

## **AN INTRODUCTION TO SOMATIC PSYCHOTHERAPY**

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The dynamic interplay of mind and body in the healing arts of medicine and psychiatry has a long history. In psychiatry some of Freud's colleagues and disciples (Sandor Ferenczi and Wilhelm Reich specifically) shared such interests, and contemporary somatic psychotherapy owes its origins to those pioneers. In recent years, the psychotherapeutic community in general has become curious about the insights and interventions of a mind-body approach. The United States Association of Body Psychotherapy (USABP) and its European counterpart (EABP) include several types of somatic psychotherapy in their membership -- Bioenergetic Analysis, Gestalt Body Therapy, Hakomi, Jungian Body Psychotherapy, Pessio-Boyden Psychomotor Therapy, and Rubenfeld Synergy, to name a few. Theoretical formulations and training programs vary among the different approaches. Since I am most familiar with Bioenergetic Analysis, my comments will be based on its particular orientation. Certification as a Bioenergetic Therapist, for example, requires a five-year, post-Master's program of theoretical and clinical training, in addition to two years of private clinical supervision and four years of personal Bioenergetic therapy. One common thread for most training programs is the requirement that therapists-in-training undergo personal somatic therapy -- along with their theoretical and clinical training.

Clients are referred for Bioenergetic Analysis or somatic psychotherapy as a primary therapy or as a supplement to a verbal psychotherapy in which they are already engaged. In either instance, the work may be of short-term (two or three months) or long-term (several years) duration. Sometimes, clients feel they have reached an impasse in verbal therapy and may seek out a somatic approach to access "stuck" feelings or to more completely resolve their issues. Somatic psychotherapists, depending on their training and clinical experience/specialization, treat similar issues and problems pursued in verbal psychotherapy-- depression, anxiety, past trauma, diminished self-esteem, conflicted interpersonal relationships, etc. In general, treatment involves taking a personal and family history, discussion and analytic interventions similar to verbal psychotherapy, but what is unique to somatic psychotherapy is the inclusion of somatic information in assessing personality dynamics and the employment of somatic techniques in the treatment process.

Bioenergetic Analysis was developed in the 1950's by Alexander Lowen, MD, a student of Wilhelm Reich. Theoretically, Bioenergetics has its roots in psychoanalysis but expands upon that developmental model to focus on how parent/child interactions impact on the body as well as the psyche and result in characteristic body postures, chronic muscular tensions, and restrictions in breathing and energetic charge. These somatic structures and patterns correspond to psychological defenses, character traits, and the client's emotional range and responsiveness. The therapist observes the client's body structure, breathing, coordination, expressive movement, etc. and relates these observations to the client's life history and psychological issues. In Bioenergetic work, analysis involves understanding the correlation between somatic patterns and psychological defenses and deficits. Therapeutic interventions are based on that understanding and may involve breathing, stretching, and expressive exercises that focus on characteristic muscular tensions, movements and restrictions in breathing.

The objective of such exercises is to release long-repressed emotions so they can be addressed in the verbal therapy process, build ego structure, and alter maladaptive patterns to enhance ego capacity and a more integrated sense of self.

The following example may help illustrate a somatic approach. Selma [*name and identifying information changed*] was a 28 year old, married woman referred by her physician for the treatment of anxiety. She described feeling overwhelmed by daily life tasks and struggling with increasing irritability at her husband and with a loss of libido. Because of her religious beliefs, Selma declined referral for medication evaluation. A few years prior to therapy, she had relocated to the northeast as a single woman to pursue a PhD. Within a short time, she felt overwhelmed by city life, isolated and insecure. She was barely able to function and found assistance and support from members of a local religious community. During this time, she met her husband-to-be, married and took a job as a salesclerk. Family history revealed Selma was the oldest of two children, raised in a highly religious home. Her father was a pastor who was well-regarded in various communities but who was nonetheless unable to find or hold a permanent congregation. Over the years, he felt more and more a failure. Her mother did not work outside the home, deferred in decision-making to her husband, and encouraged her children to admire their father and face the challenges of various relocations with an optimistic attitude despite her own worried demeanor. Selma described both parents as warm and supportive but not inclined to express or discuss emotions.

Treatment initially focussed on pragmatic concerns, such as Selma's developing strategies for managing her anxiety and irritability; learning to anticipate and identify stress situations; learning to distinguish feelings of sadness, frustration, disappointment, etc.; and reframing problematic and self-defeating thought patterns. Along with this approach were blended observations and insights from a somatic perspective. For example, when Selma described instances of becoming upset or overwhelmed, I asked her to pay attention to her breathing and physical sensations and would guide her observations with questions like "where do you experience that tension physically? in your stomach? in your shoulders?" "what's happening with your breathing? are you hyper-ventilating, or barely inhaling?" Over time, Selma was able to identify that when becoming anxious her energy felt whipped up and she tightened and lifted her shoulders, clenched her jaw, held her breath, stiffened her back and legs, and felt restless, often shifting her feet. By contrast, when sad she would slightly collapse her torso, hunch her shoulders, breath shallowly, pout, slow her movements, and even feel weak-kneed. This information and increased body awareness provided her detailed physical cues that helped her differentiate feeling states and alerted her when a situation was becoming stressful even before she was conscious of her mounting emotional reactions. It also suggested opportunities for somatic interventions for managing her anxiety and altering her emotional responses.

Asking her if she would like to work physically with these dynamics, I invited Selma to remove her shoes and move to an open area in the office set aside for expressive exercises. The first of what would be many exercises was a basic standing and "grounding" exercise. With feet parallel but separated about ten inches, knees slightly bent and torso shifted forward so the center of gravity is over the balls of the feet, one allows the arms to hang loosely at one's side and breathes deep into the abdomen with a slow exhale and sometimes a gentle sigh. Overall, sensing the contact between one's feet and the ground, one becomes conscious of one's legs and their capacity to

support and root the full standing height of the body. This is what is meant by “grounding”. Selma, however, quickly saw how her knees locked and her upper body pulled back so her center of gravity was over her heels, and how her hands subtly fisted. Further, she could not completely ease the tension even when she tried. She was thus “braced against the world” in a characterologic way and did not feel she could securely “stand on her own two feet”. Over time, Selma practiced this exercise and found that as she experienced standing in a new and grounded way, she felt more capable of dealing with stressful situations and of expressing her feelings. As this exercise was elaborated, it also became a springboard into psychodynamic issues. Specifically, her bracing was not only a feature of her anxiety, but -- as her fisted hands and clenched jaw had suggested -- of anger and resistance.

With other exercises and analytic discussions, Selma began to confront the private anger and disillusion she harbored towards the father she loved, the fear she had carried as a child in the face of financial uncertainty, and the deep sadness of having to “brick in” her feelings. Overall, working conjointly on a somatic and verbal level enabled her to access feelings and insights more readily than through words alone and offered an expanded repertoire of interventions. These exercises and interventions not only helped facilitate a release of chronic tensions and repressed emotions, but also focussed on addressing developmental deficits and enhancing ego skills and capacity.

Attention to interpersonal boundaries is, of course, essential in somatic psychotherapy as it is in verbal psychotherapy. Understanding a client’s history, psychological and emotional issues, and present-day functioning is crucial in assessing which exercise to choose, anticipating how a particular physical intervention will increase or decrease a client’s anxiety, and how to reinforce a client’s sense of safety and body-integrity as they stand and move about the room. There are also exercises that focus specifically on developing a sense of interpersonal boundaries and securing clear borders. The previously described grounding exercise transforms into one such boundary exercise as hands are raised at shoulder-height and extended to arm’s length while pushing with the heel of the palm. In such a way, clients begin to concretize and physically represent the concept of having and maintaining borders in relation to the space and to others around them.

Bioenergetic Analysis and the field of somatic psychotherapy continues to develop in response to contemporary neuropsychological research and psychoanalytic theory. As attention to mind-body dynamics itself continues to grow, somatic psychotherapists are being recognized for the contributions their particular theoretical frameworks and clinical experience can provide clients and the field of psychiatry.

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