

The Pre-Symbolic Client – Understanding Somatic Interventions From a Developmental Psychotherapy Perspective

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Presented to Australian Association of Somatic Psychotherapists Conference May 2007

In this paper I will discuss developmentally based psychotherapy, as defined by Stanley Greenspan, and how this theory applies to the use of bodywork and touch in somatic psychotherapy.

Greenspan has detailed six stages in ego development, or what we might call self-organization. He explains how our functioning is a product of the developmental processes we have undergone.

Greenspan says many therapists make the mistake of assuming that clients can think and communicate at a symbolic level and expect this kind of communication from them. He says they mistakenly think their job is to offer a verbal synthesis or integration of what the client is telling them, as if this will enable the client to develop this synthesizing ability for themselves. This assumption is false, he says, because the growth in the self occurs when the client creates the synthesis, not when he or she hears it from another.

These ideas have profound implications for how we conduct our work as therapists, particularly with those clients who are less advanced in their emotional development. Such people may be struggling with simple regulation of their affect levels, or with defining the boundary between self and other. The ability to acknowledge and integrate complex feeling states may be beyond the capacity of many of our clients. Greenspan says there are far more patients in this category than we realise, and that interpretations and other symbolic interventions will not be any use to these people.

Because Greenspan bases much of his theory on the developmental process of childhood, he draws many parallels between child psychotherapy and work with adults. He argues very convincingly that an adult with an archaic level of emotional development essentially needs a similar kind of therapeutic intervention as a child patient at the same developmental level.

On reading this it occurred to me that Greenspan is providing a strong case in support of non-verbal interventions in therapy. In his book he gives a systematic method of assessing the developmental needs of the client, spelling out what I suspect has been, for many of us in the somatic field, a more intuitive, trial-and-error process of

discovering which clients need some form of non-verbal experience before they can relate on a more abstract, verbal level.

In Greenspan's view, the overriding goal of therapy is to help the patient's personality grow to a higher level of functioning, not merely to understand them at their current level. He suggests a good psychotherapist will be able to meet the client at their current developmental level, bring this into the client's awareness and offer opportunities for further personality growth within the therapeutic relationship.

Greenspan emphasizes the central role of empathy in meeting and acknowledging the client at their own developmental level. Our empathy is what enables us to invite communication from the patient. This invitation leads to repeated loops of emotionally-connected communication between patient and therapist, just as between child and parent, which gradually enables growth of the patient's organizational structure.

I will try to summarize for you Greenspan's six stages of infant and childhood development.

Stage One is the ability to regulate one's own bodily and emotional experience. It begins from birth to three months and includes the regulation of sensation, affect and arousal level. Greenspan says there can be constitutional difficulties at this level, where a child is under- or over-reactive to sensory experience such as sound, touch or emotion. Disturbance in this basic level of self-organization will manifest in problems with aggression, depression, lifelessness, hypersensitivity or the use of alcohol and drugs.

Stage Two involves the ability to engage deeply in relationship. Greenspan locates the beginning of this stage at three to six months of age. If developed adequately, there will be a capacity for warmth, intimacy and trust in engagement with another. The quality of relatedness a person displays – its rhythm, consistency and flow – will give an indication of how they have developed in this area.

In Greenspan's model, Stages One and Two constitute the Basic Level of ego development. Stages Three and Four are called the Pre-Representational Level, and Stages Five and Six the Symbolic or Representational Level.

In Stage Three we learn to manage boundary-setting, by ourselves and others. It begins between six and twelve months of age. This stage involves the use of behaviour to communicate with others - by using gesture, sound and movement – thereby defining the boundaries of self and other. In all these stages we depend on an appropriate response from our caregivers for growth in that particular aspect of self.

In Stage Four, beginning from nine to fifteen months, we learn more complex gestural communication. Issues of safety, acceptance, approval, desire and feeling are all communicated in a non-verbal way, via movement, gesture, tone of voice, etc. This is the level of "body language" and is an elaboration of stage three.

In Stage Five, beginning from 18 months to two years, the child begins to represent their experience symbolically, and express meaning using words and images. The sense of self begins to involve meaning and symbol, not just behaviour.

In Stage Six, from two years on, higher-level representations develop, leading (in healthy development) to the ability to reflect upon experience – one's own and other people's. There is the recognition of emotions in oneself and others, and with that, the gradual recognition of what is real and unreal.

We need an attuned other person to relate to, in order to develop this level of functioning. Greenspan describes a person with higher-level differentiation as being one who can build links between different ideas and affect states, elaborate meaning and display "emotional thinking".

Progressing through the six stages, children gain increasing awareness of their inner experience, including their emotions, their thoughts, and what these mean. If they reach the stage of having a capacity for emotionally-reflective thinking, they will have developed what Peter Fonagy calls "mentalization" and what Greenspan calls "representational differentiation" or "symbolic differentiation".

By differentiation Greenspan is meaning the complexity, richness and range of detail which is evident in someone's mental life. Both these writers see this capacity as an indicator of mental health, and believe its development is the most important aim of psychotherapy.

Greenspan says if we observe a client's behaviour and listen carefully to the way they express themselves, we can discern something about their developmental level. If we ask "how did you feel about that?", a person at a pre-representational level may say "I had to get out of there" or "She always has a go at me". They will not say "I felt criticized and scared we would have another fight". Rather than seeing a client's failure to answer a representational question as avoidance or resistance, Greenspan sees it as an expression of their level of development.

He is careful to point out that most people have some areas of the personality which are more archaic and others which are, to use his word, more differentiated. For example, expressing themes of competition and aggression might be quite easy, whereas themes of dependency and need may be very difficult to put into words. The level of integration (or differentiation) is indicated by the complexity of self-awareness and understanding evidenced in the person's language and expression.

Greenspan argues that missing developmental structures are not held somewhere in the unconscious. He says pre-representational structures simply do not include the symbolic

level. Hence they are more like a self-state, which the person is aware of but cannot reflect on.

Pre-representational clients will act out behaviours rather than representing them. Or, when they speak, they will describe behaviours and actions rather than any internal states. Pre-representational language describes either a somatic state (bursting, pain, heaviness, etc.), a global state (eg. I felt bad), or an action (I did this, they did that).

Greenspan points out that patients will show less differentiation around areas relating to anxiety and trauma. In these areas they will show less ability to articulate feelings, and will rely more on somatic, emotional and behavioural responses. When anxiety arises it will disrupt the flow of communication and induce a lower-level form of communication. Shifts in the developmental level will occur during a session, and will be shown in the body language, speech and mood.

I have the sense that for Greenspan, the content of the therapeutic communication is not the primary focus. He is more interested in the developmental level the client manifests, and how to facilitate their next developmental steps. He is adamant that if as therapists we are merely offering our own symbolic interpretations of the client's more archaic self-expression, we are doing very little to promote the growth of their own representational capacity.

This is an important point to consider. I think psychotherapy training, and the understanding we gain through reading theory, induces quite a sophisticated language in us as psychotherapists. The danger, according to Greenspan, is that we can do too much of the representational work for the client, instead of facilitating their own capacity.

It is evident in working with children that we should refrain from doing the mental work for them, although equally we should not sit back and be silent. What Greenspan advocates is an interactive process, based on empathy, to engage the child or adult and inquire into their experience, so they are moved to express and elaborate more fully. I think this is what Kohut would call developing structuralization.

Allan Schore has described the affective communication between caregiver and child which builds the sense of self. Schore, like Greenspan, highlights the value of the intersubjective exchange, and says the most effective stance for the therapist is to be closely engaged and responding, without leading the exchange. Donna Orange is another intersubjectivist who believes it is the engaged and attuned dialogue which promotes personality growth.

To summarize the implications of Greenspan's developmental approach to psychotherapy, I would say he believes that therapy is about the growth of structure, rather than the resolution of content, even though on the surface we focus on the

issues the client brings. Our approach to each client should be developmentally appropriate, in order to advance their personality structure to a more mature organizational level.

Basing his views for the psychotherapy of adults on what works in the personality development of children, Greenspan says the evidence is clear in both normal development and child psychotherapy that empathic engagement by an attuned caregiver is what fosters the growth of the self.

Like Kohut, Greenspan advocates that the therapist should provide self-object experiences rather than interpret the self-object needs which are being demonstrated by the patient. He suggests we must sometimes be active in the interaction with the patient, thereby replicating normal parenting.

Children at pre-representational stages of development use play to express and elaborate their experience, and hence play is a natural tool in psychotherapy with children. I think that, similarly, for pre-representational adults, touch and bodywork may be appropriate forms of engagement which allow us to meet the client's experience and invite elaboration.

Greenspan argues that behaviour is a valid and necessary form of expression at certain developmental stages, and requires an appropriate recognition and response from the therapist. In my view, touch, movement, body contact and emotional expression are methods which can meet the somatic representational level of a client in an appropriate way. Bodywork with adults is in many ways a parallel to play therapy with children, providing developmental growth where words could not be as effective. I believe the therapeutic use of touch and bodywork can allow for growth towards an eventually more mentalized form of expression.

Many of our clients come to us with archaic needs which they are not able to put into words, and of which they may have no awareness. Techniques which open and move the blocked experience in the body can lead to an expanded awareness of self, which can then be symbolized in words and made sense of.

A major shift of emphasis occurred in the somatic field in Australia twenty or more years ago, when it was recognized that verbal integration of experience is crucial to the process of change. As I recall, after this we embraced the word "psychotherapy" in our definition and drew a distinction between bodywork alone, which assumes that integration will happen automatically after deep fragmentation, and a body-inclusive form of psychotherapy, which recognizes the archaic transference relationship and the variable strength or maturity of the client's ego in determining whether they are able to integrate and make sense of powerful bodywork experiences.

For some of us, verbal integration became the whole of the therapy and bodywork was dropped from the repertoire. For others, we worked to try and integrate the different paradigms we were facing. Since that time, much new research has informed and broadened the field of psychotherapy, and working with the body is far more validated and understood, even by the mainstream. In my view, Greenspan's approach offers further validation for the times in therapy when words are simply not enough.

I want to look now at some of the forms of bodywork which we can use to respond to patients at Greenspan's six levels of development.

Stage One – Regulating Affect and Sensation

Many people seek out somatic psychotherapy because they want help with regulating the state of their body. They may be aware of excessive tension, pain, a lack of feeling, uncomfortable sensations, sexual difficulties, or disturbances in eating, sleeping, and so on.

Biological and bioenergetic self-regulation have been a key feature of somatic work ever since Reich focused heavily on the bodily symptoms of neurosis and began working directly with muscular tensions. He found a spontaneous release of emotion could occur when the breath and body are engaged. Those of us who trained in the 1970's and 80's would have experienced a primary focus on techniques such as vegetotherapy and biodynamic massage, which aim at establishing a healthy balance in the cycle of the sympathetic and parasympathetic nervous systems.

Reich's significant and radical contribution was to recognize the flow of life energy in and through the body. Radix and Bioenergetics followed versions of Reich's vaso-motoric cycle - charge, tension, discharge, relaxation - while Biodynamic Massage worked with the cycle using touch to establish flow and redistribute energy, so the personality could find a more harmonious state of being.

Some clients who have no connection to their inner emotional experience can be helped through massage to begin to know what is in their body and learn to regulate it in a healthier way. This is a primary function of biodynamic massage, and much of my training centred on the different psycho-energetic patterns and how to improve the regulatory capacity of the withdrawn, collapsed, burdened, disconnected or rigid body structure.

Vegetotherapy or Body Process is another method somatic psychotherapists have used to engage the regulatory patterns of the body and work towards a more integrated self-regulatory system. In using these techniques we see the verbal integration of direct bodily experience as crucial to any lasting change in structure.

A therapist who is able to engage with the client's direct bodily experience, and also receive the content which flows from that experience, can provide a wonderful sense of being met and understood. This obviously does engage the infantile transference, but if handled ethically and respectfully, it can be profoundly healing.

This kind of work will often occur during a particular phase of a person's therapy, sometimes early, sometimes during the middle phase, before they move to a more integrated state and are able (in Greenspan's terms) to connect with and elaborate their experience in meaningful words.

Stage Two – Engaging Deeply in Relationship

It seems self-evident to me that many people can trust an experience of touch more readily than they can words. Also, that touch can communicate a deeper though wordless sense of support, positive regard, understanding and care. This should not be surprising, given our biological heritage as mammals and primates. There is extensive research on the developmental significance of physical holding to infant mental health, including the role of attunement and presence to the quality of the touch.

Patients who have difficulty engaging deeply in relationship will often be drawn to, and also threatened by, the possibility of physical contact with their therapist. If we work sensitively with this, we can explore the need and hopefully provide a new experience which speaks to a deep part of the person about whether they are acceptable, lovable, indeed "touchable" or "untouchable".

Charges of enactment distorting the transference have long been laid to rest in my mind, because my experience shows that enactment is a matter of degree, and the important thing is the authenticity and integrity of the contact. In fact, I think the artificiality of psychotherapy as an intimate but arms-length relationship is often deeply confusing to clients.

Greenspan argues that we have both a real relationship and a transference one with our patients, and it is navigating between the two which yields an experience of growth. It may be that physical contact occurs only in the form of a hug at the end of the session. Or, it may occur only once or twice a year, with the client resting under a blanket. In other cases it may be the regular experience of massage to the head and neck which leads to a deep release of the oral and schizoid contraction in the occiput, and allows the person to risk being held in someone's hands again, for the first time since infancy.

The impact of being met in places of life-long holding is more profound, in my view, than simply being understood, because the touch communicates "I know how you feel in there". I personally learned and experienced this in my own therapy with Robyn Speyer, and have observed it in many clients over the years.

I would go so far as to say that the kind of deep personal contact which is made in an attuned biodynamic massage, over time, leads to a different quality in the transference to the therapist. This is hard to define but is something like a sense of implicit trust or knowing at a fundamental level. When the client needs a visceral, tangible experience of the relationship in order to develop the second level of functioning, the right touch can open up the possibility of an attachment that never existed before.

It has been said, by Kernberg and others, that developmental deficits stemming from earlier in life require more enactment in the therapy, with borderline patients being the extreme who require a deep and genuine engagement from us even to build a little trust.

Perhaps this is why physical experience is necessary for some clients, and why many of us have been drawn to this form of psychotherapy. I think that providing a nurturing, non-exploitative form of touch, which genuinely meets the client's need rather than the therapist's, is often critical to making it safe enough for those who have been physically or sexually abused to begin to engage deeply in relationship.

Stage Three – Managing Boundaries in Self and Other

After the two most basic stages of development, which predominate from birth to six months, the infant moves to the pre-representational level. This is when boundaries, gestures and body language begin to be understood.

Many of our clients will have some or most areas of their psyche stuck at this gestural level. Greenspan helped me understand why some patients are unable to put certain things into words but will show them in their behaviour.

The obvious clinical example of a gestural boundary communication is around the starting and finishing time of a session. For instance, a client comes a few minutes late or winds up before you call time, or regularly stays over time. These are expressions of a need to define the boundary of the self, and not have it defined by the other. These behaviours also communicate something about the self, whether it's "I need more" or "I have to control what I let in", or whatever.

Greenspan draws strongly from child psychotherapy to help us respond to the clients who have developmental arrests at the boundary-setting and gestural level. He suggests that premature interpretation of such behaviours can be shaming and unproductive. He places the emphasis on responding empathically, but on the same level, to assist the client to gradually articulate their boundaries and needs.

He makes the point that the meaning of the gesture is not locked up in the unconscious, waiting to be uncovered. It has simply never developed beyond the gestural stage. The

therapist's job is to find ways to invite the client to elaborate on the gesture and discover its meaning for themselves. Interest, openness and empathy will be helpful here, along with an ability to refrain from putting our words in the client's mouth. Greenspan emphasizes that we cannot jump over to the representational level and getting there is a developmental process.

Somatic theory sees many of the pre-verbal developmental issues as embedded and expressed in the individual's body structure and energy patterns. A very contained, tight musculature will suggest a degree of rigidity, self-protection and underlying fear or vulnerability. A body with weak, soft muscles and low energy suggests a lack of boundaries, a tendency to become drained, and probably an undeveloped capacity to set limits and say "no".

There are a number of somatic techniques which explore pre-verbal boundaries. These include expressive movements and gestures, sometimes with a phrase such as "You'll fall" – "I won't fall" (the wall sit), or "Get off my back", and also the many Radix and Bioenergetics exercises done with eye contact.

These exercises will activate the self-other boundary and bring the person into relationship at the gestural level. Physical contact and pressure to certain parts of the body in a body process can also help connect with the meaning and feelings held in the body, particularly if the breathing is activated and a dynamic process emerges which is emotionally connected, and not just mechanical.

I employ these methods rarely, but under the right timing they can bring certain issues to life in a more connected way than just talking. An insight one gains from such an exercise can provide direct knowledge of the truth we carry in our bodies, which then begins the process of finding the words.

Stage Four – Managing More Complex Gestural Communication

In Stage Four we develop beyond simple gestures of yes-no, me-you into the whole terrain of non-verbal communication. This includes tone of voice, gesture, facial expression and body language. It starts during the period nine to fifteen months, and includes expressions of acceptance, approval, rejection, safety, giving, receiving and play. I think many creative and expressive therapies speak to this level and may appeal to people who need to develop their gestural language and express something that was not received as a child.

This form of communication can also be developed through therapeutic touch, and can lead to greater depth of meaning, if the relationship is genuine and attuned. This is similar to communication through touch at Stages One and Two, but at the intermediate level it involves more of a sense of the individual and their personality: who they are, the range of experience they have within them, and particularly what has never been

expressed or understood before. To me this is quite akin to a play therapy process with a child patient, where an area is created for play in which self-expression gradually grows.

It is worth noting that a sense of acceptance and safety in the therapy will be conveyed and experienced at the gestural level, and no amount of words can replace that experience. We must be mindful that the environment we create and the attitudes we convey to our clients will be received on a gestural level, and this is where a felt sense of trust or distrust will emerge.

We are hopefully very aware of the huge amount of non-verbal communication we show our clients in our dress, the place we work, what we do at the start and end of a session, and so on. Many empathic failures occur at this non-verbal level and some clients will be more sensitive to it than others.

Stage Five – Representing Experience Symbolically

In Stage Five we go beyond using behaviour to express ourselves and begin to use verbal expression, as well as symbols and images. This stage begins and coincides with development from 18 months to two years of age. Various feelings, needs, desires, attitudes and meanings now begin to be conveyed through verbal expression.

The ease with which a person can represent and elaborate their experience in meaningfully-connected words will vary, depending on the issues which evoke most anxiety and conflict for them. There could be more difficulty in relation to particular areas, such as aggression, anger, competition, empathy, dependence, greed, envy, triangular relationships, autonomy, sexual intimacy, and so on.

Verbal work at this level will be more alive and connected, hence there will often be no need for bodily experience in the therapy. The symbolic relationship of therapist to client will be meaningful and real, without the need for physical contact. This stage has also been described as one of “object constancy”, where the attachment is secure and can survive separations.

With clients at this level, there may still be some desire to deepen their experience through touch or a body process, but if so, the elaboration into words will be quite natural and easy. The need for concrete enactments of early developmental needs will not be as great, and the focus will be more on exploring the conflicts which are experienced within different parts of the self.

Stage Six – Forming Higher-Level Elaborations of Meaning

At Stage Six, the process of elaborating meaning continues and the person begins to form detailed differentiations of their various ideas, affects and meanings. This stage

begins at roughly two years of age. The ability to reflect on one's own and others' experience gradually emerges, as well as the ability to link up or integrate different aspects of the self.

Greenspan states that communication with an attuned other is what allows this development to take place, both in children and adults. Hence, at this level, the therapeutic relationship is the main vehicle for growth and change. Touch may be largely symbolic for clients at this level, for instance, in the form of a hug at the end of the session. It may also be entirely symbolic, in the experience of feeling "touched" by the therapist's care and understanding.

As with Stage Five, there may still be a place for exploring experience through the body at this level, and in fact, some of the more powerful bioenergetic practices are really only appropriate for clients with highly developed ego strength, who can tolerate the exploration of deeper affects and be able to integrate the experience without fragmentation.

At this stage one can explore the full potential of biodynamic massage, to open the capacity for feeling and aliveness throughout the bodymind, and allow a deep sense of oneself as a human being, with all the vulnerabilities and strengths that that involves.

Touch and bodywork at this more sophisticated level of development can have a powerful impact on the client's experience of self. It can assist with exploring those pockets where growth has been held back, to bring disowned or abandoned parts of the self into relationship with the whole.

Exploring the meaning of any massage or bodywork experience will be a necessary part of the process, and the vehicle for such an exploration is always the attuned therapeutic relationship. As somatic psychotherapists, with our training and skill in staying with deep bodily and affective experience, we can help our clients explore and make sense of who they are, by engaging in an attuned, reflective relationship which will allow the growth of emotional thinking. In this way, the mind and feelings can be gradually integrated into a whole self which includes the experience of the body.

GREENSPAN'S SIX STAGES OF EGO DEVELOPMENT

Based on Developmentally Based Psychotherapy
by Stanley I Greenspan, MD.

BASIC LEVEL – STAGES 1 & 2

Stage 1 – To Regulate Activity and Sensations (0-3 mths)

Disorders of self-regulation come from this level. Regulatory difficulties arise from sensory reactivity: hyper- and hypo-reactivity to sound, touch, emotion, also motor control. Note patterns of self-regulation, including alcohol and drug use, discharge of aggression, depression, lifelessness.

Stage 2 – To Engage Deeply in Relationship (3-6 mths)

Includes quality of relatedness: rhythm, fluidity, consistency. Note presence or absence of qualities of warmth, intimacy, trust in engagement. Note manner of engaging and disengaging at start and end of session.

PRE-REPRESENTATIONAL LEVEL – STAGES 3 & 4

Stage 3 – To Manage Boundary-Setting in Self and Others (6-12 mths)

Purposeful communication via behaviour (gesture, sound, non-verbal expression), defining self and other boundaries – “somatopsychologic” differentiation. Builds complexity of self-understanding through gestural communication.

Stage 4 – To Perceive and Manage Complex Affects & Behaviours (9-15 mths)

Gestural communication of more complex nature – expressing feelings. Note opening and closing gestures, postures. Safety, acceptance, approval, etc. are communicated by gesture. Level of “body language”.

SYMBOLIC OR REPRESENTATIONAL LEVEL– STAGES 5 & 6

Stage 5 – To Represent Experience Symbolically (18-24 mths)

Elaboration of meaning, symbolizing of experience. Sense of self begins to involve symbols, not just behaviours. Use verbal expression, play symbolism, verbal imagery. Note range of affects which can and can't be symbolized.

Stage 6 – To Form Higher-Level Differentiations (2 yrs +)

Building links between different ideas and meanings. Includes reflecting on own and others' experience. Leads to emotional thinking: recognition of own emotions, others' emotions, gradually identifying what is real and not real. Note capacity to elaborate inner experience in dialogue, link and explore themes, abstract and reflect on experience. May have pockets of experience at different levels of development.

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