What Language Does Your Body Speak: Some Thoughts on Somatic Psychotherapies in International Contexts

Somatic Psychotherapy Beyond Borders

Amber Elizabeth Gray

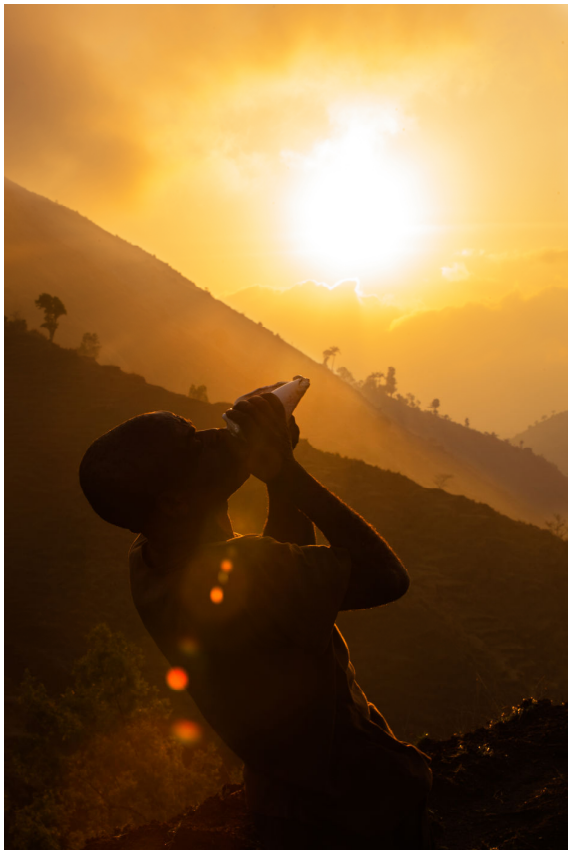
Trauma, by definition, is a body experience. A cascade of physiological and biological changes that become the imprint of suffering begins the moment of exposure in those who go on to be traumatized. This is the universal. Culture is the component that "dresses up", and layers in, how a person demonstrates or expresses his/her state(s) of traumatization.

The body may potentially be a dual-experience as both refuge and minefield for anyone who is truly traumatized, and we now have greater understanding of the mechanisms behind this dual reality. Recent discoveries in neuroscience, and more specifically arising from research in the field of interpersonal neurobiology (Siegel, 2012) and neuroplasticity, and perhaps most importantly, social engagement (Porges, 2011), are guiding the increased endorsement of mindfulness, somatic, and movement based approaches, therapies and practices for health and well-being. Increasingly, neuroscience endorses somatic, and/or non-verbal, therapies as promising (and perhaps best practice) for trauma survivors. The majority of somatic approaches, frameworks, programs and training opportunities remain in the "developed" world, and more specifically in the west or north, where mainstream psychotherapy has existed and been utilized far longer than in non-western, "developing" countries.

Internationally, the inclusion of psychosocial interventions in humanitarian response work is a fairly new phenomenon. Only recently is there some openness in Western, mainstream mental health to recognize "alternative" practices such as somatic and creative arts therapies; similarly, cross cultural, humanitarian applications tend to

lean on "evidenced-based" or "best practice" approaches, and the burgeoning field of somatics is still more an item of interest than it is consistently included in these response programs. Simultaneously, some of the somatically-based trauma training programs are outreaching their trainings into post disaster and complex humanitarian contexts, with unclear impact and little evident attention to social/cultural integration. An assumption seems to be made that these approaches are helpful and meaningful in these cultures, because working through the body or the creative process is more universal.

An important consideration is that many (but not all) of the recent crises and disasters have occurred in more sociocentric cultures. The US is a particularly egocentric culture, and one in which many of the somatic approaches that are rooted there, are still framed in a traditionally western psychotherapeutic paradigm. Many of the non-white dominant or western/northern cultures have never subjected themselves to the mind-body split of the post-Cartesian era (Damasio, 2005).



In sociocentric cultures, a history of healing through embodied and creative rituals and practices may actually mitigate the need for "discovering" new treatments. In fact, one might argue that in these places, the historically intact socio-cultural processes that serve as ritual, rite of passage, healing, celebration, mourning and marking may be more relevant than "new" somatic approaches (Harris, 2002) . It is worth considering that what science is now endorsing through its studies of memory and trauma, and the essential role the body places in the restorative process after trauma, has always been central to indigenous healing practices and processes. This is notwithstanding the fact that in many large-scale disasters and emergencies, these important social structures are undermined, distressed, and sometimes destroyed, and may therefore not be as accessible. That topic is beyond the scope of this article.

There isn't a right or wrong here; however, the fundamental principle upon which psychosocial programs in humanitarian response contexts are offered is *Do No Harm*. The IASC Guidelines (2007) framework of guiding principles for psychosocial work across borders and cultures, with *Do No Harm* the foundation. As a long time humanitarian worker who now also trains health and mental health professionals, as well as allied health professionals and paraprofessionals in the integration of dance, movement, body and arts-based therapies into their work, I am aware of the need to constantly reconsider my intention in offering this work, as well as my methods and style of delivery. I have begun to ask myself an orienting question that serves more as an ongoing inquiry to assist me to re-organize the work, as needed, versus a question that always has a clear answer: What language does my body speak?

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The Language of Compassion

Body language is a pedestrian term for non-verbal communication. Having participated in many training, relief, and development programs that introduce, promote, or bring somatic therapies to other countries and cultures recently exposed to mass trauma, I now realize that the truth of what we communicate reflects from a deeper, more introspective place, and may be "heard" through our non-verbal messaging. What we say may be less important than how we carry or "are" the message. And a source of the message may reside in our worldview on a continuum that is marked by many things; among them, and central to the imprints we may leave when we take our work (direct services, trainings, programs) overseas, especially in times of collective distress, are sympathy, empathy and compassion.

The question "what language does my body speak" is central to this introspection. I am proposing that important feedback to guide our work relates to an understanding of the strength, and challenge, of empathy, long considered the key ingredient of successful psychotherapeutic and humanitarian connection and rapport. Empathy is indeed essential to our connection with others. However, it is a term that is often confused with compassion, and sometimes, though less frequently, with sympathy (Brown, 2013).

I invite you to take the type of "quiz" that you may have taken when you were a child. Below is a table with three terms (Sympathy, Empathy, and Compassion) in the first column (left-hand side), and three definitions in the second column (right-hand side). The task is to connect the word with its correct definition.

SYMPATHY	A human response based on feeling sad about/ sorry for another person's pain. ***" I feel sorry for you."***
EMPATHY	The ability to recognize pain and suffering in another human, because we recognize and know our own pain and suffering. In this recognition, we know this pain in self and other is not the same. ***"I recognize your pain because I have known my own."***
COMPASSION	An interpersonal skill/human response based on identification with another person's pain. ***"I feel your pain."***

Here are the correct answers:

Sympathy is: A human response based on feeling sad about/sorry for another person's pain.

Empathy is: An interpersonal skill/human response based on identification with another person's pain.

Compassion is: The ability to recognize pain and suffering in another human, because we recognize and know our own pain and suffering. In this recognition, we know this pain in self and other is not the same.

What I am proposing is that a key ingredient in our own understanding of both how and what we communicate is our self awareness of how we feel toward those we are in a helping, teaching, or supervisory relationship with, especially across borders and cultures. There are emergent ideas and even theories about the legacy of colonialism and its ongoing effects in both the international development and and humanitarian sectors. When we show up to help, we are automatically in a power differential; we have the power by virtue of the fact that we can leave. Unless we are immediate victims of the same earthquake, tsunami, war or disease outbreak, we almost always have the power to enter, and to leave. And whenever any of us is disempowered by life events, we need to rely on others for services and supports we may usually provide to ourselves. This is especially true in situations where entire populations have been subjected to the destructive nature of disaster or war. We literally may be (actually or perceived) life-savers.

Sympathy, empathy and compassion are inter-related; I would describe them as possibly existing on a continuum. Sympathy may perhaps be considered a core ingredient of empathy, and empathy an ingredient of compassion. Our ability to connect to others, to care about them and what they are feeling, is certainly important to all these human responses to another human being.

Lets start with sympathy, which I have observed as a common response from many of those who respond to humanitarian disasters (especially those who respond on their own, outside of official systems of response). Many people show up because they feel sorry for "the poor victims" or "the poor impoverished survivors". Airplanes traveling to Haiti after the devastating earthquake of January 12, 2010 began to fill with teams of people with "Jesus saves Haiti" t-shirts (in fact, this continues today). Feeling sorry for another person has its time and place, and it only reinforces the power differential. Sympathy may not be as helpful if one is suffering due to abuse of power, which is often the case in complex humanitarian emergencies, or in clinical (or other) work with survivors of human rights abuses. Our ability to sympathize is certainly related to our ability to empathize, but sympathy alone may

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Empathy is perhaps the most widely cited emotion endorsed in psychotherapy. It is a human emotion that enables us to connect to another person's emotions, or feelings, and as such is widely lauded as a primary and essential tool for positive psychological, therapeutic and healing work. In 2010, Jeremy Rifkin's TED talk, The Empathic Civilization (2010) based on his book by the same name, was placed on You Tube. In this talk he argues that the discovery that we are "soft wired for empathy" (2010) may promote a healthier, saner and friendlier civilization. I propose a flaw in this theory, and a new consideration towards the place and potency of compassion as the pathway to individual, collective and global health, equanimity and civilization.

Recognizing the role of empathy in our social and relational capacity, and also as a risk factor for burn-out and vicarious traumatization (Saakvitne & Pearlman,1996), my inquiry into embodied compassion as both a therapeutic tool to more deeply engage with, and help, clients (from individual trauma survivors to communities affected by large scale violence and/or natural disaster) has contributed to the thesis that compassion is a possible direction of the evolutionary pathway the human species is currently treading. In other words, research into mirror neurons (Winerman, 2005) seems to prove that humans truly are soft wired for empathy, which is both a relational virtue in that it promotes our ability to connect to others and, a risk factor for the many facets of vicarious traumatization that encounters with trauma stories, histories, and experiences expose us to. The question is: How are empathy and compassion different, despite their frequent use as interchangeable concepts? And how do they affect our helping relationships with others?

Dr. Henry Tobey (clinician and theorist) (1999, personal communication) and Dr. Tania Singer (clinician researcher) (2013) are among the first to differentiate these terms and to recognize the unique qualities of compassion as a healthier, more holistic means of creating interconnectivity with clients (and others), and a protective factor for therapists working with and therefore exposed to difficult histories of suffering and abuse. A premise in all my work is that we human beings gain meaning for our lives, and offer services and teachings that are truly relevant, respectful, and in service to others, when we are in service of evolution. As journeyers on the road of evolution, with unknown possibilities and potential for our own individual and collective advancement, as well as the planetary community's well-being, practices that promote compassion may serve not only our selves' and our clients' well-being as we work with survivors of trauma; we may also contribute to the phylogenetic enhancement of our species. Compassion as a practice and an emotional response that may benefit from our empathic connection, but that also serves to distinguish mine from yours, might promote levels of regard and respect that communicate more equanimity in our helping interactions and interventions.

Central to this idea is this: Empathy, while clearly a core ingredient in compassion, is also a core ingredient in cruelty. Cruelty is not possible when we practice compassion. Therefore, the very same emotion that offers us connection to others is also a useful tool to increase another's suffering. The origins of this idea are in Anna Salter's book *Transforming Trauma* (1995, p. 250-251). The most sadistic perpetrators can utilize their empathic abilities to increase the suffering and pain of their victims. Consider this idea on a global level: Could the human species, if we moved beyond our current biological, physiological, psychological and emotional/mental state of "soft wired for empathy", enhance the possibility we inherently embodied to become beings who are soft (or, perhaps even hard) wired for compassion? And if we can do this, would we more consistently relate to one another in ways that promote equanimity, especially when we are in a helping relationship? What would our embodiment and practice of

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compassion communicate to others? How would we see, and be seen?

As someone who has traveled to Haiti to work since 1998, I have provided program start-up and management, training, and clinical services in the post-embargo years, during the violence of 2004-8, and after the massive earthquake of 2010. It is questionable how much any of the aid, especially post-earthquake, has really helped Haiti advance as the independent nation state it fought to be in the 1700's and early 1800's. In fact, many humanitarian responders and Haitians say that the massive influx of aid after the earthquake only made things worse. An inflated economy and sparkly clean new villages that are located where no-one wants to live are signs of well-intentioned aid workers leaving behind the remains of top-down sympathetically driven projects and interventions. After the earthquake, I received many phone calls from would be aid workers, with no prior experience in humanitarian work, but who claimed to have "the perfect somatic approach to trauma healing", asking if they could join my non-profit's work there. My first questions was: Who are you going for? I also asked: Did anyone from Haiti invite you? How is your approach specifically appropriate for Haiti? And so on.

I suspect many of those who inquired went on to find other ways to go to Haiti not realizing that they were really going for themselves. I question if compassionate response would allow this. A few reflected long enough to recognize that their interest was perhaps more self serving (sympathetic) or based on their need for some sort of vicarious experience (empathic), rather than compassionate (with active regard for self and other). Of course, there were and are many helpers and would-be helpers who do come from a place of compassion. It might improve both humanitarian responders work conditions and longevity, as well as the programs and services they offer or "plant" for the survivors of humanitarian emergencies, if

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we could somehow screen, or measure, for compassion.

How does this discourse relate to somatic psychotherapy in international contexts? I think another way to ask this question is: how do I show up to help, whether help be direct service, trainings and teaching, or creating programs? Am I relating to others, individually or collectively, mostly with sympathy, empathy, or compassion? Do I access and use this continuum of human response appropriately; do I reflect them at the right time, and context, with balance and clarity?

I believe that the answer to these questions are related to understanding what language our body speaks when we are in these contexts.

There is an increased surge of attention to humanitarian responses such as burn-out, secondary trauma, vicarious trauma and compassion fatigue, because the risks to humanitarian workers are higher (Rogers, 2015). While sympathy may not be beneficial because it reinforces power differentials, empathy may not as helpful to or our clients because we can become exhausted and therefore less effective (which can also be a security risk) when we are so affected by another's feelings that they dominate our own. Roshi Joan Halifax described compassion as "empathy with action" (personal communication, 2013). If it's compassion that allows us to act on behalf of self and other, it may well be compassion that supports our somatically-based (and other) initiatives overseas to be truly meaningful and relevant to the countries and cultures we bring them to. Perhaps compassion creates the place for those we help to take action, and ultimately serves restoration and recovery—be it individual or large scale, communal—in a more sustainable and globally meaningful way.

Amber Elizabeth Gray provides training and consultation nationally and internationally on clinical treatment and program development for survivors of trauma secondary to torture, war, combat, trafficking, organized violence and and natural disaster. She has almost thirty years of experience in human service work, and in the past fifteen years has focused on clinical services and programs for those displaced by war, violence and human rights abuses. She trains health and mental health professionals, and paraprofessionals, on such topics as working with traumatized children, models for the cross-cultural application of psychotherapy, innovative approaches to trauma recovery that integrate local, individual and community resources and traditions, clinical issues in work with survivors of combat, war and political violence, staff care. She is the originator of restorative movement psychotherapy, a somatic and creative arts based approach for work with survivors of trauma. She is the 2010 recipient of The American Dance Therapy Associations "Outstanding Achievement Award".

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References

Brown, B. (2013). RSA shorts: Brene Brown on empathy http://brenebrown.com/2013/12/10/rsabear/

Damasio, A. (2005). *Descartes error*. New York: HarperCollins Books.

Harris, D. A. (2002). *Mobilizing to empower and restore: Dance/movement therapy with children affected by war and organized violence*. UMI Dissertation Services: Ann Arbor, MI

Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

Porges, S. (2011). *The poly vagal theory: Neurophysiological foundations of emotions, attachment, communication, self-regulation*. New York: W. W. Norton & Company.

Rifkin, J. (2010). *The empathic civilization*. You Tube Video: https://www.youtube.com/watch?v=l7AWnfFRc7g

Rogers, K. (2015). *Will an online petition finally put staff wellness on the agenda?* Devex International Development News.

Saakvitne K., & Pearlman, L. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York: W. W. Norton & Company.

Salter, A. (1995). *Transforming trauma: A guide to understanding and treating adult survivors of child sexual abuse.* Thousand Oaks, CA: Sage Publications.

Siegel, D. (2012). *The developing mind*. New York, London: The Guilford Press

Singer, T. (2013). *Concentrating on kindness*. WWW.Sciencemag.org, Vol. 341, 1336-1339. Washington, D.C.: American Association for the Advancement of Science.

Winerman, L. (2005). The minds mirror. *Monitor on Psychology, 36*(9). Washington, DC: American Psychological Association.