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The Body as Process: An Examination of Core Concepts in Body-Oriented Psychotherapy and a Brief Model for Implementation in a Clinical Social Work Setting

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The Body as Process:

An examination of core concepts in body-oriented psychotherapy
and a brief model for implementation in a clinical social work setting

Submitted by Bree Graczyk
May, 2012

MSW Clinical Research Paper

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 their findings. This project is neither a Master's thesis nor a dissertation.

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Abstract

The field of body-oriented psychotherapy, of engaging the body and affect in the psychotherapeutic process, has grown tremendously over the last 20 years, and has shown to improve the treatment of both cognitive and somatic focuses of treatment. This paper uses existing research and interviews with practicing body-oriented psychotherapists to identify core concepts among various body-oriented modalities. Grounded theory was used to bring out the major themes from the interviews, which included: the importance of preparation and support, body awareness, memory stored in the body, touch, empowerment of client's innate healing capacity, the clinician's own practice, and a greater demand for the work. The concepts identified from research and interviews were then used to create a model for integrating this work into a clinical social work setting. Where there was once an emphasis on only treating individuals through talk, these findings support that a deep awareness to one's body provides an opportunity for clients to connect with their own inner capacity for healing, and to live in a more embodied, integrated way.

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Introduction

The field of body-oriented psychotherapy (BOP) is vast, encompassing many different modalities, theoretical frameworks and techniques (Boadella, 1997, 2000; Cornell, 2002; Rohricht, 2009). This paper refers to body psychotherapy as clinical, psychotherapeutic work done by a licensed therapist (Psychologist, Marriage and Family Therapist, Social Worker, etc.), who also has specific training in a body-oriented approach, and who engages the body in the therapeutic process. In this way, body psychotherapy uses methods and theories from traditional talk psychotherapy, as well as bringing bodily experiences into focus. There are many umbrella terms to describe this field, including 'body psychotherapy', 'body oriented psychotherapy', 'somatic therapies', 'body-centered psychotherapy' and 'Mind/Body therapy', among others; yet for the vast literature related to the field, it lacks a singular definition (Rohricht, 2009).

Research in this area has also been complicated by the vast number of modalities, which often overemphasize the differences among the approaches rather than the similarities (Cornell, 2002; May, 2000). This paper aims to identify some common beliefs and approaches between various clinical therapists who integrate the body into their practice, and to create a brief model for incorporating the body into therapy within a social work frame of reference.

Literature related to the field of body psychotherapy has been expanding over the last few decades to include histories of its origins, including its associations with the psychoanalytic tradition (Boadella, 2000; Cornell, 2002); a state of the art review of empirical research within the field (Rohricht, 2009); and a general overview of the many modalities within the field (Totton, 2002). However, an area of research that seems to be lacking is one specific to social work, and the integration of practices and techniques into a clinical setting. Over the last few decades, interest in more holistic and alternative modalities has seemed to

increase in both the health, and mental health fields. A holistic attitude towards wellness is something that more and more people seem to be wanting, and this is an area that is relatively unexplored within social work.

Although interest in this area has been growing, the current literature base relating to body psychotherapy is limited and relatively new (Rohricht, 2009; Totton, 2003). Adding to the limitations of study is that there are at least 60 independent body psychotherapy organizations, comprising at least 26 different modalities (Rauch, 2005; Totton, 2003). The literature discusses body-oriented psychotherapy as a whole from a historical context, and other times the literature is focused on a specific modality of body psychotherapy and its efficacy. This inconsistency in discussion creates confusion with the term body psychotherapy, and what it might constitute and entail. Additionally, many of the independent modalities within the field of body psychotherapy seem to have many commonalities, though the language of technique or method is specific to each modality. All of the theoretical orientations stress a mind and body connection, but may put a unique slant on certain types of physical or psychological experiences and actions, as well as practitioner interventions, which may seem daunting to those wanting to incorporate this work into their own clinical practice.

Today, body psychotherapy is gaining momentum as a credible approach that has its own rationale for use, varied training programs and organizations (Totton, 2002), its own clinical research and wisdom (Rohricht, 2009), and its own ethical standards and practices (Rauch, 2005). It is from this perspective that people all over the world and from different psychological traditions have an interest in the connection between mind and body.

Practitioners who are interested in body psychotherapy come from many disciplines such as Gestalt therapy, psychodynamic approaches, and even client centered approaches (Fernald,

2003); however, the applicability to clinical social work is not clearly evidenced in the research.

Historically social work has taken a holistic view of the person and their environment, “promoting competent human functioning, and fashioning a responsive and just society” (Miley, O’Melia & DuBois, 2007, p. 1). Social workers, whether in a community or clinical practice, are charged with empowering those they work with, and with building on the strengths and potential capabilities of individuals and systems (Miley, et al, 2007). With this in mind, it is surprising that social work has had relatively little involvement in integrating a mind and body connection into practice. Acknowledging the mind/body/spirit connection and understanding how to incorporate this awareness into practice is in line with many existing theoretical frameworks in social work including the Ecosystems and Biopsychosocial perspectives, the Strengths and Empowerment perspectives (Miley, et. al, 2010), as well as with the social work principle of treating each person as a whole (Ifsw.org). Due to the fact that the social work body of literature on the use of mind/body techniques is lacking, this paper utilizes literature and research primarily from the tradition of psychology, and more specifically, works centered around body psychotherapy in a general context.

Caldwell (1996) describes body psychotherapy as a means of accessing repressed events or parts of the self. The use of the body in therapy can also be seen as a way to enter nonverbal and/or preverbal areas of experience that may not be as sufficiently accessed or explored in the more traditional, language-oriented forms of psychotherapy (Cornell, 2002). Prior to language development, Boadella (2002) emphasizes that we interacted with the world and expressed ourselves by means of movements and preverbal vocalizations, forming our initial knowledge of the world and ourselves through the use of all the bodily senses. In this way, the body can be seen as holding a deep level of knowledge, and communicating in

mostly unconscious ways—using postures, repetitive sensations, gestures and movements, aches or pains, and facial expressions, among others—to signify how events are being processed through the body (Fallon-Cyr, 2002).

This research paper asks the question: ‘What are some specific commonalities in practice, thought and technique among various body psychotherapists, and how can this be used to create a practical model for integrating the body into clinical social work practice?’ Many body psychotherapists and body workers believe that significant early memories, traumatic experiences, and deeply held beliefs all contribute and influence our body’s behavior, structure, and even our physiology like blood pressure, body posture, and the strength of the immune system (Kurtz, 1990; Levine, 2010; Pert, 1997). Utilizing the body in therapy allows the practitioner and client to access and integrate the entire self—body, mind and spirit—in what can be a very deep, and moving form of therapy.

Conceptual framework

This research approaches the concept of body psychotherapy from a continuum of thought that includes: the Cartesian Dualism of body and mind, Humanistic theory, and the concept of the *bodymind*.

The separation of mind and body. It is nearly impossible to discuss the mind-body debate without speaking of Descartes’ far-reaching theory of Dualism. Descarte’s seventeenth century theory created a shift in thought, in which the mind and body were considered separate entities. The mind was not amenable to scientific inquiry since it lacked the capacity to be measured and observed in the same way the body could. The notion that the immaterial mind is separate from the material body is one that has carried over into today’s medical model—which excludes the mind in treatment of the body, and traditional psychology—which excludes the body in the treatment of the mind. This exclusion of the body on the part

of psychology has been largely maintained by Freud's influence, in which his major theories of analysis promoted top down cognitive processes over interaction with the body (Cornell, 2002).

Interestingly, Freud's early work featured an inclusion of the body in his practice before beginning his work with transference (Levitan & Johnson, 1986). It was this development of the idea of transference that pulled him away from advocating the use of touch with clients (Cornell, 2002). Freud viewed transference as a significant contributor to a client's resistance to therapy and thus, pursued the "blank slate" stance of psychoanalysis, which did not include touching clients, and in fact, actively warned against it (Cornell, 2002; Levitan & Johnson, 1986). It was this renewed belief in the necessity of splitting mind and body that Wilhelm Reich, originally a colleague of Freud's, came to oppose in his later work, developing controversial theories that worked with the soma and psyche directly (Cornell, 2002). It was Reich's theory of character analysis that led him to defend the need for therapeutic technique to directly engage in work with the body in order to promote lasting change in the psyche (Cornell, 2002; Reich, 1972). Over the years many people have expanded on Reich's ideas of needing to integrate the body into the therapeutic work, and many diverse forms of body psychotherapies have emerged; yet their inclusion into mainstream psychotherapeutic practice continues to remain split, especially around the topic of touch.

The influence of Humanistic theory. Although modern BOP modalities originally developed within the psychoanalytic movement, and count Reich as the father of modern body psychotherapy, they have a philosophic base that has much in common with the humanistic tradition (Cornell, 2002, Fallon-Cyr, 2002; Fernald, 2003; Leijssen, 2006; Soth, 2005; Totton, 2003).

Carl Rogers' Client-Centered therapy advocated for a partnership between client and practitioner, in which the client is seen as having the capacity for self-healing and self-understanding—opposing the hierarchical view of expert and patient (Fallon-Cyr, 2002; Fernald, 2000; Soth, 2005). In this way, the practitioner takes a non-pathologizing view of the client, and brings the focus to the lived experiences and connection to the here and now. This empathic partnership, which creates a space of safety for the client to turn inward, is extremely important in the area of body psychotherapy, as the practitioner is charged with creating a space of containment to explore those deeply held emotions (Kurtz, 2009).

As Eugene Gendlin, a colleague of Rogers', discovered, clients who were able to speak from their own inner experience and awareness, were more likely to have positive outcomes (Hendricks, 2000; as described in Fallon-Cyr, 2002). Reflecting this belief that the client has the capacity for self-healing, Totton (2003) describes body psychotherapy as “supporting the natural healing process”, and allowing the client's body to guide the work, rather than imposing our views as practitioners (p. 58).

The awareness of bodymind. The idea of emotions being held, or embedded in the body is not new, and has been an observation of the human process for so long that it has become embedded in our vernacular: to have a “gut feeling”, to “know it in your heart”, or to be “scared stiff”. We use these and other common phrases to connect our emotions to our bodies in everyday language, and yet science has only recently been able to back this up with research.

Totton (2003) describes the concept of bodymind, the belief that there is an integrated mind-body-spirit connection, as the central understanding in body psychotherapy. Bodymind also encompasses the ideas of embodiment and emotion. Embodiment is the idea of “being at

home in your body,” of experiencing your body as opposed to being separated from it (Conger, 1994; as referenced in Totton, 2003, p. 62).

Candace Pert (1997), former chief of the Brain Biochemistry unit at the National Institute of Mental Health, has done work at the biological level showing the intricacies of our bodies and the interconnectedness of physiological and psychological responses. Pert’s work uncovered a network of neuropeptides distributed throughout the body, connecting the brain, endocrine and immune systems into a unified whole, highlighting on a chemical level that emotional expression is also bodily expression. This research has given scientific credence to the way we understand the mind and the body today, in that the mind is not just in the brain, but throughout the entire body, and what we feel, believe, and express is all a part of our bodily experience. When emotions are expressed and allowed to work through the body, all the systems are united, but if emotions are repressed or denied, this can affect the flow of chemicals in the body and create disharmony (Pert, 1997). Pert describes the intention of body psychotherapy bringing this connection into awareness:

Emotions and bodily sensation are thus intricately intertwined in a bidirectional network in which each can alter the other. Usually this process takes place at an unconscious level, but it can also surface into consciousness under certain conditions, or be brought into consciousness by intention. (Pert, 1997, p.142)

Totton (2003) also emphasizes emotions as carrying an intrinsic need to express themselves through the body, and if this process is impeded or interrupted it can have an affect on the bodymind.

A Review of Related Literature

History of body-centered psychotherapy

While the history of somatic psychology has been chronicled as far back as the 1600s (Boadella, 2000), Austrian psychoanalyst Wilhelm Reich is seen by many as the father of the field of modern-day body psychotherapy (Cornell, 2002, Totton, 2003). Freud had an influence on Reich's work, and had initially worked with the body, and had been influenced by early proponents of body work, himself (Rauch, 2005). Freud's early work, which was influenced by early pioneers of body psychotherapy, George Groddeck (Cornell, 2002) and Piere Janet (Boadella, 1997), utilized hypnosis and massage. Freud ultimately focused on transference and sexual repression, denouncing bodywork in favor of a "blank state" approach (Cornell, 2002; Levitan & Johnson, 1986; Rauch, 2005).

Reich, however, took the theory of sexual and instinctual repression further with the belief that these repressions were connected to character formation that then presented itself in a physical context that he referred to as armoring (Reich, 1972). Interestingly, the link between body expression and emotional states was identified by Charles Darwin in his 1872 book *The Expression of the Emotions in Man and Animals* (Boadella, 2000), and it could be suggested that it was this insight that facilitated early somatherapies, which focused primarily on postural manipulation (Boadella, 1997).

In the 1930s Reich's thoughts about the body included the idea that blocks against the breakthrough of emotion could be held as energy in the muscles of the body, and as a form of armor protecting the body (Totton, 2003). Reich's belief in character armor emphasized the importance of paying attention to *how* a clients acts, talks, censors, distorts, etc, as far more important in determining character resistance than *what* the client is saying (Cornell, 2002; Reich, 1972). Fritz Perls was a patient of Reich's during this focus on character analysis or

'body psychoanalysis' (Totton, 2003), which influenced Perl's own work in developing Gestalt therapy (Cornell, 2002; Kepner, 2001). Gestalt therapy, which emphasizes a person's experience in the present moment is very similar to Humanistic theorist, Eugene Gendlin, whose Focusing method centered around cultivating the awareness of both client and practitioner (Fallon-Cyr, 2002).

One method Reich used during this time included deep breathing, used to energize clients and bring an awareness to muscular blocks. Reich would then press and encourage his patients to scream with the pain as a way of releasing the stored energy that he referred to as 'orgone' (Cornell, 2002; Totton, 2003). Both of these early theories on character analysis and direct work with the body have had an influence on other body-oriented modalities that have arisen since (Cornell, 2002; Fallon-Cyr, 2002; Haven, 2009).

In the later 1940s and 50s Reich's approach to working with the body became increasingly more hands on and controversial (Cornell, 2002). In his last style, Reich moved away from traditional psychotherapy and cognitive process—which later led to his discreditation within mainstream psychoanalysis (Cornell, 2002)—and focused on working directly with the energy in the body, through powerful and brief body work, in order to "smash the armoring" (Totton, 2003, p. 92).

Since the 1950s a number of body-centered therapies have come about that emphasize the connection between the body and mind. Reich's theories about emotion and energy being stored in the body have had an influence on most, if not all, body psychotherapies today. Some utilize touch, others movement, and still others meditation, but all share an underlying concept of this embodied emotion.

Body Psychotherapy Today

...The fundamental premise in body psychotherapy is that core beliefs are embodied, and that until we begin to experience the pain held in them directly through our bodies they will continue to run our lives, even if we mentally understand them. (Staunton, 2002, as cited in Rohricht, 2009, p. 140)

Body psychotherapy is a broad term that encompasses various counselors who pay attention to and utilize the body in their counseling work (Kepner, 1999; Totton, 2003). The organizing principle of body-oriented psychotherapy is that within healthy functioning there is a connection between the mind and the body (and some would also say spirit), and that direct attention must be paid to the cognitive, emotional, and bodily experiences in the therapeutic process, in order to fully benefit individuals (Cornell, 2002). Clinical work with the body is vast, and ranges on a continuum from the examination of body language and felt emotion, to the use of intentional touch techniques. Body-centered modalities can include work with movement, breathing, body image, emotional expression, forms of contact, touch and language (Boadella, 1997).

Totton (2003) has identified three core models of practice that make up body-oriented psychotherapy. These models can be seen on a continuum in which the body is realigned and corrected by the therapist to restore balance (Adjustment model), helped to discharge stored energy through inner awareness and independent movement (Trauma/Discharge model), or where the body leads the process of natural healing (Process model); all three being evidenced in Reich's various theories (Totton, 2003).

According to Soth (2005), early body psychotherapy took a polarized view of the body in psychotherapy, overemphasizing bodily experience and de-emphasizing cognitive process and understanding. Reich (1972) characterized this de-emphasis of the mind in his belief that

verbal process in therapy can become an empty and hollow activity, and that in “psychoanalyses which have gone on for years the treatment has become stuck in this pathological use of language” (p. 361). This polarized view of favoring the body over verbal processing creates two problems for the field of body-oriented psychotherapy: a confusion with and often a resemblance to pure bodywork (Soth, 2005), and an emphasis on the notion of bodily catharsis and expression, which lacks containment and support, and creates a danger of re-traumatization (Levine, 2010).

Many of the approaches used today in body psychotherapy incorporate aspects of all three models outlined by Totton (2003), as well as using techniques central to talk therapy (Soth, 2005). Few researchers have categorized the various modalities of body psychotherapy into specific schools of thought (Rauch, 2005; Totton, 2003), but these categories and descriptions of modalities still emphasize the differences between theories. As no other studies have identified core concepts to body-oriented psychotherapy as a whole, research was focused around concepts highlighted by various authors and specific modalities or techniques. What was evident from the various readings is that central to body psychotherapy is an awareness of embodied emotions, and how practitioners can bring those to the consciousness of the client.

Concepts of Body Psychotherapy

A review of research involving mind-body approaches and specific body psychotherapy modalities identified some concepts of body-oriented psychotherapy approaches, including, but not limited to: mindfulness (Carmody, 2009; Harvey, 2009; Johanson; Price, McBrise, Hyerle, & Kivlahan, 2007), awareness (Greenburg & Safran, 1987; Henricks, 2007; Kurtz, 2009, 1990; Levine, 2010, 1998; Ogden & Griffin, 1996), emotional

memory (Levine, 2010, 1998; Ogden & Minton, 2000; Ogden & Griffin, 1996; Van der Kolk, 2006, 1996), and the bodymind (Boadella, 1997; Damasio, 1999; Pert, 1997).

Mindfulness

Mindfulness is the intentional focusing of the attention, in which one observes the mind and body experience from moment to moment without judging, labeling, or trying to fix or change anything (Harvey, 2009). In this way, a person is asked to simply observe their own experience from moment to moment, as an observer might view a scene from a nearby distance. For centuries Buddhist monks have used mindfulness to foster a deep connection between the mind and the body. Dr. Jon Kabat-Zinn developed a mindfulness-based stress reduction (MBSR) program in 1979 after observing how mindfulness was able to reduce the suffering of individuals when other conventional treatments had failed (Carmody, 2009).

Mindfulness has been shown to aid in symptom reduction by altering brain function, mental activity, and interpersonal relationships; creating a greater sense of well-being (Harvey, 2009; Kurtz, 2009; Siegel, 2009). Price et. al (2007) also found that there was positive participant response to a mindfulness-based intervention, and that the intervention provided participant insight into the role of mind-body connection in healing and trauma recovery. This suggests that there is an interest on the part of clients to receive interventions that emphasize a mind-body connection, and that these interventions provide an integration of the whole body that aids in the healing process. This awareness of, and use of the body and emotions is what differentiates body psychotherapy from both traditional psychotherapy, and the medical model.

Awareness

Closely linked to mindfulness is the importance of awareness—both innate and cultivated—to the body. A primary philosophy that connects body-centered therapies is that

the client is a whole person, and that all aspects of someone's spiritual, emotional and physical self are intrinsically bound together, and influence well-being. It is accepted that the body holds emotional information, down to the cells of our body, and that this information, through awareness, can be accessed and processed through the body (Pert, 1997; Levine, 2010).

Eugine Gendlin named the implicit body awareness of a problem or situation the "felt sense," and noticed that in therapy the most successful clients paid attention to their experiences in a certain way (Hendricks, 2007). An ability to focus on the present moment bodily sensations and verbal process and to reflect this back to the client was also key to Carl Roger's approach, and relied on the genuineness of the therapist and their attunement to both the client and themselves (Fernald, 2000). Gendlin argued that the type of intervention used by the therapist was not as important as the ability of the therapist to help the client focus on the sensations of the body (Greenburg & Safran, 1987) and put words and meanings to this felt sense (Hendricks, 2007). The client is aided in the process of self-study, while the therapist always remains attuned to body movements that indicate an adapted or habitual way of speaking or moving that has been created over the years, and brings these to the clients' attention (Kurtz, 2009).

Gestalt therapy (Kepner, 2001; Totton, 2003) also emphasized awareness of the here and now aspects of bodily experience, on the part of both the client and practitioner. Fritz Perls, founder of Gestalt therapy, famously stated: "Get out of your head and into your senses," emphasizing his view of the importance of bodily awareness and the five senses. Many approaches explore client awareness through more controversial, hands-on bodywork, in which specific parts of the body are touched as a way to help an individual become more

aware of the sensations and energy stored within, and to release said energy (Ogden & Griffin, 1996).

Emotional Memory and the bodymind

Research has shown that mind-body work can be especially effective in the areas of anxiety and trauma (Leitch, Vanslyke & Allen, 2009; Levine, 2010; Ogden & Minton, 2002; Van der Kolk, 2006, 1994). In acknowledging the mind-body connection, which posits an inability to delineate where the body ends and the mind begins (or vice versa), we must also acknowledge that memory as we understand it today is stored as a full body experience. Current thinking supports this idea of an emotional memory, in which felt experiences and emotionally charged situations are remembered at an unconscious level within the body (Levine, 2010; Pert, 1997; Rothschild, 2000; Van der Kolk, 1994).

Because emotional memories are unconscious, they often appear more as feelings than memories (Totton, 2003), supporting Gendlin's "felt sense" (Hendricks, 2007) of the body. There is also reason to think that traumatic memories are particularly embedded in the body and the unconscious, and as such, difficult to access through verbal processing (Van der Kolk, 1994). While body psychotherapy clearly acknowledges this emotional and body memory, some approaches actively work to release the energy stored in these emotional memories.

In approaches like Somatic Experiencing and Sensory Motor, individuals who have suffered a traumatic event are given permission to become aware of their body sensations and habitual patterns, and the feelings associated with that stored energy, in a way that helps to release and "discharge" that energy through subtle or gross body movements (Levine, 1998). Both Levine (2010) and Van der Kolk (1996) argue that when addressing issues of trauma body techniques are most useful, because sensations lay the foundation for an experience that the cognitive brain often has a difficult time expressing.

In recent years, technology has allowed researchers to examine their theories on a scientific level. Van der Kolk has used brain scans to show that when people remember a trauma, frontal parts of the brain, particularly the area responsible for speech, shut down; while the right hemisphere—associated with emotional states—light up (Pointon, 2004). This suggests that when people relive their traumatic experiences they may have trouble thinking and speaking, and being pushed to talk more about the trauma often leads to frustration and possible re-traumatization (Levine, 2010). However, even approaches that do not focus on the discharge of stored emotional energy show that these emotional memories are held within the muscles of the body, and that through the process of awareness memories can begin to become conscious and explored through the body.

While not all body psychotherapies utilize touch to the same extent (Rauch, 2005), direct work with the movement and activity of the body is what distinguishes body psychotherapy from other psychotherapeutic modalities (Cornell, 2002). Boadella (1997) observed that motoric learning and expression is the first way of learning, and it is this physical interaction with the environment that comes before the language processing of experience. Pert (1997) notes that:

...The mainstream misses a lot by excluding touch, by ignoring the fact that the body really is the gateway to the mind, and by refusing to acknowledge the importance of emotional release as a mind-body event...When stored or blocked emotions are released through touch or other physical methods, there is a clearing of our internal pathways, which we experience as energy. *(pp. 274, 276)*

It is this concept of bodymind, of seeing all individuals as united in both the physical, emotional, cognitive, and spiritual realms, that is at the heart of body psychotherapy (Totton, 2003). From this view, a person's healing can be accessed at any one of these points; it's just a

matter of which one is needed at any given time. The emerging understanding is that the mind is not greater than the body, nor is the body greater than the mind, and the importance is learning how to work with all aspects of the individual. As Boadella (1997) observes:

We can learn that psychodynamic events leave their traces in the biodynamics of the tissues, and that it can be helpful to deepen our psychotherapeutic analysis by putting more emphasis on the capacities of the client to resynthesize his experiences based on a transformative re-embodiment in which somatic, psychic and spiritual levels of being are brought into co-evolution with each other. (p. 39)

Methodology

Research Design

This research paper used a qualitative design, in which participants were interviewed in person, or via Skype if they did not reside in the area. Five participants took part in a single, semi-structured interview, either at their place of practice, or through phone conferencing.

Sample

Participants in this study had at least a Master's degree in Psychology, Social Work, Marriage and Family Therapy, Counseling, or a related field; as well as specific training or a certificate in at least one modality of body psychotherapy. Membership in the United States Association for Body Psychotherapy (USABP) was not necessary, but it was important that all participants self-identify as body psychotherapists, meet the above criteria, and have at least two years of clinical experience utilizing the body in a therapeutic setting.

Initial participants were identified through purposive sampling—by which I used a general internet search and the qualifications they listed on a web page to identify who met the above criteria. Snowball sampling in the form of referrals from initial participants to other colleagues was also helpful in identifying potential participants. A project information

sheet was used for recruitment purposes, and sent via email. A copy of that email can be found in Appendix A.

Protection of Human Subjects

All participants were contacted via email to assess interest, and then by phone to have the study described to them before any participation (Appendix A). All communication done by email was through an encrypted email account, only used for purposes related to this study. Once participants were identified as appropriate for the study and agreed to proceed, they were emailed a consent form (Appendix B), which they had the opportunity to go over before meeting with this researcher, and which was discussed prior to signing.

During the process of informed consent, each participant was informed of the steps that will be taken to insure that their information remains confidential. Participants were recorded on a digital recorder, and were not asked to identify their name or place of employment. If, during the course of the interview, a participant's business was mentioned, it was not included in the transcription, or in any excerpts taken from the data. Once the interview was complete, the audio file was downloaded onto a password-protected computer, and given a number and date to ensure confidentiality and identify the file to the researcher. Participants in the paper were never referred to by name, place of practice, gender, or anything other than their specific modality(s). All research documents including transcriptions, consent forms and confidentiality agreements were kept in a secure room at the researcher's residence, and all interview material will be destroyed on or before May 15, 2012.

Data Collection

I took a qualitative approach for my data collection and interpretation through the use of interviews in a semi-standardized format (Berg, 2008). These interviews were used to

collect data on the differing and complementary approaches and concepts between various body psychotherapy practitioners. The corresponding data was then used to create a model for clinical social workers on introducing and using body-orienting approaches in the therapy setting. Interviews lasted between 40 and 90 minutes, with most being completed under an hour. Having a semi-structured interview format ensured that the same topics were discussed with each participant, but also allowed for participant and researcher flexibility.

An interpretive approach was used when collecting data, as identified in Berg (2008), in which the interpretation of the interview transcription will be to identify patterns of meaning. The interview schedule consisted of eight broad questions and five sub questions to aid in further defining the area of focus (Appendix C). The structured interview questions were divided into two categories: 1) Identifying core concepts and beliefs of body psychotherapy and 2) the integration of technique throughout the therapeutic process.

Rational for identifying core concepts and beliefs of body psychotherapy. In order to examine any similarities between participants, a specific knowledge of each person's training in a body-centered modality and the core concepts of that modality needed to be identified. These questions were designed to identify each participant's view of their work, both as it pertains to body psychotherapy and any differences or similarities to traditional psychotherapy.

- 1) What is your specific training with body psychotherapy?
 - a. What other areas of psychology do you draw from for your conceptual framework?
- 2) Are clients who come to you usually familiar with body psychotherapy?
 - a. How would you describe your work to someone who is not familiar with it?
 - b. Do you see more therapists moving to a mind/body approach? If so, in what ways?

- 3) What are your beliefs that you see as central to your work as a body psychotherapist?
- 4) In what ways, if any, does movement play a role in your work?
 - a. How do you sit in relation to the client?
 - b. How much does touch enter into a usual session?

Rational for the integration of technique throughout the therapeutic process. There may be distinct or similar ways that different participants choose to incorporate body psychotherapy work into different aspects of the therapeutic relationship. Identifying these approaches aided in the creation of a model of integration that this paper aimed for. These questions focused around beginning, middle and end stages of the therapeutic relationship, and were designed to give the researcher a better understanding of how practitioners incorporate the body in specific ways throughout the therapeutic process.

- 1) When and how do you address/introduce the use of the body in therapy with a new client?
- 2) How might you incorporate this work into the treatment planning process?
- 3) Can you describe some specific techniques and strategies you use with clients?
- 4) In what ways do you think your termination process with clients might differ from those in traditional therapeutic settings?

Data Analysis Plan

I used grounded theory in my work to break down the interviews and subsequent interview texts into identifiable themes. Grounded theory allowed for the discovery of categories and themes and their interplay on each other through the reading and re-reading of textual data (Glaser & Strauss, 1967). The concept of constant comparison played a key role in identifying themes between the interviews. Each interview (data set) was compared to the interview that preceded it, comparing identified themes and theories against each new data set (Glaser & Strauss, 1967). In this way, the first data was the interview notes and

transcribed texts, which was then coded inductively using open coding to look at each line of the text and draw out specific words that identified conceptual ideas, and then compared to future data sets (Berg, 2008). Selective coding was then used to identify the main themes and categories within the data, which determined a core category and subsequent related categories.

Strengths and Limitations

The major strength of this research was that it explored participant's own words and meanings related to this work. By providing descriptions of their personal experiences of utilizing the body in therapy, it allowed for a much richer examination of commonalities and differences that came up in specific strategies, beliefs and methods in incorporating body awareness over the course of the therapeutic relationship. This allowed for the study of the dynamic process between body psychotherapists and clients using the practitioner's own words. The use of grounded theory also provided a way to extract these specific themes and patterns. Because there has not yet been a qualitative study of commonalities incorporating the beliefs and strategies of body psychotherapists, and because research into the field of body psychotherapy is limited, this study will add to the knowledge base for future researchers. This study also attempted to introduce a specific model for social workers to incorporate the use of the body in clinical settings, which has not yet been a focus of social work research.

However, due to the small sample size, the study may not be reflective of the knowledge base of other practicing body psychotherapists. It is also not a reflective sample of all the various modalities that comprise body psychotherapy, and as such, themes may be supported by only a few participants. The qualitative nature of this study lends itself to influence from researcher bias. Because this researcher strongly believes in utilizing a mind-

body approach in psychotherapy, the model proposed from study findings will be influenced by this point of view.

Findings

This section describes the results of a qualitative study examining core concepts of body-oriented psychotherapy, and a model for integration. This section begins with a brief description of the five participants who were interviewed, and is followed by an account of observational data related to specific interactions with participants and their places of practice, before concluding with the content analysis of the data and the proposed model.

Description of Participants

Out of the 18 therapists identified and contacted as potential participants, five agreed to participate in an interview and one responded to the initial email saying they no longer practiced as a body-centered therapist. All five clinicians self-identified as body psychotherapists and had received training in both psychotherapy and body-oriented modalities. Women made up the majority of participants, with four out of five participants identifying as female. This was not surprising, as the initial contact list contained only three men who identified as body-oriented psychotherapists. All five participants were over thirty, and had at least 3 years of clinical practice, with an average of 15 years of clinical practice between them. Participants were later asked to identify their race via email, and all therapists identified as Caucasian.

All of the practitioners currently work in private practice, and hold varying degrees, licensures, and additional training in mind/body approaches. Per inclusion criteria, all participants hold at least a master's degree, with one participant holding a doctoral degree. Two participants are licensed marriage and family therapists, two are licensed psychologists and one is a licensed independent clinical social worker. In addition to their graduate

education and licensures, the participants all have specialized training in at least one body-oriented modality, and many had training in two to six modalities. Four therapists are certified in Sensorimotor Psychotherapy, two are certified in Somatic Experiencing, two in Eye Movement Desensitization and Reprocessing therapy and two in Hakomi. Additional training included Integrative breathwork, Psychosynthesis, Focusing, Radix, Bioenergetics, Somato-emotional release, Gestalt therapy, Sandtray, and Psychodrama. Two out of the five participants identified that they had been body workers prior to receiving additional training to become therapists. This was interesting because it allowed for a perspective on the body that initially came from a hands on experience, rather than working primarily with the mind first and then learning to integrate the body.

Observational Data

Interview lengths ranged from 40 to 60 minutes, with the exception of one interview that lasted over 90 minutes. Four of the interviews were done face to face, and one was completed over the internet, via Skype. All face to face interviews were completed at participants' own places of practice, whether that was an office building or a home setting. In this way, the researcher was able to get a sense of the therapist's presence in a familiar setting, room set up, and the therapist seating arrangement.

All but one of the in-person interviews were done in a private practice office setting. One interview was completed at the therapist's home office, where clients are seen. Each setting was relaxed, but professional, having a variety of seating options for clients and the therapist, about two to three feet apart from each other—reminiscent of the general therapist's office. A primary difference I noticed between conventional therapeutic settings and these were the attention to the physical environment of the room, and to creating a nurturing and warm atmosphere by offering tea. Many of the settings had various holistic and

natural components to them such as sand trays, rocks, fountains, or other elements of nature; as well as books and reading material that reflected their mind/body and holistic focus. Each therapist was very welcoming and open; some were easier to talk to than others, but all were very passionate about their work. I attribute the difference in my connection with some of the therapists to factors that determine the strength of all therapeutic relationships, such as the therapist's ability to be present, experience level, training, emotional tone with and attunement to others, and general personality. In saying that, I would also like to note that each therapist offered valuable personal insight into their work and body-oriented psychotherapy as a whole.

Content Analysis

The content analysis of the data produced seven main themes that were useful in identifying both core concepts among various therapists, as well as areas new therapists should be aware of when implementing a body focus into their work. The themes are organized according to frequency within the data set, and include: the importance of preparation and support, body awareness, memory stored in the body, touch, empowerment of client's innate healing capacity, the clinician's own practice, and a greater demand for the work. Direct quotes from the different participants are used to further elaborate the identified themes.

Preparation and Support

Support and preparation were often referenced together, and was the most prevalent theme coded in the data set. All who participated in this study discussed the importance of explaining the work to clients and integrating it intentionally. This theme maintains that clients need to be supported slowly and mindfully in their body awareness, and guided in how to access calm. This is identified in quotes from the various participants:

[Body psychotherapy] is like a psycho-education on how to be in your body and how to feel comfortable with what's coming at you and really building resilience.

If you can coach it down in their language and make sense of it for them, and put it in some practical way that they can see the benefit of it, then they are going to go 'ok, I can do that.'

There was an emphasis from various participants on recognizing the client's capability to handle the session, providing them the tools needed in moving forward, and recognizing clients' own inner resources.

I [first] talk to them a little bit about the psyche and the body, and that this is to get them in touch with feelings, or what they were holding in their body, or what they were feeling disconnected from in their body, or whether they were feeling any discomfort, et cetera.

[I let] them know that we would also be working with connecting what was going on inside their body and their emotional world, to what was going on in their personal life and whatever issues brought them in.

So if you would work with them –containment is a word I think they use more in the psychology field—but what you would try to do is build up a strong enough container so that the client can handle whatever you are going to go into.

Creating a calm space, and fighting a sense of overwhelm by moving very slowly into awareness of the body were especially noted when working with traumatized clients. Special mention was made of first working with the client to experience a sense of calm in the present moment, moving into the body and trauma particularly slowly, and working to establishing a strong sense of “bodily” trust with the client.

So it's this idea of really fighting overwhelm for the client; really protecting them from overwhelm. So if you've got a client who's got serious, active PTSD, you go very slowly into it, come back, go slowly into it, and come back to a safe place.

The techniques are pretty much the same with everyone, but the question is how quickly do you use them... it's more about pace. Obviously someone who has been sexually [traumatized], the last thing they want to do is go into their body because the experience of being in their body was a terrifying one. And so you might move into it much more slowly and you would do a lot more resourcing...helping the client experience what it is to feel calm and focused in the present moment.

So another belief I have is that until there's enough trust in the body you can't go very far. To me, that's the primary place you have to work with people, to first establish trust... it has to be a really bodily felt experience of trust. And I think that's the hard part when you're working with people with trauma, is that they want to have trust, but their body doesn't believe it yet. So it can take a lot of time to build that.

A sub theme that came up in a couple interviews was that not providing support and training can be retraumatizing for the client.

In the 1980s we were way into catharsis; everybody was into, like, just get them to cry. If someone left your office and they weren't crying, you didn't do your work, and didn't deserve the pay. And it was very retraumatizing for a lot of people.

If people are not connected to their core essence and inner [resources], and we take them into something difficult we are doing them a disservice.

When working with clients in a therapeutic setting, especially one that emphasizes a body focus, the importance of providing specific support and training for the client is a central theme throughout the data; and a lack of this could cause retraumatization of the client. Part of the preparation is explaining to clients what mind/body work is, how you will be incorporating techniques into your sessions, and helping them to find and connect to their own inner resources for healing.

Mindful Body Awareness

This was the second most prevalent theme that showed up within the data set and focuses on the core concept in body-oriented therapy, which is to cultivate a mindful awareness of one's body.

This is probably the core value that goes throughout all of the different forms of mind/body psychotherapy, and that's mindfulness. It's really that attention to the body, attention to the present moment experience within the body that is the basis for all [these therapies].

A lot of time is spent teaching and working with clients to become more mindful, and to increase their present moment experience of emotions, sensations and thoughts, and how those are felt in the body.

[Mindfulness] is the basis for meditation, it's the basis for mind/body psychotherapy across the board. So, it's a matter of bringing the client in and teaching them to attend to that level of experience and get really familiar with what happens in their body when they interface with the outside world. You know, what does it feel like in their body to be angry, or to be sad, or to be frustrated...

It should be called 'body mindfulness' from my perspective. Awareness within the body, not just in your head, and too many people associate 'mind' with 'brain', which is not a good place to go because then you're not really conscious of what the rest of you is operating out of.

...Focus on all the sensations of the body; all the senses, the feelings and memories that come up for them in sessions, helping them to focus on the present experience of what is going on in their body.

The data set emphasizes mindful body awareness as a concept central to body-oriented psychotherapy. According to the therapists in this study, the underlying principle of mindfulness is that paying attention to the body is the first step in organizing experiences and emotions, and recognizing how we connect to ourselves and the outside world.

Memory stored in the body

A third theme that came up in the selective coding of the text was that of a bottom-up processing of data, in which experiences are felt as sensations first, and then processed by the brain and given meaning. In this way, it is believed that experiences, especially traumatic ones, are stored in the body's memory, and can be accessed through work with the body. It was also noted by several of the therapists that it is first through our senses that we experience the world, hence the importance of first focusing on the sensations and perceptions of the body.

[Body-oriented Psychotherapy] is based on the understanding that thoughts are really sensations in the very beginning... So all the experiences we have throughout our lives are body experiences, and then they get analyzed by the brain, and certain meanings get made by the brain.

We are multidimensional beings; that's just the reality. And if we try and just affect change from the mental level, we just don't access enough of the person—their deeper resources, or where those deeper, unconscious emotions lie.

[Body psychotherapy] helps people to let their unexpressed emotions or words or memories come out, while remaining connected to their core.

I worked with people hands on in the massage room, and so many emotional things would come up for people, and it was like you could put your hands right on those areas where those memories were held.

This data emphasizes the need for body awareness (which could also include touch, movement, or another physical action), as a way of accessing past memories and emotions, and bringing them out in a setting where language and meaning can be given to them, and a greater awareness realized.

Touch

The notion of touch within therapy was brought up briefly in the interviews, in reference to past and current use, and experiences that led to their understanding that memory is stored in the body. half of the therapists interviewed had been or were currently licensed body workers, and touched on this knowledge base in response to body memory and use of touch.

And body workers in the area pretty much knew that memory was stored in the body...the body remembers what's happened and when you work with somebody's body that stuff comes up.

There was a reported sense of loss at not being able to use touch in the therapeutic setting in the same way that body workers are able to use touch and access emotions.

Once I got my master's in counseling I found out I couldn't touch my clients anymore, and that was a huge loss, because I think touch is a big part of healing, and human connection is a big part of healing.

Two therapists emphasized that they do not use touch in sessions because of licensure guidelines and worry that it would send the wrong message.

Touch is powerful, whether good or bad, and I don't want to send an inappropriate message to my clients.

Current uses of touch were also discussed in reference to specific techniques to aid in body awareness or support.

And there's ways in which I suggest to my clients that they might want to touch certain parts of their body. 'I wonder what it might be like to put your hand on your chest?' It's mostly to help them focus on a particular area. Or if I notice a particular posture happening, I might say, 'I wonder if it would be ok if I supported your neck right now', but very limited touch and always with permission.

One therapist, who actively uses touch in sessions and is also a licensed massage therapist, discussed how integral touch is to their specific work. The therapist noted how important it is to discuss any type of potential touch with the client first:

If I'm doing any kind of psychotherapy there will probably be some kind of touch... and if there at any time is touch involved I'll tell them about it, and mostly I work from referrals, so people come to me mostly knowing what I do... and because I use some forms of light touch or focused touch, it really gets it through the body.

Touch as a tool for connection was discussed briefly in the interviews, but is notable for the importance that was attached to it. The notion of touch as a therapeutic tool was a very loaded topic for participants, and was identified both as useful and controversial. Most therapists said they use very little if any touch with clients, but that they will often direct clients to touch parts of their own bodies, or to make specific movements to help focus their awareness.

Empowerment of client's innate healing ability

This theme came up in a number of the interviews and focused on the role of the therapist to bring about the awareness of the client's own ability for self-healing. The therapist as 'guide' and 'observer' both show up in this theme, as many of the therapists mentioned that much of the work they do is about guiding the client to access their own awareness and healing, and encouraging the client to listen to what their own body is telling them. One therapist commented that, "The main role of the therapist is helping people get

connected to their own inner resources, and helping to establish a pace that feels safe.”

Another therapist emphasized the importance of focusing on the client’s own resources

because, “once people start to really know they’ve got this resource for healing it helps shift

their confidence in themselves.” A third therapist pointed out the natural healing tendencies

of the body:

“The body has a natural healing, and it’s us that get in the way of that. The body knows what to do, and once you start paying attention to the body, and just follow the body and allow it to do what it needs to do, then healing starts to happen.”

The body is also identified as being a “ natural grounder” for emotions, wherein when one is attuned to the body one is better able to process and regulate emotions.

[The body] can handle things much better; it’s a natural grounder...you can talk and get the body really worked up, but if you stay present to the body and really keep your focus on the body, you can stay more calm.

One therapist’s experience of working within a body-oriented approach has been that the work can sometimes be faster than traditional talk therapy, and that it encourages clients to utilize their own resources when future issues arise.

So I think what happens in that year or two is that the person just becomes very aware of themselves and very comfortable in themselves and then they don’t have to come in for smaller issues, and that is very empowering.

Within the data set the majority of therapists emphasize the client’s innate healing capacity and the belief that the body is able to process and make meaning of experiences as clients learn to become more aware of them. In this way, body-oriented psychotherapy is described as a tool of empowerment for clients during treatment and in their future life.

Clinician’s own practice

Throughout the data set, the therapist’s role as ‘guide’ and ‘observer’ was linked to their continued training in this field and their own mindfulness practice. All of the therapists interviewed commented on the importance of being attuned to themselves and clients in

sessions, and that this is aided in part by engaging in a practice of focused attention or attunement (i.e. various types of meditation and mindfulness practices):

[Clinicians] should absolutely work with a mind/body therapist and do some personal work; spending some time working and learning the process inside out. And they should especially have a practice outside of that like meditation, or anything that helps focus mindful awareness.

It is very important for therapists to have a grounding and centering practice of their own so they can be really attuned to what's going on in the room.

And I think having your own practice or doing your own work in this area is crucial to really understanding this work, and helping clients to understand the work and how to use it.

One clinician commented on their own practice of meditation for the past 15 years, saying that it "informs a lot of the body-centered work I do."

Linked to this theme was the belief that schools should increase education around body psychotherapy to all clinicians in training, as it increases one's awareness of their experience as well as that of their clients'.

Mind/body work should be a core part of learning in school even if you don't do that style of work. That awareness is so helpful in paying attention to your own intuition with clients, what's going on with them, and paying attention to your own self-care.

Therapists in this study were very eager to point out the benefits, and necessity, of the therapist's own practice when doing this work. It was also suggested that a practice that encourages the therapist's own reflection and self-awareness would be useful in any type of therapy they go on to pursue.

Rising demand for BP

Of the therapists in this study who had been working in the field the longest, there was a general consensus that not only are clients more receptive to this work, but that there is a growing demand for a body-oriented focus in psychotherapy as a whole:

But now I think [mind/body] work is so much more in the culture, whether it's seen on TV or in movies, I mean it's more in our language. People are talking more about the

body-mind connection, um, even people who don't read or live in that particular area of looking at things.

Five years ago I started to notice a lot more interest in mind/body work. Client's were wanting more of it—pushing to learn more about it.

It seems that more and more clinicians are interested in this work and incorporating it into their practice, attending classes from different modalities, and becoming more aware of this work.

Participants in this study said they were mostly familiar with other body-oriented therapists, but noted that they have seen an increase in familiarity and acceptance of the work from their clients and other therapists in general. Over half of the therapists commented that clients seem to be more receptive and knowledgeable about the work as a whole compared to 15, 10, and even five years ago.

Many of these themes are interconnected, and showcase the similarities in beliefs and guiding principles of the various therapists interviewed. Many of the themes were supported by each participant and emphasized the core beliefs around support, how memory and information is stored in the body, and the importance of the therapist's own practice. The two main differences among therapist participants centered on touch, and how much direction, interpretation and guidance the therapist should take in sessions.

A Model for Integration of BOP

This model begins with a general overview of how one might incorporate body awareness into work with clients, as well as specific ideas and concepts therapists should be aware of as they move into this work. This overview includes a focus on the beginning, middle and end phases of therapy, and what might be a part of each one. The general overview is then followed by a more condensed version of the model that highlights key parts of the often-cyclical process.

The Engagement Process (Beginning Phase)

Good therapy happens when there is connection, and engagement with a client is a crucial first step to establishing a trusting therapeutic relationship. So how does a therapist consciously, both physically and verbally, create a sense of safety and “bodily trust” with the client? In this model, the therapist is emotionally engaged and always attuned to their experience and that of their client. Gone are the days of the “blank slate” approach; the body-oriented therapist is warm, inviting, confident and safe. They hold a safe space by being a container for affect, but also show that they too experience what the client is saying and are affected by it.

First introducing a client to body-oriented psychotherapy can seem daunting for new and seasoned therapists alike. Over the last 10 years more and more therapists have begun using breathing techniques, guided imagery and other relaxation techniques in their practices, which has broadened the awareness of both clients and therapists about body-oriented therapy. However, really moving into this work requires knowledge from the therapist as to how the body processes information, and the ability to help cultivate the client’s awareness of that within themselves.

Therapists working from a body-oriented approach focus their work on “bottom-up processing,” which relies on first experiencing physical, embedded sensations and memories and then using those to make meaning for the client, instead of the top-down processing of traditional talk therapy. Many body-oriented therapists working from a trauma model believe that traumatic experiences can remain “stuck” in the body, and therefore need to be worked through the body for healing to occur. It is important to explain this work to clients in a way that they can make meaning out of, and that also explains the purpose of the work. Some might explain the process from a health perspective first by asking what a client already

knows about their body and how they take care of it, and then incorporating a more holistic view of the therapy. Others may simply state their understanding of how memory and affect are processed by the body, and the importance of learning to attune and become aware of present experiences and sensations in the body.

Deepening the work (Middle phase)

This model also stresses a client-centered and partnership approach, which emphasizes that when the therapist gets something wrong or is misattuned to the client, she works to openly acknowledge and correct the misattunement. The body-oriented therapist empathically inquires about the client's experience, validates it, and is also willing to make her observations of the implicit known to the client. In this way the therapist acts as a guide, but is also mindful to give the client time and not intrude on the process. The therapist strives to be present, empathic and authentic with the client, affirming and validating their individual and shared experiences.

Like all therapy, the focus is on creating a safe space for clients to explore what comes up for them and what they are experiencing. Therapists can do this by observing and assessing whether a client feels safe by openly enquiring about their feeling of safety and of being with the therapist, engaging in a dialogue about what might make the experience feel more safe, and by supporting the client in focusing on their own inner resources to feel more safe. The therapist may ask "What does it feel like in your body when you are in a really safe space, when you are with someone you love and you feel safe?" Spending time cultivating and focusing on what it feels like in their body to be calm and safe can help increase their capacity to experience more intense or painful emotions that might come up throughout the work.

In many body-oriented modalities, especially those that explore trauma(s) that clients have experienced, the foundation comes in the form of exploring micro movements, or

“traumatic loops” that evidence where the trauma may have become stuck in the body. The therapist is tasked with listening intently as to how people describe their problems verbally, while also noting their body language, and breathing patterns as they talk. The therapist describes the importance of having the client focus on those movement patterns the therapist has observed, and in allowing the body to release a stored trauma, raise awareness of body sensations, or complete a defensive action that had not been able to be completed. Even if the focus isn’t on a specific trauma, the therapist can still bring the client’s attention to movement, breathing patterns, tone, facial expressions, affect, etc. This does a variety of things, first, it shows that the therapist is actively attuned and focused on the client and their present moment experience. Secondly, it helps to slow down the client and bring the focus back to what’s going on in their body that they might not be aware of. It is this act of helping to turn the implicit into the explicit that can really begin to deepen the work in sessions. In moving a client’s attention to a specific part of their body, for instance, some therapists may direct a client to touch that part of their body, focusing on and noticing anything that comes up. Other therapists may ask to touch that part themselves, depending on their experience level and comfort with touch. Regardless of how touch is accessed, whether by client or practitioner, the act of physically touching or focusing on a specific area can be very powerful. It can bring up very deep, unconscious and powerful emotions, and the therapist should be tracking the client’s comfort level, and experience, so as not to encourage any retraumatization.

Depending on their training as therapists, clinicians utilize many theories and techniques within their body-oriented work. BOP is not so different in many ways from traditional therapy, in that interpersonal relationships are also a key focus. We are not insular beings, so it is important that as connections are being made between what is going on in a person’s body and their emotional world, so too look at connections among their personal life,

relationships, and reasons for seeking help. This can be done in the session by also looking at your relationship with the client, and how they feel towards and interact with you. Looking at the relationship clients have with themselves, a therapist may ask, “how do you feel about yourself; do you like yourself; do you get a long with yourself; do you know what’s going on with yourself; do you have an idea, a perspective of yourself?” Taking a detailed client history when working with someone is also very important, especially around primary relationships, which may be a focus of the client’s work.

Evaluation and endings (End Phase)

Therapeutic endings have been much discussed in psychotherapy literature, and every therapist develops their own style of ending with clients. Not all endings are planned, nor are they all client initiated, but they offer an opportunity for the therapist to end in a way that reflects the connection between therapist and client, and celebrates the work the client has done. In this partnership model, clients should be given an active role in determining what they want to get out of therapy, and when they are ready to end the work and how.

Depending on what the client wants, the last few sessions can be an opportunity to reflect on the work the client has done over the course of therapy, and also for the therapist to acknowledge how they were impacted by working with the client. Self-disclosure can be a controversial topic, but when done in a way that benefits the client, as in affirming the connection between client and therapist, I see this as a very valuable tool.

In many cultures endings are emphasized and acknowledged through the use of rituals. It is my belief that as therapy moves to embrace holistic attitudes regarding our view and work with clients, we can also embrace other “traditional” (ancient) healing practices, including the use of ritual and meaning-making. So often we end things in our lives without really acknowledging their impact on us, or importance we’ve placed on them. In focusing on

creating new experiences for clients, the ending is an important part we shouldn't let slip by unnoticed. Some therapists may use an element of nature, such as a stone from their office, to give to the client to take with them as they journey forward and to remember the work that they've done. Others may incorporate art into the ending by way of a vision board for the future, creating an image of where clients were before and after therapy, or creating an image or mantra of their strengths and/or hopes.

With the ending I believe it is also important to acknowledge your part in the work—the relationship between you and the client, their impact on you, perhaps your own hopes for them, and where you've seen growth. When we are in connection with another person, we always have an impact on each other, and this is an important part of life and should be recognized, especially in therapy.

Asking for client feedback about the work is also an important process, and should be explored throughout the therapy, especially at the end. This feedback will help inform your practice, and also where the client is coming from and perhaps what they might be struggling with. Checking in with clients as to what is or isn't helpful is a part of the authentic, client-centered aspect of this work, and shows that you can be fallible just like them, and can work to repair this issue in a safe and respectful way.

Perhaps the final thing to remember is your own authenticity to the work. This type of work isn't a formula; it's often spontaneous and requires your awareness and ability to move with the client. It is also important for your own personality to show through, and to find your own way of explaining, talking about, and noticing things. It is your authentic experience of the work that makes it valuable.

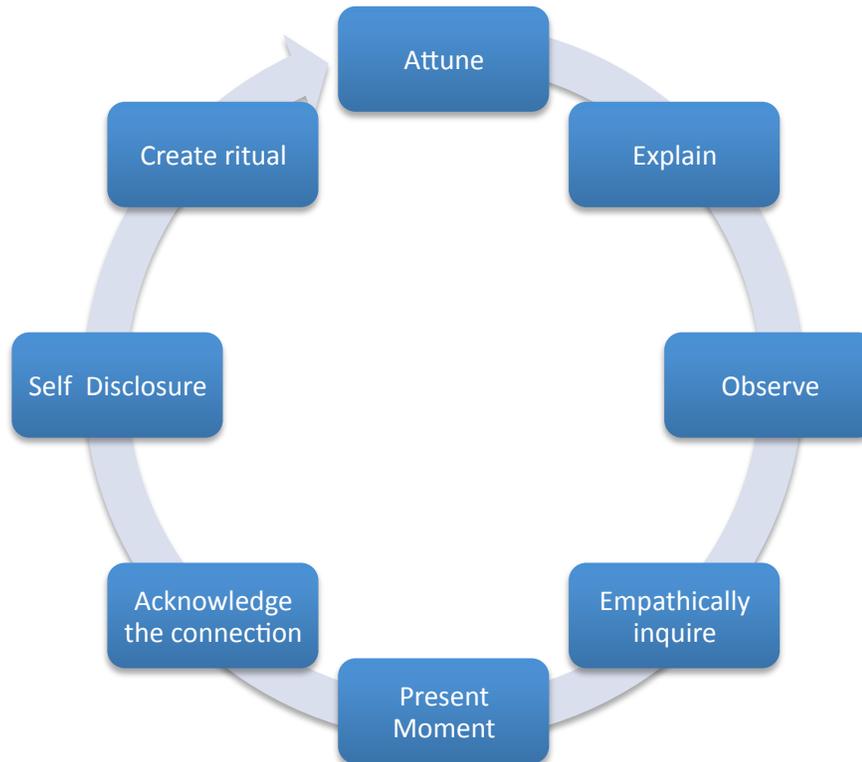
Model Outline

This outline is a non-linear guide for what to be aware of when working with clients, and how a body-oriented therapist might move deeper into affect and bodily awareness.

- Attune to the client
 - Notice what you are experiencing in the present moment in relation to the client.
 - Focus your attention on the client so you can be present and authentic. Cultivating your own practice of mindfulness can be helpful in supporting your ability to attune to clients.
- Give the client information
 - Explain to the client your use of body and affect in sessions. If you plan to check in a lot with the client about what they are experiencing through the use of body scans, and exploring feelings and emotions that you might notice, explain that to them before you start doing it.
 - You can also take this time to explain your understanding of the bottom-up processing of memory and emotion, and why it is important to you to focus on this in your work. Use language that the client will be able to understand and make meaning of.
- Observe the client
 - How is the client relating to you in the session—how are they speaking, breathing, acting, moving, etc? Are they taking deep breaths before they speak? How are they holding their body?
 - All of this information will impact the therapeutic experience, and will determine areas of focus. Create a sense of safety and trust through observing and discussing their experience.
- Make the implicit explicit
 - Empathically acknowledge and inquire about your observations, and bring the client's awareness to what might have been unaware.
 - Non-judgmentally notice the deep breath they took, their facial expressions, the way they hold a part or all of their body, how they spoke, or any other observation that you think might be important to point out or bring the focus to.

- Do not analyze the experience, simply inquire about it and explore it with the client.
- Slow down and experience the present
 - Bring the client back to their experience of the here and now; what sensations if any are coming up for them, what is their sense of sharing this information with you, do they have a feeling about you noticing this, is there anything else coming up for them as they talk about this—memories or sensations they've felt before. Anything to slow things down and bring their attention back to what they're experiencing in the present moment.
 - In doing this you also show your ability to attune to them and notice what might be important experiences that are happening, which could have gone unsaid.
- Acknowledge the connection you've shared
 - If the client was able to move further into their affect and stay attuned to those present experiences, acknowledge this by validating and valuing their experience, and the fact they were able to share this with you.
 - By acknowledging the connection, you also acknowledge the work that they did, and their own inner resources and capabilities around attachment, healing and feeling.
- Self-disclosure of the experience
 - One way to acknowledge their work and the connection that was made, is to openly share your own experience in a way that might be beneficial for the client to hear. Sharing what you noticed they were able to do, and what you also felt in response to them in the session reaffirms your attunement, authenticity, and partnership in the work.
- Rituals
 - Rituals and ceremonies around ending can offer both a closure to the therapy, and a reparative experience around endings as a whole. Rituals can be a part of every session (a mindfulness exercise, the lighting of a candle), or simply at the end of the therapy.
 - Allow clients to direct the ending and how much time is spent processing it, while also remaining conscious of an implicit experiences. Acknowledge your own part in the process, and celebrate the client's growth.

Figure 1: Cyclical model of body-oriented work



This model highlights key concepts to be mindful of when addressing and incorporating a body-oriented focus into the therapeutic setting. This work is non-linear, and relies on the attunement and awareness of the therapist to guide the focus, while still observing and not impeding the client's process.

Discussion

The rationale for this study was to examine overlap and differences in the core beliefs, guiding principles and clinical practices between body-oriented psychotherapists of various modalities. The various practice approaches were then used to create a model for clinicians interested in incorporating some of this work into their practice. Body-oriented psychotherapy emphasizes the emotional relationship we have to our bodies, and seeks to

train clients how to attune to their bodies, sensing emotions and placing them into a context of understanding. Many of the themes from the data analysis related to each other, and provide a framework for understanding the mind/body connection.

The idea of providing preparation and support for the client was the core concept that emerged from the data analysis, and from which most other concepts emerged. Every therapist in the study touched on the importance of not only explaining this work to clients, but also teaching them how to attune to their body both in sessions, and ultimately in life. The body-oriented therapist is both a guide and an observer, in which what the therapist observes and is attuned to, will then tie back to how the information is presented and how the therapy moves forward. The therapist supports the client's awareness through observation and promotion of the client's self-study by providing the tools to move forward (Kurtz, 2009). Essential to this process is the idea of non-judgment, attunement and self-awareness emphasized in mindfulness practice. Many of the therapists interviewed believe that in order for this support and training to work the therapist needs to have a strong knowledge base in mindfulness, and be concurrently practicing while they are teaching clients. In fact, the emphasis on the clinician taking the time to learn about this work, and to engage in their own experiential practice was expressly noted in every interview. This suggests that a therapist who is interested in incorporating this work should first turn their attention to their own practice of mindful awareness, so as to enhance their ability to attune to their clients' and their own experience in sessions.

Both the data from the interviews and literature review reference the ideas of providing support through containment and the creation of a calm and safe space (Kurtz, 2009; Levine, 2010; Ogden & Griffin, 1996). In the interviews this was brought up as the idea of "fighting overwhelm" for the client by helping them become more aware of their body in

small portions at a time, and then bringing the client back to a calm state, which is described as “titration”, or “containment”. This theme emphasizes that the first step to organizing emotions and experiences is to become aware of your body, both its internal environment, and how it relates to the external world. In this way the therapist again acts as the observer, noting specific body patterns, and teaching the client to then become aware of those patterns within themselves. This mindful awareness is emphasized as being the basis of all mind/body techniques, and works with the client to help them realize what happens in their body when they connect with the world around them.

Just as there are numerous techniques within the field of talk-centered psychotherapy, so too are there in BOP. Most, if not all, emphasize a mindful body awareness within the client, while different techniques are emphasized for various pathologies. A modality like Hakomi is a method of gentle self exploration; whereas Somatic Experiencing, Sensorimotor, and other forms of movement-focused work are used to address traumatic experiences and body memories through slight or exaggerated movements of the body. The clients may be directed to move their body in a certain way, or to visualize movements, but are usually not handled by the therapist in a hands on fashion. However, this theme of touch as a connecting factor between people was brought up in each interview, and was met with differing views. Since it was only a small focus of the interviews as a whole, it was notable in both how it was, and was not talked about.

As touch is generally considered controversial and taboo in the psychotherapeutic environment since it was abused by a number of therapists over the years, there seems to be some ambivalence with touch in the field of body-oriented psychotherapy. The interview data suggests that clients themselves may take on an active role in touching their own body, through the direction of the therapist, as a way to bridge the gap between the mind and body,

and a way for therapists to maintain a boundary of non-touch. Other techniques, including Sensorimotor suggest that psychotherapy and bodywork go hand in hand, and the therapist should utilize both when appropriate (Ogden & Griffin, 1996). This method is stated to help with both the rebuilding of a disturbed attachment development, and in regaining the loss of connection with the body that many trauma survivors experience (Ogden & Griffin, 1996; Pointon, 2004). While a couple of the therapists interviewed had been body workers prior to their work as therapists, only one actively uses directive touch in therapy (informing clients of their massage license as a part of their training and licenses). This therapist had a much more liberal view of touch in a therapeutic setting, and it is, in fact, an integral part of the specific work they do.

The themes of body awareness, touch, and memory as stored in the body, all seemed to come back to the idea that if you can give the client training and support on how to be in their body, they will then be able to access a greater resilience in the future, and hopefully be less likely to feel a sense of reliance on the therapist to reduce their symptoms or pathologies. This leads to the idea of whether therapy has been based on providing the client with tools to help themselves, or viewing the therapist as the only one with the tools to fix the client. Therapists in this study differed on the degree in which they focused on the client's innate healing capacity, and how much the therapist should direct the work. I believe that this is due in part to the variety of trainings different therapists had, and in which specific modality they did the majority of their work. Some modalities are more directive and focused, whereas others seem to take a more inquisitive, observational stance to the work. However, all therapists who participated in this study noted to some degree the self-healing ability of the body, and the innate resources people possess.

After examining the findings from the data, I believe the evidence shows a strong focus and the end result of empowerment that comes through the techniques used in body-oriented psychotherapy.

Implications for Social Work Practice and Education

This research suggests various implications for both direct clinical practice, as well as social work education. The implications for direct practice suggest that clinicians should be willing to embrace non-traditional therapeutic methods when working with clients, because talk therapy simply does not access the whole person. Body-oriented therapy can be used to work with clients around a variety of issues, whether anxiety or trauma, and anything in between, and social workers need to be aware of how this work can benefit clients. Many of the clients we work with have experienced some type of trauma in their lives, and the approach has been shown to be especially effective in helping to process those traumatic experiences. Research has shown that because of the way the brain processes trauma some individuals who have experienced a traumatic event(s) do not have the ability to verbally process it (van der Kolk, 1994). Research has also shown us that when emotions are not addressed and not allowed to work through the body, this affects the flow of chemicals in the body and can create disharmony (Pert, 1997). The expanding field of Psychoneuroimmunology (PNI), which examines on the molecular level how the body communicates with neuropeptides, has shown a definitive link between stress and disease. This shows that chronic stress—from constant anxiety, fear, tension, anger, sadness, etc—taxes the immune system, showing a consistent reduction of immune function in people experiencing high levels of stress. The benefit to using a body-oriented approach not only helps people work issues through the body, but it also teaches them that they have inner resources for accessing calm and regulating stress. This research suggests that social

workers, who are especially likely to work with individuals experiencing chronic stress, need to become more aware of how the body processes emotion and memory, and incorporate different methods of working with clients that expand the limitations of a cognitive model.

Participants in this study also spoke about the need for Colleges and Universities to incorporate more education around the use of the body in a clinical setting, and holistic approaches to integrating body therapies. The public interest in this work is rising, and more and more people are seeking it out, and increasing numbers of social workers are seeking to incorporate this work in their practice. The demand for it is increasing, and social work schools need to expand their curriculum to incorporate these theories. Social work is limited, and these therapies help fill in the gaps. When we incorporate a body-oriented focus, we are accessing the body, mind and spirit of the client, a belief that social work encourages its students to take into account. A holistic health focus should be an integrated part of social work education, as it promotes many of the tenants of social work, as well as strengthening the self-care practices of students. Students who are more aware of their own body and how information is processed through it, are more attuned to what they are experiencing with clients and also how clients are being affected by the pace and focus of sessions. Emphasizing this aspect of self care and attunement, and providing students with alternative learning experiences would add a dynamic component to their overall education in the field.

The research data supports the aspect of body-oriented psychotherapy as a strengths based approach, as it builds on the client's own resources, putting the control back into the hands of the client and creating an equal partnership between client and social worker, thus promoting self-empowerment within the client. Body-oriented modalities are very much client-centered in their approach, and are specifically focused to meet the client where they are, and nurture their own resilience and resources. In this way, body-oriented psychotherapy

is particularly applicable to social workers, whose emphasis is on looking at the whole person and promoting self-determination and empowerment.

Implications for future research

The therapists in this study noted that they pursued body-oriented psychotherapy (BOP) because it aligned with their notion of bodily felt experience, and that they wanted more than what traditional therapy offered. Many sought out this work when it was just beginning to be published and discussed in the therapeutic world. Science is now corroborating much of what the first BOP practitioners hypothesized and practiced, and there now seems to be a shift occurring in the acceptance of this work. Body-oriented modalities have been increasingly documented and researched over the past 30 years, but most of the writing has centered around explaining specific modalities, or on the use of a certain modality to work with a particular therapeutic issue. Research related to the effectiveness of BOP is lacking compared to other more cognitive therapies, as well as the examination of it as a whole.

While there is growing research on areas like mindfulness meditation and Guided Imagery, specific modalities like Sensory Motor and Somatic Experiencing are only recently being backed up by research and still rely on anecdotal evidence for support. Additionally, very few research studies involving BOP modalities have come out of the field of social work, emphasizing the need for this work to be explored and discussed through the social work lens. Given both the strong push to use evidence based practices and the increased use of alternative therapies by the general public, it is even more compelling that research communities focus attention on holistic modalities. Most importantly, social work research is poised to be able to take an active and leading role in utilizing and researching BOP with a wide variety of populations.

Conclusion

Mindful awareness of the body and the use of the body in healing rituals are the foundation and practice in many ancient cultures. When the separation of the mind and body was introduced during the time of Descartes, mankind lost an important connection to the body in our healing focus. Originally, psychotherapy did include a focus on the body, but that also changed and was limited to only a few therapists. The groundbreaking work of therapists like Wilhelm Reich and Fritz Perls encouraged other therapists to incorporate the body in their work as a way of accessing more of the client, and in helping the client to better understand themselves. Over the years a number of therapists have developed modalities that bring the body back into the psychotherapy focus.

This research shows that differing body-oriented modalities have some similar guiding principles, and that these concepts elicit self-determination, empowerment and acceptance. Body-oriented modalities encourage the use of self-care among practitioners and clients alike, and also aid in the regulation of high arousal and stressful states. The focus is one that supports both a strengths-based and client-centered approach, in that it allows a client to determine a pace that they are comfortable with, and focuses on their own inner resources in working through the issues for which they are seeking help. The therapist acts as a guide to accessing those inner resources by maintaining a safe space and comfortable pace with clients, as well as being an observer of expressions and movements of the body that may be connected to a past trauma or a subconscious affect.

Research with brain scans has shown that individuals who have experienced a profound trauma are often unable to access the part of the brain responsible for language in order to express the trauma when remembering it (Levine, 2010; van der Kolk, 1994). This type of research supports the use of body techniques and body awareness as the preferred

method in working with trauma. It was observed that after 9/11 there was a large increase in the amount of massage appointments made by residents, than psychotherapy appointments made (Pointon, 2004); which suggests that whether or not body work aids in the “discharging” of stored energy, or as a way to reconnect with others and oneself, it is a way to calm the mind. The use of touch within BOP continues to be a much-debated part of the work, and appears to be at the discretion of the therapist. This research suggests that many therapists encourage clients to use self-touch as a way of focusing attention on certain areas of the body and what may be held there, while still maintaining specific boundaries. Touch is seen as a connecting and healing factor, but is still closely tied into its past clinical misuse and potential implications for clients.

Bringing the body into therapy provides an opportunity for clients to connect with their own inner capacity for healing, and a way for clients to live in a more embodied, integrated way. Body-oriented psychotherapy provides clients with the tools to become more aware of their own body, and to use this awareness to process and regulate emotions in order to work out future issues on their own. BOP builds on the ideas of resilience, and awareness of the present experience as key factors in allowing clients to work through issues in their own time, while becoming more aware of themselves and their interaction with others in their environment.

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APPENDIX A

Initial email:

Hi, my name is Bree Graczyk and I am a Masters student in the Clinical Social Work program at the University of St. Thomas (UST), in St. Paul, MN. I am conducting a research study as a requirement for my master's thesis, under the advisement of Dr. Felicia Sy, PhD in the Department of Social Work at UST.

You have been selected as a possible participant in a research study designed to identify concepts and practices among various body-oriented psychotherapists. This research will also be used to help create a practical model for integrating body awareness into a clinical social work setting.

Your participation in this study will consist of a single, audiotaped interview lasting no more than 60 minutes that will take place in person. No data collected by the investigator will contain any identifying information that will link the data back to you or your participation in this study. If you are interested in participating, or if you would like more information, please respond to this email with the best time to reach you by phone to further discuss the process.

Thank you for your time,

Bree Graczyk

Masters student at the University of St. Thomas

APPENDIX B

CONSENT FORM
UNIVERSITY OF ST. THOMAS
GRSW682 RESEARCH PROJECT

Body-oriented Psychotherapy
IRB#-122-04A10-122-04

I am conducting a study about the use of techniques associated with body psychotherapy, including the use of the body in session, cultivating awareness of the mind/body/spirit connection, and others among various modalities within body psychotherapy. I invite you to participate in this research. You were selected as a possible participant because of your self-identification as a body psychotherapist online, by the referral of another practitioner, or through your membership in an association of body psychotherapists. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Bree Graczyk a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas, who is supervised by Dr. Felicia Sy.

Background Information:

The purpose of this study is to gain a greater understanding of body psychotherapy, including techniques and beliefs within various modalities, which will then be used to create a brief model for clinical social workers on incorporating body awareness into therapy. I am also interested in identifying any added client benefits to participating in a mind/body approach, and any possible ethical conflicts involved, particularly centered around the use of touch.

Procedures:

If you agree to be in this study, I will ask you to do the following: participate in an audio taped interview, lasting no longer than 60 minutes, and give your permission for non-identifying portions of the interviewed to be used in a research paper, and be presented to other students. Excerpts of the transcript will be used in a research paper, which will be read by a research committee, and will be presented to the school in partial fulfillment of the Masters in Social Work degree.

Risks and Benefits of Being in the Study:

The level of risk anticipated in this project is minimal. Your interview recording will be kept confidential and destroyed at the end of the study, and no identifiable information will be included in the data or research paper. Potential benefits include possibly gaining some insight into your work as a body psychotherapist.

Confidentiality:

Interview recordings will be removed from the recorder after each interview and placed on an external storage device specific for this study, and will then be deleted off the digital recorder. Interview transcriptions and consent forms will be kept in secure room, and on a password protected computer. Any identifying information will be stripped from all excerpts used in the paper. The audio files and transcripts will be destroyed by May 15, 2012.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with the College of St. Catherine, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you

decide to withdraw, data collected in the interview you may still be used, without any identifying information.

Contacts and Questions

If you have any questions about the project or study you may ask them now, or contact Bree Graczyk, the primary investigator at 319-651-7573 (confidential email) or Dr. Felicia Sy, thesis advisor, at (number and email). UST wants to make sure that you are treated in a fair and respectful manner. Contact the University's Institutional Review Board at 651-962-5341 with any questions or concerns about how you are treated as a study participant.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audio taped.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

APPENDIX C

Interview Schedule

- 5) What is your specific training in, or knowledge of, body psychotherapy (body-oriented psychotherapy, mind-body therapy)?
 - a. What other areas of psychology do you draw from for your conceptual framework (ie Relational, CBT, etc)?
- 6) Are clients who come to you usually familiar with body psychotherapy?
 - a. How would you describe body psychotherapy to someone who is not familiar with it?
 - b. Do you see more therapists moving to a mind/body approach? If so, in what ways?
- 7) What are your beliefs that you see as central to your work as a body psychotherapist?
- 8) In what ways, if any, does movement play a role in your work?
 - a. How do you sit in relation to the client?
 - b. How much does touch enter into a usual session?

The next set of questions center around specific points in the therapeutic process:

- 5) When and how would you address/introduce the use of the body in therapy with a new client?
- 6) Is there a specific way you incorporate this work into the treatment planning process?
- 7) Can you describe some specific techniques and strategies you use with clients?
- 8) In what ways do you think your termination process with clients might differ from those in a traditional therapeutic settings?