



A photograph of a person in a white t-shirt leaning over a table, examining a human skull and spine model. The person's hands are resting on the skull, and their body is angled towards the left. The background is slightly blurred, showing a green plant and a window. The image is partially obscured by a white diagonal shape on the right side of the slide.

# *MORNING AGENDA*

- Introduction- Why a somatic approach to pain
- Pain Theory and Practice
- Somatic Afferents and Motor Efferent Pathways
- Morning Experiences (Opening the Somatic Narrative/5 Senses)

A photograph of a person in a white t-shirt leaning over a table, examining a human skull and spine model. The person's hands are resting on the model, and their body is angled towards the right. The background is slightly blurred, showing a green plant and a window.

# *AFTERNOON AGENDA*

- Gain techniques for **active listening** and interpreting the bodies signals
- Address body armoring through the **6 horizontal bands**
- Experience **embodied presence** that builds self awareness, resilience, and nervous system regulation
- Develop skills for creating **safe, creative spaces** where personal stories can be shared and reframed

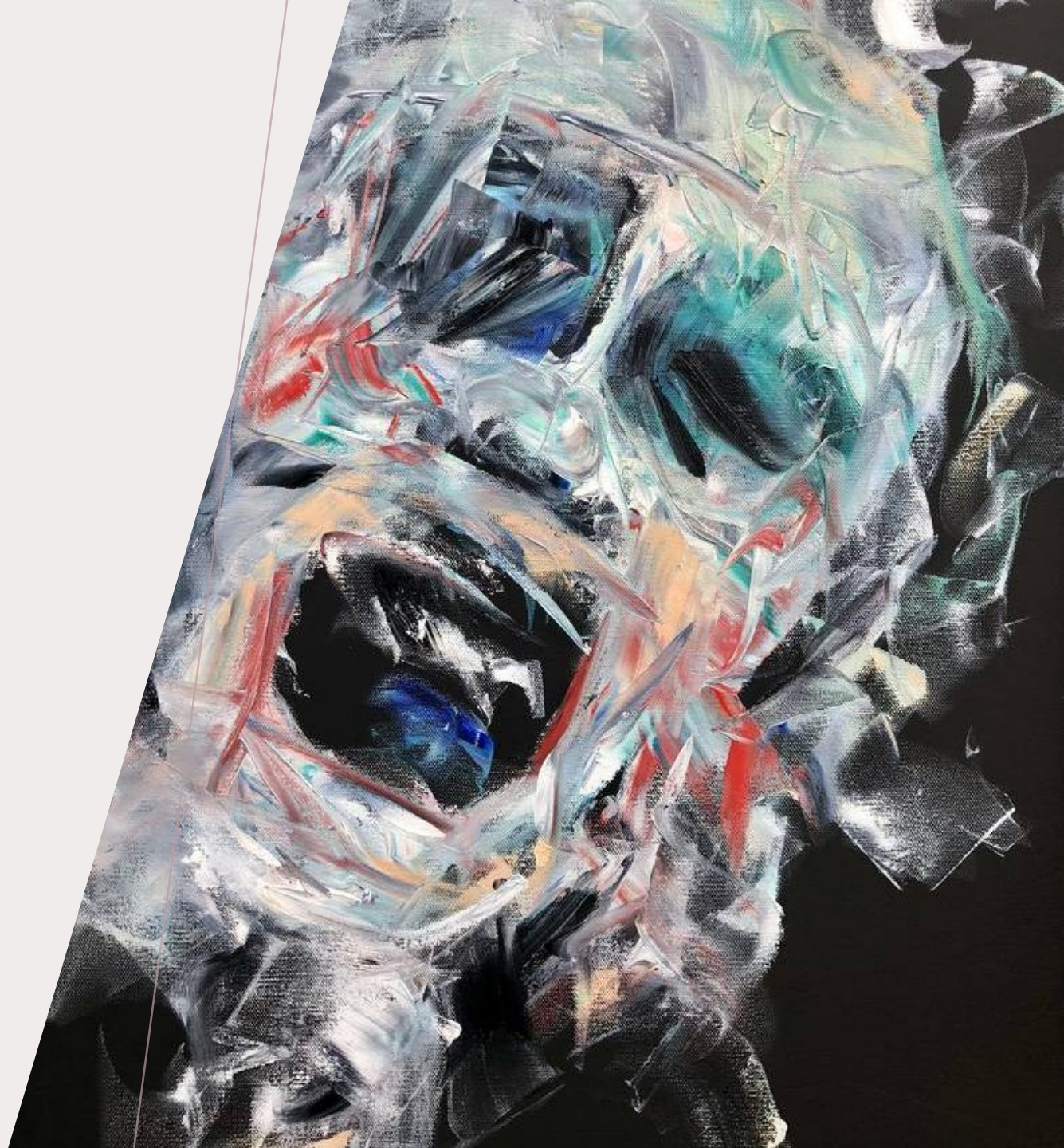


# *STYLE OF FACILITATION*

- **Dynamic Workshop** is an experiential, participatory learning environment where understanding emerges through **doing, sensing, and reflecting**, not just listening. Rather than passively receiving information, participants actively move between theory, practice, observation, and dialogue. Learning is shaped in real time by interaction, feedback, and embodied experience.
- Dyad and Triad group work developing felt sense of touch. Practicing **presence, listening, pacing, exploring pain response, safety, and consent**. Refining hand contact, pressure, and attunement
- Pain and Trauma Theory Pain is produced, not merely received. Pain is subjective and relational. Pain is influenced by past experience, expectation, and safety. Touch can increase or decrease pain, depending on how it is perceived
- Demonstration and practice of techniques
- Group practices

# *PAIN THEORY*

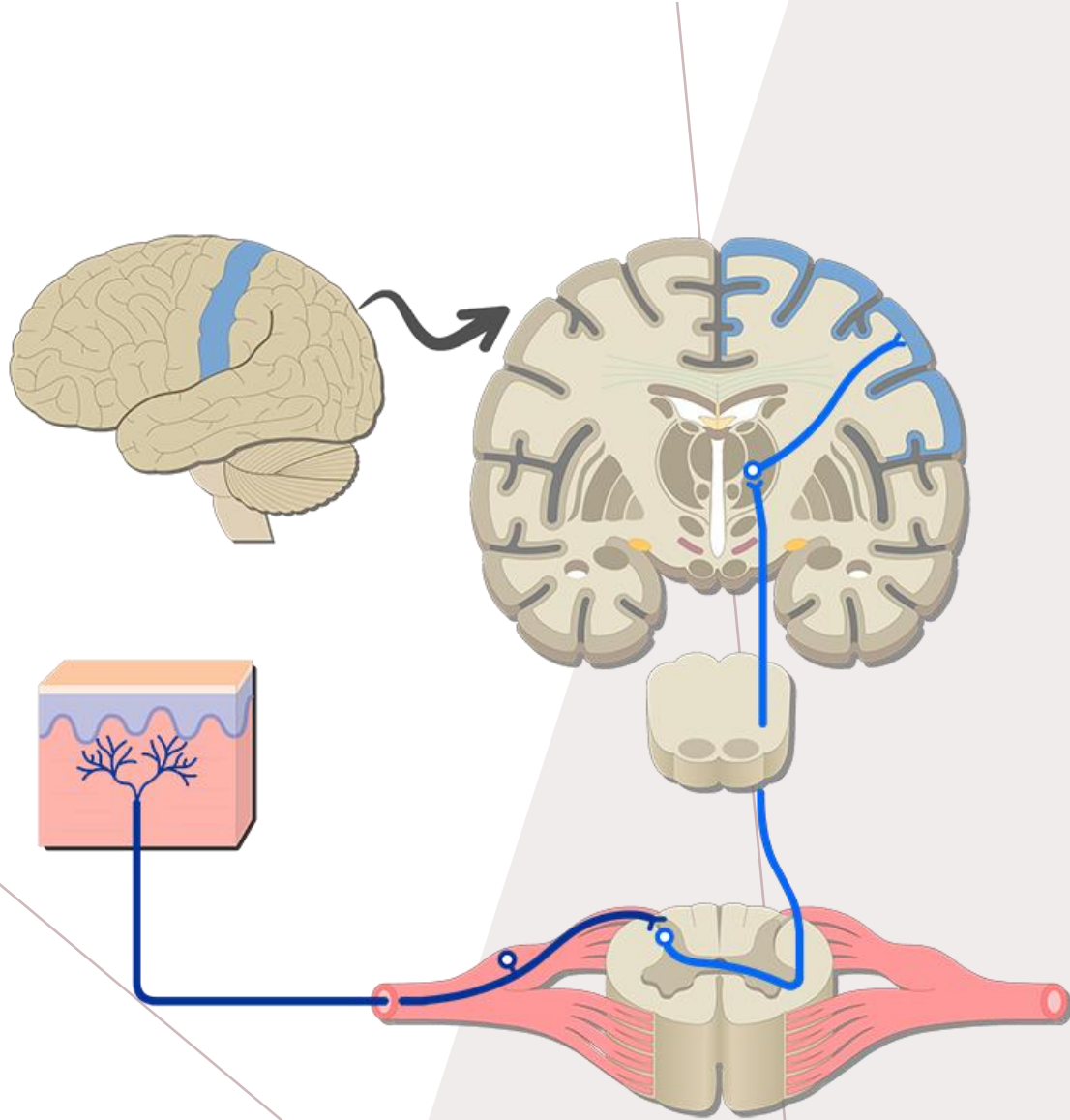
*PHYSICAL,  
EMOTIONAL,  
SOCIAL, AND  
EXISTENTIAL*



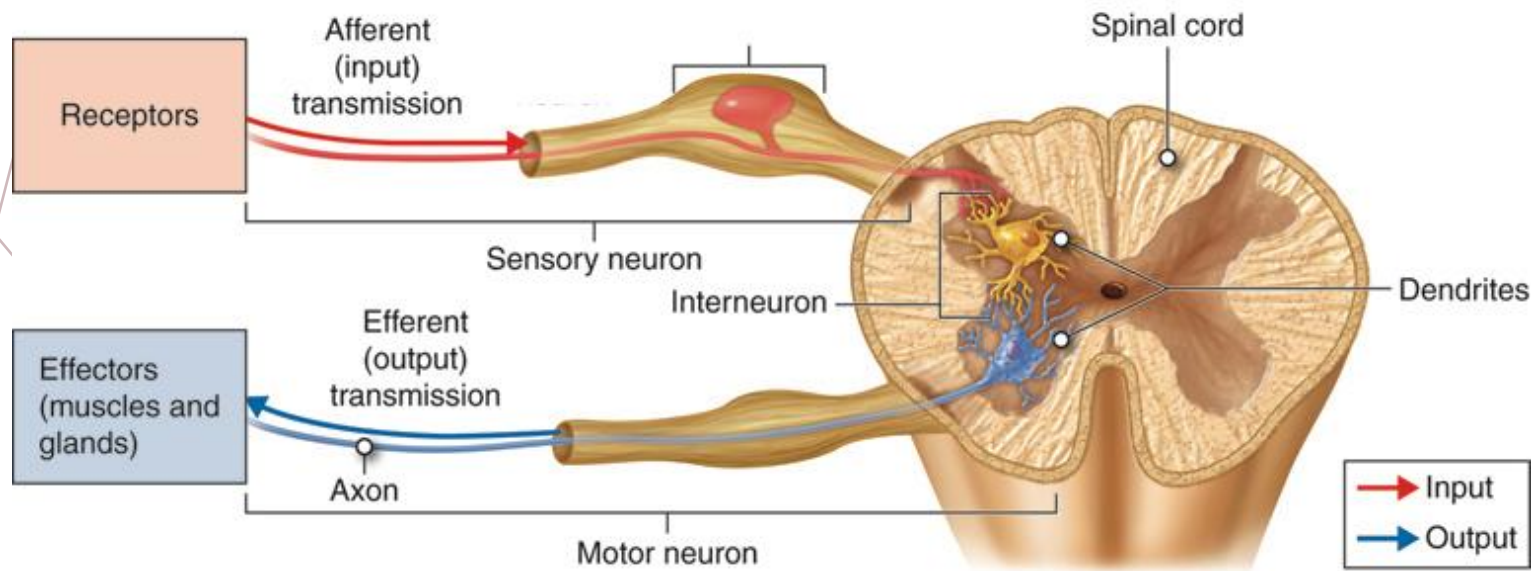


# *PHYSICAL*

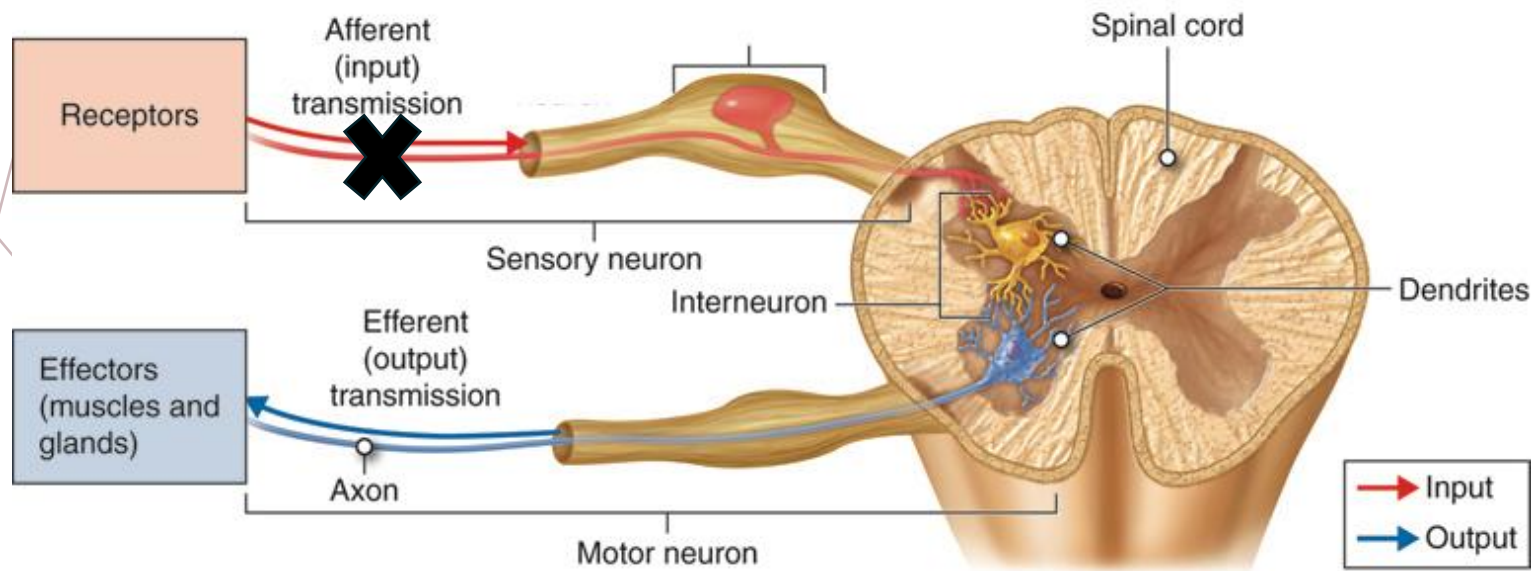
- Sensory afferent pathways
- Ascending Transmission
- Descending Modulation
- Nociception
- Neuroendocrine chemicals- Substance P, Endogenous Opioids,
- Case examples of chronic pain patients and success stories



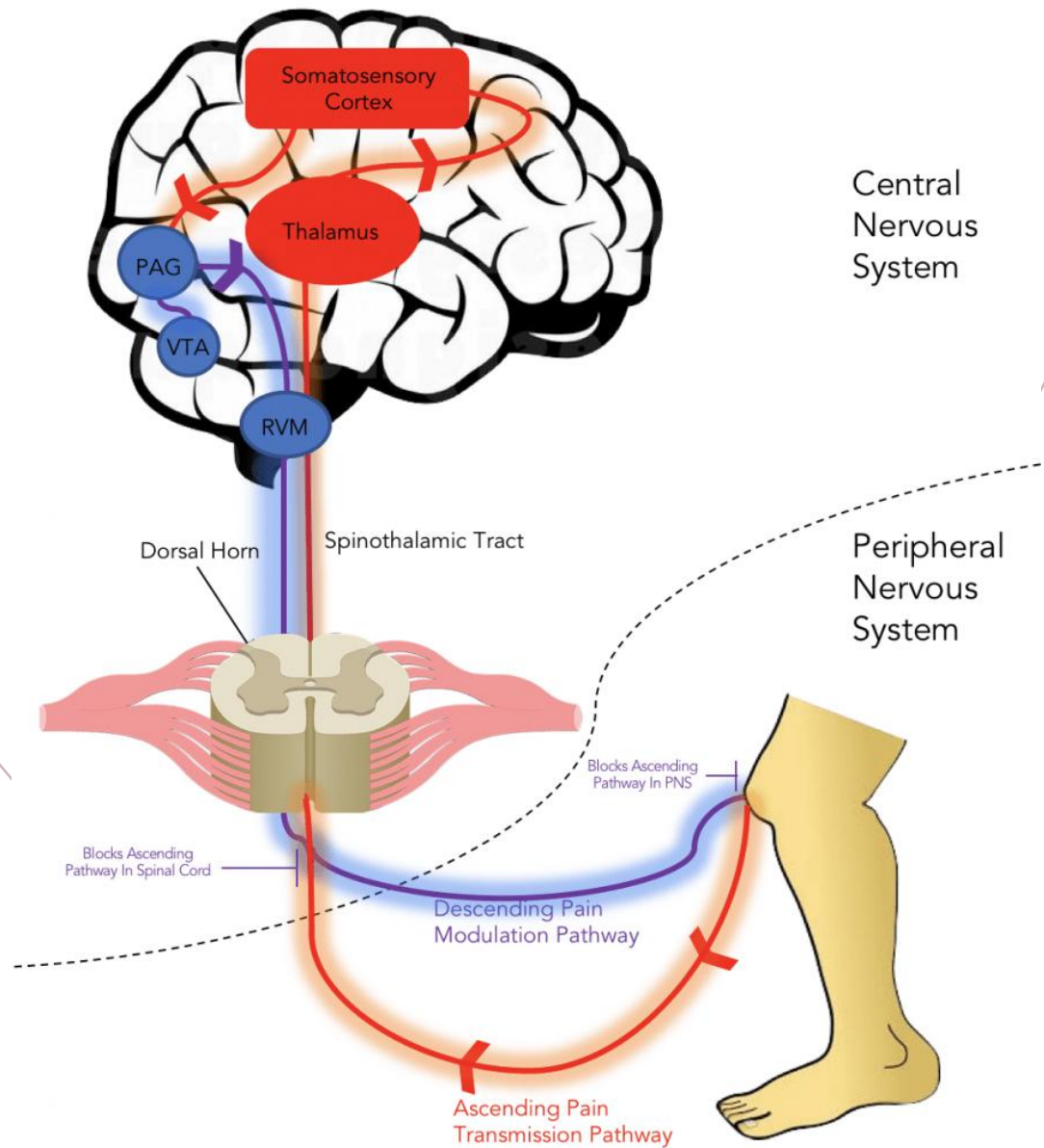
*HOW IS PAIN  
COMMUNICATED?  
STIMULUS  
SENSORY  
AFFERENTS  
SOMATOSENSORY  
CORTEX*



## *COMMUNICATION PATHWAYS*



# COMMUNICATION PATHWAYS



# *ASCENDING TRANSMISSION & DESCENDING MODULATION*

# *WHY THIS MATTERS*

1. SAFETY CUES REDUCE LIMBIC THREAT SIGNALING. REDUCED THREAT → PAG SHIFTS TOWARD ANALGESIC OUTPUT.
  2. TRUST + EXPECTATION → VTA DOPAMINE → ENHANCED DESCENDING INHIBITION.
  3. CO-REGULATION LIKELY STABILIZES RVM OFF-CELL DOMINANCE.
- PAIN IS NOT JUST A SPINAL PHENOMENON IT'S DEEPLY TIED TO RELATIONAL AND AUTONOMIC STATE.



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► [Pain](#). 2014 Mar;155(3):635–642. doi: [10.1016/j.pain.2013.12.024](https://doi.org/10.1016/j.pain.2013.12.024) [↗](#)

## Pain relief by touch: A quantitative approach

[Flavia Mancini](#)<sup>a,b,\*</sup>, [Thomas Nash](#)<sup>c</sup>, [Gian Domenico Iannetti](#)<sup>b</sup>, [Patrick Haggard](#)<sup>a</sup>

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PMCID: PMC3988987 PMID: [24361816](#)

*RESEARCH*

Review > [Neurophysiol Clin.](#) 2026 Jan 6;56(2):103135. doi: 10.1016/j.neucli.2025.103135.

Online ahead of print.

## Neurophysiology of pleasant touch: From peripheral mechanisms to clinical implications of caressing

Jean-Pascal Lefaucheur<sup>1</sup>

Affiliations + expand

PMID: 41499986 DOI: [10.1016/j.neucli.2025.103135](#)

### Abstract

While tactile perception has long been studied through the lens of discriminative touch, recent research has highlighted the existence of a distinct affective touch system. Pleasant touch refers to specific forms of light tactile stimulation, such as gentle stroking or caressing applied to hairy skin. This type of sensation is primarily conveyed by unmyelinated C-tactile (CT) afferents expressing a subclass of mechanoreceptors with low-threshold activation and slow-to-intermediate adaptation. Importantly, CT firing correlates strongly with subjective pleasantness ratings but not with intensity or localization accuracy, indicating a preferential role in affective rather than perceptual encoding. After reaching the superficial layers of the dorsal horn of the spinal cord, the projections ascend via pathways associated with interoception. Following thalamic relay, pleasant tactile information induces strong activation of a vast network including the posterior and anterior insula, the orbitofrontal cortex, the medial prefrontal cortex, the anterior cingulate cortex, and the ventral striatum. The literature converges on the idea that pleasant touch relies on a specialized neurophysiological system integrating peripheral CT afferents, insular processing, and neurochemical modulation, mainly involving oxytocin, dopamine, and opioid transmission. It impacts on autonomic nervous system regulation and physiological homeostasis, as shown by anti-stress effects of skin-to-skin contact in infants. Affective touch conveyed by CT afferents supports emotional regulation, social bonding, and

*RESEARCH*

An abstract painting of a human spine, rendered with vibrant red and yellow brushstrokes. The spine is the central focus, with the vertebrae and intervertebral discs clearly visible. The background is a mix of yellow, orange, and blue, with some darker, more textured areas. The overall style is expressive and somewhat somber, reflecting the theme of emotional pain.

# *EMOTIONAL PAIN*

- **Emotional pain is embodied:** Somatic approaches recognize that unresolved emotions are not just “felt” psychologically but are held in the body as **tension patterns, protective postures, altered breathing, and changes in nervous system tone.**
- **The nervous system tells the story:** Emotional pain often reflects states of chronic **fight, flight, freeze, or collapse.** Somatic work helps bring awareness to these states and gently supports regulation rather than forcing cognitive insight.
- **Sensation precedes narrative:** By tracking bodily sensations (pressure, warmth, constriction, movement impulses), somatics allows emotional material to emerge safely without needing to relive or verbally reprocess the original event.
- **Healing happens through completion and choice:** Somatic practices support the completion of interrupted protective responses and restore a sense of agency, helping emotional pain soften as the body experiences safety, choice, and coherence again.



# *SOCIAL*

- **Social pain is registered as threat:** Rejection, exclusion, or disconnection activate the nervous system similarly to physical danger, often showing up as collapse, guarding, or agitation in the body.
- **Attachment lives in the nervous system:** Early and ongoing relational experiences shape autonomic patterns, influencing how safe connection, proximity, and vulnerability feel somatically.
- **Disconnection alters regulation:** Social rupture can dysregulate breathing, muscle tone, and heart rate, reinforcing states of hypervigilance or shutdown.
- **Repair restores safety:** Somatic and relational experiences of attunement help the nervous system relearn connection as safe, allowing social pain to soften through felt safety rather than cognition alone.

An abstract painting by James Rob, featuring a complex composition of colors including deep blues, reds, yellows, and greys. The brushstrokes are thick and expressive, creating a sense of depth and movement. The overall mood is somber and contemplative, with a central area of light yellow and white that seems to glow against the darker background.

# *EXISTENTIAL*

- **Existential pain is felt in the body:** Questions of meaning, mortality, and belonging often manifest somatically as emptiness, heaviness, collapse, or a sense of groundlessness.
- **Loss of meaning dysregulates orientation:** When purpose or coherence is threatened, the nervous system may lose its sense of direction, showing up as chronic tension, withdrawal, or agitation.
- **Somatics restores embodied presence:** By reconnecting to sensation, breath, and gravity, the body regains a felt sense of “being here,” even when answers are unavailable.
- **Meaning emerges through felt experience:** Somatic work supports existential integration by allowing meaning to arise from lived, embodied moments rather than cognitive resolution alone.

# *STRUCTURAL PAIN*

Clear **mechanical cause or injury**

Pain is associated with a specific tissue damage or structural event, such as **ligament sprain, muscle strain, fracture, or inflammation.**

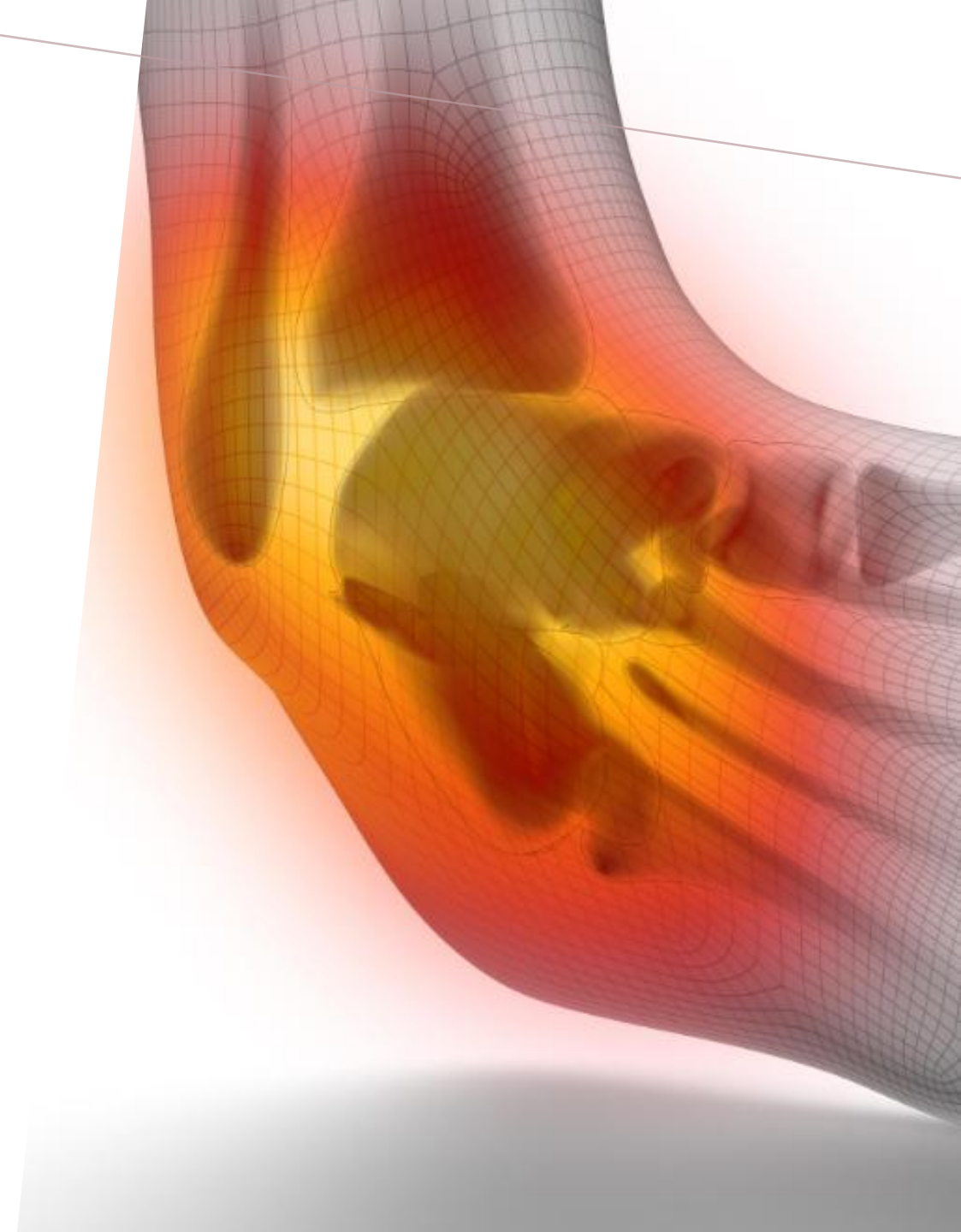
Localized and proportionate pain

Pain is usually **well localized** to the injured structure and tends to correspond with the severity of tissue damage.

Observable physical signs

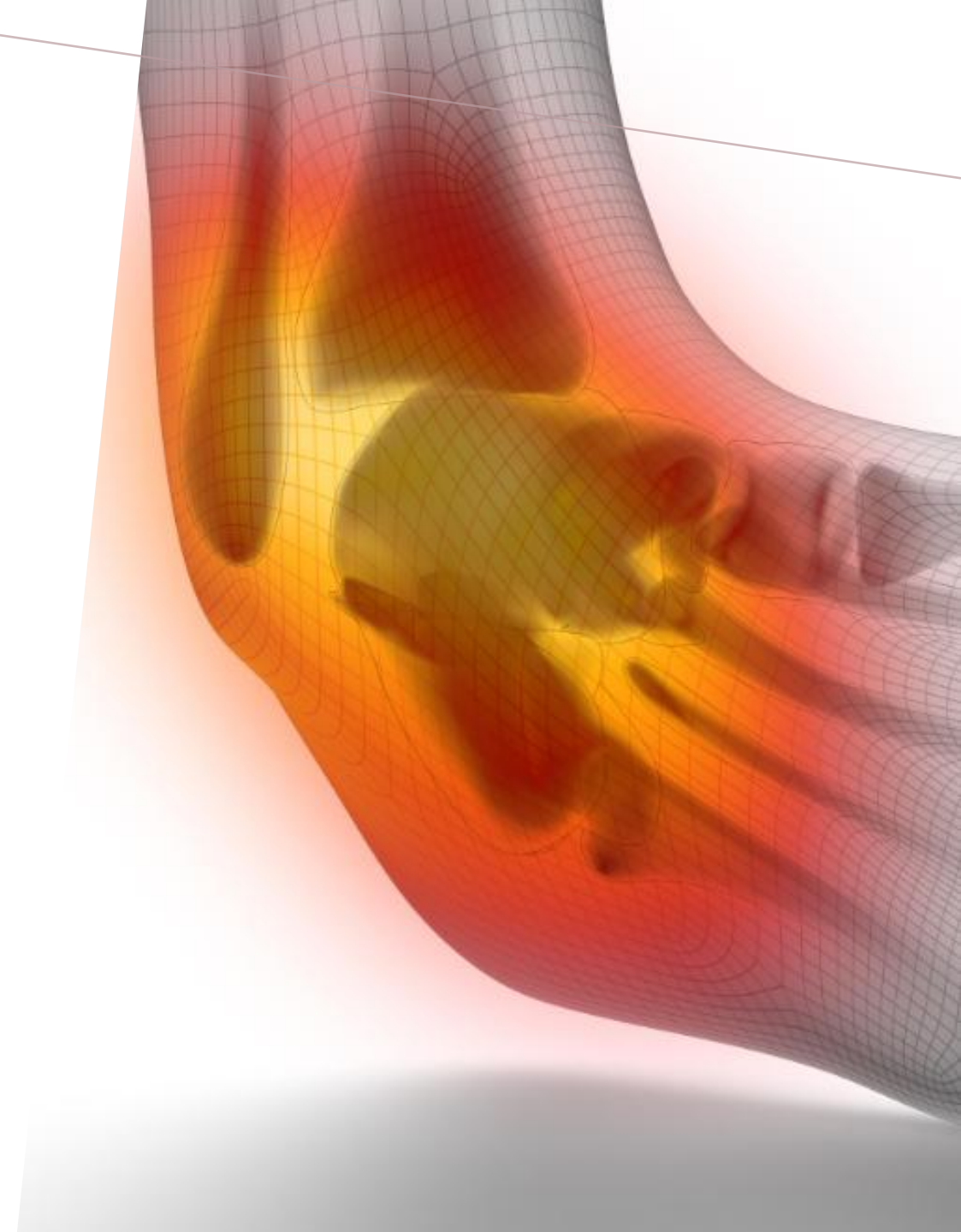
Common signs include **swelling, bruising, inflammation, warmth, and tenderness around the injured tissue.**

Moseley & David Butler (2017). Explain Pain Supercharged.



# *STRUCTURAL PAIN*

- Reduced range of motion and function
- Movement is often limited or painful, and the affected joint or muscle may show weakness, guarding, or instability.
- Predictable healing pattern
- Symptoms generally improve over time as the tissue heals through normal inflammatory and repair phases.
- Example: inversion ankle sprain
- Typical presentation includes lateral ankle pain, swelling, bruising, tenderness over ligaments (e.g., ATFL), reduced range of motion, and difficulty weight bearing.
- Lorimer Moseley & David Butler (2017). Explain Pain Supercharged.





# *MIND-BODY PAIN*

Real pain **without** clear **structural injury**

Pain is genuine and experienced in the body, but it may not correspond with ongoing tissue damage or structural pathology.

Symptoms can move or **change location**

Pain may shift from one area of the body to another, appear in multiple locations, or fluctuate in intensity without a clear mechanical cause.

Often widespread or diffuse

Rather than being localized to a specific structure, the pain can be broad, persistent, or affect multiple regions of the body.

An abstract painting on a vibrant red background. It depicts two figures rendered in thick, expressive brushstrokes of white and grey. The figure on the left is standing upright, while the figure on the right is slumped or crouching. The overall style is gestural and emotional, suggesting a sense of suffering or distress.

# *MIND-BODY PAIN*

Connected with emotional or psychological states

Symptoms may increase during periods of stress, emotional conflict, trauma, or heightened nervous system activation.

Often resistant to purely structural treatments

Manual therapy, medication, or structural interventions may provide temporary or limited relief, as the pain is maintained by nervous system patterns rather than tissue injury alone.



*WHAT'S YOUR  
RELATIONSHIP TO PAIN?*

MEETING PAIN AS A RELATIONSHIP (COGNITIVE-SOMATIC BRIDGE)

INTRODUCTION TO SOMATIC NARRATIVE WORK



## *PERMISSION CHECK-IN (MIND CONSENT PRACTICE)*

- **First Step-** Is this client ready to work somatically? Are they open to trying something different? Consent is very important in this work
- Therapist finds **grounding and center**. Gently ask the client- Are you comfortable right now? Is there anything I can do to make you more comfortable? **If answer is automatic and quick**, explore with pillows and props. How does it feel to have me here with you caring about your comfort?
- **Jane**, where are you right now? Are you in the mind or in the body?
- Would the mind be willing to step back, so that we can get to know the pain on a different level? **Yes**– Move forwards **No**- What does the mind need to know so that it can move back slightly.
- Reframe the mind as a **wise protector** and thank it for being cautious
- Explore relationship to body and pain



## *PERMISSION CHECK-IN (MIND CONSENT PRACTICE)*

- Bring attention to the area of pain placing hand lightly over area to be explored. **Ask one neutral question only:**
- “What is the quality here?” Offer non-interpretive options aloud:
- **Pressure, temperature, movement / stillness, density / spaciousness.**
- Important. No trauma history, no meaning-making. Our goal here is to track physical sensation.
- Somatic cue- Demonstrate slowing your breath after sensing begins.
- **The somatic narrative begins as sensation, not story.**

# *IF PAIN HAD A JOB (NARRATIVE WITHOUT PATHOLOGIZING)*

Purpose: Invite symbolic meaning without forcing insight.

Demo- Place a hand near the pain. Ask client: **"If this pain had a job—what would it be?"** "Do not search from the mind. Let an image, word, or impulse arise.

Teaching point- **Meaning emerges when the body feels safe enough to speak.**

**Question:** If this pain could speak, I wonder what it would like to share with us? Does it have anything it would like us to know?

"It's happy to have someone who's finally listening."

"Something here needs attention, not fixing."

"I need support."

"It's tired of being all alone"

"I'm protecting you."

"I need you to slow down."

1. INTRODUCE MIND/BODY CONNECTION- ADDRESS COMFORT AND PROVIDE SUPPORTS
2. CONSENT FROM THE MIND- IS THE MIND WILLING TO STEP BACK? IF NOT, WHAT DOES IT NEED TO KNOW SO IT CAN MOVE BACK SLIGHTLY?
3. EXPLORE SENSATION- WHAT IS THE QUALITY OF THIS PAIN? GET TO KNOW IT
4. IF THIS PAIN HAD A ROLE, WHAT WOULD IT BE?
5. IF THIS PAIN COULD SPEAK, WOULD IT LIKE TO SHARE ANYTHING WITH US?

# *STUDENT PRACTICE*



## *THE BODY AS RESONATOR*

“If the body is a resonator, inner work is about discovering the cotton balls that deaden it’s resonance, and releasing them one by one so that the body is at liberty once more to ring to the present.”

-Phillip Shepherd

# *5 SENSES AND EMBODIMENT*

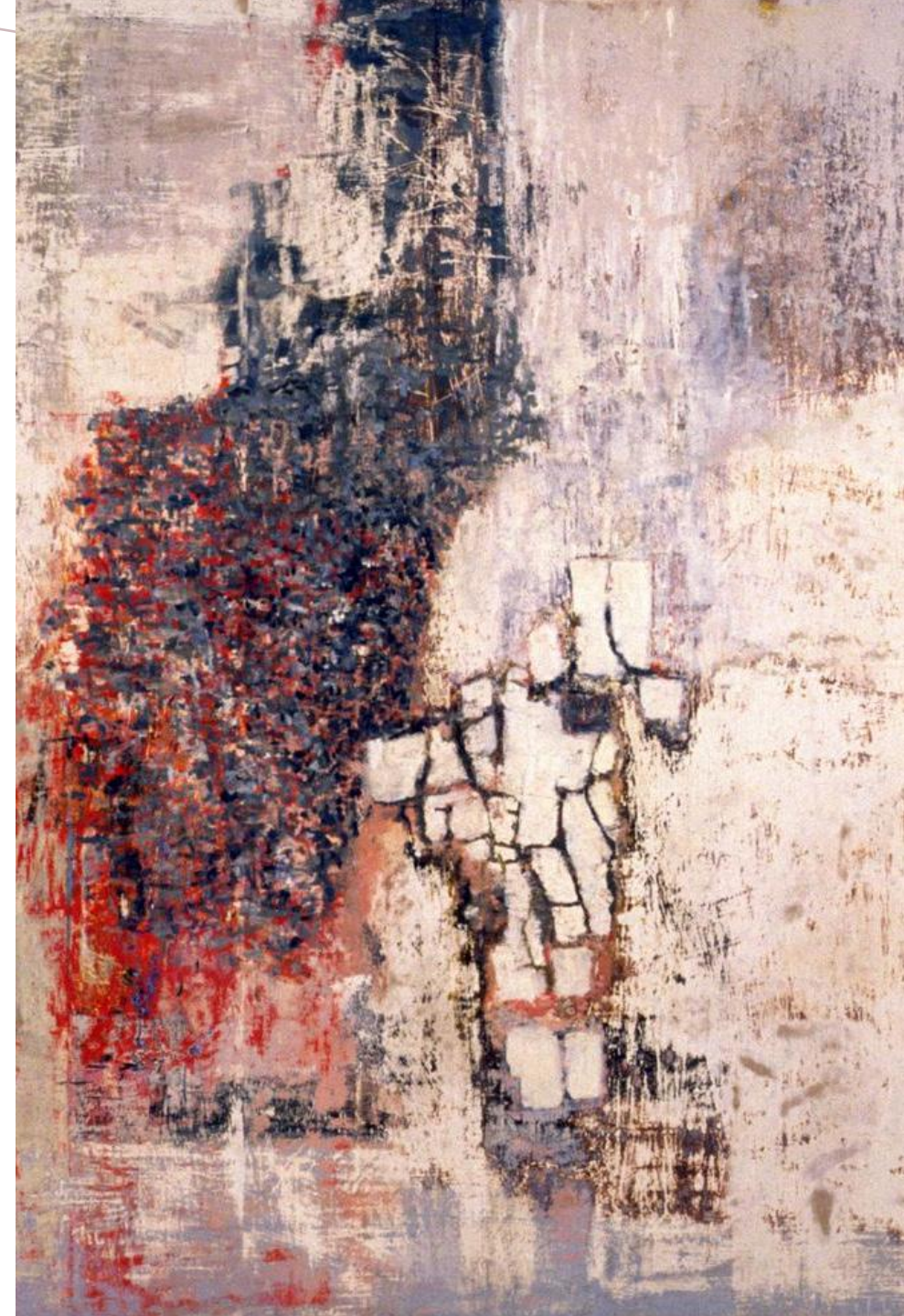
1. The five senses are what activate our intelligence.
  - The work examines the embodiment of the senses.
2. If we had no senses, our intelligence would literally remain asleep.
  - Not to merely see with the eyes, **but to feel the sights of the world around you**
3. Sight, Hearing, Touch, Taste, Smell...
  - To feel the sounds of the world around you
  - To feel with your entire being
4. Extras- proprioception, interoception, and **spacioception**.
  - To smell with the **whole body**, where scent becomes **feeling and meaning**

# *3 FIELDS OF AWARENESS*

**Exteroception** – awareness through the five senses (sight, sound, touch, taste, smell)

**Proprioception** – awareness of where the body is in space and how it is moving

**Interoception** – awareness of internal bodily states





## *3 FIELDS OF AWARENESS*

- **Exteroception** – sensing the world around you
- **Proprioception** – sensing your body in space and motion
- **Interoception** – sensing the internal world of the body



# *SENSITIVITY*

“When energy doesn’t flow, it cannot inform.  
Tension diminishes our sensitivity.”

-Phillip Shepherd



# *TOOLS FOR EMBODIMENT*

1. Establishing the mind-body connection. Where is the client right now? In the mind or in the body?
- 2. Touch and Sensation/Gentle Touch Skills**
3. Curiosity around holding. I wonder if this place could speak, what would it say it's holding/and or needs?



*THREE FIELDS OF  
AWARENESS THROUGH  
RELATIONAL TOUCH*



# *EXPLORING THE 3 PLANES OF EXPERIENCE*

- 1. LEFT/RIGHT*
- 2. FRONT/BACK*
- 3. VERTICAL AXIS*



DMM  
Relational  
Touch Training

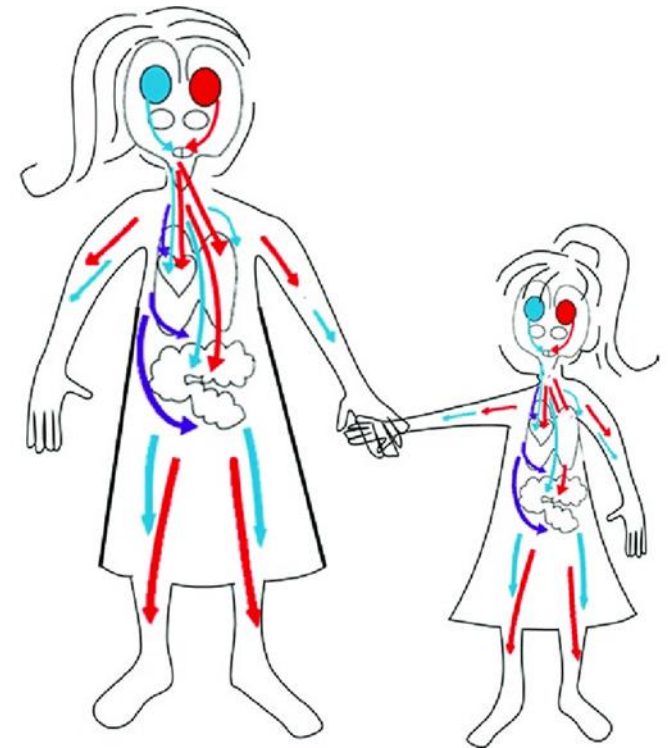
## *LUNCH*

- [info@lionsbreathwellness.com.au](mailto:info@lionsbreathwellness.com.au)
- DMM Training Program-  
[www.lionsbreathwellness.com.au](http://www.lionsbreathwellness.com.au)
- Please speak with me for more information regarding the upcoming Sydney and Melbourne Training Program

# *CO-REGULATION AND INTERPERSONAL RESONANCE*

**Co-regulation** refers to the process through which one person's nervous system influences or "regulates" another's.

The nervous system of the therapist and client are constantly in dynamic communication, even at a non-verbal, subconscious level. This interaction is primarily driven by the autonomic nervous system (ANS)





### **Executive State**

Prefrontal Lobes

What can I learn from this?

### **Emotional State**

Limbic System

Am I loved?

### **Survival State**

Brain Stem

Am I safe?

Review > [Neurophysiol Clin.](#) 2026 Jan 6;56(2):103135. doi: 10.1016/j.neucli.2025.103135.

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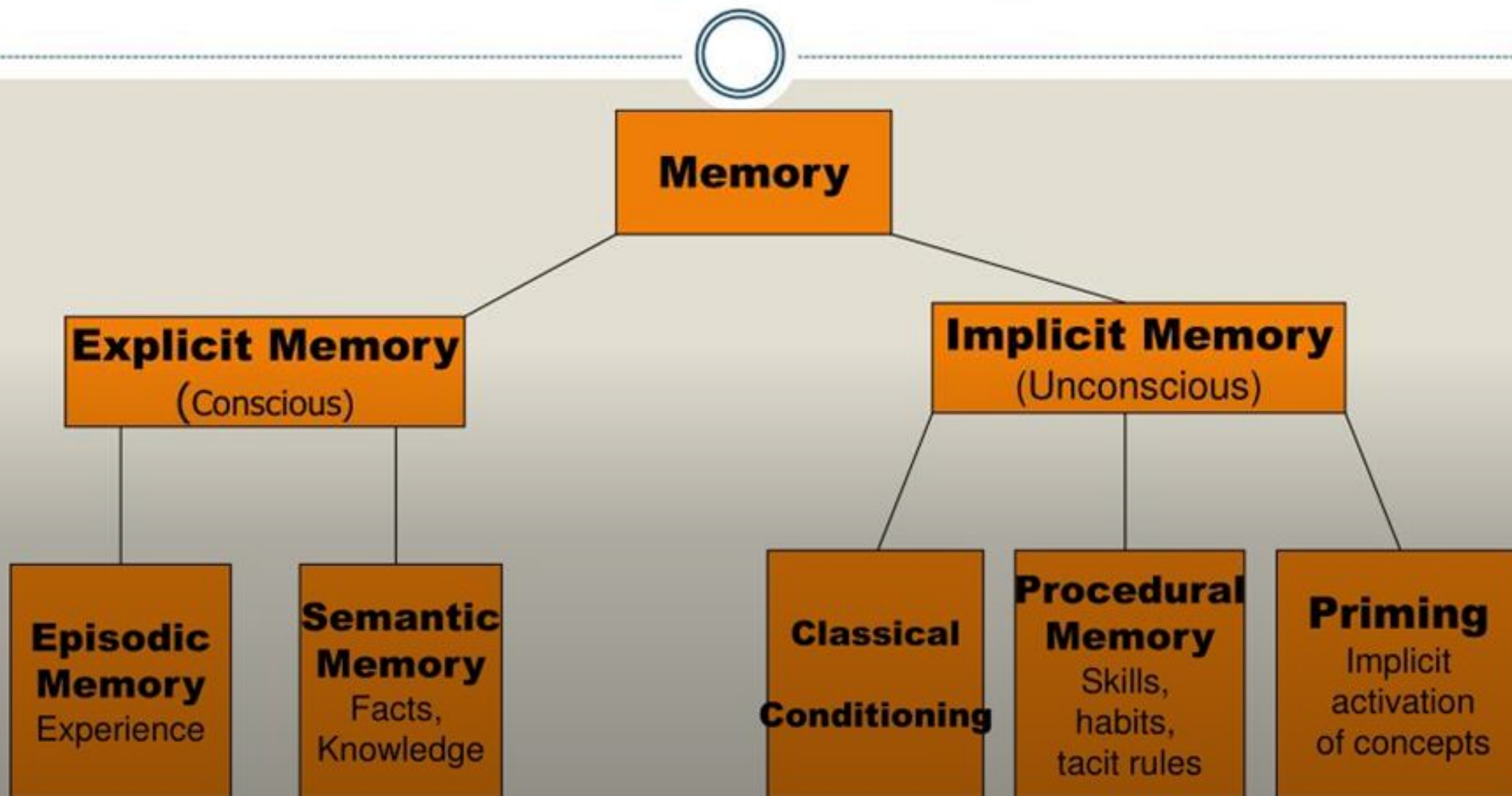
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*RESEARCH*

# Explicit and Implicit Memory Systems

Extras for understanding how we remember and think



# *RIGHT BRAIN CONNECTION*

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Porges, S. W. (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation*.  
Schore, A. N. (2012). *The Science of the Art of Psychotherapy*





## *BODY ARMOURING*

“If the body is a resonator, inner work is about discovering the cotton balls that deaden it’s resonance, and releasing them one by one so that the body is at liberty once more to ring to the present.”

-Phillip Shepherd

*DMM WORKS  
WITH THE 7  
HORIZONTAL  
BANDS*

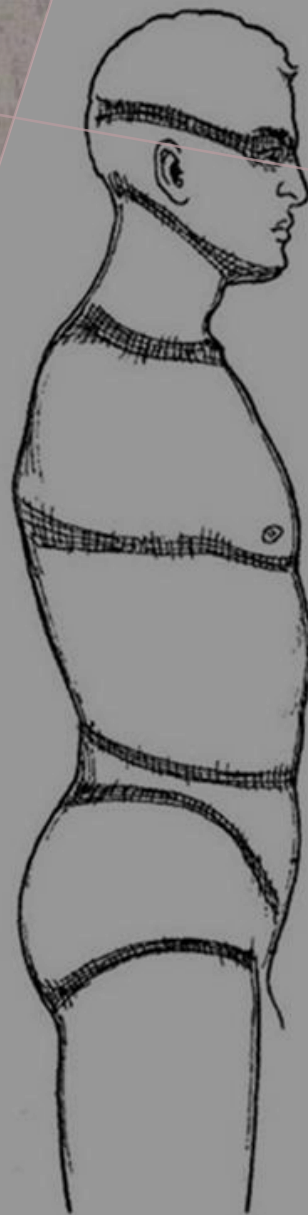


Figure 7.14: The horizontal bands described by Schultz and Feitis (1996).

# *PELVIC BOWL*

- The pelvic bowl represents:
  - Yielding
  - Containment
  - Holding
  - Gestation
- 
- In pain work, this means:
  - Allowing sensation instead of resisting.
  - Staying with discomfort without bracing.
  - Letting the body lead.
  - Receptivity reduces threat signaling in the nervous system



# *PELVIC BOWL*

## The “mind/masculine pole”

Cognitive, future-oriented Analytical, problem-solving,  
Upward and outward energy. Associated with control and  
performance

**The “pelvic/feminine pole”** Sensory, present-time.  
Receptive, relational. Downward and inward energy.  
Associated with yielding and being. Pain often intensifies  
when we are over-identified with the mental pole.  
Somatics invites a descent — not collapse, but grounding

Nina Kraus (2021). *Of Sound Mind: How Our Brain Constructs a Meaningful Sonic World.*





# *NAVAL RADIATION*

**Navel radiation** is a term from developmental movement theory and Body-Mind Centering.)

In early infancy, movement radiates from the navel center.

Limbs extend outward from this core.

There is a rhythmic pattern:

**Reach**

**Gather**

**Expand**

**Return**

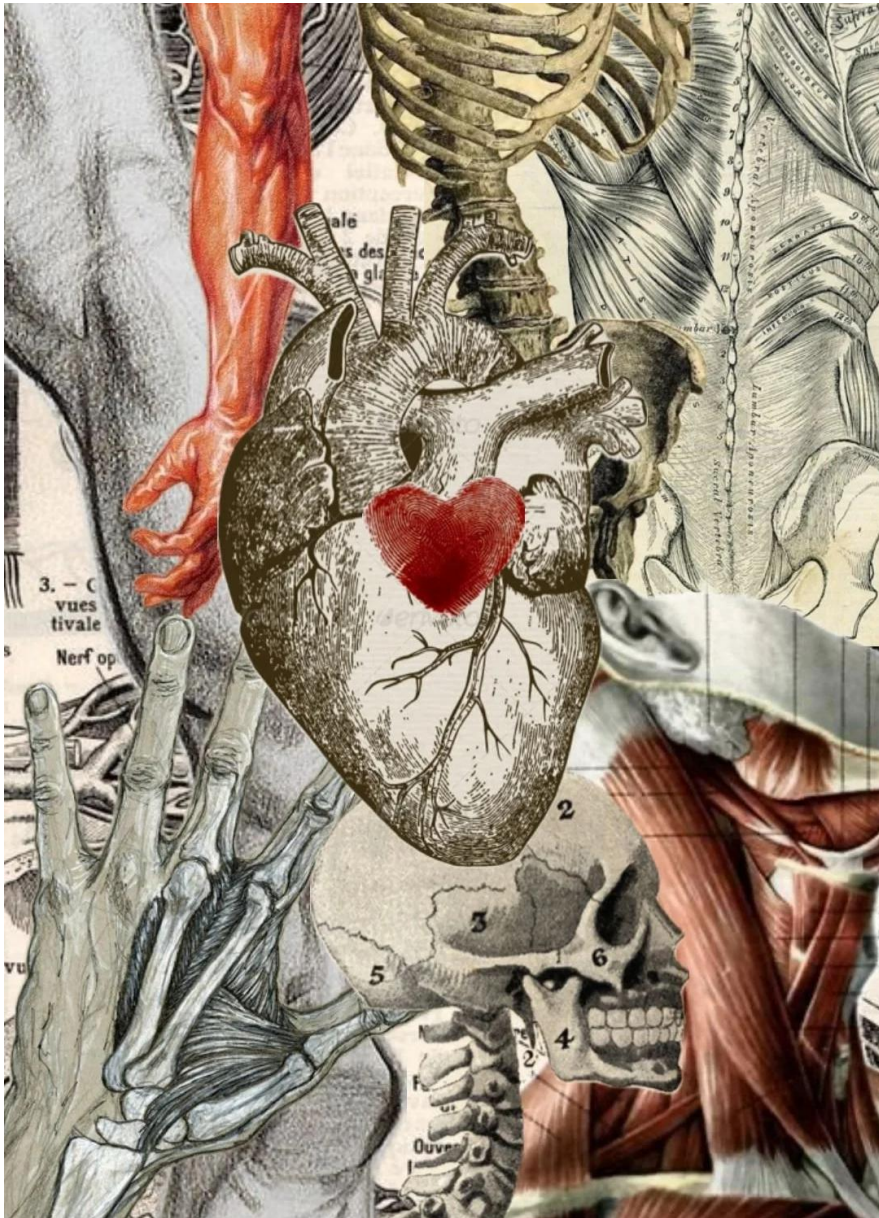
This pattern organizes our sense of:agency,spatial orientation, and safety in expansion.



# *NAVAL RADIATION*

Somatically we can:

1. Invite micro-expansion from the navel center
2. Explore gentle reaching and returning patterns
3. Re-pattern safe expansion
4. Practice receiving support consciously
5. Cues you can offer:
  - “Imagine breath radiating from your navel in all directions.”
  - “Let your limbs slowly extend as if the center is sending nourishment outward.”
  - “Can you soften the skin around your belly?”
  - “Notice what happens when you allow support to come toward you



# *WHEN THE HEART CLOSES*

- Protective patterns:
- Collapsed sternum
- Over-expanded “military” chest
- Rigid thoracic spine
- Breath held high
  
- Why?
- Betrayal
- Loss
- Rejection
- Emotional overwhelm
- The body learns: “Closing protects me.” Chronic pain patterns often involve: Mid-back tension, costal rib restriction, shoulder and neck holding. Heart armoring frequently sits at the center of persistent upper-body pain.



# *WHEN THE HEART CLOSSES*

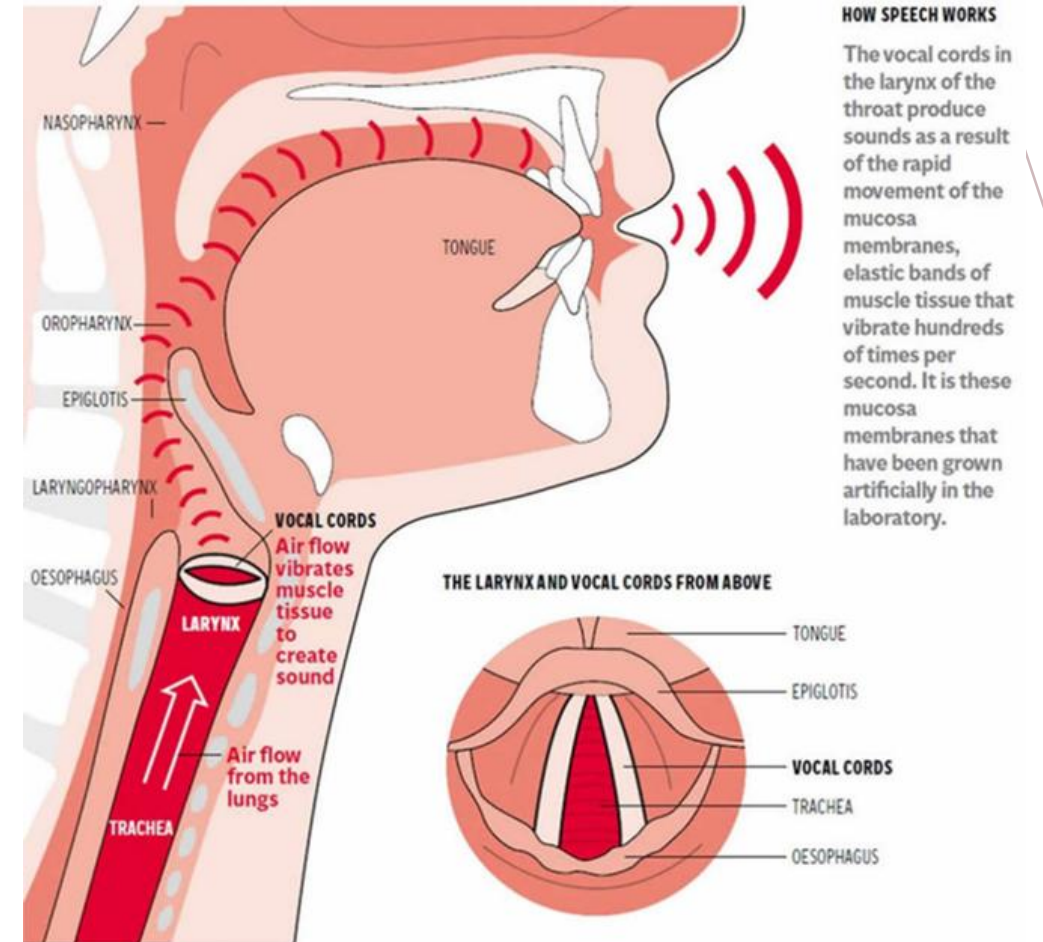
- **The heart plexus gives us:**
  - Relational discernment
  - Empathic attunement
  - Boundary intelligence
  - Moral intuition
- **When integrated:**
  - We can feel without flooding.
  - Love without losing ourselves.
  - The ability to forgive without self-abandoning
  - Say no without hardening.
  - Heart wisdom is regulated vulnerability.

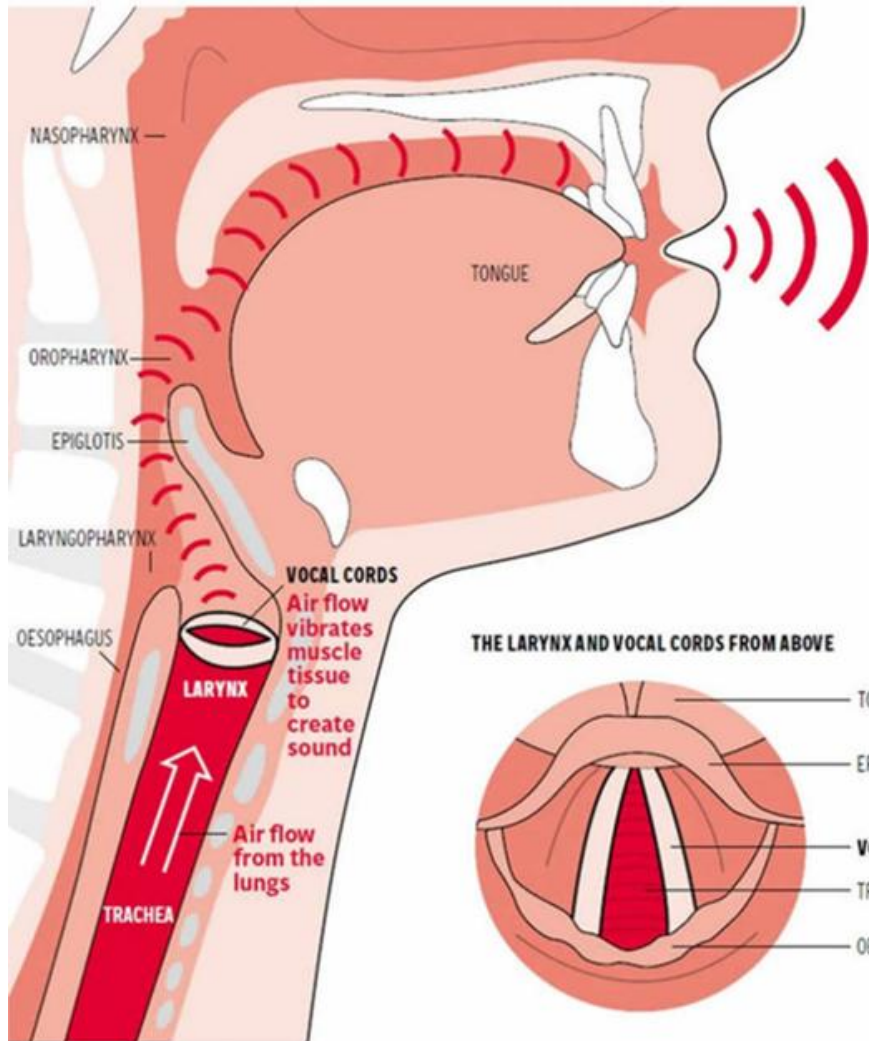
# EXPRESSION

Vocal expression is deeply connected to the autonomic nervous system (ANS), with both the ears and vocal cords responding to fluctuations in their state. Depending on whether the ANS is in a calm or activated state, a voice can convey messages that are soothing, irritating, or even threatening, regardless of the content of the words being spoken. The voice becomes a channel through which the internal state of the speaker is communicated.

Stephen Porges (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation.*

Nina Kraus (2021). *Of Sound Mind: How Our Brain Constructs a Meaningful Sonic World.*





#### HOW SPEECH WORKS

The vocal cords in the larynx of the throat produce sounds as a result of the rapid movement of the mucosa membranes, elastic bands of muscle tissue that vibrate hundreds of times per second. It is these mucosa membranes that have been grown artificially in the laboratory.

The throat (larynx, pharynx, cervical fascia) is the gateway between **inner experience and outer world** — where feeling becomes language and sound.

We often brace here when emotion feels unsafe: **tight jaw, constricted voice, difficulty swallowing, chronic neck tension.**

Suppressed anger, grief, or unmet needs can lodge in the throat as “unsaid words” or inhibited self-expression.

The throat mediates vulnerability — to speak is to risk being seen, heard, or rejected. When the throat softens, breath, voice, and authenticity reconnect — expression becomes regulated rather than explosive or shut down.

In pain work, freeing the throat is not about speaking louder — it’s about restoring the capacity to express truth without losing safety.

Nina Kraus (2021). *Of Sound Mind: How Our Brain Constructs a Meaningful Sonic World.*

# *QUESTIONS*

1. CAN YOUR [SPECIFIC BODY PART] TELL US A LITTLE ABOUT THE WORK IT DOES FOR YOU?
2. DOES ANY EMOTION COME UP AS WE EXPLORE THIS AREA OF YOUR BODY? DO YOU HAVE ANY WORDS TO DESCRIBE THAT EMOTION?
3. YOU JUST EXPERIENCED A WAVE OF EMOTION—DO YOU WANT TO SAY ANYTHING ABOUT THAT WAVE OF EMOTION
4. I'M GOING TO PLACE MY HANDS [SPECIFIC LOCATION], TELL ME HOW THAT FEELS FOR YOU.

*BODY ARMORING  
EXERCISE/SOMATIC  
SKILLS*

PLEASE PAIR UP AND GUIDE YOUR PATIENT  
THROUGH A BODY ARMORING EXERCISE.

7 POINTS OF CONTACT

# *DYNAMIC MYOFASCIAL MOBILISATION (DMM)*

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The Thorax	Winter Spring	Melbourne	\$950
Cranial Concepts	Winter Spring	Melbourne	\$950



DMM  
Relational  
Touch Training

## *LEARN MORE*

- [info@lionsbreathwellness.com.au](mailto:info@lionsbreathwellness.com.au)
- DMM Training Program-  
[www.lionsbreathwellness.com.au](http://www.lionsbreathwellness.com.au)
- Please speak with me directly for additional details and to confirm your spot in the 2026 training program.



DMM

Relational  
Touch Training

*THANK YOU  
FOR YOUR  
ATTENTION*