somatic tracking experience that puts you more at ease. It is about lowering the danger level and enhancing your feelings of safety.

The Application of Somatic Tracking

The Art and Symphony of Somatic Tracking

Go back and forth between the three components: tracking the sensation with mindfulness, applying safety reappraisals, and doing what you need to do to shift or be in a state of lightness and ease. You may need to pay attention to your nervous system to figure out what it needs next. If you start to feel anxious or tense, use something that brings you a sense of ease. Once you feel more relaxed, track your pain with mindfulness. Then, complement it with safety appraisals.

There's an art to somatic tracking. You respond to what your body is feeling and guide it to a safer place where it perceives less threat and more safety. This becomes easier as you practice somatic tracking more. Over time, your nervous system learns that the things it perceives as dangerous are actually not dangerous.

Practical Components

Somatic tracking can be active (while engaged in physical movement) or passive (while stationary).

Once you get used to somatic tracking, using it for activities that cause pain is beneficial. Start slow and easy. The goal is to reduce the danger within your nervous system as you expose yourself to something your nervous system interprets as dangerous. Once you establish something as safe, you can build up to things that are more threatening to your nervous system. If you are unsure how to do things, a therapist trained in Pain Reprocessing Therapy can help you.

When Should You Do Somatic Tracking?

Somatic Tracking is most effective when pain is low, or you are not distressed by it. You want to make somatic tracking a corrective experience for your nervous system; if your pain is too high, it will retraumatize it. Too much distress will cause your nervous system not to believe your safety messages.

It is often more the level of distress rather than the level of pain that guides when somatic tracking will be effective. Some people are used to their pain and have an acceptance of it that can do somatic tracking at a pain level of 7 (out of 10). Others with more distress in their system may not have a corrective experience when their pain is higher than a 4. It's

essential to pay attention to the level of distress and if you can reach a sense of ease with your pain when you are deciding whether to do somatic tracking or not.

Remember, not doing somatic tracking is better than retraumatizing your nervous system by doing somatic tracking when you shouldn't. If your pain and distress don't allow you to have a corrective experience, it is better to self-soothe and use other techniques to take care of yourself until the pain is at a level that it can be a corrective experience.

High Pain Level

If high pain levels are causing your distress, you can use various treatments to bring your pain down. Some treatments that may work for this purpose include heat (heating pad, hot water bottle, warm bath), massage/vibration, ultrasound, TENS, or medications (which will only work if you can focus on the somatic tracking after taking them; this may not be possible with drugs that have a sedative side effect). Once your pain and distress are lower, you can engage in somatic tracking.

High Distress Level

If your distress is high from fear or anxiety, you can use various psychological strategies to lower it. These strategies can include self-soothing techniques, grounding techniques, cognitive strategies (Check the Facts, Personalized Coping Statements), or other techniques. Once your distress is lower, you can engage in somatic tracking.

Closing

Ultimately, if you can have a sense of ease while still having pain, that is the ideal time to do somatic tracking.

Using the Worksheet:

The worksheet is like a personal cheat sheet of what works for you and what evidence you can present to your nervous system to make it feel safer.

Troubleshooting

Sometimes, things prevent somatic tracking from effectively addressing the nervous system-based problems behind your pain. Here are a few of the more common ones, but if you are stuck, it is always wise to consult a therapist experienced in Pain Reprocessing Therapy.

Ulterior Motive

When Somatic Tracking is done with an ulterior motive, such as pain reduction, it can introduce threats to the nervous system because you are watching your pain to see if it decreases. Focusing on an ulterior motive can take you out of the present moment, which is important for mindfulness. By watching your pain, your nervous system can interpret it as a threat and, therefore, lessen the safety that you are creating with Somatic Tracking.

Tracking with Intensity

The more intensity you bring to Somatic Tracking, the more threat it can introduce to your nervous system and interfere with its effectiveness. This reduces the likelihood that it will be a corrective experience that reduces threat and increases safety.

Pain not moving

When your pain is not moving, it can often be because you are having trouble releasing control and that control is preventing your pain from moving. You may be able to release control by telling your nervous system, it is safe to let go. If this doesn't work, you may need to target the past wounds that created that need for control through other means, such as workbooks, exercises, EMDR, or therapy.

Perceived Threats

Unfortunately, many of us find our nervous systems in a state of perceived threat. These threats can be conscious (you are aware of them) or unconscious. When the level of fear/danger/threat is higher than the level of safety, it can be challenging for our nervous systems to feel that it's safe enough to turn off the alarm that is our pain. You may need to work with a therapist or other focused techniques to reduce these symptoms.

Some of the things your nervous system may interpret as threatening include:

- ❖ Intensity or pressure
- ❖ Suppressed emotions
- ❖ Trauma triggers
- ❖ Stressful experiences
- ❖ Depression
- ❖ Anxiety
- ❖ Fatigue
- ❖ Nausea
- ❖ Itchiness
- ❖ Hunger
- ❖ Self-criticism
- ❖ Perfectionism
- ❖ Catastrophizing
- ❖ Certain emotions: Anger, shame, fear
- ❖ Abusive relationships
- ❖ Unresolved trauma
- ❖ Unstable environment
- ❖ Comparing self to others/self
- ❖ Some core beliefs (I'm not good enough, Need to be in control, etc.)
- ❖ Anything that your brain has associated with danger

Somatic Tracking Worksheet

This worksheet is like a cheat sheet for somatic tracking. It collects the safety appraisals and other tools on a sheet of paper that you can quickly refer to.

What symptom are you targeting? This can include an area of pain (i.e. back pain), a general symptom (i.e. fatigue, tinnitus), or a sensation.

Safety re-appraisal statements that are focused on the evidence that your pain is nociplastic or sensitized. This can include any evidence from the evidence chart.

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

Personalized safety re-appraisal statements. This is where you can put soothing and encouraging safety messages for your nervous system.

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

Personalized self-compassion statements.

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

Positive Affect Induction. This section is for reminders of what you can use to help put you more at ease, such as places where you feel safe, objects, people who make you feel safe, or things you will use to help you feel more at ease.

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____
