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# VOICE

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## Where Therapists Dare to Tread

Founded in 1964 by John Warkentin, PhD, MD and Thomas Leland, MD

**Voices: Journal of the American Academy of Psychotherapists**

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# VOICES

## THE ART AND SCIENCE OF PSYCHOTHERAPY

**Where Therapists Dare to Tread** Summer 2015: Volume 51, Number 2

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**On the Cover: Witness Stand**  
**GC Myers**

2013. *Acrylic.*

*GC Myers is a contemporary painter from the Finger Lakes region of New York. He came to painting in mid-life and quite by accident, as a result of an accident that occurred while building his home in the early 1990's. Since that time, his recognizable landscapes, known for their strong colors and moods, are avidly collected here and abroad.*

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## My Clients Have Bodies!

“Get out of the car!” I heard the voice shouting from the tinted visor of a riot helmet, but all I could see was the muzzle of an assault rifle pointed at my head. “On the ground! Now!”

For a moment I was paralyzed, my body not knowing whether to freeze or get out of the car, my mind in a surreal state of confusion wondering what the heck was going on. Seconds before, I’d been innocently backing out of a client’s driveway after making a routine home counseling visit—a driveway, it turned out, shared by the house next door. Now there were six vans blocking me in and what looked like 20 police officers in riot gear jumping out of the vans with machine guns.

Despite my confusion, I quickly realized that if I didn’t get on the ground they would put me there forcefully. I don’t remember telling my body to move but that’s what it did. I have the distinct memory of telling myself not to react if an officer put his hands on me aggressively. Part of me seemed to know this was a possibility and that losing my temper would only make things worse.

When I was on the ground someone handcuffed my hands behind my back, pressed a knee into my back and ordered me to stay down. My mind tried to connect what seemed like fragmented images into a coherent narrative but everything was blurry.

Realizing it was a raid, I urgently wished to know if they were targeting the house I’d just left or the one next door. When I saw them converging on the neighbor’s house, a warm wave of relief rolled down my spine, a wave that helped me shift my attention away from splintering thoughts and into my body. I discovered my heart was

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racing, my breathing rapid and shallow. The muscles in my arms, upper back and neck were tense and full of heat. I could feel sweat on my forehead and tightness around my eyes and jaw.

In a coincidence that still seems incredible to me, I'd just started training to become a somatic experiencing practitioner and had been learning about the role of the nervous system in trauma. I'd been practicing my skills tracking client's bodies as they became activated by sensations associated with perceived threats and traumatic memories. And I'd been monitoring my own body, learning to regulate and settle my system when nervous energy was being stirred.

Although I'd been a clinical social worker for many years and was used to working with survivors of various kinds of trauma, I had only recently begun to understand the way trauma embeds itself into our bodies. In fact, for most of my professional life I'd operated as though bodies didn't exist, focusing on cognition, affect, relationships, personal and transpersonal meaning, and so on.

Despite my decision to learn a body-oriented approach, I wasn't yet sold on the idea. I'd often been a critic of somatic approaches, believing they marked a dangerous path into biological materialism and reductionism. On a deeper level, I was flat-out afraid of asking patients about their bodies. It seemed invasive, disrespectful, even dangerous. Sensitive to the potentially threatening or dehumanizing aspects of the "male gaze," I worried particularly about drawing any attention to the bodies of my female clients. Bodies were simply off limits.

Reinforcing my avoidance of all things somatic was a longstanding pattern of disregarding, even dissociating from, my own body. It was a machine. As a young man I'd used it to play sports and had learned to disregard pain, often ignoring my body's voice and demanding that it bend to willpower and discipline.

Maybe that's why for more than 20 years I worked with terminally ill clients and not once did it occur to me that they had nervous systems. Although I'd often spoken with clients about the ways their bodies were changing as illness progressed, it never occurred to me to suggest that they explore their physical sensations or impulses toward movement to see what wisdom might be unlocked, or to use such explorations to enhance mindfulness.

My decision to learn somatic experiencing was made not because I was a believer, but because I'd been cornered by my desire to better understand trauma. I'd seen how unresolved trauma often arose near the end of life as patients faced physical vulnerability and personal mortality. As roles faded away, dependency increased, and opportunities for distraction though activity disappeared, it seemed that unhealed trauma was apt to emerge and demand attention.

Over the years I'd tried various approaches to helping terminally-ill survivors of trauma as they charted the last weeks and days of their lives. Though I'd developed an approach that seemed helpful, I was stymied by how much intense energy could be unlocked whenever traumatic wounds were touched. The more I searched for the source of this energy, the more I came to the conclusion that it was stored somewhere in the body.

I admit I'd gone to the initial training more interested in finding a reason to dismiss somatically-based psychotherapy than to embrace it. However, I realized that day that, resist though I might, my intuition about the need to include client's bodies in trauma work was on target.

Was I really going to start drawing people's attention to their bodies and asking crazy questions like, "What do you notice happening in your shoulders?" or, "If your hands had words right now what would those words be?" Frankly, the whole thing scared the hell out of me, but if there was one thing I'd learned from all those hospice patients, it was this: It's often the things that frighten us most that hold the deepest promise for growth and transformation.

Lying handcuffed on the ground, I realized I was going to get a personal lesson in the way the nervous system and body work when facing a threat.

Had I not been learning about somatic psychotherapy, I probably would have stayed in my head, attempting to understand cognitively what was happening as the cops flew by. I would have braced myself against the powerful energy of my sympathetic nervous system as it prepared for fight-or-flight. Attempting to repress such highly-charged survival energy would only intensify its power and, in a situation in which fighting or fleeing were not options, could increase the probability that I would become overwhelmed and walk away with some type of trauma.

In his book, *In An Unspoken Voice: How the Body Releases Trauma and Restores Goodness* (2010), Peter Levine puts it this way: "Trauma occurs when we are intensely frightened and are either physically restrained or perceive that we are trapped. We freeze in paralysis and/or collapse in overwhelming helplessness" (p. 48).

Somewhere in the back of my mind I knew the key to reducing the risks of being traumatized lay in settling my nervous system one way or another. Like it or not, I had to go into my body. If the fight-or-flight charge continued building energy with no chance of responding to the threat, there was a chance my parasympathetic nervous system would kick in and shut my body down. In cases where one's natural defensive and self-protective responses are restrained and one's system overwhelmed, what Levine calls a "trauma vortex" can occur — a whirlpool of energy stored in the nervous system. This stored energy fuels PTSD, as sensations associated with the traumatic event are "overcoupled" with visual and somatic memory, behaviors, emotions and beliefs.

I didn't know any of this consciously as my wrists and forearms pulled the handcuffs taut as though I might be able to break them, but the knowledge was in my body. Despite the chaos of armed men in black uniforms breaking down a door and my impulse to remain vigilant, I decided to focus on my respiration, with the intention of deepening and extending each breath and consciously releasing muscular tension with each exhalation. I forced a smile in an attempt to send the message to my body that I was safe (in contrast to what my mind was telling me).

My arms and head lowered to the ground as I relaxed. I felt the earth supporting my weight and inhaled the scent of dirt and pine needles. As I scanned the sensations inside and on the surface of my body, I was surprised to realize that the officer who had cuffed me was actually being quite gentle in the way his knee was pressing my back. As my heart rate and pulse slowed, I was able to begin mentally tracking what until then had seemed like a fractured swirl of frightening images.

It occurred to me that the officer pinning me to the ground was afraid. No matter how jacked up on adrenaline and testosterone, no one shows up with 20 armed men in bullet-proof vests without some fear. I realized that, from his perspective, I had been a potential threat.

The sound of men yelling inside the house suggested two things: the suspect or

suspects were home and they had not yet been taken into custody. Suddenly I was aware that my head was unprotected. If bullets started flying, a stray round could hit me in one of the few places guaranteed to kill.

Suddenly I had a strong physical impulse to get behind my car as fast as possible. My muscles tightened and I felt heat circulating in my upper body, sweat once more beading on my forehead as my sympathetic nervous system began to ramp back up. The image of a bullet cutting through my skull seemed to blot out all other thoughts. All I wanted to do was act but, of course, I was stuck.

I returned to my body, going through the same sequence of focusing on my breath and consciously inviting my muscles to relax. As I breathed in, I visualized myself pulling out of the driveway, the events currently unfolding having ended happily.

When police began exiting the home with a man in handcuffs, some of the officers smiling, my entire body instantly relaxed. I felt a tingling in my toes and finger tips indicative of energy generated by my nervous system being discharged.

Two officers lifted me to a standing position and I finally took a full breath. I figured they would see my photo ID, realize I was a clinical social worker, and uncuff me. When they showed no intention of doing so, I felt another wave of sympathetic activation as a cold tingle shot up my spine and anger tightened my chest, fists and shoulders. I felt a glare tighten my facial muscles and my jaw began to clench. Despite my irritation I knew I was still in a vulnerable situation and needed to swallow my impatience and play it cool.

“You guys really know how to throw a party,” I said, forcing a half-smile.

When they smiled back I felt my posture become less rigid, less tense. I felt my chest expand and the compression in my shoulders ease. Now that the riot helmets were off, I could see that the young man who had ordered me to the ground appeared self-conscious, almost apologetic. I gave him a hard look just to see what would happen and his face flushed. These guys have nervous systems too, I thought, smiling at him.

I asked him to take off the handcuffs and he explained that he couldn't do so until the officer in charge had questioned me.

“Yeah, you gotta be careful about us hospice social workers,” I joked. “We're a rough bunch.”

This time he and the officer with him laughed and promised me it wouldn't be long. During our ensuing conversation the tingling in my hands intensified and my body felt lighter as a sense of physical wellbeing and calm grew. I didn't realize it at the time, but this type of social engagement can be as protective against trauma as the ability to settle one's fight-or-flight activation. I would later learn that — whereas the sympathetic nervous system generates fight-or-flight energy preparing us to face potential threats — the parasympathetic system behaves differently. In addition to governing the freeze response, it also activates when using relationship and social engagement in situations where escape or defense are thwarted, but where there may be some potential for safety through establishing connection.

By the time the officer in charge appeared I thought I was home free. In my mind, perhaps naively, I assumed that after questioning me and verifying my story he would acknowledge I'd simply been in the wrong place at the wrong time, ask how I was doing, and apologize for any distress. After checking my ID against my driver's license and having me pull up the chart of the patient I had visited, he had someone take off the



handcuffs. Then he looked at me with suspicion and told me gruffly, “You better be telling the truth or we’ll find you.”

Ironically, of all the adrenaline-pulsing moments, this was the one in which I felt the most somatic charge. My entire body felt like it was on fire, and my rage in that moment surpassed in intensity anything I’d experienced to that point. I’m not proud to admit this, but for an instant I had a very strong impulse to hit him with a straight punch to the throat. I still have a very concrete image of his Adam’s apple burned into my memory. Fortunately, another part of me knew the best course was to let it go, get in my car and drive away.

As I did so, physical energy agitated and pressurized my entire body. I was livid. I’d been able settle my system while being ordered at gunpoint, handcuffed, and exposed to the threat of bullets flying. Why the insensitivity of a single officer set me off so violently I cannot say, but it did. I’m sure it had something to do with my genuine indignation, but the intensity of my agitation and anger, bristling with barely restrained force, seemed far out of proportion.

I suspected that there was still a cumulative charge in my sympathetic system and, now that my hands were free, some physiological impulse to take action. I thought about how my natural preparedness to run or defend myself had been short-circuited by an assault rifle and a pair of handcuffs. Seen from the framework of somatic experiencing, my natural defensive response had been interrupted and not allowed to complete. Had I, for example, been able to run behind my car when I realized my head was unprotected, all that energy being stoked up by my nervous system could have been used. Now it was just circulating around, filling my bloodstream with stress hormones and looking for a channel.

By the time I arrived home my anger, agitation and physical activation had intensified to the point where I felt like I might explode. Months earlier, I would have attempted to reduce the charge through visualization, deep breathing, cognitive reframing, verbal processing or simple exercise. Though any of these might have been helpful, I knew with my newfound respect for somatically-oriented psychotherapy that the agitation cascading through my body might be best released through movement consistent with the defensive responses I had not been able to express.

Since I’d had an impulse to run behind my car, I decided to run. Within minutes I was even more agitated and tense. I paused to ask myself one of those crazy questions I’d been practicing: What does my body want to do right now? The answer was crystal-clear. It wanted to fight, not flee.

Though it had been many years since I’d practiced martial arts, I pushed the furniture against the walls and began a series of drills — punches, blocks and kicks. When I added some kata exercises (combining strikes and blocks with simulated take-downs) I noticed that whenever I attacked from right to left there was an increase in force. It dawned on me that the officer in charge who had treated me with, in my mind, such thoughtless disrespect had been standing to my left.

One of the things that had troubled me about somatic experiencing was its openness to following violent defensive impulses in the safety of a therapeutic setting. If a trauma survivor, for example, uncovered an impulse to attack or kill a perpetrator, he or she might be encouraged to follow the impulse and physically enact the movements involved while visualizing the effect.

I understood the healing intention, and some of the physiology, behind combining such actions with activated sensations as a way of resetting a dysregulated nervous system and renegotiating the trauma narrative. It all sounded fine in principle, but I'd spent years cultivating nonviolence in thought, word and deed. Being male, I was very cautious about sending any messages which might somehow encourage aggression or violence (messages which men of my generation so frequently received and whose ill-effects I could see all around me).

I decided to put my reservations aside and imagined the commanding officer standing to my left. I launched a furious barrage of kicks and hand strikes targeting the sides of his head down to his knees.

When I was done I felt relaxed, and my breathing was deep and calm. The tension and agitation were gone and I had an abundance of light, even-feeling energy. My chest and core were no longer compressed and I found myself smiling, the anger I'd been carrying gone.

I don't want to paint an overly rosy picture, implying that a simple, albeit powerful, enactment of a previously restrained defensive response washed away all the residual tension or anger. But it really helped. Had I followed my habitual tendency and stayed in my head rather than listening to my body and settling my system, I have no doubt I'd have experienced a more persistent level of agitation, maybe even trauma.

Although I now have more empathy for the officer in command that day and appreciate that he was doing a difficult and important job, I still occasionally grumble about what I perceive as his insulting insensitivity and lack of social and emotional intelligence. But I'm not traumatized. I'm actually grateful for the experience. It showed me in a very concrete way how the kinds of intense experiences my clients often describe are physical — not just emotional, psychological, spiritual or relational — events. It underscored the wisdom of learning to ask about clients' somatic experience and, much to my dismay, their bodies.

The experience gave me a real respect for the meaning of the term "survival response" and the ways energy aroused during times of stress can, if not allowed to settle or discharge, embed into one's nervous and endocrine systems, with a tendency to kick into high gear whenever a perceived threat appears. It helped me understand the way fragmented images or emotion states can become associated with physical sensation linked to this energy and create a sense of threat even where one may not exist.

So now there's no going back when it comes to incorporating the body into my work with clients. Yes, I'll probably still grimace whenever I get one of those flyers advertising another seminar on the "neurobiology of emotion" or the "brain chemistry of relationships." I'll probably always be suspicious of evolutionary psychology and sarcastic whenever I hear someone confidently equate fear with the amygdala, empathy with mirror neurons, or love with oxytocin. But I'm now a believer in the value of taking a somatic approach, having learned in a visceral way how important our physical sensations and nervous systems are.

I'm not going to pretend I'm entirely comfortable yet asking those crazy questions: "When you say you feel (fill in the blank), what do you notice happening in your body?" I'm still self-conscious and a bit anxious about bringing attention to what's going on physically in a client's body, but I'm learning.

Had it not been for that police raid, I'm not sure I'd be taking this somatic psychology

stuff as seriously as I now am. Finally my clients have bodies! And bodies do indeed tell a story. They contain wisdom and carry reserves of energy that can be used in healing. Even mine. ▼

## References

Levine, P. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.

## Commentary

AS THERAPISTS WE KNOW THAT OUR PSYCHOTHERAPEUTIC INTERVENTIONS AFFECT BOTH THE PATIENT'S PSYCHE AND SOMA; THEY ARE INSEPARABLE! The author in "My Clients Have Bodies" recognizes that "trauma" embeds itself in the body. He also realizes that working with the body as part of psychotherapy may be "dangerous and disrespectful." He is aware that he too has a body that needs attention. Most important is the realization that feelings always rest in our bodies, not only because of trauma, but as part of our everyday existence. "Survival energy" is only one aspect that mobilizes us to live and move forward. It is our inborn life-force energy, the breath of every human being, that propels and supports our lives.

The author describes an incident in which he was overcome by police force. This traumatic event stimulated the primitive fight/flight response. In reaction to being treated unjustly, the author was "agitated and angered." His nervous system response to such a severe attack flooded his body with stress hormones. Since he was unable to flee, the author decided to concentrate on his breathing and focus on relaxing his muscles to cope with his fear. Once the situation was over and he was released, his fear diminished and anger and agitation kicked in. To discharge some of the energy that was arrested in his body, he visualized a retaliatory response and exercised his martial arts techniques of punches, blocks and kicks.

Such an experience would bring up severe physiological responses in any of us. To work with such feelings, we need to understand the effects of trauma as well as the patient's childhood history. Psychotherapy can dredge up memories and feelings that have been embedded in our bodies.

Any kind of bodywork with patients, visualization or actual physical contact, needs to occur within a very strict non-acting-out contract and only with the specific permission and agreement of the participants. I remember a group workshop in California many years ago. The leader did not enforce a non-acting-out contract nor did he spell out the boundaries of the experience. One of the participants attacked the leader and laid him on the ground, straddled him with his knees on his biceps. I could see the fear in the leader's eyes as he begged the participant to get off of him for more than 15 minutes. It was very disturbing and dangerous to all the participants because the leader/therapist was totally disarmed, helpless and immobilized.

Central to body-energy psychotherapy is the work with breathing. We all breathe automatically and don't pay attention to how we inhale and exhale. Doing somatic work with breathing touches the most primitive aspect of our physiology. We are born to breathe. Similarly in therapy, to reach deep feelings of both fear and exhilaration only knowledgeable and highly trained work with breathing should be done.

I have worked with patients for over 45 years in bodywork, breathing, and sensitivity work, only to continually learn that physiology is inseparably connected to our feelings and only careful and thoughtful early intervention on a somatic level will alter the patient's feeling state.

—Natan HarPaz, PhD

## Hands

Tom Large

---

My father repaired hands  
Moved an index finger over  
to where the thumb had been,  
giving his patient back  
an almost human grip.  
He carved flesh from thigh  
to cover burns. He loosened  
the constricted tendon.

Did his patients then return  
to butchering or building,  
to their body shops and assembly lines?  
Did they sit at home remembering  
how their thick muscled hands  
once held an unforgiving tool?

At the end in the ICU,  
escaping his dexterous attendants,  
he took my hand just briefly  
and together we let go.

