

Somatic soulmates

LAURA HOPE STECKLER

Whole Works Complementary Therapy and Counselling Centre, Edinburgh, UK

Abstract

The author compares and contrasts a method of body-oriented psychotherapy, the Rubenfeld Synergy[®] method (RSM), with a method of dance/movement therapy, Authentic Movement (AM). She examines parallels in the development of authentic movement and body psychotherapy and discusses similarities in theory and practice. She makes a case for integration of dance/movement therapy and body-psychotherapy under the umbrella of somatic therapies. She uses her personal history, Ilana Rubenfeld's history, and case examples to illustrate her points.

Keywords: *Psychotherapy, body, dance, somatics, authentic, movement*

Which one is it?

I lie on the floor breathing. Feeling the breath enter every cell. I feel, not without some pain, my back settle into the floor. I bend my knees and sense my pelvis weighted differently now. I roll my head gently, feeling the resistance in my shoulder which, with loving attention, lets go. This is how I heal myself. I begin to roll, feeling my wholeness, my whole self. I become aware of an egoless state, a connection to the earth, to the space around me. An initial sadness yields into an acceptance of all there is, a connection to the universal. Is this dance therapy? Is it body psychotherapy?

My client has huge deep scars on her arms. These are just the ones I can see. She has told me she also has scars on her breasts, her legs, her belly. In one session, I suggest she touch her own feet. "I hate my feet, they're

Correspondence: Laura Hope Steckler, The Whole Works Complementary Therapy and Counselling Centre, Jackson's Close, 209 Royal Mile, Edinburgh, EH1 1PB. Tel: (0)131 225 8092. E-mail: laura@laura-steckler.com

disgusting,” she says. “They’re just feet,” I say. “We all have them . . . Just sense them with your hands. Notice how they want to be touched.” In another session we work with her breath, imaging that she is cleansing herself from the toxicity of the horrible sexual abuse she has endured; another session we mirror each other’s movement. Is it dance therapy or body psychotherapy?

Another client, wanting to find her own power, explores how to use her upper body while moving from her centre. Another finds a gesture that symbolizes and embodies fighting back during an experience of sexual assault which helps her to overcome panic attacks. Is it dance therapy or body psychotherapy?

Our roots

The fields of body-oriented psychotherapy and dance movement therapy are currently independent from one another, having developed in different but, I shall argue, parallel and potentially intertwining streams. I am primarily a body psychotherapist, although I am also a dancer. The form of dance/movement therapy with which I am most familiar is Authentic Movement (AM), developed by dancer Mary Starks Whitehouse. Her work grew from using movement as active imagination, as defined by Carl Jung (Chodorow, 1991).

The pioneers of body psychotherapy include, of course, Wilhelm Reich and his followers. Reich was trained by Freud but broke from him to develop the theories of character armour. Interestingly, Reich’s one time partner, Elsa Lindenberg, was a dancer and movement expert who probably influenced his development of somatic theories and practices. Lindenberg was a pupil of Elsa Gindler, a revolutionary German teacher of movement, who developed a set of meditative body awareness and breathing practices called “Gymnastik.” Reich had some sessions with her.

Around the same time that Mary Whitehouse was developing her integration of movement and psychology, Ilana Rubinfeld began her integrative journey.

Ilana is a major pioneer in the field of body-oriented psychotherapy and was my teacher and mentor in this field. Her work began as a synthesis of the Alexander technique, Feldenkrais Method[®] and Gestalt Therapy, and is called the Rubinfeld Synergy[®] Method (RSM). She trained with Fritz Perls, founder of gestalt therapy. Perls was also analytically trained, and had an incomplete analysis from Reich. Perls and Rubinfeld were both influenced by the “sensory awareness” practices of Charlotte Selver, a student of Elsa Gindler who took Gindler’s work to the USA after the Nazis had burned most of Gindler’s writings (Johnson, 1995).

There are many other innovators in both fields and it is not the purpose of this article to enumerate them. Rather, I would like to discuss the methods and forms with which I am most familiar and look at their similarities and differences. Somehow there has been little collaboration, and a lack of recognition of one another’s professional credentials in these two fields.

I find it reminiscent of the deep division in the UK at present between clinical psychology and psychotherapy.

Our primary commonality is this: we start with the body. We are interested in how the body moves, feels, senses, and expresses the self. Our mutual analytic heritage means we use language, but not exclusively. Non-verbal communication is valued deeply. We all reject the Cartesian (body–mind) split that has blinded medicine and mental health practice for hundreds of years. We trust the wisdom of the cells.

Movement in body psychotherapy

I have noticed that body psychotherapists love to dance. We seem to believe that allowing freedom of expression and an organic approach to the moving body are important, that energy flow, groundedness, and breath are vital to well-being, growth, and vitality. As described above, movement was an element in the development of body-oriented psychotherapy.

Bessel van der Kolk, a psychiatrist who has done much research on the neurobiology of trauma is quoted as saying that when he presents at body psychotherapy conferences, he notes how healthy everyone looks (Wylie, 2004). There is an aliveness and vitality that comes from living in and fully using the moving body. Furthermore, as Moshe Feldenkrais has said “Movement is life; life without movement is unthinkable.” Anyone who works with the body must inherently be interested in movement.

We move continuously as long as we are alive. We breathe, our hearts beat, our cells divide and replenish. We are always buzzing and vibrating. Babette Rothschild, a body psychotherapist specializing in trauma, asks people to not move for two minutes in her workshops (Rothschild, 2002). People find this incredibly painful. This is what happens in trauma, though. Our bodies that cannot fight or flee will freeze. Many of our clients are traumatized, regardless of the nature of their presenting symptoms. The path to healing must, I am increasingly convinced, include movement. Peter Levine’s work on actual and imaginal movement in the healing of trauma is important (Levine, 1997). Many body psychotherapists use his methodologies to work with trauma, restoring movement patterns and psychological well-being.

Movement done in imagination (ideokinesis) has a measurable impact on the neuromuscular system (Sweigard, 1974). Lisbeth Marcher’s Bodydynamic System encourages clients to imagine themselves running to safety from early traumatic experiences in order to help facilitate reengagement of neuromuscular patterns and modulation of the fight/flight/freeze response (Picton, 2004). Feldenkrais also utilized ideokinetics to facilitate improved neuromuscular function (Feldenkrais, 1972). In RSM, ideokinesis is used to help restore movement patterning as well as to get in touch with and shift affective material.

In RSM we sometimes use passive movement to facilitate freedom in the joints by moving limbs in their sockets. Any blocks to freedom in these joints seem to have an emotional/psychological correlate. An example occurred in a session with a client recently. We were doing passive movement of her arm in

its socket. This brought up feelings of guilt for her, which we were able to work through. She later expressed amazement that she felt guilty “just from movement”. We attend to spontaneous movements of our clients and ask them to repeat and exaggerate these to promote awareness.

Ilana Rubinfeld’s body story

Ilana began life as a musician. She was an orchestra conductor, an unusual occupation for a woman in the 1950s. She developed severe spasms in her back as a result of stress and poor posture. She was unable to find any medical solution to her problem despite attempts at using medications and steroid injections.

A friend suggested she try the Alexander technique. This proved a revolutionary and life changing experience for her. First, she was asked by her teacher, to lie on a table fully clothed. She said to her “Ilana, relax, I can’t move your head”. Ilana emphatically retorted through clenched teeth: “I am relaxed.” This was the first learning: we are not always aware of what we are doing in our bodies. Our culture has taught us to see our bodies as objects: something to make a living for us, to get us from one place to another, to perform, to be beautiful. But we don’t necessarily know what is really happening with our bodies. Often we ignore them until our bodies refuse to cooperate and give us pain or illness.

The language of touch

As her lesson continued, her teacher touched Ilana as she lay on the table. This was a touch like none other that she had experienced. It was not the touch of a lover or a nurturing parent. It was not massage. Somehow, her body seemed to understand this touch and responded by relaxing, lengthening and widening, and finding a new alignment. What Alexander (and other somatics practitioners) discovered is that the body has a wisdom that can be tapped into through touch and body awareness. The body can regain its natural efficiency of integration. This was the next major learning: touch is an effective form of communication.

Our culture has much to learn about touch. We are ambivalent about touch. We are fearful of the abuses that can happen with touch, such as sexual abuse. We are, however, also touch deprived and crave touch. We know that babies need touch to thrive. Our earliest experiences are touch related, well before we develop speech and language, and are important for healthy development (Field, 2001, for a review). I often tell students that not using touch because it has been abused is akin to prohibiting speech because there is verbal abuse. The intention and skill of the toucher determine the effect of touch.

Much more was happening for Ilana than realignment of her body. First of all, when asked to explain to her friend who had originally referred her to her Alexander teacher what happened in her lessons, she found that she could not

do so. She knew something important had happened but did not have the words.

Like movement, touch may engage non-verbal parts of the brain. Thus, there is not easy access to language to articulate and codify these experiences. See the section on neuroscience for further discussion of this topic.

As she continued with additional lessons, Ilana's pain began to ease but emotions began to emerge in the lessons. Although it was not uncommon for clients to become emotional during her sessions, the Alexander teacher indicated to Ilana that her training did not include tools for working emotionally and therefore referred her to a psychoanalyst.

What she found, however, was that in lying on the analyst's couch she had difficulty accessing the same feelings that she was able to access during her Alexander lessons. Again, see the section on neuroscience. When she tentatively suggested to the analyst that she might have an easier time if he used touch with her, he recoiled in horror. The use of touch was unthinkable in psychoanalytic circles. This is likely because it was feared that touch would lead to unmanageable transference and counter-transference. Without proper training in the use of touch, this could be the case. Ilana began to feel that it was essential that someone begin to bridge this gap between the body and the psyche. She then had a deep knowing that it was going to have to be her.

Of course, she is not the only pioneer to venture into this territory. In some ways, all dance/movement therapists and body psychotherapists are doing just this.

The truthful body

In her attempts at integration, Ilana went to train with Fritz Perls at the Esalen Institute in California. She and Fritz began to do experiments in which he would engage in his feisty humanistic verbal work with clients while she would "listen" with her hands to the clients' somatic language. The results were very interesting indeed. What Ilana found was that there seemed at times to be a discrepancy between the verbal story and the somatic story. She came to believe through these experiences that the "body tells the truth."

The sensitivity that she had developed in her hands through the Alexander technique training allowed her to sense either tightening or a sense of blockage versus free flowing energy. Tightening seemed to reflect the body contracting against what the person was saying, while a flow of energy or a releasing of tightness appeared to reflect the body agreeing with and opening up to what was said. These experiments were felt to be important by Perls (Rubinfeld, personal communication, 1993), who indicated that the future of gestalt therapy lay with the body. He unfortunately died before they could take their collaboration further.

Subsequently, Ilana went on to train with another somatics pioneer, Moshe Feldenkrais. She learned from him additional methods of touch to facilitate neuromuscular integration as well as his numerous meditative micro-movement sequences that help the body rediscover its natural grace and ease of movement.

With all of this information and methodology in her pot, Ilana began a lifetime of integrative “cookery.” Her approach simultaneously synthesized bodywork and verbal therapeutic exchange. What she discovered during this time was the hypnotic nature of what she was doing as she mixed verbal and somatic work. She then learned more about the work of Milton Erickson and his use of trance and metaphor. She began to find that the body responds strongly to metaphor and imagery.

Personal integration

My own body–mind split mirrored that of the culture and contemporary psychology. I was in my early twenties, having just finished my BA in psychology. I fell in love with the organic movement, sensuality, and breath of dance. The obvious choice would have been dance movement therapy rather than the doctoral programme in Clinical Psychology that I chose. At that time in the USA, dance movement therapy was an emerging field with little sense of job security.

I thus began a rather dissociated existence of doing my doctoral programme and cramming as much dance into my days and nights as possible. I began to perform and choreograph. Towards the end of my programme I decided that dance was my true love, and I would make a career shift. I enrolled in a master’s programme in dance while at the same time completing my doctoral dissertation research doing cognitive behaviour therapy with shy men.

Sadly, a back problem re-emerged and left me barely able to walk let alone dance. I was practising as a clinical psychologist, broken-hearted but grateful that I was able to work.

I began to explore alternative healing methods such as the Alexander technique. It was my Alexander technique teacher who told about the work of Ilana Rubinfeld. I went to a 5-day workshop with this powerful, eccentric, funny woman who worked with people on a massage table using bodywork, gestalt techniques, and humour in a way that I had never seen before. I had my own experience of working with her that remains with me to this day.

Although dance was not inherently part of the training, the interesting thing was that it was through training in RSM that I came to return to dance. In the training we learned approximately 60 movement lessons that were devised by Feldenkrais and adapted by Rubinfeld. They help the neuromuscular system rediscover its natural and efficient organization. This is done through subtle focused movement done with great attention and in small doses. Learning these helped me to move with greater ease and also to understand on a deep level how the body is designed to move.

A fellow trainee, also a dancer, said to me “Don’t ever let anyone tell you how to move your body again.” This has stayed with me, because it has been through the methods that I learned from Ilana that taught me how my body moves and how to find the ways to move that don’t hurt me; how to deeply

listen to my body. It is this deep listening that characterizes so much of both AM and RSM.

It was not surprising that around this same time I became reacquainted with AM. I used this as a way to move and integrate the new learning from my training with Ilana. As I have been practising as a Rubenfeld Synergist® for the last 10 years, I find that this process can be integrated easily into my body-psychotherapy work.

Parallels between Authentic Movement (AM) and the Rubenfeld Synergy Method (RSM)

Somatics and neuroscience

Deep focusing on the body, as found in AM and RSM, appears to engender an altered state of consciousness. Clients are often “spacey” and unable to communicate clearly using language after a session. The developing understanding of how the central nervous system works can be useful in describing how these therapies differ from language-based therapies. In discussing neuroscience, I take the risk of appearing dualistic and reductionistic. However, I feel that there is value in conceptualizing somatic work from a neuroscience perspective. One does not have to take this literally but can consider these concepts as metaphoric in nature.

It is beyond the scope of this article to thoroughly elucidate the hugely complex arena of affective neuroscience and the curious reader is referred to Cozolino (2002), Panksepp (1998), and van der Kolk (1996) for detailed discussions. A brief and highly simplified description follows.

The concept of the triune brain is currently seen as useful by many neuroscientists (Panksepp, 1998). In this theory, our brains are divided into three parts. The cortex, the topmost layer, is divided into two hemispheres. It is the most recently developed part of the brain in evolutionary terms. The left hemisphere holds the language centres and areas responsible for codification, linearity, and mathematical reasoning. The right hemisphere functions in a non-linear fashion, is responsible for patterning, and holds much somato-sensory and kinaesthetic information.

Lying below the cortex is the limbic system, a complex of structures thought to be involved with affect, memory, and learning. Deeper still lies the hindbrain, or reptilian brain, involved with life sustaining functions, arousal, and homeostasis. The deeper we go into the brain structures, the more primitive these are, and the more similar to our animal cousins. As Bessel van der Kolk has shown us through his studies of brain scans of trauma victims, these deeper brain structures are highly activated. Cortical areas, such as Broca’s area responsible for expressive language, tend to shut down after trauma, rendering victim’s unable to easily speak about what has happened (van der Kolk, 2004).

In our culture, we are accustomed to moving with prescribed shapes, rhythms, and postures. We don’t listen to our body’s feelings and needs. In somatic work we change the emphasis to our kinaesthetic sense instead of

externally imposed structures or patterns. We often allow our attention to rest more with the sensations of the body and less with cognition. In AM, one listens to the body to guide the movement and move in a non-prescribed manner. In RSM, we invite our clients to listen to their bodies and to follow the sensations and images that come, without judgment. These practices of internal attention represent one of the major similarities across many of the somatic and movement approaches. As we do so, I believe we are likely to be more fully engaging the right hemisphere of the brain which is by its very nature, sensory-motoric, emotional, non-linear, and non-verbal. Simultaneously, we are less engaged with the left hemisphere (language centres).

These practices appear to allow one to become more aware of and to express emotions. They also appear to facilitate the productive processing of affective experience. This may be because the right hemisphere of the brain has many direct neural links to the limbic system.

The limbic system is often seen as the home of affect. Candace Pert has studied neuropeptides, the chemical messengers in the nervous system that regulate affect. She refers to these messenger molecules as the “molecules of emotion.” Her research suggests that the limbic system structures hold 40 times more neuropeptide receptors than the rest of the brain (Pert, 1997). It is also involved in the regulation of autonomic nervous and endocrine systems. The cortex is less richly populated with the receptors for these neuropeptides. The right hemisphere has many more neural links to the limbic system than does the left hemisphere of the brain. It would thus not be surprising if somatic experience facilitated affective processing.

Traditional psychotherapies that are primarily reliant on language and insight can be seen as working “top down” in neuroscience terms. There is now a strong interest in mindfulness practices in Cognitive Behaviour Therapy (CBT) practitioners (Segal, Williams, & Teasdale, 2002). This takes CBT into the realm of the somatic practices which have been “minding their bodies” for decades. We need verbal work to be included in somatics work (“bottom up”) to build links to conscious awareness for complete integration. This is why witnessing language in AM is important. It is also why, in RSM, we have people repeat key phrases while lying, sitting, standing, and walking. We need all the brain and all our functions to heal, including somatic, kinaesthetic, cognitive, affective and analytical ones.

Freedom to associate

There are additional interesting parallels between AM and RSM and other body-oriented methods, which could include Process Oriented Psychology, Ericksonian hypnotherapy, and some art therapies. Ironically, these may all link back to Freud’s notion of free association and Jung’s active imagination. There is something productive in allowing the body/mind to free associate, either through movement, language, or by allowing one’s consciousness to rest with the body. There is a following, in all of these cases, of what emerges in the moment without censorship. The divergence from free association is

that one may be encouraged to go deeper with the association, to stay with or expand upon an image or sensation. There is often less emphasis on interpretation by the therapist. Alternatively, in AM there is a witnessing that neither encourages or interprets but reflects and contains.

It should be noted that not all body psychotherapists work in this way. Many clients need containment, interpretation, and structure and it is not always appropriate to work in a free form and spontaneous manner. One must have the skill to tailor what one does to the individual client's needs. Seriously traumatized clients, for example, often need structure to cope with and contain overwhelming experience and affect. In AM, the time frame and witnessing language do provide a sense of containment. For many clients, however, a lack of structure and an exploratory approach are what is needed to bypass defences and avoid intellectualization.

In AM, the therapist engages in witnessing dialogue with the client. She, with permission, says what she sees and feels in response to being present with the mover. AM works with the therapist, witnessing movement patterns and gestures as the client moves or is still in the space; RSM attends to the fine rhythmic movement of energy in the body. In AM, the witness observes movement and reflects back to person what was seen and felt. In RSM, one listens to the dance of the cells with the hands. In AM, as clients' authentic dances are seen and heard, change occurs, moving towards greater well-being. In RSM, the rhythmic energy patterns having been heard also begin to change.

One difference is, while AM rests in elegant simplicity of form and language, RSM is formless. RSM tends to engage in therapeutic enquiry. The therapist often asks "what do you experience?". True to Gestalt practice, there are experiments in imagination and communication. RSM can be conducted seated, standing, or lying on a massage couch. Touch is often, but not always, integral to the process.

The symbolic body

Mindell (1984) talks about his concept of the Dreambody: the unconscious manifests itself through body symptoms and sensations. Mindell states, as did Freud and Jung before him, that the unconscious works in symbolic and metaphoric terms. Movement in AM becomes ritualized and symbolic. In RSM, we use imagery that is naturally symbolic. Clients, as they "go inside" (or play close attention to) their bodies, often begin to speak in less rational, simpler, symbolic, and metaphoric terms. It's almost as if the body has a different, more symbolic, language. These images and metaphors are like food for the body/mind. I notice that as clients discover and integrate these images, their body energies change and I have consistently found that their external behaviour and perceptions also begin to change.

Images can help to heal traumatic memories through the plasticity (malleability) of our brains (Cozolino, 2002, p. 103). Rossi (1993) refers to images that are not processed by the left hemisphere (that is, encoded in language) as "raw" images while those that have been also processed by the

left brain as “cooked.” I think that these raw images have a great deal of healing power. It is not always necessary to interpret an image or decipher the code of a symbol (i.e., cook it) for it to be effective. One does not always have to “understand” in terms of language, what is happening. The unconscious body/mind can do the work.

One example is a client who had been struggling with his sense of himself as a man and his relationships with women. As we worked on the table in one session, he began to have a sensation in his abdominal area. He stayed with it on a sensory level, and “let it talk.” In a deeply altered state, he indicated that this place wished to connect with someone; over time he stated it seemed to wish to connect with someone who could teach him what it meant to be a human being. This seemed profound to me. Images of umbilical cords, parenting, and attachment came to my mind, but I never said a word about these. We never discussed the implications of these images or sensations. He had a number of other images, some we discussed, some not. There were many issues that we addressed and this was only one element of the work we did. I had felt that this session was a turning point in our work, however. It is also interesting that, after we terminated our work some months later, I learned that he had married and had a child.

Body-time, energy, and stillness

It takes a number of years to develop the sensitivity in one’s hands to be able to do Ilana Rubinfeld’s work and to then integrate this into psychotherapeutic dialogue. When I teach workshops I have participants draw what they feel in their hands when they touch someone. What is surprising is that what I feel in my hands as I listen to my clients’ bodies is rhythmic, ever changing, and often circular in shape. We listen to how these rhythms and shapes change in relation to what our clients say, to the thoughts and images spoken and unspoken.

The body has its own timing. Resistance is never pushed against: body armour melts as it is listened to, rather than being forced into submission. So we slow down; we wait for it to readjust itself to its newfound patterning and rhythm.

Similarly, the simplicity of AM belies its power. It takes some time to fully understand the potency of witnessing language and to avoid getting in its way through personal projections.

Stillness is important in both methods. Permission to be still and just be is such an important therapeutic element in our rushed, achievement-oriented culture. The thing that I believe both methods recognize is that even as we are still, much is happening. There is still consciousness; there is still slight subtle movement. I find that as my clients move along in their therapeutic process, and are integrating new ways of being, they spend more time in stillness digesting and just “being.”

Moshe Feldenkrais always had people rest after the deep focusing of his movement lessons. This is a “digestion” period that allows change to occur in the neuromuscular system at an unconscious level. I think that the same thing

is occurring with the imagery, symbols, and sensations that emerge in a session. After a session I encourage people to be quiet, to go for a walk, or to sleep, rather than analysing what happened in the session. AM and RSM work with the unconscious mind, and attempts to consciously think about what happened might get in the way. This is again because we are not working so much with the left hemisphere. It is so liberating to not have to figure it out.

The autonomic nervous system

A final similarity may lie in the impact of the work on the autonomic nervous system (ANS). In working with clients, particularly those who have had some sort of trauma, we strive to find a balance between and within the sympathetic and parasympathetic nervous systems. These are the systems that are in part responsible for the fight/flight/freeze responses associated with hyperarousal or collapse in our clients. The healthy regulation of these systems is thought to have an important influence on physical and emotional health (Aposhyan, 2004). The organ and endocrine and immune systems can all be affected by dysregulation of the ANS.

In my experience, kinaesthetic awareness has an effect on the autonomic nervous system. As people begin to focus on their bodies, we often hear the stomach gurgling, a sign of parasympathetic activity. Gerda Boyesen, founder of the biodynamic method of body psychotherapy, uses a stethoscope to listen to the subtleties of these sounds (Boyesen, 1980). A phenomenon I have observed in RSM is that when a client says something that is an essential truth, something close to home, the belly applauds with a grateful rumble. Like a Greek chorus, the sounds of the parasympathetic system comment on the client's story, affirming their truth.

Touch can have a calming effect on the ANS as it elicits the release of neuropeptides that facilitate relaxation, anxiety reduction, healing, and well-being (Uvnas-Moberg, 2003). In AM, the permission to just be, to be still, and to move without structure, also appears to be calming. While some therapies add relaxation procedures to facilitate tension release and ANS regulation, they are often separate from the therapeutic process. Letting go and relaxing, being with and attentive to the body, are essential to AM and RSM. They are integral to the process, not a separate, discrete, and disconnected aspect.

An integrative session

An example of a body psychotherapy session that utilizes imagery, metaphor, and movement is a session with a woman named Nancy who has given permission to present her session publicly. Nancy had had an auto accident that caused damage to her nose. She had been having trouble breathing for about a year as well as other emotional and neurological post-concussion sequelae. She is a highly intelligent and emotionally well-integrated woman with no history of major emotional difficulties. She is a somatics practitioner

herself, and has a wonderful sense of humour. Her high level of awareness and integration allowed us to work in a rather free form and playful manner.

As is typical of an RSM session, I begin with the client fully clothed on the massage table. I employ a feather-light “listening” touch, which facilitates somatic awareness. Nancy responds to the touch with images of colours and shapes. She has an urge to move and I encourage her to go along with this. Her leg begins to fan back and forth. To facilitate the deepening of the process I ask her to become this leg that is moving and speak as if she was the leg. As she “lets it talk” it becomes clear to her that she is flagging someone down. This brings up all the feelings about her loss of functioning, helplessness, and sense of being victimized by her trauma.

As I continue to listen to the energies in her body with my touch, I feel things begin to move and shift. She also begins to feel a shift in her body. She has a sense of opening in her nasal passages. She has an “aha” in her body which is significant. She had continued to image colours and was describing these as they changed. I was noticing that she referred to the colour orange frequently and kept saying “it’s not orange.” I asked her to embody the image by saying “I am not orange.” When she did this I felt a surge of energy in her shoulder where I had been listening with my hands. The orange was apparently symbolic of her sense of trauma and hypervigilance that had been disruptive to her life. With this surge of energy, she seemed to be simultaneously relinquishing and moving on from the trauma. Later in the session, she came to a place of stillness, peace, and resolution. Months later she told me that she was less bothered by her breathing problems and felt less victimized and limited by her accident. No more orange!

Soul mates reunited?

As we have spawned in related but different waters, there are, naturally, differences between the separate disciplines of dance movement therapy and body-oriented psychotherapy. I suspect that, for example, most body psychotherapists don’t regularly use free flowing large movement but tend to focus on finite gestural or energetic movement. I also doubt whether many dance/movement therapists use touch consistently in their work. There are also differences between various methods of body psychotherapy as there are between methods of dance/movement therapy.

I hope, nonetheless, that I have shown that similar processes may underpin our disciplines. We are birds of a feather flying in separate flocks. We all believe that the body holds wisdom and keys for healing and growth. Through our methodologies of touch, movement, and bodily awareness, we are engaging the body/mind in ways that cannot be achieved through verbal exchange alone.

We welcome affect in all its forms. We encourage inner attention, authenticity, mindfulness, and somatic listening. We tend to be non-linear, non reductionistic, and often embrace the spiritual elements in our work. We often tend to resist diagnostic labels and pathologizing our clients. We value

relationship, the energetic and mysterious. We believe in breath as a life force, a cellular action, and as a connection with spirit.

The territorial division between our disciplines is perhaps unnecessary. We are all somatic practitioners with varying methods, backgrounds, and techniques. We can learn so much from each other and have so much in common. Would it not serve our holism to reunite?

In my version of somatic heaven, we formally recognize each other. We hold joint conferences where we learn from each other. We integrate practice methods and share case material. Understanding how we are similar and different might allows both fields to gain a greater understanding of how and why our methods are helpful to clients. Training programmes and accreditation procedures integrate and cross-pollinate, and work opportunities expand. Plus, we have a wonderful time dancing together.

Biographical note

Born in Cleveland, Ohio, USA, Laura Hope Steckler, PhD, CRS/WL, RSMT, is an accredited Body-oriented Psychotherapist, Clinical Psychologist, and Registered Somatic Movement Therapist. She received her doctorate in Clinical Psychology in 1984 and subsequently trained with Ilana Rubenfeld, becoming certified as a Rubenfeld Synergist[®] in 1996, and a group/workshop leader in 1998. She currently resides in Edinburgh, works as a psychologist in a multidisciplinary pain clinic, practices as a body-oriented psychotherapist, and dances.

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