

Finding a Home in the Body:

A body that is not exclusively a vehicle for the mind but a body searching to become. A body that needs another body in the room to deconstruct itself and to remake itself. - Susie Orbach, 2003

We come into being growing a body from within a body, forming our individual selves in relation to other bodies, and so it would make sense to include our bodies and our clients' bodies within the therapy hour. "The body that is not received, the body that has no body to meet its development becomes a body that is as precarious, fractured, defended, and unstable as a precarious psyche" (Orbach 2003).

Somatic Psychotherapy, also known as body-oriented psychotherapy, has its roots with Wilhelm Reich, Alexander Lowen, and Gerda Boyesen (amongst others). Strong attention is given to the body, not as a vehicle for the mind but the body as body. Somatic Psychotherapy takes a holistic approach to the person in therapy. We work with his or her cognitive processing, emotional life, physical body and relationship with it, and energetic awareness of self and embodiment.

To live a healthy life, we need to feel what is true in any given moment and to act on that feeling. The mind is susceptible to conditioning by the stories (untruths) from which it formed itself and, if this was an unsupportive environment, the mind will have decided that what the body feels does not matter. Survival/wellbeing would have been dependent on accommodating those around us. Talking therapies do challenge the configured untruths which clients have embraced; in addition, connecting directly with their bodies can be most helpful. Some unconscious memories of traumatic experiences are held in the tissue and access to these experiences can explain and reverse core decisions about how to be in the world. By reconnecting with the body, its sensations and feelings, clients can be taught to discern how they actually feel and to live life from their perceiving instrument.

The process of becoming a Somatic Psychotherapist involves reconnecting

with the body, and it is through this embodied and grounded practitioner that clients can have a more direct experience of their own bodies.

For clients to allow themselves to feel, they need to know, not just be told, that they are welcome to move us, for us to feel their pain and not shy away, but instead to stay with them in it, so that they can feel the pain and move through it, acknowledging it and learning from it. They are then free to celebrate their newfound abundance of life gained through feeling life through the body.

The combination of experiential training—incorporating the trauma and provocation of the group process and the requisite personal therapy—equips the practitioner to allow the client to feel met and held in the strong emotions evoked during sessions when they connect with their distress. In addition to knowledge and understanding of psychotherapeutic theory, the training provides the ground to hold the space and welcome the emergence of clients' strong and frightening feelings. The therapist continues to hold this space, always conscious that the ultimate goal is for clients to be able to contain and self-regulate their own emotional states without the aid of the practitioner.

Paying attention to our client's body, how he is in and with his body and where there might be splits in his inhabiting of his body, can give us valuable clues and directions for therapy. Specific techniques of Somatic Psychotherapists involve tracking their own bodily sensations and those of their clients. This additional attention to the counter-transference as sensation within the practitioner's own body heightens awareness of what is not ours, and we have more access to what may be happening for the client, which they may not as yet be aware. Gently bringing this into relationship can be useful. Our clients are 'using our bodies' just as they 'use our psyches' in their rebuilding of themselves (Orbach 2003). A body knows what cannot yet be expressed consciously and therefore will enact or evoke it.

The frame of the Somatic Psychotherapist is quite strict. Regular weekly, twice weekly or fortnightly

appointments, with four weeks notice of absence and strong boundaries around changing or missing appointments and paying for sessions are not dissimilar from the analytic frame. The constant regular visits encompassing affirming, mirroring, reparation and the client's experience of consistently being seen, felt, heard and remembered helps to build the resources and safety necessary for her to consider venturing back into or discovering her body as a feeling, perceiving instrument to guide her through life.

Focusing attention towards the bodily experience of emotion is a reliable technique for accessing strong feelings in emotionally constricted patients (Herman 2003).

Our intention as therapists is to contact the storyteller—not the story. Where there is much froth and bubble, clients can remain out of touch with themselves, staying separate from their direct experience of themselves. If a client is prone to 'live in his head' he can be helped to move into his sensed bodily experiences—his world of sensations—noticing how he organizes his experiences. If he has been frightened out of his body, for example by shock—drawing in breath moving up and out of pelvis—he sure as hell won't be frightened back into it! So gentle encouragement to return to body is useful. When the body is energetically abandoned it becomes afraid, and then returning is resisted as the being becomes aware of the fear or rage.

For example, when sitting with the wall of words from a client, ask the client to pause for a moment, notice her breath, feel her bottom and back against the chair, her feet on the ground, become aware of her spine, feel what might be happening in her gut and wiggle her toes. Then ask her to speak from her body. Regularly remind her of her body, maybe even by asking her to show you with her body how a particular situation feels or have her talk from a particular part of her body.



Therapy from a Somatic Perspective

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For a client to learn to have the body as a lived experience and to understand that body feelings matter can be a powerful realisation. Many clients have learned to ignore, dismiss, or numb the feelings that are their guide to life. To pay attention within the therapy hour to the client's body, acknowledging the changes that can be seen or felt can be a way of teaching clients that their bodies are important and can assist them in becoming more embodied and grounded within their bodies and their lives.

The Touch Taboo

"By not using touch in psychotherapy we leave our clients with their unresolved issues around touch and it is then up to them to sort these out in their most private moments, though they are confronted by the deepest needs and discomfort through their issues with touch" (Eiden 1998).

There is a plethora of research about the essential nature of touch for a newborn baby. The question then is: when does the need for touch cease?

Touch can assist in building trust, safety, attachment, containment, and remind a body where its edges are, that it is being acknowledged, or just simply that it *is*, encouraging it to come into or back to the present moment. Somatic psychotherapists are trained in the use of touch—touch with the therapists being present first in and with our own bodies, then inviting the clients to be present in their bodies. This can be as simple as feet to feet contact, tracking this with the client, encouraging them to feel what it is like to have contact. This way, the "therapist initiates a 'soma-to-soma' conversation—an intersomatic dialogue—a direct, in-action, intersubjective communication that opens a window into unconscious, unrecognised and unarticulated energy patterns and their representations, into the somatic substratum of conflicts, defences, and resistances" (LaPierre 2006).

A client was exploring his tendency to go into a freeze and feel overwhelmed when things became difficult. Lying on a futon, he reported experiencing pressure on his chest. Initially "it felt like a stake in [his] chest". In a later session, exploring this same pressure, the therapist placed a hand on his chest asking how she could emulate the pressure. The client directed her to apply the amount of pressure and the circumference of the pressured space. After several minutes, the client reported he was at the bottom of a swimming pool and the pressure was the water. At the next session, the client had spoken to his mother, who confirmed that he had nearly drowned at age three. The client then made meaning of his decision that he felt overwhelmed, and within several weeks had tackled and completed some tasks at work which had felt overwhelming to him.

When a client is re-experiencing a distressful situation, the therapist can sometimes guide him to a different outcome from the actual one experienced.

In the above example—in the actual experience—the 3-year-old lay motionless on the bottom of the pool until he was scooped up by his father. When re-experiencing that trauma, the client lay motionless on the futon with the pressure of the therapist's hands on his chest. The therapist asked the client to make eye contact and realise, without bringing him out of the actual experience that he was not alone (to avoid re-traumatisation). In response to the therapist's question of what he could do, the client had no input. Gently guiding the client towards a different outcome—because there is now no father to scoop him out of the current-day overwhelming difficulties—the client suggested he try to scrape his fingers on the bottom of the pool. The client took some time to move his frozen fingers and finally managed a sort of scraping motion, which then, with the therapist's subtle encouragement, became a pushing up from the pool floor and finally a sitting up and gasping for breath. It is possible that surviving the re-experiencing, combined with the re-patterning of the

different outcome, contributed to the positive changes experienced by the client.

As practitioners, we are informed by a combination of 'talking therapies'—including Self Psychology, Object Relations, Attachment, Intersubjective, Trauma, and Relational modalities—to work psychodynamically together with Vegetotherapy and Bio-Dynamic Massage with an ear to the psychoperistaltic gurglings.

Biodynamic massage is a psychotherapeutic massage technique that facilitates the client's process with touch, holding, movement, and breath. It can be used to harmonise a provoked state, to stimulate feeling in a closed down/armoured body, and between these two extremes to bring a client more directly into contact with himself by rebalancing the autonomic nervous system—reminding the system of a time when it felt in harmony. The organism can then, over time, remember to move to this state from one of anxiety. *Psychoperistalsis*: the sounds in the intestinal tract of the processing and digestion of built up tensions and stresses. As tension switches from the sympathetic to the para-sympathetic, the increase in parasympathetic digestive activity can be heard more easily by the placement of a stethoscope above the descending colon.

"Neither CBT protocols nor psychodynamic therapeutic techniques pay sufficient attention to the experience and interpretation of disturbed physical sensations and pre-programmed physical action patterns" (van der Kolk 2006).

Vegetotherapy allows a client's process to arise from her own unconscious, via her breath or body sensations. The process then facilitates its progress sometimes with movement, breath and/or sound (often without words), or any creative ways that arise as a way to be with the client in her process and allow the process to cycle through to a completion at that time. As a therapist, it is vitally

important during this process to not only track the client's mental and emotional process—muscular tensions, posture, facial and body expression and, of course, breath—but also to track, as therapists, our own psychic and bodily processes. After all, emotions are supposed to move us, be that as an energetic response or a more physical movement response. It is important to honour the force of the emotion that arises in the moment as a way to bring it to conscious awareness and therefore have a bodily understanding of how things affects a being on all levels.

Somatic Psychotherapists are trained to use touch in relationship with the client. It is not so much the practitioner 'doing something to the client' as a collaborative effort to explore feelings/sensations/experiences and facilitating the client's emergence from the unconscious. Often we will be touching a client while interacting verbally; it does not happen separately from the therapy but is an integral part of it. During a session, the client may become aware of a tension or pain in the shoulder and the therapist might ask permission to place a hand on that shoulder. This sometimes facilitates a more direct experience of the feelings in the tissue that can then come to consciousness.

The touch happens repeatedly, appropriately, and with permission over many sessions—not as a one-off marvel.

Trauma/Neuroscience

The impact of PTSD on the lives and bodies of the people suffering from it can be wide-reaching. There can be long-term elevated heart rate, constant over-release of cortisol, muscular holding, sleeplessness, depression and anxiety, etc. In order to guide the client towards overall health and balance and therefore relieve some of the suffering we use the client's body as a door in, also known as 'bottom-up processing', or healing the being through the body first rather than the mind.

A client presented with PTSD symptoms of stuttering and a sort of hiccupping in the throat when she tried to speak. Over several months, she discussed her abusive relationship with her ex-husband and how these symptoms were triggered when she was forced to reconnect with him during

a custody issue. Several months into the therapy, the client was lying on the massage table, and I offered to hold her brain stem gently in my hands to harmonise the Central Nervous System. She sensed a pressure on her throat and asked me to remove the fabric there. There was nothing touching her throat. I asked her to focus on this area and requested permission to place my hands on her throat. I then requested her collaboration in making my hands mimic the sensations she was feeling. This resulted in her re-experiencing her ex-husband trying to strangle her. This experience had never been shared with me in the therapy, and she had not remembered him doing it until this moment. I asked what she could do about this, and she said she was powerless. Sensing her frozen, powerless state, I suggested that she take some time and muster all her force to get out of the situation and was mightily surprised when she drew up her legs and twisted out of my hands at the same time as forcefully pushing my hands away from her throat. She then began sobbing. After some harmonisation and integration, she left and later reported that the symptoms were not triggered when she next saw him.

Recently, there was press coverage detailing how an international study led by Australian researchers found that deactivating the nerves in the kidneys using radio waves may in turn regulate the salt and water retention and can assist patients with high blood pressure (Corderoy 2010). From a somatic perspective, we would have the client relax on a futon or a massage table face-up and, with explanation and permission, gently cradle his kidneys in our hands, through his clothes. After a time of both bodies relaxing with each other, one body learning from the other, and the kidneys being attended to, the client will feel much more relaxed, present and safe with himself. To do this as a regular part of therapy can enable clients' bodies to initially benefit from the extra attention and rest and gradually to learn to carry this more relaxed state into their lives; and clients can learn to relax their own kidneys with the regular attention and feeling from the therapy hour.

We encourage clients to use the body as an anchor to come back from a dissociative state. Asking the client who knows she is dissociated if she can track

where she leaves from—i.e., which part of the body does she exit from when she leaves—can, over time and with practice, help the client to catch the dissociation before she is completely away.

When a long-term client was describing the abusive environment of his childhood home, he became dissociated. Asking what was happening and how he felt did not bring him out of this state. I asked permission to touch him and, both standing, gently squeezed his shoulders whilst making eye contact and asking him to look at me. The client came back into his body with an increased awareness of how he dissociates.

"The desomatizing process depends, first and foremost, on the therapist's ability to enable these patients to tolerate rather than dissociate from their bodily sensations. Dissociation is the patient's response to levels of arousal that threaten to exceed the window of tolerance. In the relative safety of the therapeutic relationship, we modulate such excessive arousal and help undo dissociation both by encouraging the patient to observe the body's sensations as they change and by translating the language of the patient's body into words. In so doing, we help the patient build a vocabulary that describes physical experience" (Wallin 2007).

PTSD responses vary: studies showed about 70% of participants experienced an increase in heart rate while recalling the traumatic memory, while the other 30% showed a dissociative response with no concomitant increase in heart rate. However, it was also noted that in clinical practice some patients might exhibit different responses to different traumatic scripts (Lanius and Hopper 2008). "It is therefore crucial to assess dissociative pathology and to provide interventions that reduce dissociative symptomatic responses to trauma-related stimuli before commencing exposure-based treatments. Failure to do so can exacerbate PTSD and related symptoms, including dissociation, and can increase the patient's overall distress and functions impairment" (Lanius and Hopper 2008, citing Foa, Keane and Friedman).



A client, who had been sexually abused in childhood, was describing her provocation around her sexual attraction to a young man with whom she worked. She became quite distressed and then became dissociated. Placing both hands on her shoulders and one foot on the client's foot, the therapist lifted and shook the shoulders gently whilst maintaining eye contact then released the shoulders. The client became embodied again and said, "I think I've just dropped into my pelvis."

For clients to have the solid ground of their bodies to rely upon can, over time, allow them to use their bodies as a resource when they are feeling overwhelmed, anxious, or in the grip of a flashback, and can be a breakthrough in therapy for the client. This can be a greater part of the therapy for the abused client, firstly learning to be kind to their bodies, to listen to the needs of their bodies, to keep them warm (cold can raise the fear response) and fed appropriately. All this can take some time. Often, in addition, clients need to "learn to uncouple trauma-related physical sensations from reactivating trauma-related emotion and perceptions" (van der Kolk 2001). Later "the ability to relate their sensations to their feelings can help these patients to use internal experience as a basis for understanding themselves and communicating with others" (Wallin 2007).

Exposed to traumatic reminders, subjects had cerebral blood flow increases in the right medial orbitofrontal cortex, insula, amygdala, and anterior temporal pole, and in a relative deactivation in the left anterior prefrontal cortex, specifically in Broca's area, the expressive speech centre in the brain, the area necessary to communicate what one is thinking and feeling. This, and subsequent research supporting those findings demonstrated that when people are reminded of a personal trauma they activate brain regions that support intense emotions, while decreasing activity of brain structures involved in the inhibition of emotions and the translation of experience into communicable language (van der Kolk 2006).

Conclusion

'Soma' is a Greek word meaning the living body. Somatic Psychotherapy, whilst inclusive of 'talking therapies' can also be informed by bodily experience and somatic techniques including the recognition of non-verbal signals and sounds and, with permission, appropriate therapeutic touch.

Somatic work can assist clients to integrate their thoughts, feelings, and actions. Clients can, over time, find a reassuring home in themselves, within their bodies, using this ground to venture into their lives with renewed enthusiasm and freedom. Some clients will gradually inhabit their bodies and their lives, feeling for the first time 'in the driver's seat' and will experience aliveness in their bodies that will excite them. It is likely clients' creativity will be unleashed and their curiosity and playfulness will flourish. Often, due to the work, a client's actual body shape will change, due to the muscular holding and defences being released, often becoming more fluid and comparatively more evenly distributed in energy and muscles.

Neuroscience can now prove what somatisists have felt and known for decades: that the body holds memories, emotions, trauma, and intelligence in its own right. To honour the intrinsic wisdom of the body can facilitate profound and lasting changes for clients, and, as bodies influence bodies, the therapist's own being as well. When anxious or traumatised one's organic pulsating rhythms are restricted, and bringing movement, breath, and sound to the shutdown organism helps to restore the pulsation of the rhythms towards self-regulation and fulfilment of life's potential. ♦

ASIA: www.somaticassociation.org.au

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