Somatic resonances

PAUL BETNEY discusses the importance of somatic awareness in therapeutic practice and shows how it influences his own approach to clinical practice

IN THIS ESSAY I will offer some background to my discussion by briefly outlining the difference between implicit and explicit experience and memory. I will relate this to my own experiences with Parkinson's Disease and explain how the insight this has given me has proven useful both in my early experience of therapeutic practice and in my approach to my own personal wellbeing. I will also explain my belief that the body has a role to play in processing and helping to resolve trauma. In the process I do not intend in any way to diminish the value of self-reflection and the importance of the therapeutic process on a symbolic and verbal level. My intention is simply to give appropriate value to the role of somatic awareness in a healthy therapeutic process.

Our somatic radar is a highly developed tool both for understanding the world and, potentially, for being understood by it. Shapiro describes 'the range of bodily experiences that are present in the therapists office (whether they are attended to or not) as "a complex experience which includes the whole range of somatosensory phenomena: our breath, pulse, posture, muscle strength, fatigue, clarity and speed of thought, sense of boundedness, our skin, mucous membranes, bodily tension, facial expression, taste, smell, pulse, vitality" that have the potential to enliven the therapeutic process and its participants. ' (quoted by Cornell, 2003, p42).

Reading through this impressive list it is hard to imagine how any therapist could consider these factors as anything other than a vital source of information. Indeed, Berne stated that, 'the therapist should be aware of the probable physiological state of every one of his patients during every moment of the session.' (quoted by Widdowson, 2010, p111).

During the very earliest stages of life our somatic experience of the world is our entire experience and is implicit in nature. Siegel explains: 'For the first year of life, the infant has available an "implicit" form of memory that includes emotional, behavioural, perceptual, and perhaps bodily (somatosensory) forms of memory.' (quoted by Cornell, 2003, p34). It is during this period, arguably the first 18 months of life, that the foundations of Script are laid. Although TA theory has evolved to include the concept of P0, A0, C0, to account for this period, Cornell (2003, p34) argues that these experiences cannot be accurately described in terms of ego and this argument makes sense to me in the absence of explicit memory, which Siegel explains 'takes two major forms: factual (sematic) and autobiographical (episodic). For both types of explicit memory, recollection is associated with an internal sensation of 'I am recalling something' (quoted by Cornell, 2003, p34). However, Cornell (2003, p34) does agree that although these implicit realms of organisation developmentally precede the capacities of the ego, they do 'underlie/accompany/inform/shape/colour the nature of the Child, Adult and Parent ego states throughout the course of life.'

Cornell et al, (2016, p144) explain that, 'we can deduce that the beginning of the formation of script takes place without words, and especially physically. Berne called this basis of script the protocol: the original experiences that form the basic pattern of the script.'

Protocol has an immediacy which can be very powerful. Cornell et al, (2016, p144) explain that 'This process (protocol) is preverbal and not conscious and usually only becomes visible during intense moments in adult life, in intimate relationships. Suddenly a wordless memory from a very early relationship is re-enacted in the here and now, often with corresponding bodily experiences.'

I believe I have experienced this in my own life. One example took place when I was attending one of my regular appointments to see my consultant about my Parkinson's Disease. I felt calm and was exhibiting no sign of the tremor related to the disease. Feeling confident, I bought myself a cup of coffee in the cafe and carried it through to the waiting area. As I walked down the corridor, I passed an elderly lady and her middle-aged daughter. The mother was complaining about something in a way that immediately and directly reignited a sense of trauma I had frequently felt when my own mother used to behave in a similar way. This brought on immediate feelings of distress and equally immediately my hand began to shake and I spilt the coffee.

I do not wish to redefine Parkinson's as a psychological condition, but I do believe there are emotional triggers which can aggravate the symptoms and I personally believe these triggers are based in protocol and script. Understanding this relationship has given me a very heightened sense of the connection between my somatic

experiences and my emotional state.

Over time uncomfortable experiences such as the one in the hospital have helped me to understand when my script is active and to redecide early script decisions. Cornell (2003, p35) explains, 'Healthy functioning requires both implicit and explicit knowing, subsymbolic/nonverbal and symbolic levels of organisation.' My awareness of this relationship is something which I believe will serve me very well in my future career as a therapist.

My appreciation of just how useful this understanding will be became clear when I recently saw my very first client. From early in the session I could see that my client was relating from a very Adult perspective, but appeared frightened of following their thoughts through to any kind of conclusion for fear of where the process might lead. They needed to talk and to know they were being listened to and supported as they felt their way through the issues. I became very aware of the importance of maintaining a strong and supportive presence without interrupting their train of thought. As the session progressed, I felt a profound sense of connection with my client and at the end they expressed their thanks and said they felt 'like a knot has unravelled in my stomach.' This indicated to me that although I had said very little, by simply being actively present I had facilitated a very real therapeutic experience.

I believe that this experience matched a concept Cornell et al, (2016, p144) describe as 'somatic resonance', 'Feelings that a client cannot handle, and of which the client is often himself not aware, are nonetheless present in the room and can be absorbed by the therapist and returned to the client in a form that is manageable for him.'

In a similar vein Mellor (2017, p7) talks about the power of presence. He describes the significant healing and enlightening energy of spiritual teachers he has met and relates stories of powerful encounters: 'The wonder-filled value of these teachers was the impact of their powerfully realised life energy. It flowed into and through everything and everyone around them. They saturated us with their uniqueness, leaving us enlivened physically, awash in stimulating, tingling vitality, and expanded with awakening. Like profoundly vibrating tuning forks, any contact with them awakened our "lethargic" vibrations.'

The significance of Mellor's descriptions made a great deal more sense to me after my experience with my client. I also had a much stronger sense of the concept of somatic resonance as outlined by Cornell. While I do not claim to be a spiritual teacher, I do believe that my energy in the room created a feeling of intimacy and safety in my client which in turn gave them the confidence to verbally explore some difficult ideas. In TA this is called potency (Steiner, 1968). Widdowson (2010, p307) explains: 'The potency of the therapist lies in the capacity to contain despair, uncertainty, doubt, meaninglessness, hatred, rage, shame and anxiety, both within the therapist and their clients.' When I consider this experience, I cannot think of any other way that I could have established this sense of safety and security other than on a felt, somatic level.

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In terms of my own personal wellbeing, I have found having a strong connection between my emotions and my somatic experiences to be very powerful and this has led me to develop a theory that our somatic level of experience may play a role in processing trauma.

Summarising the work of Pally, Cornell (2003, p35, italics in original text) explains that, 'implicit memory is understood as memory for aspects of experience, historical and current that are not processed consciously, that is patterns of learning and experience that influence functioning, but are not experienced as conscious remembering.' I believe that this ongoing process of unconscious remembering is highly significant.

I would argue that protocol and all subsequent subsymbolic experience is not translated into a narrative with the arrival of verbal reasoning and the capacity to self-reflect, but remains in its original, felt format and is not archaic or fixated, but remains vibrant and alive in our bodies.

Cornell (2003, p 35) asserts that, 'It is important to note that implicit, nonverbal, subsymbolic experiences are not limited to the first year of life. They are constant elements in the psychic organisation of experience in the here-and-now.' In order for our body's capacity to experience our world on this level to serve a purpose, I believe that it is reasonable to theorise that our body also has the capacity to store that knowledge in the form of implicit, unconscious, physical memory in order to be able to draw on past experience and to react in a certain way as it did, for example, when I passed the old lady in the hospital. If we are willing to follow this train of thought, then I think it is reasonable to extrapolate that our bodies must also play a role in processing that experience and the associated feelings, otherwise physically we would simply become a dumping ground for our sensate experiences.

So, how does the body help to process our physically felt emotions? When I feel frustrated, angry, confused, or depressed I often spend time reflecting, writing in my

journal and talking with my therapist and this helps me to understand what is happening on a symbolic, verbal and cognitive level. However, it is equally true that I can find emotional relief and clarity by going for a long run or spending time in the boxing gym. When my mother was dying of cancer there were many difficult and painful emotions involved and a great deal of childhood trauma was revisited. I have no doubt that my personal therapy was incredibly useful, but equally the physical act of running long distances during this very difficult period was not merely a distraction, but, I believe, actually allowed me to physically process my emotions on a somatic level. Although I ran with headphones on, I would tune the music out and become attuned to the rhythmic, physical motion of my body and on my return home I felt a sense of release and progress.

Of course, not everyone is physically capable of vigorous exercise, but exercise is not the only avenue for processing on a somatic level. When I run or go to the boxing gym, it is the sense of physical connection, not the nature of the activity, that is important and I believe activities such as meditation, Mindfulness and Grounding serve the same purpose. I do not have space here to go into the differences between these three forms of practice, but Mellor (2017, p8) expands on Jon Kabat-Zinn's explanation of Mindfulness to underline the significance that attention to the body plays: 'Mindfulness is "The awareness that arises through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment." The subjects of this attention are usually the sensations in the body." While there are clear variations to each technique, this attention to the body is a theme which runs strongly through all three forms of practice and again, I have found all of these techniques incredibly useful in managing stress, anxiety and the symptoms of Parkinson's Disease.

While I do not believe that it is possible to exercise or meditate away emotional trauma, I do believe that the somatic level of emotional functioning has to be addressed with similar attention to the psychological, ego functioning element; whether that be through exercise or the use of techniques such a meditation, Mindfulness and Grounding. I agree with Cornell (2003, p35) that, 'While it is certainly a primary therapeutic task to foster the development of the capacity for symbolic and verbal representation, it is not necessarily true that the subsymbolic experience is in some way regressed and pathological or will be improved by the achievement of symbolic or language knowing.' It is my belief that the two go hand in hand and that one cannot be fully complete without the other.

In conclusion, somatic awareness establishes our very first contact with, and understanding of, the world in which we live and remains a very powerful tool for relating to the world throughout our lives. It lays the foundations for script and continues to develop and inform our emotional responses in a subsymbolic, non-verbal, felt way even after the development of our capacity for verbal, symbolic relating. I have found somatic awareness to be extremely useful, even in my very earliest experience of therapeutic practice. I have also found connecting with my body through exercise and techniques such as meditation, Mindfulness and Grounding has helped me to manage the symptoms and psychological pressures of Parkinson's Disease. This in turn has led me to theorise that the body not only has direct experiences on a somatic level, but stores these experiences and in turn, working alongside the therapeutic process has a role to play in the resolution of emotional trauma.

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