Becoming a Somatic Therapist: Myths, Joys, and Challenges

By Karen Rachels, LMFT

Twenty-four of us sat in Richard Heckler's "Introduction to the Hakomi Method"[1] workshop as he said, "You're welcome here." Each of us smiled, looking at him, hearing words we'd heard many times before at workshop beginnings. "Now," he continued, "close your eyes and go inside while I say those words again." "You're welcome here." When we opened our eyes, he asked us the difference between the two "welcomings." I raised my hand, "The second time I felt sad." I looked at Richard who was sitting next to me. He looked at me with an unswerving, compassionate gaze. I met his gaze but, after a few seconds, looked away.

When I left the workshop that day, those were the things that propelled me toward learning somatic psychotherapy and, eventually, attachment: the power of mindfully observing my internal experience and my awareness that maintaining steady eye contact was not easy for me.

Somatic psychotherapy fundamentally works to foster body-brain integration. By adding mindfulness and bodily sensations to emotions and insight, somatic work enables us to integrate the instinctive, unconscious, right-brain aspects of our experiences with the analytic, linguistic, left-brain aspects. This integration actually changes structures in our three brains (reptilian, limbic and neocortical) so we can regulate our emotions more easily and make changes and choices in our lives from a grounded, alive, and interpersonally connected place. Body sensations, gestures, eye contact, breathing patterns, movements, shifts in physical position, pace of speech, speech quality and many other more physiological things are actually routes to the unconscious -- those things we are not aware of and have not processed yet affect us in our daily lives.

[1] Hakomi Mindful Somatic Psychotherapy, www.hakomiinstitute.com

The road to becoming a somatic therapist has enormous joys and challenges. This article seeks to encourage and to validate that journey.

Many of us who are currently learning how to use somatics are seasoned therapists and have learned to manage with wisdom and care the various challenges that can arise in clinical practice. We somehow managed to come up with our own therapeutic style and comfort zone. And yet something emerged that made us want to open this brand new door – the door into somatics and the realm of the embodied brain.

Some of you who have been practicing a long time may feel quite disoriented and lacking in confidence as you learn. That is natural and stems in part from how experienced you are. You are very good at what you have learned to do. Learning somatics is like learning a new language where we are thinking every step of the way, don't know all the vocabulary, trying desperately to find the right grammar and syntax, use the right accent, and do it all with grace. Learning a new therapist language has the added challenge of doing this literally while our clients are "watching" – that realm where we want to feel we are in control, we know what we are doing and that our clients will feel safe knowing those things as well.

My hope is that you and newer therapists can find the way to integrate what works for you and experience the value of adding this new dimension. To that end, I want to start with some myths related to somatic work:

<u>Myths:</u>

> *Myth #1*: Somatic therapists believe working somatically is the only way for all therapists to work.
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> *Myth #2*: Psychodynamic and other approaches such as CBT do not pay attention to the body or rarely use somatics.
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> *Myth #3*: To be a somatic therapist, one must always use somatic approaches with clients.

As a somatic therapist, I never lose sight of my psychodynamic training and often use that framework, especially when working with attachment. I know many psychodynamic and other non-somatic therapists who are integrating somatic concepts and practice into their work easily and effectively. They are not mutually exclusive and can be complementary.

Myth #4: Somatic therapy requires the use of touch with clients.

Somatic psychotherapy makes room for a clinical and judicious use of touch. Touch is extremely powerful and can be transformational. However, a somatic therapist does not need to use touch at all --that is the decision of each therapist. In my work over the last 11 years, I probably have used touch with clients 2 - 3% of the time: As would any therapist, I use it with extreme caution, complete transparency and vigilant tracking.

Myth #5: Working with the body is not safe for those with trauma.
Myth #6: Working with the body is the only safe way to work with those with trauma.

Any therapeutic approach can safely work with trauma.[2] Safety in trauma treatment depends on autonomic nervous system regulation. Early approaches to trauma largely did not attend to the state of the client's regulation, often leaving clients retraumatized. Making sure clients are regulated, regardless of method used such as the window of tolerance or a subjective units of disturbance scale, is the key to safety.

Joys:

1. *The Power of Mindfulness*: Beth came in for her first session knowing little about my work. Having never experienced a somatic approach before, she began talking engagingly about her life. After twenty-five minutes of listening to a steady flow of her experiences and problems, I wondered if she would be able to do somatic work. Although I felt connected to her in general, I felt a

[2] Rothschild, B. (2003). *The body remembers casebook: Unifying methods and models in the treatment of trauma and PTSD*. New York: W.W. Norton & Company.

slight disconnect from the volume of the stories. About midway through, I told her that I often work with clients in a somatic way and wondered if she wanted to try that. She agreed. I induced mindfulness by having her close her eyes. Gently, I helped her notice things she hadn't been aware of in the environment and in her body. As she got more still, I invited her to go inside and notice sensations, emotions, images, urges, and thoughts. She deepened into a mindful, quiet, present-moment state. Now, there were few words. Slowly, we tracked her as a memory surfaced – she's standing in her hallway as a five-year-old and her parents are not there. Her body still, she said in a hushed voice, "I feel scared." Together we attended to her child state until eventually she found a resource in her loving grandmother who held her. At the end of the session, she looked at me, "Wow, a whole world inside I kind of knew was there but never really touched!"

2. *Aliveness in the Present Moment*: Often, we don't know what is truly alive in us, what our psyches are most wanting until we mindfully observe our bodies. A somatic therapist looks for what is alive in the present moment for the client, the therapist, and the dyad. From this lens, the therapist can choose the intervention in the moment that facilitates the client's organic process: What is wanting to happen? Where is the client, where are we in this very moment? In doing this, we can move beyond storytelling to mindfully exploring experiences in the body that are held unconsciously in the limbic system as well as the in the neocortical brain.

   Ezra came in frustrated with his boyfriend whom he experienced as intermittently available. He looked at me, "I can't help but think there's something wrong with me." I verbally explored this with him and we dipped into memories of his mother being sick and often not present for him. The insight was helpful but what was alive for me as I sat with Ezra was the sense that it wasn't really easing his pain or this belief about himself. Finally, I moved out of my more analytic, left-brain mode, "Maybe we could explore this mindfully and see what's there?" Ezra closed his eyes and quieted and a memory with his mother came. We tracked his feelings of sadness and loneliness manifest in tension in his belly and chest

as well as collapsed shoulders. With his permission, I encouraged him to stay with the tense sensations and let his shoulders collapse. As he did that, something shifted where his body wanted to move against the tension and the collapse. His arms flung wide and his spine straightened. Out of seemingly nowhere came the words, "It's not my fault," with energy and aliveness. With this new self-affirming awareness experienced from a deep, unconscious place, we could begin to consciously root this new belief in his body and brain.

3. *Active Support of Defenses*: Somatic work thrives on the principle that defenses positively serve as resources in circumstances where we don't feel safe. We unconsciously organize our experience as children and later as adults to maximize safety and minimize danger. Most therapies accept this concept in theory, recognizing the emotional need for protection; what differs in somatic therapy is the active support of the defense. An unconscious anxiety about giving up the defense is relieved when the defense is supported. The client can relax, observe and work with the defense in their own way at their own pace.

   Tamar came to therapy with depression. Although open to working somatically, she struggled when we tried it. I explored it with her until she realized, "I am afraid to have you see me." I thanked her for telling me and asked, "How could I help you not be seen?" With my help, she constructed a fortress of pillows around her. She would sit behind the fortress, then peek her head out, observing her body telling her what felt safe or not safe. She left appreciating her body's wisdom and feeling an increased sense of control.

4. *Emphasis on Resourcing*: Somatic therapy focuses on resources and strengths as much as problems and pain. In doing this, the nervous system is not overwhelmed and clients can find internal and external resources previously unknown or unrecognized. Resourcing through breathing, dual awareness of present-moment body sensations while recalling a memory, noticing an unconscious, comforting gesture such as stroking an eyebrow, remembering and feeling in one's body the love, calm and

reassurance of an important person from the past (think of Tamar's grandmother), a protective figure, or a spirit guide are examples of resources that work against the "looking for the negative" nature of our reptilian brains. Reframing negative behaviors as survival resources[3] and helping clients identify positive, life-affirming resources strengthen clients' security and resilience. I have had many sessions with clients simply celebrating something that is good, grounding them somatically in the physical, emotional and spiritual experience of that resource.

5. *Increased Authentic, Loving and Spiritual Connection with Clients*: All therapies rely on the relationship between therapist and client for real healing to take place. I have found that somatic work with its emphasis on lovingkindness, resourcing and in-the-moment processing has allowed me to be personally more authentic. Especially with attachment as a complementary lens, as I am responding from my securely attached (at least in that moment), right-brained core self, my heart is more open and I am more available. Simply being present together can also be an immensely loving and spiritual experience.

   Roberto came to a belief at the end of a somatic session, "I am not alone." I joined him in the belief and deepened him into a felt, emotional and physical sense of this new belief and his connection with me. I watched, with amazement, as he seemed to glow in the room. He reported a deep sense of peace and felt the sun beaming all over his body, even though the light had not changed in the room. Together, we felt an expanded spiritual consciousness that was moving and transforming for us both.

Challenges:

1. *Client Trauma*: Clients who have had chronic and severe trauma have often developed wise strategies for not being present in their bodies. As we know, bodily and emotional experiences of extreme

[3] This concept of survival resources is from Sensorimotor Psychotherapy: Behaviors and patterns that may hinder us in some ways were developed originally as resources to enable us to survive. www.sensorimotor.org.

terror from unintegrated memories of physical, sexual and emotional abuse and other traumas can be terrifying and feel life-threatening in the moment whey they emerge in therapy. Why would someone want to feel those experiences even further? When working with clients with traumatic histories, it's important to establish safety in the client's life and in the therapeutic relationship as a prerequisite to somatic work. Janina Fisher's "Three Stages of Trauma Treatment"[4] (adapted from Judith Hermann, "Trauma and Recovery"[5]) articulates the crucial need for stabilization prior to processing memories. When working with those with severe trauma, the therapist can use psychoeducation about trauma and how our bodies are designed to protect us so clients understand what their internal bodily experiences mean. Therapists can teach mindfulness, the window of tolerance, and how to self-regulate, including the use of somatic resources such as an unconscious calming gesture, use of breathing or specific body strategies for centering and containing. Over time, as clients increase their tolerance for being in their bodies, more somatic tracking along with trauma sequencing or processing becomes possible.

2. *Client Attachment Tendencies*. All of us unconsciously use different attachment strategies at different times to protect ourselves. Some clients may have strong go-to strategies that are consistently present in the therapy. A client with a dismissing (avoidant) strategy has learned to dismiss their own needs or the needs of others. When the normal process of therapy unveils the needs of the client, a sense of exposure, vulnerability or shame can surface. Therapists may notice this when a client routinely: 1) dismisses as meaningless a gesture the therapist notices; 2) has difficulty staying in mindfulness; 3) reports feeling nothing inside; 4) questions the value of the process; and 5) returns to stories that are not present-moment. Therapists who understand this attachment strategy will wisely use a strong rather than a soft voice, will speak to the clients strengths rather than to the client's vulnerability, will inject humor and play into sessions, and work hard to not evoke

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[4] Fisher, J. (2007). *Psychoeducational aids for working with psychological trauma.* Cambridge, MA: Kendall Press.

[5] Hermann, J. (1997). *Trauma and recovery*. New York: Basic Books.

shame. In time, trust can build that may decrease the feelings of exposure and shame.

Clients with a preoccupied tendency need stabilization similar to those with trauma. Like clients with strong dismissing attachment strategies, these clients tend to have attachment trauma. However, those with preoccupied strategies can feel more comfortable with somatic tracking and often are comforted by the keen focus and presence of the therapist.

Clients with disorganized attachment strategies are perpetually in search of safety and unconsciously use any strategy that will work in the moment. Often receptive to somatic work, they can get overwhelmed with the terror of relationship and have to pull back to a space that feels safer.

Z. could be emotionally vulnerable and present in our connection for a bit yet could move to a completely different place within a few seconds or minutes and the connection would feel lost. For example, I might comment on something such as tears in his eyes and then attempt to deepen him into it. He would stay with it for a few seconds to a minute, then come out and start talking somewhat tangentially. Therapists will honor this by supporting the wisdom of the pullback into safety and, at the same time, naming it aloud in the interest of client self-observation and self-understanding. As clients begin to name the terror and recognize its past origins, the ability to stay present begins to expand.

3. *Therapist Feels Intrusive*: Many therapists learned to be non-directive with clients; noticing a gesture or directing the person to go inside may feel intrusive. It is always important when working somatically to ask for permission and track to see if the permission given is authentic. In addition, providing psychoeducation about somatic work helps clients feel comfortable with and buy into the process. It may help to reframe your traditional sense of "intrusion" as offering, instead, a different kind of exploration. For some therapists who felt intruded upon in their own histories, exploring and resolving

those feelings can help you detect if feeling intrusive stems from you or from the client.

4. *Therapist Feels Detooled*: Those of us who primarily engaged in non-somatic therapy for years may find it difficult to try out a new approach. We learned to reflect back feelings and content, to interpret and to be in relationship with our clients. Somatic work asks us to cut back on our words, our interpretations and our need to know so the client's moment-to-moment process can proceed. Making this shift does take time and self-compassion. Learning to work somatically does not mean throwing away all of your training and your wisdom about what works in therapy. It does mean letting yourself be a learner, trying new things, making mistakes and learning from them. I encourage therapists I train to start out with bits and pieces right away to find moments and sessions of success where you really feel and see the value of this approach. Letting yourself not know what to do can be scary but it can also open up moments of unexpected authenticity and clarity.

5. *Therapist Trauma and Attachment Style:* Some of the hardest moments in therapy of any approach happen when interactions between client and therapist result in the therapist feeling inadequate, dysregulated, devalued, angry, or terrified. Are we unconsciously acting out something being projected onto us? Or, is there an unintegrated part of us that is reacting to a client's trauma, or to a client withdrawing, being needy, or being angry with us? In somatic work, these countertransferential reactions can stall the process as we enact our own strategies for staying safe by withdrawing, grasping, or dissociating. Mindfulness puts a spotlight onto internal experiences so clients will perceive our reactions even more intensely than in non-somatic therapy. The more we recognize and work with our own histories and our own tendencies, the more we can recognize how we are reacting to clients.

   When I train therapists, I ask them to be mindful of the Attachment Bubble: Holding dual awareness of the therapist's and the client's attachment strategies in the moment so they can notice their reactions and return to a secure rather than insecure

stance with the client. Recently, a therapist in a practice group was able to notice he was withdrawing and pulling away as the client, in mindfulness, seemed to want more contact. The therapist and I worked together to ground him in his body and regulate the parts of him that felt pulled to avoid. Within a few minutes, he found a comfortable place in his body, including a physical stance and way to sit that enabled him to meet the client adequately. It will now be easier for him in the future to recognize in the moment when his need to avoid surfaces and to find a way to return to the connection.

6. *System Being Played Out:* Frequently, a client's process can lead to one or both of you feeling stuck. Most often, this is because there is a system being acted out, often an enactment of a relational wound.

   I had worked with Porter somatically for a few months. During one session, every time I tried to deepen her somatically, she popped out of mindfulness and started analyzing herself. I kept trying and the same pattern kept happening, leaving me feeling frustrated and irritated. No matter what I did, she wouldn't let me in. After many tries, I finally recognized I was feeling shut out. With that awareness, I "jumped out of the system" by naming it: "I notice it is hard for you to stay in mindfulness. I wonder if something happened between us?" The muscles in her face relaxed some. "Your face seemed to relax when I said that." Porter signed, "Well, it isn't possible for you to be perfect." "I think I dropped you before. Is that right?" I asked gently. She started crying, "I can feel so alone and like I don't matter. I want you to get me," her energy intense. The system Porter had been caught in all her life was named: Whenever she felt misunderstood, she would withdraw from others and from herself without knowing it, reinforcing her loneliness. The system began to change with this attachment repair as we worked with it mindfully rather than acting it out.

Working somatically can be transformative for clients and rewarding for therapists. Experiencing the joys and understanding some of the

challenges will hopefully ease your awkwardness and enhance your compassion for yourself as a learner. There is much to be gained.