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Somatic Intelligence:

Toward a New Competency for the Therapist

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The body is the place from which we feel, contain, and define life experiences, and to be embodied is to engage the most dynamic and deepest encounters of living. Embodiment as a lived experience transcends and includes cognition and emotion. For instance, you can read about dancing, but you cannot grasp what it feels like to actually dance until you move your body or see it happening in front of you and feel how it affects you. Similarly, you can read or hear about a sense of wonder, or the depths of emotional pain, but until these states are experienced viscerally and energetically, they are only words and ideas.

This chapter expresses the need for therapists' somatic competence in psychotherapy treatment. I first describe the dichotomy between body and mind in traditional psychotherapy, and briefly review extant literature on the increasing interest in somatic research across several fields, ending with the need to include embodied experience in psychotherapy in view of the current zeitgeist. Next, I suggest how therapist's embodied somatic awareness can become a new competency for therapeutic practice and describe the unique ways in which to access embodied experience. Finally, *Somatic Intelligence* is introduced as the ability use one's present-moment integration of somatic awareness to enhance presence and facilitate authentic communication with others, and how it can help us collectively move forward during current global challenges.

Bodies are Not the Problem

As far back as ancient Greece (785-481 BCE) the ideology of separating body and mind has prevailed in Western culture. The mind has been valued over the body, and some parts of the body have been valued over others (Gornicka, 2016). Even today, the body continues to be a scapegoat for unacceptable aspects of the human condition, dissected into parts or diminished as

a weak, ugly or an incorrigible object to be tamed. However, bodies have never been the problem. It is the perspective of the body that is the problem.

In the current styles of therapy, the body-mind split is prevalent, as treatment often focuses on changing a client's thinking and behavior while overlooking the subjective experience of the client's condition. The DSM-5 illustrates this oversight with descriptions of illnesses that have body-mind splits at the base (e.g., dissociative and somatoform disorders), while a cognitive and behavioral approach continues to be the gold standard of treatment. Even when a client's bodily experiences and perceptions are addressed in a cognitive-based therapy, they are often addressed by talking about or changing them, without considering the integration of the client's experience of those thoughts and behaviors.

Therapists who can support and integrate a client's somatic experience within the psychotherapeutic session may help the client access a sensory part of themselves that reveals their own considerable internal resources. It also builds the capability to access potential external support and connection. One key element in this process is the therapist's own somatic awareness for the purpose of understanding co-regulation between themselves and the client. When the therapist is skilled in being embodied and present, and is aware of their own nonverbal communication, boundaries, Autonomic Nervous System (ANS) activation and needs, they can provide a felt sense of safety for their client that is more deeply accessible than what arises from only talking about an issue. This "body to body" recognition is a two-way nervous system communication that can help cultivate positive change in a client in a way that no cognitive process can.

Era of the Soma

Somatic interventions in psychotherapy have been practiced on the outskirts of mainstream psychotherapy since the late 20th century (Chaiklin, 1975; Rogers, 1967; Lowen, 1958; Reich, 1945). In the 1970s "Somatics" (Hanna, 1970) and "Focusing" (Gendlin, 1982) were introduced as models of self-inquiry for emotional healing. These somatic practices organically found their way into humanistic styles of psychotherapy treatment (Gendlin, 1996; Johnson & Grand, 1998; Kurtz 1990), and since that time the idea that the body holds valuable information about human experience has periodically continued to surface.

It was during the "Decade of the Brain" (1990-1999), that thinking about embodiment in psychotherapeutic treatment became popular (Lakoff & Johnson, 1999; Varela, Thompson and Rosch, 1991), and somatic experience specifically for trauma therapy gained recognition (Herman, 1992; Levine, 1997; Ogden, Minton and Pain, 2006; Porges, 1995; Rothschild, 2000; Scaer, 2005; Schore, (2009, 2011); Terr,1990; Van der Kolk, 1994).

In the past twenty-five years, key individuals in a number of academic fields (see Table 1) began to investigate the potential of somatic awareness for self-improvement. Sociologist Ignatow suggested that we were in a "post cognitive revolution" (2008, p. 116), and psychologist Allan Schore (2009) called the inclusion of nonverbal communication in the psychotherapeutic setting a "paradigm shift" (Slide 43) in clinical research. The table below offers a sample of emerging literature on embodiment research from 2000 to 2023, which seems to begin the "Era of the Soma" that continues to evolve today.

Table 1: Era of the Soma

Discipline	Samples of Relevant Literature
Philosophy	Arvidson, 2008; Fuchs, 2016; Gallagher, 2008; Koch, Fuchs, Summa & Muller, 2012; Sheets-Johnstone, 2010; Shusterman, 2008; Varela, Thompson & Rosch, 2012

Neuroscience	Cameron, 2002; Bechara and Damasio, 2004; Gallese, 2009; Porges, 2004; Scaer, 2007; Schore, 2009
Sociology	Harrison, 2000; Ignatow, 2008; Schusterman, 2008; van Manen, 2015; West, 2011
Anthropology	Csordas, 2008
Education	Kiefer and Trumpp, 2014
Nursing	Gavin and Todres, 2009; Mason, 2014
Transpersonal Psychology	Anderson, 2002; Hartelius, 2007, 2020
Social Psychology	Meier et al., 2012; Louvel & Soulier, 2022
Health Psychology	Ellingson, 2006; MacLachlan, 2004; Mercarder-Rubio, Angel, Sila, & Moisao, 2023
Ecopsychology	Morrison, 2009; Rufo, 2023
Dance/movement Therapy	Caldwell & Johnson, 2012; Cruz and Berroll, 2016, Hervey, 2000, 2007
Gender and Queer Theory in Research	Caldwell & Leighton, 2018; Ellingson, 2012, 2017; Johnson, 2009; Perry and Medina, 2015; Thanem and Knights, 2019
Artistic Inquiry	Leavy, 2009, 2017; Spatz 2015
Research Methodology	Finlay, 2011; Tantia, 2020; Todres, 2004, 2007; Rennie, 2006

Most recently, events in the United States have shed new light upon subjective experience. COVID-19 forced us into an existential disturbance that affected us on a bodily level; mask-wearing, videoconferencing, and the serious illness of friends and family caused a significant shift in everyday life. The United States Surgeon General wrote an advisory on the newly named epidemic of loneliness and isolation (Murthy, 2023) while the rates of drug and alcohol use and mental illness increased rapidly (https://covid19.nih.gov/covid-19-topics/mental-health). Those affected by drugs and alcohol seemed to become dysregulated due to lack of human connection and social support, while access to their own natural internal, biological resources was weakened. When we separated from each other we also seemed to separate from ourselves.

These unusual circumstances demanded attention to how our bodies, emotions and environment interact, incidentally emphasizing our need for emotional co-regulation through social engagement. Not surprisingly, there was a simultaneous increased attention to embodied awareness in psychotherapy, namely in trauma therapy, (e.g., Somatic Experiencing), during which a therapist helps a client to calibrate their Autonomic Nervous System (ANS) within the therapeutic relationship. Physiologically speaking, Porges (2023) identified these phenomena as activation of the ventral vagal system; the experience of feeling safe and connected with others. The integration of embodiment in the psychotherapeutic session for safe contact with oneself and others is the bedrock of somatic psychotherapy.

A new competency for therapists

Competencies are used to describe the necessary characteristics for effective performance of a particular profession and represent the requisite skills that collectively define successful job performance (von Truer and Reynolds, 2017). Somatic awareness has the potential to become a part of a new competency for psychotherapists who are interested in treating mental illness from a whole-person perspective. By using an embodied, present moment, lived experience through somatic interventions in treatment, a therapist can offer a more complete healing process for clients.

But what does it mean to be a somatically competent therapist? First, somatic psychotherapy is experiential by nature, and therefore cannot be mastered by only reading or talking about it. A somatically competent therapist has participated as a client in their own somatic psychotherapy and has experienced their own embodied responses to their thoughts, emotions, actions, and interactions. Second, a somatically competent therapist must know how to self-regulate their nervous system and be comfortable navigating their present embodied states

during sessions with clients. Finally, they can recognize and address how both theirs and their clients embodied experiences affect one another. Somatically competent therapists not only talk the talk – they walk the walk.

The implicit essential

To break down how "talk" therapy integrates into somatic psychotherapy, we can first think of explicit knowledge vs implicit knowing. In traditional psychotherapy, explicit knowledge is described as what is understood through spoken words, while implicit knowing points to how one is speaking. Differentiating between conscious and unconscious material in psychodynamic psychotherapy, Stern (2004) identified the term "implicit" as a third branch of awareness that is neither conscious nor unconscious. He wrote, "The term 'unconscious' should be reserved for repressed material where there is a defensive barrier to entering consciousness. More precisely, implicit knowing is nonconscious." (p. 116). Stern defined how nonconscious material is different in that it has the potential to be brought to consciousness. Similarly, Gendlin (1982) named the emergent, nonverbal embodied experience, the "felt sense," (p. 10), and created a six-step process to bring implicit material to consciousness through a dialogical process with the body called Focusing (1982, 1996). Focusing, like many styles of somatic psychotherapy engages a "top down" and "bottom up" feedback loop of communication among thoughts, emotions and somatic experience.

Cultivating Somatic Awareness

Somatic awareness is the process by which present-moment, nonverbal data emerge while bringing attention to one's body. Qualities of breath, posture, gesture, eye gaze, and prosody are some examples of these phenomena. To access this embodied data (Tantia, 2020), certain unconventional practices are required, with three main experiential facets. First,

cultivating somatic awareness requires one to be present. While the mind can travel into the past (i.e., with grief or regret) or to the future (with worry or anxiety), attending to one's body is an anchor for experiencing one's present moment. Second, one must *slow down* to be able to feel subtle nonverbal responses from the body. Slowing down is necessary to feel felt sense shifts in the body (Gendlin, 1982). Finally, one should be prepared to *tolerate* (or even *welcome*) surprises or intense feelings or sensations that might be difficult.

Once familiar with these three experiential practices, therapists can attend to more specific elements of a somatic approach. In addition to Gendlin's felt sense, Johnson (2005) outlines key elements such as interoception, (sensations within the body); exteroception (perception through five senses); neuroception (feelings of safety or danger); and proprioception (position of the body in space), as well as the concept of intercorporeality- the interactive exchange between self and other. To elaborate, interoception might involve shape, weight, location, pressure or size of a sensation. Shrinking or expanding of the body (in fear or safety) may be indicative of neuroception. The posture or architecture of one's limbs may illustrate how proprioception is felt. Voluntary and involuntary movements are also significant. Qualities of gesture, balance, rhythm and speed of movement can be portals to understand one's experience in the world (Tantia, 2020). Finally, prosody is of note (Levine, 1997) as a therapist's rhythm, pitch, and tone of voice may influence a client's experience. All of these elements plus more are active and available at any given time for use in treatment.

Sensing Ourselves

For the first three years of life, we navigate the world through senses and movement, but without narrative memory. You might experience this when recalling the smell of your childhood home or the texture and size of a beloved stuffed animal, yet with no autobiographical content. In

trauma therapy sensory memory is key to healing traumatic experiences, due to the ways in which sensory data are available for recall when narrative memory is inaccessible (Levine, 1997; Ogden, Minton & Pain, 2006).

In addition to sensory memory, during our earliest years we are developing preferences for kinetic expression according to how we are encouraged (or discouraged) to take up space in the world. Reich (1945) and Lowen (1958) created systems for identifying habitual postures and movements of the body. These character structures are resultant of how one's body memories solidify and present over time. Preferences for personal rhythm and qualities of movement are also developing. Finally, other identifications such as gender, height, weight, physical ability, neurodiversity, temperament, illness and mobility all play roles in how our sensori-emotional body develops in response to our environment.

Sensing with Others

Often a client walks into my office and asks "How are you?" while simultaneously taking off their coat and shoes. This common and acceptable greeting in the United States is often accompanied by my client's lack of eye contact and no pause to hear my response; incongruous actions to what seems like a sincere question. Since I am their therapist, I take their words seriously and our embodied experience is a big part of our work together, so I wait until we are both seated and facing each other to answer. In silence, I check my posture, energy, gravity, tension and mood, etc., and then respond. Sometimes I even respond with only a gesture or a larger movement. Most times the client laughs, and I then ask, "How are *you*?" New clients usually begin a story about what happened yesterday or last week. I then ask, "How are you *now*?"

Being present with oneself to check in and answer the simple question, “How are you?” from somatic awareness is difficult for most. An intentional moment of checking in without words makes one vulnerable and open to projections and to the cruelest self-judgment. Eye gaze is a courageous, intimate, and full-bodied act. Sharing a present moment with a client makes a therapist vulnerable as well. Attending to the space between us is even more difficult and energetically charged than navigating the space between words.

Eventually clients learn to tolerate the lack of small talk. They arrive at a session, sit down and without my prompting check in with themselves before speaking. When they do this, they discover how they really are (possibly for the first time that day) and articulate honesty that only comes from being present with oneself. There is a gentle nature to this ritual that creates a safe and sacred space for the client to speak their truth within the moment.

The entire theory and practice of Dance Movement Psychotherapy (DMP) is based on creating relationships through movement. In DMP treatment, the therapist uses movement to connect nonverbally with a client (Chaiklin, 1975). A primary intervention in DMP is that of “mirroring” (Berrol, 2016). In contrast to what one might think of as mimicking, mirroring is the practice of moving with a client to reflect the experience of “I see you and I’m with you.” While mirroring, the therapist gains a sense of a client; not to making presumptions about how they feel, but to gain access to feelings within the client that might be currently unconscious to them. It is easy for a client to say that they “feel fine” while being unaware that they are clenching their fists or stomach (a place that the therapist cannot see). Instead of pointing out their fists, a DMP can make a fist themselves, or mirror the client’s torso to feel the effect of the posture. When the therapist mirrors the client’s posture, the client can see and respond to it.

DMP practice is much more complex than what is written here, but the main point of including it is that moving with a client creates body-to-body communication that adds a layer of sensitivity for both the therapist and client. Nonverbal conversation in movement is genuine, vulnerable, and powerful in the psychotherapeutic process, and provides a strong and honest therapist/client relationship. A therapist who drops into their own somatic awareness and can work with nonverbal two-way nonverbal intercorporeal communication with their client has begun to develop Somatic Intelligence.

Somatic Intelligence: Healing Beyond Trauma

Models of intelligence have been previously defined, such as Gardner's (2011) Multiple Intelligences, which suggests ways of learning, and Goleman's Emotional Intelligence (Goleman, 2006), which utilizes self-awareness skills for interacting in work environments. However, there has been little attention to the type of intelligence that underlies cognitive and emotional experience in everyday life. Somatic Intelligence (SI) is the capacity to not only experience one's present-moment integration of embodiment, but to use that awareness for authentic communication with oneself and with others. A therapist who regularly practices somatic awareness for themselves can use their own SI as part of the healing process for their clients. SI is the ability to recognize, analyze and synthesize one's embodied experience for a greater sense of intrapersonal communication both verbally and nonverbally.

When one brings attention to one's embodied self, a potential arises for wellbeing beyond trauma healing. Embodiment may increase empathy, (Schmidsberger & Löffler-Stastka, 2018); resilience (Fogel, 2021); agency, (Tsakiris, Longo, & Haggard, 2010)**;** boundary formation (Cariola, 2015), self-compassion, (Khoury, 2019) self-responsibility (Køster, 2017) and potential recognition of implicit bias (Banakou Beacco, Neyret, Blasco-Oliver, Seinfeld & Slater, 2020).

In the psychotherapeutic setting, embodiment supports work with somatic transference and countertransference experiences, (Pallaro, 2007). These human qualities of conscious, realistic and intentional interactions form Somatic Intelligence.

We are not born with SI; our original somatic blueprint is wild and happens outside of cognitive awareness at an early age, stored as a disorganized nonverbal memory. These early impressions may recede in our conscious awareness over time but are not forgotten, as body memories from early years are often accessible in adulthood. Recall a favorite meal from your childhood; the smell of the food, how you sat at the table; the height of the table in relationship to your face. When working somatically in treatment, these experiences reveal an existential understanding of oneself that leads to SI.

Without processing and integrating somatic experiences, nonverbal memory links to and forms our narrative and emotional experience into patterns that can become automatic and inflexible. Our narrative then dictates “who we are" to ourselves, and we inadvertently teach others how to treat us, based on that affected narrative. To rewire these patterns, somatic awareness is processed and integrated into a living experience of waking up to our adult reality. In short, Somatic Intelligence encourages us to grow up.

When we become somatically intelligent, we become more than a person with a body; we live our body. Husserl’s term, Lieb, which roughly translates to the innermost experience of our embodied experience, is more than possessing one’s body as an object (Mensch, 2001). Just as having a body is neurologically different from moving one’s body (Tsakiris, Longo & Haggard, 2010), *being* or living through one’s body changes one’s perspective of living. Engaging with compassion and respect toward the somatic aliveness within, a whole-person resilience emerges that is both ancient and familiar to all of us. Our engagement with the somatic layer supports our

ANS which then has the potential to regulate, and our sense of self-worth begins to grow. When we become securely attached to ourselves, we can create secure attachments to others.

Borrowing from Buber's philosophy of I/It and I/Thou (1937), the former indicates that a body is a thing to be tamed, improved, worshipped, basically objectified. When you experience yourself as an "It," everyone else is an "It." However, once you start to sense yourself as a living breathing, vulnerable being, you begin to relate to those precious parts in others. Sensing your own intrinsic value and worthiness of love, you may act toward others from that space with emotional generosity that holds integrity. SI provides a space of "I/Thou" in the psychotherapeutic setting by cultivating mutual and interpersonal vitality.

Somatic Cultural Sensitivity

Somatic psychotherapy literature offers a continued thoughtful and responsive exploration of oppression and the body (Caldwell & Leighton, 2018; Johnson, 2023). Just as it would be ethically unsound for a therapist to work with a client from another culture without having, at the very minimum, an appreciation and respect for that culture, SI adds a layer of awareness to cultural sensitivity. Gender, sexuality, race, romantic lifestyle, physical ableism, and neurodiversity are constantly expressed nonverbally in the treatment setting. Therapist and client affect each other through facial expressions, gestures, postures and eye gaze (Caldwell & Leighton, 2018; Johnson, 2023), and it is the therapist's responsibility to understand, include, and query the ways in which these expressions are valued. To be sensitive and receptive to both subtle and overt nuances of culturally varied somatic experience is integral to being a somatically competent therapist.

Conclusion

This chapter has articulated the need for somatic intelligence as a new competency for psychotherapists, arguing that conceptual understanding is inadequate when it comes to psychotherapeutic healing. The chapter pieces together what it means to be a somatically competent therapist and provides examples of some of those responsibilities. Beyond awareness of one's physical body, somatically competent therapists have developed embodied presence, the capacity to slow down enough to receive nonverbal embodied expressions and use them in a top down and bottom-up process in treatment. This includes tolerating intense, surprising, or difficult feelings from their own experiences with clients.

Following a description of what it means to engage in somatic awareness, I introduced Somatic Intelligence (SI), which is the culmination of the aforementioned. Contending that SI is the umbrella for embodied empathy, agency, healthy boundaries, self-compassion and self-responsibility, I suggested that SI is an embodiment of Buber's I/Thou theory. Embodied I/Thou guides therapists to attend to nonverbal subjective experiences of gender identity, sexuality, romantic relationships, race, physical ableism, and neurodiversity in treating mental health. Therapists who have developed skills for attending to their own embodied experience and are able to offer somatic awareness in the psychotherapeutic setting are best suited for helping clients to heal, while possibly activating a new paradigm for human competency.

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