

# Therapy Chat Episode 219



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[00:00:00] **Laura Reagan:** Therapy Chat Podcast Episode 219.

[00:00:04] **Announcer:** This is the Therapy Chat podcast with Laura Reagan, LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan, LCSW-C.

[00:00:34] **Laura Reagan:** Today's episode is sponsored by Therapy Notes. Between writing notes, filing insurance claims, and scheduling with clients, it can be hard to stay organized. That's why I recommend Therapy Notes. Their easy to use platform lets you manage your practice securely and efficiently. Visit [therapynotes.com](https://therapynotes.com) to get two free months of Therapy Notes today. Just use the promo code "TherapyChat" when you sign up for a free trial at [therapynotes.com](https://therapynotes.com). [00:01:00]

[00:01:02] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I am so excited to bring you a second conversation with two very inspiring clinicians. They are going to talk about their Embodied Recovery Model. And this is their second time being my guests on Therapy chat. Today, we are talking about Attachment, Somatic Work, and Sensory Processing in recovery from eating disorders, and in healing in general.

[00:01:39] I know you are going to enjoy this conversation. So let's dive right into my interview with Paula Scatoloni and Rachel Lewis- Marlow.

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[00:02:12] My guests today are Paula Scatoloni and Rachel Lewis- Marlow. Paula and Rachel, thanks so much for being my guests on Therapy Chat today.

[00:02:20] **Paula Scatoloni:** Thank you for having us.

[00:02:21] **Rachel Lewis- Marlow:** We're so pleased to be here. Thanks.

[00:02:24] **Laura Reagan:** Yes. I'm so grateful that you both could come back, and I'll let our audience know because I like to give full disclosure that you generously shared your time with me a couple months ago and due to technical issues, user error on my part, it did not record. So, we're doing it again. So I'm extra special, grateful to you for being so generous in that way.

[00:02:50] **Rachel Lewis- Marlow:** It's our pleasure.

[00:02:51] **Laura Reagan:** Yeah. Thanks.

[00:02:52] So let's start off before we dive into talking about embodied recovery. [00:03:00] Let's just start off by both of you introducing yourselves and telling us a little bit about your work.

[00:03:06] **Rachel Lewis- Marlow:** Wonderful. Okay, Paula is looking at me. So this is Rachel and I'm going to actually introduce Paula. So, and, and she can correct me and add if I get anything wrong, but so just to maybe even start like Paula and I have been, have been actively working together on developing this model and this training program for about three or four years.

[00:03:32] Prior to that, Paula has a long and established history and lots of experience working in the field of eating disorders. She was her initial training was through some of the pioneers in the field, Anita Johnson, and Carolyn Coston, and she helped to develop an [00:04:00] eating disorder program in Hawaii.

[00:04:02] And has always been a body-oriented person and started to integrate aspects of her interest in body to bringing that into her work in psychotherapy starting through movement and also then studying Somatic Experiencing that was a big piece of it for her. And just started to bridge this, these disciplines and starting to see how the way in which the body regulates or dysregulates really impacts the way that we relate to food and eating.

[00:04:43] And so she was working at an eating disorder treatment program. That was the same one that I was working at. And that's where our paths met. And she had independently developed a body of work from the body of work that I did. And we decided that we [00:05:00] would start to merge our models and our teaching. And that's how we developed the Embodied Recovery Institute.

[00:05:05] What else? What, what do we want to add to that?

[00:05:08] **Paula Scatoloni:** Well, I mean, I guess one of the things I was going to talk about is just how we're different.

[00:05:12] **Rachel Lewis- Marlow:** Yeah.

[00:05:12] **Paula Scatoloni:** And how what we bring.

[00:05:14] Mm-hmm, Mm-hmm.

[00:05:15] **Laura Reagan:** You're a beautiful compliment to one another.

[00:05:17] **Rachel Lewis- Marlow:** We are. Yes, please. We're different.

[00:05:19] Tell us.

[00:05:19] Yeah. We're very different. Yeah. Yeah.

[00:05:21] **Laura Reagan:** So, Paula you want to tell us about that?

[00:05:23] **Paula Scatoloni:** Yeah. Well, I mean, for, so for me as I describe Rachel, so I think of her as, her background is in choreography and dance and as a body worker, right. So she has many, many years of experience in working with the body, from those avenues. And then came into the psychotherapy world through getting LPC and then the Sensorimotor Community and her training she's fully trained in Sensorimotor Psychotherapy.

[00:05:52] And so then she began to weave and, well I really think of her as a choreographer at heart [00:06:00] and, and that's what a lot of our training is. It's a beautifully choreographed model that pulls from many different theories and so Rachel is really a visionary that can hold a lot of different theories at the same time.

[00:06:16] And because of that, she can be very expansive, sometimes whoa, way expansive and I have to kind of reign her in a little bit and that sort of speaks to how we teach, right. So I can be very specific and very concrete and very research focused and have a lot of different perspectives that I hold and reference pertaining to this, when she goes very broad can sort of link that up to research and theory. And so I think that's the complimentary nature of how we teach mm-hmm .

[00:06:52] **Rachel Lewis- Marlow:** Yeah, yeah well, I, and I think also I have a, I think a pretty significant, learning disability, so I'm pretty [00:07:00] dyslexic. And so the way in which I learn and the way I process information, and then the way that I impart it is very different than the way Paula does because she's a voracious reader. And so it's very interesting that also kind of impacts the way in which we communicate and we take in information.

[00:07:18] **Paula Scatoloni:** And we teach

[00:07:19] **Rachel Lewis- Marlow:** and we teach mm-hmm!

[00:07:21] **Laura Reagan:** Yes. And that you really do compliment each other beautifully. I thought you were gonna say it's a beautifully choreograph dance

because it is, and I've attended your level one of embodied recovery training. And I witnessed that first hand and it wouldn't have been what it was without each of you and what you bring. It was really, yeah fabulous.

[00:07:44] **Rachel Lewis- Marlow:** I think there's one thing that we share that is so core though, and that is that without a felt sense of what we're talking about, we can't teach it.

[00:07:54] And that's really at the core of what we are examining [00:08:00] and how we examine it, what we're teaching and how we teach it is that this is about embodiment and how that impacts who we see ourselves as and who, and how we see the world. Not just the meaning that we make, but literally what we can actually perceive in the world and how we relate to it.

[00:08:22] So a lot of I think approaches to working with mental disorders and cognitive distortions and eating disorders, et cetera, we're looking at belief systems and changing belief systems. And what we really focus on is how do we embody those belief systems? How do we, and how do we work with the change process from an embodiment perspective?

[00:08:50] **Laura Reagan:** Yeah. And that is so significant what you just said. I mean, about the felt sense and which I would [00:09:00] invite you in a moment to expand on what that really means just for anyone who's listening for the first time and has never heard about that, but how we can have thoughts in our minds. And we can say all the right things and tell ourselves to think all the right things, quote unquote right things like I shouldn't feel this way. I should feel this way, or I'm supposed to replace that negative thought with a more positive thought or take perspective here. But what we're perceiving and reacting to is also happening. And so if we're trying to tell ourselves to think those things, change those core beliefs, when, what our body is saying is those core beliefs are real.

[00:09:48] **Rachel Lewis- Marlow:** Yeah, exactly. Yeah.

[00:09:49] **Laura Reagan:** It's we're not gonna get anywhere trying to do it that way.

[00:09:54] **Rachel Lewis- Marlow:** Right, right, right. And that's one of the ways that we can have a belief that we hold [00:10:00] true for somebody else, but we don't hold it true for ourselves because the way in which we experience ourself is through a different sensory processing, part of our sensory processing system, then how we perceive other people. And we're getting different

information. So my sense of you are innately beautiful or something, I can match that with what I see visually about you across the room, but if what I'm experiencing in my own physicality and internal state doesn't match that, I'm not feeling the innate, my innate beauty, what I'm feeling is more of my dysregulation. It's going to be hard for me to embody that, you know? And so that's one of the things that, that we encounter a lot with our population is that there's this sense of, yes. Oh, that's true for you, but not for me.

[00:10:57] **Paula Scatoloni:** Yeah. Well, I think about [00:11:00] it in terms of the brain where we have most eating disorder treatment is trying to support change at the prefrontal cortex. But these beliefs live in the limbic system or the reptilian brain is what's driving. So they're actually trying to influence change in parts of the brains that they're not actually accessing and so we are trying to enhance treatment to interact with the parts of the brain that actually, where those beliefs are operating.

[00:11:29] **Laura Reagan:** Yeah, well, it's totally different. It's totally different from the way people are doing eating disorder treatment. And I think it's much needed. Not that I'm an expert in eating disorders and you both are, but I know that just the heady approach isn't enough.

[00:11:50] **Rachel Lewis- Marlow:** Mm-hmm

[00:11:51] **Laura Reagan:** So let's go back to that concept of a felt sense. And if you would, will you two explain to our listeners what you really mean [00:12:00] when you say that.

[00:12:01] **Rachel Lewis- Marlow:** When we we're talking about a felt sense of something?

[00:12:04] **Laura Reagan:** Mm-hmm yeah,

[00:12:05] **Rachel Lewis- Marlow:** So I think maybe just to answer that is to give sort of like a small primer on sensory processing, if that's okay.

[00:12:15] **Laura Reagan:** Perfect.

[00:12:16] **Rachel Lewis- Marlow:** Okay. And so this is Rachel speaking. So one of the things that we borrow from the field of occupational therapy is a lens of looking at our sensory processing system in terms of the senses that tell us about our external world or what we would call our far senses, which are hearing, smelling, tasting, touch, and vision.

[00:12:46] Right? Our five, what we call our five classic senses. Right. And those are far senses. And then there's something that we might call our near senses. And the near senses are giving us information about our internal [00:13:00] state or our or ourself. Right. And those are proprioception, and what that does is it tells us where we are in space.

[00:13:09] It is activated through receptors in the joints and deep muscle and they're activated by compression. And so if I extend my arm out and I come in contact with a wall. Right. And I feel that compression of my joints. I know. Oh, okay. There's the wall. There's me. That's as far as my arm goes, I know where I am in space.

[00:13:33] Because I'm getting this feedback from my, the outside world, but it tells me about the length of my arm and that my arm is attached to my body. And this is very important because this helps me know if a tiger is ripping my arm off or not. right. Or something is being pulled too far. I know, oh, this is not good. I'm losing a part of myself. So it gives me a sense of where I am [00:14:00] in space. The other, another near sense is our vestibular organization. And this is the sensory organ for this is in our inner ear. And it tells us where we are relative to gravity. What is up and down. Okay. And it, it's kind of like we set our driver scope access based on this.

[00:14:22] Now this comes online through movement, and through calibration through movement, which is one reason why little kids love to be spun around and flipped upside down. Right. They can handle it. But once we, once we kind of get a sense of, oh, okay, this is gravity, and this is up and down and it's locked in place. That's when that spinning can actually cause nausea, right? Because it's like, oh, wait a minute, I'm trying to always recalibrate. And so that's another internal sense. It really lets us know where we are. Then the third near sense is [00:15:00] our interoception and that is information coming more from our viscera and it's what tells us if something feels tight or painful or bubbly or warm or pleasant, relaxed. So all of these messages from the general internal environment that are sent up to the brain, and a lot of that tells us.

[00:15:25] **Paula Scatoloni:** Am I hungry? Am I hungry? Am I full?

[00:15:27] **Rachel Lewis- Marlow:** Right, right. And then that can also even continue up into the insula, that's like, am I sad? Am I happy? Am I scared? You know, all, and we're getting information from all of our body up to our brain, that's giving us a sense of, am I in the realm of safety? Am I in the realm of danger? And based on that am is my body gonna organize around activities of creativity and [00:16:00] exploration or around activities that are more

geared towards survival. And, and so kind of going back to your question, having a felt sense of something has to do with the congruency of our internal state and our near senses, our far senses, and our thoughts. Like is there congruency? You can kind of see this in people when you're saying something and you'll even ask them a question, like, does that make sense?

[00:16:36] Or they'll say, oh, that makes sense. And their whole physiology, the whole-body kind of both relaxes and enlivens simultaneously, it's like, oh yeah, that makes sense. Yeah. You know, and the body can breathe. It it'll spontaneously take this nice full breath when something lands in a way that makes sense, meaning there's congruency in our [00:17:00] sensory system, along with our cognition.

[00:17:02] **Laura Reagan:** Yeah. Okay. So thank you. I mean, that's a complex answer because it's a complex question, honestly.

[00:17:09] **Rachel Lewis- Marlow:** Mm-hmm yeah, yeah.

[00:17:11] Paula, was that too vast?

[00:17:12] **Paula Scatoloni:** No, I think that was very specific lays things out quite well. I mean, what people don't know a lot. I think what, what our training brings is that all of this influences capacity to regulate and to eat and to digest effectively.

[00:17:29] And I think as a field, we need to start considering and assessing, and then utilizing specific interventions to support with the near senses, and with the far senses because with eating disorders, that is definitely not working in the way it's supposed to be working. There is we have alexathymia with eating disorders, which is the capacity to not know what you're feeling. And we have an in ability to [00:18:00] access hunger cues and fullness cues. And we have clients that don't literally don't know where their bodies end or where they begin.

[00:18:08] **Rachel Lewis- Marlow:** Mm-hmm . Yeah.

[00:18:09] **Paula Scatoloni:** So it has to be included into treatment. And I think occupational therapists have a lot to teach us about how and so in our training, we use a lot of tools that occupational therapists would use.

[00:18:22] **Rachel Lewis- Marlow:** Mm-hmm mm-hmm

[00:18:23] **Laura Reagan:** That was the part of your training and your, when we first talked the first time here on Therapy Chat, that blew my mind the most, because that was the part that didn't relate to anything I've learned in school. And it was because I'm not an occupational therapist, I'm a mental health clinician and it shouldn't be separate because our mind and body aren't separate, but obviously OTs have their role and we have ours and I totally respect the different scope of practice that we have, but [00:19:00] it seems like such an important missing piece when we don't have that included in our work as therapists, whether we're working with eating disorders, because obviously that involves the body so clearly but in any, any work, because you know, trauma's held in the body and the interplay of the sensory system and the effects of impact of trauma is just so fascinating to me.

[00:19:27] **Paula Scatoloni:** Yeah. Yeah. And I would also add to that not only is trauma held in the body, but so is attachment and so is safety.

[00:19:37] **Laura Reagan:** Yes.

[00:19:38] **Paula Scatoloni:** And that, I think we do recognize that early life experiences impact later life experiences. But what we sometimes don't give enough attention to is that the first three, five years, but really like definitely the first two [00:20:00] years, we're learning a lot about who we are, what the world is about. And we don't have language and cognition, but we know we have knowledge, right. It's coming through the sensorimotor system, not the cognitive processes. And it's not so much in language and not in meaning, it's in experience. And so we need experience, felt experience to have true change on that level.

[00:20:35] **Laura Reagan:** Yeah. So again, with, we've talked about this before on the podcast, but with, when you say the sensorimotor system. Can you just let people know exactly what you mean by that?

[00:20:51] **Rachel Lewis- Marlow:** So, without getting like, super like neurosciency, because I'm not qualified to get super [00:21:00] neurosciency...

[00:21:01] **Laura Reagan:** Without trying to put a three year training into a 45 minute podcast episode.

[00:21:06] **Rachel Lewis- Marlow:** Right. So what do I mean by that? I mean, so the sensory system is basically how we take in information. And we might say the motor system is, movement is relationship. It's how our internal world

interfaces with our external world. Right? And so it's about how we know and how we communicate in every way, other than formal language. Yeah. How does that sound?

[00:21:43] **Paula Scatoloni:** That sounds good.

[00:21:44] **Laura Reagan:** That was very succinct.

[00:21:46] **Paula Scatoloni:** That sounds good.

[00:21:48] **Rachel Lewis- Marlow:** What would you add to that, Paula?

[00:21:49] **Paula Scatoloni:** I'm trying to think of exactly what question she posed. What is the sensorimotor system? It's a way that we [00:22:00] organize. And I think that what a lot of people don't understand that neuroscientists and occupational therapists also understand is the link between the sensory motor processes and the attachment system. I mean the whole process of developing self and then reproach ma and being able to leave and go seek out other, and then come back. It's all a sensory motor process, but we only understand it from the psychological piece of it.

[00:22:30] Right? Yeah. But, we're missing that that's actually a sensory motor process that's happening with the development of being able to crawl right. And move away and come back. And so that was a big aha for me in the Somatic Experiencing training, really seeing like, oh, yeah, all this infant development yeah is important and connected to our psychological growth.

[00:22:56] **Rachel Lewis- Marlow:** Mm-hmm yeah. And I can maybe try and give you [00:23:00] like a little example and with this, I really wanna credit the work of Bonnie Bainbridge Cohen, and the Body Mind centering because that's a way that I was introduced to a lot of these concepts of the interrelationship between our sensory system, our body systems, our physical state and our emotional state and our cognitive state, right. The state of being the state of mind.

[00:23:25] And for example I'm working with somebody it who feels like her needs are so big, right? Because they never seem to be satisfied. And the story, the family story was she just wants too much. She's just, it's too much. She's too this, she's too that, whatever.

[00:23:47] And as I work with her, and the way in which her body it hurts and the movement that's available to her, her movement patterns, and we stay with it

and we go back and look [00:24:00] at like these earliest beliefs that feel like they've always been there, that her needs are huge. And in just the there's something about her that is insatiable, right. And how that plays out in her relationships and romantic relationship, et cetera.

[00:24:19] And as we're working, what we get to is that her rooting reflex, that reflex that turns the head with stimulation on the cheek that turns her head so that she can latch on and suckle and be, and take in nourishment. There's tension in her jaw that goes with this sense of, I have to hold my head up. And so her neck is simultaneously having to create stability, but, and can't access the rooting reflex. And so when we just give [00:25:00] support to her head, right, a motor, a sensory motor experience that allows her postural muscles to relax.

[00:25:10] And therefore the reflex of turning that goes with a soft cheek and again, sensory input to the cheek that brings the head to turn and allows the throat to open, to receive nourishment and all of a sudden, there's this spaciousness and there's this understanding that what she needs really isn't that big. Like she can take that in. She can be sated if she just has a little bit of support. Right. And it shifts everything.

[00:25:42] **Laura Reagan:** Yes.

[00:25:44] **Rachel Lewis- Marlow:** Does that make sense?

[00:25:45] Makes sense.

[00:25:48] I mean, so, so it's like we can work with the cognition. We could even work with volitional movement, like reach out, turn, ask all that stuff, but the core [00:26:00] belief is still entangled in this tension that has been inhibiting her ability to feel support of that rooting reflex. Mm-hmm

[00:26:12] **Paula Scatoloni:** I have another example, someone who might not be able to eat because things feel like they're too much right- the food seems, everything seems like too much.

[00:26:23] **Laura Reagan:** Mm-hmm

[00:26:23] **Paula Scatoloni:** Right. So they restrict and so we work a little bit with and start to explore proprioception. Right. And so when there's low proprioception, low registry, right, an inability to sense where the body is in space. And we begin to get curious about, okay, well what's happening then to

my regulation, if I can't physically feel without that proprioception where I end and where I begin.

[00:26:55] And what happens for the person then is she begins to feel like I  
[00:27:00] just feel everything then I feel cause I can't differentiate because of that proprioception, that I'm a me and then there's things, there's a world outside of me and so there's a merging that happens and things feel like too much, if you're feeling everything all the time, that's around you that's too much.

[00:27:22] And so when we begin to define with whether it's using weighted sandbags or tactile support coming in through touch or weighted pillows. The sense of self physically begins to organize as, as we put that proprioception in place. And as the client finds self in a very literal way, okay. She begins to differentiate self and other and her system starts to regulate, which then supports her capacity, like, oh, maybe there's a little space for some [00:28:00] food. That's another example of the importance of that sensory motor piece.

[00:28:07] Mm-hmm mm-hmm

[00:28:11] **Laura Reagan:** Let's just pause for a moment so I can give you a little bit more information about why I love Therapy Notes. I switched to Therapy Notes few years ago, I'd say it's about three years now I believe. And I have never regretted it. I was very happy with the EHR I used before, but Therapy Notes is more intuitive. I love the interface. The customer service is fantastic, and I love how I can get my notes done quickly because I can customize the template that I use for my notes. And there opportunities to put check marks rather than having to write out the intervention used. So [00:29:00] I have cut my time spent writing notes way down, which is wonderful because I like to focus on seeing clients. I know documentation is an important part of our work, but it can also be time consuming.

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[00:29:36] And you know, this is so deep , which is why I'm just giving space for it to settle for listeners because to me, what you're saying is very, very resonant and the two examples that you just gave are like big.

[00:29:55] **Rachel Lewis- Marlow:** Mm-hmm mm-hmm mm-hmm. Would it help to have a [00:30:00] smaller example?

[00:30:02] **Laura Reagan:** They weren't too big. They were just, just right.

[00:30:06] **Rachel Lewis- Marlow:** Okay.

[00:30:08] **Laura Reagan:** But when I went to your level one training, it was a really profound experience for me. And I learned so much about myself that I'm still learning that I've never learned before. And what's amazing is when you start learning about somatic and embodiment practices. You learn, it opens you up so much and you notice so much more about what's happening within yourself and within the clients that you work with as a professional.

[00:30:39] But it's not just like you get it. And then you're done. It's like developing, it's like developing in my body.

[00:30:49] **Rachel Lewis- Marlow:** Mm-hmm

[00:30:50] **Laura Reagan:** So cool.

[00:30:51] **Rachel Lewis- Marlow:** Yeah. Well, I think you're bringing up a lovely point, which is that this is a process. [00:31:00] That embodiment is a process, not a static state. And because we are dynamic human beings. And we are continuing to encounter a new world and we are different every day. And there's different things that we need to bring forward or take in doing it in an embodied way and learning, how do I embody this new state or this new challenge? Or how do I show up in a new situation, in an embodied way? It is a process. And so it is something that we're going to continue to discover, you know, who am I this morning? Every morning I wake up and it's like, I get to land in my body today. How do I do that? Because embodiment itself is this, it's a process, not just of being aware of my body, but it's about being [00:32:00] aware from my body and from my body in different states of a weakness and in integration. And some days I have a cold and it's like I'm different, and as I age, my body's changing. So how do I be a fully embodied 55 year old woman versus an embodied 20 year old woman, it's gonna be different. Thank God. Mm-hmm , you know?

[00:32:33] **Paula Scatoloni:** Yeah. For me, it's about like consciousness and, and bringing more consciousness to where I am embodied mm-hmm and where am I not?

[00:32:41] **Rachel Lewis- Marlow:** Mm-hmm

[00:32:42] **Paula Scatoloni:** And times, where I might choose to disembodify?

[00:32:45] **Rachel Lewis- Marlow:** Sometimes it's a really important choice.

[00:32:46] **Paula Scatoloni:** Yes. And helping clients to, to see that is very empowering. Or when, and this, again goes back to the sensory piece because maybe there's certain environments where I need to disembodify to [00:33:00] be in that environment, or the environment causes me to disembodify.

[00:33:03] **Rachel Lewis- Marlow:** Right. Or what I need to embody in that moment is my defensive system versus my attachment system.

[00:33:09] **Paula Scatoloni:** Yes.

[00:33:10] **Rachel Lewis- Marlow:** Right. Or if I'm when do I wanna pull out of even my visual system and go into maybe my tactile system for interacting with the world, you know? And, but being able to have flexibility with it and intentionality, the more intentionality we have too with it is, is I think increases with our embodiment.

[00:33:36] **Laura Reagan:** Yes. I was wondering if you could say a little bit more about the choosing your defensive system instead of your attachment system.

[00:33:48] **Rachel Lewis- Marlow:** Mm-hmm sure.

[00:33:51] Can I ask you a little bit more about where that question's coming from? Because it sounded like it came from a little bit of a, an insight or something. Were you [00:34:00] thinking about something in particular?

[00:34:01] **Laura Reagan:** Well, I'm thinking, I'm kind of thinking about the idea that we often have as therapists about for one it's like, as neuroscience is becoming more informative to us as therapists about working. I mean, my work is with trauma. So I think about working with trauma, but you hear people say, you need to get regulated, you need to get regulated or that client needs to be regulated.

[00:34:27] Right. And and it's almost like I was not okay, but now I'm regulated, you know? And it's like, Okay in this moment, but it doesn't just stay that way cause we are interacting with our environment and with other, in relationship to other beings. But so I think that it's valuable to point out that sometimes, and this might not be exactly where you were going.

[00:34:53] So this is somewhat the insight that was in my mind.

[00:34:57] **Rachel Lewis- Marlow:** Mm-hmm

[00:34:58] **Laura Reagan:** and expand if you [00:35:00] feel you need to mm-hmm but how it's not about not having a threat defense system, because sometimes you are in danger. Even if you have trauma and you're your threat defense system may be activating at times when you don't want it to, like, when you're trying to be close in relationship and you feel like you have to pull away, but there are also times where you may choose to pull away because you know, that's what feels safest in that time.

[00:35:33] **Rachel Lewis- Marlow:** Right, okay.

[00:35:34] **Laura Reagan:** So I was curious about how you thought, that was what was going through my mind. So I was curious about what you thought when you were saying that.

[00:35:42] **Rachel Lewis- Marlow:** It is a along, along those lines like we want to be able to make choices about where we meet somebody where we connect and where we disconnect. And I think that one of the things that from a [00:36:00] neuroscience perspective, and particularly when we think about the ventral vagal engagement, that saying no, or saying back up to somebody or go, I want you to go away in on one sense can seem like that is a defensive reaction because we are we're, we are wanting to create distance, but it is in some ways actually part of our attachment system, because what we're doing is we are saying, this is where I want to be in relationship with you. I am advocating for myself. I am setting a boundary, which is different than our animal defense system, which is I'm going to fight you. It's not like me saying to Paula, I don't wanna talk about this right now. I'm gonna go outside and get some fresh air. Right which is I'm leaving but [00:37:00] that's not like me bolting out the door, which would be something different. Right.

[00:37:04] **Laura Reagan:** Shoving your hand in her face and running.

[00:37:06] **Rachel Lewis- Marlow:** Right, right, right. Exactly. Like shoving my hand in her face would be fight and flight right running out the door, animal defenses. Right, right. Now I wanna be able to access that because, let's say Paula is having a super bad day and she's not listening to me and I just have to get outta here.

[00:37:25] Right, sometimes, I wanna have access to that, but I don't want that going off all the time. And I don't want to have to be fighting my impulse to

push her in the face and run out the door While i'm pretending to have a conversation with her. That's just exhausting. Right. And that's

[00:37:44] **Laura Reagan:** So there, you're kinda talking about like shutting down the reaction that comes up, but it's like disembodied, right. Shutting it down, but you're not

[00:37:54] **Rachel Lewis- Marlow:** Which is not the same. Yeah. Right, right, right. And so I think that was like that, that was part of [00:38:00] what I was hearing too. It's like, okay me overriding my animal defense, impulse, and sitting here and having a conversation with Paula, even when I wanna run out the room, that's not regulated.

[00:38:15] **Laura Reagan:** Yeah.

[00:38:16] **Rachel Lewis- Marlow:** It might look regulated, but it's not regulated. Coping strategies that allow me to override or disembody or disassociate from my impulse to push her and run are not, it's not the same as being regulated. And being in my attachment system, because my attachment system allows me to stay in relationship and say, I wanna meet you here.

[00:38:43] I want you to come closer. I want you to move farther away, but I'm going to stay in relationship. Even if that relationship is, I can only talk to you over the phone, I'm still in relationship with you, right? Does that make sense?

[00:38:58] **Paula Scatoloni:** It makes sense. I'm just thinking [00:39:00] about mindfulness, right? I'm just thinking about my clients that practice mindfulness and do a lot of overriding, of their natural reactions in order to think their regulated.

[00:39:17] **Rachel Lewis- Marlow:** Right. And I think there's something there's like we can do meditation and have skills to have a real state shift, so that I'm really coming into attachment. I am really regulating in the here and now, as opposed to being hijacked by a somatic memory. And that's so often what happens with trauma is that something in the here and now will trigger a somatic memory, a state that goes with the past but it's happening right now because my body is doing it right now.

[00:39:55] And so we might want to have a state shift that orients them [00:40:00] to the present moment. So they're actually, their nervous system is regulating as opposed to somehow overriding or dissociating from their state.

Right so that they can pretend that they're present, but they actually aren't fully oriented to here and now.

[00:40:23] **Laura Reagan:** Yeah. And they, and then I think that's just so important because I think we may do that. And we think that is what being regulated feels like. But then when you feel what actually being regulated in connection with another person feels like it's like, what's this?

[00:40:43] **Rachel Lewis- Marlow:** And that gets to one of the things that we talk about in the training. And I talk with my clients a lot about is understanding the difference between being safe and being protected. And a [00:41:00] lot of times people will stay in defensive postures and organized states of defense, which are protective because they, and they will say, well, I feel safe.

[00:41:18] **Laura Reagan:** Mm-hmm

[00:41:19] **Rachel Lewis- Marlow:** Because what they are feeling is that there's some distance between them and danger. But that's not what being safe is. Because safe is not the absence of danger. Safe in terms of our physiology is the presence of something that is resonant and receptive and regulating, right. It is a presence of something, not the absence of danger. It's something that we can attach to that is [00:42:00] nourishing and nurturing.

[00:42:02] **Paula Scatoloni:** Cause we can feel we can come across danger. And if we feel safe with who we're with, we will react to the danger differently.

[00:42:11] **Rachel Lewis- Marlow:** Totally.

[00:42:12] Right.

[00:42:12] **Laura Reagan:** Yeah.

[00:42:14] **Rachel Lewis- Marlow:** We'll have totally access to, to actually thinking about like what do we do as opposed to just like, ah,

[00:42:21] **Laura Reagan:** Yeah, I experienced something like this recently. I went to Europe. And it was my first time being in Italy. And I was there for two weeks because my daughter was studying abroad and I wanted to visit her. My husband and I went, so we spent the first week together in Italy and the second week I was there without him. And it was noticeable to me, how much more difficult it felt to navigate everything when I was not with my number one attachment figure, my husband. Even though [00:43:00] he doesn't know his

way around. In fact, I had been to Europe before and he hadn't. So I was the more experienced traveler in that way, although I'd only been there once and it was 30 years ago. but still, just knowing like we're gonna figure this out together versus when it was me and my daughter, which was still wonderful, but it was like, I'm the parent. And I have to figure this stuff out. And we're gonna do this together and it's wonderful love being with her, but she's not co-regulating me. you know? Right.

[00:43:33] **Paula Scatoloni:** Yeah. So what brings it when you think about eating disorders, I'll kind of just bring it back.

[00:43:37] So when, when we're working with eating disorders, we want to be thinking about the attachment system and their sense of feeling safe in relationship.

[00:43:49] **Rachel Lewis- Marlow:** And we can tie that also into the sensory processing because how did you, for [00:44:00] example, have a felt sense of your husband? It wasn't just that he, his thoughts were there. It was like physically, I mean, because you could still call him up. Right. And talk to him. There's something about that felt sense right. And knowing like, how do you know there is a safe other there? That's something that we neurocept that's something that we perceive we take, we're taking that information in very subcortically of there's the presence of a safe other, and it shifts our neurology, and gives us access to parts of our thinking brain, our creative thinking that we don't have when we don't neurocept safety, when our sensory system doesn't bring in that information into our brains. So you can [00:45:00] see that attachment and sensory processing influence each other.

[00:45:04] **Paula Scatoloni:** Mm-hmm

[00:45:06] **Laura Reagan:** I just, I thank you both for what you're sharing. And're just about at the end of our time already. I want to say about what you said Paula about it just made me think if the eating disorders therapist is angry with the client or "why aren't you doing what you're supposed to be?"

[00:45:27] **Paula Scatoloni:** Yes. Or scared.

[00:45:29] **Rachel Lewis- Marlow:** We're all scared. It's such everything about eating because there's so much just get scary.

[00:45:34] **Laura Reagan:** Yeah. Danger and risk danger.

[00:45:36] Yeah. Yeah, exactly

[00:45:39] But how that just actually interferes with the client being able to get better rather than helping.

[00:45:48] **Paula Scatoloni:** Yeah. And at the level of the treatment center, when you think about, when you walk into a treatment center, does it elicit feelings of safety or not? Right their [00:46:00] environment and whether clients are called patients or clients or how they're treated or what the environment is and how the staff interacts with them. Are they interacting with them just as an eating disorder? Do they see the whole person mm-hmm mm-hmm. Do they understand the dynamics underneath it? And that is all translated to the client and will be interocepted as am I safe here? Am I not?

[00:46:27] **Rachel Lewis- Marlow:** Another plug for attending to the sensory system because a lot of times we don't recognize that when we are in certain levels of fear, right in hyperarousal, what we have are heightened senses but not necessarily integrated. And when we go into hypoarousal, we have dulled senses. Right again, not integrated. And so the sensory environment is really impactful and [00:47:00] can make regulation that much more challenging because even if I have an attuned other in the room, but the whole room itself is assaulting or it's too much or too little.

[00:47:14] Right. Especially like the dining areas, right? I mean, talk about sensory overload to nervous systems that are taxed either from trauma, from attachment injury, from starvation, right so we are nourishing our system with energy that is coming in many, many forms. Some of that energy is coming through food. Some of it is coming through the energy, the co-regulation, some of it is coming through light and sound and touch, and we have to pay really careful attention to all of the ways that people are taking in and giving out energy.[00:48:00]

[00:48:00] Well, what you two are doing is fantastic. I'm so glad that it's really building and growing the way it is, and certainly want to help you and support you in spreading the word about it as much as possible, because I think this is like really, really, really important.

[00:48:20] Well, thank you so much for your support, Laura. It means a lot to us.

[00:48:23] **Paula Scatoloni:** Yes. Thank you. Mm-hmm

[00:48:25] **Laura Reagan:** Thank you. Thank you both so much for coming back to Therapy Chat today and you have an open invitation to return anytime you feel like it, because I just love talking with both of you.

[00:48:37] **Paula Scatoloni:** Aw, wonderful. It's a treat talking with you as well. Yeah. Yeah.

[00:48:40] **Rachel Lewis- Marlow:** We hope to see you in person again, sometime as well.

[00:48:44] **Laura Reagan:** Yeah. Well, where can people find what you're doing with embodied recovery? Where can they get on those training email lists and all that good stuff?

[00:48:54] **Rachel Lewis- Marlow:** Yeah, we do have a constant contact blast that they can sign up for if they go to our [00:49:00] website, [www.embodiedrecovery.org](http://www.embodiedrecovery.org), and we have a list of our upcoming trainings, and tells you a little bit about us and the program. We have several podcasts listed there if they want to learn more. And then we also have a Facebook page Embodied Recovery Institute, and we post a lot of research relevant to the work we're doing and keep you up to date on where we're heading different conferences that we'll be at and podcasts that we're on.

[00:49:28] **Paula Scatoloni:** Yeah. And if anyone's going to be at the IAEDP conference in Florida, this March, they should come by our table and give us a chat.

[00:49:38] **Laura Reagan:** Which conference is it?

[00:49:39] That's the IAEDP The International Association for Eating Disorder Professionals, which is happening in March.

[00:49:46] Perfect. Yeah. Yeah. Awesome. Well, I'm going to put links to everything you mentioned in our show notes. And I just want to thank you one more time for being my guest today.

[00:49:57] **Rachel Lewis- Marlow:** Oh, thank you, Laura.

[00:49:58] It was a pleasure. [00:50:00]

[00:50:01] **Laura Reagan:** Thank you so much for listening to my interview with Rachel Lewis- Marlow and Paula Scatoloni of embodied recovery. I love

talking with them every single time. They're such knowledgeable people and doing such important work. I hope you enjoyed it as much as I did as always. I'd love to hear what you thought of this episode. Feel free to go to [therapychatpodcast.com](http://therapychatpodcast.com) and leave me a message on SpeakPipe or you can email me at [therapychat.podcast@gmail.com](mailto:therapychat.podcast@gmail.com).

[00:50:34] I always love hearing from you until next time. Be well

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