

# An introduction to the history, background, and theoretical perspectives of Somatic Psychology

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## Introduction

This page describes the field and history of somatic psychology (SP). Because of my background as a family physician, I have a particular interest in using my SP approach to work with individuals with chronic medical and physical disease in contrast to the more common orientation. Although much of the SP field describes ways of understanding and working with mental illness, which is the focus of psychotherapy in general, this page focuses on pioneers who worked with physical illness.

Studies in SP view human beings as intrinsically multifaceted rather than fundamentally or strictly biological machines made influenced primarily by genes. In contrast to the familiar model described by

Descartes (Aposhyan, 1999), SP views the mind, brain, and body as interdependent, rather than separate. As such, SP is "dealing with the body without excluding the mind" (Boadella, 1990, p. 4), and provides a perspective from which to examine the influence of early life and of the unconscious on physical and mental health, as well as on character (Boadella, 1990; Kurtz, 1990), behavior, personality (Grigsby & Stevens, 2000), and perception (Scaer, 2001).

I define SP as the study of ways in which the environment influences our physiology, using the term "environment" to include experiences of early life as well as the impact of ongoing experience. The influence of the environment affects not only our thoughts and behaviors, but also affects the body at the physiological level, and SP views

thoughts, beliefs, and behaviors as being inherently a part of a bodymind continuum.

I am exploring the origins of chronic medical illness and find that SP provides an important tool for understanding as well as treating such health issues. I have been motivated by a perception that the body and mind have inherent intelligence which can guide the way to healing, and left medicine because there was little room to work from this perspective. Chronic illness and symptoms such as fatigue, chronic pain, and chemical sensitivity are not currently understood well, and cannot be treated effectively within the medical model. The following paragraphs describe some of the roots of the SP tools available and briefly mentions some of their potential applications as part of a different healing paradigm. More information on the role of SP in specifically understanding and working with chronic illness can be found in the chronic illness section of this web site.

## **Somatic Psychology: History and Influence**

The origins of SP began with the Austrian physician Wilhelm Reich, a student of Freud's. Freud's work with the unconscious provided the foundations of psychotherapy and although he is thought of primarily for his psychological work, Freud also considered the body to be central to his theoretical approach: "Freud recognized the ego as first and foremost a body ego: bodily experiences are the center around which the ego is developed" (Krueger, 1989). Freud's theories were therefore also body-based. For example, his descriptions of the parts of the self (Id, Ego, and SuperEgo) arose from a foundation based on embryological themes developed by Paul Roux (Boadella, 1990). The prenatal time period was seen as an important factor in influencing health, even by the founder of psychotherapy.

## **The Influence of Early Life**

Salvador Ferenczi, a Hungarian neurologist who trained in Vienna, studied with Freud. Ferenczi pioneered approaches for working with the influences of the body and the impact of childhood before his close associate Reich entered the field (Boadella, 1990). Although Reich is considered the founder of the field of SP, he credits Ferenczi's work on muscle tone and posture in his book *Character Analysis* (Boadella, p. 16) as having influenced his own approach. In contrast to Reich's approach, which aimed at breaking through character armor, Ferenczi used

"bodily interaction as a reproduction of an early socialization climate in order to achieve a 'corrective emotional experience', as his pupil Franz Alexander named it...With his approach, he inaugurated the concept of 'parenting' for which his analytic grandson Donald W. Winnicott phrased the famous postulate ...'the good enough mother' . These concepts were ...focused on ...'emotional microclimates' characteristic for parent-infant interaction" (Boadella, 1990, p. 14).

## **Attachment Theory**

The field of attachment theory and object relations thus arises from Ferenczi and Freud, and originally had a body-orientation. Ferenczi taught Margaret Mahler who observed mother-infant interactions, and she in turn influenced Winnicott (she was his analyst) (Boadella, 1990). Ferenczi's student Rene Spitz (also a patient of Freud's) influenced John Bowlby, the English psychologist who created the foundation for the role of attachment, separation, and

bonding patterns in early life (Boadella, p. 15).

Current clinicians and theorists in this field combine psychological and medical research to study the impact of bonding on attachment and health (Klaus & Kennell, 1976), as well as that of attachment on nervous system development (Schore, 1994). Bonnie Bainbridge-Cohen's work, *Body-Mind Centering (BMC)* is based on an understanding of evolutionary movements in early childhood (Cohen, 1993). Two of her students, Annie Brook (2001) and Susan Aposhyan (1999) have furthered her work by applying it to SP approaches for addressing psychological and physical patterns. BMC concepts of "yield", for example, refer to the quality of being able to relax into sensation, a foundational developmental strategy formed during infancy as babies they learn to relax into their mothers' supportive arms and thereby learn how to rest and sleep, as well as take in love and support. The ability to yield serves throughout life and plays an important role in the ability to fully participate in relationships with intimate others, as one example. The BMC concept of "push", to name another example, refers to the ability to push off from a place of firm ground, and compares this in psychological perspectives to learning how to take one's stance in the world. Annie Brook is also integrating concepts of neurophysiology into this work and attributing parasympathetic (PNS) and sympathetic nervous system (SNS) concepts to these experientially based descriptions.

### ***Pre and Perinatal Period***

The field of pre and perinatal psychology provides additional background for this exploration and has a seat in the field of SP. In brief, this work demonstrates that prenatal influences, which date from conception through birth and act throughout embryological and fetal development have an impact that can last into adulthood. Many

therapists work with individuals from a birth perspective and one of the founders of this type of approach was Otto Rank, who "first drew attention to the importance of birth on subsequent neurosis formation and character patterns" (Boadella, 1990, p. 20). His student Nandor Fodor studied womb influences on postnatal life, and Fodor's student Francis Mott, an English psychotherapist, examined the effects of embryological life on psychology (Boadella). Frank Lake, another English psychotherapist, looked at the impact of prenatal life on character formation (Boadella).

### ***Fetal Programming***

A new and emerging field that is combining medicine with an exploration of the impact of perinatal life is known as fetal programming. This field studies the imprinting mechanisms of factors such as stress and nutrition in prenatal life. Scientists in this field are discovering links between measurements at birth, such as birth weight and abdominal circumference, and risk for adult diseases such as diabetes and syndrome X, a grouping of symptoms that include heart disease, high cholesterol, and high blood pressure (Nathanielsz, 1999).

While fetal programming primarily seeks to describe and study the causes of disease, the goal includes finding ways to treat the problems before they arise. SP perspectives are similar, in that the goal is both to better understand origins of symptoms as well as to provide more effective treatment approaches for physical as well as psychological symptoms.

### ***Habitual Movements***

Freud distinguished between psychological illness, which he felt arose from mental conflict, and somatic symptoms,

which he described as “actual neuroses” arising physiologically and not psychologically (unknown, 1971). Reich, however, felt that all neuroses came from physiological origins due to the damming up of libido or sexual energy (unknown author, 1971). This belief led Reich to develop his own theories on character formation and he

“pointed out that ...habitual body movements and expressions, ... ways of sitting, standing, and talking, also hinted at unconscious material...These habitual ways of behaving signaled...the patient’s customary ways of defending himself from ...inner dangers...and dangers from without.” (unknown author, p. 5)

This concept of habitual movements continues to evolve, and is seen in Christine Caldwell’s work with “movement tags” using the Moving Cycle (1996); in Hakomi, developed by Ron Kurtz (1990) who was influenced by Alexander Lowen, a student of Reich’s and Ferenczi’s who developed bioenergetics; in Neurolinguistic programming (NLP); and by Piaget’s developmental work, among others. Hakomi includes a more reflective approach to work with unconscious habitual movement patterns rather than voluntary activity (Boadella, 1990).

## Reich, Founder of Somatic Psychology

Reich’s position on sexuality influenced his politics and he had a deep conviction for the need to help empower those oppressed under authoritarian rule. He addressed the health of the masses as well as of the individual. His interest in social reform threatened the political state to the point where Freud broke with him and the Gestapo ordered all of his books burned. Reich left

Germany (unknown, 1971), taught in Norway where he influenced a number of students including Ola Raknes and Nic Waal, and then went to the United States where he taught his work exclusively to physicians. He was imprisoned here for his work, which once again threatened the values of the Victorian era. Reich died in prison following a heart attack (unknown, 1971).

Reich also looked at the origins of psychosomatic illness and was indirectly influenced by George Groddeck, a colleague of Freud’s and a friend of Sandor Ferenczi’s (Boadella, 1990). Groddeck, a psychoanalyst, was one of the pioneers of psychosomatic medicine and felt that

“the Id can express itself as pneumonia or cancer, as it expresses itself in obsessional neurosis hysteria. And just as the symptomatic activity of the Id in hysteria...necessitates a psychoanalytic treatment, so do cardiac troubles, or cancer...*In itself, there is no essential difference which encourages us to apply psychoanalysis here, and not to apply it there....*I have refused ...to accept this separation between bodily illnesses and psychic illnesses” (italics added, Boadella, p. 10).

Groddeck also “saw illness as a form of communication” (Boadella, p. 11).

The exploration of psychosomatic illness was continued by many, including Flanders Dunbar who followed in the tradition of Ferenczi’s patient Franz Alexander. Dunbar described “biotypes” such as the coronary personality, the arthritic personality, and the ulcer personality in a book she wrote in the 1940s (Boadella, 1990). Reich’s students also continued his work in Europe and in the United States after his death. A number of Ola Raknes’ students

explored ways of working with medical disease as well as mental illness, such as Asbjorn Faleido, who used touch and Reich's vegetotherapy (Reich's name for somatic psychotherapy, because it worked with the autonomic nervous system or vegetative system) to work with leukemia (Boadella, 1990). Others applied these theories towards working with severe psychiatric illness, such as borderline personality disorder and schizophrenia.

## **Working with the Autonomic Nervous System**

Reich's main approach was described as vegetotherapy, which involves "a detailed understanding of the subtle balance of the autonomic [vegetative] nervous system" (Boadella, 1990, p. 7). An example of the influence of this work is seen in the lineage of Reich's students such as medical organist Alan Cott, who trained Phil Curcuruto. Curcuruto incorporated cranial osteopathy into his training, and then taught non-medical students, including Jack Lee Rosenberg, who developed Integrative Body Psychotherapy (Rosenberg, Rand, & Asay, 1985) with Marjorie Rand. Their approach works with character, defenses, and boundaries in a manner aimed at supporting and studying defenses rather than removing them or using cathartic work to break through them.

Another student of Curcuruto's, one who has been influential in my own evolving personal theories and approach, is Peter Levine, "a pioneer in applying a refined model of the autonomic nervous system...to the understanding of stress states, and [who] is working ... with micro-movements to encourage fine tuning of the neuro-muscular system" (Boadella, 1990, p. 12).

Levine's approach for working with stress states incorporates trauma theory and examines the manner in which the experience of a perceived life-threatening event can

imprint the nervous system and influence resiliency to stress (van der Kolk, McFarlane, & Weisaeth, 1996). Bessel van der Kolk is a psychiatrist who has been involved in the field of trauma and who comes from a traditional medical discipline. From seeing the efficacy of SP work with trauma such as demonstrated through Sensorimotor Psychotherapy, van der Kolk has become a strong supporter of this "non-medical" approach. Sensorimotor Psychotherapy provides a strong foundation in my own approach for working with individuals with chronic illness.

Robert Scaer is a Boulder neurologist who has also come to similar conclusions based on seeing the results of Peter Levine's work and by personal observations in his work with individuals suffering from PTSD and pain, often after motor vehicle accidents (Scaer, 2001). His work and research on trauma most specifically applies an increasing understanding of the role of the nervous system in fostering symptoms of PTSD in the aftermath of trauma. Scaer's theoretical perspectives are based on clinical experience and are supported by scientific research, and have contributed to my perspectives for understanding the origins of chronic illness.

## Applying Somatic Psychology Theory to Understanding Origins of Chronic Illness

I have been exploring the application of somatic psychology theory and perspectives for gaining a better understanding of the environmental (non-genetic) contributions to origins of chronic illness. To this end, I first studied the role of stress and other environmental factors in the origins of type 1 (juvenile onset) diabetes mellitus. The incidence rates of diabetes are rising worldwide in epidemic proportions, it is the third leading cause of death in the United States, and the origins remain unclear despite the identification of a number of seemingly unrelated risk factors. Despite active international research, it appears to be almost impossible to understand the etiology or the cure using the current medical paradigm.

While the origins of type 1 diabetes remain obscure, it is known that environmental factors play an important role. Somatic psychology perspectives provide a strong new lens from which to consider the role of factors such as trauma and events occurring in early life. A hypothesis I have been developing regarding the role of environmental factors in contributing to the origins of type 1 diabetes is supported by scientific research, and is presented in a journal article currently in press. These hypotheses also appear applicable to understanding the origins of many other types of chronic, currently incurable medical illness.

In my work, I am looking at the influence of the environment on physiology, and am combining her ideas with studies in the fields of attachment theory, trauma theory, per and perinatal psychology and fetal programming. I am also examining whether the perception of an overwhelming event or

series of events in the vulnerable formative period of early life influences the development of the nervous system in ways that affect important metabolic and regulatory functions.

From SP perspectives, illness such as diabetes may represent a form of survival strategy based on intelligent responses to an overwhelming stimulus. Perhaps if these deeply ingrained patterns are triggered very early in life, such as during embryological development, they affect physiology, genetics, and the biology of the mindbody continuum, imprinting the nervous system in ways that predispose an individual to chronic medical illness. In considering these patterns from a SP view, it may therefore be possible to work with individuals from SP perspectives, which provide a means of working with and reorganizing the autonomic (vegetative) nervous system and helping the body relearn more efficient and effective survival strategies.

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