



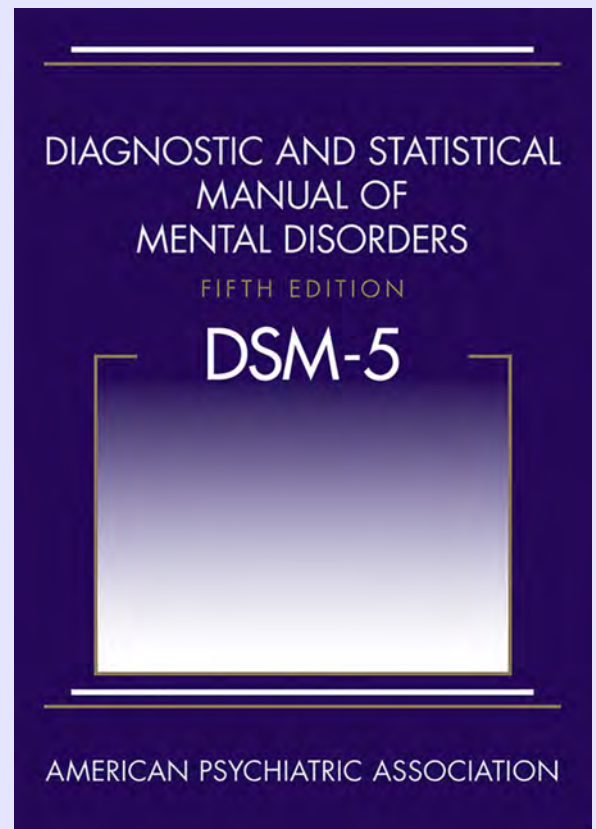
## Sensory Feeding and Eating Disorders

By Rodolfo Garcia Otero, MA

According to the DSM-5, Feeding and Eating Disorders appears as a spectrum category. Clinically we assist clients presenting with more than one specific disorder. Besides transitioning between anorexia nervosa, bulimia nervosa, and binge eating, clients often experience anxiety, mood, attention, and sleep disorders. This situation represents a real challenge for diagnosis and treatment. Looking to increase the efficacy of my intervention, I started tracking co-morbidity traits and noted that every client I worked with, regardless of diagnosis, also presented with high levels of anxiety and low levels of self-esteem, as scored on anxiety scale tests provided by EMDR and on self – esteem questions during the intake, and clients’ statements during their treatments.

**Based on my findings**, I developed Multilevel Tone Calibration—Symptom and Trauma Management (MTC-STM), as a body psychotherapy and sensory psychology tool founded on Theosophical practice. I can use each component alone (MTC and STM) or together depending on the context. Theosophy proposes that human beings are comprised of many bodies vibrating at their own spectrum speed and substance amplitude. Each spectrum has a body following the structure pattern of the next subtler body. Theosophy states that the sensorial and

emotional worlds are connected through the etheric one (cognitive). Some techniques are based on traditional Chinese medicine. Some on current techniques including the following: Thought Field Therapy (TFT) / Emotional Freedom Technique (EFT); Emotional Energetic Reactivation Technique (TREE); reflexology, and cranial sacral therapy (CST), which are based on balancing the somatic body with the emotional one through meridian (somatic – cognitive) stimulation.



**I incorporated five body oriented techniques** within my intervention tool including the following:

**Somatic Experiencing, Trauma Healing (SE™)**: developed by Dr. Peter Levine, this perspective is based on the regulation of the autonomic functions and of consciousness (self-regulation). Regulation inspired calibration. Regulation is about the balance between the sympathetic and parasympathetic autonomic subsystems. Calibration is about the constrictive force, tone/relaxation, of the organs and glands regulated by activation – deactivation signals of the ANS. Activation signal is constrictive, and deactivation signal is relaxing.

**Calatonia**: developed by Dr. Pethő Sándor, this perspective specializes in gentle or subtle touch to stimulate epicritic sensory circuits. This stimulation provides relaxation to the global autonomic functioning. General sensory pathways ascend from the spinal cord to the thalamus and cerebral cortex. These pathways are grouped into two categories based on the type of information conveyed: epicritic, which is concerned with discriminative tactile and kinesthetic proprioceptive senses; and protopathic, which transmits pain, temperature, and itch. The protopathic may be an early warning indicator of external aggression and is in charge of the most primitive and diffused sensibility. Calatonia oriented me in adding protopathic stimulation to fully stimulate clients in order to achieve a healthy state of being.

**EMDR (Eye Movement Desensitization Reprocessing)**: developed by Dr. Francine Shapiro, this perspective is based on balancing the activity between both brain hemispheres. Each one has its own characteristics, complementing the other half. Traumas and signs are related to inter hemispheric non-integration issues. MTC acquired

bilateral exercises from this perspective.

**BMSA (Brief Multi-Sensory Activation)**: developed by Dr. Joaquin Andrade (Uruguay), Dr. Maarten Aalberse (France) and Dr. Christine Sutherland (Australia), this perspective is a neuro-physiological technique designed to use sensory stimulation to interrupt conditioned brain patterns. It suggests that emotional centers of the brain can be accessed by senses, equilibrium, and orientation. Flooding the amygdala through sensory stimulation produces desensitization.

**Havening Technique**: developed by Dr. Ronald A. Ruden, this perspective also stimulates epicritic neuron circuits. While the client is describing a traumatic event, the therapist uses gentle touch to manage any resultant traumatic affective charge.

**Combining these tools** with MTC, I have been able to strengthen clients' self-esteem as well as their autonomic activity (tone/ relaxation of the constrictive force of organs and glands), will power and control. Self – esteem is the appropriate term to address attachment issues. But for my perspective, 'basic trust' (Erikson, 1950)<sup>1</sup> is the appropriate term to find a somatic sensation (categorized as solidity, firmness, and strength) as a reference for emotional strength (trust). By providing clients with firm sensory stimulation throughout treatment, they improve their autonomic activity and basic trust, meanwhile reducing their anxiety level. Daily behavioral changes reported by my clients made this observation quite evident. For this reason, I believe that anxiety is the expression of unbalanced tone (mainly lack of strength). From a multilevel perspective (theosophical), somatic tone is strength, cognitive tone is attention, emotional tone is basic trust and sentimental tone is dignity. For this reason, all levels can be strengthened at the same time

through simple somatic – cognitive exercises. I am also convinced that as basic trust (self-esteem) increases, anxiety decreases, sharing an inverse proportionality. While basic trust improves, will power, initiative, and limit setting become stronger. Being stronger allows clients to better control their thoughts, humor, anxiety, and their frustration tolerance is enhanced.

**From Somatic Experiencing®** I learned that the first goal for a healing process is grounding and the second is awareness. From tone calibration perspective, grounding means connecting with solidity; awareness means focusing attention to certain stimulation to let it get into the brain for later processing in the amygdala during the sleeping stage to generate tone and relaxation tension for organs and glands. If attention is not present, the stimuli do not access the brain, provoking lack of material to develop somatic tone for proper autonomic functioning. Combining these two concepts with my experience with the autistic population I worked with during my 18 month intensive practical training program at the Devereux Kenner Center, I developed Grounding Awareness Exercises. I was taught that Autism is defined as sensory integration issues. Through trainings and professional observations I arrived at the idea of calibrating the autonomic functioning through the senses. Through daily firm sensory – cognitive stimulation exercises (i. e., spending 5 minutes being aware of solid surfaces: floor, wall, or table, while being in contact with them) performed at home, clients enhanced their global condition. Calatonia and Havening Techniques stimulate epicritic neuron circuits through subtle or gentle touch, so MTC starts by stimulating protopathic neuron circuits through solid touch then finishes with the epicritic ones. Epicritic circuits signal the sense of relaxation to the ANS distinguishing the different kinds of stimuli. Protopathic neuron circuits provide

tone, taking the body as a whole in terms of solidity/strength and resistance (positive and negative tone respectively). Positive tone provides strength, and negative holds it through time. If levels of trust are low, clients cannot relax—they perceive relaxation as a threat. To be able to relax, clients must trust that nothing will happen if they withdraw their controlling attitude. Once clients are able to trust, they are ready to relax. Looking for the antecedence of panic attack episodes, I realized that a sudden disconnection with the controlling behavior was the trigger. Clients feel that the attack comes from out of nowhere; obviously, as their controlling awareness vanishes for a while, they are unable to recognize the antecedence. By providing firm stimulation, clients are able to relax deeper, and the effects of relaxing methods become more effective without causing disintegration threats (Winnicott, 1960).<sup>2</sup>

**Clinical experience** has shown me that in cases of firm integration deficit, clients reinforce their negative tone (unpleasant sensations) in order to simulate the positive tension or tone (strength). Clients wrongfully address lack of firm integration by tensing muscles (mostly upper back, neck, shoulders as well as through bruxism—grinding their teeth), holding large amounts of suffering, increasing controlling behavior, and/or increasing thought rigidity. The more strength they need, the more painful tension is generated to compensate for the dysfunction. This is the source I found for masochism. Meanwhile, positive tone (strength) is low; pain is a need to keep the “sick homeostasis”. The emotional negative tensions most used are self-pity, guilt, and anger. To avoid disintegration threats and overcompensating behaviors, I propose firm stimulation without pain in order to accurately feed the brain in charge of providing tone/relaxation to organs and glands. Once

positive tone is integrated, clients cease with their compulsive suffering behaviors for becoming useless. As this calibration has immediate effects, clients need to be counseled in how to adapt to the new healthy condition. This new condition brings initiative, will power, and planning. Clients feel that they want to recover the wasted time while being inhibited. As clients change, their relationships are affected. Some of the relationships become distant, while new ones start to build. It takes fewer sessions to alleviate pain than to guide clients toward the better outcome possibilities (evolution). Regarding the DSM-5 Feeding and Eating Disorders diagnosis, MTC’s application is highly useful for the above mentioned reasons. Dr. Joaquín Andrade suggested that many eating disorders may be considered part of the Obsessive Compulsive Disorder (OCD) spectrum. This is an important distinction because of all the mental health tools I know, MTC is the best with this spectrum. Overeating is not considered a disorder in DSM-5; they now recognize binge eating disorders as well as feeding disorders including pica rumination and avoidant/restrictive food intake disorder. The DSM-5 defines a binge as a sudden compulsion rather than a persistent behavior. For people dealing with an overweight condition, Claudia Quiroz, LMHC, MA, founder and director at Centro ATC Mental Health Services, developed a Weight Loss Program called Hipnoslim Plus<sup>3</sup>, based on hypnosis (implanting through a hypnotic state a virtual gastric band) and sensory psychology oriented techniques (MTC, EFT, and Aromatherapy). After four years of MTC practice, she realized that it was the main tool to strengthen clients’ will power, attention, and confidence prior to the virtual implant. MTC exercises became the pre-hypnotic-implant requirement for initiating the program along with the medical exam. During the weight loss process, clients often go through periods without results (plateau

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periods); they usually feel upset and discouraged. They also feel like this when occasionally falling back into temptation. Clinical experience has demonstrated that clients who practiced MTC easily overcame these obstacles and were able to complete the program.

**Over the last 50 years**, technology and comfort-seeking behaviors have seriously impacted our sensory needs. Technology is narrowing our daily somatic experiencing by replacing somatic interactions with virtual ones. Poor sensory stimulation provokes tone deficit for self – regulation. Touch screen technology is the most harmful stimulation for reducing touch spectrum to a single mode. The screen can only produce one sensation; there is no difference in temperature, texture, or solid/ subtle states. The amygdala is in charge of integrating sensations to the ANS through sensory digestion. Daily sensory input is classified during the sleeping/dreaming process in order to provide different levels of constriction and relaxation to the ANS functioning. Comfort-seeking behaviors are also withdrawing firm sensations from daily living:

- Shoes are making our steps softer, blocking the firm sensations on our feet
- Water’s temperature is almost always the same (shower and fridge)
- Daily somatic activity has been reduced to the minimum through Internet and delivery
- Many meetings are being replaced by video conferences
- Pictures, letters, agreements, books, music, films, etc. are becoming digital
- Parents spend less time on child rearing

- Children are more exposed to digital activity rather than somatic activity

**Lack of certain kinds of stimuli** provokes autonomic malfunctioning. Awareness is also being affected by the new lifestyle; thoughts are being digitally disconnected from somatic sensations. Sensory awareness integration becomes insufficient for proper autonomic functioning. Sensory Feeding and Eating Disorders refers to poor sensory awareness activity. I consider these as signs of sensory malnutrition. Sensory Feeding and Eating Disorders is the proposed diagnosis for present and coming generations. By providing the missing somatic stimulation, clients’ autonomic responses reach healthy status. Sports, dancing, and other somatic activities are recommended ways to prevent sensory disorders.

**The best sensory diet** should include epicritic and protopathic neuron circuit stimulation. For appropriate stimulation of the epicritic circuits, any sense is recommended for being able to bodily understand subtleness. But for protopathic ones, sense of touch is recommended over the others for being able to bodily understand solidity and firmness. Pain is a sensory threshold that indicates a limit of tolerance. I strongly recommend obeying this limit. Healthy strength must be developed through repetition of painless stimulation. Healthy resistance is the one component that was able to switch its development from suffering to repeating. Awareness is the key ingredient for this diet:

Being aware of the somatic sensations while taking a shower

Being aware of every smelling change

Being aware of solid stimulation using floor, walls, and tables

Being aware of the movements and body sensations

Being aware of the sensation while drinking and eating

Spending more time with real people rather than with virtual friends

Spending more time being aware rather than being automatic

## **We do not just eat food; we also eat the world through the awareness of our senses.**

For more details, visit [www.mtc-stm.com](http://www.mtc-stm.com)

**Rodolfo Garcia Otero** is a licensed psychologist at Buenos Aires, Argentina. He has been involved in Theosophical practice since 1988. His intention to find the intersection between science and Theosophy, made him develop the Theosophical - Scientific Paradigm (TSP). To strengthen the scientific area, after getting his degree, he has been researching body psychotherapy and sensory psychology perspectives. His latest development was Multilevel Tone Calibration (MTC), Symptom and Trauma Management, a powerful mental health tool.

### **End Notes:**

<sup>1</sup> Erik Erikson: “Childhood and Society”, 1950. “The eight stages of psychosocial development” Stage 1 - Basic trust vs. mistrust.

<sup>2</sup> D. W. Winnicott: “Ego integration in child development”, 1960 “Ego”, 2 - Integration, 4 - Unintegration and disintegration

<sup>3</sup> [www.hipnoslimplus.com](http://www.hipnoslimplus.com) “Hipnoslim” offers natural and permanent weight loss through the virtual gastric band and MTC. “Plus” offers resolution for anxiety, mood, sleep, and attention disorders as a positive side effect of the program.