

Through the body:

a somatic approach to coaching

Whatever our role - be it therapist, coach or coach-therapist - clients often consult us from a place of dissatisfaction with the status quo, seeking to change. Yet changing is one of those 'simple, not easy' tasks. Specialist trauma and addiction coach and therapist **Clare Myatt** presents a methodology for tackling change that can help - a *somatic* approach.



Why a somatic approach? 'Soma' comes from the Greek word referring to the living body in its wholeness - beyond intellect and knowledge to include sensation, temperature, movement, pulsation 'as well as our images, thoughts, attitudes, yearnings, dreams and language'.¹ Somatic Coaching ... treat[s] the body as a fundamental place of change, learning, and transformation. We hold that the self and the body are indistinguishable and by working through the body we can directly work with the self.²

Working at the level of the self is particularly effective when working with clients who have a long history of negative habits or have developed an addiction. I visualise habit at one end of the continuum and addiction at the other (and acknowledge the greater complexity than there is scope to explore here). Clients appearing on the continuum have facets in common - for example, insecurely attached, intolerant of the present moment - yet alongside generalities each has a unique experience that shapes them. To change their shape (and thereby the self) the habitual practices underpinning and maintaining the shape have to be changed. To do this I pay exquisite attention to my client's 'living body in its wholeness', attending to:

- (a) what assessments do I have from my observations? For example, perhaps I notice an inauthentic confidence masking an underlying anxiety. I base this assessment on the type of eye contact, breath, gestures, interactive speech and energetic patterns I observe
- (b) what do they say they're practising and is it in alignment with what I witness? For example, perhaps the client describes healthy food and liquid intake yet the glass of water poured for them remains consistently untouched
- (c) what roles have they adopted? What does this tell me about how they were shaped in their family of origin as they grew up? For example, clients who have been rewarded for rescuer/helper roles (akin to the drama triangle in transactional analysis³) will benefit from developing new skills, through adopting new practices, to embody a more empowered self, free from the drama.

The terms 'practices' and 'practising' adhere to Dr Richard Strozzi-Heckler's principle 'We are our practices' and 'We're practising something all the time', whether we are aware of it or not.⁴ Initially we practise ways of being in the world simply to survive - if we cry and get fed, we're likely to cry again; if we cry and get ignored, we're likely to

eventually give up crying. There is a systemic process at work here: our earliest experience shapes us; those experiences form the roles we adopt and, coming full circle, those early experiences also inform certain non-volitional practices that reinforce both shape and role. Deconstructing practices and establishing new ones is thereby critical to healing addiction and, by definition, development of the self.

Our therapist training revealed the complexity of family of origin roles but in this context roles are interpreted more expansively. Beyond babyhood and its potential for limbic resonance between mother and child producing a secure attachment, we continue to be conditioned by the way we grow up as children. We continue behaviours that are rewarded; those not rewarded we move away from.⁵ For example, if the requirement is 'being seen and not heard' and successful behaviour is rewarded with positive attention and affirmation, I'm likely to sit quietly again and again. If I experiment with being visible and noisy and this is met with either discipline or being ignored, I'm unlikely to continue in this vein. The outcome? Potential for a quiet, withdrawn, self-sufficient, observant individual, not a natural team player or leader. In this way we begin to identify with certain roles and become fundamentally reassured by those roles. As an addiction specialist, I must know how we are driven by these underlying attachments and aversions because this is the home of habit.

Harriet, a 'high-flyer' earmarked for promotion at an international bank, self-referred due to her chronic nail-biting habit; Alex was nudged by Head of Chambers to address his relationship with alcohol, having recently caused some embarrassment by being hungover in a morning meeting with a prestigious client. At first glance they have, perhaps, little in common, yet share some similar themes. Both exuded a type of confidence that was costing them dearly - in almost constant fight/flight mode, flooded with adrenaline, both were experiencing dangerously high levels of stress.

Their inauthentic confidence was underpinned by grave anxiety. Both had strategies for managing their stress and anxiety - Harriet bit her nails to bleeding; Alex drank heavily, generally in his study at home, every evening. Neither could tolerate being present - for themselves, for me, or for others - at significant personal and professional cost. Harriet described herself as 'too busy' to date, keeping herself distracted (my interpretation) with long hours either at work or the gym. Alex's wife was threatening to leave, taking their two children with her, due to his emotional unavailability (again,

my interpretation). This information unfolded over time. Especially for those clients who resist being present, I have found it takes time to create the safe environment conducive to limbic resonance, to build trust and a true working alliance.⁷ In these circumstances it's imperative I pay attention to my own somatic state, staying present, constantly adjusting and readjusting to create safety.

The fundamental practice I use to create safety is the same one I use to teach clients to 'become present'. Being present allows clients greater choice in the habits and practices they want to shift. My goal for them is a shifting from unconscious reactivity to conscious choice. I help clients create space and time between the non-volitional impulse to bite their nails or pour a drink so that the impulse becomes identifiable, recognisable, known, familiar and ultimately a conscious and 'choiceful' activity.

The basic building block to produce profound presence is the somatic practice of grounding and centring. I feel my feet flat on the floor, I allow my belly to be soft and round so that breathing is naturally deeper and I am more oxygenated, I notice the pressure of the chair against my buttocks and back, relax my jaw and allow my eyes to have a soft focus. These actions contribute to relaxing the Reichian⁸ horizontal armouring bands that would otherwise restrict the breath, energetic flow and ability to be fully present. I have been grounding and centring for so long now that I consider it embodied (researchers say it takes 300 repetitions to produce body/muscle memory and 3000 repetitions for embodiment - for something to become simply part of who we are).⁹ Clients are often starting from scratch and need encouragement to adopt and keep up this practice. I remind them, ad nauseam, it is only by being right here right now, completely awake and present, that we are alert to multiple choices and possibilities.¹

You may want to try this experiment for yourself. Notice if you ever have the tendency to offer advice when actually the client just needs a little space. This may happen because you were rewarded for offering advice or being supportive early on, so it's a habit that's become conditioned and reinforced. If this description fits, you may notice an impetus somewhere in the body, right before you say something, compelling you to speak.¹ The impetus isn't volitional, it's habitual and it's a default - it's just what we do because it's been practised over time.⁹ The task is to be awake to the process and catch yourself with hindsight, hindsight, or foresight through self-awareness. When you're successful, notice what happens. Do

you notice discomfort (perhaps stomach clenching or gripping in the solar plexus), or perhaps a sense of comfort (evidenced by spreading warmth, relaxation, a spontaneous deep breath)?

With access to being present for themselves, I offer clients the 'hindsight, hindsight, foresight' model attributed to Petruska Clarkson.¹⁰ I suggest they become present enough to catch themselves in hindsight, after the event (nail-biting for Harriet, drinking for Alex) - let's say a day or an hour after doing something on automatic pilot they wake up and say, 'Damn it, did it again.' The next stage, hindsight, is to catch themselves either during or immediately after the activity and say, 'Oh, there I go again.' And the final stage, foresight, is to catch themselves in advance, interrupting the activity. Success! No magic wand here; this takes time, patience, practice and commitment.

With 300 repetitions to get grounding and centring into their muscle memory, we reviewed which current activities could become vehicles for this practice to become momentarily present. Harriet agreed to incorporate a standing grounding and centring practice into her morning stretching routine and evening gym workout. As expected, Alex proved more resistant and, after only intermittent success, eventually agreed to download an app to his iPhone to randomly remind him to ground and centre wherever he was. The goal was to increase their familiarity with being present, literally exercising this atrophied muscle.

Alongside grounding and centring, we explored other stress and anxiety-reducing activities that Harriet could incorporate into her routine. She agreed to tangible things like waking to music rather than the news; drinking more water, which in turn meant going to the bathroom frequently and therefore taking breaks from her desk, and, most importantly, another practice to bring her to the present - meditation. Using a guided meditation that could be adjusted in one-minute increments, Harriet reported actually beginning to enjoy the oasis of calm this produced for her each day. Underneath Harriet's nail-biting habit are significant issues yet to be addressed. I anticipate uncovering events in her past that have contributed to her deep anxiety but, for now, we stay focused on resolving the presenting problem.

For Alex, the challenge was greater. I recognised layers of denial, years of unexamined self-loathing, decades of emotional withdrawal from intimacy. He had practised and become masterful at not feeling sensation or emotion, so the quest for presence and the choice it brings was the antithesis of his skills. A strong desire to

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maintain his professional standing at the Bar provided enough motivation to at least experiment with different approaches to managing his drinking. Initially, he tried limiting himself to one bottle of wine at night, then over time cutting this down to half a bottle; he tried having a glass of water for every glass of wine. The slowing down, inhabiting the present moment one second at a time, feeling himself, gradually revealed the possibility of a problem to Alex. A chink in the armour of denial allowed us to plunge deeper into his somatic experiences, drawing on the benefit of grounding and centring in the face of the enemy (alcohol), and over time he even agreed to attend an AA meeting.

Of the many alcoholics and addicts I've worked with over the last two decades,¹¹ Alex is representative of those who take time to taper their use. Some proceed to quit and some implement strict control in a harm reduction model. In either case, determining internal somatic triggers and use of the 'hindsight, midsight, foresight' model to capture an 'Aha' in the present moment support clients' change, transforming non-volitional unconscious action to action that is volitional, conscious and 'choiceful'.

Knowing she wanted to stop biting her nails wasn't enough for Harriet to quit. Getting feedback at work about his alcohol abuse wasn't enough for Alex to reduce his intake, let alone quit. Trying to switch off autopilot activities with the intellect is doomed to failure. Both were already in such a state of anxiety, their amygdala having alerted them for fight/flight/freeze/dissociate¹² so well that there was no capacity left for anything else.

As Thomas Lewis writes in *A General Theory of Love*: 'When anxiety becomes problematic, most people try vainly to think their way out of trouble. But worry has its roots in the reptilian brain, minimally responsive to will. As a wise psychoanalyst once remarked of the autonomic nervous system (which carries the outgoing fear messages from the reptilian brain): "It's so far from the head it doesn't even know there is a head."¹³

What excites me about somatic coaching is the endless possibility for real and sustained change over time. We can't think our way to a new way of being; we have to physically experience and embody our way there. We can achieve this through recognition of the habitual practices keeping us stuck, gradually dismantling those practices and taking on new practices leading us in the right direction - a case of 'simple, not easy'. From muscle memory to embodiment, somatic coaching moves us beyond adjustment to transformation.

When Harriet and Alex could engage with their whole self rather than just their intellect, breathing and grounding to settle the limbic system, greater capacity became available. By bringing themselves out of the past or future and into the present moment through somatic self-awareness, they could make different choices. They weren't successful overnight and certainly needed encouragement to keep practising and validation they were on the right track. As the 12-step programmes say, aim for 'progress not perfection'.

My own experience of the possibilities of somatic coaching has taken me beyond adjustment of a behaviour or two to transformation of the self - from addiction to recovery. From an exemplar of 'be-seen-and-not-heard' when I arrived at Strozzi Institute in the 1990s (my nickname was The Mouse) to exemplar of recovery nowadays, this is my experience of change: there may be dragons to slay, but they dwindle from monster-size to fingernail-size if I face them in the present, feeling my feet and my belly, breathing deeply and welcoming their fire. ■

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