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Natasha Jeswani
“If You Lived in Your Body, You’d
Be Home by Now,” Clinicians’
Perspectives on Somatic Practices in
Psychotherapy

ABSTRACT

While the 21st century has seen increased popularity in somatic practices, there is little cohesive understanding of how these practices are effective and what common value their various branches bring to psychotherapy. This qualitative narrative research study compiles clinicians’ perspectives on their use and understanding of somatic practices in psychotherapy, along with challenges they have experienced in using such methods. The study qualifies such practices as meditation-based, trauma related, or movement-based and ultimately necessitates the inclusion of somatic practices in psychotherapy.

**“IF YOU LIVED IN YOUR BODY, YOU’D BE HOME BY NOW,” CLINICIANS’
PERSPECTIVES ON SOMATIC PRACTICES IN PSYCHOTHERAPY**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work

Natasha Jeswani

Smith College School for Social Work 2017

ACKNOWLEDGEMENTS

This thesis is dedicated to all who struggle with and/or are committed to further understanding and living more presently in the human shell, in hopes of fulfilling authenticity through connectedness. I am blessed to have been led to exploring the experience and intricacies of the body through this thesis and prior.

Thank you Gael as research adviser for your encouragement, support, knowledge, and enthusiasm throughout this process as well as your love of grammar. Your trust in me is palpable and therapeutic. Thank you for working with my process and providing attentive feedback.

Thank you to my generous and insightful participants. Your words reinvigorate my interest in this work. The kindness of your time and knowledge of your practice have made this thesis. I'd like to acknowledge that the quote used in the title of this thesis came from an unidentified source in the interview with Participant 9.

Thank you Sarah Insel for long ago encouraging me to investigate and mind my somatic experience and for being a soft and sturdy home in which real things can land.

Thank you Kai for holding complexity so beautifully and sitting with me through so much uncertainty and so much of everything. You are inspiration.

Thank you to my parents for leading the way and taking exceptional care of us. To my father, I know you would be so proud and excited for what lies ahead. Thank you for allowing us any opportunity.

May current and future generations be guided by body wisdom, in touch and aware of the personal and greater good, connected to aspects of individual and collective beyond and within this human shell.

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CHAPTER 1

Introduction

Psychotherapy has primarily been understood as involving talk to establish a relationship, work through client issues, and process. There may be an emphasis on connecting previous life occurrences to current circumstances or examining how people relate and make meaning. During a mental status examination, clinicians are asked to assess clients' physical presentation--does the client appear clean and cared for? disheveled? tired? etc. These judgments allude to the fact that client physical presentation communicates valuable information. For as long as psychotherapy has existed, there has been some nod, however subtle or conspicuous, to the physical space and the presence of two bodies together in a room communicating with one another.

While deeper awareness and acknowledgement of the body may or may not be present, growing research and practice behooves the inclusion of the body in psychotherapy. In bringing the body on board, we work both within and without the bounds of talk psychotherapy and we validate and examine how life experiences manifest in physical presence. Somatic work is by no means antagonist to other ways of working therapeutically. In fact, "there is nothing in verbal psychotherapy which is inappropriate or irrelevant to body-focused work" (Totten, 2003, p.11). In essence, somatic practices honor the ways that the mind and the body are not only interconnected, but also inseparable.

Since the later 20th century, research and practice have increasingly reflected that the body holds memories and life experiences, including trauma. Emotions and actions come to be via the physiological and neurological home of the body. It is no surprise that oftentimes people who have experienced trauma present with mental health issues as well as physical health complaints.

For those who have experienced trauma, “increased arousal in the presence of low cortisol levels, such as occurs in people with PTSD, provokes indiscriminate fight or flight reactions” (van der Kolk, 2002, p. 384). Dysregulation ensues. State-dependent memory leads to further recall of events that occurred in a state of high arousal, leading to nightmares, flashbacks, and difficulty functioning (van der Kolk, 2002). Van der Kolk (2014) relays that in order to recover, trauma victims must become familiar with and befriend the sensations in their bodies. The bodies’ communicative nervous system is blatantly and centrally affected by trauma, and in a larger sense, by all lived experience. In psychotherapy, involving the body can no longer be seen as a luxury, but a requisite. It becomes critical to examine the ways that somatic orientation and practices can be thoroughly understood and effectively engaged for deep and lasting healing.

There is perhaps some obscurity in understanding the extensive breadth and impact of somatic practices in psychotherapy. As research continues to grow on the efficacy and variety of somatic practices, there is great opportunity for psychotherapists to further deepen their knowledge and working. This narrative data collection study offers clinicians’ perspectives on why it is critical to involve the body in psychotherapeutic processes, and what challenges and cautions need to be noted in body-based treatments. To the extent that clients are interested and clinicians are trained and able, it is imperative to work with the body as the holistically affected source of experience and being.

CHAPTER 2

Literature Review

From a Western perspective, it is a gross understatement to claim a complicated historical relationship with the body on political and personal grounds. In 1637, French René Descartes declared, “I think therefore I am,” a phrase that reduced the primary means of knowing to rational thought. During the early to mid 20th century, Willhelm Reich began relating the body to emotional expression and psychological health while Fritz Perls founded Gestalt Therapy, involving role-playing as embodiment (Tantia, 2015, p. 3). Reich and Perls were influenced by the experiential work of Elsa Gindler, a German gymnastics teacher (Geuter, 2010, p. 59). Perhaps because Western epistemology is evidence-based and emphasizes production and output over subtle sensing and deeper origins of change, such practices initially “enjoyed a quiet existence among small groups scattered throughout US and Europe” (Johnson & Grand, 1998. p. 12, as cited in Tantia, 2015, p. 3).

On the other hand, over many thousands of years, Non-Western traditions have originated and sustained practices that have deepened connection to physical presence as a way of knowing and experiencing. Such practices include yoga from India, meditation with various Eastern origins, tai chi and qigong from China, drumming and dance from West Africa, and Sufi whirling traditions and dhikr (ritual meditative practices) from the Middle East, amongst many others.

Origin of “Somatics”

In 1976, Thomas Hanna, philosopher and writer, distinguished the soma, as a holistic aggregate of human experience, from the body, as a physical body. Somatics began as a field that explores the body as observed from within by first-person perception. Meanwhile, observation of another from the third person was categorized as body phenomenon (Hanna, 1986, p.4 as cited in Tantia, 2015, p. 2).

The breadth of modern somatic work is complex and varied, precisely because there are many routes of accessing, entering, and engaging with the body. The common ground, then, of these methods is that they relate to the soma, a Greek originated word roughly translated to body, and which Hanna more specifically defined as a holistic aggregate of the human experience as experienced from within (Hanna, 1986, p.4 as cited in Tantia, 2015, p. 2).

It is imperative to acknowledge that “somatics borrows liberally from Non-Western practices, and both [Western and Non-Western somatic practices] attract a common public that often turns to them for answers to the same questions” (Ginot, 2010, p. 26). It is plausible to assume a level of appropriation in the spread and popularity of Non-Western somatic practices in the West. That is not to say that these practices do not benefit the West, but that the view with which they were developed is uniquely Non-Western, hereby begging deeper understanding of the context and conceptualization of these practices prior to their engagement. For the purposes of this study, “somatic practices” as a term will be used to represent the variety of Non-Western and Western practices that emphasize working with the subjective human experience of having a body, as researched primarily in a Western context since this study was completed in Northern California.

Somatic Practices and Science

Recently there has been increased popularity, practice, and research of various somatic practices such as yoga, meditation, and reiki (a Japanese energetic touch practice). A 2014 study shows that more than 60 hospitals across the United States offer reiki services for patient, and reiki education is offered at 800 hospitals (Sacks, 2014). “Research show[s] that reiki promotes relaxation, relieves stress and anxiety, reduces pain and fatigue, and improves overall quality of life” (Brigham and Women’s Hospital, 2017). Yet concurrently, the National Institute of Health

affirms that “several groups of experts have evaluated the evidence on reiki, and all of them have concluded that it’s uncertain whether reiki is helpful” (National Center for Complementary and Integrative Health, 2016). Studies report contradictory findings and bring forward various questions about research methods and the capacities with which somatic practices can be studied and understood. The aforementioned example of reiki is illustrative of the challenges encountered when looking to find evidence for somatic therapies. Johanson (2014), a trainer of the Hakomi institute, offers that “governmental and corporate entities that control third party payments still look with tunnel vision at hard experimental research yielding quantitative results” (p. 72). When approaching somatic practices from Western Cartesian values of rationality and practicing only that which is understood and proven to be effective, research trudges out of ambivalence and bears questions, including: What kind of research is necessary to understand somatic work? How are the effects of somatic practices work measurable by Western epistemology? Which somatic practices (such as meditation) are more amenable to Western epistemology?

Somatic Practices in Psychotherapy

Gestalt therapist Dean Smith (2009) affirms, “psychotherapy has a long history of excluding the body” (p. 30). Yet somatic practices offer access to a wealth of information for clinicians and clients alike. Given that “emotions are experienced and influenced through the complex interaction between body and brain,” the body is an easily neglected aspect of therapy (Cohen, 2011, p. 398).

In popular academic literature and psychotherapy practice today, there are three common categories under which somatic practices fall: meditation-based, trauma related, and

movementbased. It is important to iterate that many practices may be a blend of the above, and others may not quite fit into these categories, but that these three branches offer a way to distinguish and study three commonly practiced ways of working somatically.

Meditation-Based Somatic Practices

Meditation practices and mindfulness are relatively well-researched and have amassed Western following, having even being linked to reducing the risk of coronary heart disease. Evidence to support meditation as positively impacting health outcomes “is sufficiently robust that insurance companies in US and Europe offer substantial discounts to people who practice approved meditation” (Bambling, 2016, p. 57). Studies “clearly show that mindfulness not only reduces stress, but also contributes significantly towards the healing process for a wide range of diseases” (Kabat-Zinn, 2005, p. 5). The relationship between the mind and body is core to the practice of meditation. Ultimately, mindfulness sharpens awareness and opens the tremendous resource of an internal observer (Weiss, 2009). In psychotherapeutic contexts, meditation and mindfulness practices bring clients to notice their own self-experience. These practices often emphasize detachment from thoughts which otherwise reinforce sense of ego and selfimportance. From a Western perspective, while meditation was at one point considered nonsensical pseudoscience, its current brimming evidence-base mandates continued research on the efficacy of other somatic practices.

Trauma Related Somatic Practices

Bessel van der Kolk (2014) describes three modalities that involve the brain’s neuroplasticity to assist survivors in processing trauma and moving forward.

There are fundamentally three avenues: 1) top down, by talking, (re-) connecting with others, and allowing ourselves to know and understand what is going on with us, while processing the memories of the trauma; 2) by taking medicines that shut down inappropriate alarm reactions, or by utilizing other technologies that change the way the brain organizes information, and 3) bottom up: by allowing the body

to have experiences that deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma. Which one of these is best for any particular survivor is an empirical question. Most people I have worked with require a combination (p. 4).

Van der Kolk asserts that while talk is a critical part of engaging in therapy as it helps clients rationally process their experiences, words alone cannot often address the disorganized sensations that are imprinted as a result of experiencing trauma. As trauma is stored in the body, patients may experience physiological symptoms, have nightmares, and feel triggered no matter how much talk therapy they complete (Wylie, 2014). Somatic practices can help people integrate different aspects of the experience of trauma (Phillips, 2007; Corrigan and Hull, 2015). Trauma related psychotherapeutic somatic practices include Somatic Experiencing, developed by Peter Levine, Sensorimotor Psychotherapy, developed by Pat Ogden, and Eye Movement Desensitization and Reprocessing (EMDR), developed by Francine Shapiro.

Movement-Based Somatic Practices

Movement-based somatic practices are those focused on dance or other body movement as a way of expression, connection, and accessing the subconscious and unconscious. Traditional Sufi practices such as sema (whirling dance) offer great attunement to the body and allow the “experiencing [of] sensations that are usually blunted and even distorted by thoughts, emotions, and expectations” (Mirdal, 2012, p. 1206). These practices demonstrate age-old wisdom about the body as a source of healing, connection, and detailed sensation. During sema and dhikr (ritual meditative practices), it is not uncommon for participants to contact flow, “a holistic sensation that people have when they act with total involvement” (Csikszentmihalyi, 1975, as cited in Beard, 2014, p. 353), and be fully immersed (i.e., present) in their sensations and experience.

Likewise, Dance/Movement therapy involves the body as a vehicle for greater insight into ones’ own experience. Dance/Movement therapy postulates that the body’s felt experience

can be instrumental in accessing unconscious processes (Frizell, 2012). Dance/Movement therapy explicitly names the ancestral and intuitive ritual of dance as therapeutic. Similarly, “Authentic Movement and Focusing are somatic practices that aid access to the unconscious, and often what emerges can be further integrated in a process of artistic development” (Bacon, 2010, p. 67). This inclusion of the unconscious has profound effects on therapeutic processes, which often rely on working to access subconscious and unconscious material that may lead to healing. Nonetheless, the subjectivity of these expressive processes makes evidence based double-blind type research more difficult. In psychotherapy, these practices may be more challenging because of space constraints or client inhibition.

Future Study

While historically there has been fear around incorporating any kind of physical touch into psychotherapy, this is an area of potential future study. Smith (2009) explains, “there appears to be the assumption that touch in psychotherapy will lead to damage” (p. 30). Yet the body is an incredible communicator and an emotional embodiment. Posadzki and Parekh-Bhurke (2011) suggest that physical stimuli such as massage during psychotherapy can lead to improved outcomes for clients struggling with depression. This conjoint approach recognizes the “multidimensional benefits of massage on the patient’s depressive symptoms” (p. 156). In addressing memories in the body, the Bodydynamic Institute has even mapped out psychological muscle function to detail where emotions and issues are located in the body (Smith, 2009). The ability to include hands-on touch may offer further value in the therapeutic context, particularly given the importance of touch as a human need in developing and grown humans. As a caveat, Babette Rothschild importantly notes,

I see problems when touch gets emphasized in the therapeutic relationship. It can overly weight the transference, both positively and negatively. It can make the

therapy into something more special or dangerous than it should be (cited in interview with Oakes, 2002).

Using touch therapeutically requires careful skill and training as well as attention to the narratives that clients bring in around touch. Rothschild (2002) suggests that sexual trauma survivors might be triggered by touch and thus might be better treated with a referral to seek massage therapy from a carefully chosen massage therapist. The interplay of touch and psychotherapy offers exploration of how the body holds memories and experiences but no doubt requires further study as well as cautious practice.

CHAPTER 3

Methodology

This study uses qualitative methods to evaluate clinicians' understandings and uses of somatic practices in psychotherapy. Current literature on somatic practices in psychotherapy primarily emphasizes the three branches of meditation-based practices, trauma related practices, and movement-based practices. While somatic practices have increased in popularity, little research has been conducting on the underlying facets of how they are effective and what common impact the diverse practices bring to psychotherapy. This study was designed to allow clinicians to describe their own understandings and examples of somatic practices. The study sought to then examine the commonalities amongst these various body-based efforts. In more

detail, the study reflects upon 1. How are somatic practices effective? 2. What impact do they have in psychotherapeutic contexts? 3. What do somatic-based practices look like in clinical settings? 4. Do the practices explored fit within or extend beyond the three branches of somatic practices currently featured in literature?

Recruitment of Participants

After Smith College School for Social Work's Human Subjects Review Committee approved the study (see Appendix A for the SSW HSRC's approval letter), a purposive sample was recruited by searching for participants via the online Psychology Today database. This platform was useful in that it served as a primary screening to allow access to participants who self-identify as employing somatic modalities. This study was also specifically targeted towards Licensed Clinical Social Workers and Licensed Marriage and Family Therapists. Using the Psychology Today platform is inherently limiting in that most of the participants who would have a profile on the website have a private practice and are likely listing their profiles in hopes of reaching prospective clients. While many of these individuals have done community-based or nonprofit work either concurrently or previously, this search platform restricts participants to those who would seek to advertise their services on such a platform, thereby possibly omitting, for example, many medical or school-based social workers. Nonetheless, it was the most direct means of reaching participants. Recruitment flyers were also posted in various community centers (such as meditation centers), but did not yield participants. Participants who identified as employing somatic modalities were then contacted, often via email, to inquire as to whether they would be interested in participating in a roughly 45 minute interview regarding their understanding and use of somatic awareness practices.

Sample

Of the various participants who were contacted, roughly 10% expressed interest in participating in the study. Of the twelve who expressed interest (n=12), participants were also asked during the interview to provide various identity-related information including age, ethnicity, and religious beliefs (see **Table 1**). Participants ranged in age from 31 to 56 years old. Participants were gathered from the Bay Area region of Northern California. The sample represents Black and Panamanian and Native American; Caucasian; Japanese; Mexican; South Asian; and Vietnamese individuals. Of the participants, four identify as spiritual while others identify as Jewish, Muslim, non-religious, Non-Dual, Witch, Catholic, Buddhist, and following Perennial philosophy. Although this qualitative study is small and cannot be presumed to generalize its findings widely, a racially diverse sample was of critical importance to me as the researcher in order to explore the ways that the experience of having and relating to the body is inevitably located within a specific cultural and corporal context.

Table 1. Participants' Age, Ethnicity, and Religion

Participant Number	Age	Ethnicity	Religion
Participant 1	51	Caucasian	Jewish
Participant 2	35	South Asian	Spiritual
Participant 3	35	South Asian	Muslim
Participant 4	41	White	None
Participant 5	55	Caucasian	Spiritual
Participant 6	39	Caucasian	Nondualism
Participant 7	53	Black, Panamanian, Native American	Witch
Participant 8	31	Russian	Perennial Philosophy
Participant 9	45	Mexican	Catholic

Participant 10	40	Vietnamese	Buddhist
Participant 11	56	White	Spiritual
Participant 12	36	Japanese	Spiritual

Informed Consent Procedures

Approval for this research was obtained on October 14th, 2016 from the Smith College School for Social Work Human Subjects Review Committee (see Appendix A). Interested participants were emailed a copy of the informed consent procedures (see Appendix B). Participants were asked to sign to approve the procedures and to consent to being audiotaped. The informed consent form details the purpose, procedures, risks, potential benefits, confidentiality protections, and participants’ rights to refuse to answer any question or withdraw from the study. I kept the original signed copies for my records as required by federal regulations; meanwhile, an electronic copy of the signed form remained with participants.

Data Collection

Of the twelve interviews, seven were conducted and recorded via phone and five were conducted and recorded in person. Interviews lasted from 26 to 65 minutes and were scheduled at a mutually convenient time once I had received their informed consent forms.

Participants were guided by a series of ten informal interview questions (See Appendix C for a copy of the Interview Guide) to gather an understanding about their use and understanding of somatic practices.

Data Analysis

After interviews were completed, the audio recordings were transcribed verbatim and then reviewed for recurring themes and principles amongst the interviews. A spreadsheet was created detailing the thematic responses for each participant and each question, in addition to

other important themes that arose in deviation from the prompts. Representative quotes were captured and included to demonstrate the depth of participants' practices and approaches.

CHAPTER 4

Findings

How Do You Define Somatic Awareness Practices?

In defining somatic awareness practices, many participants noted the function that these practices serve. Responses reasoned that somatic awareness practices put a person in touch with the internal experience of their body, which includes increasing mindfulness, self-tracking, and the noticing of holding patterns. These practices focus on the depth of the physical experience and the current sensations of the body in hopes of allowing clients greater understanding of self.

Participant 2 relayed that this can be done

through the breath, or exploring sensations through movement, or simply sitting still and turning the attention towards sensations and that felt sense.

Participant 1 shared that these practices

invite clients to direct their attention to their body, to include their awareness of their body in their current noticing of what's happening.

Participant 4 noted that while the intellect is typically valued as central and informative, somatic awareness practices center the body as a source of knowing, being, experiencing, and living. This can include observation of any memories tied to the felt senses.

Participant 5 relayed that on a basic level, by returning to the physical form of human embodiment, somatic practices engage with the seemingly simple yet ever-present question of, “how do I be?...I mean how do I even be inside [and outside] a therapy office?”

To summarize various clinician definitions, somatic awareness practices emphasize noticing sensations and attending to moment to moment changes in the physical experience.

What Kind of Somatic Awareness Practices Do You Employ with Clients?

As a result of having various avenues with which to involve the body, there exists a broad range of somatic awareness practices. Clinicians in this sample shared that they practice the following with clients: meditation, somatic containment, Hakomi, Somatic Experiencing, Eye Movement Desensitization and Reprocessing, Trauma Informed Cognitive Behavioral Therapy, Gestalt practices, Dance/Movement, going on walks with clients, and psychodrama. In addition, participants described involving a tangible element and tracking physical presentation in order to work somatically with clients.

Tangible Element Participant 5 includes a tangible aspect in somatic orientation:

I have rocks in my room, I have pillows, I have blankets, I have tactile stuff, I play, I toss cushion balls back and forth. I actually use tea a lot. Tea seems to really help ground the clients. With one of my clients I use an ice pack. I just give him the ice pack and work with him to stop dissociating basically. You can't ignore a frozen thing on your body; it brings him in the present moment and it's dramatic enough to get his attention without actually being painful. It's a strong enough stimulus to direct his attention to the present moment experience and to his actual body.

Physical Presentation Somatic awareness in psychotherapy can also include noticing clients' physical presentation and what this may be communicating. Participant 1 described tracking nonverbal signs and activation through

looking at their breathing--how fast it is; how shallow it is...looking at their skin to see if it's pale or not, looking at their positions--if they're moving freely or tend to be sitting kind of stiffly in a certain position...looking at how much

they're engaging in the present versus seeming to be pulled in to something in their mind.

What Function Do These Practices Serve in Your Clinical Work with Clients?

and

What Impacts Do Somatic Awareness Practices Have in Your Practice?

Responses to this question were often the most richly detailed or theoretically developed and revealed a span of functions for clients, including increasing tolerance and selfdetermination, influencing clinical picture, developing a somatic self-practice, making movement in the work, and short-circuiting work with trauma. **Increasing Tolerance** Participant 4 affirmed that

anytime anybody wants to know what's going on with them, the body is going to tell them before anything else. When a person is able to be aware, what happens is their capacity for boundaries, for communication, their ability to stay associated and not dissociate begins to change...there's so much trust that can be elicited...there's a certain communication that has been forgotten, so let's begin to remember together.

Participant 4 amongst other participants shared that somatic awareness practices can widen the window of tolerance (a term coined by Dan Siegel), also known as the range where the brain is able to process stimuli, as opposed to states of hyperarousal (fight/flight) or hypoarousal (freeze). In noticing and beginning to regulate physical responses (for example, through somatic practices such as attentive breathing), clients are able to tolerate a wider range of stimuli without becoming hyper-aroused or hypo-aroused. They develop greater regulation and tracking of their self-experience.

Participant 6 shared using similar body-based practices that rely on tracking the selfexperience when working with couples.

I have them stand and relate to each other and track in their bodies how they feel when their partner does certain things...like takes steps closer or turn a quarter turn away... and I have the person who's stationary track what happens in their body as their partner turns or faces

directly away from them. People who have domestic violence issues can track suddenly when they feel safe or not and how they move in their life to keep people in a narrow window of association. **Greater Self-Determination** Somatic awareness practices are about restoring trust in clients' ability to communicate with their own body and be present for whatever arises, whether pleasant sensation or discomfort. Participant 11 shared,

I see the function they serve as increasing my clients' trust of themselves and their connection to their own strength. We are animals. The more connected we are to our physical bodies and what we're experiencing and learning to trust that... either to point the way to what needs to be healed or to point the way to what resources we do have, the net direction is healing.

Similarly, Participant 8 concluded,

body oriented practices touch on the principle of self-determination, the ability to guide and direct the self where it wants to go... The deep impact of this work is getting clients to feel out their emotions thoroughly enough so that they can learn real coping skills. I'm not talking about a squeeze ball, [but instead] like real coping skills, the ability to wrestle with themselves and come out of it feeling somewhat better.

In somatic work, there is an element of empowering and restoring clients' self-trust to navigate by using senses and physical embodiment as a guide.

Clinical Picture Participant 10 described using a more holistic body-oriented approach with clients which includes considering client sleeping habits, eating habits, exercise and movement habits, and body image into the clinical picture.

Somatic Self-Practice Participant 10 described using one's own physical reactions as a part of the therapeutic process.

I allow my sense organs to be alive. I know they [clients] affect me and I affect them and we can have that in the room and we can talk about it... I say, well what if we sit a little further away from each other, how does that feel in your body? Does it feel safer for you when I look at you or I look away from you? There's a lot of use of my physical body as an intervention.

Clinicians also described the concurrent need to maintain and develop a working relationship with their own bodies in order to work somatically with clients. Participant 7

shared, “it’s hard to teach what you don’t understand in your body.” Participant 7 also touched on the importance of clinicians finding ways of working with traumatic material without taking it in as their own. In supervising other clinicians, Participant 7 encourages meditation as one way of doing this.

I refer to us as emotional toxic refineries, we eat other peoples’ emotional toxicity and we give them back really beautiful things and then we have to figure out a way to get rid of all the toxins that we just took in. You have to have a way of letting that really horrible abusive experience that child just told you about pass through you and put it back down in to the earth because mother nature can always take it but your body cannot hold all of that without causing disease.

Clinicians can let go of emotional toxicity through use of somatic practices.

Trauma In response to working with clients who have experienced trauma, Participant 5 asserted that Eye Movement Desensitization and Reprocessing (EMDR) and Sensorimotor psychotherapy assist clients to

short-circuit the being trapped in looping either thoughts or experiences. It takes a person out of their past and out of the future and brings them into their present moment experience...into their amygdala or the reptile brain. To access work for trauma, it’s in the amygdala...I don’t believe there’s another way that’s as effective or as quick as short-circuiting the frontal lobe patterning.

Somatic practices allow for clients to move through the trauma response. Short-circuiting the frontal lobe patterning can help lead to completion of the trauma cycle which may serve to release the traumatic memory from the body. This offers the opportunity to counter the natural “freeze” response. These modalities support van der Kolk’s (2014) bottom up approach of working with trauma by encouraging a reparative alternative physiological experience for the trauma.

Making Movement Clinicians describe how somatic awareness practices facilitate dramatic change and transformation and let emotions pass through the body. They provide opportunity for clients to come to terms with themselves and what is going on in their bodies.

Participant 3 summarized,

It can make movement at times when there was no movement and it can just help someone learn more about themselves better period so they can have more choice in how they react.

Summary of Somatic Awareness Benefits Somatic awareness practices guide clients to explore sensory memory and direct their attention to notice their in-body experience in hopes of increasing functioning, understanding, and embodied presence. Practices related to trauma treatment get clients out of the frontal lobe and into the amygdala to process the trauma stored in the body. Responses emphasized that somatic awareness practices are a way of experiencing more fully, accessing lodged emotions and memories in the body to find healing, and gaining an ability to navigate from a place of embodiment.

How Did You First Learn about Somatic Awareness Practices?

Practitioners first learned about somatic awareness practices through their own experiences of yoga, meditation, dance, martial arts, as well as having exposure to various spiritual practices including Sikhism, Buddhism, and the Diamond Approach. Additionally, some participants were introduced to somatic awareness practices in their graduate school coursework through holistic, somatic, and transpersonal programs. Participant 10 described a personal introduction to yoga and the decision to pursue somatic work in a powerful way:

That was my big entryway in to feeling at home in my own body and my own psyche through the practice of yoga. [When practicing,] I noticed I was more sensitive on a lot of levels in terms of how I felt before and after I ate something, how I felt before and after I spoke with somebody. I was aware of a lot more things and I wasn't interested in turning those sensitivities off when I was in a clinical room...I didn't want to ignore information that I was already receiving...That's probably why I sought out a somatic psychology education.

How Do You Know When to Use Somatic Awareness Practices with Clients?

Clinicians described a feedback system whereby they assess clients' individual levels of activation or regulation and decide accordingly whether or not to use somatic practices, and –if

so-- what kind of somatic interventions to use. Participant 8 shared how subtly this can be done by using language that is more body oriented in itself:

Even the way you talk about something, like ‘how are you feeling right now?’ vs. ‘what is coming up for you?’ Notice the difference in the responses elicited:
What are you thinking right now?...
What are you feeling right now?...
What are you experiencing right now?...
The last one is like a cascade.

Many clinicians reported frequently if not always having a somatic orientation. The clinicians’ own tracking of clients’ expressions and presentations inform them about when and how to implement somatic practices. There is not a set of clear guidelines of when to use the practices so much as there is an understanding of how the practices may impact the current state of a client and how such practices may work therapeutically.

How Does Your Cultural Background and Positionality (Various Intersecting Identities) Inform Your Understanding of Somatic Awareness Practices?

It was important for me as a researcher to 1) acknowledge how intersecting identities impact a person’s experience of their body in the world and 2) examine the ways that different cultures view and relate to the body and the somatic experience. Many of the White identified clinicians described that their cultural background and upbringing did not lead them naturally into somatic awareness practices. Clinicians of Asian origin or those who had grown up in Asian countries described an early exposure to practices such as yoga, meditation, and energetic work.

Participant 3, of South Asian background, described:

in my cultural background, people are much more likely to present with somaticized complaints of more mental health or emotional issues, so it’s a natural way to process the ways in which something is showing up in the body versus feelings and thoughts.

Clinicians’ own experiences of having and living in their bodies will also impact how they engage in somatic work and relate to clients. Participant 11, a White clinician, shared,

My experience of being a lesbian has not been safe...I know that oftentimes with trauma the world doesn't feel safe...I may or may not go in and out of it...[yet working with clients of color], what they carry in their body is culturally imprinted. What's trauma? What's culture? What's conditioning that covers up their true self? It's really complex.

How Do Somatic Awareness Practices Interact with Talk Therapy?

Talk is a way to establish a relationship with clients and build trust. Clients are most conscious of talk, while there are other layers of process. Participant 1 shared that

just talk alone [does] not really address symptoms enough...[yet] current content is a way to get at things almost metaphorically from the past that the client may never even discuss. In fact, most people don't want to discuss those things because it's too painful. There's a way of just using the body sensations and just the few words a person may say to touch in to the past and heal things from the past.

Furthermore, Participant 1 shared that "social engagement can be deactivating," which is not a positive or negative attribute but more of an insight on how and when talk can be used in psychotherapy. Participant 1 explained that there is a hands-on piece to Somatic Experiencing and some practitioners do almost entirely that without much talk. Many clinicians use talk as a means of psycho-education to inform clients about the nervous system and regulation. Amongst clinicians who use somatic practices, there is great variation in levels of talk and somatic engagement. The kind of work employed and the level of talk involved are a reflection of clinician skills and training and client needs.

What Role Do You See Somatic Awareness Practices Having in the Future?

Many clinicians shared the perspective that somatic awareness practices are being increasingly validated, normalized, and becoming more mainstream. Participant 5 elaborated,

I can't imagine doing therapy or any kind of transformative work without it. There's been a huge split in the Western mind for 300 years and it's a shame that

we've dissociated from our bodies as our experience. The split is unsplitting...especially because of neuroscientists and psychologists, like van der Kolk, Siegel, and Pat Ogden. Those people are going 'Hey...there are three parts to our brain. You've got to stop ignoring the middle brain or the reptile brain.' My feeling about it is if you're going to do this work and keep up with it at all, you're going to need to bring the body on board.

There is a sense among participants in this study, and perhaps the field in general, that psychotherapy is moving in this direction. Even Cognitive Behavioral Therapy has begun to include a mindfulness component. Participant 10 expressed the risk that with increasing popularity, somatics may be co-opted. When Cognitive Behavioral Therapy comes out as somatic, the whole orientation of somatics is not included, but it is rather used as just one tool. Participant 10 shared, "Somatic Psychology has a tradition...a bigger way of knowing."

In a similar fashion, Participant 4 cautioned that

We start to name the body as a tool, and body starts to become something that we are using against...the whole idea is that the body is not here to be used. The body is here to be lived. The very industrial perspective...when we start making our body the subject of industry, we get to where we are now.

With Western approval and inclusion of somatic practices, comes great risk that they will be extracted from rather than wholly understood and practiced. Yet the spread of these practices and their growing evidence base simultaneously represent an increase in the understanding and valuing of the somatic element in psychotherapy.

Are There Any Challenges Faced by You as a Clinician When Employing Somatic Awareness Practices?

Two commonly expressed challenges to employing somatic awareness practices with clients are 1) client resistance to working somatically and 2) clinicians' need to understand their own somatic responses (such as through self-tracking) and to develop personal body awareness. Additionally, clinicians expressed that there is a risk of not wanting to overwhelm a person's

system and to want to work within clients' boundaries of comfort. Participant 11 iterated that as a culture, "we worship intellect" which leads to further fear of working somatically.

Participant 6 shared some personal body insight to help explain why so many clients may be initially resistant to engaging somatically:

When I don't want to be present I can feel it because I won't sit or I won't do yoga. Even if I know I would benefit from it, sometimes I'm just like, 'nope.' That's a good indication that I'm avoiding being with myself. I think because of the way that [people in] our culture tend to push away emotions that they don't like, like anger and sadness and things... 'negative' emotions, so many of us just dissociate slightly rather than feeling them...because it's socially unacceptable [to feel these emotions]. So then what's waiting for us when we come back in our bodies are all these unprocessed negative emotions that society sort of shuns us for. Then, at the invitation to come in [to the body], it's kind of like, 'Why?'

Levels of resistance or enthusiasm are an important indicator for clinicians of client willingness to either delve into their somatic experience or stay far away from it. Participant 7 holds in mind "the rawness of...what comes up for us when we slow down." Working somatically is always relational and requires clinician awareness of how a client is viewing and responding to working somatically.

Other Interesting Findings Throughout the course of this study's narrative data collection, many clinicians offered a unique understanding and involvement in somatic awareness practices that is informed by years of intrapersonal and interpersonal practice and learning. Other interesting findings include the potential for elicitation of shame during somatic practices, somatic practices as a more non-pathologizing modality, the power of working with youth somatically, and including shamanistic practices as somatic.

Elicitation of Shame A common aspect of somatic practices is placing increased attention on the physiological experience and presentation of the body. This can feel disparaging or critical for the client. Participant 5 importantly noted that

When I'm tracking, it can feel like scrutiny and elicit shame so I'm constantly checking in on that. I'm checking for shame and I'm teaching them about flushing, blushing, heart rate going up, wanting to hide. Look, this shame is a trauma; it's physical, emotional, and relational. I will name that and really help build self-compassion. Sometimes I will even switch it around. I'll say, 'What are

you tracking in me right now? What do you notice in me?’ I let them scrutinize me. Then they begin tracking themselves and it changes from scrutiny to tracking and to really being present. I will always tell them what courage it takes to be vulnerable and that this work is difficult and always we work with physiology of shame.

Clinicians can acknowledge how such intense focus on somatic processes may be initially unfamiliar or uncomfortable but that this provides an opportunity to work with clients if shame arises.

Depathologizing Modality Somatic orientation views physical presentation and experience as an adaptive development. Participant 10 explained,

I really see it as an alternative to the pathological way that we work with health and illness. The whole DSM is about codifying things that people do wrong or manifest ways of being that are abnormal. Somatic Psychology views it more in an evolutionary way where we have bodies and through the course of every animals life there’s going to be so-called trauma, and we’ve survived this long because we’ve built up ways to deal with shocks and setbacks and so it’s a natural thing that 1) we’re going to experience hardship but also 2) we’re fully equipped to heal through it, to grow through it. You adapted, and you made it to today, how cool is that?

Working somatically views functioning as malleable and workable.

Practicing with Youth Participant 7, who works with youth in schools explained that,

Adults are much more challenging. Kids are usually open until they’re taught to close. That’s why the concept of teaching elementary students meditation is so revolutionary and so simple. Can they be with the fact of, ‘Oh, I just get to sit and meditate and be with the fact that I did something that wasn’t acceptable and figure out why or how?’ As we get older, we learn more and more how to shield ourselves from feeling, how to shield ourselves from showing our emotional body to the world. We overeat, we indulge, we over-exercise, the smoking, the drinking, the drugs, driving too fast. We’re having too much sex to not feel. Somatic practices are a way of engaging with the world through our bodies, of tapping into presence and being guided by it. Many adults have learned to function in disconnected ways that are more socially acceptable than being sensitive or attuned. There is great potential for youth to learn somatic practices in order to make embodied decisions and move through the world with greater presence and authenticity.

Shamanic Traditions or Ethnobotanical Therapy Participant 8 communicated that

to get a person in to a state of healing I think they need to be induced in the context of healing ...[for example] looking at how different shamanic cultures use medicine, primarily those that induce non-ordinary states of consciousness such as ayahuasca, ibogaine, psilocybin mushrooms, things like that,...sitting with traumas for many years...that is very body oriented.

These altered states of consciousness change the experience of soma and psyche, which can offer therapeutic value. Van der Kolk (2014) similarly mentions the psychotherapeutic potential of LSD and MDMA (ecstasy) when working with people who have experienced trauma.

Breadth of Practices and Significance Of clinicians who participated, seven described employing trauma related somatic practices, ten described employing mindfulness-based practices, and six make use of movement-based practices. Clinicians fit well into one or more of these three categories.

In just the twelve people consulted for this study, there resides such an immense breadth of practices, opinions, expertise, and experiences. These narratives capture the intensity of somatic work and allude to the variety of ways that somatic practices can guide and be situated in psychotherapy. All of these clinicians have found greater depth from involving somatic practices. Their narratives convey the necessity of including somatic practices in psychotherapy.

CHAPTER 5

Discussion

Oftentimes what is uncomfortable becomes further pushed down but remains steadily in place under the surface. Somatic practices offer a pathway to such deeper levels of material by encouraging the noticing of self-experience and holding patterns of the body. Whether using the physical space in the room or tactile objects, emphasizing self-experience and mindful noticing, movement, or trauma in the tissues, somatic interventions are laden with therapeutic potential. Furthermore, in acknowledging the physiological responses to trauma, working somatically is a non-stigmatizing way of viewing clients in a field that otherwise typifies malfunction rather than labeling alternative functioning and coping methods as adaptive.

Clinicians' own understanding of and experience of their bodies will greatly inform their use and grasp of somatic practices, which leads to a certain subjectivity. Underlying this subjectivity is the common ground of exploring: What is it like to turn towards the physical experience? How can we or our clients track and relate to sensations?

Clinical Implications

When considering the breadth of somatic practices explored in this twelve-person survey alone, the vastness of possible practices becomes apparent and asserts the demand for deep understanding of how to work somatically *and* how somatic practices work. Somatic work with each client will be a different process and involve varying levels of safety and risk, requiring careful attention from clinicians. Like any modality in psychotherapy, somatic practices are developed, implemented, and refined over time. Their potential for adding to therapeutic endeavors is undeniable, yet their inclusion may initially be viewed as superfluous or secondary. It is critical to consider that this relegation of somatic practices is inextricably linked to a collective societal discomfort of visiting and inhabiting the body. Working somatically then

becomes an act of reclamation, reconnection, and validating inherent wisdom that is individually contained and self-apparent. Participant 4 shared this sentiment,

The irony is that so much emphasis is put for us to stay out of our bodies in our culture...it's almost like this revolutionary practice because you're going against not only the personal but also kind of the dominant culture by saying lets start with the body.

Nonetheless, when working somatically, it is essential to consider and spend time with the Non-Western origins of these practices in order to not exploit or extract from somatic practices. At their core, somatic practices are about accessing that which lies under the surface, no matter how pleasant or uncomfortable. Using somatic practices solely to maintain comfort is not an authentic practice.

Given the current necessity and breadth of somatic practices, institutional somatic education for clinicians is exigent and often lacking, unless a program self identifies as being somatically or holistically oriented. Yet disregarding somatics is negligent. As somatics become increasingly 'mainstream,' therapeutic education must catch up to ensure clinicians are at least introductory if not profoundly familiar with somatics.

Strengths and Limitations

A strength of this study is the narrative depth that arises from detailed qualitative accounts as well as the comprehensive nature of the questions involved. Meanwhile, a limitation of the study is the method of sampling, which is skewed to access participants who likely have a private psychotherapy practice over those who practice psychotherapy in another institutional setting. A further limitation is that I used the term "somatic awareness practices" instead of either "somatic practices" or "somatics" in my search for participants. The terminology "somatic awareness practices" may be leading and emphasize "awareness" over "somatic." In retrospect, I find it more apt to use "somatics" or "somatic practices" for the purposes of this study. A further

limitation is that common to all qualitative studies, namely because of the small sample size, the findings of this study are not generalizable. Finally, in retrospect I would add an exploratory question about how clinicians' own somatic experiences relate to their interest in working somatically. The subjective experience of the body can be so varied, and I am curious as to what commonalities exist amongst those who are drawn to pursue somatic education and practice.

Conclusion

Given the rise in commitment and conviction to somatic practices, it is likely and fitting that research continues in the field of somatics. A growing evidence base, qualitative and quantitative in nature, should continue to back up the positive results that clinicians are garnering from somatic practices.

With increasing chaos that comes from the prevalence of technology, media, and globalization, Participant 12 reflected on the simple power, significance, and internal activism of returning to the body.

It may look like it's not connected, but going to your senses, going towards your body is related to, for example, standing rock or climate change. There are ways to become active, becoming an activist externally but doing something like somatic awareness practice, connecting with yourself, connecting with your body... the *aliveness* is social activism more internally, more fundamental to me.

Developing and maintaining somatic practices has the power to shift societal values and patterns, resulting in huge potential for change. It begins with the simple yet complicated act of returning to the body.

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APPENDIX A



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

October 14, 2016

Natasha Jeswani

Dear Natasha,

Congratulations! You did a fine job on your application. No edits are required. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Again, our congratulations and our best wishes on your interesting study.

Sincerely,



Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor

APPENDIX B



2016-2017 Consent to Participate in a Research Study Smith College School for Social Work • Northampton, MA

.....
Title of Study: Clinicians' Perspectives on Somatic Awareness Practices in Psychotherapy
Investigator(s): Natasha Jeswani, njeswani@smith.edu
.....

Introduction

- You are being asked to be in a research study of understanding somatic awareness practices in clinical work.
- You were selected as a possible participant because you are a Licensed Clinical Social Worker or Licensed Marriage and Family Therapist who employs somatic awareness practices in your work with clients.
- I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to better understand clinicians' perspectives on somatic awareness practices.
- This study is being conducted as a research requirement for my Master of Social Work degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: participate in a one time 40-60 minute interview with myself. Interview questions will be focused on use and understanding of somatic awareness practices in psychotherapy.

Risks/Discomforts of Being in this Study

There are no reasonable foreseeable (or expected) risks.

Benefits of Being in the Study

- The benefits of participation are that participants will have a chance to reflect on their usage of somatic awareness practices and develop new insights into their understanding of the effectiveness of somatic awareness practices. Participants may value the opportunity to discuss the strengths and unique nature of their clinical practice.
- The benefits to social work and society are that people may gain a better understanding of the function, importance, and value of somatic awareness practices in mental health fields and otherwise.

Confidentiality

This study is confidential.

- Your privacy will be protected in that your interview responses will be tied to a participant number that identifies you, rather than your personal information.
- No one will know about your participation unless you have informed them. The transcribed records of this study will be kept strictly confidential. I alone will have access to the audio recordings, which will be transcribed for coding themes, leaving out or disguising any information that could potentially identify individual participants.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations

for research involving human subjects. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. I will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift

I am unable to offer any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* up to January 31, 2017 without affecting your relationship with me as the researcher of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. As this is an interview-based study, if you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by January 31st, 2017. After that date, your information will be part of the thesis report.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Natasha at njeswani@smith.edu or by telephone at xxx-xxx-xxxx. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 5857974.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

[if using audio or video recording, use next section for signatures:]

1. I agree to be [audio or video] taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

APPENDIX C

Interview Questions

1. How do you define somatic awareness practices?
2. Please describe what kind of somatic awareness practices you employ with clients.
3. What function do these practices serve in your clinical work with clients?
4. How did you first learn about somatic awareness practices?
5. How do you know when to use somatic awareness practices with clients?
6. What impacts do somatic awareness practices have in your practice?
7. How does your cultural background and positionality inform your understanding of somatic awareness practices? (Positionality meaning various intersecting identities)
8. How do somatic awareness practices interact with talk therapy?

9. What role do you see somatic awareness practices having in the future?
10. Are there any challenges faced by you as a clinician when employing somatic awareness practices?