Body Oriented Therapies for Individuals Experiencing Gender Variation

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Introduction and Description of Body-Oriented Therapies

This review paper will approach the concept of embodiment therapies and the appropriateness of its use in work with individuals (adolescent, young adult, college age) experiencing gender variation or struggling with sexual identity issues. An embodiment therapy approach might include expressive therapies such as dance, movement, tai chi, yoga or touch or near touch therapies such as massage therapy. There is emerging agreement in the literature that gender identity is different from biological sexual identity, the former of which is the combination of external impositions by society and internal identity struggles which can sometimes lead an individual to feel at odds with his or her body, self-image, and sense of self. (Hanan, 2015) (Eli & Kay, 2015) (Martino & Cumming-Potvin, 2015) (Price, 2014). Embodiment and body oriented therapy is a difficult term to define in the psychological literature but over the past 20+ years there is increasing research on the concept of body psychotherapy, somatic therapies, embodiment and expressive therapies as adjuncts to, or used in place of traditional talk therapy commonly used such as CBT. In order to define embodiment, one needs to work in multidisciplinary to develop a working definition of embodiment as important to psychological health and how it relates to body oriented therapies. Co-opting some definitions from epidemiological literature, the notion of ‘‘embodiment advances three critical claims:(1) bodies tell stories about-and cannot be studied divorced from-the conditions of our existence; (2) bodies tell stories that often-but not always-match people’s stated accounts; and (3) bodies tell stories that people cannot or will not tell, either because they are unable, forbidden, or choose not to tell.” (Kreiger, 2005, p. 350). While this material definition is used to support epigenetics and other epidemiological research, the definitions are particularly cogent as a starting place to

understand embodied therapy as a psychological/physiological concept. In medical anthropology, embodiment has been seen as a way to identify and address embodied experiences of illness and recovery that may be silenced in speech or writing alone. More specifically, treatments that "foreground the body, and in which sensory experience and the memories thereof would be expressed first through the body, rather than verbal translation" (Eli & Kay, 2015, p. 63) can be considered embodied therapy. In the field of trauma therapy, it is posited by Price (2014) that recovery from interpersonal trauma involves reintegration of the self: a process of reestablishing trust and safety, regulation of emotions and empowerment. Sexual and physical trauma are often accompanied by a sense of the discontinuity between self and body as a dissociative coping mechanism for the pain of abuse (p. 8). In the literature, the psychoanalytic concept of the "bodily ego," which Martino and Cumming-Potkin (2015) discusses in-depth introduces the notion particularly in thinking about transgender, but not exclusively so, that the body of which one has a 'felt sense' is not necessarily contiguous with the physical body as it is perceived from outside". Salamon (2010) posits that "the constituent parts of the body cannot be thought as biologically given prior to their assemblage" by the body schema, which serves as "a mediating entity between self and world". (p. 14)

Palma and Stanley (2002), note that from birth, every child receives messages both verbal and nonverbal that regard heterosexuality as the correct sexual identity, are often socialized in the hetero sexist environment which are likely to have impacts on the client to view and sense of self both internally and externally experiencing depression and a disconnection to bodily sense. This hetero sexism notion has an influence on a person's view of self as it can be a cause of both internal and external sources of oppression and disconnection to the body this disconnection can

result in substance use, self-abuse, and victimization among individuals who question or explore identities beyond the male -female paradigm.

Most theorists are in agreement that a central therapeutic premise which may bring most individuals experiencing gender variation into treatment involves conflicts around the internal and external expression of self- identity. Commonly accepted treatment adjuncts include social empowerment strategies, (Savidge, Harley, & Nowalk, 2005), self-advocacy strategies, (Goldfried, Integrating gay, lesbian and bisexual issues into mainstream psychology, 2001) cognitive behavioral therapy (Safren, Hollander, Hart, & Heimberg, 2001), journaling, peer support (Palma & Stanley, 2002) etc. (Goldfried & Goldfried, 2001) (The committee on Lesbian, Gay, and Bisexual concerns, 2000). When you consider that the estimate from 2001 is that 1 out of every 3 gay youth are verbally abused; 1 out of 10 physically assaulted, and 1 out of 4 experienced physical abuse at school, (Goldfried, Integrating gay, lesbian and bisexual issues into mainstream psychology, 2001) perhaps it is time to consider expanding the models of treatment, especially in cases of trauma, beyond verbal psychotherapies. Treating individuals who experience gender variation might include more than notions of identity that can be expressed or even analyzed with words and thought. There is emerging literature that suggests traditional psychotherapy which focuses on the verbal expression of thoughts and feelings, misses the struggle with ‘‘the felt sense that delivers the body to consciousness,’’ an experience of embodiment that goes ‘‘usually unquestioned’’ by gender normative subjects. (Salamon, 2010)

Martino summarizes eloquently the very criterion by which we judge a person to be a gendered being; a criterion that informs the ways we do or do not recognize ourselves at the level of feeling, desire, and the body, are at the moments before the mirror, in the moment before the

window, in the times that one turns to psychologists, to psychiatrists, to medical and legal professions to negotiate what may well feel like the unrecognizability of one's gender, and hence, the unrecognizability of one's personhood (Martino & Cumming-Potvin, 2015).

Each of these descriptions illustrates that issues of gender variation necessarily involve the body. The feeling that one's assigned gender identity or gender expression is inaccurate may initiate a long process of searching for a way to embody the internal experience of gender. Embodying a different gender expression or gender identity may include changes in clothing, hairstyles, hormone treatment, and surgical interventions (Hanan, 2015) .

Core-Components, Ideal Conditions and Research Description

For brevity's sake, the focus on this paper will be on a more narrow definition of body-oriented therapies to include movement/dance and therapeutic massage or touch therapies with some reference to somatic therapies. The former having been explored in small pilot studies with the transgendered population in particular, and the latter with trauma survivors without specification of gender orientation or identification but which may be generalizable to this population with upmost caution and care.

Hanan (2015) researched embodied therapy using movement for body image for clients experiencing gender variation. Her study was driven by the paucity of qualitative research on the subjective experience of embodiment of people who are transitioning gender roles and identities, (4 studies between 2002 and 2007). Her small pilot study discussed a qualitative study of the experience and expression of body image for six transgender adults participating in a series of group dance/movement therapy sessions and the clinical implications of the study. Using Pylvanainen as a model, she defined body self as comprised of three elements: *image properties:* how do you see your body; *body self:* how do you inhabit your body as an agent that represents

you; *body memories*: what experiences are stored in your body (2015, p. 5)? Hanan postulates, as reflected in the literature, that body image is socially acquired through both verbal and nonverbal feedback, social comparison, and reflective appraisal. As a result of her small study, she found her outcomes reflected similar themes to other studies such as "studying and practicing gendered movements" and "actively working to shape the body as a vehicle of self-expression," and add to the understanding of the discursive process between body image and body modification. The emergence of other themes unique to this study, specifically the themes of the importance of expressing a unique self, supporting one another's expression of the true self, and joy, relief, and celebration in the transition expanded the potential applicability of movement/dance therapies. She also postulates that the expressions of joy, relief, and celebration within the group sessions may have been enhanced by the dance/movement therapy context. (2015, p. 17)

Her findings suggest that "movement aids in the discovery and expression of emotions and, thus, in the discovery and expression of the unique emotional responses of the individual" and that dance/movement therapy context seems to provide a unique kind of interpersonal support and acceptance through the process of mirroring movements. The impact of group should not be minimized, as the interpersonal support within the group may have reduced the alienation which may be a pervasive aspect of body image for transgender people". This impact of group, in combination with the body oriented therapy could have improved effectiveness. It should not be overlooked that in general, dance movement therapy is an accepted expressive therapy in the field of counseling and as such should be considered as a possible treatment adjunct for individuals who are experiencing identity and embodiment issues.

In a recent dissertation which reviewed body oriented and embodiment therapies for traumatic dissociation, Hricko (2014) finds that embodiment is an active process that involves a positive

and healing relationship with the body. This stands out as important because it empowers an individual to befriend and reclaim their body. Findings also indicate that reconnecting with the body is a process. The relevance of understanding that embodiment is in fact a process allowed for the time and space to feel safe to embody and to learn how to attune to body sensation and be with emotions. In her review and study, participants reported that going slow, little by little was essential to reclaiming their bodies. Of particular importance is how pacing was significant in that permission to go at a pace that felt comfortable, not overwhelming and as slow as one needed provided a corrective experience of being met with patience and compassion (Hricko, 2014). Findings revealed that different forms of body oriented therapies worked for different individuals depending on what they needed to shift traumatic imprints and practice new ways of being. Treatments that were noted as effective were therapeutic massage, (Price, 2014) belly dance; partner swing dance; meditative dance; movement that focused on structural integrity; or movement that involved feeling muscles and strength provided a sense of safety and empowerment. (Hricko, 2014)

Targeted Mechanisms of Change in Body Oriented Therapies

The mechanism of change is not completely clear. Emerging embodiment research is beginning to explore neurological pathways; brain development; biochemical and neurochemical components of stress management; social empowerment strategies; and implications of touch as an effective therapy approach. Pure gold standard experimental evidence is sparse and as in almost any psychological research, unless you are running little white rats through a maze, it is difficult to control for all of the variables involved.

Hanan suggests that mirroring and reciprocating nonverbal cues recreates the synchrony and reciprocity of the early caregiver-infant bond which can function as a corrective emotional

experience, and it can serve to assist the person being mirrored in seeing himself, hirself, or herself more clearly. (2015, p. 4). Research in the area of an effective touch suggests that there are interoceptors in the skin and fascia of the body that communicate emotion and (affective) emotional touch. We are hard wired to respond to touch as socially and biologically necessary from infancy to adolescence and adulthood. (Linden, 2015) Social empowerment might also be at work in the interventions (Savidge, Harley, & Nowalk, 2005) or perhaps a peeling back the enculturation layers is an explanation of its effectiveness.

Migdalek (2014) suggests that it is a common experience that individuals, especially adolescents and young adults struggle with embodiment issues from "enculturation". For example, one might think and cognitively understand that it is fine for a male to embody a feminine manner. However, it is not uncommon to react to a mincing gait or disposition with a sense of discomfort. Does this discomfort occur because of a resurfacing of something of the way society is enculturated to think that males should embody a particular gait? Migdalek calls this phenomenon 'scar-tissue'. He suggest that these responses of thought can be attributed to phantom sensations or scars left where something has been removed. At times, a phantom sensation of a previous condition can pervade or surface. Taking into account his definition of 'scar-tissue' as that which continues to affect the way we react to, read, or perceive things, even after our minds have altered or changed their ways of seeing, reading, or understanding; the concept of scar-tissue can be used to explain how being in certain embodied positions, or seeing certain embodied performances, may still prompt feelings or be read as discomforting" (Migdalek, J. 2014). If we accept that premise, then perhaps embodiment therapies uncover the scars both metaphorically and literally in the context of massage therapy, to allow that scar tissue to move more freely.

Opinion Regarding the Relative Strengths and Weaknesses of This Treatment Approach

As a LCPC and a massage therapist (LMT), I have utilized and observed embodied therapies in the clinical space and am encouraged by the pilot investigations and emergent work in embodiment therapies. While these studies provide a small amount of empirical evidence for its use and efficacy, it is a promising beginning. I have used primarily near touch, and touch therapies and a small amount of movement therapy in therapies with abuse survivors. Primarily my work has been with trauma survivors and a high number of them have been lesbian, fewer gay and even fewer transsexuals.

While I believe and have observed embodied therapies to be an effective adjunct to talk therapies, in the clinical setting, I think there are a number of cautions that need to be exercised when considering embodiment therapies. As Price (2014) suggests in the massage research along with embodied therapies others cited in this paper, more empirical data needs to be gathered.

What is consistent however in the pilot projects above, is that the therapists/researchers who provide the embodied therapies have advanced training in their field. The dance/movement therapist is qualified through master's degree level training and a rigorous certification process to use movement as both an assessment tool and as a treatment method (Hanan, 2015).The somatic therapist has advanced training in body psychotherapy. (Hricko, 2014) The massage therapist holds a PhD and follows a specific massage protocol (Price, 2014). It is also important to note that embodiment therapies that involve movement and touch are not for everyone. While it is not clear what the parameters are that would make one embodied therapy preferable for one client and not another, it is also not clear why Prozac might work well for one client and create horrible

side-effects in another. Findings revealed that different forms of body oriented therapies worked for different individuals depending on what they needed to shift, the level or type of traumatic imprints and how (or how much) the individual needed to practice new ways of being. Each study clearly states that the therapy needs to be individualized. Some embodied therapies are not for everyone. The client involved needs to be willing, the therapist needs to be trained, experienced and qualified in the embodiment therapy. Of particular importance is how pacing was significant in that permission to go at a pace that felt comfortable, not overwhelming and as slow as one needed provided a corrective experience of being met with patience and compassion (Hricko, 2014).The initial data is promising indicating that multiple types of embodiment therapies which include touch, near touch or movement, are useful in addressing embodiment issues of self and self-efficacy for individuals experiencing gender variation.

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