

Reflections on Somatic Psychotherapy and Emotion Focused Therapy

Gena Fawns

In this paper, I explore the theoretical connections between emotion-focused therapy (EFT) and somatic psychotherapy, and examine the treatment of self-interruptive splits in both these modalities. I then reflect briefly on narrative tasks in EFT, and how I have incorporated EFT into my psychotherapy practice.

THEORETICAL CONNECTIONS: EFT, GESTALT AND SOMATICS

Studying EFT, I became curious about the similarities and differences between the theories of somatic psychotherapy, gestalt therapy and EFT. Many EFT concepts seem close to those of Wilhelm Reich, the founder of body-oriented psychotherapy.

Reich was a psychoanalyst and early student of Freud. He researched the biological foundations of libido, neurosis and mental health (Boadella, 1973/1985 p11). In the 1930s, he described libido as a biological energy source, and proposed that all life forms are animated by this energy (Reich, 1951/1973 p124). As early as 1934, he identified the bio-psychological capacity for self-regulation as essential to mental health (Reich, 1951/1973 xvii). He viewed mind and body as a 'functional unity', and worked directly with his patients' feelings, emotions, attitudes and body structures.

Reich's insights into body language, muscular armour, affect regulation and the unity of body and mind, can all be found in gestalt theory. Gestalt writers acknowledge that Perls adopted many of Reich's ideas, including his focus on 'conscious experience, the body as carrier of emotional wisdom and conflicts, and the active process of engagement between the therapist and the client in the here and now' (Yontef & Jacobs, 2011 p348). Leslie Greenberg, having trained in gestalt therapy early in his career, has carried much of the philosophy and practice of that model into EFT (Greenberg, 2002 xi).

Reich also described the personality as consisting of a primary layer of core emotions, a secondary layer of repressed and reactive emotions, and a tertiary social façade (Reich, 1951/1973 p143). This model is very close to Greenberg's theory of emotions, which informs the basic method of EFT. The concept of 'organismic self', which both Perls and Carl Rogers utilised (Boeree, 2006) is similar to what Reich, in the 1930s, called the 'primary layer' or core self.

However, there are significant differences between Reichian and gestalt theory. Reich remained firmly within the medical model and saw all neurosis as pathological. Perls, on the other hand, embraced the humanistic view of people adapting creatively to their

environments, seeking growth and actualization (Yontef & Jacobs, 2011). Gestalt moved away from a structural model of personality, and towards field theory and an experiential definition of the self (Yontef & Simkin, 1981).

This orientation continues in EFT's dialectical-constructivist view of the self as a moment-to-moment emergent process. In its model of self-construction, EFT seeks to 'synthesize biology, culture, emotion and reason' (Angus & Greenberg, 2011 p19). This recognises the biological 'organismic self' of Rogers (and Reich), as well as the postmodern understanding of self as co-constructed through cultural, relational and individual meaning-making (Angus & Greenberg, 2011 p21).

TREATMENT OF SELF-INTERRUPTIVE SPLITS

Self-interruptions occur when the client inhibits or suppresses their 'organismically natural' experience or expression of emotion, in a 'dysfunctional instance of overregulation' (Greenberg, Rice & Elliot, 1993 p217). I am interested in the method and purpose of treating self-interruptive splits in EFT, compared to somatic psychotherapy.

Self-interruptions are often unconscious, and may be evident in symptoms such as muscle tension, breath-holding, postural constrictions or subtle shifts in mental awareness. Like emotion-focused therapists, body-oriented practitioners will notice and explore these phenomena, using techniques such as bringing the habit into awareness, exaggerating or putting words to a gesture, and accessing the underlying emotion (Boadella, 1973/1985 p117-120).

EFT will focus on identifying the need that underlies the interruption, and aim to integrate this into the person's identity (Greenberg, Rice & Elliot, 1993 p223). When the client can re-own their feelings, they 'begin to differentiate and develop their responses into appropriate expressions oriented towards need satisfaction' (Greenberg, Rice & Elliot, 1993 p219). This is likewise the aim in somatic psychotherapy, but it is not as clearly conceptualised.

While EFT works with the two sides of the split in verbal and chair-work, somatic therapists might also explore the bodily process directly, by asking the client to deepen their breathing and mobilise their feelings, through movement, sound or words. Such methods occur in gestalt as well as somatics, but are not utilised in EFT, which prompts me to wonder why.

EFT research provides a possible answer, in studies on whether emotional arousal and expression are beneficial to the outcome of therapy. In the 2007 York Depression Studies, Greenberg found that 'productive emotional arousal' which enhances the outcome of therapy occurs when a person is 'contactfully aware' of their emotions, a definition which includes 'attending, symbolization, congruence, acceptance, agency, regulation and differentiation' of the emotion (Angus & Greenberg, 2011 p16).

In addition, the York Depression Studies found that 'productive narrative processing of emotion' is the best predictor of a positive therapeutic outcome. This suggests that the ability to reflect on and make meaning of emotional experience is critical to clients reaching a satisfactory resolution of their experience (Angus & Greenberg, 2011 p16). This finding supports the noticeable trend, in both gestalt and somatic psychotherapy, to focus more on containment, dialogue and integration, than emotional expression for its own sake (Jacobs, 1995 p157).

EFT AND NARRATIVE PROCESSES

EFT impresses me as a well-researched, comprehensive and effective system of treatment. The integration of narrative with EFT (Angus & Greenberg 2011) demonstrates a clear rationale and a useful range of techniques to engage and process verbal material, and create new meaning out of clients' experience.

I think the markers that recognise emergent untold stories and new meaning-making opportunities (Angus & Greenberg, 2011 p82), are a valuable addition to the model, because they acknowledge that, at times, the primary need of the client is to tell an important story, and feel heard and understood.

I am impressed by the way EFT combines a collaborative relationship, the guidance of emotional processing, and meaning-making into a comprehensive whole. Its methods utilise a sensitive blend of attunement, intuition, initiative and technique, and recognise the co-construction of meaning by client and therapist (Angus & Greenberg, 2011 p143).

INCORPORATING EFT INTO MY PRACTICE

Learning EFT has enhanced my practice of psychotherapy in a number of ways. The theory of emotion processing has heightened my awareness of primary and secondary emotions, and shown me the importance of antidote emotions. It has also helped me understand the mutual influence of thoughts and feelings. I am more conscious of choosing when to stay in empathic listening mode, and when to move towards initiating a task or reflecting what I observe. I have become more mindful of conflict splits in clients' material, and also their self-interruptive processes.

I have become more flexible and courageous in initiating tasks in sessions. I have reconsidered which clients are robust enough for a short-term, faster-paced treatment, and which need a slower process of empathically-based self-building. I feel EFT has filled in the 'middle ground' of my repertoire, providing me with valuable emotion-processing skills to help me interface my work at the verbal and somatic levels of experience.

REFERENCES

- Angus, L.E. & Greenberg, L. S. (2011). *Working with narrative in emotion-focused therapy: Changing stories, healing lives*. Washington, USA: American Psychological Society.
- Boadella, D. (1973/1985). *Wilhelm Reich: The evolution of his work*. (2nd Edn.) London, UK: Arkana, Routledge.
- Boeree, C. G. (2006). *Carl Rogers*. doi: www.webspace.ship.edu/cgboer/rogers.html. Accessed: 15.9.13.
- Elliott, R. K., Watson, J.C., Goldman, R.N. & Greenberg, L.S. (2004). *Learning emotion-focused therapy: The process experiential approach to therapy*. Washington, USA: American Psychological Association.
- Greenberg, L. S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings*. Washington, USA: American Psychological Association.
- Greenberg, L. S., & Paivio, S. C. (1997). *Working with emotions in psychotherapy*. New York, USA: Guilford Press.
- Greenberg, L. S., Rice, L. N. & Elliot, R. (1993). *Facilitating emotional change: The moment-by-moment process*. New York, USA: Guilford Press.
- Jacobs, L. (1995). "Self psychology, intersubjectivity theory and gestalt therapy: a dialogic perspective", in Hycner, R. & Jacobs, L. (Eds.) *The healing relationship in gestalt therapy: A dialogic/self psychology approach*. Gouldsboro ME, USA: Gestalt Journal Press, pp129-158.
- Reich, W. (1951/1973). *Selected writings: An introduction to orgonomy*. New York, USA: Farrar, Straus and Giroux.
- Yontef, G. & Jacobs, L. (2011). *Gestalt therapy*. doi: www.gestalttherapy.org/publications/intro_to_gestalt_therapy_2_2011.pdf. Accessed: 15.9.13.
- Yontef, G. & Simkin, J. S. (1981). *Gestalt therapy: An introduction*. doi: www.gestalt.org/yontef.htm. Accessed: 15.9.13.