Treating resistant psycho-physiological symptoms in somatic therapies through emotional embodiment

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I am a licensed clinical psychologist from California, a senior trainer in Peter Levine's Somatic Experiencing (SE) professional trauma trainings, and the developer of Integral Somatic Psychology (ISP), a science-backed and body-based approach designed to reduce treatment times and improve diverse outcomes in all therapy modalities through building a greater capacity to tolerate emotions, especially unpleasant ones, through the body. For me, developing the practice of embodying emotions has been extremely rewarding, personally as well as professionally, and equally so, reminding me that we teach what we need to learn.

Summary

The science-backed and body-based practice of embodying emotions is described and offered as a tool for exploring and treating persistent physical symptoms with psychological cause in osteopathic and other somatic treatment modalities.

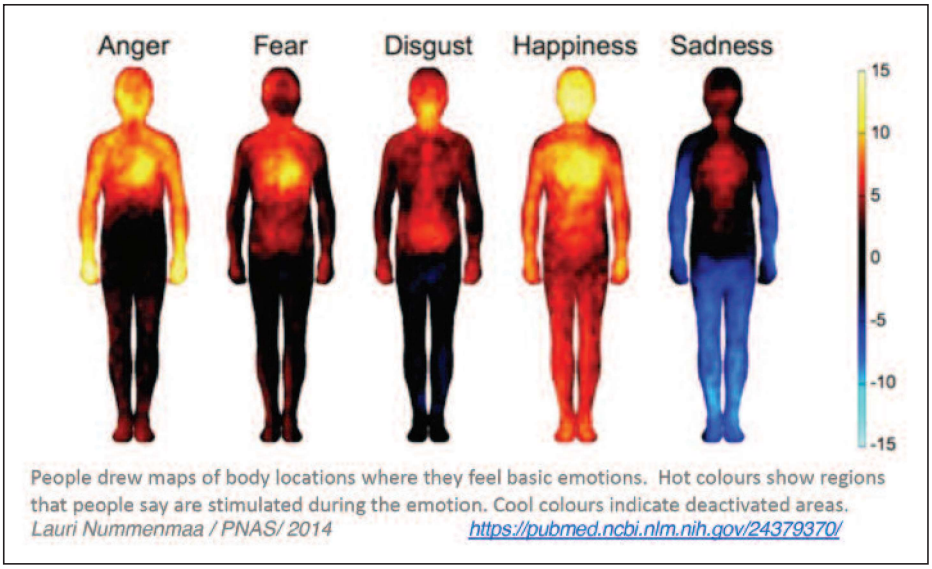
Introduction

It is not uncommon for somatic therapists (understood broadly to include osteopaths, chiropractors, bodyworkers, physical, manual, energy therapists, and other hands-on therapists) to encounter people with resistant physical symptoms such as tension-type headaches, irritable bowel syndrome (IBS), fibromyalgia and pain syndromes. After medical professionals have ruled out organic causes, and the problems have defied the best efforts of somatic therapists, the conclusion is often drawn that their cause might be psychological. Such symptoms are now referred to as psycho-physiological symptoms instead of psycho-somatic symptoms, because the latter came to imply something negative like 'it is all in one's mind' requiring nothing more than cognitive change for cure. The current term psycho-physiological symptoms is less stigmatising and thankfully acknowledges that, in addition to psychological cause, there is actual physiological dysfunction involved. The growing literature on psycho-physiological symptoms shows that up to 25% of physical symptoms seen in primary care medical practice are psycho-physiological (Landa *et al*, 2012).

When somatic therapy practitioners run into clients with such symptoms, they often refer them to mental health professionals out of scope of practice concerns. Psycho-physiological symptoms, even when their cause might be purely psychological to begin with, eventually become physical in nature. It is becoming increasingly recognised that effective treatments for treating psycho-physiological disorders need to involve both psychological and somatic components. Unfortunately, the extent to which mental health professionals work with the body in their practice continues to be extremely limited. Given this situation, somatic therapists, by incorporating the proposed practice of embodying emotions into their work, can play a valuable function in reducing the suffering caused by psycho-physiological symptoms, without veering too far from their scope of practice. Symptoms might resolve in a somatic practice with the combination of somatic work and even a rudimentary practice of embodying emotion described here. And even when the symptoms do not resolve, and the scope of practice issue dictates a referral to mental health professionals, both the client and the mental health professional they are referred to stand to gain from psychological insights gathered.

Emotions as the primary cause of psycho-physiological symptoms

There is increasing neuroscientific evidence that affective experiences (defined broadly to include emotions, feelings, drives such as sexuality, moods, and even temperaments such as pessimism) are the primary influencers of verbal and non-verbal behavior including body states such as posture as well as all acts of cognition including attention and perception, evaluation and meaning, memory and language (Dukes *et al*, 2021), as opposed to earlier times when cognition and behavior were widely believed to determine affective experiences instead. These recent findings put emotion (the more common term 'emotion' is used in the practice of embodying emotions to refer to all above-mentioned affective experiences) at the center of psychological life, as its primary mover.



People drew maps of body locations where they feel basic emotions. Hot colours show regions that people say are stimulated during the emotion. Cool colours indicate deactivated areas.
Lauri Nummenmaa / PNAS/ 2014 https://pubmed.ncbi.nlm.nih.gov/24379370/

Emotions can be broadly classified as pleasant and unpleasant emotions. Human beings are inherently averse to pain and attracted to pleasure, as identified by Sigmund Freud in his theory called the pleasure principle. We tend to form psychological defenses such as denial ('This is not happening to me') and physiological defenses such as constriction to cope with unpleasant emotional experiences such as heartache as well as unacceptable pleasant emotional experiences such as sexuality because they often have unpleasant emotional consequences such as shame and fear. And it is well known in body psychotherapy approaches from the time of Wilhelm Reich that physical defenses such as constriction in the body are used by human beings from the time we are in the womb to cope with unbearable physical and emotional experiences. Integral somatic psychology (ISP) identifies seven categories of physiological dynamics such as constriction, arousal, and movement that can contribute to generation as well as defense of emotions in the body (Selvam, 2022). We use physiological defenses throughout our lives but their use is more instinctual and dominant when we are younger when our psyche is less developed to use psychological defenses to cope with intolerable experiences.

The use of physiological defenses in the brain and the body against painful sensations and emotions, by disrupting blood, nervous system, lymphatic, interstitial, electromagnetic and quantum mechanical flows, flows that are commonly understood as vital for an organism's self-regulation and wellbeing, lead to dysfunction in the biology and cause the physical component of psycho-physiological symptoms (Selvam, 2022). To treat such symptoms effectively, a therapist or a team of therapists has to know how to undo the physiological and psychological defenses against emotions as well as how to help clients access and process the emotions thwarted by the defenses.

People who have had many traumas or adverse childhood experiences, who have poor access to their emotions and who have limited psychological insight, have been found to be more likely to form psycho-physiological symptoms (Nakazawa, 2015; Scaer, 2014; Psychophysiologic Disorders Association, nd online). On the face of it, because those who form psycho-physiological symptoms tend to have above-mentioned precursors, it would seem better if they were treated by a mental health professional than a somatic therapist. However, because of the lack of psychological insight, the high level of suffering caused by the psycho-physiological symptoms, and their medical appearance, such clients are more likely to see medical professionals or somatic therapists for relief than to see mental health professionals. When medical tests reveal no gross abnormalities, they tend to be labeled as medically unexplainable physical symptoms (MUPS). Their routine management, cognitive behaviour therapy (CBT) and medication, has been found to be far from satisfactory (Husain & Chalder, 2021).

A person's capacity to access emotions and their capacity for psychological insight is a function of how much support they had from others to develop both capacities when they were growing up. Clients in somatic therapies with psycho-physiological symptoms who had adequate support for both capacities often spontaneously access emotions as well as psychological insights when somatic therapists work on their bodies to regulate them and undo the physiological defenses against emotions. Clients with psycho-physiological symptoms, because they are likely to have had less support for both growing up, are unlikely to be able to access their emotions or the necessary psychological insights by themselves, and they

are more likely to be motivated to see a mental health professional for help if their somatic therapist is able to connect their psycho-physiological symptoms to their emotions or their psychological situation through their experience at least to some degree, instead of just hearing that their resistant symptoms might be psychological in nature. Here, the practice of embodying emotions can be of much value to somatic therapists as well as psycho-therapists because it recognizes and works with a wide range of emotional experiences (including the most universal emotional experiences of just feeling good or bad that are almost always easy to access) that can be of great help in assisting clients to access their emotional life in short order. Let us now turn to a short description of the practice of embodying emotions that can be of immediate use for somatic therapists facing clients with resistant psycho-physiological symptoms.

The practice of embodying emotions

The practice of embodying emotions is simply the expansion of the conscious experience of emotions to as much of the brain and body physiology as possible. For example, if one were to experience an emotion such as anxiety in the chest, one would then try to expand the conscious experience of the anxiety to as much of the rest of the brain and body physiology as possible. Such a practice, according to the evidence-based scientific findings from multiple disciplines, has the potential to reduce treatment times through increasing the capacity to tolerate the hidden emotional experiences that are often necessary for the resolution of psycho-physiological symptoms. In addition, it has the potential to improve cognitive, emotional, behavioral, physical, energetic, relational, and spiritual outcomes in all somatic, energetic, psychological, and spiritual modalities. *The practice of embodying emotions: A guide for improving cognitive, emotional, and behavioral outcomes* (Selvam, 2022) gives more details of the method and an in-depth treatment of the scientific findings on which the practice of embodying emotions is based. Even though there have been no randomised controlled studies of the method vis-a-vis other methods such as CBT, our experience with the method in over a dozen countries is that it delivers benefits consistent with the predictions of the science on which it is based.

The four steps of the practice of emotion are the situation, the emotion, the expansion/regulation of body and emotional experience, and the integration. The extent of the width and depth of expansion of emotional experience in the brain and body physiology, the level of emotional experience and its intensity, the depth of the psychological process, and the duration of the emotional experience necessary to bring about change in the psycho-physiological symptoms are highly variable, depending on the complexity of the psychological process needed and the level of capacity for emotional suffering in the client.

In the rest of the paper, the focus will be on how even somatic therapists who do not engage their clients in emotional processing can add a short and simple version of the practice of embodying emotions to their approach that does not involve all of the four steps (only involving steps three and four) to help clients with psycho-physiological symptoms, something that readers can use immediately with their clients as well as themselves.

> Unfortunately the extent to which mental health professionals work with the body in their practice continues to be extremely limited

It is important to clarify the difference between tracking the experience of emotions as opposed to sensations in the body. This is because the tool of tracking body sensations from meditation practices has been used widely in psychology to regulate the brain and the body in the last 30 years. The experience of emotion in the body is a meaningful higher-order image of available body sensations that gives us a quick assessment of the impact a situation is having on us. The process is analogous to seeing a meaningful face in a cloud made up of water particles. Our brain is capable of such categorical higher-order processing (Barrett, 2017). Emotions in the body are made from sensations but not all sensations are emotions. Tracking an experience of anxiety in the body is not the same as tracking sensations such as constriction and arousal that might be the basis of the experience of anxiety. Therefore, when we are expanding the experience of anxiety in the body, we are not tracking and expanding the experiences of constriction and high arousal in the body. If we were to track the underlying constriction and arousal instead, and operate on them to transform them, we might regulate the body back to normal and regulate the emotion away without ever becoming aware of them.

For our purpose, let us assume that the resistant psycho-physiological ailment is a stomach ache. We can ask the client to sense into the ache, feel how bad or awful it is (a basic universal emotion that almost anyone can access), and express the bad or awful feeling in a vocalisation and a facial expression that expresses the bad or awful feeling present in the ache. Research has shown that involving the throat and face areas in the emotional experience in the brain or the rest of the body enables the brain to process the emotion as well as the context of the emotion more effectively (Niedenthal, 2007). We can also do it with them to help support them but also to sense what emotions might be involved. Vocal expression, because it is always accompanied by some non-verbal expression, can also help in facilitating the expansion of the emotion to more places in the body and make the emotion more bearable because its impact is distributed more widely. Further, infantile affect states that are often

involved in psycho-physiological states are easier to access through vocalisation than through verbal description. If the client were too inhibited to engage in vocalisation or facial expression, we could have them just imagine someone else or themselves vocalising and facially expressing the bad feeling. Vocalisation and facial expression are also effective in accessing and expanding emotions because their inhibition is a powerful defense against emotions throughout the brain and body.

Because vocalisation and facial expression have been suggested as tools for accessing emotions and expanding them in the body, and because there are somatic therapies that combine emotional release in their work, a word of caution is in order. In order to resolve resistant psycho-physiological symptoms, we need to increase the capacity in clients for emotions that are driving the symptoms, so that clients can become resilient (non-symptomatic) in the face of those emotions when they arise again in the course of their life. Emotional expression, even though its repression can powerfully inhibit access to one's emotions and their embodiment, can become a mere cathartic release or discharge without leading to affect tolerance, symptom resolution, and resilience. Affect tolerance is more about experiencing and tolerating the emotional experience in the physiology of the brain and body as a felt sense experience than about expressing the emotional experience vocally, with or without language.

In addition to or instead of using vocalisation and facial expression to access and expand emotional experience in the brain and body physiology, powerful tools for working with psycho-physiological symptoms, we can ask the client if they can expand the bad or awful feeling in the stomach ache to more of the abdominal area and then to the adjacent areas of the chest or the legs. We can motivate them with a simple analogy. An emotion is an assessment of the impact a situation has on our whole organism. When we expand the impact to more places in the body than holding it and fighting with it in one or two places, we suffer more, just as it is harder to lift a heavy bag with one arm than with both arms. We can support this through whatever somatic work we know to undo the physiological defenses that are restricting the ache and bad feeling locally to the abdomen as well as to undo the physiological defenses that are preventing the bad feeling from spreading to the adjacent areas of the chest or the legs, constriction defenses at the respiratory and pelvic diaphragms for example. Once the client is able to expand the simple emotion of feeling bad or awful to more places in the body, because feeling bad or awful is a foundational experience of all unpleasant emotions, more differentiated emotions such as fear, sadness, or loneliness often emerge to shed further light on the emotional and other psychological causes of the ache in the abdomen.

In order to help ease the difficult experience of accessing and expanding unpleasant emotional experiences, we can ask clients to bring their awareness from time to time to the positive developments that can be theoretically expected to accompany the expansion. This step is called the integration in integral somatic psychology (ISP). The integration at the somatic level can be improvement in breathing, less tension in muscles, more energy in some places, or more balance in the distribution of energy in the body. It can also be positive developments in cognition and behavior but pursuing these might be beyond the scope of practice of many somatic therapists.

The science behind the practice of embodying emotions

A detailed treatment of the science of the practice of embodying emotions is outside the scope of this paper. In a nutshell, the expansion of emotion in the body, by spreading the impact of a situation on the organism in the body, leads to greater affect tolerance or capacity to be with the emotion for a longer period. This allows the brain more time to process the emotion cognitively, emotionally, and behaviorally. This can lead to better outcomes in all three realms. Greater tolerance for emotion also allows the body to be free of constraints imposed on it from defenses against emotions. The body that is more open, available, and connected to the environment is able to participate better in the functions of cognition and behavior that are now known to also depend on the body and its environment, according to the science of embodied and embedded cognition in cognitive neuroscience and psychology (Fincher-Kiefer, 2019). With the body and energy freer of constraints, they are able to connect more with the archetypal resources of the collective to not only bring about more healing resources to the individual but also connect the individual more spiritually to the collective.

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