

Inner Summits Launches 'Bottom-Up' Somatic Therapy Programs for Trauma and Chronic Pain

Inner Summits advances bottom-up somatic therapies, including EMDR and DBR, to treat complex trauma and chronic pain at the neurobiological root.

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/EINPresswire.com/ -- [Inner Summits](#), an integrative mental health and mind-body psychotherapy clinic operating across the Greater Toronto Area and York Region, has announced an expanded clinical framework prioritizing "bottom-up" somatic interventions for the treatment of complex post-traumatic stress disorder (C-PTSD), developmental trauma, and persistent physiological syndromes such as fibromyalgia and chronic fatigue. The clinical expansion introduces a structured methodology designed to address the physiological manifestations of psychological stress within the autonomic nervous system, moving beyond traditional cognitive or talk-based therapies. By implementing advanced neurobiological modalities including Deep Brain Reorienting (DBR), Eye Movement Desensitization and Reprocessing (EMDR), somatic psychotherapy, and therapeutic breathwork, the organization aims to bridge the historical divide between psychological care and physical medicine, providing systemic interventions for patients experiencing treatment-resistant emotional and physical distress.



Inner Summits



Emotionally Focused Therapy

For several decades, the primary paradigm within psychiatric and psychotherapeutic care has relied on "top-down" interventions. Cognitive Behavioral Therapy (CBT) and associated talk therapies function by engaging the prefrontal cortex—the area of the brain responsible for logic, language, executive functioning, and deliberate cognitive reframing. The operational assumption of top-down therapy is that modifying dysfunctional thoughts, belief systems, and cognitive distortions will subsequently regulate emotional states and down-regulate physiological arousal.

However, emerging clinical research in neurobiology and traumatology indicates that traumatic experiences and chronic stress frequently impair prefrontal cortical functioning. During periods of severe trauma or prolonged stress, the evolutionary older segments of the brain—specifically the limbic system, the amygdala, and the brainstem—take precedence to ensure survival. These subcortical structures govern the autonomic nervous system, managing the immediate survival responses of fight, flight, freeze, or functional shutdown (hypoarousal).

When a traumatic event or a prolonged state of environmental instability remains unresolved, the nervous system can become habituated to a state of hypervigilance or chronic suppression. Because these survival mechanisms are automated and mediated by the brainstem and midbrain, they operate independently of conscious thought. Consequently, individuals suffering from trauma or chronic pain frequently find themselves unable to logically reason their way out of physical panic, visceral anxiety, or somatic pain patterns. [Bottom-up therapy](#) flips the traditional therapeutic hierarchy by targeting the body and subcortical brain structures first, utilizing sensory, physical, and somatic experiences to communicate safety directly to the autonomic nervous system before attempting cognitive integration.



Individual Psychotherapy



Somatic Sound Bath

The Neurobiology of Somatic Memory and Chronic Pain

The phrase "the body remembers" refers to the physiological encoding of stress responses within the neuromuscular and autonomic systems. When an emotional or physical threat cannot be successfully navigated or escaped, the incomplete survival energy is frequently retained as a chronic state of muscular tension, altered respiratory patterns, and dysregulated visceral functioning. Over time, this persistent state of autonomic imbalance—often characterized by sustained sympathetic dominance or a state of functional collapse—alters the body's inflammatory baselines and pain-processing mechanisms.

Clinical data increasingly links unresolved relational and attachment trauma with chronic somatic conditions, including chronic fatigue syndrome, complex regional pain syndrome, and fibromyalgia. The central nervous system becomes sensitized, interpreting ordinary sensory input as noxious or threatening. Traditional medical models frequently treat these conditions purely as localized structural or biochemical pathologies, while traditional psychological models treat them as secondary somatic expressions of a mood disorder.

Inner Summits addresses these conditions as integrated mind-body phenomena resulting from neural circuits that have adapted around survival rather than homeostasis. By utilizing bottom-up modalities, clinicians aim to access the physiological foundations of the trauma response where it resides in the nervous system.

"Traditional cognitive models frequently operate on the assumption that if an individual can understand the history and logic of their psychological wounds, the body will naturally follow suit and return to a state of calm," states Krystina Patton, Naturopathic Doctor and Registered Psychotherapist at Inner Summits. "In clinical practice, particularly when dealing with developmental trauma or severe chronic pain, the inverse is frequently observed. The subcortical brain and the peripheral nervous system hold onto defensive adaptations that operate entirely beneath the threshold of conscious thought. One cannot think themselves out of a physiological state that was wired into the nervous system as a mechanism of sheer survival. True resolution requires entering through the doorway of the body—altering the physiological baseline so that the prefrontal cortex can finally integrate the experience from a place of genuine internal safety."

Operationalizing Advanced Modalities: EMDR, DBR, and Somatic Psychotherapy

The [expanded clinical framework at Inner Summits](#) operationalizes several validated bottom-up modalities to systematically dismantle these held physiological patterns:

Deep Brain Reorienting (DBR): Developed by Scottish psychiatrist Dr. Frank Corrigan, DBR targets the very sequence of the brain's orienting response to danger, which occurs in the midbrain structures—specifically the periaqueductal gray and the superior colliculi. Before an emotional

response even reaches awareness, the brain stem initiates an orienting tension in the muscles of the head, neck, and shoulders. DBR tracks this pre-emotional, physical orienting tension to process the shock of trauma at its neurobiological origin, making it highly effective for deep-seated attachment wounds and pre-verbal trauma.

Eye Movement Desensitization and Reprocessing (EMDR): This widely recognized modality utilizes bilateral stimulation—such as side-to-side eye movements, tactile taps, or auditory tones—to stimulate the brain's natural information processing mechanisms. EMDR allows isolated, maladaptively stored traumatic memories to be integrated into narrative memory networks, significantly reducing the emotional charge and physical distress associated with flashbacks and triggers.

Somatic Psychotherapy & Somatic Experiencing: These approaches focus on tracking visceral sensations, body postures, and physical impulses in real time. Rather than focusing exclusively on the narrative content of a traumatic story, the clinician guides the patient to observe how the story lives within their physiology. Through slow exploration of these physical sensations, the body is permitted to complete interrupted defensive actions, such as pushing away, setting physical boundaries, or achieving a state of deep, restorative yielding.

Therapeutic Breathwork: Conscious respiration provides a direct, voluntary mechanism to influence the autonomic nervous system. By systematically altering the rate, depth, and pattern of breathing, therapeutic breathwork programs help patients map their nervous systems, transition from sympathetic fight-or-flight dominance into parasympathetic states, and safely surface suppressed emotional material that has been held within dysfunctional respiratory patterns.

"When working with complex trauma, the goal of intervention shifts from symptom management to root-cause resolution," says Patton. "By combining the physiological insights of neurobiology with the psychological scaffolding of psychotherapeutic care, it becomes possible to look beyond the immediate presentation of chronic anxiety or widespread bodily pain. These symptoms are frequently discovered to be adaptive messages from a system that has been running on an empty tank or overriding its boundaries for years. Utilizing therapies like DBR and EMDR allows clinicians to access the midbrain and brainstem networks where the original shock was registered, facilitating an organic unlearning and relearning process within the neural architecture."

The Inner Summits Clinical Architecture: A Phased Roadmap

To manage the high degree of clinical sensitivity required when working with somatic memory and traumatized nervous systems, Inner Summits utilizes a structured, five-phase therapeutic roadmap. This standardized sequence ensures that bottom-up interventions are deployed safely, preventing premature exposure to traumatic material which can result in re-traumatization or an exacerbation of chronic pain symptoms.

The roadmap commences with the first phase, designated as The Catalyst, wherein an individual identifies the limitations of their current coping mechanisms or standard treatment paths. This proceeds into the second phase, The Search, which consists of an objective matching protocol where the incoming patient is paired with a specialized clinician whose technical training aligns precisely with the patient's physiological and psychological profile.

The third phase, The Warm-Up, is foundational to the bottom-up methodology. During this stage, treatment focuses exclusively on building insight, understanding the underlying neurobiology of the symptoms, and developing somatic stabilization skills. Patients learn how to map their nervous system states, track subtle shifts in physiology, and employ regulatory tools to expand their window of tolerance. No direct processing of traumatic memory occurs until the patient possesses sufficient neurological capacity to tolerate the physiological shifts associated with that processing.

Once stabilization is established, the treatment shifts to the fourth phase, known as The Journey. This phase involves the active application of deep mind-body therapies—such as EMDR, DBR, and somatic tracking—to repair and release the root causes of long-standing physical and emotional patterns. The roadmap culminates in the fifth and final phase, The Summit, which is dedicated to systemic integration. Here, the focus transitions to establishing a new baseline of health, marked by a return of emotional vitality, a reduction or resolution of somatic pain, and an improved capacity for authentic connection and relational boundaries.

Broader Public Health and Industry Implications

The expansion of bottom-up clinical models carries significant implications for the broader healthcare landscape, particularly in the management of chronic pain and complex trauma. In North America, the financial burden of chronic pain is estimated to exceed the cost of heart disease, cancer, and diabetes combined, largely due to long-term pharmaceutical reliance, diagnostic ambiguity, and repetitive healthcare utilization.

Standard psychiatric paradigms have historically relied on a diagnostic disease model, often attributing conditions like depression, anxiety, or fibromyalgia to isolated neurochemical imbalances. While pharmacotherapy remains a crucial tool for stabilization, public health data increasingly supports the necessity of integrative, root-cause interventions. When physical health symptoms are treated without addressing the underlying autonomic nervous system dysregulation, patients often find themselves locked in cycles of temporary symptom relief followed by relapse.

The integration of naturopathic medicine alongside advanced psychotherapy within the Inner Summits clinical ecosystem reflects a growing movement toward multidisciplinary, somatic-focused care. By evaluating dietary factors, sleep architecture, immunological markers, and neurological baselines concurrently with trauma-focused psychotherapeutic work, clinicians are

better positioned to treat the complete systemic environment of the patient.

"The separation between the psychological mind and the physical body is an artificial boundary that does not exist in human biology," notes Patton. "An underlying emotional wound alters cortisol curves, immune function, and neuromuscular tension. Conversely, a depleted or inflamed physiological system undermines psychological resilience, leaving an individual highly vulnerable to anxiety and depressive states. Shifting the clinical perspective toward an integrated, bottom-up framework allows the medical and psychological fields to stop treating the smoke and finally address the fire. When the body is supported in moving from a state of constant survival to one of safety, the physiological and psychological symptoms that once seemed intractable can begin to untangle."

About Inner Summits

Inner Summits is an established mental health and integrative wellness clinic specializing in trauma-informed, mind-body psychotherapies and holistic healthcare. Headquartered in Ontario, Canada, the organization maintains advanced clinical facilities across Toronto and the York Region, including specialized spaces in Midtown Toronto, Leslieville, Vaughan, and Richmond Hill.

The clinic provides a comprehensive suite of evidence-backed interventions, including individual psychotherapy, couples therapy, neurofeedback, breathwork, integration therapy, and naturopathic medicine. Utilizing a proprietary, phased Therapy Roadmap, Inner Summits delivers structured, client-matched care tailored to individuals navigating complex PTSD, developmental trauma, anxiety, clinical depression, and chronic somatic conditions such as fibromyalgia and chronic fatigue syndrome. The organization is dedicated to advancing the clinical integration of neuroscience and somatic practices to foster sustainable health outcomes.

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