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Somatic Psychotherapy: Illuminating an Embodied Experience of
Self-Transformation through Autoethnography

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Somatic Psychotherapy is a contemporary embodied, experiential therapeutic modality that is difficult to understand by reading theory alone and without the benefit of direct personal experience. In this autoethnography, I aimed to illuminate the therapeutic change process in somatic psychotherapy from my perspective as a client. In reflecting on my experience as a client, I also strove to more deeply understand my own healing process to become a more effective and ethical somatic psychotherapist. The data consisted of my direct participation in four professional workshops related to somatic psychotherapy, as well as my personal experience as a continuous client of somatic psychotherapy. I then developed evocative narratives based on my somatic psychotherapy sessions that highlight the process of how somatic psychotherapy functions between client and therapist and illuminate how I experience personal transformation. I also interwove my reflections of the related workshop experiences with salient theoretical literature to further elucidate my understanding of how somatic psychotherapy engenders self-transformation. Ultimately, I found that the intersubjective relationship between client and therapist is inherently embodied and moreover becomes the transformative healing agent in somatic psychotherapy. I additionally found that self-transformation occurs through the delicate and simultaneous moments of grace and precision that both profoundly ground the client in the present moment, and connect them to a sense of all that is available within and beyond them.

Keywords: somatic psychotherapy, Somatic Transformation, intersubjective field, right brain, attachment, the body, regulation, integration, autoethnography

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Table of Contents

Introduction	5
Literature Review	8
Conceptual Framework	21
Methods	24
Somatic Encounters	35
New Understandings	43
Reflections and Synthesis	57
Future Implications	63
Conclusion	69
References	71

Somatic Psychotherapy: Illuminating an Embodied Experience of Self-Transformation
through Autoethnography

Social workers today draw from a wide range of disciplines, theories, and tools to effectively serve individuals in a way that addresses the interconnected systems—micro, mezzo, and macro—that affect their mental health and wellbeing. The bio-psycho-social perspective furthermore distinguishes the clinical social work approach from that of other mental health professionals, such as psychologists and psychiatrists, by attending to the biological, psychological, and social dimensions of the client’s experience (Hutchison, 2011). In evolving with this model, clinical social work has begun to embrace the efficacy of body-focused psychotherapy modalities that view the connection between mind and body as fundamental to treating mental health (Applegate & Shapiro, 2005; Carleton & Gabay, 2012; Cozolino, 2010; Fosha, Siegel, & Solomon, 2009; Levine, 2010; Porges, 2001, 2004; Scaer, 2005; Schore, 2009; Siegel, 2006, 2012; Stanley, 2010; Van der Kolk, 2014).

The umbrella term for body-focused or body-centered forms of psychotherapy is somatic psychotherapy. In its most basic interpretation, somatic psychotherapy translates as “psychotherapy of the body” (“Merriam-Webster”, 2015). As such, somatic psychotherapy is often conflated with forms of bodywork that involve physical touch, such as massage or Reiki energy healing. Somatic psychotherapy, however, is not a form of bodywork nor does it involve physical touch; rather, it is a form of psychotherapy based in a psychological theory that employs a comprehensive understanding of how an individual’s brain, mind and body interact to facilitate therapeutic change in the client (Ogden, 2003; United States Association of Body Psychotherapy, 2015).

Somatic psychotherapy is moreover considered a bottom-up, as opposed to top-down, approach to the therapeutic change process (Fosha et al., 2009; Ogden, Minton & Pain, 2006). Traditional talk psychotherapy that is psychoanalytically informed is a top-down approach, which proposes that a client's cognitive insights and awareness lead to therapeutic change by altering first one's perception and then one's behavior. In other words, if a client's thinking changes, then their behavior changes, and their mental, physical, and emotional well-being consequently improves (Fosha et al., 2009; Ogden et al., 2006). Examples of top down approaches include traditional psychoanalysis, Cognitive Behavioral Therapy (CBT) and Solution Focused Therapy. In contrast, somatic "bottom-up" psychotherapy believes that therapeutic change begins in the physical body—in the client's underlying neurobiological wiring and physiological states—and that once the body shifts from a state of dysregulation to regulation, or from a hyper or hypo arousal state to feeling safe in the present moment, the domino effect of personal healing and transformation begins to unfold (Cozolino, 2010; Geller & Porges, 2014; Fosha et al, 2009; Levine, 2010; Ogden, 2009; Stanley, 2010).

Specifically, in somatic psychotherapy change occurs through the delicate, constant and often unconscious communication that occurs between our bodies, our brain, and our consciousness *in relation* to a trusted other (Stanley, 2010). In this approach, then, the bio-psycho-social components of experience are inextricably linked. While mental health research studies continue to affirm the efficacy of somatic psychotherapy, it has yet to become fully embraced in the clinical social work field as an effective modality because clinicians struggle to understand how it functions in practice (Applegate & Shapiro, 2005). Because somatic psychotherapy is embodied and

experiential in nature, and depends upon the practitioner's ability to tune in to both their own and the client's somatic experience, clinicians learn to practice from having their own somatic and experiential experience (K. Daly, personal communication, March, 2015).

As a result of the dominance of "top-down" methods, however, somatic psychotherapy has yet to be incorporated into the milieu of mainstream approaches from which clinical workers and mental health practitioners can draw from (Fosha et al., 2009; Ogden, 2003). Professional trainings for somatic psychotherapy are moreover expensive and time-consuming, and it has not been incorporated into standard social work and counseling psychology education programs' curriculum. These factors contribute to its inaccessibility and opaqueness as a therapeutic form. Fosha et al. (2009) and Schore (2014), however, emphasize that the mental health field is at the forefront of a paradigm shift that proposes the critical role of the body in psychological health and wellbeing. I believe that further illuminating the change process that somatic psychotherapy engenders is a necessary part of this paradigm shift. This paper will accordingly address the need for the social work field to acquire a felt, embodied understanding of how somatic psychotherapy functions in practice between client and therapist.

In addition, in this paper I will use a more unconventional form of qualitative research called *autoethnography* to effectively show how somatic psychotherapy functions to induce change in the client. In its most basic interpretation, autoethnography is described as an ethnography of the self in relation to culture (Ellis & Bochner, 2000). In this paper, then, I will engage the reader in my own embodied experiences of somatic

psychotherapy as well as the process of how I make sense of my experiences through the lens of salient literature and theory.

My hope is that by taking the reader through my own personal journey with somatic psychotherapy, I will illuminate how it functions to powerfully transform the self. In extension, by writing about my inner journey in a reflective and intentional way, I will gain more self-knowledge and understanding, thereby becoming a more attuned and effective future somatic psychotherapist.

The following literature review will provide an overview of the neuroscientific, neurobiological and physiological research that currently grounds the somatic psychotherapeutic approach. Ultimately, the literature review demonstrates how somatic psychotherapy promotes therapeutic change in clients who present with a wide range of mental health concerns through an understanding of the body's physiological and neurological responses to dysregulation in relationship with the neurobiology of attachment.

Neuroscience of Somatic Psychotherapy

Mind-Body Connection

In recent history, the emergence of interventions in the mental health field that address the mind-body connection has been attributed to the influence of ancient Eastern spiritual traditions and philosophies, such as Buddhism, yoga and Ayurveda, Traditional Chinese Medicine, and Taoism (Emmons, 2010; Weil, 2011). Whereas mindfulness-based therapy approaches are explicitly influenced by Eastern philosophies, however, emerging research about neurobiology and neuroscience—for instance, how the brain and body develop in relation to attachment figures, and what parts of the brain and central

nervous system are activated in various mental health issues and their treatments—also supports the mind-body emphasis in somatic psychotherapy (Cozolino, 2010; Geller & Porges, 2014; Porges, 2004; Schore, 2009, 2014; Siegel, 2012; Van der Kolk, 2014). In the field of clinical social work, which seeks empirical evidence to support methods, this proliferation of scientific evidence has opened more space for somatic psychotherapeutic techniques to become incorporated into the milieu of legitimate mental health treatment methods (Applegate and Shapiro, 2005).

Neural Plasticity

The concept of neural plasticity revolutionized the mental health field's understanding of how the brain functions and paved the way for scientific understandings of psychotherapy's efficacy. Introduced by Donald Hebb in 1949, neural plasticity refers to the brain's ability to regrow and reorganize neural pathways, or synaptic connections, based on experience (Applegate and Shapiro, 2005; Cozolino, 2010). It thus also refers to the brain's unlimited capacity to change and grow across the lifespan. Neural plasticity furthermore proved that “neurons that fire together, wire together”: synaptic connections used the most “endure and expand”, while those used less weaken and deteriorate (Hebb, 1949, as cited in Applegate and Shapiro, 2005; Perry, 1995). From the lens of somatic psychotherapy, then, the client's novel thoughts, realizations, and embodied experiences actually change the physical structure of the brain by strengthening synaptic connections that lead to health and shedding those neural pathways that lead to dis-ease (Perry, 1995; Siegel, 2006; 2012; Van der Kolk, 2014).

The Triune Brain

The triune brain model is another basic concept in neuroscience that grounds the efficacy of somatic psychotherapy. The neuroscientist Paul MacLean developed the Triune Brain theory in the 1970s, which posits that the human brain has evolved to hold three distinct parts that correspond with different evolutionary periods: the most primitive *reptilian brain*, or brainstem, which is responsible for regulating heartbeat, arousal, homeostasis, and reproductive drives; the *paleomammalian* brain, or limbic brain, “which is central to learning, memory, and emotion”; and the most newly evolved *neomammalian brain* or cerebral cortex, which organizes executive functioning and consciousness (Cozolino, 2010, p. 6). Of note, the amygdala, also known as the fear center of the brain, resides in the limbic brain, and processes emotion and assesses incoming environmental stimuli for safety or danger. The amygdala thus plays a central role in mediating an individual’s nervous system response to danger and safety and will be further elaborated on in this literature review (Levine, 2010; Ogden, 2009; Scaer, 2005; Siegel, 2006, 2012; Van der Kolk, 2014).

Cozolino (2010) points out that the triune brain’s “conservation of our evolutionary history alongside our modern neural networks confronts the therapist with the challenge of simultaneously treating a human, a horse, and a crocodile” (p. 6). Trauma, mental illness, and other life experiences can disrupt how these three systems interact and communicate with one another and cause human suffering and dysregulation (Cozolino, 2010; Rothschild, 2000; Scaer, 2005; Van der Kolk, 2014). The goal of somatic psychotherapy is to unite and integrate all three parts of the brain into one well-

communicating, cohesive whole by illuminating and connecting an individual's unconscious, conscious, and embodied experiences (Siegel, 2006; 2012).

The Neurobiology of Attachment

The Right Brain and Affect Regulation

Understanding the functioning of the right and left hemispheres of the brain is also fundamental to practicing somatic psychotherapy. McGilchrist (2010) explains that the left hemisphere of the brain organizes logical thought and executive functions, such as planning, reasoning, and attention, while the right hemisphere of the brain is associated with abstract and symbolic thought, emotion, body sensation, imagery, dreams, and archetype. Fonagy, Gerely, Jurist, and Target (2002) and Schore & Schore (2008) further found that the right brain processes emotion, modulates stress, and organizes self-regulation, which compose the “functional origins of the bodily-based implicit self” (p. 10).

According to Schore's (2008, 2009, 2014) regulation theory, infants' primary attachment relationships literally develop the cortical limbic region of their right brain, which is the part of the brain that regulates affect and homeostasis. Schore (2008, 2009, 2014) and Siegel (2006, 2012) additionally believe that infants learn to self-regulate affect and physiological states through their attachment relationships in infancy, specifically within the first 18 months of life. Siegel and Schore moreover assert that secure attachments depend upon a caregiver's ability to consistently attune to their child's physiological and emotional states.

In addition, Schore (2008, 2009, 2014) suggests that parents and infants communicate and interpret the majority of nonverbal attunement signals unconsciously

through the right hemisphere of the brain. The infant's left brain has not developed yet, so all communication between infant and parent occurs through the unconscious, right brain, where implicit memory is stored, and which "contains the most comprehensive and integrated map of the body state available to the brain" (Damasio, 1994; 1999; Schore & Schore, 2008, p. 15).

Furthermore, Schore (2009, 2014) suggests the caregiver appropriately attunes, and therefore develops the infant's capacity to self-regulate, through three primary embodied ways: voice (also called prosody in the literature, which refers to the voice's rhythm and intonation), facial expression, and eye contact. This right-brain to right-brain communication that occurs somatically between infant and caregiver is the same that somatic psychotherapists strive to foster with clients who have experienced trauma or other life events that have disrupted their natural ability to self-regulate. In attuning to the client's verbal and subtle nonverbal cues, somatic psychotherapists build a relationship that regulates the client's affect and nervous system, and moreover strengthens the client's ability to self-regulate in the future. The attachment-based intervention, then, is inherently somatic because the right brain holds sensorimotor memories and affects, which originate *in the body* (Damasio, 1994; 1999).

The intersubjective relationship. It is the therapist's right hemisphere, then, which "allows [them] to know the patient 'from the inside out' by attuning to the subtle bodily cues from the client and attuning to their own "bodily-based intuitive responses to the patient's communications" (Schore & Schore, 2008, p. 15). Some authors refer to this attuned, reciprocal and 'co-created' relationship between therapist and client as 'intersubjective' (Bromberg, 2006; Siegel, 2006; Stern, 2004; Marks-Tarlow, 2014;

Wallin, 2007). Similar to Schore, Siegel (2006, 2012) believes that the intersubjective relationship “permits a nonverbal form of communication to the patient that they are being ‘understood’ in the deepest sense possible. The client’s state directly influences the therapist’s; the client is ‘feeling felt’ by another person” (Siegel, 2012, p. 70). An intersubjective therapeutic approach, then, necessitates an embodied therapeutic approach because it calls for the therapist to be keenly aware of both their own and the client’s subtle body language and cues.

The authors furthermore contribute that in the context of a secure, attuned relationship with a therapist, an individual’s brains develops the integrative fibers that facilitate neural integration, thereby enabling healthy affect regulation and a strong self-concept. However, insecure, abusive, or neglectful relationships prevent the growth of neural integrative fibers particularly in children, thereby contributing to affect dysregulation, an inhibited sense of self, and potential mental and emotional health issues later in life (Applegate and Shapiro, 2005; Cozolino, 2010; Siegel, 2012; Wallin, 2007).

While not a particular method in itself, Allan Schore’s niche of psychotherapy guided by his affect regulation theory and its implications for the intersubjective therapeutic relationship has been termed *neuropsychoanalytic* by the mental health community and theoretically grounds many forms of somatic psychotherapy, such as Somatic Transformation and Accelerated Experiential Dynamic Psychotherapy (AEDP) (Stanley, 2010; Fosha, 2009).

Interestingly, like Schore, the majority of these attachment-based authors who endorse affect and neural regulation in their methodologies do not explicitly name their approach as somatic. Fosha (2009), for example, uses the term “experiential” to describe

AEDP's embodied attachment-based approach, while Siegel (2012) calls his an "interpersonal neurobiological" approach. However, based on the authors' theories and knowledge of brain structure and central nervous system functioning, we understand that neural integration, and thereby affect regulation, are inherently embodied processes. Integration, then, is dependent upon all structures in the body communicating effectively and in a balanced way to achieve homeostasis through our whole organism—mind, brain, and body.

Even if these authors do not explicitly name their approaches "somatic", they do argue for approaches that facilitate integration between right and left hemispheres of the brain, or the emotional/embodied part of the brain and the analytic, cognitive brain (Applegate & Shapiro, 2005; Cozolino, 2010; McGilchrist, 2010; Schore, 2009, 2014; Wallin, 2007). To achieve this, an attuned, empathic therapist uses awareness of her own and the client's body language and non-verbal cues, especially eye contact, posture, and tone of voice, to foster a secure attachment with the client, providing the foundation for future therapeutic change (Schore, 2008, 2009, 2014; Siegel, 2006, 2012; Stanley, 2010).

Neurology of Somatic Psychotherapy

The polyvagal theory offers a neurological basis for the efficacy of the somatic, intersubjective relationship between therapist and client and also introduces the primary framework through which somatic psychotherapists conceptualize their work with clients' dysregulated body and affect states.

Polyvagal Theory

The most prevalent and widely practiced forms of somatic psychotherapy, including Somatic Experiencing (Levine, 1997; 2010) and Sensorimotor Psychotherapy

(Ogden, 2003, 2009; Ogden, Minton, & Pain, 2006), are designed specifically to treat trauma and ground their approach in Steven Porges's groundbreaking polyvagal theory. Porges (2001, 2004), a neurologist, proposes that the human body's nervous system constantly scans the environment to assess whether situations and people are either safe, dangerous or life threatening. This scanning process, which Porges terms "neuroception", is an unconscious, automatic evolutionary adaptation for survival that prepares the body to socially connect when it detects safety (social engagement), fight or flee when it detects danger (mobilize), and freeze when it detects life threat (immobilize). Porges (2001, 2004) moreover discovered that these three responses to environmental threat evolved in three separate stages over time and each correlate with a distinct neural circuit of the autonomic nervous system (ANS).

The freeze, or hypoarousal, response was the first to develop and prepares the body for immobilization in the face of a life threat. Accordingly, the parasympathetic nervous system directs the body to shut down by conserving energy, inhibiting digestion, increasing the body's pain threshold, and decreasing heart rate and blood pressure. Individuals enter a freeze state when neither fighting nor fleeing or socially engaging are options to cope with an overwhelming life threat. Many authors moreover believe that clinical dissociation represents a freeze state, wherein the individual dissociates from her experience as a biological defense mechanism (Bromberg, 2006; Levine, 2010; Ogden et al., 2006; Porges, 2001, 2004; Van der Kolk, 2014; Wheatley-Crosbie, 2006).

In contrast, the fight/flight response is mediated by the sympathetic nervous system and prepares the body for action in the face of danger by increasing heart rate, blood pressure, and respiration, releasing adrenaline and cortisol, and demanding energy

consumption. In both fight/flight and freeze states, the amygdala, which is located in the right, limbic, emotional brain, takes over brain function and the neocortex, responsible for rational thinking and executive functioning, goes offline (Levine, 2010; Ogden et al., 2006; Porges, 2001, 2004; Van der Kolk, 2014; Wheatley-Crosbie, 2006).

According to Ogden et al. (2006), Scaer (2005), Perry (1995) and Van der Kolk (2014), when an individual has undergone repeated experiences of hyperarousal or hypoarousal in response to perceived danger or life threat—such as a child whose cries are consistently ignored—the body is conditioned to become hypervigilant and physiologically aroused, or to enter a frozen, dissociative state, at the subtlest environmental cues. Brain research has shown that during danger or life threat nervous system responses, the brain does not store the associated traumatic events in long-term, declarative memory; instead, they become stored as sensorimotor and nondeclarative memories in the implicit right brain. Traumatic memories are thus stored as affects, or body states, in the right brain (Schoore, 2009, 2014; Van der Kolk, 2014). Consequently, when an individual is triggered or reminded of a traumatic event, however subtly, they will re-experience the traumatic incident as if it were occurring in the present, even if took place several years prior (Van der Kolk, 2014). Their brain, minds and bodies will go through a threat response, as if the danger or threat were happening in the present moment.

Consequently, the body's natural system for self-defense becomes continually over-activated, which has profound implications for a person's mental and physical health. Most importantly, the left part of the brain responsible for rational, logical thought becomes disabled and shuts down as the brain's more primitive limbic brain prepares for

imminent danger. An individual, then, cannot take in any new information; an individual cannot speak rationally about their traumatic experience. In this way, the body becomes both the carrier of the traumatic experience and the vehicle through which to speak to it and heal from it (Levine, 1997, 2010; Stanley, 2010; Van der Kolk, 2014).

Clinicians who understand trauma through the lens of polyvagal theory believe that healing trauma lies in activating the client's social engagement system. Porges (2001, 2004) and Geller and Porges (2014) propose the social engagement response as the most recently evolved nervous system adaptation that allows humans to calm hyper and elevate hypo arousal states through social interaction. When an individual identifies safety in the environment, social engagement can occur and inhibits the danger and life threat systems. The reverse is also true: social engagement becomes inhibited when the danger or life threat systems become activated. Specifically, in social engagement the new vagus of the parasympathetic nervous system links the muscles of the face, head and heart, slowing heart rate and bringing the body back into homeostasis after a danger or life threat response (Porges, 2001, 2004; Stanley, 2010). Practitioners in the field often describe this area of homeostasis as the "safety zone", "window of affect tolerance" or "window of optimal arousal" where the bulk of therapy occurs (Ogden, 2009; Ogden et al., 2006; K. Daly, personal communication, October, 2014; Van der Kolk, 2014; Wheatley-Crosbie, 2006). Just above the window of tolerance lies a state of hyperarousal (fight/flight), and just below the window of tolerance lies hypoarousal (freeze). For a detailed and nuanced depiction of the window of optimal arousal, please refer to Wheatley-Crosbie (2006), Figure 5 on page 10, or Ogden (2009), pages 223-224.

The goal of somatic therapy, then, is to expand this window of tolerance so that clients' perception and experience of safety expands and correlates accurately with their present experience (Ogden, 2009, Ogden et al., 2006; Porges, 2001, 2004; Wheatley-Crosbie, 2006). As a result of trauma, an individual's window of tolerance has shrunk—some individuals, as previously mentioned, live in a hypo or hyper aroused state based on past memories, thus the goal of therapy is to establish and then expand a sense of trust, safety, and security in the present. When discussing a trauma in a session, the skilled and sensitive somatic-therapist attunes to the client's body language in tandem with their narrative and therefore identifies when the client begins to enter a dissociative, freeze state or begins to enter a fight or flight state. The therapist then immediately brings the client back into the window of tolerance by “resourcing”, or inviting the client to visualize something or someone that grounds the client and instills a sense of peace and safety in them (e.g., the face of a client's partner, a beloved pet; a tree outside the window, etc). The somatic-therapist also invites the client to notice and track the moment-by-moment sensation in their body to bring them back into the present moment and facilitate mind-body integration (K. Daly, personal communication, November 2014; Ogden, 2009; Ogden et. al, 2006; Stanley, 2010).

Furthermore, social engagement is regulated through the muscles of the face and the head, thus eye contact, vocalizations, and facial expression serve as the primary means to communicate safety. Accordingly, these means become the somatic therapist's fundamental tools to activate the social engagement and invite the client's activated nervous system into regulation and safety (Geller & Porges, 2014; Porges, 2001, 2004; Stanley, 2010). Recall that these three avenues to activate social engagement are identical

to the means through which attentive parents, and in extension attentive therapists, attune somatically and emotionally to an individual and in doing so bring them into a regulated, present, and safe physiological, psychological, and affect state.

Peter Levine (1997, 2010) has developed Somatic Experiencing (SE) to address individuals' unresolved physiological stress responses. Levine (2010) states, "SE... helps to create physiological, sensate and affective states that transform those of fear and helplessness...by accessing various instinctual reactions through one's awareness of physical body sensations" (p. 300). In SE, then, the therapist helps the client "consciously and carefully track the sensations within the body in a slow, mindful manner as the person relates or re-experiences a trauma" in a such a way that does not reactivate the client's defense response system (i.e, fight, flight, or freeze) (Carleton & Gabay, 2012, p. 53).

Levine (1997, 2010), Ogden (2003, 2009), Stanley (2010) and Van der Kolk (2014) also believe that somatic interventions invite the client to notice and track affects, sensations of the body, and explore micro body movements moment-by-moment. In addition, Levine and Ogden emphasize helping clients regain mastery of their failed fight/flight response by physically forming the postures and large body movements that would have enabled them to fight or flee (such as strongly extending their fist in self defense, or becoming poised to run), and consciously track their sensations while they form these empowering, reparative postures.

In sum, somatic psychotherapy-based approaches to treat clients' dysregulation are informed by the polyvagal theory and developmental neurobiology. These approaches encourage the therapist to form a secure, trusting, somatically attuned

connection with the client. This attunement happens in part by cultivating body-awareness techniques that strengthen the client's social engagement system and regulate their nervous system. This process then invokes the client's resilience and inner capacity for self-transformation.

Based on the literature, it is clear that somatic practitioners must possess a fine-tuned ability to interpret their own somatic experiences and sensations, as well as those of their clients, to initiate the therapeutic change process. The literature, however, fails to address *how* a future clinician does this, in part because it is almost impossible to explain in academic language precisely *because* of the experiential nature of the method. How does one describe a complex and nuanced embodied experience that at times defies language and cerebral ways of knowing?

Furthermore, previous research in this field has proven the effectiveness of somatic psychotherapy methods, particularly for trauma clients, but little research has been devoted to understanding how somatic psychotherapy functions in practice between client and therapist, particularly from the client's perspective (Applegate and Shapiro, 2005; Ogden, 2003; Van der Kolk, 2014). The existing literature thus struggles to describe the moment-to-moment process of somatic psychotherapy: it outlines the theories, but does not illuminate the process.

Accordingly, I seek to address this gap in the academic literature by asking: What is my embodied experience of somatic psychotherapy, and how does somatic psychotherapy function to facilitate self-healing and personal transformation? I believe that to increase the accessibility and transparency of somatic psychotherapy as a therapeutic modality, social workers and other mental health professionals need to

understand how it works in practice. I also believe that by personally engaging in, reflecting on, and documenting my own healing process through somatic psychotherapy, I will become a more skilled, ethical, and self-aware mental health practitioner. In this investigation, then, I aim to take the reader on an embodied, experiential journey of my somatic therapeutic process that will illuminate how the intersubjective therapeutic relationship engenders therapeutic change and self-transformation.

Conceptual Framework

Somatic Transformation

Somatic Transformation is the overarching theoretical lens that informs my perception, experience, and discussion of somatic psychotherapy in this paper. Somatic Transformation is a branch of somatic psychotherapy developed by Sharon Stanley, Ph.D., in the early 2000s. Stanley (n.d.) describes Somatic Transformation as “a relational model for healing trauma” (About Somatic Transformation, n.d.). Stanley practices, teaches and trains based out of the Seattle, Washington area and offers introductory and ongoing training intensives for mental health professionals. While little has been published about Somatic Transformation (Stanely, 2010), Stanley has a manuscript in process for publication about Somatic Transformation titled *Relational and Body-Centered Practices for Healing Trauma*. When released, her book may help elucidate and clarify the concepts I introduce in this conceptual framework (Somatic Transformation, LLC, 2015).

Somatic Transformation profoundly influences my perspective because I am a client of a therapist who been trained in, teaches, and practices Somatic Transformation. I

am thus thoroughly immersed in this form of somatic psychotherapy and therefore my personal writing stems from this particular frame of reference.

The Somatic Transformation website (n.d.) states that, “Somatic Transformation is a developmental, phenomenological, and neurobiological approach to the healing of trauma. This model focuses on restoring regulation of intense affect as the foundation for further healing in the body, mind and psyche.” This healing moreover occurs within the context of an “intersubjective, somatic, empathic relationship” between the client and therapist (About Somatic Transformation, n.d). In Somatic Transformation, then, the intersubjective field becomes the medium through which the client’s verbal and nonverbal communication are contained, explored, and integrated.

Somatic Transformation distinguishes itself from other forms of contemporary somatic psychotherapy by emphasizing the somatic implications of the intersubjective attachment relationship between the therapist and client. The therapist empathically contains the client in the present moment relationship, thereby creating a safe and nonjudgmental space for the client to explore sensations, movements and affects—a process that Stanley terms “Somatic Inquiry” (Stanley, 2010, p. 23). Somatic Transformation aims to bring the client into regulation and initiate self-transformation by tracking physical sensations in the body, exploring unconscious movements, and following spontaneously arising images, thoughts, and affects within the container of the right-brain to right-brain relationship between client and therapist.

Furthermore, practitioners trained in Somatic Transformation engage in intensive experiential trainings and somatic self-work. Because this approach necessitates a deeply intimate and intersubjective relationship between therapist and client, practitioners in

training must undergo intensive self-work to fine-tune their ability to become effective somatic instruments (K. Daly, personal communication, March, 2015). Citing Stone (2006), Marks-Tarlow (2014) writes, “When [the client’s] dissociated emotions are experienced by sensitive therapists, [the therapists’] bodies function like resonant tuning forks” (p. 225).

Somatic Transformation works in the “here and now” to address trauma, developmental relational patterns, and psychosocial dis-ease by exploring how they manifest in the present moment therapeutic relationship (Stanley, 2010). Therapists moreover encourage clients to attend to their body state (right brain) in tandem with their intellectual state (left brain), which facilitates horizontal integration. Therapists also help clients explore how their physical movements, emotions, and thoughts are connected, which encourages vertical integration. Somatic Transformation additionally seeks to regulate the client’s nervous system through empathic and somatic inquiry, which over time helps the client develop their internal capacity to self-regulate affect. In sum, “Working primarily in the right hemisphere of the brain, the physiological substrate of trauma, the disrupted autonomic nervous system is gently invited and guided into regulation through somatic awareness, inquiry, interventions and reflection” (About Somatic Transformation, n.d.).

Considering the experiential nature of Somatic Transformation, I chose a form of qualitative research that would allow me to explore my own experience and evocatively convey it to the reader. My research chair recommended autoethnography, which seeks to document and investigate the researcher’s experience of a phenomenon in relation to its cultural representations. Accordingly, in the following Methods section I will define

autoethnography, explain why I selected it as a research method, and elucidate my data collection and synthesis process.

Methods

Research Design

What is autoethnography? This clinical research project is an autoethnography of my experience of somatic psychotherapy. Literally, the term auto-ethnography translates as: research process (graphy) on self (auto) and culture (ethno) (Ellis & Bochner, 2000). Autoethnography was developed as a form of qualitative research in the early 1980s and originally sought to locate the “self” within ethnographic research, enabling the researcher’s subjective experience to become a part of the research process and data collection (Patton, 2002). Autoethnography as a qualitative research method has evolved to take many different names, such as evocative narrative and scholarly personal narrative, and varies forms depending on the research context. However, in all forms of autoethnography, the researcher analyzes their own subjective experience of a phenomenon in relation to the environmental, social, cultural, and historical factors that affect her experience (Patton, 2002). Patton (2002) furthermore defines autoethnography as “creative narratives shaped out of a writer’s personal experiences within a culture and addressed to academic and public audiences” (p. 87).

Richardson (2000) further states that in autoethnography, the writing itself becomes “a method of inquiry” (p. 923). The creative, evocative narrative of the self becomes another tool through which the individual investigates and learns from their own experiences and interpretations.

Scholars who endorse autoethnographic research believe that researchers are always a part of their research—no matter how objective the researcher tries to be, they claim you cannot completely remove the “self” from the research (Ellis & Bochner, 2000; Nash, 2004; Patton, 2002; Richardson, 2000). Autoethnography, then, moves to the other end of the objective research spectrum: instead of trying to absolve the “self” from research, it embraces and investigates the self as a *mode* of research. I insert myself back into scholarship (Nash, 2004, p. 26).

Autoethnography is furthermore a creative, literary form of qualitative research founded on the premise that one’s own voice, experience and opinions deserves to be a topic of research in and of itself. In this way, it has been proposed in the literature as an especially salient form of writing for marginalized individuals whose voices have been historically silenced (Nash, 2004). Similarly, Ellis & Bochner (2000) suggest that autoethnography brings women’s voices into social science research, arguing that a research form associated with emotion, intimacy and the personal represents a feminine perspective that has been left out of social science research. This feminine perspective, however, is just as “truthful” as traditional scientific research that aims to be objective (assuming a subjective definition of “truth”).

While autoethnography may not ultimately espouse a succinct social science theory, it powerfully “functions as an agent of self-discovery or self-creation, for the author as well as for those who read and engage the text” (Ellis & Bochner, 2000, p. 746). Ellis & Bochner (2000) provocatively question, “Why should caring and empathy be secondary to controlling and knowing?” (p. 746). Patton (2002) agrees that forms of creative qualitative research such as autoethnography “provide an experience with the

findings where “truth” or “reality” is understood to have a *feeling dimension* [sic] that is every bit as important as the cognitive dimension” (p. 548). While not explicitly connecting “feeling dimension” to “feminine”, Patton’s understanding parallels Ellis and Bochner’s: autoethnography infuses traditional social science research with elements it has historically lacked, namely narrative, emotion, intimacy, the personal, and the body.

Why autoethnography? I think autoethnography is the ideal research form to convey how somatic psychotherapy functions to evoke therapeutic change precisely because this form of research honors and validates one’s own embodied, felt experience of the world. The form of research, then, mirrors the topic of exploration: the attuned, somatic practitioner affirms and illuminates the patient’s subtle forms of embodied communication just as this autoethnography will strive to affirm and illuminate my own experience of somatic psychotherapy, thereby allowing me to intimately communicate the internal change process that somatic psychotherapy engenders.

Additionally, autoethnography effectively conveys my topic because this research form is by definition accessible, relatable, and interactive. I believe that clinicians find somatic-based psychotherapy difficult to apply because they do not understand how it feels in a direct, body-centered way. If I had not experienced it somatically, it would be incredibly difficult to both explain how to apply it and actually practice it in the future. Moreover, in reading the literature, I realized that I would not have understood theoretical descriptions of somatic psychotherapy’s clinical application had I not personally experienced it. In sum, in order to offer a somatically based psychotherapy, practitioners must develop their own personal somatic awareness. By its very nature, somatic psychotherapy cannot be understood fully in an academic, intellectual, or theoretical way

(i.e., from the left brain). Rather, it is body-centered and therefore understood and practiced *through the body*.

Accordingly, this autoethnography conveys how somatic psychotherapy feels and why it feels the way it feels, thereby helping others better understand it and apply it. It is moreover an attempt to instill the beginnings of a body-centered understanding of somatic psychotherapy in students and mental health practitioners by actively engaging them in my direct embodied experience. In support, Patton (2002) and Ellis & Bochner (2000) write about the power of autoethnography to draw in and engage the reader. Ellis and Bochner (2000) discuss how the reader becomes an active participant rather than a passive receiver of knowledge; the reader “[thinks] with the story instead of about it” (p. 735). It is moreover a type of research designed to move, provoke, stimulate, and connect with the reader (Patton, 2000, p. 548). If I succeed, then, the reader will be able to actively relate to my experience of somatic psychotherapy, understanding it on a deeper and more personal level than they would reading a traditional social science research paper.

I also wanted to write an autoethnography for my clinical research project because this mode of writing allows me to further my own healing process and in extension become a more self-aware and ethical practitioner. I believe, as do many others in the mental health field, that my ability to help others heal therapeutically is contingent upon my degree of self-awareness (Bromberg, 2006; Yalom, 2002). By closely attending to my own healing journey and learning to articulate it, I fine-tune my capacity to attend to and reflect clients’ inner experience; I fine-tune myself as a somatic instrument.

Furthermore, this autoethnographic research provides a structured, intentional outlet through which I will reflect, analyze, and learn from my own experiences and how they relate to the theoretical literature. In clinical social work classes we frequently discuss the importance of knowing ourselves so that, as future mental health professionals, we can identify and become aware of biases and elements from our pasts that might trigger transference reactions. Becoming a self-aware practitioner is about more, though, than identifying points of countertransference. For me, this process of self-exploration and healing through my own self-work is about becoming an ethical practitioner in the deepest sense possible. Simply articulated, the more I understand myself, the more I understand others; the better therapist I can be.

Protection of Participants

I am the sole participant in this autoethnography, for I am simultaneously and intentionally the subject, researcher, and instrument of data collection. I submitted an application to the University of St. Thomas Institutional Review Board for expedited review in December, 2014 and my research proposal was approved without revisions or clarifications needed. As stated previously, autoethnography is an inherently personal, intimate form of writing because it details the lived experience of the author.

Autoethnographers therefore disclose personal details in their writing to the extent of their choosing, depending on their topic, the goal of their research, and the research context (Ellis & Bochner, 2000).

The nature of my writing is personal, then, because I aim to convey my inner, embodied experience of somatic therapy. Much of my data, for example, emanates from my individual somatic therapy sessions. However, because I presented the findings of this

project at a presentation in May, and because it has been published online for anyone to read indefinitely, I use discretion in the amount of personal detail I convey and protect the identities of the individuals in my life that I discuss.

Moreover, due to its fundamentally experiential nature, somatic psychotherapy functions through embodied process as opposed to verbal content. Accordingly, I highlighted my sessions' processes instead of their content to reveal the therapeutic change process, which will help protect more sensitive and personal material. My committee members and project chair were furthermore aware of my personal vulnerability and helped me make decisions about what personal information to include, as well as how to effectively convey process over content in this embodied investigation of somatic psychotherapy.

Self-disclosure. Autoethnography embraces and celebrates the role of the self in the research process, thus conveying my personal background is a critical component of the research method. I am a white woman in my late 20s attending a Master of Social Work program in Minnesota. After graduating this coming fall, I want to practice as a somatic psychotherapist with individuals and families who seek mental health counseling. As of yet, I am not a licensed therapist or mental health practitioner; I am a graduate student. I also want to note that I consider myself a spiritual person, but I do not identify with a particular organized religion.

I am further aware that I write from a particularly privileged perspective: I do not suffer from mental illness or any diagnosed mental health disorders, nor have I experienced severe trauma in my lifetime. I moreover come from a middle-class family and have the privilege to attend graduate school, to attend private psychotherapy sessions,

and to write liberally and publically about my experience. I feel incredibly fortunate for these opportunities, and I am acutely aware that my specific life experiences enable me to participate in somatic psychotherapy and write about it now.

The way I experience therapy is completely unique to who I am, and I can only convey my experience; I can only speak for myself. This project is a window into my experience that hopefully instills a deeper understanding of how somatic psychotherapy functions in practice between client and therapist.

Minimizing risk. To minimize risk in my reflections and analysis of my experiences with somatic psychotherapeutic workshops and trainings, I emphasize that my impressions and interpretations emanate from my perspective and within the specific context of the workshops. The workshops were open to the public, thus I share identifying information about the workshops and their speakers. However, I minimize risk by representing my own point of view about the content of the workshops, rather than claiming to represent the speakers' perspectives. In addition, I do not disclose any identifying information about my therapist or any other individuals that I interface with in the course of my somatic psychotherapeutic experiences.

Data Collection Instrument and Process

As stated previously, the goal of this autoethnography was to reflect on and synthesize my own lived experience with somatic forms of psychotherapy in relation to cultural representations of it to convey how it engenders personal transformation.

Accordingly, I was the instrument of data collection, I was the instrument of interpretation, and the data was the raw experience of my life. My research questions were: "What is the author's embodied experience of somatic psychotherapy? And, "How

does somatic psychotherapy function to facilitate individual self-healing and personal transformation?" By documenting my embodied experience of somatic psychotherapy, I illuminate how somatic psychotherapy leads to therapeutic change and self-healing. Furthermore, by personally engaging in, reflecting on, and documenting my own healing process through somatic psychotherapy, I become a more skilled, ethical, and self-aware mental health practitioner.

Accordingly, the findings section is a narrative exploration of my embodied experiences of somatic psychotherapy that illuminates the techniques that enact personal change from my perspective as a client. I experienced a variety of planned somatic psychotherapy-based events, copiously documented my direct experience, and compared and contrasted my reflections to representations of somatic therapy as it is presented in the research literature and the workshops I attended.

To collect data, I documented my moment-to-moment perceptions, thoughts, and embodied experience in a designated field notes journal. This journal composed the main source of data collection, because my findings consisted of reflections of my inner experience and how it compares, contrasts, and relates to the relevant theoretical and research literature and representations of somatic-psychotherapy in the clinical social work field.

Somatic psychotherapy experiences. I participated in several somatic psychotherapy-based experiences through which I generated my qualitative data. These experiences included on-going participation as a client of somatic psychotherapy and participation in four related professional workshops. I stored all of the materials from the workshops I attended in a binder, which serves as a record of my participation, and I

journalized about my therapy sessions in the aforementioned field notes journal. The following list summarizes the intentional experiences that I participated in, reflected on, and bring into dialogue to convey how somatic psychotherapy elicits therapeutic change.

Individual therapy sessions. I am currently a client of a licensed LICSW in private practice in the Twin Cities who is certified as a Somatic Transformation Practitioner and has further trained to become a certified Somatic Transformation trainer. While additional modalities such as psychodynamic and Jungian influence her work, attending to my somatic experience in tandem with the emotional, intellectual and spiritual dimensions of my experience infuses every aspect of the therapy. In this paper, I refer to my therapist as Leah.

Intentionally reflecting on my therapy sessions allowed me to relive them in the present moment and thereby communicate them to the reader in the present moment. In the narrative, I seek to somehow convey what seems impossible to articulate: the relationship between therapist and client that is the vehicle for self-transformation in somatic psychotherapy.

To focus my research process, I intentionally reflected on several therapy sessions in the following way: I re-read a journal entry that I wrote following a session. Then, I reflected on my inner experience during that session. I then wrote about what sensations I noticed, what thoughts and images came to my mind, what movements I made, and how the session evolved from beginning to end. I also attempted to capture the relationship between my therapist and I. For example, I asked myself: What was my embodied experience of the therapeutic relationship? How did I feel, and how did the session evolve, based on my therapist's movements, tone of voice, words, gestures, and facial

expressions? And lastly, what was my internal experience of the therapist? This writing will ideally shape the therapeutic process and engage the reader in an embodied understanding of somatic psychotherapy from the client's lens.

A second narrative voice lent perspective to and commentary on my experience as a client, especially by comparing and contrasting it to what I learned from the workshops I attended, as well as with how the research literature describes the change process in somatic psychotherapy.

Workshops. The following list details the workshops related to somatic psychotherapy that I participated in over the course of the 2014-2015 school year and incorporated into my findings section. While my personal therapy is based in Somatic Transformation, the workshops represent different forms of psychotherapy that will help me, and in extension, help the reader, grasp the differences and similarities between forms.

- *Making Sense Together: An Intersubjective Approach.* Speaker: Peter Buirski, Ph.D. Offered through the Minnesota Institute for Contemporary Psychotherapy and Psychoanalysis and The Advanced Clinical Practice Institute at the University of St. Thomas & St. Catherine University's School of Social Work. October, 2014. St. Paul, MN. <http://www.stthomas.edu/socialwork/events/events/inst2014-10-18acpi.html>.
- *Through the Mind-Body Connection: An Integrative Approach to Mental Health and Well-being for Children and Adults.* Offered by the Amherst H. Wilder Foundation. Keynote speaker: Dr. Henry Emmons, MD. After the keynote address, I participated in four interactive workshops related to somatic

psychotherapy. October, 2014. St. Paul, MN.

<https://www.regonline.com/builder/site/Default.aspx?EventID=1593927>.

- *Introduction to Somatic Experiencing*. Instructor: Abi Blakeslee, SEP, CMT, MFT, and Ph.D. November, 2014. St. Paul. MN.

http://www.traumahealing.com/training-schedule-blue/usa_mn.html.

- *We Are the Tools of our Trade: How the Therapist's Own Attachment Patterns Shape Therapy*. Speaker: David Wallin, Ph.D. April, 2015. Minneapolis, MN.

<http://www.academeca.com/ceureg/SeminarInfo.aspx?seminarId=613>

Research Format

It is important to note that the findings section does not follow a typical research paper outline, because this is not an ordinary qualitative research paper. Instead, I interwove my moment-to-moment narrative of my personal therapy sessions with reflections of the workshops and salient material from the research literature to engage the reader in my understanding of how somatic psychotherapy engenders personal growth and change. To accomplish this, I wrote in two narrative voices. In the first, I narrated my personal somatic psychotherapy sessions as if they were happening in the present moment. I titled this section “Somatic Encounters”. In the section that follows Somatic Encounters, called “New Understandings”, a second voice discussed and reflected on my sessions and workshop experiences through the lens of salient literature to further illuminate the internal transformation that somatic psychotherapy sparks.

Using multiple layers of consciousness is actually a hallmark of the auto-ethnographic form—it becomes a narrative tool to involve the reader in the story (Ellis & Bochner, 2000). Accordingly, by communicating my somatic experiences in the present

tense, the reader will ideally experience and relate to them in the present moment and consequently gain an embodied understanding of somatic psychotherapy.

In the Somatic Encounters section that follows, then, I illuminate my moment-to-moment experience of three somatic psychotherapy sessions through the lens of the first narrative voice that I discuss above. I hope to show the reader how I experience a degree of presence during my sessions with Leah that is difficult to attain on my own, or in any other circumstance. We sometimes arrive at a place in our sessions where everything drops away but our shared awareness of what unfolds in the space between us. The mind's ceaseless layers of chatter and worry and planning become silent. We follow what arises spontaneously in each moment. Thoughts, words, images, dreams, colors, shapes, and movements emerge from my being, morphing seamlessly from one form to the other, moment by moment. This becomes possible because I feel deeply held and contained in the present moment by Leah. This becomes possible because Leah actively witnesses, attunes and engages. And this becomes possible due to my expanding capacity to see and feel and explore whatever arises. In these moments, I feel profoundly grounded in the earth and the core of my self, yet simultaneously connected to all that is available within and beyond me.

Somatic Psychotherapy Encounters

Encounter One

Before I sit down on the couch, I adjust the pillows. *What is it about me that I have to arrange the pillows every time? Does every client do this?* Leah smiles. Her eyes seem to twinkle.

She asks, "Should I move my chair in?" She stands up before I answer. I look at the chair, at her smiling face, and say, "Yeah, I think so, that would be good". *I wonder if she minds moving the chair every time.* She centers the chair and moves it in. Once sitting across from me, she asks again: "Is this close enough?" "Maybe a little closer," I say,

smiling, feeling grateful that she is willing; that she asks.

We giggle. For some reason I feel nervous and ungrounded. *Is it in the room, or is it me?* I wonder what she just experienced with her previous client, and what kind of mood that's put her in. Or what's going on in her life, to influence her mood today. *Is she nervous to be with me? Am I nervous? What is this energy?*

We settle into the room and the relationship. I notice the colors of the pink flowers against the translucent blue vase; the new unhung painting resting against the wall.

I focus my eyes on her face, which is composed in a kind and soft smile, and tell her B and I re-arranged our apartment. "We have made the space a place we want to be; a space we want to inhabit." I move my arms in front of me and part the air to either side, as if swimming the breaststroke. "There", she says, noticing the ways my arms move, and mirroring the movement. She repeats, "inhabiting the space." My eyes widen, continuing the movement, and feeling the weight yet also lightness of this realization in my body.

I gain energy as I talk. I'm not thinking about what to say next. I feel less nervous fluttering in my chest. I say, "I feel like I'm really *seeing* things—the pattern of the grains in the wood floor and trim; the quality of light." Leah responds, "Like your gaze is free to move around the room." I say, "Yes, but more than that. It's deeply seeing things, the texture of things. Sammy, my cat's, coat."

"Deeply seeing the texture of things", Leah repeats. "Yeah..." I say. "Like the tiny baby hairs growing on the side of B's forehead." Tears come as I say this out loud. Leah places her hand over her heart; she leans slightly more forward toward me. "This is tender", she says. She looks intently, softly into my eyes.

I touch my forehead in the place where the tiny new baby hairs grow, near my left temple, with my left hand. Leah says, definitively but gently, "And now this is *your* face." I nod, silent, feeling her words wash over me. Leah continues, "How is it to touch *your* face?" Her voice is soft and tender. I feel as if her speech embraces me.

I'm not quite sure what to say. My left hand continues to stroke the baby hairs near my left temple. I say, "I feel calmer now." Leah asks, "And how do you know you feel calmer?" I stretch my hand out in front of me, level with my head, and move it down quickly as I close the palm, saying, "It's like...shwoop." Leah mirrors the movement with her hand and repeats the sound, "Shwoop". I say, "like immediately dropping in." I continue, "My heart rate has dropped, breathing slow and deep, more still." Leah says, "good", her voice nurturing, "I can see that."

I look at Leah and realize she's literally holding the space: her right hand is extended in front of her, palm facing up, and her left hand is to the side, as if she were holding a medium-sized ball in front of her. She is concentrating, and still. I notice how quiet the room is. I say, "I can feel you holding the space." Leah asks, "How do you feel me holding the space?" I say, "It's like I needed this. My body needed this. I was so ready to

immediately drop in and relax.” I exhale deeply. “There”, Leah says. I feel the breath inflate my whole abdomen, all the way to the bottom of my pelvic floor.

My left hand moves from my temple to my left cheek, gently pressing the muscles underneath the cheekbone. I say, “These muscles feel so tight.” Leah nods, furrows her eyebrows in concern. She says, “Oh, unuh.” She actively watches how I press the skin in.

My left hand moves from my left jawbone to my right shoulder. I massage the painful trapezius muscle. Leah murmurs, “Oh, mmhmm”. She asks “How is it to be touching your shoulder now? How did you know to move your hand there?” I say, “It’s really painful here. So much pain.” Tears come as I let myself feel and attend to the pain.

I say, “I noticed the pain and wanted to give it attention.” As I knead the top of my shoulder, an image from a dream flashes in my mind.

“My mom and I are near the shore of a tiny lake in the Midwest, which has huge tidal waves.” The story of the dream tumbles out of me, and Leah interrupts to ask, “Where is your mom in the dream? What side of you is she on?” and, “It seems as if you’re looking down onto the shore—is that right?” “Yes”, I say, “that’s true, we were looking down. We were protected from the waves at first.”

I get caught up in the story again, and Leah asks me to pause to imagine B’s face next to me in the dream. I struggle, and say, “It’s not working—I’m trying but it doesn’t fit.”

Leah’s voice becomes slow and soft: “Ellie, it’s very important that we resource here, because we’re working in such a big field.” I look at her and realize she is working hard to hold the field; to contain it in the room. Her hands are still extended in front of her, containing. They are not static, but strong and steady.

Leah encourages me again to bring B’s face to mind, and this time I do. “How do you feel, thinking of his face?” “Warmth...light. Warmth traveling down my core, from my heart down into my belly.” Leah comments that my breathing has slowed. I notice the deeper breath. We sit in silence. Then she asks, “Are you ready to move back into the dream?”

I recount getting trapped in the French doors on a patio as a giant tidal wave approaches behind me. She encourages me to pretend opening the doors—really feel the doors opening, stepping in, go through the motions of it. I move my hands as if I’m opening both doors, turning the handles. “There”, she says. Her presence is active and tangible—she is right there with me in the re-enactment of the dream.

I describe the wave and how my right arm gets trapped in the door as I try to close it, and the wind and wave push against it. Leah moves quickly—“here, how about I come over here.” She sits on the couch next to me, holding out a pillow. “Is this ok?” she asks. I say yes. “What if you put your arm on the pillow, and pushed against it?” I place my right

forearm on the pillow.

I tentatively push my forearm into the sea-foam green pillow. Leah says, “Don’t worry—push as hard as you want to push. I’ll let you know if it’s too much.” She adds, gently, “Just see if any other movements come—if anything feels right.” I flex my hand. I continue pushing into the sea-foam green pillow, with Leah right next to me. *Not sure what I should be feeling.*

Leah keeps checking in. She suggests, “What would it be like to extend your arm?” We speak very little as I tune in to how my arm feels. I straighten my elbow, and begin to push into the pillow with my arm extended. I say, “The strength comes from my shoulder now...it feels much stronger. More connected. Emerges from my whole body.” *Coming up from the ground, through my feet into my body.* I feel the energy move through me and out of my extended arm and hand that pushes.

Leah says, “Yes, there, uh huh. There is more—flow?” I reply, “Yes, and less pain in the shoulder—it feels more connected to my body now.”

We sit for an unknown amount of time as my outstretched arm pushes against the pillow. Then the pushing leads to a cascade of movements. We move to my right side, and let the arm extend to that side against the pillow, and then my torso spills over to the right side of the couch. I suddenly feel immense range of movement in my right shoulder. It rolls and seems to dance. My whole arm feels alive. The movement’s lightness and freedom surprises me. Lithe. Flexible. Unbounded. Wrist rolls; arm moves in waves. Leah witnesses, takes joy in my movement; we laugh and delight in the freedom of movement together. My whole torso moves left to right. Backbone moves side to side. Ankles flex, wrists circle and crack. *Discharging.* Leah beams and says, “You have new moves”.

“I like that”, I say, laughing. “New moves.”

Encounter 2

I step into Leah’s office, hang up my coat, and sit down on the bench to take off my boots. She seems to hug me with her upturned smile and twinkling eyes—her expression welcomes me. She is glad to see me again. “It’s good to see you!” I exclaim. Leah replies: “Oh Ellie, it’s good to see *you*. Would you like some tea?” “That would be great, thanks”, I say, as I situate the pillows on the couch. I place one pillow under my seat, and one for my back. I fidget more with arranging the pillows and we briefly discuss tea choices and varieties.

After we settle more fully into the space, tea mugs in hand, Leah asks, “How is your writing process going?” I pause to think. “It’s kind of weird”, I reply. “I should have written a lot more by now, but I don’t feel stressed about it.”

“Oh, yeah?” Leah replies. She smiles and lowers her chin, and her eyes encourage me to go on. I continue, “Yeah, it’s like, for some reason I just trust it will happen.” My voice trembles slightly as I realize, “I’m not used to feeling this way...”

Leah leans forward and softly offers, “This trust is a new feeling, isn’t it?” “Yeah”, I reply. “Huh.”

We sit in brief silence. *I’m not sure what to say next about this new trust in myself. My mind feels empty. I’m so tired.* Leah ventures, “I wonder what’s happening with your hands there?” I look down at my hands and realize I’m holding them in front of me horizontally, level with my solar plexus, with one hand cradling the back of the other. “Oh, interesting”, I say smiling. “I didn’t realize I was doing that.” We laugh, as I continue to look down at my hands and lightly push into the back of one with the other.

Looking at my hands, Leah asks, “Is it a firm line?” “Hmm”, I reply. “No, I don’t think so...it feels strong but also fluid.” “Strong and fluid”, Leah repeats. I begin slowly moving one hand behind the other. “Oh, un huh”, Leah affirms. Then she observes, “Your hands are moving quicker now.” *I’m not sure what’s going on.*

Leah offers, “I wonder what happens if you move your hands apart, and back together again?” I move my hands apart and back together, apart and back together. “Huh, yeah”, I say. “It’s like, there’s no longer a shell outside of who I am that clashes with my Self.” My hands clash together. “Mmhmm”, Leah affirms. I continue, “Yeah, like there are no layers of thought, no conflict, no fear...none of that gunk. There’s no...eennnnhhh.” I make a nasally sound and scrunch my face up, and move my hands quickly toward and away from each other, the fingers interlocking briefly.

“None of the layers and gunk. No ennhhh” Leah repeats, and we laugh, as she mirrors my movement and sound. Then I bring my hands back together and resume rolling one hand behind the other horizontally in space.

Leah observes, “And then back to the fluid line.” “Yes”, I reply, looking down curiously at my hands again, “It’s like, I respond to things exactly how I feel in the moment... It’s like that quote, wherever I go, there I am.” Smiling warmly, Leah repeats, “Wherever you go, there you are.” She continues to mirror the movement of my hands. I exhale deeply.

“Mmhmm”, I continue, “Like I’m no longer concerned with perfection.” Another thought comes to mind, but it feels too tender to share. Leah gently asks, “What just came to you then?” The pressure of tears builds behind my eyes. My nose tingles in anticipation. My breathing becomes labored.

“It’s too tender to say”, I reply, as my tears break through. Leah leans forward slowly, and offers soothingly, “The words might not be there yet, and they don’t need to be.” I gulp for air amidst my tears, and remove my glasses to wipe the wetness from my face.

“Feel your feet pressing into the ground”, Leah suggests. I close my eyes and push my feet against the floor, feeling energy move up my legs. Then she asks, “Is it okay if I come closer, and bring my feet in like this?” She moves her feet so that they touch the top outer edges of mine. “Mmhmm”, I say, “that’s helpful.”

The tears pour out of me; I feel lost in the grief. But I open my eyes to find Leah’s eyes right across from mine. She asks, “What is it like to have your eyes open?” “It’s nice...to see your eyes and face”, I reply. I experiment with opening and closing my eyes slowly. It feels better to see her face. I put my glasses back on. My breath calms, the tears calm. Then the words come: “It’s like, I’ve found the perfect expression of who I am in the moment.”

Leah reflects, in a low, soft and slow voice, “the essence of who you are in each moment.”

“Yes”, I nod, smiling through my tears. I slowly begin to stretch my arms out to either side. I notice how quiet the room is. I move my torso slowly side-to-side against the back of the couch.

“And then some movement”, Leah observes. She witnesses actively. “It feels good to move”, I say. “Ah, mmhmm”, she affirms.

I arch my back behind me. I roll my wrists. I flex my feet and hear my ankles crack. “Ah, there!” Leah smiles and says, “finding your new ground.”

I continue to allow my body to move how it wants to, as Leah witnesses. Eventually, I observe, “My body wants to move like an animal would.” Quietly, Leah shares, “Integrating the essence of you with your animal body.”

Tears come again, and I say, “It’s like integrating heaven and earth. Like the body and the divine.”

Tears of gratitude for Leah stream down my face. They come from an unlimited place of honoring. As the tears stream I say thank you. Leah bows her head forward, receiving. She feels my gratitude, which emanates from a place beyond space and time.

Encounter 3

After we settle into the space, I tell Leah about a somatic psychotherapy workshop I attended recently. I recount, “It was so different than Somatic Transformation. It works with a lot of the same theory, but they didn’t even mention the limbic system or attachment! They didn’t talk at all about the quality of the relationship with the therapist!” The words spill out of me quickly as I feel heat rising in my face.

Leah’s eyes darken and she shakes her head gravely back and forth. “Oh Ellie, I know”, she shares, in a low voice. I can see the anger in her face. *Really? I’m not over-reacting?*

You feel this too? I feel affirmed, and bolstered, by her shared indignation. She honors my gut reaction and matches my emotion, in a way that allows me to feel the depth and truth of my anger.

I say, “Wow, I didn’t realize how much it affected me...I feel the truth of this so deeply. For somatic therapy to be effective, I think the relationship with the therapist must be established and cultivated first. The container needs to be there. I understand now how the attachment piece sets Somatic Transformation apart—it is the most fundamental piece of the work! It makes me so sad that this wasn’t even discussed at the workshop.”

Leah nods in acknowledgment with her whole body. She says, “I know. A lot of trainings don’t go into the whole body presence and self-awareness required of the therapist to hold the therapeutic relationship.”

“Hmm, yeah, that’s true”, I say, nodding in agreement. “It feels sacred”, I say, gesturing to the space between us. “Almost impossible to convey in words.” Leah smiles and replies, “And this is what you’ll do in your writing. Convey that which cannot be articulated.”

I let out a long sigh. Then I share, “Exactly...But I’m also trying to show the very basic techniques and process of how somatic therapy works.” In a low tone of voice, Leah slowly replies, “Your writing will become the medium to marry the inexpressible with the concrete.” “Hmm”, I say. “You’re right...Huh.” *I can’t make full sense of her words. Don’t know what to say.*

I exhale deeply. Allow my body to sink into the couch. I smile softly and look down at my hands. Leah gently asks, “Hmm, what just came to you there?”

I respond, “Well, there were some good moments at the training too. At the end, the workshop facilitator asked us to think of what unique quality of ourselves we will offer as practitioners.” Before I finish my sentence the tears seem to come from nowhere and stream silently down my face. *Why is this so tender?*

Leah leans in and gently asks “And what came to mind for you?” I can hardly say the fragile word, feeling the tears it will unleash: “Beauty.”

I can see the light reflected in Leah’s hazel eyes. She clasps her hand over her heart and leans forward. “Oh, Ellie”, she says. She is so glad for me. “Reflecting inner beauty”, she shares. I let Leah’s words wash over me. “Does that feel correct?” she asks.

“Huh”, I reply, “I guess so...I hadn’t thought of it like that before, but it feels true. I didn’t think of it as superficial beauty, but I hadn’t explored the meaning...Reflecting inner beauty and inner truth.”

We sit in silence as this realization vibrates in the room. After some moments pass, Leah notes, “And look how you’re tracing your knee there.” I look down to see that I’m tracing

the outline of my left knee with my fingers. “Huh, yeah...it feels comforting”, I reply. Leah asks, “What else are you noticing in your body right now?”

I touch my right hand to the left side of my face. “The muscles here feel so tight”, I say. Leah says, “And what’s it like to just let your fingers massage the skin like that?...It’s almost as if they know where to go.” “It’s nice”, I say. “I can feel my face relaxing. My breathing feels slower... I can feel the breath in my whole belly.”

I continue to massage my cheek muscles. I say, “Huh, an image from a dream I had the other night just flashed in my mind...it was so beautiful.” I recount the following dream to Leah:

I was at some kind of family reunion thing. I walked out to the ocean by myself. It was more like a bay or large river that was part of the ocean, because it has salt water. It took off my wool socks to wade into the tide. Long beach. The tide was out far, so there was a long stretch of beach to walk through until the waves started. The water was beautiful—so clear. I was swimming in the waves, high up in the waves, facing the shore. From my left line of vision two large dolphins came floating toward me in the water. Letting the waves carry them. They were close to the surface, and the water was crystal clear and the sunlight was moving through the water, so beautifully and delicately. I wasn’t afraid—I was transfixed, watching the dolphins float toward me. They looked almost like Beluga whales but were dolphins with long bodies and shorter snouts than bottle nose. One was leading, and she swam over to me, and it seemed like she was smiling and I could see her eyes. And I touched her on the head and side of her body—and then they continued swimming along their way.

Later I wanted to go into the water again, and I took off my wool socks. But this father figure guy told me it would be unsafe; there could be sharks. The water was opaque this time and more of a muddy green color. I had found an interesting shark tooth and held it up, imagining what kind of shark it could belong to. I didn’t get in the water this time.

Leah slows down my recounting at the moment I reach out to touch the dolphin’s face. I extend my arm in space, as if touching the dolphin’s side and body, recalling the smooth, slippery skin. “It feels real...like another dimension that is so fleshed out.” *My body remembers the dream.*

Leah asks, “What do you feel in your body as you touch the dolphin’s face?” I pause, feeling into it. “I feel warmth in my hand. It’s traveling up my arm.” “Ahh, mmhmm”, Leah says.

I continue, “It’s like this golden, shimmery light.” I feel the tingly warmth flowing up my arm and spreading into my chest, into my heart space. “It’s a very light, joyful feeling”, I realize aloud.

Leah smiles softly and offers, “And you remembered to take off your wool socks.” “I did!”, I say, sighing. We laugh together.

New Understandings

I want to draw out the salient moments from these Somatic Encounters in such a way that does not detract from their resonance and meaning, but in such a way that magnifies the transformative elements of somatic psychotherapy they bring forth. Contrary to the typical qualitative research paper, evocative autoethnography resists analyzing findings to draw solid conclusions; instead, it offers personal discovery, revelation, and experience that invites the reader to draw their own conclusions (Jensen-Hart & Williams, 2010). Ellis and Bochner (2000) beautifully summarize:

[Autoethnographies] activate subjectivity and compel emotional response. They long to be used rather than analyzed; to be told and retold rather than theorized and settled; to offer lessons and for further conversation rather than undebatable conclusions; and to substitute the companionship of intimate detail for the loneliness of abstracted facts (p. 744).

In the same vein, I do not want to be reductionist and reduce the intimate material I presented here into tiny digestible take-away facts. I want to be expansive. I do not wish to sew up loose ends; I wish to show all the patterns and colors of the fabric, and allow you to piece them together as you will. I do, however, want you to lift your eyes from the last page with a seed of understanding how somatic psychotherapy flows through the intersubjective relationship between client and therapist, and how it promotes healing and self-transformation.

As such, in the following section I juxtapose my impressions and perspectives of the workshop material with my experience as a client to distill the distinct qualities that contribute to somatic therapeutic change. Please note that my conclusions are by no

means definitive or generalizable; rather, they reflect who I am now in my evolving embodiment, understanding and awareness of somatic psychotherapy.

Workshop Experiences

Through my participation in the four workshops outlined in my Methods section, I found that the fundamental emphasis on the healing power of the embodied intersubjective field differentiates my experience of somatic psychotherapy from the other forms of psychotherapy I learned about. First, I found that the attachment-based and psychoanalytic outlooks did not conceive of the therapeutic relationship as inherently embodied. Secondly, I found that the Somatic Experiencing workshop focused more on the body and less on the transformative intersubjective relationship between client and therapist. By synthesizing my workshop findings with salient literature, I learned that my experience of Somatic Transformation blends elements of the workshop approaches yet differs in its simultaneous attention to the somatic elements of the intersubjective relationship and the body's physiological and neurobiological states.

Practicing intersubjectively workshop. I attended a psychoanalytic workshop about practicing intersubjectively and experienced the speaker's articulation of the intersubjective field as disembodied. While I knew this workshop was psychodynamic and would not include an explicit somatic or body emphasis, I was curious to learn how the psychoanalytic psychotherapy perspective would discuss and conceive of the intersubjective field, considering how it underpins my experience of somatic psychotherapy. While the speaker from the attachment workshop discussed the "nonverbal subtext" component of the intersubjective field, which I will further elaborate

on in coming sections, this speaker did not mention bodies or the non-verbal realm of experience.

The speaker defined intersubjectivity as a two-person psychology as opposed to a one-person psychology, wherein the client and therapist make sense of what's going on in the therapy room, and between them, together. Intersubjectivity thus asks the therapist to take an "empathic introspective" stance to help the client identify and articulate affect. Moreover, through this intersubjective relationship, the client experiences a new reparative relational pattern that they can carry forward with them into the future.

To practice intersubjectively, the speaker advised that the clinician empathically listen to the client, identify the ways the client organizes their experience, identify what they are feeling (affect), and reflect it back to them. And I walked away wondering: How does the therapist identify affect? What is involved in that process? (I.e., how does the therapist attune?)

From a somatic paradigm, attunement is an inherently embodied process (Schore, 2009, 2014; Schore & Schore 2008; Marks-Tarlow, 2014). An individual's ability to put affect into words depends upon their ability to interpret their internal sensory experience of the emotion, because emotions manifest as felt body states. Damasio (1994) terms this ability to identify emotions "interoception", which is "usually invisible to others" and "experienced as an internal subjective awareness as the sensory nerve receptors (interoceptors) receive and transmit sensations from stimuli within the body" (Damasio, as cited in Ogden, 2009, p. 213). Neuroscience has further proved "that emotions and the body are mutually dependent and inseparable in terms of function" (Damasio, 1994, as cited in Ogden, 2009, p. 204). Further, the therapist interprets the client's affect through

the body, because people convey internal emotions through body language, facial expressions, and gestures.

I feel equipped to help clients identify affect and attune to their internal experience as a result of my experience as a client of somatic psychotherapy. For example, I can conjure a feeling sense of how to identify affect because I know how it feels to be deeply attuned to, to be heard, and to be seen within the therapeutic relationship. If I had not experienced psychotherapy from a sensitive, attuned therapist, it would be much more difficult for me to learn how to attune to a client and hold an embodied therapeutic container.

Workshop: Attachment in psychotherapy. In contrast to the psychoanalytic workshop, the attachment workshop speaker discussed the importance of psychotherapists engaging in their own personal therapy as a tool to substantially benefit their professional practice. He discussed how individuals drawn to becoming healers are particularly ripe for therapy because of the unique circumstances that led them to become healers. For example, the speaker shared that as a child he became his mother's caretaker and therapist, and thus becoming a healer felt like a natural choice. Thus his childhood experience motivated his desire to heal, yet also caused a deep attachment wound that he had to work through in order to practice effective psychotherapy.

Consequently, the speaker strongly suggested that psychotherapists undergo their own therapy because the therapist's attachment history in particular affects the ability to create a secure connection with the client, and in extension, the potential for change in the client. He moreover viewed psychological change in the therapist as a precondition to change in the client.

Similar to my experience of Somatic Transformation, then, the attachment speaker argued that the co-created attachment relationship between client and therapist becomes the agent of therapeutic change. From his perspective, however, the new attachment relationship enables the patient to change by deconstructing old attachment patterns, constructing new ones in the present, and integrating previously disowned and dissociated experience. The psychoanalytic speaker also spoke from a similar attachment-based framework, proposing that the relationship with the therapist allows the patient to have developmentally-longed for experiences that repair old organizing patterns and provide a new relational model.

The attachment speaker additionally spoke of his realization of the Self as composed of three concentric circles: the outermost circle as the external self (that which we present to others), the next circle our internal self (our internal representations of ourselves and the world), and the innermost circle as the reflective self, or the mindful self, which he described as pure awareness or mindfulness. The mindful self is aware of oneself as the subject, rather than the object, of their experience. According to the speaker, helping patients find themselves as a reflective subject leads to internal and interpersonal transformation, and to do so, the therapist must also experience themselves as a reflective subject.

I struggled to situate this idea into my personal experience, however, because my experience of consciousness, or mindfulness, in my sessions is both inherently embodied and *intersubjective*; that is, it is made possible through the embodied intersection of my subjectivity and my therapist's subjectivity. Similar to the psychoanalytic workshop, then, in the attachment workshop I found a lack of emphasis on the role of the body

within the therapeutic intersubjective relationship that differs profoundly from my experience of Somatic Transformation.

The nonverbal subtext. While the attachment speaker emphasized the importance of the nonverbal, unconscious relationship between therapist and client, he proposed that therapy leads to personal change and healing when clients can put their unconscious, nonverbal and wordless experience into words. This is an important part of somatic psychotherapy, because putting language to experience helps integrate the left and right hemispheres of the brain. Yet he conveyed the nonverbal subtext—what he defined as the unconscious, nonverbal cues constantly communicated between therapist and client—as a way to detect transference/countertransference enactments and bring them into conscious awareness.

Simply articulated, then, the speaker discussed understanding the nonverbal as a means to get to the verbal—as a means to an end, rather than an end in and of itself. I respect this way of practicing, but it differs vastly from my experience of Somatic Transformation. During my sessions, embodied sensations and movements become an end in themselves: they are equally important to language and not a stepping stone in a hierarchy or agenda of what promotes therapeutic change; they are hugely powerful, symbolic and communicative in their own right, especially in the context of a highly attuned somatic psychotherapist. Sometimes, my sessions hardly include any language at all, because what unfolds in the co-created moment has no words. We follow the body first, and notice what transpires. A reflection from one of my sessions clearly conveys this unfolding, wordless, somatic experience:

The next thing that needs to be done just arises—my body knows what to do next,

and where to go. I feel this now after my session—after spending time remembering my own capacity to restore, to soften, to melt. To sink into the couch and into the pillows. It didn't even matter what Leah was saying. Her voice felt so healing. Just her presence made me feel like a tender, soft, held, being. Through her containing presence, I could loosen my grasp. I could let go. Put down my guard; take off my mask.

In support of my experience of the nonverbal subtext as central to somatic psychotherapy, Fosha (2009) writes that in her Accelerated Experiential Dynamic Psychotherapy (AEDP) model, “it is not sufficient that attachment operate implicitly, working as the background hum against which experience takes place. The patient’s *experience* of the attachment relationship needs to be a major focus of therapeutic work” (p. 181). This is a critical point, and one that captures the dissonance in my experience of the attachment and psychoanalytic workshops and my experience as a client of somatic psychotherapy. Instead of the treating the “nonverbal subtext” as an unconscious and unknowable “background hum”, in somatic transformation the client and therapist consciously *experience* the implicit intersubjective relationship through sensory awareness and empathic, somatic inquiry (Stanley, 2010). In this way, implicit experience (right brain) becomes integrated with explicit experience (left brain) to instill a sense of coherence and wholeness in the client.

Introduction to Somatic Experiencing Workshop. Representing another approach on the somatic psychotherapy continuum, the introductory Somatic Experiencing (SE) workshop highlighted the technical, physiological aspects of addressing trauma in the body. It not directly address the embodied attachment

relationship between therapist and client; however, SE devotes attention to the healing power of the therapeutic attachment relationship in more advanced trainings, as well as in the theoretical literature (Carleton & Gabay, 2012; Levine, 2010). Accordingly, this discussion of SE reflects my participation in a workshop designed to introduce clinicians to SE's basic underlying tenets.

According to the speaker, SE supports the client in accessing their direct sensory experience of a traumatic memory or event. It moreover changes trauma at its deepest core by re-establishing self-regulation and resilience in the nervous system. SE believes the body possesses the antidote to trauma, and the clinician helps the client find the internal recourses they possess to heal from their trauma. These concepts resonate with my experience as a somatic psychotherapy client. The speaker additionally presented the components of SE that I discuss earlier in the literature review: how trauma becomes stored in the body through individuals' incomplete fight, flight, or freeze responses, and in extension, how trauma can become re-integrated when individuals are able to discharge their incomplete responses to life threat and danger.

The speaker demonstrated these concepts by showing and discussing how mammals in the wild complete their physiological responses to life threat and danger, allowing them to continue living peacefully, without the shadow of trauma and dysregulation. In contrast, by evolutionary design the complex human pre-frontal cortex interferes with the primitive responses to trauma activated by the design of our lower and mid brains. For example, the speaker showed a film of a fox chasing a hare, and invited the audience to track their bodily sensations as they watched the film. When the fox gives up after an extended chase, the hare continues running and then "pronks", arching into

the sky while lifting all four feet off the ground. In this case, the speaker explained that the hare prunks to discharge the adrenaline and norepinephrine that had built up in her autonomic nervous system to activate and sustain a hyperaroused, flee response to danger.

SE's focus on physiological discharge relates directly to my experience as a somatic psychotherapy client. The speaker, for example, showed another film clip of a polar bear discharging as she wakes up after being shot by a stunt gun (for research purposes). As the bear slowly wakes up, her whole body begins shaking vigorously, which, according to the speaker, is a common discharge response (along with sweating, tingling, heat, deep breathing, play fighting, and bucking). When the polar bear stops shaking, she breathes in a way that moves her entire, massive, bear body in a vertical wave—back and forth, back and forth, with a tidal breath. The speaker called this “crescendo breath” another physiological discharge response, or in other words, a sign of the polar bear's body re-integrating and regulating her nervous system after waking up from the traumatic stunt-gun experience.

During my own somatic psychotherapy sessions that followed my participation in this workshop, I felt myself breathing the crescendo, polar bear breath at times. I experienced the breath as an involuntary response in my body. Now, when I breathe this enormous, wave-like breath, I smile and understand that something has shifted, released, and been re-integrated in me. In these moments, I feel like the magnificent polar bear allowing my body to follow its primal instincts for health and restoration.

Embracing the animal body. A major part of my somatic psychotherapeutic process has been allowing and feeling into my animal body. Once, toward the end of a

session, I commented how I was stretching out my back like a large cat, and Leah responded, “Becoming more human means becoming more animal.” Leah actively witnesses my movement and my self-consciousness slowly fades away as my body moves as it needs to and as feelings emerge as they need to. By animal body, I mean, among many other things: the ability to listen to the wisdom of my body and primal instincts, to allow discharging responses to take place, to feel uninhibited to move however I need to move, and to embody the root of my emotions. I am reminded of my favorite lines of a Mary Oliver (1986) poem, called “Wild Geese”:

You do not have to be good.

You do not have to walk on your knees

For a hundred miles through the desert, repenting.

You only have to let the soft animal of your body

love what it loves.

My experience of embracing the animal body, however, differs from how it was articulated in the Somatic Experiencing workshop. I experience the containing relationship with Leah as the medium through which I can explore and tend to the animal part of my being. As stated earlier, however, the intersubjective, attachment relationship between therapist and client was not identified during this introductory workshop. This contrast helped me distill that in my experience of Somatic Transformation, therapeutic change occurs when I feel entirely held, contained and safe in the therapeutic relationship. This theoretical basis for the importance of safety also ties back to my discussion of attachment and the right brain: the body speaks through the right brain, which connects to the therapist’s right brain through attunement and social engagement.

An Integrative Approach to Mental Health Workshop. A session I attended through the Integrative Mental Health workshop articulated and exemplified the inherently embodied and transformative attachment relationship between client and therapist that I found lacking in the other workshops I participated in. The majority of sessions offered at this daylong integrative mental health conference proved difficult to interweave with my experience and reflections because they did not focus specifically on the practice of somatic psychotherapy. Instead, the sessions covered a broader topic area of how to integrate an awareness of the mind/body connection into the mainstream mental health field. However, I attended a session titled *Healing Within: The Use of Mind-Body Interventions* and found the speaker's discussion of the relationship between client and therapist as addressing what I experienced both the psychoanalytic and attachment-based workshops lacking: an understanding of the therapeutic relationship from a neurobiological and physiological perspective.

Specifically, the speaker discussed the dyadic affect regulation that occurs constantly and nonverbally between the client and therapist within the container of an embodied therapeutic relationship. The speaker as well as the somatic literature calls this process "co-regulation". The therapist and client, then, co-regulate each other's nervous systems and affect through their right-brain to right-brain connection. The speaker moreover stated that co-regulation occurs through the therapist's awareness of their own body state and the body state of the client. By engaging in deep somatic attunement, therapists can feel and identify the client's emotions in their own bodies, which supports my use of the term "somatic instrument" to describe somatic psychotherapists. According

to the speaker, the therapist needs to be able to attune to the client's emotions to facilitate therapeutic change.

The speaker moreover cautioned therapists about the delicate balance that exists between somatically identifying the client's feelings without taking them on, and conflating their own feelings with the client's. To fine-tune the ability to distinguish between somatic sensations and affects, the speaker underscored the foundational importance of the therapist's self and somatic awareness.

The speaker additionally explained that failing to attune to the client means failing to respond to the client's activated physiological state. The speaker, who works in the public school system, demonstrated this ability to attune by recognizing clients' physiological states by sharing a story about a young student named Johnny. After a charged behavioral incident, Johnny retreated to hide underneath a desk in an empty classroom. He crouched silently and still in the fetal position underneath the desk, covering his head with his arms. The speaker was called in and identified that the boy had entered a physiological freeze response; accordingly, she interacted with him with the knowledge that his neo-cortex functioning was inhibited, and that in order for him to feel safe, the most effective intervention to offer was her embodied presence: She knelt down beside him and softly repeated, "Johnny, I'm right here. Johnny, I'm right here." She remained by his side until he slowly emerged from a freeze, or hypoarousal, response.

In the moment with Johnny, the speaker consciously and intentionally offered her full somatic presence and awareness to engage his social engagement system and slowly co-regulate to shift his a state of dysregulation into one of regulation. In this way, the

speaker translated the importance of the attuned, attachment relationship between client and therapist through a physiological lens.

The Intersubjective Field. The somatic psychotherapy authors help further crystallize the somatic function of the embodied attachment relationship between client and therapist. As previously introduced in the Literature Review, the authors call this connection the “intersubjective field”, wherein the therapist understands the client in the deepest sense possible, from the inside out (Schore & Schore, 2009; Siegel, 2012). They also understand it as the connection between the client and therapist’s right brain hemispheres, which I explained in the literature review in the context of attunement and attachment. Recall that attunement refers to the nonverbal dance of rupture and repair that occurs beginning at birth between infants’ and caregivers’ right brains primarily through tone of voice, facial expression, and eye contact. The same dance of attunement occurs constantly between the therapist and client’s right brains and regulates the client’s affect and nervous system (Fosha, 2009; Marks-Tarlow, 2014; Schore, 2009, 2014; Siegel, 2012; Stanley, 2010, Van der Kolk, 2014).

When I describe Leah “holding the space”, and “holding the field” in my somatic encounters, the intersubjective field manifests in that moment as a physical gesture in her and an embodied feeling of being held in the present moment in me. Our movements communicate, our language communicates; our nervous systems communicate. The intersubjective field is thus actively embodied.

Similarly, Marks-Tarlow (2014) describes the therapist’s experience of the intersubjective field as being “intuitively immersed” in a fully embodied way with the client. For example, he writes, “Only through intuitive channels can [therapists] register

the full spectrum of interpersonal data by drawing upon immediate sensory, emotional, and imaginal cues. Because clinical intuition responds to nuance implicitly and subcortically [beneath the cerebral cortex], this is a fully embodied mode of perceiving, relating, and responding” (p. 221).

Stern (2004) moreover cites research studies that prove the “neurophysiological correlates of intersubjectivity” (p. 24). Magnetic resonance imaging, for example, has shown that split-second changes in brain functioning correlate with split second changes in affective communication between client and therapist (Stern, 2004). The intersubjective field, then, is actually an invisible energetic connection between client and therapist that profoundly grounds both client and therapist in their embodied, present moment relationship.

Authors also explain the intersubjective field as a right brain-to-right brain connection (McGilchrist, 2010; Schore, 2009, 2014; Schore & Schore, 2008). Through the right hemisphere of the brain, we connect to our unconscious, bodies, dreams, archetypes, symbols, and the abstract. The right brain moreover thinks in analog time—it is therefore timeless. It also constantly records our experience, and has perfect memory (Schore, 2009, 2014). When I work in the dream spaces with Leah, such as with the tidal waves in the first encounter or the dolphins in the second, a working relationship exists between my right brain and Leah’s. Leah can inhabit the dream with me through the intersubjective field, the dream feels real, and my body remembers because the right brain experiences the dream as another dimension of experience. Moreover, embodying the dream in the present moment, giving language to it, and re-enacting the dream by

extending my arm in space against the door that traps it leads me to experience integration and restoration on a physiological and neurological level.

In the Reflections and Synthesis section that follows, I will reflect on and synthesize the new understandings I gained through the workshops, my experience as a somatic psychotherapy client, and salient theoretical literature to distill and distinguish how I experience self-transformation in somatic psychotherapy.

Reflections and Synthesis

Grace and Precision

My experience of Somatic Transformation marries and adds to the two differing approaches I encountered in the related workshops. The attachment and psychoanalytic approach emphasized the attachment relationship and client's narrative, but did not view the body as an agent of therapeutic change, while the Introduction to Somatic Experiencing workshop emphasized the physiological processes that promote therapeutic change, but did not underscore the attachment relationship between therapist and client. My experience of Somatic Transformation psychotherapy is that it bridges both approaches, and its ability to concurrently hold both approaches is ultimately what engenders self-transformation. Change thus simultaneously occurs through the fundamentally embodied, attuned relationship *and* the therapist's precise understanding of how the mind, brain, and body communicate on a neurobiological level.

Furthermore, Leah simultaneously attends to the precise, minute details of my experience *and* contains me in an all-enveloping intersubjective relationship. Her intimate presence is informed by a deep knowledge of the biological processes that motivate integration and regulation. For example, Leah knows what she's doing when she

becomes a part of the dream space with me. She knows what she's doing when she asks me how I know to move my hands to my shoulders. Our tending to the body is entirely conscious and self-aware.

Leah taps in to an attuned, containing and all encompassing presence that envelops me and at times accesses the innermost layers of my self and unconscious. I experience this connection as profoundly sacred. Simultaneously, Leah is self aware of her movements and actions and speech in a way that is deeply informed by her more technical knowledge of somatic psychotherapy. Simply put, utter grace and minute attention to my personal process simultaneously pervade each moment of the session when Leah and I enter a flow, intersubjective state.

Moments of Grace, or Flow States. While the workshops did not reflect my experience of minute attention to process and a sense of being connected to the divine through the intersubjective relationship, some authors help illustrate it. Fosha (2009) and Marks-Tarlow (2014), for example, refer to the sense of an all-encompassing intersubjective experience as a “flow state.” Again, discussing it through a framework of clinical intuition, Marks-Tarlow (2014) writes,

During psychotherapy, when clinicians become immersed in flow states (Csikszentmihalyi, 1990, 1996) with patients, they get caught up in the throes of implicit processes as intuitively guided. Here, there may be emotional challenge, yet often little sense of effort. When therapists and patients ride the waves of interrelatedness, it becomes easy to find smooth rhythms of exchange. Time flies by. Psychotherapy can take on an all-enveloping quality of wholeness. This sometimes feels like a dance where exquisitely coordinated movements are

choreographed by no one and both people at once... Amid deep intuitive engagement, the relationship itself becomes vitalized, pulling each person along, ideally nudging both into spontaneous, unexpected places” (p. 222).

This description of the intersubjective, transformative relationship captures my experience very closely in a way that much of the literature fails to do. My interaction with Leah becomes wave-like and effortless, flowing seamlessly from one thought and sensation and movement to another. I often begin a session completely unsure and sometimes skeptical about where it will lead, yet somehow, it moves to places I never would have imagined. Once I walk out the office door, though, it feels like the session could not have gone any other way. I also experience these flow states as feeling both entirely contained in the present, yet also connected to all that is available beyond me, which Marks-Tarlow (2014) depicts above as a dance where “coordinated movements are choreographed by no one and both people at the same time” (p. 221).

Fosha (2009) also touches on the concept of feeling enveloped by a greater energy or force. She writes, “the basic quality of emergent experience is a surrender to experiences of flow, of being ‘in the zone’, of things coming to us unbidden, arising fully formed, at times almost not bearing the mark of personal authorship...we have the experience of being a vehicle for these phenomena, not vice versa, thus the sense of their having a mind of their own” (p. 202).

I experience the words, movements, discoveries, and “emergent motivational strivings” of my sessions as coming from deeply within me, and also beyond me (Fosha, 2009, p. 202). For example, there is a moment in one of my Somatic Encounters when I’m in the process of exploring a movement, and an image from a dream spontaneously

flashes into my mind. In that moment, I do not know how it is connected to the theme of the session, or what it means, but Leah and I explore the dream together. It becomes the perfect expression of who I am in the moment; it ends up leading to surprising and spontaneous realizations and change.

I think it is the intersubjective field, or the right brain-to-right brain connection, that enables me to tap into a stream of being during sessions that is abstract, that is timeless, that is multi-dimensional, that feels beyond space-time, that is connected to the pulse of nature, and that is connected what some might call the divine, or the numinous, or the sacred. I'm aware that this experience sounds fantastical, but when I tap into this stream of being with Leah, I feel like there is no experience closer to the truth, or that is closer to the core of who I am. It feels grounded in my being; it feels like my birthright.

Precision/Specificity/Recognition

Some authors also refer to the simultaneous precise, minute attention to process that I experience in my sessions. In the AEDP model, for instance, Fosha (2009) proposes that the patient is in a transformative process when “moments of fittedness” occur spontaneously between client and therapist “in a dyadically co-constructed environment of safety” (p. 179). Fosha (2009) describes this as a specific and precise process of recognition.

Fosha (2009) writes, “recognition is always ‘dyadic’ in that it involves two things fitting together, but it is not necessarily relational or interpersonal: the fit can be between self and other, but it can also be between self and self, or self and process, or self and experience. The “click” occurs between what is felt as “me”

and “not me”, in a way that feels right and allows what was felt as ‘not me’ to eventually become integrated into ‘me’(p. 179).

Through my lens as a client, I interpret these “clicks” of recognition as the moments when Leah observes and points out a movement or reflects back my feeling, or I notice something, and this moment of recognition allows something to settle fully into place inside of me. I become more coherent; I become more whole. In my encounters, they are the moments when I say “yeah...huh”; when I consider or sit with an idea, sensation or comment. Often, these new arisings settle and eventually “click” into place through embodied awareness and communication with Lois, leading to a flow of exchanges between Leah and I. In these instances of recognition I usually do not think about what is happening, nor can I articulate what happens. Rather, I experience them as precise and precious moments of something settling in the energetic space between Leah and I, as well as within me, and then following whatever is brought forth in their wake. Fosha (2009) observes, “The flow of energy and vitality is enhanced, new phenomena and actions emerge, and the experience of what emerges thus becomes further motivating...a source of agency, direction, and self-initiative” (p. 179).

Being able to flow with the spontaneous moment and simultaneously attend to the minute and precise details of experience require a therapist who is integrated, self-aware, coherent, well attuned, and completely present. When I tell Leah my theory about the precision and the coherence I experience during our sessions, she nods and adds, “And it comes from within my being.”

Sanders (2002) refers to my simultaneous embodied experience of grace and precision in the transformative therapeutic relationship as experiencing “consciousness

through the expanding specificity of recognition” (p. 13). To illustrate the “specificity of recognition”, he describes a moment he and attachment researcher Daniel Stern captured on film in a longitudinal study on infants (p. 20). The moment was filmed on a family’s lawn when the research team conducted a home visit with them and their 8-day old infant. In the film clip, the mother holds the baby while she talks to the team leader on the lawn. The baby begins to fuss, the mother becomes flustered, and, after unsuccessfully trying to quiet the infant, she passes off the baby to the father and steps inside to get refreshments. Sanders notes that the moment that follows between the infant and father passes undetected when played in normal film speed; however, when slowed down to reveal the individual frames, it reveals a stunning encounter of somatic precision and grace. Sanders (2002) explains,

“Over the same few minutes, now run frame-by-frame, one sees the father glance down momentarily at the baby’s face. Strangely enough, in the same frames, the infant looks up at the father’s face. Then the infant’s left arm, which had been hanging down over the father’s left arm, begins to move upward. Miraculously, in the same frame, the father’s right arm, which had been hanging down at his right side, begins to move upward. Frame by frame by frame, the baby’s hand and the father’s hand move upward simultaneously. Finally, just as they meet over the baby’s tummy, the baby’s left hand grasps the little finger of the father’s right hand. At that moment, the infant’s eyes close and she falls asleep, while father continues talking, apparently totally unaware of the little miracle of specificity in time, place, and movement that had taken place in his arms” (p. 20).

These “little miracles of specificity in time, place, and movement” happen continuously in the embodied intersubjective relationship between Leah and I when we inhabit a sacred flow state (Sanders, 2002, p. 20). In this moment on the lawn that Sanders recounts, there is an implicit, unconscious knowing of what comes next that seems to emerge from the father through the interaction with his infant, yet that is miraculously, remarkably *precise*. This scene thus captures the flow and precision I experience within the intersubjective field between Leah and I, and it furthermore ties back to the developmental basis of the attachment relationship with the therapist. Sanders (2002) proposes that the act of “knowing and being known” in the present moment through the intersubjective relationship “brings coherence or wholeness to [the] dyadic system... This is a moment central to regulation, to adaptation, to integration—to the experience of oneself and the relation of this experience to one’s experience of the other” (p. 41). Consequently, it is these profound moments of regulation and integration that lead to coherence and self-transformation in somatic psychotherapy.

Future Implications

Through this writing process, I have more deeply understood how the embodied intersubjective relationship between my therapist and I leads to coherence and self-transformation. Moreover, neither of us knows nor can predict what shape the therapeutic work will take; however, we come to know by experiencing it dynamically within the crucible of the present-moment relationship. I further experience this as a profoundly sacred connection, in which I am firmly rooted by the somatic safety of our connection and simultaneously connected to all that lies within and beyond me.

Autoethnography and the Sacred

The process of writing this autoethnography has given me the opportunity to fully realize the multidimensional, transformative, unknowable energy that permeates my experience of the intersubjective relationship between my therapist and me. I tap into the part of me that knows, beyond space-time; that resonates with all beings across time. As I realize in one of the sessions I recounted, I sometimes experience the mundane and the sacred, or the body and the divine, merging in me during this work.

As I convey in the findings section above, somatic psychotherapy authors do not discuss the sacred element of the embodied intersubjective relationship. Marks-Tarlow (2014), for example, discusses how the literature dismisses the spiritual implications of the intersubjective field because they come across as “mystical, magical, paranormal, airy-fairy, and in short, nonscientific” (p. 222). I smile to myself reading this, thinking how the form of autoethnography is designed to subvert this very notion: as a form of writing, it is designed to emphasize the centrality of clinical intuition, embodied empathy, emotion, the body, and perhaps, the sacred. I write from the truth of my experience, and only that.

Autoethnography as a Research Design

Accordingly, I think the mental health field and particularly clinical social work should consider and encourage autoethnography as a legitimate qualitative research method. Writing about my own experience has not only highlighted the spiritual dimension of psychotherapy that the literature downplays, it has also helped me learn from and honor my own experience and inner wisdom. Autoethnography as a form, then,

should be considered a powerful tool for therapists to understand themselves and their practice approach.

In addition, I hope this research project testifies to how well-suited autoethnography is for highlighting somatic and experiential forms of psychotherapy that are particularly difficult to understand and convey by reading theory alone. I think it would be especially beneficial for future qualitative narrative writing to illuminate both the client and the therapist's perspective and experience of the somatic intersubjective field.

Ethical Implications

I also think this project introduces critical ethical implications for the clinical social work field to address. I, as well as many prominent psychotherapists, believe that personal experience as a client significantly benefits professional practice (Stern, 2004; Wallin, 2007; Yalom, 2002). In fact, being a somatic psychotherapy client has by far been the most effective training for my future professional practice. By working through my own material, I become more self-aware and expand my capacity to be truly present and available to others. In this way, attending therapy and rigorously reflecting on my experience has helped me become a more ethical clinical social worker.

Most graduate psychology programs require students to be in therapy as a component of their clinical training, while typically Masters in Social Work programs do not. For clinical programs where the majority of students plan to become licensed clinical social workers, I think faculty and staff should underscore the importance of individual therapy as a self-learning tool and in extension as an ethical practice. In my experience as a student, faculty and staff shy away from this subject and this silence leaves me feeling

the divide between client and therapist very strongly, problematically reinforcing the power dynamics between the all-knowing healer and the troubled client.

Autoethnography as a qualitative research design, however, can further open up the dialogue into how exploring and healing from our own life traumas and suffering can serve as a source of radical empathy and presence.

Similarly, Yalom (2002) recommends that therapists think of themselves and their clients as fellow travelers on a journey, which “abolishes distinctions between ‘them’ (the afflicted) and ‘us’ (the healers)... We are all in this together and there is no therapist and no person immune to the inherent tragedies of existence” (p. 8). Accordingly, writing about my experience of somatic psychotherapy has enabled me to become a more ethical practitioner by helping me more fully understand myself and breaking down the divisions between client and therapist.

The co-created therapeutic relationship. In addition, I think it is important to highlight how somatic psychotherapy, as well as other forms of psychotherapy that embrace the transformative power of the embodied intersubjective field such as AEDP, do not follow an agenda. Instead, the therapy is co-created spontaneously between client and therapist. Somatic psychotherapy moreover consists of precise moments of somatic recognition *and* moments of knowing and feeling known between two complex, multifaceted individuals (Fosha, 2009; Sanders, 2002). We are present to whatever arises in the somatic intersubjective field, and the path becomes illuminated and motivated through the felt, dyadic experience of the relationship.

Marks-Tarlow (2014) uses the term “radical uniqueness” to illustrate the uniqueness that both client and therapist bring to the therapy, which “lends an

individualized ‘chemistry’ to each therapeutic dyad” (p. 223). Further, echoing Jung, who believed that therapists must create a new therapy language to engage with the inner world of each patient, Yalom (2002) believes that “the therapist must strive to create a new therapy for each patient” (p. 34). Yalom also aptly notes that technique is only conducive to effective therapy “when it emanates from the therapist’s unique encounter with the patient” (p. 35).

Thus in the context of the uniqueness of individuals, as well as the transformative power of somatically exploring whatever arises in the moment, somatic psychotherapy cannot be effective if it follows an agenda. The therapist’s technique and skill is definitely involved in practice, but they are inseparably interwoven from the full body presence the therapist brings to the relationship—it is both precision and grace.

Strengths and Limitations

Limitations. Many of the limitations of this project laid in the personal nature of its content. The content was deeply intimate and specific to my individual experience of somatic psychotherapy, thus putting it forward required vulnerability and courage. In extension, it required a great deal of thought, presence, and time to write my Somatic Encounters in such a way that illuminated the process of somatic psychotherapy without exposing the content of my sessions. In addition, because the project data is and both generated and interpreted by me, it has a narrow and limited scope. As I discuss in the Methods section, I write from the privileged perspective of someone who can afford to participate in psychotherapy and share it with the public through graduate social work school. My somatic psychotherapy experiences furthermore reflect the unique chemistry of my identity and my therapist’s identity.

Autoethnography is moreover a highly unconventional form of qualitative social science research, especially at this institution. It may come under criticism, then, and I will be encouraged to prove my rigorous, intentional, and thoughtful approach to the project. Finally, this autoethnography veers far from traditional expectations for this research project. It therefore proved challenging to write without the guidance of a pre-determined template and structure, and perhaps may also prove more difficult for the audience to understand, at least at first glance.

Finally, I think my Findings section (which I call “New Understandings”) could have been strengthened if I had participated in workshops more directly related to somatic psychotherapy. However, due to the lack of workshops offered locally during the time frame of this research project, combined with the cost of attendance, I was not able to attend more somatic psychotherapy workshops. I also think my paper would have immensely benefited from more published material about Somatic Transformation psychotherapy, specifically from its founder Sharon Stanley, but this also was not available during the time I wrote this paper. Coincidentally, a book about Somatic Transformation from Dr. Stanley is forthcoming, which may clarify and expand concepts I introduce in my writing (Somatic Transformation, LLC, 2015).

Strengths. Despite this project’s limitations, it contains counterbalancing strengths. Autoethnography is a creative, literary, and unique writing approach that fosters self-discovery and self-understanding. Autoethnography is moreover ideally suited for writing about an experiential form of psychotherapy like somatic therapy because the reader becomes an active participant in the narrative, engaging with and experiencing the story along with the writer. I also view this project as taking a bold

stance in advocating for future therapists to explore and pursue their own healing process as a means to becoming more ethical and attuned practitioners. Finally, somatic psychotherapy has been underrepresented in my education thus far and the social work literature. It is on the margins of accepted clinical approaches, yet more and more neuroscientific and neurobiological research continues to show how effective and transformative therapeutic approaches that tend to both the body *and* the mind can be. This project, then, is highly relevant to clinical social work and a topic that needs much more personal exploration and public understanding.

Conclusion

In this project, I aim to illuminate the change process in somatic psychotherapy from my perspective as a client. Further, in reflecting on my experience as a client I strive to more deeply understand my own healing journey and in doing so become a more effective somatic psychotherapist. I crafted descriptive narratives of my somatic psychotherapy sessions to bring the therapy alive and convey my change process within the alchemic intersubjective relationship. I also reflected on my experience attending workshops related to somatic psychotherapy and integrated new literature to shine light on what I have discovered through this introspective and reflective journey. I found that the intersubjective relationship between client and therapist is inherently embodied; that when fully embodied this relationship is the transformative agent in the therapy, and that transformation occurs through the delicate and simultaneous moments of grace and precision that both ground the client in the present moment, and connect them to all that is available within and beyond them.

This project marks the beginning of my evolution as a somatic psychotherapist and a somatic instrument. As I learn to trust the inner wisdom of my body, I learn to more fully live my humanity. Fundamentally, somatic psychotherapy has awakened me to the joy of being fully alive and embodied; to the infinite beauty and grace that pervades me, and all, beings. I will conclude with words from Joseph Campbell's *The Power of Myth* that resonate with my transformative experience of somatic psychotherapy. Campbell (1988) writes: "People say that what we're all seeking is a meaning for life. I don't think that's what we're really seeking. I think that what we're seeking is an experience of being alive, so that our life experiences on the purely physical plane will have resonances with our own innermost being and reality, so that we actually feel the rapture of being alive" (p. 4).

References

- About Somatic Transformation*. (n.d.). Retrieved from <http://www.somatic-transformation.org/SomaticTransformation.html>.
- Applegate, J. S., & Shapiro, J. R. (2005). *Neurobiology for clinical social work: Theory and practice*. New York: W.W. Norton.
- Bromberg, P. M. (2006). *Awakening the dreamer: Clinical journeys*. Mahwah, NJ: Analytic.
- Campbell, J. (1988). *The power of myth*. New York, NY: Anchor Books.
- Carleton, J. A., & Gabay, J. L. (2012). Somatic experiencing. *Annals of Psychotherapy & Integrative Health, 15*(1), 52-65.
- Cozolino, L. (2010). *The neuroscience of psychotherapy: Healing the social brain* (2nd ed.). New York: W.W. Norton & Co.
- Damasio, A. (1994). *Descartes's Error*. New York, NY: HarperCollins.
- Damasio, A. (1999). *The feeling of what happens: Body and emotion in the making of consciousness*. New York: Harcourt Brace.
- Ellis, C & Bochner, A.P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K Denzin & Y.S. Lincoln (Eds.), *The handbook of qualitative research* (pp. 733-768). Thousand Oaks, Calif: Sage Publications, Inc.
- Emmons, H. (2010). *The chemistry of calm: A powerful, drug-free plan to quiet your fears and overcome your anxiety*. New York: Simon & Schuster.
- Fonagy, P., Gerely, G., Jurist, E.L., & Target, M. (2002). *Affect regulation, mentalization and the development of the self*. New York: Other Press.
- Fosha, D. (2009). *Emotion and Recognition at Work: Energy, Vitality, Pleasure, Truth,*

Desire, and the Emergent Phenomenology of Transformational Experience. In D. Fosha, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: affective neuroscience, development, & clinical practice* (pp 172-203). New York, NY: W.W. Norton & Co.

Fosha, D., Siegel, D., & Solomon, M. (2009). Introduction. In D. Fosha, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: affective neuroscience, development, & clinical practice* (pp. vii-xiii). New York, NY: W.W. Norton & Co.

Geller, S., M., and Porges, S., W. (2014). Therapeutic presence: Neurophysiological mechanisms mediating feeling safe in therapeutic relationships. *Journal of Psychotherapy Integration*, 24(3), 178-192. doi:10.1037/a0037511

Jensen-Hart, S., & Williams, D. J. (2010). Blending Voices: Autoethnography as a Vehicle for Critical Reflection in Social Work. *Journal Of Teaching In Social Work*, 30(4), 450-467. doi:10.1080/08841233.2010.515911

Levine, P. (1997). *Waking the tiger: Healing trauma: The innate capacity to transform overwhelming experiences*. Berkeley, California: North Atlantic Books.

Levine, P. (2010). *In An Unspoken Voice: How the Body Release Trauma and Restores Goodness*. Berkeley, Calif.: North Atlantic Books.

Macnaughton, I. (2004). *Body, breath & consciousness: A somatics anthology: a collection of articles on family systems, self-psychology, the bodydynamics model of somatic developmental psychology, shock trauma, and breathwork*. Berkeley, Calif: North Atlantic Books.

Marks-Tarlow, T. (2014) The Interpersonal Neurobiology of Clinical Intuition. *Smith*

College Studies in Social Work, 84:2-3, 219-236, DOI:

10.1080/00377317.2014.923712.

McGilchrist, I. (2009). *The master and his emissary: The divided brain and the making of the Western world*. New Haven, CT and London: Yale University Press.

Nash, R. J. (2004). *Liberating Scholarly Writing: The Power Of Personal Narrative*. New York, NY: Teachers College Press.

Ogden, P. (2003). *Building somatic resources: The theory and practice of sensorimotor psychotherapy in the treatment of trauma* (Order No. 3081058). Available from ProQuest Dissertations & Theses Full Text. (305216236). Retrieved from <http://search.proquest.com/docview/305216236?accountid=26879>

Ogden, P. (2009) Emotion, mindfulness, and movement: Expanding the regulatory boundaries of the window of affect tolerance. In D. Fosha, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: affective neuroscience, development, & clinical practice* (pp. 204-231). New York, NY: W.W. Norton & Co.

Ogden, P., Minton, K. & Pain, C. (2006) *Trauma and the body: a sensorimotor approach to psychotherapy*. New York: W.W. Norton and Company.

Oliver, M. (1986). *Dream work*. Boston: Atlantic Monthly Press.

Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, Calif: Sage Publications.

Perry, Bruce. (1995). Childhood trauma, the neurobiology of adaptation, and ‘use-dependent’ development of the brain: How states become traits. *Infant Mental Health Journal*, 16(4), 271-289.

- Porges, S. (2001). The Polyvagal Theory: Phylogenetic substrates of a social nervous system. *International Journal of Psychophysiology*, 42, 123-146.
- Porges, Stephen W. (2004). Neuroception: A subconscious system for detecting threats and safety. *Zero to three*. Retrieved August 6, 2007, from bbc.psychu.uic.edu/pdf/Neuroception.pdf.
- Richardson, L. (2000). Writing: A method of inquiry. In N. K. Denzin & Y.S. Lincoln (Eds.), *The handbook of qualitative research* (pp. 923-948). Thousand Oaks, Calif: Sage Publications, Inc.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: Norton.
- Sanders, L. (2002). Thinking Differently: Principles of Process in Living Systems and the Specificity of Being Known. *Psychoanalytic Dialogues*, 12(1):11-42.
- Scaer, R. C. (2001). *The body bears the burden: Trauma, dissociation, and disease*. New York: Haworth Medical Press.
- Scaer, R. C. (2005). *The trauma spectrum: Hidden wounds and human resiliency*. New York: Norton.
- Schore, A.N. (2009). Right brain affect regulation: an essential mechanism of development, trauma, dissociation, and psychotherapy. In D. Fosha, D. Siegel, & M. Solomon (Eds.), *The healing power of emotion: affective neuroscience, development, & clinical practice* (pp. 112-144). New York, NY: W.W. Norton & Co.
- Schore, A. N. (2014). The right brain is dominant in psychotherapy. *Psychotherapy (Chicago, Ill.)*, 51(3), 388-397. doi:10.1037/a0037083

Schore, Judith R. and Allan N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal*, 36:1. pp. 9-20.

Siegel, D. J. (2006). An Interpersonal Neurobiology Approach to Psychotherapy. *Psychiatric Annals*, 36(4), 248-256.

Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are*. New York: Guilford Press.

Somatic. (2015). In *Merriam-Webster Dictionary Online*. Retrieved from <http://www.merriam-webster.com/dictionary/somatic>

Somatic Transformation, LLC. (April, 2015). *Healing trauma in and through relationship*. [Online newsletter]. Retrieved from <http://www.somatic-transformation.org/index.html>.

Stanley, S. (2010). Facing the Trauma: How the Face Reveals and Processes Unexpressed Suffering, *The USA Body Psychotherapy Journal*. 9 (2), 5-11.
Retrieved from www.usabp.org.

Stern, D. N. (2004). *The present moment in psychotherapy and everyday life*. New York, NY: W.W. Norton & Co.

United States Association of Body Psychotherapy (USABP) (2015). Somatic Psychology – Body Psychotherapy. Retrieved from <http://usabp.org/somatic-psychology-body-psychotherapy/>.

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: The Penguin Group.

Wallin, D. (2007). *Attachment in psychotherapy*. New York: Guilford Press.

Weil, A. (2011). *Spontaneous happiness*. New York: Little, Brown & Co.

Wheatley-Crosbie, J.R. (2006). Healing traumatic reenactment: Psyche's return from
soma's underworld. *The USA Body Psychotherapy Journal*, 5(2), 3-13. Retrieved
from

<http://www.ibpj.org/issues/archive/Vol5No2%20USABP%20Journal%202006.pdf>

Yalom, I. (2002). *The Gift of Therapy*. New York, New York: Harper Collins.