A SOMATIC METHOD OF
SELF-CARE FOR CAREGIVERS¹

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Pain can be contagious. In the process of being with clients’ pain and helping them let go of it, psychotherapists and other caregivers can themselves experience great pain. The very personal qualities which make caregivers caring, empathetic and nurturing also operate to make their boundaries permeable.

The pain that therapists may feel can come from three sources. Clients’ pain may bring to the fore similar issues and similar pains in the therapist’s life, or the therapist may feel anguish in confronting the horrors that many clients have lived through. A third possibility is that the therapist may unconsciously mimic in her/himself the pain s/he sees the client doing. That third possibility may be a new thought to some people. However, one element in social bonding is an unconscious mirroring of other people’s body states and movements. We tend to take in the feelings that other people display.

Some caregivers work in pain and continue until they become burned out and unable to help people at all. Other caregivers, in their attempt to protect themselves, become distant and unavailable, but in doing so become less able to help their clients. How is it possible to work with people in pain without either burning out or erecting rigid barriers? How is it possible to contain one’s own pain appropriately and not take on other people’s pain? The solution lies in finding an effective balance between caring and separateness, between connection and autonomy -- both with oneself and with others.

As a somatic educator, I have a very body-oriented and concrete view of what constitutes appropriate self-structure and boundary control. Approaching the issue of autonomy and connection through the body may seem very strange, but it can be very productive. Through the somatic integration of awareness, power and compassion, it is possible to work with pain without becoming overwhelmed by pain.

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Being In Movement® mindbody training offers a somatic way of working on such issues as caring and separateness.\(^2\) The first step is to embody an issue in a body awareness experiment and examine the somatic responses which are part of the issue. A body awareness experiment is a safe, small scale, laboratory representation of a large problem. Body awareness experiments which focus on boundary control can be as varied as pushing against a wall, sensing how you use your breath for speaking, or studying how you would sit in front of an angry client.

As an example of a body awareness experiment, try remembering a client you really liked, who was in a lot of pain, whose condition really disturbed you, and whom you found very hard to help. Perhaps it was an intelligent, sensitive person who had been severely hurt by their parents in ways that were truly outlandish and especially damaging.

What do you feel now as you remember sitting in the glare of your client’s pain? Perhaps grief. Perhaps anger toward the perpetrators. Perhaps anger toward society itself for allowing such things to happen. Perhaps helplessness because it was so hard to get through to your client.

It is normal to describe such feelings in mentalistic language, and people trained as psycho-therapists would be especially prone to use introspective, mentalistic forms of self-description. However, as a somatic educator, I would suggest that an important step in working with difficult feelings is gaining awareness of the somatic elements of the feelings. Rather than describing the discomfort in mentalistic language, I would suggest speaking in body-based language.

If you feel grief, I would ask, “When you feel grief, where in your body do you feel a feeling of grief, and what do you actually do there at that spot in your body?” The somatic actions which make up your experience of “grief” might include such things as drooping your head down, collapsing your chest, breathing shallowly, or tensing your belly and pressing your legs together. Or you may have very different physical responses than these. However, as a general rule, painful emotions consist of physical actions of compression/collapse and twisting/imbalance.

Though people generally think of feelings as being some kind of mental “vapor,” body events are the actual processes which the feelings are feelings of. As long as people notice just the emotional/experiential end products of their somatic processes and not the series of physical steps by which they construct painful emotions, it is hard to deal with the painful feelings.

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\(^2\) For detailed instructions on how to do the basic breathing, body awareness, and centering exercises I teach, see the file *A Downloadable Script for the Eight Core BIM Exercises* on my website, www.being-in-movement.com.
Somatic responses of constriction and imbalance decrease people’s ability to breathe, speak, think and move, which makes them indeed helpless and out of control in painful situations. When caregivers are unable to act with somatic clarity and strength, they cannot handle their own or their clients’ painful feelings productively, which ultimately leads to burnout or rigidity.

However, work with breathing and posture can be used to help caregivers replace uncomfortable somatic actions with the somatic actions of relaxation, postural stability and body sensitivity. These somatic processes are the body foundations for the qualities of awareness, power and compassion. Finding, balancing and integrating awareness, power and compassion allow caregivers to be sensitive and caring enough to fully contact clients and strong enough to keep appropriate boundaries as they do so.

As one example of how this somatic process works to create power, I often have caregivers examine the role of pelvic orientation in states such as grief, anger, or helplessness. Think about seeing a therapist deep in the throes of such feelings. Do they sit, stand or walk in a graceful, balanced, expansive manner? Or do they physically condense around the emotion that is overwhelming them? Most people would condense, and in that state the pelvis is tipped or withdrawn so it does not support the spinal column in a position of balance, effortless stability and effective mobility. By learning to use the iliacus and psoas muscles (deep core trunk postural muscles) to arrange the use of the pelvis, caregivers can experience a state of strength and groundedness. This strength is not rigid and oppositional but resilient, stable and gentle. It offers a surprisingly rapid and powerful way of putting states such as grief, fear, anger and helplessness into perspective.

It is important to note that this state of gentle strength is not a way of denying painful emotions. It is a way of providing a strong foundation so that one can afford to fully experience and be with the emotions -- without becoming overwhelmed by them and unable to function effectively. After learning this skill of pelvic orientation (which often takes only an hour or so), people have a dramatic sense of their own gentle solidity and loving strength. In the state of loving strength, people do not get overwhelmed by pain, nor do they construct rigid boundaries to push away pain. Caregivers will have the sensitivity and strength to fully feel the client’s pain and support the client as s/he feels their own pain.

During a session, it is important for the caregiver to stay focused on the client. Though the example given above focuses on appropriate containment of painful emotions during a session, after the session, it can be productive for the caregiver to examine the pain she or he felt. The same processes used for containing pain are also the basis for going deeply into painful emotions. Once people experience themselves as strong enough to contain their previously out-of-control feelings, they will feel secure in allowing them to flow.

By identifying the somatic elements of painful emotions and moving out of them into a state of somatic balance and strength, the emotions can be contained. By going into
each somatic element of the pain and requesting that the body amplify it, the emotions can be amplified and studied. By requesting of the body that the next physical sensation emerge from the one being currently felt, a physical process of free association can be initiated. This process of somatic free association will take people into the sources and life meanings of their pain. By simultaneously knowing the roots of the pain and maintaining a strong somatic foundation, healing starts.

Needless to say, the process of developing somatic self-knowledge and skills of self-regulation involves practice of numerous exercises in attending to, naming and controlling different body events. There are many other exercises in breathing, body sensing, postural alignment, movement, energy, intentionality, power and compassion that are important in investigating the balance of autonomy and connection. However, describing these two exercises will, I hope, give you a sense of how somatic education operates with the body to create psycho-spiritual change.

Caregivers can learn to manage overwhelming feelings through work with somatic self-observation and self-regulation. Aside from the benefits for the therapist, this somatic awareness also has benefits for the therapeutic interaction. Clients will feel safer and better supported when caregivers can manage their pain more appropriately. In addition, once therapists gain awareness of the role of the body in emotional/spiritual change, they naturally begin helping their clients develop this awareness as well, which greatly aids the clients in their process of growth. These benefits for the client, however, translate directly into benefits for the therapist. If clients feel safer and do more effective work, that eases the strain on the therapist.

The words “heal”, “healthy”, “holy” and “whole” are derive from the same etymological root, and working with the whole person allows deeper healing and self-care. Working with more of the person -- with the body as well as the mind -- creates the possibility for more effective self-care. Though mental health professionals are often not familiar with somatic work, such work can be an effective element in self-care for caregivers.

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