

The Somatic Dimensions of Emotional Healing

by Ralph Strauch

The myth of body/mind separation

We have a contemporary myth that body and mind are separate — distinct and independent entities with little overlap or interaction between them. Each has its own distinct sets of ills, according to this myth, requiring its own set of therapeutic approaches and expertise. For mental or emotional problems, the myth tells you to seek help from a psychotherapist or other “mental health professional,” while for physical problems you should turn to a physician, physical therapist, or bodyworker.

This myth is wrong. The reality is that your body and mind are interdependent and interconnected aspects of yourself, each incapable of existing without the other¹. That interconnection forms a constant background for your ongoing experience, becoming particularly noticeable when, for example, you get a headache after an argument with your spouse (mind affecting body), or when your tolerance for noise or disagreement decreases during a bout of back pain (body affecting mind).

Practitioners on both sides of this artificial divide are often confronted with the effects of the interconnection, though they may choose not to see it. A physical therapy manipulation intended only to mobilize a shoulder joint may suddenly bring forth a flood of tears and memories of childhood trauma, or a new psychotherapeutic insight may instantly “cure” a chronic neck pain that has existed for years (or perhaps create a new one where none had existed before). Too often, though, because of narrow professional training and the “professional boundaries” it produces, such “anomalies” are treated as impediments to the primary objectives of the therapy and ignored, rather than seen as an important manifestation of a deeper healing process.

In my own practice as a *Feldenkrais* Teacher I frequently work with people whose problems transcend the body/mind boundary². I work with movement — helping my clients to discover what they are doing that impedes and constrains their movement, and how they can eliminate those

¹You might argue that the body exists without the mind after death. That’s true, but it’s then a *dead* body, not a *living* one. Your *living* body, the one you experience yourself within, can no more exist independent of your mind than your mind can exist independent of your living body.

²The terms *Feldenkrais* and *Functional Integration* are registered service marks of the Feldenkrais Guild.

impediments and move in easier, more fluid, more comfortable ways. When these impediments have an emotional basis, their removal often involves coming to grips with and healing the underlying emotional issues as well.

Somatics and Body Organization

Mind and body interpenetrate in many ways. At the biochemical level, your emotional state both affects and is affected by your hormonal state. Hormone levels in your bloodstream will affect your emotional responses, while your emotional responses also trigger hormonal releases. There is increasing evidence of links between attitude and immune system functioning, and of the role played by these links in many disease processes. And there are systems of body-oriented psychotherapy that see the body/mind connection in terms of energy flows and blockages, deriving from the original work of Wilhelm Reich. This work is summarized in (Reich, 1960).

My primary concern here, though, will be with a different level of body/mind interaction — that which manifests itself in the organization of your neuromuscular control processes, and in the bi-directional exchange between the nervous system and the musculature those processes involve. I do not intend to exclude levels such as the energetic, the hormonal, or the immunological, but I will not focus on them either.

Life requires movement — movement through space, as when you cross the room to get a drink of water; movement of one part of you relative to another part, as when you move your arm and bend your elbow to take the glass to your lips; internal movement within your body, as when you swallow, moving the water from your mouth down your esophagus into your stomach. These movements go on against the background of other movement — breathing, the continual slight shifting by which you keep your balance, the movement of your eyes and head to survey your environment. Even holding yourself rigidly still is a form of movement, like trying to move in two opposite directions at the same time so they cancel each other out.

This movement, in all its forms, is produced by the organized contraction of muscles throughout your body. These muscle contractions, in turn, are directed, monitored, and controlled by your central nervous system — your brain and your spinal cord.

We sometimes talk as if these things go on one at a time, in isolation. We might say, for example, “You contract your biceps muscle to bend your elbow.” But in fact, nothing happens in isolation. Many different levels and kinds of movement occur simultaneously, in an ongoing symphony of activity throughout your entire body.

I am going to use the term *body organization* (or sometimes, *neuromuscular organization* or *somatic organization*) as general umbrella terms for this symphony and the processes that produce it. My interest will be with the interplay of mind and body within the process of body organization, and particularly, with the role of body organization in emotional experience, and the role of emotional experience in body organization. These things, we shall see, are intimately intertwined.

Another term we will find useful is the term *somatic*. The Greek terms for mind and body are *psyche* (mind) and *soma* (body). Thus *psychic* refers to the mental or emotional aspects of being human³, while *somatic* refers to the physical or bodily aspects. More recently, Thomas Hanna has refined the meaning of the term somewhat, defining *somatics* as the study of the body as perceived from within, from a first-person perspective, as distinct from the external, third-person perspective more common to science and medicine (Hanna, 1988). I will use the term in that way, to refer to things related to the body as experienced by the person living in it, and my overall focus will be on the bodymind system as experienced from the inside, rather than as it appears to an external observer.

I invite you to adopt this focus as well, and to relate what I say to your subjective experience of yourself rather than taking it as some sort of “objective” information about “people” in general. Even if your interest is in applying your knowledge to others — to patients or clients, perhaps — that interest will be better served if you first understand it in terms of your own experience.

To encourage you to relate what I have to say to your own personal experience, I will use the pronoun “you” when describing the general human system we all share, rather than “people,” “they,” or “we.” When I am discussing something not part of your experience — molestation, perhaps, if you never experienced that, or being a child in a hospital trauma ward — try to imagine and empathize with that experience even though it may be foreign to you. It will enrich your understanding considerably.

³Used in this way, the term *psychic* carries no paranormal connotation. Because of the paranormal connotation the term has acquired, however, I will generally use *psychological* rather than *psychic* to refer to these aspects of being human.

The body as a sense organ for feeling

One factor contributing to the myth of body/mind separation is the belief that the *head* and the *body* are separate — that all mental (and emotional) activity takes place in the head (i.e., in the brain), while the rest of the body serves as a vehicle to carry the brain around and take it where it wants to go. Emotional *feelings*, according to this belief, are *mental* events occurring in the head, so have nothing to do with the body, *per se*.

But emotional feelings are not simply mental events that take place in your head. They are highly complex mental and muscular events involving changes in neuromuscular organization throughout your body. You *feel* emotions by subconsciously organizing your body in particular ways, then *feeling* the resulting body organization. Your musculature amplifies your emotions in much the same way that your stereo system amplifies music, and you experience your emotions through this neuromuscular amplification.

Figure 1 illustrates this process schematically. (The shading within the person represent the central nervous system and the peripheral nerves that transmit information between the central nervous

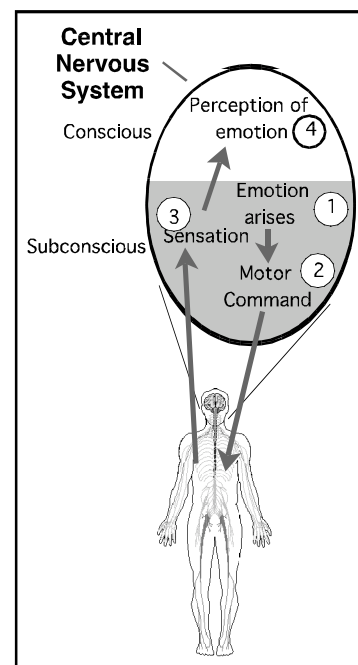


Figure 1: Feeling an Emotion

system and the body.) An emotion initially arises within your central nervous system, at the edge of or below the level of consciousness (1). If you are conscious of it at this stage, it will have little intensity. The emotion is translated into a motor command (2) and sent to your muscles, where it produces a subtle (or sometimes not so subtle) pattern of muscular activity. This resultant activity is sensed (3) and interpreted as the conscious experience of the original emotion (4).

Experience this for yourself. Remember a time when you were afraid (or imagine such a time). Sit with the feeling that comes up, and bring it clearly into focus. Notice what happens in your body. Do you contract and withdraw? Does your breathing become shallower, or perhaps stop all together? These are not simply responses to your fear, but

manifestations of it. Your experience of fear is the experience of these manifestations.

Now change the emotion. *Imagine getting angry*. How does your body change? Does the withdrawal you just felt change to pushing-out? Does your body tense, wanting to strike at someone? *Let go of that anger, and imagine joy at greeting a long-lost friend or lover*. Sense yourself opening and softening.

Not everyone experiences the same emotion in the same way. Some may feel fear primarily in the belly, while others may feel it in the throat. Anger may be a rigid jaw, a lifting of the shoulders, or a tightening in the belly. Wherever you feel an emotion, however, the intensity of your emotional experience will depend on the intensity of your somatic experience. If you strongly experienced the emotions suggested above, then you did so through your body. If your body did not become involved, your emotional experience was muted.

Feeling is the interpretation of sensation from your body, just as *vision* is the interpretation of sensation from your eyes, and *hearing* is the interpretation of sensation from your ears. *Feeling* is an ongoing process through which you perceive the world and your relationship to it, just as *vision* and *hearing* are. Emotions are only part of what you perceive through feeling. You also *feel* internal body states such as hunger, thirst, and temperature; body position and movement; and “gut feelings” about the rightness or wrongness of situations or courses of action. Even your sense of self, your basic sense of personal identity, is experienced more through feeling than any other way.

Vision and hearing are *real-time* processes. That is to say, you perceive a stimulus while it occurs, and stop perceiving it when the stimulus stops. You see these words while they are in your visual field. But if you turn your head to look out a window, the words disappear and are instantaneously replaced by the window and the scene it contains. Look back at the words, and they reappear again. When you are listening to something, you hear it as long as the sound is there. When the sound stops, so does your perception of it.

In a fully functioning human nervous system, the feeling sense should work the same way. You should experience your current feeling-perception completely in the present moment, and it should then fade away as you move on to the next present moment.

Unfortunately, it is difficult to reach adulthood in contemporary society with a fully functioning nervous system. Children are not allowed to completely experience their feelings. Remember the admonitions. “Don’t feel like that!” “Big boys don’t cry.” “Nice girls don’t get angry at their sisters.”

Even in the best of circumstances, you were taught not to allow a free flow of feelings, but to “control” feelings that parents and other authority figures did not like. You learned to treat some feelings as unacceptable and “not OK,” and to restrict your overall capacity to feel.

If you were subject to emotionally traumatic experiences — to molestation, physical abuse, or an alcoholic parent who might be unpredictably caring and loving one day (or minute) and angry and abusive the next — the impact was even greater. You experienced things that may have threatened your very survival, or felt as if they did. You wanted to make these things stop, or at least to diminish their intensity as much as possible. You could not do much about the external events that were happening to you, but you did have some control over your experience of those events. You could shut your eyes to block out the sights, maybe put your hands over your ears to diminish the sounds, and tense every muscle in your body to reduce the intensity of the feelings.

And it worked, at least to a point. It got you through, and you survived! But the feelings you blocked out did not just disappear. They remain as dysfunctional patterns in your nervous system and your musculature, limiting you in unusual and often unsuspected ways.

Feeling as a psychosomatic event

You experience feeling by organizing your body in a particular way, and then “reading out” that body organization as the feeling experience. A *feeling*, then, is a *psychosomatic* event, with both psychological (mental) dimensions, and somatic (body) dimensions. From a psychological perspective, a feeling is an emotional experience (or other type of feeling experience). From a somatic perspective, however, the same feeling is a pattern of excitation in your nervous system and your musculature. A feeling of sexual excitement, for example, is likely to involve a rich pattern of subtle muscular contraction in your genitals and pelvic floor.

In the natural course of things this pattern of

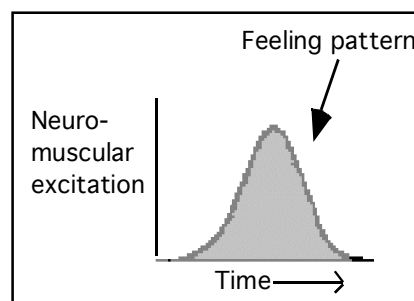


Figure 2: Feeling Pattern

excitation should be a transitory one, a “wave” of neuromuscular activity passing through your body as illustrated in Figure 2. The corresponding emotional experience

should manifest as a temporary “blip” on your field of consciousness. It should, as the Buddhists say, “arise, persist temporarily, and then fade away,” to be replaced by whatever new feeling comes next.

But when you are not willing to allow yourself to experience the feeling, for whatever reason, you cut it off by imposing a block (as illustrated schematically in Figure 3) that prevents the feeling from completing. You interrupt the neuromuscular

pattern of the feeling by superimposing a stronger pattern on top of it, suppressing it or at least diminishing its intensity. This block, like the feeling itself, is also a pattern of

neuromuscular excitation, manifesting as muscular tension. You might block an unwanted sexual feeling, for example, by tightening your genitals and pelvic floor to suppress the wave of excitation produced by the sexual feeling.

This may initially involve intense muscular effort, possibly diminishing with time. The amount of ongoing effort required to maintain the block will be different for different people and situations. Some people may carry constant muscular tension for years, even for life. For others, the physical tension may fade with time, so long as they avoid “triggers” which recall the original trauma.

In either case, the block produces ongoing functional limitation. It may make you uncomfortable in certain situations, or make certain movements or activities difficult. The pelvic tension and lack of awareness produced by a chronic blockage of sexual feeling, for example, distort hip and pelvic movement and reduce your awareness of support from the ground. This, in turn, can interfere with important functional activities like balance, standing, and walking, leading eventually to chronic pain and other limitations.

The feelings that you do block out do not just disappear. The uncompleted pattern remains held in suspension, ready to surface if the opportunity presents itself. Circumstances which trigger associations with the original event (returning to the scene, seeing someone who reminds you of the perpetrator, etc.) can provide such an opportunity, as can a touch or movement that interrupts the blocking pattern. This is why somatic work, such as *Feldenkrais Functional Integration*, bodywork, or even massage, can trigger emotional responses.

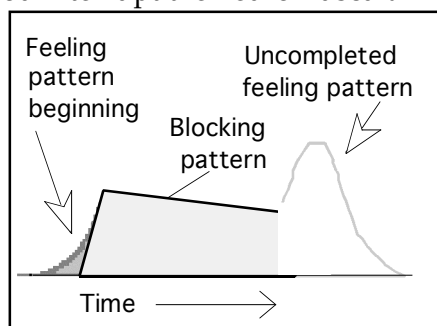


Figure 3: Blocked Feeling

What constitutes Emotional Trauma?

Almost everyone agrees that certain types of experience, such as molestation, rape, severely dysfunctional or abusive family situations, or armed combat in wartime (particularly for civilians) can be emotionally traumatic. Yet even these severe experiences, and certainly many less severe, seem to scar some people badly while leaving others relative unscarred. The degree of emotional trauma that you experience in a particular situation, then, seems related to your reaction to the situation as well as to its objective characteristics.

Emotional trauma results from a shutting down of your ongoing experience, and particularly of the feeling dimension of that experience. That reaction and its consequences are so central to the concept of emotional trauma being developed here that I take them as defining of it. Accordingly, I will define emotionally traumatic experience as follows:

An emotionally traumatic experience is one that produces a shutting down of your ability to process the experience as it occurs, particularly in its feeling or emotional dimension.

The severity of the trauma is related to the degree of shutdown, and the extent to which it carries over into the your ongoing life experience thereafter.

Each emotionally traumatic experience leaves a residue of unprocessed feelings — feelings generated at the time, but blocked from experience and held in limbo. To keep these feelings from consciousness, you restrict your general ability to feel, muting your feeling experience of the world. So you feel less, on an ongoing basis, than you are capable of. In this way, emotional trauma also produces a disruption of the feeling process itself.

This disruption seldom occurs just once. It is ongoing, as past traumatic experiences prepare the way for future ones. The more your feeling process is disrupted the more you block experience, adding to your stock of unprocessed feelings. This, in turn, increases the ongoing disruption. Unprocessed feelings may come near or to the surface in current situations, making it hard to separate past from present. They may surface as generalized discomfort, freefloating anxiety, or even as flashbacks, triggered accidentally by something in the environment, or sometimes triggered on purpose as part of a healing process.

The emotional disorganization created by emotionally traumatic experience is both reflected in and accomplished by the accompanying somatic disorganization. The excessive tension used to block feelings at the time of a trauma may become chronic, leading to inefficient and disorganized movement, chronic aches and pains, and even a tendency to be injury prone. You may organize your life around

avoiding your unprocessed feelings, avoiding movements or skeletal configurations associated with them. Examples of this might include holding your pelvis tight or clenching your jaw to cut off sexual feelings.

Emotional trauma, like feeling itself, is a psychosomatic process with both physical and psychological dimensions. It is part of our culture, something that we have all experienced at some time in our lives. At least those of us who grew up in contemporary America or a similar industrialized culture have experienced it. There are some traditional cultures (those we often call “primitive”) in which the experience happens less frequently, where it might even be possible to grow up without it. See, for example, Liedloff (1977).

It happens along a continuum, so that in some important sense, the difference between being told by your mother “you should not feel like that” and being severely sexually molested as a young child is a difference in degree, rather than in kind. This is not to diminish the importance of that difference in degree. The trauma experienced by the molestation survivor will be much greater than that experienced by the rebuked child, and will likely have more severe and long-lasting consequences. The particular type of trauma experienced will also affect the survivor’s later life. A survivor of sexual abuse, for example, will have different fears and disabilities than someone who grew up in the middle of a combat zone and saw friends and neighbors killed by bombing. And both of these will be differently burdened than a child of alcoholic parents, or someone who spent months in a burn ward as a young child, periodically having her scabs scraped off by doctors who told her “it’s for your own good” or even worse, “I am not going to hurt you.”

These differences are important, certainly. But it is also important to understand that a common thread connects all forms of emotional trauma, across levels of severity and across different types of psychological content. That thread is the shutting down of feeling through neuromuscular disorganization, and it is through reclaiming that lost ability to feel that healing is possible.

Healing the consequences of past emotional trauma

Emotionally traumatic experience can have a significant negative affect on your life, even years after the experience occurred. Being molested as a child can make it difficult to trust people later on, particularly in intimate relationships. Sexual relationships can be particularly painful, when a well-meaning and innocent act by a lover can inadvertently trigger a horrifying flashback. Having

Gestapo officers wearing holstered pistols and black leather boots come looking for your father when you are ten years old, as happened to one of my clients, can produce fear and distrust of uniformed police officers that can last a lifetime. Living through violent combat in which friends were killed can leave fears and anxieties that make normal functioning difficult, years after the original events.

But healing is possible. The disruptive consequences of past emotional trauma can be significantly reduced, if not totally eliminated. Whatever events produced that trauma in the past are over now — what remains are the residual effects of those events on your current ongoing experience. *Healing* involves mitigating those residual effects, and reclaiming capabilities and possibilities that you gave up as part of your response to the trauma.

Healing as a psychosomatic process

Just as emotional trauma has both psychological and somatic dimensions, so must the healing of that emotional trauma. On the psychological side, healing requires a willingness to process previously unprocessed feelings and to reclaim the feeling process itself. On the somatic side, healing involves letting go of the neuromuscular blocks to “off-limits” feeling states and regaining access to habitually neglected states of body organization.

The implications of the dual (psychosomatic) nature of emotional trauma for the healing process depends on the depth and severity of the trauma. If the emotional loading associated with your “off-limits” areas is relatively mild, then a somatic process like *Functional Integration* may be used to reclaim lost functional capabilities without specific attention to their emotional loading. This leads to lower levels of muscular tension, more fluid and efficient movement, and the reduction or elimination of previously chronic discomfort and pain. An increased sense of psychological security and emotional well-being will often follow.

If you have undergone significant trauma such as physical or sexual abuse, however, the emotional loading can be so strong that it overrides any attempt at reclamation through functional means alone. This is particularly true when the somatic dysfunction results from tension blocks against unacceptable feelings. Improving somatic function by reducing those tensions will allow the feelings to push toward the surface, creating an increasing emotional discomfort. In response, the blocks may reassert themselves, perhaps even more strongly than before.

The same is true from the psychological side. If your emotional issues have only minor somatic implications, then you may well be able to resolve them satisfactorily on a “purely psychological” basis. If there is significant somatic involvement,

however, that may not be the case. If you are a survivor of early childhood molestation, for example, then part of your response to that molestation may have been to tighten and cut off feelings to your genitals and to your entire pelvic area. As an adult, those patterns will be incorporated the habitual ways that you stand, walk, make love, talk on the phone, and live your life in general. No matter how much you remember and process your memories of the molestation, if these tension patterns do not change then the functional limitations they impose on you will remain. Your healing of the molestation will be incomplete.

More than once, I have had a client who came to me with some “purely physical” complaint express surprise when she associated it with a psychological issue she thought she had resolved years ago. “But I spent 10 years dealing with that in analysis and thought it was all taken care of,” she might say. She understood her the problem and thought that she had resolved it intellectually, but she was still carrying it in her body.

This is not to imply that you need to work with a with a somatic practitioner to achieve the necessary somatic change. There are many psychotherapists who verbally induce and support significant somatic change, often without ever touching their clients. Neither do you necessarily have to work with a psychotherapist, if you have a somatic practitioner with whom you are comfortable processing emotional material as it comes up. I have had clients who found it useful to be seeing a psychotherapist at the same time they were working with me, and others who found it more useful simply to process their feelings as part of our somatic work. The important thing is that your healing process address both dimensions, however you find it appropriate to do that.

Psychosomatic reintegration

I have characterized emotional trauma as a disruption of the feeling process, and healing as the repair and restoration of that process. My own approach to healing focuses strongly on feeling as a psychosomatic process, and on reintegration of the psychosomatic fragmentation that emotional trauma produces. For that reason, and because it is easier to talk about the approach if I give it a name, I am going to call it *psychosomatic reintegration*. I do not want to imply, by naming it, that it is a well-defined set of theory and technique with clearly defined boundaries. It is not. Both the theory and the technique are in a state of evolution and flux. This chapter and the larger book that will follow, in fact, are parts of that evolution. As a colleague at the Rand Corporation (where I once worked as a mathematician and public policy analyst) used to

say “the thing I like about writing up my work is that it gives me a chance to find out what I think.”

Psychosomatic reintegration has its roots in my work as a *Feldenkrais* Teacher and in my practice of *Functional Integration*, a somatic educational process developed by Dr. Moshe Feldenkrais, an Israeli physicist, and described in (Feldenkrais, 1981). Before I started writing about it, I simply thought of it as how I did *Functional Integration* with survivors of emotional trauma. It seems worthwhile now to make a distinction, however, because psychosomatic reintegration has elements that go beyond the normal practice of *Functional Integration*. *Functional Integration* deals primarily with sensory-motor functioning — i.e., with how you organize your posture, movement, and self-awareness — but does not specifically address the feeling process, *per se*. Psychosomatic reintegration extends the practice of *Functional Integration* to take the feeling process more fully into account.

Healing involves restructuring your experience

One of the most important principles underlying psychosomatic reintegration is that *you organize and structure your own experience*. I have written extensively about this idea in *The Reality Illusion* (Strauch, 1989), though my focus there was not on the emotional aspects of experience that are our principle concern here.

There is always more going on than you actually take in, more information impinging on you than you can possibly process. So you filter and select from that information, rejecting and ignoring most, taking in small pieces from which you assemble your ongoing experience. Whatever particular experience you create, then, is only one of many possibilities inherent in that larger flow. This process is largely unconscious, so it seems as if you have much less to do with it than you actually do. In fact, you play a major role in what you experience and how, and it is possible to take much greater volitional control over that process than you normally exercise.

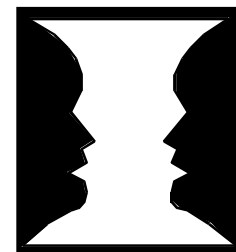


Figure 4: Faces/vase

The familiar illusion of the faces and the vase shown in Figure 4 provides a simple example of the possibility of creating more than one experience from a single set of data. If you focus on the center figure you see a vase, while if you focus on shapes that bound that figure you see two faces looking at each other. The same information, organized differently, creates different experiences.

An experiment conducted by psychologists J.

Bruner and L. Postman (1949) provides another example. They flashed a series of playing cards, initially too quickly to be seen, then gradually increasing the presentation interval until the experimental subject could reliably identify the cards. Mixed into the sequence were some anomalous cards, like a red six of spades, whose color did not match its suit. The objective of the experiment was to see how subjects would respond to those cards. What they found was fascinating. At presentation intervals long enough to allow subjects to identify most cards, but too short to allow them to really look at them, subjects would unambiguously identify the anomalous cards as one of the cards they were “close to.” A red six of spades, for example, might be seen as a six of spades or as a six of hearts, depending on whether that subject cued primarily on shape or on color. Subjects did not see what was actually shown to them, but fitted part of the information into a habitual and familiar pattern.

At slightly longer presentation intervals subjects would make the same identification, but would feel uncomfortable without knowing why. They might say something like “It’s a six of hearts, and I think I forgot to lock my house when I left this morning.” Eventually, when the presentation interval got long enough, most subjects would see the card as a red spade. Some subjects, though, once they had made an incorrect identification, would stick with it until the anomaly was pointed out.

These examples involve vision, but the principle is more general. You take in only part of the information available to you, and there is often more than one way of experiencing that information. You will tend to organize your current experience in ways that are consistent with your expectations and past experience.

Feeling, as I noted earlier, is a perceptual dimension of experience just as vision is. Your feelings provide perceptual information about the world around you and the events happening to you, just as your visual images do. The feeling process is more complex than vision, and has more layers to it, but the same principles apply. You filter and select from the feeling information available to you, incorporating some of it into your ongoing experience. Emotional trauma disrupts the way you do that, affecting the way you structure your ongoing experience.

Three activities comprising psychosomatic reintegration

Psychosomatic reintegration aims at helping you to repair that disruption, and to find more comfortable and satisfying ways of structuring your experience. It is important to notice where the

responsibility lies in that formulation — it lies with *you*. Someone else can help you heal yourself, but no one can do it for you the way a dentist can fix your tooth. Accepting greater responsibility for your own experience is self-empowering, and will facilitate your healing process.

Psychosomatic reintegration includes three basic types of activities:

- providing new experiences to facilitate healing,
- supporting the processing of unprocessed feelings, and
- reinterpreting both the new experiences and the newly processed feelings in ways that support healing.

New experiences to facilitate healing might include, for example, feeling the ground support you in a new and more powerful way, feeling your breath in your belly and the sense of personal power that comes with that, or even taking up space in the world without constantly pulling yourself in and making yourself small so you will not be noticed. If these experiences are normal for you they may seem unimportant, but if you have not had them before, as is true for many survivors of emotional trauma, discovering them can be healing and empowering.

Emotional trauma leaves a residue of unprocessed feelings, held in your body by patterns of muscular tension. As those tensions are reduced, the feelings themselves can flood into consciousness. This can be scary, because you feel as if you are right back in the original event, as threatened and helpless as you were then. It is tempting, in these circumstances, to do the same thing you did then — tighten up and cut off the feelings to stop them from happening. But if you do, you are right back where you started.

I try to create an environment that is safe and supportive enough, and to help you bring up those feelings and memories at a rate that is slow and controlled enough, so you can process that experience as it occurs. Once you do, you no longer need to expend large amounts of energy blocking the feelings, and they lose their emotional hold over you.

The core of healing is in the experience — in processing and completing previously blocked feelings, in feeling that the ground will support you, in having a sense of yourself as a physical being who breathes and moves and takes up space in the world, in whatever experiences you need in order to heal. But just having those experiences may not be enough. Some may be so far from what you know that they are hard to even make sense of, let alone to integrate into your ongoing life. Interpreting your

experiences so that they do make sense and integrating them into life, then, can be as important to your healing as the experiences themselves.

I support that part of the healing process as well, helping you to interpret and integrate your new experience. We talk in depth about the nature of unprocessed feelings and cathartic experience, so that you have a richer conceptual framework within which to place your experience. I help you find ways of using your new capabilities in everyday life, such as using awareness of your breathing and your sense of support to deal with stressful situations. I also point out important aspects of what happens in our sessions so that they register clearly in your consciousness — that you just discovered that you are not totally helpless, for example, or that sensing yourself as a three dimensional being can significantly reduce your anxiety level.

***Functional Integration* as a tool for healing**

Functional Integration provides one of the major tools used in psychosomatic reintegration. In a typical lesson you lie fully clothed on my table (which is similar to a massage table but lower and wider) while I touch and move your body in gentle, non-invasive ways. I explore your neuromuscular organization — your subconscious responses to touch and movement — having a tactile, nonverbal conversation with your central nervous system about how you organize your body and your movement.

The process is akin to biofeedback, though more subtle and complex. In conventional biofeedback you are “hooked up” to a sensor that will measure something you are not normally aware of, such as the level of tension in a group of muscle fibers or the temperature of your fingertip. The biofeedback machine transforms this measurement into information you can see or hear — lighting a light or sounding a tone when the muscle fibers relax, or when your skin temperature rises — allowing you to learn to control these normally unconscious processes. You can learn to relax habitually tight muscles in this way, or to increase peripheral blood circulation by warming your fingertip.

In *Functional Integration*, I play the role of the biofeedback machine, sensing and providing feedback (through my touch) about internal processes more complex than those addressed by conventional biofeedback. Instead of isolated data like tension in a small group of muscle fibers or the temperature of a fingertip, I provide you with feedback about larger and more complex patterns of neuromuscular organization and response.

Through my touch I also suggest alternatives — new organizations more comfortable, or more functional, than the old. You learn to move more

easily and fluidly, with less tension and stress than you habitually carry. You might learn to reduce the tension in your chest and breathe more easily, for example, or to feel the path of support through your skeleton more clearly. You might learn how to reduce the chronic tension that produces pain and stiffness in your lower back, or how to turn your head without triggering pain in your neck. You may also discover that you can let down defenses that normally keep you cut off from important parts of yourself, and safely experience those parts. If some of those parts have been cut off because of their associations with past emotional trauma, revisiting them may trigger memories or previously unprocessed feelings. This can give you a chance to process and complete those feelings, finally neutralizing their hold on you.

Some important themes

There are several important themes that seem to recur in somatic work with survivors of emotional trauma, which I will discuss them briefly here.

The need for safety

Your sense of personal safety is often a casualty of severe emotional trauma. You may live in constant anxiety, worse some times than others, but never really feeling safe and secure. Rediscovering a sense of safety within yourself, and learning how to access that sense on an ongoing basis, are important to your healing process.

Simply coming to see someone new, lying down on a table and allowing an unfamiliar man to touch you in gentle and caring ways, can be anxiety producing, particularly if you were sexually molested in the past. One of my first tasks, then, is to make myself non-threatening, and to reduce the anxiety that coming to see me creates. I do this in a number of ways, by maintaining a calm voice and presence, by sitting down at the same time as you do when we talk at the beginning of the session so that I will not tower over you, by giving you whatever reassurances seem appropriate, etc.

My touch is gentle, calming, and as non-invasive as I can make it. It is not sexual but it is intimate, a channel for deep communication between us about who you are and who you can become. If the only intimate touch you have previously known had sexual demands associated with it, my touch may initially feel sexually threatening. If this seems to be the case, I will reassure you that I will never do anything sexual, or use you in any way for my sexual gratification. I encourage you to openly express your fears so that we can talk about them, and to ask whatever questions you need to in order to feel safer.

These questions can become very explicit. One

survivor of severe early molestation went through a time during our work when she needed to be constantly reassured that I was not going to put anything in her anus, vagina, or mouth. I encouraged her to express those fears, and then to notice that I did not do anything bad, until she really felt that she was safe with me. Male survivors sometimes need reassurance that I am not going to touch their penises, and occasionally, that I am not going to ridicule them for having small, inadequate penises.

I have met a few (female) psychotherapists who believe that a man has no business working with female survivors. Survivors should work only with women, they argue, because men were the original sources of trauma and working with a man can only be retraumatizing. There are certainly some survivors for whom that is true, at least in the early phases of their healing. In the long run, though, I find it hard to see how viewing men as the enemy can really lead to healing. Working with a man gives you an opportunity to face that fear and go beyond it. I have been told by many survivors how important it was for them to discover that a man could touch them in a gentle and caring way without making any sexual demands.

Learning to feel safe is not a one-time event, but a continuing process. As you feel safe where you are, you can take the risk of dropping a layer of armor and seeing what it is like without it. But dropping that armor may leave you feeling vulnerable and scared at first, so you need to learn to feel safe all over again, at that level. When you do, you can drop another layer of armor, and the process continues.

Safety comes from feeling grounded

Feeling safe, psychologically, is intimately intertwined with feeling securely supported by the ground beneath you. Somatically, anxiety manifests as patterns of tension that pull you up and away from the supporting surface (the floor you stand on, the chair you sit on, the bed you lie on). With gentle, supportive touch and subtle, non-invasive movement, I help you reduce that tension and enhance your awareness of support from my table. As you feel more supported, you experience less anxiety and a greater sense of safety.

Feeling supported on my table is not enough, though, since you will not spend very much of your life there. We also carry the feeling of being grounded into other activities — sitting, standing, attending business meetings at work. Some of this work will be done on the table. I will work with your legs and pelvis, for example, to clarify your sense of the path of support through your skeleton. Then when you stand and walk you will feel the security of the ground beneath you more clearly.

Some will be done with “homework” to be practiced in your daily life. I may ask you to consciously breathe into your belly and feel the support of your chair before you answer the phone, or to notice the shifting of weight from one foot to the other when you walk. Done once or twice, none of these things makes much difference, but practiced repeatedly they can change your life.

Knowing you survived

Emotional trauma leaves a residue of unprocessed feelings locked in your neuromuscular system, taking up “space” and requiring energy and effort to keep them submerged. As you unlock those blocks, the feelings will come to consciousness and give you a chance to complete the experiential processing that was interrupted by the trauma.

At the time they initially occurred, you blocked those feelings from consciousness because they were too painful or scary (or humiliating or “wrong” in some other way) to experience. When they come back in again, they will still feel painful or scary or ... We can soften that pain and fear somewhat by strengthening your sense of safety and support, and by dismantling your defenses at a slow and controlled rate rather than all at once. But the feelings may still seem scary and hard to experience *now* just as they were *then*. You have one big edge *now* that you did not have at the time of the original trauma, though — the knowledge that *YOU SURVIVED!*

When the trauma was occurring you did not know that you would survive! There may have been an actual threat to your survival — if you were raped, for example, or your car was rolling over and over and over, or you were living in a war zone. If your survival was not actually at risk, you may have thought it was. You may have had no way of knowing that your father was not actually going to beat you to death, or leave you in the closet until you starved. Even if there was no real survival threat at all, just being humiliated or made to feel worthless can still feel like something you are not going to make it through. The phrase “dying of embarrassment” describes a very real feeling, even though it rarely happens.

So when you reexperience those feelings now, they may seem just as scary as they did then, because they are still the same feelings. But you know now what you did not know then — that you survived and made it through, that you are here in a physically safe and supportive environment, choosing to reexperience the feelings in order to neutralize the hold they have had over you. That knowledge can help you get through the experience this time.

Feeling and action are different

Feelings and actions are different! Feelings are internal events that take place within your bodymind, while actions are things that you do (or someone else does) in the external world. Feelings may suggest particular actions (sometimes quite strongly), but it is always possible, in principle at least, to have the feeling without taking the associated action.

You may have grown up not knowing this. You may have learned, instead, that scary actions — your own or somebody else's — came with scary feelings. Your molester may have told you that "I can't help myself because you make me feel so good." You may have known anger only from a violent parent who beat you without reason. You may still fear anger, in yourself or in others, because you believe that anger can be expressed only through violence. You may still fear sexual feelings because they might bring unwanted (and perhaps out of control) sexual acts by you or whoever else is present.

Even if you came from a well-adjusted, functional home, the distinction between feeling and action may still have been blurred by well-meaning parents who did not understand it themselves. Parents need to teach their children to control actions that might be dangerous or socially unacceptable — not to climb up on the kitchen counter to explore the cabinets, for example, or to rub your genitals in public. These actions can be triggered by identifiable feelings (e.g., curiosity leading to climbing on counters, or sexual feelings leading to rubbing the genitals), so your parents might have found it easier to teach you to repress the feelings (e.g., by labeling them "bad") than to teach you to control the action in spite of the feeling, especially if they did not understand the distinction very well themselves.

But *feelings and actions are different*, and no feeling *necessarily* leads to any particular action. Understanding this, and learning to separate feeling from action, will allow you to feel what you need to feel, without fear that those feelings will trigger unacceptable actions (by yourself or by others).

The inner child

The "inner child" seems to be a trendy concept right now, but it does describe a real, and very common, phenomenon. One way of handling trauma as a child is to break off a fragment of yourself and assign it the job of dealing with the trauma. You encase the fragment in a protective sheath of muscular tension, walling yourself off from the traumatic experience she took on. Years later, when that sheath of tension is relaxed, that fragment and her experience can come into your consciousness as an inner child.

Mary⁴ habitually held her chest and ribcage stiffly, restricting her breathing and creating recurrent upper back pain. She lay now on her side on my table, as I sat behind her gently probing her spine and ribs, encouraging her ribcage to soften and her breathing to deepen. I moved around the table to the front of her body, pressing gently on her sternum, encouraging her to exhale more deeply and relax into a fetal position. This would help reduce her rigidity, I knew, and diminish the stiffness in her spine. Her chest softened, her face relaxed, and her breathing became more regular. She began to whimper softly, and her face took on the look of a young child.

"How old are you?" I softly asked.

"Five," she replied, in a much younger voice.

"That's fine," I said, "just notice what it's like to be five." I rested my hand on her ribs, gently monitoring her breathing, encouraging her to be with her experience. She lay quietly, whimpering softly and occasionally twitching slightly. After a few minutes I asked "What's it like to be five?"

"It's scary," she answered, "I don't like it when Mommy hits me."

I asked the child if it was all right for me to be touching her, and assured her that if it felt scary she could tell me to stop. She said she liked my touch; it made her feel safe and cared for. She usually felt like she was all alone, and it was nice to have someone to talk to. I encouraged the child to feel the presence of the adult Mary and encouraged Mary to feel the presence of the child.

Many people have "inner children" like this. Some people have many, embodying experience encapsulated at different ages. The adult has sometimes been in touch with the child before, but often never realized the child was there until she surfaces during our session.

And yet, the child has often been a very real presence all along, experienced by the adult as fear and free floating anxiety. It is as if the child had been locked in a dark and lonely closet, able only to dimly sense what is going on outside. When something frightens her, she can only communicate her fright by yelling and screaming and pounding on the door. The adult experiences this as unfocused fear, suddenly and inexplicably flooding her system. The rest of the time the child is quiet, lying there unnoticed, or perhaps felt as an ongoing mild anxiety.

Once the child comes out, I encourage the adult to maintain regular contact and to develop better ways of communicating with her. Bring her to the

⁴In case examples the names and some of the details may be changed to protect the privacy of the individuals involved.

surface in the midst of pleasant experiences like walking on the beach or watching the clouds on a beautiful day, I suggest. Think of her as someone who was locked up in a closet for years. She now needs to learn that the world is bigger than that closet, and can be a source of good as well as bad experience. As she does she will be frightened less often, and as she and the adult learn better ways of communicating she will no longer need to flood the adult's system with fear in order to get attention.

Learning to communicate with your inner child, and to provide the support and love she has been missing all these years, can be a major source of healing. As the communication between adult and child improves, the muscular barriers between you are no longer needed and you can reclaim the parts of yourself those barriers walled off. Dismantling those barriers further aids your access to and communication with your inner child (or children). In this aspect of healing, as in others, the psychological and the somatic heal together.

Empowerment

Emotional trauma is often accompanied by a significant loss of personal power. When you cannot protect yourself from molestation, rape, or other abuse, you feel helpless, victimized, and disempowered. If this happens repeatedly, you can develop a permanent sense of yourself as a powerless victim. Reclaiming your competence and personal power plays an important role in your healing, so your healing process needs to support your empowerment.

I stress from our first session that you are in charge of what goes on, and that you can (and should) stop me if anything feels painful, threatening, or invasive. That does not mean that we will avoid threatening areas, but that we will enter them only when you are ready, and at a pace and with an intensity you can handle.

Increasing somatic awareness plays an important role in your empowerment. Feeling the ground under you brings a greater sense of capability and physical security. Sensing the volume of space that you occupy, and acknowledging your right to occupy that space without always pulling yourself in and making room for others, can be tremendously empowering. Realizing that you now occupy an adult body big enough to protect yourself against the people who abused you as a child can be a wonderfully empowering insight to an inner child who still thinks of himself as too small to protect himself effectively.

Sense of self

You are a unique individual, worthwhile for who you are, capable of meeting and coping with

life's problems and opportunities as an independent, autonomous being. Many survivors do not experience themselves that way, but only sense themselves reflected in their relationships with others. Depending on these relationships for their sense of self-worth, they constant seek approval from others. They lack an autonomous *sense of self*.

Many things contribute to your sense of self, but among the most basic is your somatic awareness of yourself as a physical being who lives and breathes and takes up space in the world. This somatic sense is centered, in some important way, in your lower belly — area below your navel that the Japanese call the *hara* and the Chinese call the *T'an Tien*. People who have a solid ongoing proprioceptive awareness of that part of their body generally experience themselves as stable and well-grounded, while people who do not have this awareness often experience chronic anxiety and a poor sense of self psychologically.

Emotional trauma diminishes that somatic sense of self in at least three different ways. First, it diminishes your overall ability to feel, and specifically diminishes your proprioceptive body awareness. Second, because your belly is close to your genitals, the repression of sexual feelings that accompanies molestation or simply comes from growing up in a sexually repressive family will interfere with awareness of your lower belly as well.

Finally, if you grew up in an abusive and dysfunctional environment your abusers may have routinely attacked your psychological sense of self directly, as a means of exerting power over you. These attacks may have included belittling you, telling you how stupid or worthless or ugly you were, and otherwise not treating you as a worthwhile human being. You may have responded by tightening your belly and your pelvis to protect your self, but the walls you put up to keep the others out shut yourself out as well, diminishing your ability to feel that part of yourself.

Psychosomatic reintegration supports you in reclaiming your sense of self, by helping you to relax the muscular blocks to awareness in your belly and pelvis, and to bring that area back to awareness.

Self acceptance

The bottom line is *self-acceptance*. Whatever caused you to cut off your feelings in the first place, part of what keeps them cut off is the idea that you are not OK as you are. If those feelings surfaced and anyone saw them, you think, they would certainly find you unacceptable and reject you. So you keep the feelings down and out of the way, hidden from yourself as well as from everybody else. Then you can pretend you do not really have them, and are not really "like that."

Somatically, this lack of self-acceptance manifests as a constriction of proprioceptive self-awareness, as you block information from parts of yourself you cannot accept. But as your proprioceptive self-awareness grows, those parts come closer to consciousness, and the need to acknowledge and accept them increases. I facilitate your self-acceptance by being very non-judgmental and accepting of you. When you find that I can accept parts of you that you thought were totally unacceptable, you have a new benchmark against which to evaluate yourself. If someone else can accept you, perhaps you are not as bad as you thought, and self-acceptance becomes easier.

Debbie's father died when she was six, of a heart attack while he was in the act of molesting her. Her (somewhat unstable) mother blamed her for her father's death, calling her a "slut" who stole her father's affections. Her mother punished her brutally for this, both at the time and during years of subsequent physical and emotional abuse. Convinced that she was an utterly "bad" person who had killed her father, Debbie kept her past hidden from everyone she knew, including her therapist.

When she came to me in her late 30s, ostensibly to work with movement, Debbie held herself quite stiffly. As she began to soften and become more aware of herself, memories of the molestation and subsequent abuse began to surface. Initially, she fought to keep them down, believing that I was sure to reject her if I found out. I supported the feelings that came up in our sessions, and encouraged her to tell me as much about them as she felt comfortable with. Bit by bit the story came out (over a period of years, actually), and my continued acceptance in spite of her revelations allowed her to recalibrate her image of herself. Debbie is one of the most severely traumatized people I have worked with, and this process is still ongoing, but she is making progress.

The hardest things to accept about yourself, sometimes, are the things you wish most desperately to change — the fact that you drink a little too much, or feel scared whenever someone shows an interest in you, or cannot seem to take control of your life. So you deny you are like that, hoping that somehow the denial will change the reality. You are afraid that accepting how you really are means continuing to be that way forever.

But acceptance is not approval, and acknowledging the way something is does not mean giving in to it. Paradoxically, acceptance is often the first step to change. If you deny *what is*, then you cannot take the steps necessary to change it. Accepting *what is*, on the other hand, is the first step toward making things different.

My description of psychosomatic reintegration has been general and incomplete, as it must be. It is difficult to write in a linear, intellectual way about what is essentially a nonlinear, experiential process. These themes, and others like them, unfold in unique and personal ways for each individual. Some of the experiences described, like rediscovering a sense of the ground or realizing that it is all right to take up space in the world, may sound trivial when recounted verbally. But they can be lifechanging when they are experienced at the right time and in the right context. Emotional trauma is an experiential process, with somatic as well as psychological dimensions, and healing must ultimately involve all those dimensions as well.

References

- Brunner, J. S. and L. Postman. (1949) "On the Perception of Incongruity: A paradigm," *Journal of Personality*, 18, pp. 206-228.
- Feldenkrais, Moshe. (1981). *The Elusive Obvious*. Cupertino CA: Meta Publications.
- Hanna, Thomas. (1988). *The Body of Life*. Reading MA: Addison-Wesley.
- Liedloff, Jean. (1977). *The Continuum Concept: A rediscovery of man's natural capacity for happiness — from the critical first months of life*. New York: Knopf.
- Reich, Wilhelm. (1960). *Selected Writings: An introduction to Orgonomy*. New York: Farrar, Straus and Giroux.
- Strauch, Ralph. (2000). *The Reality Illusion: How you make the world you experience*. Pacific Palisades, CA; Somatic Options.

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