

Somatic psychotherapy and research: Walking the common ground

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Research is a crucial element in advancing our collective knowledge of somatic psychology, but body and movement psychotherapists often struggle to engage in meaningful relationships with the psychology research literature and the community of scholars who typically produce it. This paper elaborates the common ground between research and somatic psychotherapy by linking the values, attitudes and skills of somatic psychotherapists with specific research methodologies. It traces the similarities between doing therapy and doing research, with a focus on the role of the therapist/researcher, and outlines a research method that somatic psychotherapists might consider as a basic framework when undertaking their own formal research.

Keywords: embodied research methods; somatic psychology; psychotherapy research; embodied inquiry; somatic psychotherapy

Research is a crucial element in advancing our collective knowledge of somatic psychology, but body and movement psychotherapists often struggle to engage in meaningful relationships with the psychology research literature and the community of scholars who typically produce it. Although many of us took statistics as a required course in university, and some of us wrote a research-based thesis in graduate school, research tends not to remain a central or valued element of our ongoing professional development.¹

There are some important reasons for the current disconnection between somatic psychology and research. Historically, most professional training programmes in somatic psychology were developed (and continue to exist) outside of the formal academic settings where most psychology research occurs.² Philosophically, the founders of these body-centred psychotherapy modalities made intentional breaks with the dominant paradigms in psychology that tended to objectify, quantify and commodify the lived experience of the human body in order to study it.

Becoming more 'research-oriented' as a field has distinct advantages in the current climate of evidence-based practice, but part of the challenge in doing so is that many research paradigms do not seem to match the values, skills and experiences of this unique group of psychotherapy practitioners. Given the dominance of large-scale, randomised controlled trials (RCTs) as the gold standard

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for evidence-based practice in psychotherapy, how can somatic psychotherapists contribute to the research literature while remaining in integrity with our relational, process-oriented, in-the-body stance?

I suspect that many therapists think of research as something that mostly takes place in a university or government laboratory run by disembodied scientists committed to standardised protocols and maintaining an objective distance from their research subjects. While this stereotype may still hold true in some contexts, the world of psychotherapy research is changing. In fact, somatic psychotherapy actually shares many qualities with some newer types of research; approaches that are gaining in popularity and credibility within the research community. Understanding these similarities can help develop an appreciation for research within the community of practitioners, and support the developing expertise of researchers studying somatic psychology. It can even help therapists clarify and refine our own clinical practice.

In other words, one approach to the challenge of becoming more ‘research-oriented’ is to employ the ‘paradoxical theory of change’³ to our situation. Rather than trying to become what most of us are not (that is, psychology researchers with expertise in experimental design and access to the resources necessary for large-scale outcome studies), perhaps we could usefully focus on becoming who we truly are – members of a psychotherapy community with a unique set of collective skills and abilities as well as shared concerns, problems and limitations.

As it turns out, many of the capacities we have worked so hard to cultivate as somatic psychotherapists are very well suited to the role of researcher, particularly when that research is undertaken in alignment with specific research paradigms and methodologies. A number of important congruencies already exist between various research models and somatic psychology theory and practice. While most of these methodologies are rooted in the constructivist or qualitative tradition (that is, approaches that understand ‘reality’ as something we create, rather than something we discover, and use words instead of numbers to express findings), we also have some attitudes in common with more conventional experimental research.

Interestingly, the practice of doing therapy also resembles the method of conducting research in many ways. Because both activities are grounded in a similar process of being strategically curious about a specific problem, they naturally form similar structures. A therapy session and a research study contain a number of common elements, and the role of the therapist is often not that much different from that of the researcher.

In this paper, I elaborate these shared characteristics by linking the values, attitudes and skills of somatic psychotherapists with specific research methodologies (and in so doing, perhaps introduce readers to some innovative approaches to research with which they may not already be familiar). I will then trace the common threads between doing therapy and doing research, with a focus on the role of the therapist/researcher. Lastly, I will outline a research method that somatic psychotherapists might consider using as a basic framework when undertaking their own formal research.

Existing alignments

A number of established research methods within the constructivist tradition are congruent with a somatic approach. Some of them share identical philosophical roots with many somatic psychotherapy modalities. For example, somatic psychotherapy

often follows classic phenomenological research methods to investigate the quality of another person's embodied subjective experience in the moment (Finlay, 2005). Heuristic research (Moustakas, 1990), organic research (Anderson & Braud, 2011) and grounded theory (Charmaz, 2000, 2006, 2008, 2009) share a similar orientation to phenomenological research, and are congruent with a somatic approach, in that they emphasise:

- Articulating a deep, clear experience of 'what is' and 'how', rather than 'what should be' or 'why'.
- Following the data that arise from the subjective experience of our client/participant (not from our own theories) and letting themes and meanings emerge organically, rather than imposing an interpretation.

In fact, researchers using the **grounded theory approach** noted above will often intentionally refuse to conduct a review of the previous research on their topic before collecting data from study participants (Bryant & Charmaz, 2007). This unconventional research strategy is akin to some somatic psychotherapists declining to take a client's history before working with them, preferring instead to read the embodied history that walks in with the client. In both cases, the intention is to help the therapist/researcher avoid unconsciously imposing their own ideas onto their client/participant's experience. And in both cases, the researcher/therapist understands the power they have to inflict such interpretations, no matter how benignly intended.

Understanding the power of our role is something that many somatic psychotherapists share with researchers who choose to engage in forms of critical inquiry, such as participatory action research, anti-oppressive research and feminist research (Chambers, 2008; Clifford, 1994; Miller & Treitel, 1991). Most commonly, owning the power of the role shows up as a refusal to engage in the false dichotomy of researcher/therapist as the expert and the participant/client as needing outside expertise. We ask instead of tell, we resist the temptation to give advice and we actively solicit information that does not serve our own interests as therapists/researchers. In the case of somatic psychotherapists, we also appreciate the degree to which our non-verbal communication might unconsciously replicate the asymmetrical interactions between individuals with unequal social or role status – an insight and skill set that critical researchers would benefit from learning.

However, this appreciation of our uniquely powerful position also manifests in a more positive way, as a willingness to bring ourselves as therapists/researchers into an experience of genuine contact with the research or clinical problem (even or especially if it is a problem we have intimate first-hand experience with) and with our clients/research participants themselves (rather than insisting on a stance of detached and neutral observer). Researchers engaging in research from a critical perspective look no more like laboratory scientists than somatic psychotherapists look like classic psychoanalysts or practitioners of cognitive behavioural therapy.

Another characteristic that is shared by somatic therapists and many critical researchers is a commitment to going beyond insight and understanding to actively experimenting with new ways of being in the world. For example, participatory action research often results in a new programme or policy that directly benefits the community that participated in the research; it is not enough for research to produce

knowledge only (Clifford, 1994). In a similar way, we look to see whether our clients are actually moving and breathing differently as a result of our work together, and whether those changes are being embodied in the world outside the therapy office or studio.

Many of the characteristics described so far suggest that our largest common ground is shared with non-traditional approaches to research, but somatic therapists also have some important alignments with classic experimental research. These include:

- An experimental attitude – that is a willingness to suspend judgment and be genuinely curious.
- The use of real-time ‘experiments’ to evoke experience and test hypotheses.
- An awareness that what people say about their experience is not always congruent with what they actually feel and do.

Although much of the research that is conducted through experiments requires a knowledge of methodology and a commitment of time and resources that most clinicians would not wish to emulate, being able to appreciate some of the shared principles that experimental researchers strive to uphold can support therapists to become more intelligent readers of this type of research, and more informed colleagues.

Lastly, there is a small but growing body of literature that focuses on conducting research from **the perspective that human experience is inherently embodied and inter-subjective**. Although the research is emerging from different disciplines (including dance, physical education, theatre and cultural studies), these researchers understand that research into individual consciousness or behaviour must be grounded in embodied experience, and that experience must be understood as something that is created through engagement with the environment (especially the social or relational environment).

More significantly, researchers are also beginning to write about **how to conduct research from an embodied perspective**. As of this writing, there are scholarly articles on how to conduct embodied data transcription (Brooks, 2010), embodied data analysis (Chadwick, 2012) and embodied writing in research (Anderson, 2002a, 2002b), as well as a book on embodied inquiry (Todres, 2007). A second edition of a book on research methods for dance therapists has recently been published (Berrol & Cruz, 2012), as has a book on the science of body psychotherapy (Young, 2012). The latter two publications contain chapters on cultivating a somatically informed research mind (Caldwell & Johnson, 2012a) and on embodied critical inquiry (Caldwell & Johnson, 2012b) specifically.

Taken together, the characteristics described on the preceding pages suggest that somatic therapists already bring considerable skill and understanding about research, despite the fact that practitioners do not usually describe themselves as having much familiarity with it. Adding to the common ground between clinician and researcher is a process of solving problems and answering questions which is also remarkably similar across the two domains. In one case, researchers design a research study, and in the other, clinicians shape the contours of a clinical session. Although research is usually much more formal and structured, both processes have

surprising amounts of room for creativity on the part of both researcher/therapist and participant/client.

For example, both processes start with a question or problem, and in the case of many newer forms of research, the problem may also be generated out of the lived experience of the participant (rather than being generated by the researcher). Once the question has been formed, both processes involve some exploration of what is already known about the issue being investigated. In the case of a research study, this is called the literature review. In the case of a session of somatic psychotherapy, perhaps this exploration begins by asking the client what stories they tell themselves about this body experience, or what memories or images come up when they focus on the particular body sensation being investigated. At this point, both therapist and researcher are engaged in collecting data; noticing incongruencies, tracking similarities and focusing on what resonates most for the client/participant. Both therapist and researcher then engage in a process of trying to make meaning of the data they and their clients/participants have collected. The degree to which the client/participant actively participates in that process varies, but even researchers will check back with participants to see whether the conclusions truly fit with their experience. Lastly, both a therapy session and a research study conclude with some discussion of implications – what the discoveries mean, what next steps to take and how to implement the changes they suggest.

Towards an embodied approach to research

Weaving together these common threads, the outline of a framework for understanding and undertaking research emerges; one that has the potential to more accurately reflect the goals, values and capacities of somatic psychology. Since every research project contains a fairly standard set of elements (regardless of the particular methodology used for the study), the outline below suggests some of the special considerations for each phase of the research that could help bring a study into greater alignment with an approach focused on engaged and embodied relationships as an agent for change.

(1) Research question

- (a) All research starts with a question, and many research questions are generated through a process of examining the existing research literature and determining what salient questions remain unanswered on a particular topic. Community-based or participatory research methodologies will ask communities what questions they need answers to, or what problems they need to address. From an embodied relational perspective, researchers should also engage their bodies (and the bodies of others) in the process of developing the research question. What do our bodies need to know? How do our bodies respond when reflecting on a particular research question? For example, the initial impetus for my own research into the somatic impact of oppression was my own bodily response to the stories that clients shared about being oppressed. A somatic approach to research is also well suited to the exploration of other questions in psychotherapy research. Topics such as somatic

counter-transference, the embodied experience of group dynamics or building resilience in addiction treatment are just a few examples in addition to my own study.

(2) **Review of the literature**

- (a) If a review of the literature is going to be conducted, it should include previous studies that have been conducted from a somatic perspective whenever possible. At this point, there may not be many studies to cite, but making a point to reference those that do exist will support that body of research to grow.

(3) **Method**

- (a) Although a wide range of methods can be used in conducting research from a somatic perspective, adjustments will likely need to be made in considering the role of the researcher and the role of the participant.

(i) The role of the researcher

- Given the values of a somatic approach, the researcher should understand how to conduct research in an engaged and contactful manner while maintaining clear boundaries.
- Unlike many other research methods, the researcher understands his/her own body as an instrument of exploration. The researcher's somatic responses guide every aspect of the research process, from developing the research question through to collecting and analysing the data. Throughout, the researcher engages in a process of embodied reflexivity (Finlay, 2005; Hein, 2004), in which they actively use their own body to tune into the embodied experiences of their participants. Somatic researchers also recognise that their bodily presence affects how participants engage with the research; including what they say and do, and what they do not.

(ii) The role of the participants

- A somatic approach understands participants as research partners with a specialised role within the context of an engaged research 'relationship', rather than as passive 'subjects' under investigation.
- Every research study must specify the precise steps taken to protect the research participants from harm while participating in the study. In the case of somatic research, this ethical protection should include informed consent about the possible risks of somatic engagement with the subject matter (that is that the researcher will likely be asking participants to engage in discussions in which their embodied experience will be evoked and explored).

(iii) Data collection

- Research conducted in keeping with a somatic perspective will need to collect data from states of embodied self-awareness as well as from conceptual self-awareness (that is not just 'talking about' the issue under investigation).
- The research should be conducted in full awareness that the 'body of the researcher' in relation to the 'body of the participant' shapes the data being collected, with the body as both transmitter and receiver of such data.

- Embodied approaches to data transcription have been described by Brooks (2010) and could be used to further enhance the role of embodied experience in the research process. Instead of the researcher transcribing audio recordings straight to written text, Brooks suggests that actually repeating the words of the participants aloud as they are transcribed offers the researcher an opportunity to feel these words in their own body.

(iv) Analysis

- Embodied approaches to data analysis have been clearly articulated by several researchers, including Anderson (2002) and Chadwick (2012). These approaches acknowledge the difficulty in making meaning of embodied experience in ways that move beyond understanding the body as a bounded, discrete and unchanging object. They also recognise that listening to the data with a poet's ear may better illuminate and distil subjective non-verbal material than more literal, mathematical and structured approaches to qualitative data analysis. One researcher (Chadwick, 2012) constructed poems from the transcripts to help her make meaning of women's experiences of childbirth, and I did the same when analysing the data from my own study on somatic approaches to movement education (Johnson, 2000).

(4) Results

- (a) Most psychotherapy research findings are documented in writing, usually in a standardised research report format, and presented in a journal or at a conference. In order for the research to be genuinely reflective of a somatic approach, the body must be present in the writing of the research text. Anderson (2002a, 2002b), in her two-part article, 'Embodied writing: presencing the body in somatic research', asserts that traditional scientific and academic writing is 'parched of the body's lived experience' (2002a, p. 40). In order to redress this absence, she suggests that research into somatic experience can only be represented through embodied writing, and describes what she considers to be its seven distinctive features.
 - (i) First, embodied writing offers vivid depictions of experience intended to invite a somatic response in the reader.
 - (ii) Second, the writing is inclusive of internal and external data – for example, both the words captured on audiocassette during the interview, and the fluttering in my belly as I turned on the tape recorder.
 - (iii) Third, embodied writing is written from the inside out – letting the soma's 'perceptual matrix guide the words, impulse by impulse, sensation by sensation' (Anderson, 2002b, p. 43). This does not mean writing that is self-indulgent or meandering – it simply means that the writer needs to be *in their body* when they write.
 - (iv) Embodied writing is also (fourth) descriptive of the rich array of sensory and perceptual material available through somatic experience, and (fifth) attuned to the deeper layers of sensual,

emotional and psychological associations, memories and undercurrents that attend such experience. Often, this means that (sixth) the writing takes on the perspective of a first-person narrative, even when the researcher is referencing the experience of others.

- (v) Lastly, embodied writing privileges the first person, subjective experience of the body over other elements of writing style or content. Although poetic or artistic depictions can often illuminate somatic experience, they are used in the service of lived experience.
- (b) Somatic researchers might also usefully consider alternative forms of data presentation, such as performance, to communicate their findings in a way that engages others on a body-to-body level. Some examples of this innovative approach to data presentation include performance ethnography (Denzin, 2003; Spry, 2001) and the work of choreographer Lloyd Newson (www.dv8.co.uk). Even the hard sciences are experimenting with performance as an effective way to communicate complex ideas; for example, the ‘Dance Your PhD Contest’ asks doctoral students in physics and chemistry to create and perform a dance that captures the key ideas of their doctoral research (www.gonzolabs.org/dance). My own study into the embodied experience of oppression has generated two performances of our data so far – a movement and spoken word performance that explored the relationship between a participant and my co-researcher, and a more recent performance that used verbatim interviews of participants as the script.
- (5) **Criteria for rigour**
 - (a) The hallmark of a strong study is the degree to which it demonstrates having met the established criteria for rigour of the research method it has employed. This is true for somatic approaches as well, although less has been written about what additional criteria an embodied approach requires. From my perspective, regardless of the research method’s established criteria (for example, internal and external validity in experimental research, and credibility and transferability in qualitative research), somatic research must also demonstrate that it has had an impact on the somatic experience of those who have encountered it. In other words, that the lived embodied experience of the researcher, participants and affected community members has changed in some meaningful way. Although this criteria may prove challenging to demonstrate, it is no less than what we expect from ourselves as clinicians – that we and our clients have changed in and through our bodies as a result of our interactions with one another.

Conclusion

In walking the common ground between somatic psychotherapy and research, however, I do not intend to minimise their many differences. Nor am I suggesting that all somatic psychotherapists should engage in some form of research, or view their practices primarily through a research lens. Many psychological studies (in

particular, the RCTs that test the effectiveness of various psychological treatments and large-scale survey research that focuses narrowly on a few aspects of human experience over a broad population) have little in common with a somatic approach that values the complex subjectivities of being human, or with client-centred clinical work. As somatic psychotherapists, we are not usually interested in generalising our findings with a single client to the rest of our clients, or in proving that a particular intervention with a client was effective.

That said, I do believe that we can learn from the strategic curiosity that researchers intentionally cultivate to help us uncover new knowledge about the lived experience of the body. And I hope that by feeling more aligned with some of the goals and attributes of good research, we will be more inclined as a community to support the clinician/researchers in our midst, and to advocate more strongly for the development of a collective somatic psychology research agenda. Research that conscientiously and systematically advances our knowledge of somatic psychology not only provides our community of practitioners with current information and ideas for new ways of working, but it also opens doors to dialogue with colleagues in different modalities and disciplines, supports funding proposals for new initiatives and builds credibility for an approach to psychotherapy that I believe deserves much wider recognition. With ever-evolving developments in research paradigms and methodologies, we have an unprecedented opportunity to support research that aligns with our values and perspectives, harnesses our existing collective skills and challenges us to refine our work.

Notes

1. This assertion is based on many formal and informal conversations I've had with somatic psychotherapy colleagues over 25 years of practice and research, in my roles as co-chair of the Research Committee of the United States Association of Body Psychotherapy, chair of the Research Committee of the Dance Movement Therapy Association of Ontario, and chair of a doctoral program in somatic psychology at the Santa Barbara Graduate Institute and the Chicago School of Professional Psychology. I have taught research methods courses in a number of somatic psychology programs over the years, and found this attitude prevalent among graduate students as well.
2. Dance movement therapy programs are a noted exception.
3. Beisser (1970) describes Gestalt Therapy co-founder Frederick Perls' theory of change as a 'paradoxical theory of change' which asserts

that change occurs when one becomes what he is, not when he tries to become what he is not. Change does not take place through a coercive attempt by the individual or by another person to change him, but it does take place if one takes the time and effort to be what he is – to be fully invested in his current positions.

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