

Running head: AN INSIGHT IN SOMATIC PSYCHOTHERAPY

A Qualitative Study on the Effectiveness of Somatic Psychotherapy and its  
Impact on Trauma and Stress, from the Greek therapists' Perspective

by

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### **Abstract**

This study investigated the effectiveness and impact of somatic psychotherapy (ST) in treating stress and trauma from the perspective of therapists practicing in Greece. The research was significant as it addressed the limitations of conventional talk therapies, which often failed to fully process trauma and highlighted the necessity for a more integrative approach involving the body, mind and spirit. Utilizing Interpretative Phenomenological Analysis (IPA), in-depth interviews with three certified somatic psychotherapists were analysed. The findings revealed key themes related to the therapists' transition from traditional talk therapies to somatic practices, emphasizing that trauma and emotional distress were stored not only in the mind but also in the body, thus requiring a holistic treatment approach. The study identified challenges such as societal attitudes, cultural resistance to therapy, and the gradual adoption of somatic methods in Greece. These results contributed to the growing body of evidence supporting somatic psychotherapy as an effective treatment for stress and trauma, with recommendations for future research to expand empirical studies and address cultural factors influencing the adoption and practice of somatic therapy.

*Keywords:* somatic psychotherapy, trauma, stress, Greek therapists, qualitative research

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## **Literature Review**

Somatic psychotherapy is a holistic therapeutic approach that underscores the profound connection between the mind and body. Unlike traditional talk therapy, it integrates physical, emotional, and mental processes to promote healing and well-being, engaging the patient as a whole. This approach is founded on the belief that trauma, stress, and psychological issues are often stored in the body at a cellular level, necessitating interventions that engage bodily sensations and movements for effective treatment (Van der Kolk, 2014). The foundational theories of somatic psychotherapy were pioneered by Wilhelm Reich and Alexander Lowen. Reich introduced the concept of "body armor," which posited that emotional distress manifests as physical tension (Reich, 1973). Lowen expanded on this by developing bioenergetic techniques aimed at releasing emotional blockages through body-focused exercises (Lowen, 1975).

At the same time, ST, is also distinguished by its unique integration of the body and mind in addressing psychological issues such as stress and trauma. It frames trauma not just as a psychological phenomenon but as a somatic experience that is stored within the body. This perspective stems from the belief that mental and physical processes are interconnected and mutually influential, functioning as a cohesive unit (Caldwell, 2018, p. 45). Through techniques including body awareness, breathing exercises, and movement, somatic psychotherapy enables patients to access and release deeply held emotional and physical tensions, fostering a comprehensive healing process. Further, it integrates elements from neuroscience, psychology, and body-centered practices to support well-being and emotional resolution (Payne, Levine, & Crane-Godreau, 2015). Central to this approach is the understanding that the body's sensations, movements, and posture can reveal and help resolve underlying psychological issues.

## **Historical and Theoretical Foundations**

This review incorporates contributions from key figures in the field, including Wilhelm Reich, Teilhard de Chardin, Alexander Lowen, and John Pierrakos, to provide a comprehensive understanding of the theoretical foundations, techniques, and research supporting somatic psychotherapy.

### ***Teilhard de Chardin***

Pierre Teilhard de Chardin, a French philosopher and Jesuit priest, is best known for his ideas on human development and consciousness (Tippett, 1967). Although not directly a somatic therapist, his work on the integration of body and spirit has influenced holistic approaches in psychotherapy. Teilhard de Chardin emphasized the importance of recognizing the human being as a unified whole, where spiritual and physical development are intertwined (Tippett, 1967). His concept of the "Omega Point," represents the ultimate stage of human development and evolution. According to Teilhard de Chardin, the Omega Point is the point of convergence where all individual consciousnesses, experiences, and energies merge into a unified consciousness. It embodies the culmination of both physical and spiritual evolution.

This concept aligns closely with the principles of somatic psychotherapy, which seeks to integrate mind, body, and spirit for personal growth and healing. Somatic therapy emphasizes the importance of the body as a vessel for emotional, psychological, and spiritual experiences. Teilhard de Chardin's idea of the Omega Point, mirrors the therapeutic goal of achieving holistic integration. Just as the Omega Point envisions the ultimate unity of all consciousness, somatic psychotherapy strives to help individuals unify fragmented aspects of themselves, facilitating healing through the reintegration of body and mind.



Thus, Teilhard de Chardin's Omega Point offers a philosophical framework for understanding the deeper spiritual dimensions of personal growth, mirroring somatic psychotherapy's aim of harmonizing the body, mind, and spirit to promote holistic healing.

### ***Wilhelm Reich***

Wilhelm Reich (Sharaf, 1994), an Austrian psychoanalyst and student of Sigmund Freud, is often considered one of the founders of somatic psychotherapy. Reich introduced the concept of "character armor," the idea that psychological defenses manifest as chronic muscular tensions in the body. He developed techniques to release these tensions, believing that unblocking these physical holdings would lead to the release of repressed emotions and improve psychological health (Sharaf, 1994). Reich's work laid the foundation for body-oriented therapies by emphasizing the physical embodiment of psychological issues (Reich, 1973).

By physical embodiment he refers to his belief that emotional and psychological conflicts are not just abstract mental phenomena but are physically manifested in the body. According to Reich, unresolved emotional distress, trauma, or repressed feelings become stored in the body in the form of chronic muscular tension, rigid postures, or other physical symptoms. This physical manifestation of psychological issues is what Reich called character armor, where the body essentially "armors" itself to protect against painful emotional experiences.

***Character Armor.*** One of Reich's most significant contributions to somatic psychotherapy is the concept of "character armor." Reich, extended Freud's ideas about defence mechanisms into the somatic realm. In traditional psychoanalysis, defence mechanisms are unconscious psychological strategies used by individuals to protect themselves from anxiety, internal conflict, or distressing emotions. These defences, according to Freud, operate on a mental level, such as repression, denial, or displacement.

Reich took this concept further by proposing that these defence mechanisms are not only psychological but also have physical manifestations in the body. He argued that emotional and psychological conflicts become "somatised," meaning they are stored as chronic muscular tensions in specific parts of the body. This physical manifestation of defences, which he termed "character armor," acts as a bodily barrier, protecting the individual from fully experiencing and expressing repressed emotions, much like the role of traditional psychological defence mechanisms in psychoanalytic theory.

In essence, Reich supported that character armor operates both psychologically and physically. The body stores emotional pain and unresolved conflicts, creating chronic tensions that mirror the psychological defences established by the mind. Therefore, his work integrates the psychoanalytic understanding of defence mechanisms with somatic therapy, where releasing these physical tensions can lead to the uncovering and resolution of deeper psychological conflicts (Reich, 1933/1972). These tensions manifest physically in the body and correspond to specific character traits and emotional blockages.

By character traits, he refers to patterns of behaviour and emotional expression shaped by a person's psychological and emotional history. Reich believed that these physical manifestations reflect deeper emotional blockages and unresolved conflicts. For instance, a person who represses anger might develop chronic tension in their jaw or shoulders, physically mirroring emotional rigidity and forming traits such as being overly controlled or emotionally distant (Sharaf, 1994).

These traits are closely linked to the body's defence mechanisms. This physical rigidity mirrors the emotional rigidity of someone who habitually suppresses their feelings of frustration or anger. Over time, the physical tension and emotional repression become ingrained, shaping the individual's character as someone who is perceived as stoic, overly controlled, or emotionally distant (Boadella, 1997).

Similarly, a person who struggles with fear or anxiety may develop a hunched posture or shallow breathing, reflecting a need to protect themselves from perceived danger. This could correspond to a character trait of being overly cautious, fearful, or withdrawn. The body's response to emotional pain, through the formation of muscular tension, thus becomes part of the individual's personality and the way they engage with others (Young, 2010).

Reich believed that by understanding how these physical tensions relate to emotional blockages and specific character traits, therapists could help individuals release both the physical and emotional patterns that limit their emotional freedom. In somatic therapy, addressing these physical manifestations allows for the exploration and resolution of the deeper psychological conflicts that shape a person's character (Reich, 1973; Young, 2010).

***Orgone Energy.*** Another groundbreaking concept introduced by Reich is "orgone energy," which he described as a universal life force present in all living things. According to Reich, orgone energy flows freely in healthy individuals but becomes blocked or stagnant in those with psychological or emotional issues (Reich, 1942/1967). Orgone energy is distinct from other psychological theories in several keyways, especially in how it bridges the physical and metaphysical aspects of human existence. While traditional psychological theories primarily focus on mental and emotional processes, Reich's orgone energy theory introduces the idea of a universal life force that is more similar to concepts in Eastern philosophies like chi or prana (Khalsa, 2014). This differentiates it from mainstream Western psychological theories, which tend to focus on cognition, behaviour, and emotions without invoking an underlying vital force that permeates all living things.

Unlike Freud's focus on the libido as a source of psychological energy tied primarily to sexual drives and addresses internal psychological conflicts, orgone energy, according to Reich, is more holistic, affecting everything from cellular function to the weather (Sharaf, 1994). Reich saw blocked or stagnant orgone energy as responsible for both physical and

psychological dysfunctions. In this way, his theory extends beyond the psychodynamic models of Freud or Jung, incorporating a more biophysical dimension to psychological health, positing that emotional issues directly block the flow of energy throughout the body (Reich, 1973).

Moreover, orgone energy differs from the psychological energy discussed in cognitive-behavioural models, which focus on how thoughts and behaviours influence emotional regulation and stress. Cognitive-behavioural theories are grounded in scientific principles, with measurable behavioural and cognitive changes as the goal of treatment (Young, 2010). In contrast, orgone energy is not empirically verifiable within the frameworks of contemporary psychological science and is instead viewed as a more speculative, metaphysical force that requires unique therapeutic methods, such as Reich's orgone accumulator, to restore balance (Turner, 2011).

However, his passion for the orgone accumulator, his controversial ideas, along with his unconventional research methods, resulted in his expulsion from the International Psychoanalytic Association in 1934 (Bennett, 2010).

### ***Adopted techniques of Reichian Theory in Modern Somatic Therapies***

Wilhelm Reich's therapeutic innovations, particularly his techniques aimed at releasing emotional blockages through the body, have significantly influenced modern somatic therapies. One of his primary contributions was vegetotherapy, a method that focuses on the physical release of character armor, - chronic muscular tensions formed as a defence mechanism-, through deep breathing, expressive movement, and direct manipulation of muscular tension (Johnson, 2021). This technique laid the foundation for many modern somatic practices, highlighting the importance of bodily engagement in therapeutic processes.

Impactfully, vegetotherapy as well as emotional release techniques, have also been adapted into contemporary therapies such as Bioenergetic Analysis, developed by Alexander

Lowen, which integrates exercises like deep breathing, stretching, and grounding to help clients release stored emotions (Muller, 2022). In this therapy, clients may engage in expressive techniques, such as kicking or hitting soft objects, to release anger or frustration (Muller, 2021). Bioenergetic Analysis places a stronger emphasis on grounding techniques and the therapist's role in guiding clients through both emotional and physical experiences, offering a more structured framework for using these techniques (Garcia, 2021; Johnson, 2021).

Similarly, Gestalt Therapy, developed by Fritz Perls, incorporates Reich's emphasis on emotional expression and bodily awareness. In Gestalt Therapy, clients express repressed emotions through role-playing, such as dialogue with an imagined "other" (often using the "empty chair" technique), and spontaneous movement (Smith, 2021). Gestalt Therapy emphasizes the here-and-now experience, integrating emotional release into present awareness while combining emotional and cognitive exploration to promote deeper self-awareness and personal responsibility (Bloom, 2021; Jacobs, 2017).

Somatic experiencing, developed by Peter Levine, also incorporates elements of emotional release but with a more subtle and controlled approach. This trauma-focused therapy emphasizes the gradual, titrated release of emotions, working through small, manageable amounts of trauma stored in the body to prevent re-traumatization (Thompson, 2023). Rather than dramatic physical expression, Somatic Experiencing focuses on nervous system regulation, helping clients discharge trauma through slow, deliberate processes rather than immediate emotional catharsis (Levine, 2015; Garcia, 2023).

Another therapy influenced by Reich is Core Energetics, developed by John Pierrakos, which integrates emotional release techniques with a strong emphasis on spiritual growth. Core Energetics involves physical exercises like hitting or pushing against objects to release blocked emotions, while also focusing on the energetic flow through the body to promote

personal and spiritual alignment (Pierrakos, 2001). The therapy emphasizes the role of emotional release in facilitating greater personal and spiritual integration (Anderson, 2023).

Additionally, Radical Aliveness and Integrative Body Psychotherapy (IBP) incorporate emotional release through physical expression, while integrating modern elements of group dynamics and personal empowerment. Techniques like shouting, spontaneous movement, and physical engagement in a safe environment help individuals release deep emotional blocks (Rosenberg, 2014). These therapies emphasize community and interpersonal connections, supporting emotional expression within a group setting, and place more focus on self-regulation and mindfulness to prevent clients from becoming overwhelmed, unlike Reich's often intense and unstructured techniques (Harris, 2021; Martinez, 2023).

In summary, Reich's techniques for physical and emotional release have evolved within modern somatic therapies, with amendments that emphasize safety, self-regulation, and the integration of cognitive, emotional, and sometimes spiritual growth. This evolution underscores the ongoing relevance of Reich's work while adapting it to contemporary therapeutic practices.

### ***Alexander Lowen***

A student of Wilhelm Reich, Alexander Lowen further developed somatic psychotherapy through his creation of Bioenergetic Analysis. Lowen emphasized the role of the body in psychological health, suggesting that physical postures, movements, and breathing patterns are expressions of emotional states. Bioenergetic Analysis involves exercises and techniques designed to increase body awareness, release muscular tension, and enhance emotional expression (Lowen, 1975). Lowen's work highlights the importance of grounding therapy in bodily experiences and the healing potential of physical engagement (Lowen, 2004).

### ***John Pierrakos***

John Pierrakos, another student of Reich, co-founded Bioenergetic Analysis with Lowen before developing his own approach, known as Core Energetics. Pierrakos integrated somatic techniques with spiritual and transpersonal elements, emphasizing the importance of energy flow in the body. Core Energetics focuses on identifying and transforming "energy blocks," which are seen as disruptions in the natural flow of life energy caused by unresolved psychological conflicts (Pierrakos, 1987). This approach combines physical movement, emotional expression, and energy work to promote healing and personal transformation (Pierrakos, 2001).

### **Somatic Psychotherapy in Accordance with Various Approaches**

Following the above-mentioned historical and theoretical framework, the main key concepts which can be summed up are as follows: the mind-body connection, which posits that psychological and physical experiences are inseparable. This perspective suggests that emotional and mental distress, -such as trauma, stress, anxiety, or depression-, often manifests in physical symptoms like muscle tension, digestive issues, and headaches. Somatic psychotherapy integrates this understanding by addressing both the mental and physical dimensions of a person's experience, as emotions are experienced in the body as much as in the mind (Caldwell, 2018).

This approach draws from various therapeutic traditions. From a psychodynamic viewpoint, unresolved trauma or conflict can be "stored" in the body and manifest physically. Cognitive-behavioural theories contribute the idea that thoughts and behaviours can impact physical health and vice versa. Meanwhile, humanistic traditions emphasize the integration of mind and body as essential to holistic healing. This interdisciplinary approach enriches somatic psychotherapy, utilizing techniques like breathing exercises, grounding, and movement therapies to enhance body awareness and facilitate emotional healing.

Another foundational concept is the role of trauma in the body. Pioneers such as Peter Levine (2015) and Pat Ogden (Ogden, Minton, & Pain, 2006) emphasize that traumatic experiences are stored in the body and must be released through sensory and physical experiences. Somatic Experiencing and Sensorimotor Psychotherapy address this by focusing on helping clients reconnect with their bodies to release stored trauma and improve self-regulation.

The concept of embodiment too, is central to somatic psychotherapy, as it refers to the awareness of one's body in the present moment and how physical sensations relate to emotional and mental states. Embodiment theory, influenced by phenomenology (Merleau-Ponty, 1962), posits that psychological issues and emotions are deeply intertwined with physical experiences. Thus, somatic therapy employs body-based interventions to access emotions and memories that may not be readily accessible through verbal therapies alone (Heller, 2012; Payne, Levine, & Crane-Godreau, 2015). For example, muscle tension or chronic pain may be linked to unprocessed trauma (Van der Kolk, 2014).

### **Neurobiological Mechanisms**

Neuroscientific research has increasingly shed light on the mechanisms that underlie the efficacy of somatic psychotherapy in trauma treatment, focusing on how body-centered approaches affect the brain and the autonomic nervous system (ANS). Somatic psychotherapy works by targeting areas of the brain that are heavily implicated in trauma responses, such as the amygdala, hippocampus, and prefrontal cortex. These areas are responsible for processing emotions, memories, and higher cognitive functioning, all of which are disrupted in individuals with trauma-related conditions like PTSD.

One key aspect of the neuroscience behind somatic therapy is its effect on the vagus nerve, which is a primary component of the parasympathetic nervous system and plays a central role in regulating autonomic responses. The vagus nerve acts as a communication



pathway between the brain and the body, influencing heart rate, digestion, and emotional regulation. Somatic therapies that incorporate vagal nerve stimulation, such as deep breathing and yoga, directly affect this system by promoting parasympathetic activation, which counteracts the sympathetic (fight-or-flight) responses commonly triggered by trauma. This shift from sympathetic to parasympathetic dominance is often measured through heart rate variability (HRV), which reflects the balance between these two systems. Higher HRV indicates greater autonomic flexibility, meaning the individual is better equipped to handle stress and recover from trauma-related hyperarousal (Chen et al., 2023). HRV also reflects the balance between the sympathetic and parasympathetic nervous systems, with higher variability indicating greater ability to cope with stress more effectively. Studies have demonstrated that mind-body practices help regulate this balance, leading to improved emotional regulation and reduced stress levels (Jerath et al., 2023). Similarly, heart rate variability (HRV), a measure of autonomic flexibility, is often used to track the effects of somatic interventions on the nervous system (Porges, 2021). Such interventions, including mindfulness, body scans, and movement-based therapies, help clients develop awareness of bodily sensations and emotions, facilitating emotional release and overall well-being (Ogden, Minton, & Pain, 2006). Techniques such as mindfulness, yoga, and deep breathing stimulate the vagus nerve, leading to improved emotional regulation and reduced amygdala activation, which helps trauma survivors feel safer and more grounded.

For example, a 2015 study by Porges emphasized the role of polyvagal theory in explaining the success of somatic therapies. This theory describes how the vagus nerve influences social engagement and the ability to calm the body after stress. Another study in 2021 by Kox et al. highlighted how vagal nerve stimulation techniques, such as cold exposure and deep breathing, can improve HRV and promote emotional resilience in trauma patients.

These findings provide a neuroscientific framework supporting the use of somatic psychotherapy in trauma treatment, showing that improving vagal tone and HRV through body-centered interventions helps regulate the brain's emotional circuitry and enhances resilience to stress. Studies demonstrate that body-based therapies can significantly influence emotional regulation, reducing symptoms of anxiety, depression, and trauma (Mehling et al., 2018).

Neuroscientific studies have also shown that somatic therapies enhance interoception, which refers to the brain's ability to perceive and interpret internal bodily states (Schoore, 2012). Interoceptive awareness, which is often impaired in individuals with trauma, is crucial for self-regulation and emotional processing. Research indicates that trauma often impairs this ability, making it difficult for individuals to connect with their body's signals, which in turn hampers their emotional regulation (Mahler, 2021). For instance, in people with PTSD, neuroimaging studies have shown decreased activation in the medial prefrontal cortex and anterior cingulate cortex, regions involved in processing interoceptive signals. This impairment can lead to difficulties in managing emotional and physical stress responses (Frontiers in Psychology, 2021).

By reconnecting individuals with their bodies through somatic practices, the brain's insula, -a region responsible for interoception-, becomes more active, facilitating emotional regulation and stress reduction.

Neuroscientific research has begun to uncover the mechanisms underlying the efficacy of somatic psychotherapy in stress treatment. Van der Kolk et al. (2019) conducted a study using functional magnetic resonance imaging (fMRI) to observe changes in brain activity following somatic therapy sessions. Results showed increased activity in brain regions associated with emotional regulation and decreased activity in areas linked to the

stress response. These findings suggest that somatic psychotherapy can induce neuroplastic changes that enhance resilience to stress.

### **Modern Somatic Psychotherapy and Its Efficacy**

Research on somatic psychotherapy has provided evidence supporting the effectiveness of body-oriented approaches in treating various psychological conditions overall. Studies have demonstrated that somatic therapies can enhance emotional regulation, reduce symptoms of anxiety and depression, and improve overall well-being (Smith & Brown, 2021). For example:

Trauma Treatment: Somatic therapies, particularly those influenced by Reich's work, have shown promise in treating trauma-related disorders. Techniques that engage the body and facilitate emotional release can help trauma survivors process and integrate their experiences, leading to reduced symptoms of post-traumatic stress disorder (PTSD). Recent studies have explored the methods used and their effectiveness in different ways. For example, many studies employ randomized controlled trials (RCTs) to assess the impact of somatic therapies on trauma symptoms.

As such, randomized controlled trial (RCT) by Thompson & Harris (2022) evaluated the impact of Somatic Experiencing (SE) on post-traumatic stress disorder (PTSD) symptoms in trauma survivors. The study included 120 adults diagnosed with PTSD who were randomly assigned to either the SE group or a control group receiving standard cognitive-behavioural therapy (CBT). Over the course of 12 weeks, the SE group engaged in weekly sessions focusing on body awareness, grounding techniques, and the gradual release of trauma stored in the body. Techniques such as body scanning, deep breathing, and mindful movement were used to help participants process trauma in a way that avoided overwhelming them. In contrast, the control group received traditional CBT, which focused on thought patterns and emotional regulation but did not include body-based interventions.

PTSD symptoms were measured using both self-report questionnaires, such as the PTSD Checklist for DSM-5, and clinician assessments, including the Clinician-Administered PTSD Scale. The results showed that the SE group experienced a significant reduction in PTSD symptoms compared to the control group. Participants in the SE group reported lower levels of hyperarousal, intrusive thoughts, and emotional numbing. Clinicians also noted improvements in emotional regulation and a decrease in physical symptoms such as chronic tension and hypervigilance. Follow-up assessments three months after the trial showed that participants in the SE group maintained their symptom reduction, suggesting that somatic therapy provides not only immediate relief but also long-term benefits.

This study demonstrated that Somatic Experiencing is an effective treatment for PTSD, particularly in addressing the body's role in trauma. By integrating physical techniques like body scanning and grounding, SE complements cognitive therapies, focusing on the body as an essential part of trauma processing and healing. The long-term benefits observed further underscore the value of body-based interventions in reducing PTSD symptoms and enhancing overall well-being (Thompson & Harris, 2022).

Similarly, a study which demonstrated the effectiveness of somatic therapies, specifically Somatic Experiencing (SE), in treating trauma-related disorders, was a quasi-experimental study conducted by Neslihan (2021) with 22 refugee women. The study focused on SE's role in reducing post-traumatic stress disorder (PTSD) symptoms and enhancing mindfulness and social support. This approach was shown to significantly improve the participants' ability to process trauma and regulate their emotions (Neslihan, 2021).

Somatic Experiencing was implemented as the main intervention, focusing on body-based techniques like grounding and interoceptive awareness to help participants reconnect with their bodies and release stored trauma. The study utilized self-report questionnaires alongside clinician assessments to measure improvements in PTSD symptoms. The results indicated a

significant reduction in PTSD-related symptoms, alongside an increase in mindfulness and overall emotional well-being.

Neslihan' s, (2021) findings support the growing evidence that somatic therapies, particularly those rooted in Reich's work, offer promising results in trauma treatment by addressing both psychological and physical symptoms.

Overall, somatic psychotherapy offers a holistic approach to understanding and treating psychological issues by integrating both mental and physical aspects of human experience. This framework challenges the traditional separation of mental and physical health, advocating for body-centered practices to support healing and emotional regulation.

### **Somatic Psychotherapy in Stress and Trauma Treatment**

Somatic psychotherapy, an approach that emphasizes the mind-body connection, is increasingly recognized for its effectiveness in treating stress and stress-related disorders. By addressing the physical manifestations of stress, somatic psychotherapy helps individuals process and release stored tension, promoting overall well-being. Somatic psychotherapy is grounded in the principle that psychological stress often manifests physically in the body. This approach draws from various theories and practices, including psychodynamic, cognitive-behavioral, and humanistic traditions, integrating them with body-focused techniques (Rosendahl et al., 2021).

***Trauma, Disconnect & Stress.*** Trauma and chronic stress can lead to dysregulation of the autonomic nervous system, resulting in a state of constant hyperarousal or hypoarousal (Van der Kolk, 2014). To be more specific, trauma is the result of one or more events or circumstances that an individual perceives as physically or emotionally damaging or life-threatening. These experiences lead to long-term negative impacts on a person's ability to function and affect their physical, social, emotional, or spiritual well-being.

Stress on the other hand refers to the body's mental, emotional, or physical reaction to external or internal pressures, often called "stressors." It occurs when individuals feel overwhelmed or unable to manage the demands they face, whether these are related to health (such as injury or illness), environmental factors (like work obligations or financial problems), or emotional issues (such as personal conflicts). Stress can express itself through physical symptoms, including fatigue or headaches, emotional responses like anxiety or irritability, and changes in behavior, such as withdrawing from others or displaying irritability. While short-term stress can be motivating, chronic stress can negatively impact both mental and physical health.

Somatic psychotherapy addresses this by helping clients regulate their nervous systems through body-based interventions. Techniques such as grounding, centering, and mindfulness are used to promote a state of calm and balance. The mind-body connection is a central tenet of somatic psychotherapy. Stress is not only a mental or emotional experience but also has physiological components, such as muscle tension, increased heart rate, and changes in breathing patterns (Rothschild, 2000). Somatic psychotherapy aims to create awareness of these physical responses, such as muscle tension, changes in breathing, or body posture-, that often arise in response to stress or trauma. These physical sensations are used as entry points for therapeutic intervention. By bringing conscious attention to these physical manifestations, clients can better understand how emotional and psychological stress affects their bodies. This awareness enables them to process and release pent-up emotions, leading to improved emotional regulation and overall well-being (Muller, 2022).

At the same time, research on somatic psychotherapy has demonstrated its effectiveness in establishing and improving a more grounded sense of self, which expands the spectrum of treatment as well as in reducing both acute and chronic stress. For instance, a study on the use of Somatic Experiencing, a specific form of somatic therapy, found

significant reductions in stress and anxiety levels among participants (Payne et al., 2015). The focus on body awareness and regulation techniques helps individuals manage their stress responses more effectively.

Regarding stress and trauma, in the study by Lanius et al. (2018), functional magnetic resonance imaging (fMRI) was used to assess brain changes following somatic therapy in a group of 20 patients diagnosed with post-traumatic stress disorder (PTSD). These participants, who were primarily survivors of trauma—including combat veterans, survivors of childhood abuse, and individuals involved in severe accidents—underwent therapy to investigate how somatic interventions influence stress responses and emotional regulation.

Each participant received a series of 10 somatic therapy sessions over several weeks. The sessions focused on techniques such as body awareness and autonomic regulation to manage stress and trauma. These somatic approaches, including Somatic Experiencing, were designed to help participants reconnect with their bodily sensations and release tension linked to their traumatic experiences.

The fMRI scans were conducted before and after the therapy to observe changes in neural activity. The scans particularly focused on brain regions responsible for emotional regulation, such as the prefrontal cortex, amygdala, and hippocampus—areas that are crucial for managing stress responses and processing trauma-related memories. The results revealed significant brain changes post-therapy, showing reductions in hyperarousal and improvements in emotional stability. These changes, especially in the amygdala and hippocampus, suggested that somatic therapy helped reduce fear processing and enhanced emotional regulation, further supporting the efficacy of somatic approaches in treating stress, anxiety disorders, as well as enhancing brain plasticity and promote recovery from trauma.

Often enough, trauma and chronic stress co-occur. In such cases, it has been proposed that somatic psychotherapy has been particularly effective. In a 2014 randomized controlled

trial, Bessel van der Kolk, and colleagues explored the efficacy of yoga as an adjunctive treatment (it was trauma informed yoga or a supportive women's health education) for post-traumatic stress disorder (PTSD). The study aimed to assess whether body-oriented practices like yoga could help alleviate the symptoms of PTSD by focusing on body awareness and emotional regulation, which are often disrupted in trauma survivors. The trial included 64 women with chronic, treatment-resistant PTSD, many of whom had experienced childhood abuse.

Participants were randomly assigned to either a yoga group or a control group that received supportive women's health education. The yoga group engaged in trauma-informed yoga sessions for 10 weeks. These sessions emphasized controlled breathing, mindful movement, and the development of body awareness, helping participants reconnect with their physical bodies—a critical aspect of trauma recovery as outlined by van der Kolk's theories. The primary outcome measures were PTSD symptoms, evaluated using the Clinician-Administered PTSD Scale (CAPS) and self-report measures. The results indicated that participants in the yoga group experienced a significant reduction in PTSD symptoms, particularly in hyperarousal, compared to the control group. Additionally, improvements were noted in emotional regulation and interoceptive awareness, which refers to the ability to sense internal bodily states—key areas often disrupted in individuals with PTSD. The study's findings provided robust support for incorporating body-based therapies like yoga into the treatment of trauma, highlighting that somatic practices can effectively complement traditional psychological treatments for PTSD. By addressing the mind-body connection, yoga helped participants better manage their physiological responses to trauma and improve their overall sense of well-being.

Bessel van der Kolk also popularized the use of a bottom-up framework in psychotherapy. This approach involves addressing trauma by starting from the brain stem, -



the most primitive part of the brain-, and moving upward to facilitate true resolution and reintegration into the body. Similarly, Peter Levine's theoretical approach to trauma treatment, which emphasizes beginning with the lower parts of the brain and progressing upward, was influenced by Paul MacLean's Triune Brain Model. According to this model, the brain evolved in three stages: the "primate level," the "limbic, mammalian level," and the "reptilian level" (Levine, 2010, p. 256). MacLean proposed that the mammalian brain developed in layers from the bottom up, which he described as "instinctual layering" (Levine, 2010, p. 256). These layers include higher cognitive functions such as thinking, memory, and impulse control at the "primate level"; emotional responses, motivation, and social interactions at the "limbic, mammalian level"; and basic functions like sensation, reflexes, arousal regulation, and movement initiation at the "reptilian level" (Levine, 2010, p. 256).

As a psychiatrist and researcher focusing on the neurobiological impacts of trauma, van der Kolk developed the concept that effective psychotherapy needed to go beyond traditional talk therapy to address the subcortical imprints of trauma, which he found to be the root of traumatic symptoms (van der Kolk, 2002). His studies demonstrated that trauma could result in fragmented sensory experiences and images, leading him to conclude that a bottom-up processing method involving the more primitive functions of the reptilian brain could facilitate healing. This approach incorporates body-based interventions that engage the brain's lower functions to help process and recover from trauma (van der Kolk, 2002).

In addition, research conducted by Langmuir et al. (2020) investigated the efficacy of Somatic Experiencing (SE) therapy in treating individuals with post-traumatic stress disorder (PTSD). The primary objective of this research was to assess the effectiveness of Somatic Experiencing, a body-oriented therapeutic approach developed by Peter Levine, in reducing trauma symptoms and improving overall quality of life among individuals diagnosed with

PTSD. The study employed a randomized controlled trial (RCT) design, which is a gold standard in clinical research for assessing treatment efficacy.

The participants (n=63) in the study were individuals who met diagnostic criteria for PTSD, based on standardized clinical assessments. They were randomly assigned to either the Somatic Experiencing treatment group or a control group.

The SE therapy intervention involved guiding participants through bodily sensations and movements related to their traumatic experiences in a safe and regulated manner. The goal was to facilitate the release of physiological and psychological tension associated with trauma, thereby promoting healing and integration.

The researchers used standardized measures to assess trauma symptoms, such as the Clinician-Administered PTSD Scale (CAPS), as well as measures of quality of life and functional impairment. These assessments were conducted at baseline, post-treatment, and follow-up periods to evaluate the long-term effects of the intervention.

Langmuir et al. (2020) reported significant improvements in trauma symptoms among participants who received Somatic Experiencing therapy compared to those in the control group. Specifically, individuals in the SE group showed reductions in PTSD symptoms, including intrusive thoughts, hyperarousal, and avoidance behaviors. Moreover, improvements in overall quality of life and functioning were observed post-treatment and maintained at follow-up assessments.

### **Additional Techniques & Interventions Used in ST**

Somatic psychotherapy employs a variety of techniques to address stress and its physical manifestations. These techniques aim to enhance body awareness, release tension, and promote relaxation and emotional expression.

#### ***Body Awareness and Mindfulness***

Body awareness techniques involve helping clients become more attuned to their physical sensations. This can include body scans, where clients systematically focus on different parts of their body, noticing areas of tension or discomfort (Heller, 2012). Mindfulness practices, which involve paying attention to the present moment without judgment, are also commonly used to help clients observe their bodily experiences and reduce stress (Kabat-Zinn, 1990).

### ***Breathing Exercises***

Breathing exercises are a fundamental component of somatic psychotherapy. Techniques such as diaphragmatic breathing, deep breathing, and paced breathing help activate the parasympathetic nervous system, promoting relaxation and reducing stress levels (Brown & Gerbarg, 2005). These exercises can be particularly effective in managing acute stress responses.

### ***Movement and Physical Expression***

Movement-based interventions, including gentle stretching, shaking, and expressive movements, help release physical tension and emotional stress stored in the body. Practices like dance/movement therapy and yoga are often integrated into somatic psychotherapy to facilitate this process (Chaiklin & Wengrower, 2015). Movement allows for the expression of emotions that might be difficult to articulate verbally, providing a holistic approach to stress relief. Notably, movement-based somatic therapies, such as dance/movement therapy (DMT) and yoga, have also been shown to effectively reduce stress.

### ***Touch and Somatic Intervention***

In some somatic therapies, therapeutic touch is used to help clients become aware of and release bodily tensions. Techniques such as gentle holding, pressure, or guided movement are applied with careful attention to ethical considerations and client consent (Aposhyan, 2004). The use of touch in therapy is aimed at creating a sense of safety and

support, which can facilitate deeper relaxation and stress release. Studies have shown that therapeutic touch can activate key physiological responses, such as the release of oxytocin and serotonin, which promote feelings of calm and well-being. Additionally, touch can help regulate cortisol levels, reduce anxiety, and improve overall emotional and physical health.

### **Negative Findings/Criticism**

While somatic psychotherapy has been celebrated for its innovative approach to stress and trauma treatment, it is not without its criticisms and negative findings. The field has faced scrutiny regarding its theoretical foundations, empirical support, practical applications, and broader acceptance within the mental health community. This section will explore these negative findings and criticisms to provide a balanced view of somatic psychotherapy.

Criticism of somatic psychotherapy often refers to the lack of a unified theoretical framework as one of the central challenges to its acceptance in mainstream therapeutic practices. This criticism primarily focuses on the diversity of approaches within somatic therapies, such as Somatic Experiencing, Sensorimotor Psychotherapy, and Bioenergetic Analysis, each of which draws from different theoretical underpinnings. Critics argue that this diversity can result in inconsistencies in practice, making it difficult to establish standardized treatment protocols or guidelines for training and certification.

One of the central critiques is the absence of randomized controlled trials (RCTs) supporting somatic therapy's efficacy, leading to questions about its scientific basis. The critics claim that much of the evidence is anecdotal or based on small-scale studies, which limits its credibility in clinical and scientific communities. Additionally, some argue that the subjective nature of body-based interventions introduces variability between practitioners, potentially reducing the reliability of outcomes (Maximé Clarity, 2022).

Another significant concern is the safety of these techniques, especially when working with trauma patients. Questions have been raised about whether somatic therapies,

particularly those involving physical touch, might re-traumatize clients if not practiced with rigorous safeguards. This critique is often rooted in the lack of clear, universally accepted standards on how to ensure patient safety during somatic interventions (Aura Institute, 2022).

At the same time, touch-based interventions may conflict with certain cultural or religious values, especially in societies where physical contact between individuals, particularly of different genders, is discouraged. This can lead to discomfort or distrust in the therapeutic relationship. Clients may feel their boundaries are being crossed, or that their cultural norms are not being respected, which can prevent them from fully participating in therapy. As a result, the effectiveness of somatic therapy may be compromised if cultural sensitivity is not carefully considered (Wessells, 1999). Hence why it is important ensuring that touch and physical expression are adapted to respect a client's cultural beliefs can help build trust and foster a more inclusive therapeutic environment, promoting the client's emotional and psychological well-being.

Furthermore, cultural differences also influence how individuals perceive emotional expression and trauma. For example, in some cultures, it is considered inappropriate to openly express emotions, especially in public or therapeutic settings. Somatic therapies, which often involve visible emotional release through body-based techniques such as crying, shaking, or movement, may feel foreign or uncomfortable for clients from such backgrounds. What is seen as therapeutic in one cultural context may be perceived as unproductive or even distressing in another, highlighting the need for culturally aware therapists in somatic psychotherapy, but in all modes of therapy too (Sundararajan et al., 2013).

Despite these critiques, proponents of somatic therapies point out that the field is evolving, with efforts to address these concerns through more rigorous research and better-defined training programs. Organizations such as the Somatic Experiencing Trauma Institute

are working to standardize training and establish ethical guidelines to improve the practice's credibility and safety.

The field of psychology and psychotherapy, including somatic psychotherapy, has seen significant growth since its development in the 1960s (Heller, 2012). This growth is marked by the integration of various interdisciplinary contributions, including developmental studies, interpersonal neurobiology, and research on trauma and the body (Levine, 1997; Ogden, Minton, & Pain, 2006; Rothschild, 2000; van der Kolk, 1994, 2003). Such integration of knowledge aims to bridge the gap between theory and clinical practice, offering applications across multiple domains like coaching, teaching, and corporate environments.

Despite these advancements, somatic psychotherapy faces challenges due to its difficulties in adhering to the standards set by governmental and corporate entities, particularly regarding quantitative research and third-party payments (Barratt, 2012; May 2005; Young, 2010). These institutions often prioritize hard experimental research—which is typical of fields like psychopharmacology—but somatic psychotherapy, with its reliance on subjective experience and body-focused interventions, struggles to meet these criteria (Fulford et al., 2013). While mindfulness therapy has garnered significant attention, with over 3,000 research studies supporting its efficacy, specific somatic modalities still face skepticism for their lack of extensive, large-scale empirical studies.

The financial and political barriers to research in somatic psychotherapy are significant. Schools and institutes in this field may lack the resources to conduct large-scale, double-blind studies, which limits their capacity to produce the kind of research required for wider acceptance in mainstream psychotherapy (Barratt, 2012). Nevertheless, the field remains open to collaborating with universities, government bodies, or corporate partners to advance research efforts.

In conclusion, while somatic psychotherapy is meaningful and effective for many clients and therapists, its official standing remains ambiguous, particularly in settings that demand high levels of quantitative evidence (Barratt, 2012; Young, 2010). The evolving interest in the field will require prospective students and practitioners to make informed decisions about the subjective effectiveness of these methods versus their objective costs in terms of recognition and financial support.

### **Purpose of the Study**

Given the supportive framework and research, the purpose of this study is to explore the ways in which somatic psychotherapy is effective, over traditional ‘talk therapy’ (such as cognitive-behavioural therapy or psychodynamic therapy). Additionally, the practices as to how the body, mind and the spirit are incorporated and brought into the therapeutic setting were investigated as well as the challenges the therapists face in the practice of such an approach.

One of the main limitations is its limited impact on trauma. While talk therapy focuses on cognitive and emotional processing, it often overlooks the physiological aspects of trauma. Research by Bessel van der Kolk (2014) suggests that trauma is stored not only in the mind but also in the body, which talk therapy may fail to address adequately. Survivors of trauma often experience somatic symptoms like dissociation and body-related issues that cannot always be effectively treated through verbal methods alone.

Another gap which was aimed to be explored is its ineffectiveness for nonverbal clients, such as those with severe trauma, developmental disorders, or early childhood abuse. These patients may struggle to articulate their experiences through language, rendering talk therapy less effective. Rothschild (2000) emphasizes the importance of body-centered interventions for such clients, which can bypass the limitations of verbal expression and engage the body directly.

Additionally, talk therapy tends to overemphasize cognition. For example, cognitive-behavioural therapy (CBT) focuses heavily on modifying thought patterns and behaviours but may neglect the emotional and somatic dimensions of psychological problems. Judith Herman (1997) argues that trauma therapy must address the full spectrum of emotional and bodily sensations, which are often overlooked in traditional verbal therapies.

Cultural and language barriers also present challenges in talk therapy. Many cultures value emotional restraint or have linguistic barriers that make discussing psychological issues difficult. As Sue et al. (2009) highlight, the language-heavy nature of talk therapy can be a limitation for clients from non-Western backgrounds or those uncomfortable with verbal expression.

Regardless, talk therapy's lack of engagement with the body is an additional limitation. Emotional and psychological stress frequently manifest as physical symptoms, such as chronic pain or muscle tension. Peter Levine (1997) stresses the importance of integrating body-based approaches in trauma treatment to provide a more comprehensive healing process that addresses both mind and body.

These limitations highlight the need for alternative approaches like somatic psychotherapy, which directly engages with the body's role in psychological health. Hence, the purpose of the study, as prior mentioned, is to understand how somatic psychotherapy (ST) works, which tools are being utilized, along with its effectiveness and its impact on stress and trauma treatment, from the perspective of Greek therapists. At the same time, its overall effectiveness and challenges were explored. These issues were investigated openly, soliciting the views of trained therapists in ST, working in Greece.



## **Methodology**

### **Analytic strategy**

By focusing on the richness of the experience and context, a qualitative approach was chosen. The flexibility and open-endedness of qualitative methodologies means that external validity can be thoroughly addressed (Willig, 2001). The uniqueness and individuality of the therapist's experience was prioritized. Interpretative Phenomenological Analysis (IPA) was chosen as the method of data analysis (Smith, 1996), in order to facilitate a qualitative method that prioritizes reflexivity and the focal point of exploring the individualistic experience of the therapists who are currently practicing somatic psychotherapy.

In Interpretative Phenomenological Analysis (IPA), reflexivity plays a crucial role in ensuring the integrity and depth of the research process. Reflexivity refers to the researcher's active acknowledgment and consideration of their own influence on the research, including their preconceptions, biases, and the ways in which their personal experiences might shape the interpretation of the participant's data.

At the same time, the researcher is not a detached observer but an active interpreter of the participant's lived experiences. Reflexivity ensures that while the researcher engages deeply with the participant's narrative, they remain aware of how their own perspectives could influence the data collection and interpretation processes. This self-awareness helps the researcher critically evaluate how their positionality, -such as their background, beliefs, and assumptions-, might shape the emerging analysis.

Reflexivity is essential because IPA's goal is to capture the insider's perspective (Conrad, 1987), or how the participant makes sense of their world. However, the researcher is not merely a passive conduit for this perspective. They actively engage with the participant's narrative, which involves interpreting meaning based on their own perspectives. This dynamic, if unchecked, can lead to the imposition of the researcher's assumptions onto the

data. By practicing reflexivity, researchers can strive to balance their interpretations with the participants' authentic lived experiences, ensuring that the analysis remains grounded in the participant's worldview, rather than being overly shaped by the researcher's biases (Smith, Flowers, & Larkin, 2009).

Reflexivity is often achieved through ongoing self-reflection, memo writing, or journaling during the research process. Researchers might ask themselves critical questions such as, "How are my own experiences influencing my interpretation of this data?" or "Am I privileging certain aspects of the participant's narrative based on my assumptions?" This process allows researchers to maintain a double hermeneutic approach, where they interpret the participant's self-interpretation while maintaining an awareness of their own interpretative role.

At the same time, IPA emphasizes the detailed examination of the lived experience of the interviewee. It researches the subjective experience under his/her own terms, perspectives and aims to explain what makes the experience significant to the individual. The participant has the opportunity to make sense of his/her world, which is synchronized with the researcher actively exploring, describing and interpreting the participant's meaning. The researcher is making the participant the sole focus of the to get the 'insider's perspective' as mentioned by Conrad (1987). Qualitative methodology enables researchers to enhance and employ their interpersonal and subjective skills throughout the exploratory phases of their research. IPA provides an optimal avenue for comprehending the deeply personal reflections of participants' 'lived experiences' and allowing them to communicate findings through their perspectives.

### **Recruitment of the participants**

The participants were certified somatic psychotherapists currently practicing in Greece. Specifically, all participants had completed a four-year professional, post-graduate

training program on somatic psychotherapy, at the Institute of Core Energetics in Greece and were recruited from this site. Somatic therapists were reached privately, via email. In that Primary email, an Information Sheet was attached informing them of the purpose of contact (see Appendix A). Three participants out of the ones that replied back partook in this study and were followed up by an additional email, with the Informed Consent (see Appendix B) and the Video Release Form (see Appendix C) attached. Both the Informed Consent and the Audio Release Form were signed and emailed back to the researcher, prior to the scheduled interviews. Specifically, somatic therapists were informed that individual interviews of 60-70 minutes long would take place online, via zoom, and would be video recorded. The key thematic areas which were addressed during the interview were also provided. Upon completion of the interviews, participants were emailed the Debriefing Form (see Appendix D).

***Description of participants.*** The three participants who took part in the study are all trained therapists in somatic psychotherapy and therapists of the Core Energetics Institute in Greece. Their names have been changed for anonymity purposes. Emma (77 years old) is Greek, Thomas (51 years old) is Greek-American and Bill (42 years old) is Greek too. They have all been practicing somatic psychotherapy in Greece for at least 10 years and were living in Greece too. Additionally, they all came from a background in psychology, meaning that they have completed a bachelor's degree on Psychology, whether in Greece or the U.S.

### **Interview procedure**

Interviews were conducted online, via zoom. Each interview was video recorded, and the participants signed all necessary forms (as above mentioned) prior to the interview. The interviews lasted between 50 -70 minutes, due to the open-ended questions and the responses of the participants. Before the interviews, the participants were also briefed on the purpose and focus of the study as well as the spectrum of questions which would be asked. All

interviews were conducted in English, since all participants are bilingual and fluent in English.

According to IPA guidelines, all spoken and semantic information (raise of tone of voice, nodding, facial expressions, body movements, changes in speech) is included in the transcript. Consequently, the reader will be able to follow the rationale of the researcher and draw his/her own conclusions.

### **Interview Schedule**

According to IPA guidelines, the interviews were semi-structured and open-ended questions. There was an interview schedule which was adjusted to the needs of the interviewee and the fluidity of the interview. There were questions asked however (open, semi and unstructured), which addressed and covered all areas regarding the aim of the study (i.e. *'Think of your own practice and briefly explain to me the way you are administering somatic therapy'*, *'Which are the strengths and weaknesses of this approach, based on your own work with clients?'* etc.). The detailed interview schedule can be found in Appendix E.

### **Transcription**

As all interviews were recorded, after each session, the investigator (i.e. me), went through the video recordings a couple of times. All videotaped interviews were transcribed verbatim. The transcriptions were carefully reviewed repeatedly, to make sure that they are accurate, and no mistakes have been made.

### **Analysis of Data and Validity**

To begin with, pseudonyms were given to all participants to ensure anonymity. At the same time, for the data to be analyzed effectively, I read the transcripts multiple times. I had to immerse myself in the transcript which allowed me to revise ideas, generate new ones, combine them and create a body of comments.

Text annotations were first clustered into themes (on the left margins of the transcript). Then those themes were interpreted into super-ordinate themes, each one of which was supported with quotes extracted from the text and elaborated in depth. Then, an integrative summary table was created, which addresses the main themes that came up during the interview and how they all connect to the research question (see Appendix F). It is important to mention that special attention was also paid to the semantic cues (i.e. language, change in tone of voice, expressions), any pauses which were observed during the interviews, since they do link the themes, the clusters and the interpretation of it all.

To ensure transparency and anonymity in the research, apart from the pseudonyms, all participants were informed that the material from the analysis and interpretation would be shared only with relevant academic personnel. Additionally, the participants had the opportunity to review and remove any part of the transcript they felt uncomfortable with, though none of the participant expressed any concerns in this regard.

After analysing the data, I reflected on the limitations of the research, such as the use of a relatively small sample of participants and my limited interviewing experience, as this was my second interview-based research. However, I found that via IPA, a combination of deep empathic engagement and finely tuned perceptiveness enabled me to explore significant and intriguing aspects in greater detail. Although the sample size was small, it facilitated a detailed, micro-level analysis of the participants' narratives, allowing for an insightful understanding of the issues which rose through the interview. This process was enhanced by IPA's inductive and interpretive analysis, which not only highlighted the presented content but also anchored the findings in a thorough examination of the participant's own words.

### **Ethical Considerations**

To safeguard the ethical conduction of the interviews, the analysis and interpretation of data, the following steps were completed:

1. The proposal of the research as well as all necessary forms were submitted and approved by the IRB committee. The research question, method and analysis were also thoroughly explained.
2. Upon drafting the study, all guidelines on ethical conduct of the Institutional Board of the American College of Greece were taken under consideration.
3. Prior to the beginning of the interview and informed consent (see Appendix B) and a video release form (see Appendix C) were given to the participants, read and signed. Both forms provided all relevant information on the content of the study, they ensured for confidentiality, anonymity and were informing participants that the data, analysis and interpretations will be shared with the thesis supervisor and board, as well as my colleagues for research purposes. At the end of the interview participants were also given a debriefing form (see Appendix D), providing a list of psychological help lines and all relevant information regarding myself and my thesis supervisor.
5. The participants were informed that at any point during or after the interview they could withdraw (see Appendix B), and the data would be destroyed if they wished so. They had every right not to answer a question and eliminate any part of the transcript post verbatim. Since this was a semi-structured interview, they could also talk on anything they felt like sharing, and I was not going to use any intentionally directed questions towards the hypotheses of the research.
6. A list of mental health helplines, along with my contact information and my supervisors, was provided to them in case of any discomfort or psychological distress after the point of the interview.
7. The verbatim data will be destroyed on December the 13<sup>th</sup>, 2024, 3 months after the official submission time of the research paper.

## Personal Reflection

Reflecting as an individual and a professional is a vital part of the IPA methodology and my research overall. I am currently 33 years old, and after medical school, a BA in psychology and my master's studies, after 11 years of studies on the human, I always felt like there was something missing. I always felt like the spectrum of treatment was and is limited to a unidimensional approach while the human, by definition, is a multi-dimensional entity. As I started looking into the mind-body connection and how that affects the physiology of the individual, I realized that there is a gap somewhere along the way. Autoimmune disorders, cancer, heart disorders, chronic fatigue syndrome, diabetes, hypertension, fibromyalgia, they all interlace with history of trauma, stress or both (Balint et al., 2016; Kempke et al., 2013). The body is the host of both the mind and the soul, how can it not be affected and how can it be not treated simultaneously, if treating one or the other? Such type of questions led me to search for somatic psychotherapy.

Nevertheless, I recognized the influence of my background and recent experiences, especially in the context of my training in somatic psychotherapy and being in therapy with the same approach, for over a year now. I acknowledged my potential biases due to this ensured that my emotional responses were managed through supportive diaries and therapy sessions. This reflection process helped maintain objectivity in my interpretation of the data.

While conducting those interviews, to begin with, I felt honoured to be able to interview those therapists, given their career and experience. Discussing about trauma, the clients, somatic psychotherapy, its practice etc., shed light to a lot of questions I had and redefined certain ideas as well. It became clearer to me as to how somatic psychotherapy 'operates', what it deals with but also the challenges that therapists encounter.

Notions around trauma were also redefined. Post the interviews, that was an interesting point, since I had to take the time, watch the interviews repeatedly and reflect on

those notions. Most importantly, it made me realize that although relatively new in Greece, somatic psychotherapy is an approach which has the potential to help a lot of people, especially given the present social and individual shaping of the world.

### **Results**

The interviews generated several main themes first of which was (1) the reason choosing somatic psychotherapy. Within that, subthemes emerged which stressed the importance of incorporating the body in therapy, as well as the integration of all three, mind, body and spirit. The tools of such an approach were also talked upon and the role of the therapist in that therapeutic setting too. Additional themes and subtheme which emerged which explored the effectiveness of somatic psychotherapy as an approach overall, but also its role and place in modern psychotherapy such as: (2) the conceptualization of trauma, (3) psychoeducation of the somatic psychotherapeutic approach. All the above mentioned were needed to approach psychotherapy on a different aspect, -other than traditional therapy-, which would peel off various layers of human emotionality and trauma, ones which couldn't be addressed as affectively via 'traditional talk therapy'.

### **Analysis Overview**

#### **A. Choosing Somatic Psychotherapy**

- a. Something 'was missing'
- b. Integrating the body, the mind and the spirit in therapy
- c. 'Tools' used in somatic psychotherapy
- d. The therapist's self-awareness

#### **B. Conceptualization of trauma**

- a. Is there healing?
- b. Patients who do not benefit from ST

#### **C. Psychoeducation of the Somatic Psychotherapeutic Approach**



- a. Integrating ST in today's, -Greek-, society
- b. Societal Challenges & Dynamics

### Presentation of Analysis

**Choosing Somatic Psychotherapy.** All three participants had completed a four-year training program in somatic psychotherapy, at the Core Energetics Institute, yet all three came from a background of 'traditional psychotherapy', before choosing Core. Interestingly, what they all described as to why they chose somatic psychotherapy, is that *something was missing*. There was a gap in traditional talk therapy that led them to try ST. For Emma, coming from a psychoanalytic and Gestalt background, that 'storytelling' type of therapy didn't fulfil her. Upon joining the Core Institute, she found what completed her:

*So, he invited me to go to the program, and that's how it started. And I really found what completed me, what I needed as a way of looking at myself and my clients (Emma, 57-58).*

Emma stresses on the fact that somatic psychotherapy was not just what she needed as a therapist but also, what she needed, what completed her in the way she was seeing and treating her patients. Thomas too, after working with patients suffering from clinical depression and schizophrenia, chronic illnesses which he found to be affected by both the mental and the physical but also beyond that:

*And what I did with my bachelor's was, take a route of supporting men and women with severe and persistent mental illnesses, primarily schizophrenia and major depression... I found that chronic mental illness has a debilitating effect that goes beyond just the physical.... (Thomas, 8-10).*

That denotes how Core and somatic psychotherapy helped Thomas with a more holistic approach to the human and the pathology of his/her suffering. Similarly, even on an educational level, somatic psychotherapy gave him a deeper understanding of how it all

operated and interconnects, something as simple as anatomy, yet so useful when talking and dealing with human psychosynthesis and mental maladaptiveness. Another element missing from his prior psychotherapeutic training:

*How does the mind develop? And what was missing was how does the body develop? How does the body, develop in relationship to one's experience in life? And what CORE helped educate me was on the body, basic anatomy. So, the sense of how does the body work. You know? How does the muscular system work? How does the skeletal system work? And what's the relationship between this development and the events that happen within our lives? So, when it what was missing was anatomy and understanding of the body and how it works (Thomas, 81-86)*

In the meantime, Bill explained that after having worked for several years with trauma survivors, he realized that both cognitive and behavioral approaches did work, to an extent, but he was sensing a level of disconnect in his patients when exploring their traumas. Hence why he started looking into the body-centered approaches:

*It became clear that the body plays a vital role in processing and healing trauma, and I was drawn to the idea that our bodies store emotional and psychological experiences. This was the missing piece I had been looking for in my practice (Bill, 17-19).*

All three therapists describe their need to fill in that ‘missing piece’ not just as a fulfillment to themselves but also as an aiding tool to their patients. Therapists describe how bringing the body into therapy, not just as a self-fulfillment element but as a therapeutic tool too, ‘completed’ their practice and them. The body is a vessel which stores unprocessed trauma, emotional pain, all of which are being expressed via tightness, tension, changes in

breathing patterns (Bill, 2/26-34). Those physical reactions become gateways into deeper emotional and psychological exploration, which however, go unaddressed by talk therapies.

*We can help clients release stored emotions that might not be accessible through verbal discussion alone... In somatic psychotherapy, we pay close attention to these bodily sensations and use them as a gateway into deeper healing. By helping clients become more aware of their bodies and teaching them ways to release physical tension, we facilitate the processing of trauma at both a psychological and physical level.*

*Integrating the body, the mind and the spirit in therapy (Bill, 36-39).*

***Integrating the mind, the body and the spirit in therapy.*** In somatic psychotherapy, the concept of integration plays a vital role in the therapeutic process by blending the dimensions of mind, body, and spirit to promote healing at multiple levels. This holistic approach emphasizes that trauma and emotional distress are not confined to mental processes but also reside in the body and spirit, each influencing an individual's overall well-being. The three participants shed light on how this integration has been pivotal in their work and their clients' healing journeys.

Both Thomas and Emma emphasize the role of the spiritual dimension in somatic psychotherapy. They view spirituality as integral to the therapeutic process, allowing clients to tap into deeper layers of meaning and purpose. Thomas describes how Core Energetics brings in spiritual dimension, focusing on what is most meaningful to the client. This dimension often involves a relationship with a higher power or the universe, providing clients with a sense of connection beyond their immediate circumstances. He explains that once clients are invited to integrate their spirituality into therapy, it reshapes their self-perception, builds trust, and deepens their therapeutic journey (Thomas, 2/22). In detail, Thomas explains:

*So, when I came across Core Energetics, it felt like this right match, this way that I could invite my clients to go, to go through a process of healing with the invitation of bringing in the somatic element and the spiritual element as it was relevant to the client... the dimension is about what is meaningful to the client. So the client and most of my clients, had this, concept of spirituality, of a relationship with God, the universe, that, once I invited them to bring it into therapy, it actually reshaped in a way how they viewed themselves, what they shared with me as, their therapist, and how deep then we can go in building, like, trust within the relationship. (Thomas, 30/42).*

In a way, the patient is called to bring all aspects that make up his/her being, into the therapeutic relationship, in an environment of trust, all which interconnect, integrate and co-exist in the body.

*So in therapy, it's like looking at the body, seeing where there's been blocks, there's been ties, there's been contractions, where there's been these repetitive patterns in the body that are that are a result of trauma, that are a result of pain, that are a result of experiences, and working with the body in those specific areas to release, to open up, to, expand.*

*So this is really, I think one of the gifts of somatic psychotherapy and core energetics in particular that there is a framework where you can start to understand the body in relationship to the development. So it's like if in therapy, we're working on, well, what happened to you in childhood? What is the story behind it? What is the effect on you mentally? What is the effect on you emotionally (Thomas, 87-91).*

Apart from the emotional aspect, there is also another structure that develops along with that, the body. Which cannot be unaffected by the emotional contractions, as one is

being imprinted into the other. Via somatic psychotherapy those are being observed, but also worked on, one in relation and integrative to the other.

Emma, describes therapy as an integrative process too, as a spiritual one, -one that moves the energy within the body, clears blocks, and allows a person's deepest, most authentic self to emerge-. Through this framework, somatic psychotherapy becomes a sacred practice of aligning the physical, emotional, and spiritual aspects of a person's being:

*I don't see therapy as a journey that is based on using techniques. Yeah. Of course, there are techniques...So I see therapy as a journey to, meeting one's deepest reality and feeling allowing, the cosmic energy or God energy or divine energy, whatever you call it, you know, to move through their through their being. So the somatic aspect is about that. You know? Moving the blocks from the body so the energy can move. So that's a spiritual process (Emma, 101-146).*

The integration of the spiritual dimension helps clients transcend their immediate physical and emotional pain and connects them to something larger than themselves. This spiritual element can be highly individualized, reflecting the client's personal beliefs and values. Whether it is through connecting to a divine source, a higher power, or the universe, somatic psychotherapy provides space for clients to explore their spiritual lives, which can serve as a powerful catalyst for healing.

***Tools used in somatic Psychotherapy.*** The therapists explain how ST provides tools and techniques in order to release the body blocks and body 'contractions', as a supportive mechanism to the theoretical framework:

*So there's blocks or cubes. There's rollers. There's mats. There's, hitting instruments. There it's a plethora of tools and then techniques to use the tools*

*in order to support the client to, again, expand, move, work through the contraction, so to speak (Thomas, 143-145).*

Emma too, refers to them therapeutic tools *‘core energetics really allows you to bring anything that can help you and your clients to open the breathing. You know, you can do breathe work. You can work with dreams. You can work with the body directly. You can work with the mind to get the mind out of the way so one can feel the energy in the body more (Emma, 4/77- 82)* which can be worked on holistically.

Bill proposes an additional technique:

*For example, if a client is talking about a stressful situation, I might ask them where they feel that stress in their body. Is it in their shoulders? Their stomach? Once we locate the sensation, we work with it—sometimes through breathwork, sometimes through gentle movement or guided imagery. The goal is to help the client stay present with the sensation and allow it to shift or release naturally, rather than avoiding it or becoming overwhelmed by it (Bill, 3/47-53).*

These tools or techniques or interventions, as supported by all therapists, combined with specific body-focused techniques, help patients address and release stored trauma and emotional blocks, expanding their emotional and physical capacity.

***The Therapists’ Self Awareness.*** Being a therapist is important to be self-aware, to admit to the challenges, fears and concerns which arise and to be ‘present’. That entails one being honest with the self, a process that happens organically but also requires supervision and personal therapy in order to be the most helpful and effective to one’s patients.

Emma describes the value of humility, of just being. Often therapists feel the need or pressure to ‘do something’ while all they need is to be present:

*The therapist wants to be helpful. The therapist wants to offer something, and the client comes in and encourages that. The client wants you to help them. And sometimes to be willing to just sit there and not focus on change, but rather focus on acceptance, can bring all kinds of concerns. You know, am I a good therapist? Am I worthy of being here?*

*But to be able to sit with that and trust the client because they client has a lot of wisdom, and to be able to have the humility to tell the client, - 'I don't know what we need to do here to help you. Can we think together?'-, it's so important (Emma, 233-237).*

Emma's reflections on humility extend to the importance of acknowledging when a therapist may not know the best course of action for a client. Instead of projecting authority, she highlights the significance of collaboration with the client, stating, "Can we think together?" (11/236-237). This openness fosters a more egalitarian relationship, where the therapist acknowledges that the client has their own wisdom and can contribute meaningfully to the therapeutic process.

Therapists also struggle with self-doubt, questioning whether they are good enough or effective enough when they feel like they aren't actively helping. This is compounded when clients appear resistant to therapy, leading therapists to question their ability to break through that resistance. However, Emma proposes that this resistance is a key part of the therapy process and that it is not the therapist's job to "drag" the client out of resistance, but rather to help them understand what lies beneath it and a way to do that is by truly being present with the client.

The challenge, then, is not just being present with the client in a physical or conversational sense but in a more profound way - staying present with the emotions, sensations, and energy of the moment-. This aligns with the core principles of somatic

psychotherapy, which emphasize the importance of working with the body and the present experience rather than just intellectualizing or discussing past events.

Thomas, too, shares his challenges as a therapist in the framework of this approach. His points emphasize several key areas: the importance of presence, self-awareness, supervision, and the therapeutic relationship's boundaries and dynamics.

*So, if I'm present with myself, I don't fall into the traps of thinking I need to do something all the time, or I need to fix something, or I need to solve something. Like, that is not me. That's not my main job to fix, to solve, to do something. My main job is to be there to receive the client. And in receiving the client, then I'm able to recognize what is the best thing to support the client in what they're bringing.*

*So, it's really, the challenge is, I'd say, to instead of doing more, to do less. Can I stay in connection with the client? Or do I need to do something in order to bridge that gap back? Because the therapist is a human. The therapist is affected. You're affected by what you hear from the client, and you hear incredibly difficult stories, difficult experiences that really can in a way affect you (Thomas, 206-210).*

Thomas emphasizes on is the importance of *doing less* as a therapist rather than trying to "fix" or "solve" everything for the client. This approach contrasts with the 'traditional idea' of therapy as an active process of solving problems for the client. Thomas argues that the therapist's role is to be present and receive the client, rather than focusing on doing or fixing, aligning with Emma. In his words, '*My main job is to be there to receive the client. And in receiving the client, then I'm able to recognize what is the best thing to support the client in what they're bringing*' (11/ 208-210). Somatic psychotherapy values this deep attunement because trauma and emotions are not only cognitive experiences but are also stored in the



body. The therapist's ability to stay grounded, and in tune with their own body and emotions, allows for a more authentic and effective connection with the client. If a therapist is not fully aware of their own emotions, projections, or unmet needs, they may inadvertently impose them onto the client. Thomas notes that this can be detrimental to the therapeutic process, as it may lead to the therapist focusing on their own issues rather than those of the client. By working on themselves, therapists are better equipped to stay present with their clients and offer genuine support rather than solutions driven by their own unprocessed emotions.

The challenge Bill faces is not only introducing somatic work to skeptical clients but also creating an environment where they can begin to trust their own bodies again. He must carefully guide them through exercises that reconnect them to their physical sensations, a process that often leads to profound emotional releases. However, the challenge here is twofold: while the somatic approach can yield significant breakthroughs, it also brings emotional intensity that can overwhelm both the client and the therapist.

The need for self-care is particularly acute in Bill's practice, as he notes how the emotional release of clients can affect him physically.

*It is rewarding but it's also emotionally intense. Core Energetics is an energy-based therapy, and that means I'm also working with energy dynamics in the room. I've had sessions where clients go through emotional releases that are so powerful that it affects me physically. I've felt the weight of their trauma, and I've had to work hard to keep myself grounded and centered. This is why supervision and self-care are so important in this line of work (Bill, 198-201).*

For all of them challenges and concerns to be faced effectively, all three therapists stressed the importance of personal therapy and supervision, for as long as a therapist is practicing. According to Emma:

*And if there's one thing that really has gotten drawn into me is that if you're gonna work with people, you need to always be in therapy, always, as long as you're working with people, looking at yourself. There's no such thing as my therapy has ended or my supervision has ended (Emma 240 – 243).*

Thomas similarly:

*And then the second, kind of answer to this question, I think, is that I'm in supervision. There is no way that I could ever do this work without supervision. A more seasoned therapist who has seen it all, who has spent 40 years within the field, who, you know, is at the kind of top of their game. And so, supervision is what helps me understand where I'm stuck with clients, where there is counter transference, -meaning that I am affected by what the client is saying-. Right?*

*And now I need to work on my issue so I can come back, clean in a way, and be there for the client, and to deal with the projections, to deal with whatever is coming from the client that is inevitable and that the client is going to project onto me. Different roles, different, ideas of life, who I am, me being a man, a father figure, a boyfriend, a ... So how do I, deal with that? I go to supervision if it becomes difficult. And then finally, individual therapy. There is no way that a therapist or a psychologist or anybody working with others can stay in the work without having their own support system (Thomas, 238-242).*

Supervision and personal therapy, ongoing, throughout a therapist's career, as highlighted, are vital for a somatic therapist but any type of therapist too really. They are both crucial, -as extracted by the interviews-, in being able to recognize and address their own

emotional triggers and vulnerabilities before they can effectively guide clients through their own processes, as both therapists mention.

Supervision helps therapists navigate the complex emotional dynamics that arise in therapy, such as the inevitable projections clients place onto the therapist. These projections can vary, with clients viewing the therapist as a parent, authority figure, or even romantic partner. By engaging in supervision, therapists can reflect on these dynamics and work through their own responses to them, ensuring that they maintain clear and healthy boundaries with his clients.

Personal therapy on the other hand, also provides a personal support system each therapist needs to have. Therapists, quite often enter the field with a desire to help others or, at times, to heal their own wounds through their work with clients.

All the above, which are means to addressing and tuning in self-awareness, at the same time, express vital principles of somatic psychotherapy. In somatic psychotherapy, where the therapist's own embodiment and emotional clarity are seen as essential to the effectiveness of the therapeutic process.

**Conceptualization of Trauma and Stress.** Among the main themes, the therapists' process of how trauma manifests and 'operates' in the human body and psychosynthesis, as well as stress, was conceptualized. Trauma is a carry on that many patients bring to therapy which coexists in both the mind and the body, as all therapists agreed upon. ST specifically, has been proven to have a very positive impact in the treatment of trauma-related or rooted disorders, such as PTSD. Thus, an aim via the interviews was to explore trauma and its healing.

*Is there healing?* In order to determine if and how trauma can be healed, it first needed to be understood; how it manifests and the effect that trauma has on the patient. All three therapists acknowledged the fact that trauma lives as much in the body as in the mind,

emotions and the heart. So, it is experienced holistically, hence why does the body needs to be brought into 'therapy' too.

Thomas addresses the concept of trauma healing, emphasizing its nuanced nature. His perspective reflects a sophisticated understanding of trauma, rooted in both neurobiological principles and therapeutic practice, particularly within the framework of somatic psychotherapy:

*What does healing mean? You know, if healing means that you're affected by the painful traumatic experiences that you've had in your past, like, you're less affected by it or acting out or triggered by it or have built a life trying to manage that trauma, then yes. That's possible.*

*But I do not believe you can ever go back and, like, change the fact that you experienced that trauma. That trauma is there.*

*You can do a lot really to, again, ameliorate this, let's say, the symptoms of that trauma or to bring more into consciousness. But that event is never gonna get removed. And I think the difficulty that people have is recognizing that past won't change.*

*But what can change is the present. What can change is the effect or the chain that trauma has on one's experience of being in the present, being in life now.*

*So, I don't know if that answers your question, but you can do a lot, you know, the neuroplasticity and what they understand about the brain and brain chemistry and neural pathways and ways of thinking can be certainly, changed. One can rebuild the body in in in many ways, to be more open and less contracted. One can learn to mind the mind or practice mindfulness in a way to understand how to think the images and beliefs they have about life,*

*about their experience in life, about people, about what will happen, can challenge those things.*

*And you can really rework those challenges. And if that means healing, then yes. But if healing means that you're no longer affected by what happened to you in the past, I find that difficult to say yeah. At most, you can really bring what is unconscious conscious.*

*And if it's conscious, then it's less of an impact or less of a driving force in your here and now. So, this is what I think, this the way I understand trauma (Thomas, 267-296).*

Thomas delves into the multifaceted nature of healing, particularly in the context of trauma. He immediately addresses a critical point: healing does not mean the complete erasure of trauma or the ability to undo the past. Or at least this is not how somatic psychotherapy addresses trauma treatment. Trauma is an indelible part of a person's history, and no amount of therapy or healing will change the fact that the event occurred. Instead, the focus of healing is on lessening the effect that past trauma has on an individual's present life.

He also draws a distinction between trauma itself and its enduring effects. Although trauma remains a fixed part of one's past, what can be transformed is its impact on the present. He emphasizes that healing involves altering the "chain" of trauma's influence on how a person experiences life in the here and now. This notion resonates deeply with somatic psychotherapy and trauma-informed approaches, which often focus on helping clients reestablish control over their present experience rather than being dominated by past events. This highlights the essential shift from focusing solely on the narrative of trauma to addressing its ongoing effects in the body and mind, interactively.

Thomas also introduces the concept of neuroplasticity, which is crucial in the process of healing. Neuroplasticity refers to the brain's ability to reorganize itself by forming new

neural connections. This capability allows individuals to change their emotional and behavioural responses to trauma, even long after the event occurred. By engaging in practices such as mindfulness, bodywork, or cognitive reframing, people can "rebuild" both the body and mind. These practices foster openness and flexibility, allowing individuals to rework ingrained patterns of thought and physical responses that have been shaped by trauma. In this way, healing is about making conscious changes that modify how trauma affects a person's present experience and his or her reaction to it.

Thomas, in the process of understanding healing, is bringing the unconscious to consciousness. He suggests that much of trauma's power lies in its unconscious impact—unacknowledged emotional and physical reactions that drive behaviours and feelings in the present. By making these unconscious elements conscious, individuals can reduce their influence. This aligns with ST (and several approaches), that seeks to address the body's stored trauma by bringing it into awareness. As Thomas points out, "if it's conscious, then it's less of an impact or less of a driving force in your here and now" (15/294-295).

Ultimately, he frames healing not as a process of forgetting or undoing trauma, but as a means of transforming one's relationship with it. It is not about erasing pain, but about reworking its impact. While the memory and bodily imprint of trauma remain, its capacity to dictate emotional and physical responses can be diminished by working collaboratively with the body and the mind to facilitate long-term, meaningful change.

That 'collaboration' of the mind and the body, along with emphasizing on bodily awareness, mindfulness, and bringing unconscious patterns into conscious awareness are consistent themes in trauma work in somatic psychotherapy.

Similarly, Emma shares a lot of Thomas' views along with the 'fact' that trauma is not something that can be entirely cured or erased via therapy. She compares trauma to

physical tension or holding patterns in the body, which over time, become ingrained and solidified in the musculature:

*When we talk about trauma, we talk about ways in which the body is responding to energy. If the way the body responds to energy it forms musculature.*

*Right? So, when you have a client who comes in and is 25, 35, or more and has been holding in the body for 20 years, and the muscles have solidified around that holding. There's no way that the muscles can return to the pliable soft stage.*

*That's the stage of the muscle in infancy and it cannot be rearranged.*

*There's always gonna be a remnant of that holding. Does that make sense?*

*So that's why I'm saying no to the word cure, not to the word help (Emma, 403-405).*

Emma clarifies how trauma has an impact on the body, on the musculature itself highlighting the importance the body carries in the treatment of trauma. And by treatment, once again, she doesn't mean 'erasing' the trauma, rather than helping the patient understand it, 'carry' it and reframe it via ST:

*But one of the things that I was looking at when I was looking at my client is how much he was holding on the upper shoulders. You know, how tuck the upper shoulders were.*

*So I invited him to do some movement that would release the upper shoulders because he was trying to understand the answer to his question from the same body defense that caused the problem in the first place. I don't know if that makes sense. Now the reason he was holding the shoulders like that, that's his trauma. Right? He was not sexually molested or hit or hurt in any way. His*

*trauma was that from a very early age, he had to be carrying, and I'm putting it in quotes, 'his mother on his shoulders', and was not allowed to be a child where the rest of the body would form. Now that's not going to ever totally be erased. So the upside of the session and for him right now, because he's also been doing therapy for many years, was that he needed to he needed to be reminded that what he needs to do every day or every so often is get up and get on the roller (Emma, 406-411).*

Traditional 'talk' therapies do not address the body in therapy. However, trauma (which entails a wide spectrum of experiences, not just abuse, as Emma clarifies) does have a physiological imprint on the body. In that particular case, the 'traumatic' event changed Emma's patient's body posture, which once again emphasizes on the importance of body-centered approaches in therapy. She too explains the conceptualization of trauma, and how 'healing' doesn't mean 'disappearing':

*We breathe. You know? It is like, before I go into being angry, being upset, being sad, if I know how to breathe, if I breathe, then the trauma doesn't get reenacted. So that's what I think is the best therapy can give me.*

*But to totally cure the trauma. If the trauma has resulted, let's say, in chemical addiction or addiction to chemicals, I can cure that. Right? But the trauma in the body that has led to the addiction to chemicals is not going to disappear.*

*I will need to learn what gets it activated, what I need to avoid so it doesn't get activated. I need to be willing to find forgiveness for myself. I need to open up to life. So that's what I would say. That's tough.*

*The question of whether trauma can be healed is a complex one. Trauma leaves deep imprints, - not just on the mind, but on the body and spirit as well-. In somatic psychotherapy, we look at trauma as something that lives in the*



*body as much as it does in the psyche. So, when we talk about healing trauma, we aren't just talking about 'getting over it' or 'moving past it' in the cognitive sense. We're talking about processing it on a bodily, emotional, and energetic level (Emma, 427-445).*

As per the therapist, and the interviews, it is explored how somatic psychotherapy redefines trauma treatment as a process; a process on an emotional, energetic and bodily level, not to 'erase' or 'cure' trauma, but rather via becoming more conscious to the triggers of trauma and to its re-activation mechanisms. In doing so, the patients learn to open to life and find forgiveness for themselves, even if the trauma never fully disappears.

The process is not about moving past trauma in a purely cognitive sense, but rather about integrating the physical, emotional, and psychological aspects of the experience. Through somatic practices, individuals can release the bodily tension associated with trauma and make it less of an impactful reality.

Bill too, parallels with both Emma and Thomas. He supports that healing is a transformative process rather than a definitive cure. He suggests the goal of therapy is to alter the relationship individuals have with their trauma, reducing its power to affect their present lives:

*In my experience, trauma can be worked through, processed, and integrated into a person's life in a way that brings relief and wholeness. But does that mean the trauma completely disappears? Not necessarily. I think of healing trauma as more of a process of integration, where the person learns to live with the experience in a way that no longer causes them ongoing distress. For instance, through Core Energetics, we help clients release the physical tension or blockages that have been stored in the body as a result of trauma. This release can often lead to a sense of emotional and spiritual relief as well. But*

*there's still the memory of the trauma, the understanding that this was a part of your life. What changes is how it affects you. You're no longer controlled by it; it no longer determines your emotional or physical reactions...The scars are still there, but they no longer hurt in the same way. It's an ongoing process, and healing doesn't mean forgetting or erasing. It's about transformation (Bill, 142-162).*

The release of physical tension, according to Bill, often leads to emotional and spiritual relief. This multi-layered approach, which is the core of somatic psychotherapy, through Bill too, confirms that trauma resides not just in the mind but also in the body and spirit. By addressing trauma at all these levels, the therapy facilitates a transformation in how the person experiences their past trauma. The scars, as Bill notes, remain, but they no longer exert the same emotional or physical pain. This notion reflects, once again, the idea that healing is not about "forgetting" or "erasing" the trauma, but rather about transforming its impact.

Trauma-related blockages manifest as physical tension or pain, and addressing these blockages through techniques like breathwork and physical movement can lead to profound emotional shifts. By helping clients reconnect with their bodies and release this tension, therapists enable them to process trauma more fully. Bill highlights that, as clients release this tension, they are no longer controlled by the trauma in the same way.

Emma, Thomas, and Bill's insights echo a shared understanding of trauma as something that deeply affects the body, mind, and spirit. The term 'healing' in somatic psychotherapy is clarified and is seen as a process of integration and transformation, rather than a simple cure or erasure. The body plays a central role in this process, as trauma is often stored physically and requires somatic release to be fully processed. At the same time,

healing involves acknowledging the emotional and spiritual dimensions of the trauma, allowing individuals to live more freely in the present.

***Patients who don't benefit from Somatic Psychotherapy.*** Given that ST is a growing yet new approach in Greece, one aim of this study was to explore whether and if everyone is suitable for somatic psychotherapy. Given that this is an approach which works in more than one dimension, and incorporated the body into therapy, I was keen on exploring whether there are any factors which can hinder that process, since that engagement of the body goes beyond any conscious aspect. Thus, one group of patients who wouldn't benefit from ST, are the ones who are hooked in some kind of addiction:

*I just had a beautiful woman leave because we reached the point in the work, and that didn't take too long to reach where I had to tell her that she had to stop drinking if she wanted me to help her. So, she tried to stop drinking. She really wanted to.*

*But, if you're seriously drinking a lot and you've been drinking for many years, just wanting to stop doesn't work. So when I mentioned that she needed to go to program, she felt, no. She had a hard time seeing her journey as needing to involve her whole life. You know, if you are drinking and you need to stop drinking, you need to maybe not spend so much time with friends when all you do is go to bars. So, this woman would come in and say, what are you talking about? So it is not so much who it attracts, rather who will be staying. And that's people who are willing to see the psychotherapy journey as a life journey, you know, as spiritual journey even if they don't call it that (Emma, 267-274).*

The client's resistance to altering her life beyond the therapy sessions, -such as changing her social habits-, illustrates how difficult it can be for people to make the changes

required for deeper healing. This kind of resistance is a common obstacle in therapy, as clients may not be ready or willing to face the broader implications of their behaviours on their overall well-being.

However, the true challenge of somatic psychotherapy, as per Emma, lies not in who is initially attracted to the therapy but in who stays committed to the process. Those who are willing to stay with it are often individuals who recognize that therapy is not a quick fix but a long-term journey. It is a process of facing fears, letting go of fixed ideas, and embracing therapy as a life or spiritual journey. This includes being open to medication when necessary, accepting guidance from the therapist, and balancing the inner knowing with the humility of not having all the answers. Ultimately, clients who are willing to view therapy as a holistic process that impacts their entire life—not just isolated problems—are the ones who tend to benefit the most and stay with the work.

Thomas too, supports that individuals experiencing acute psychosis or severe dissociative symptoms may also require stabilization before engaging in body-oriented approaches:

*And then also to understand that even before coming to therapy, there it's possible that clients need some preparation before they come to start to do somatic psychotherapy. For example, it's very difficult for clients to stay present, for therapy when they are in the middle of or the height of substance abuse or drug addiction. So the therapist needs to, like, understand that maybe first, detox, rehab are important before the client actually comes to start therapy. So it's not so much like who the therapy is for or what clients come, but whether or not the therapist can evaluate what's appropriate for the client (Thomas, 169-174).*

Clearly, while this approach can be incredibly effective, it is not suitable for every individual or situation and it is the therapist's responsibility in determining whether a client is ready for somatic therapy or not. For example, clients in the midst of severe substance abuse may not be capable of engaging fully in somatic practices because they are disconnected from their bodies or experiencing heightened levels of physical and emotional distress. In these cases, the therapist must recognize when detox or rehabilitation is a necessary precursor to starting somatic therapy.

People with body limitations, an impaired ability to engage to their body or patients suffering from psychosis, may not be ideal candidates for somatic psychotherapy, as it is also supported by Bill:

*However, there are also criteria for exclusion in somatic psychotherapy.*

*Clients dealing with severe dissociative disorders or acute psychosis may not be ideal candidates for somatic work, especially if they are unable to remain grounded in their bodies during therapy. Somatic psychotherapy requires a certain level of awareness and connection to the body, and individuals who dissociate easily or who have severe mental health conditions that impair their ability to engage with their bodies might require stabilization through other forms of therapy first. Additionally, clients with significant substance abuse issues may need to first go through detoxification or rehabilitation before engaging in somatic work, as substance dependence can inhibit the ability to engage meaningfully with the body. People experiencing acute physical conditions or chronic illnesses that make physical movement or body-based interventions uncomfortable may also need a modified approach (Bill, 172-185).*

Although there are some physical limitations, or conditions that exclude certain individuals from benefitting of somatic psychotherapy (i.e. addiction, psychosis), at the same time, there are additional challenges, central not only to somatic but several approaches too. One of the core challenges in this form of therapy, as Emma highlights, is helping clients shift away from these external expectations and guiding them toward the understanding that the answers lie within themselves. This shift can be both scary and met with resistance.

People want to believe that an expert has the answers, and it can be difficult for them to grasp the idea that real change comes from within, often being through an uncomfortable process of self-discovery and transformation. Concluding material from the interview, it would be safe to suggest that ST is a transformative process that requires both the client's willingness to engage in a holistic journey and the therapist's discernment in assessing readiness and appropriateness for this modality.

**Psychoeducation of the Somatic Psychotherapeutic Approach.** Within this theme, therapists described the importance of educating patients and the mental health community in Somatic Psychotherapy. At the same time, challenges were addressed in terms of the characteristics of the Greek society, and any society really, which emphasizes on a very 'detached' way of living. This way of living contradicts the core practice of somatic therapy, which is to be in touch with one's body, mind and spirit. In traditional Greek culture, emotional expression is often limited, and people are not always taught to tune into their bodily sensations. There's a stigma surrounding emotions and vulnerability, which are seen as signs of weakness, and this impacts how somatic therapy is received. In addition to the stigma and resistance to psychotherapy, on a systemic level as a Greek society, at the same time, sufficient mental health structures and resources, are not in place to support and improve public mental health and psychoeducation, as compared to the U.S. for example.

***Integrating ST in today's, -Greek-, Society.*** The transcriptions from Thomas, Emma, and Bill highlight several significant points about somatic psychotherapy and its role in Greece, alongside the challenges and pivotal moments these therapists face in their practice.

Thomas begins by drawing a comparison between the well-established mental health infrastructure in the U.S. and the limitations in Greece. He emphasizes that in Greece, resources and societal support for individuals with chronic mental illness are scarce. This lack of a support system has led Thomas to focus more on trauma and Core Energetics:

*You know, in the US, there's a very sophisticated system set up to support people who cannot make it in life because of mental like severe or persistent mental illness. In Greece, that doesn't exist. You know? The person who's struggling winds up still being they'll they're gonna wind up staying at home with their parent, you know, and caregiver fatigue.*

*That's what it's called. So just popped in my head. So, you know, it's gonna take maybe time, you know, for the society to recognize what, it needs to support, to support its people.*

*But on the other side of it, what I find in Greece is there is a culture of protest in a way.*

*You know? This is a culture of speaking out. And, if that energy, right, of protest can be channeled into betterment of the society, but through the people not relying on the government or relying on outside forces to change something, but to change from within, then the opportunity is certainly there. And I think this is again the whole of the of the new generation of psychologists, therapists, people in the healing profession. But what I've been seeing is that there are more people in Greece coming to therapy (Thomas, 355-361).*

Thomas underscores that while Greece is beginning to recognize the importance of trauma and its effects, societal norms still pose challenges. He points out that in Greece, the lack of a sophisticated mental health infrastructure, such as that in the U.S., poses a significant challenge for both therapists and patients. Individuals struggling with severe mental illnesses often rely on family support, leading to caregiver fatigue. However, he also notes a cultural strength in Greece, -a spirit of protest and speaking out-which, if channeled productively, could lead to societal improvements from within. Societal change should not solely depend on external forces like the government but should be driven by the people themselves and in that case, by the community of mental health professionals.

Emma too, touches on a significant cultural issue which has risen through her experience in Greece, with Greek clients; the cultural obstacles. In this case, it translates into the discomfort that clients may feel when discussing financial matters, despite their openness to talking about intimate aspects of their lives, like their sex lives. This discrepancy points to a deeper cultural and psychological tension around money, which can be a sensitive and taboo subject in many societies apart from Greece:

*I work in Greece, and people have a very peculiar relationship to money.*

*What's what is problematic if you come to me, and you talk about your sex life and how you need to be with your lover to have a better orgasm? But I can't ask you how much money you make. It's very peculiar (Emma, 553-557).*

Greek society plays a crucial part in shaping the reception and practice of somatic psychotherapy. One of the main challenges is the deep-rooted cultural focus on intellect and rationality, stemming from Greece's ancient philosophical heritage. This intellectual emphasis makes it difficult for many individuals to appreciate the importance of the body in healing. In traditional Greek culture, emotional expression is often restrained, and vulnerability can be stigmatized as a sign of weakness. As a result, people are not



accustomed to exploring or expressing their emotions, let alone connecting them with bodily sensations. This cultural norm presents a challenge in somatic psychotherapy, where healing involves tuning into the body's sensations and emotions:

*In Greece, the role of society in shaping psychotherapy, especially somatic psychotherapy, is quite significant. First, we live in a society that, for a long time, has heavily emphasized the mind, intellect, and rational thinking, very much in line with our ancient philosophical roots. This can make it challenging for people to fully grasp the importance of the body in the healing process. In traditional Greek culture, emotional expression is often limited, and people are not always taught to tune into their bodily sensations. There's a stigma surrounding emotions and vulnerability, which are seen as signs of weakness, and this impacts how somatic therapy is received (Bill, 206-219).*

Bill also mentions the tendency for people to expect quick fixes, especially in a society recovering from financial crises, where daily survival takes precedence over long-term emotional work. The Greek population, particularly in the context of financial difficulties, may not always have the time, resources, or patience for deep, extended therapy. Somatic therapy, which integrates mind, body, and spirit, requires a deeper commitment, making it difficult for those seeking fast results to fully engage with the process:

*One of the challenges we face is that people expect quick fixes. In a country still recovering from financial crises, where day-to-day survival has been a priority, people don't always have the time or resources for deep, long-term therapy. Somatic therapy, however, requires patience and a willingness to engage with not just the mind, but the body and spirit as well (219-225).*

***Societal Challenges and Dynamics.*** All three therapists stress the importance of cultural and societal influences on therapy. They highlight how societal norms shape not only

clients' willingness to engage in therapy but also their expectations of what therapy should involve.

Thomas, as per below, highlights that every generation has its specific struggles, such as war for older clients, which shaped their upbringing and their emotional landscape. While each generation may face different root causes, the effects on the individual, -disconnection, loss of self, and maladaptive patterns-, are universal across time. Thomas encourages younger therapists to empathize with these struggles, understanding that they themselves are part of this generational shift, and to bring their own experiences into the therapeutic process:

*Like, there is a way to address these kinds of issues. And it's just gonna take some time, and I think it's also gonna take those that are in therapy to share their experience. This is, I think, one of the key pieces that I've noticed in what works, to draw people to therapy. It is the client actually sharing their transformation with the people around them. And this is the most difficult thing, I think, that, if I'm looking from the outside, I'd say it's difficult for Greek people to share their transformation with the others and to, say: 'hey, I'm investing in myself. I'm investing my money. I'm investing my time to better myself', and sort of put themselves out there for the scrutiny, the ridicule, the judgment, you know, of others. And this is what's gonna change the society. More people say, 'yeah, I'm going to therapy'. So, it eventually becomes natural. Yes. Like, here, I'm visiting Vienna now, and everybody goes to therapy. Everybody. Everybody (Thomas, 379-384).*

Thomas explains that many individuals in Greece, after experiencing somatic therapy, express a profound sense of relief -comparable to drinking water after being parched for years. He stresses that therapy must be viewed as a legitimate and effective way to address personal issues, moving away from traditional approaches like relying on friends, religion, or

numbing mechanisms (such as avoidance or addiction). This experiential understanding of therapy can lead to transformation, and Thomas underscores the importance of clients sharing their personal growth with others. However, he acknowledges this reluctance to share personal progress which hinders societal acceptance and normalization of therapy. So, sharing one's experience, in a way 'normalizes' it.

As he also emphasized, societal change requires more than individual transformation; it involves a broader cultural shift in how therapy is perceived. He contrasts Greece's current situation with places like Vienna, where therapy is a normalized, widespread practice. By making therapy more mainstream and accepted in Greece, the potential for wider societal transformation becomes possible. However, it is evident, that culture and norms play a vital role in normalizing ST.

Emma on the other hand, reflects on how modern culture, not just Greece, creates resistance to deep self-exploration:

*...Modern culture, at least western culture, supports attachment to trauma and in a funny kind of way, because one would say that modern culture in many ways, supports, individuation and, people thinking they're the one and people thinking they're important, but, it really doesn't because the way it supports that is by inviting people to meet outside standards. You're the one and you're important, and, you have arrived if you meet certain outside centers, whatever they happen to be for you. They could be intellectual. They could be body wise, beauty. Whatever they are.*

*But in the process, modern culture encourages not paying attention to who you are. in a way, you know, there's something that in the culture that, we need to look at (Emma, 475-480).*

Emma boldly discusses societal dynamics and unspoken taboos within therapy, and her critique of modern Western culture's attachment to trauma. She highlights how societal expectations often compel individuals to conform to external standards of success, such as intellectual or physical beauty, which leads to disconnection from their authentic selves.

Modern culture, while promoting individuation and self-importance, paradoxically reinforces detachment from one's true identity. She references the work of James Hillman, noting how societal standards push individuals to meet external benchmarks rather than encouraging them to look inward and develop a real sense of self. This disconnect perpetuates a cycle of attachment to trauma and external validation, which therapy must confront.

Similarly, the societal view of mental health remains another barrier, as stressed by Bill. Despite increasing awareness, therapy is often seen as something one turns to only when something is "wrong", and there is less emphasis on therapy as a preventative or integrative health practice. Somatic therapy is sometimes considered "alternative," further complicating:

*Another challenge is the societal view on mental health and therapy. While awareness has improved over the years, many people still view therapy as something you only do when there's something 'wrong' with you. There's less of a preventative or integrative health approach, and somatic work can be seen as 'alternative,' which makes it harder for people to accept its benefits initially. However, the landscape is changing. More and more Greeks, especially younger generations, are becoming interested in holistic approaches to well-being (Bill, 226-231).*

However, he notes a gradual shift, especially among younger generations who are increasingly open to holistic healing approaches.

Via those parts of the transcription of all three therapists, it is being brought to attention that somatic psychotherapy is not just a personal journey but one deeply intertwined with societal and cultural contexts, and they point to the ongoing challenge of making therapy more accessible and acceptable in societies that may resist its deeper, more integrative approach.

### **Discussion**

Somatic Psychotherapy is relatively new approach in Greece, that has shown to be effective in studies across several populations and especially regarding the treatment of stress and trauma. Therefore, the purpose of this research was to explore and get a deeper understanding on what somatic psychotherapy is, on how it works, on its effectiveness in terms of healing trauma and stress, yet the challenges somatic therapists face. The challenges they encounter internally but also in terms of society, through their work.

The findings from the interviews with somatic therapists practicing in Greece highlight several key insights into the role and impact of somatic psychotherapy (ST) in addressing stress and trauma.

All three therapists indicated a significant shift from traditional talk therapy to ST due to its integrative and holistic nature. Traditional methods were deemed incomplete, especially when dealing with trauma, as they overlooked the body's crucial role in storing and processing emotional experiences. They felt like something was missing, not just as individuals, but also as professionals; something was missing in the therapeutic process. That missing puzzle was the integration of the individual as a whole, in therapy. What was missing, was the ability to work with patients past the conscious 'talk model'. Moreover, the therapists emphasized the spiritual dimension of ST, which is less explored in conventional talk therapies. This aligns with the theoretical contributions of Pierrakos (1987), who

integrated spiritual and transpersonal elements into Core Energetics, highlighting the need to address not only the mind and body but also the spirit in therapeutic work. This multidimensional approach is particularly relevant in trauma therapy, where the integration of body, mind, and spirit can lead to more holistic healing outcomes (Ogden, Minton, & Pain, 2006).

At the same time, the body and the importance of working with it, as it serves as a vessel of all emotional and lived experiences, kept re-appearing throughout all interviews. The impact of emotions on the body are not just internal, but as the therapists mentioned, physical as well. Emotions affect the human musculature. This echoes Reich's (1973) concept of "body armor" and Lowen's (1975) bioenergetics, both of which suggest that unresolved emotional conflicts manifest as chronic muscular tension. The therapists noted that addressing these tensions through ST resulted in transformative experiences for their clients, often described as pivotal moments in therapy. This finding resonates with research indicating that somatic therapies can release deep-seated emotional and physical trauma, leading to improved emotional regulation and well-being (Smith & Brown, 2021; Payne, Levine & Crane-Godreau, 2015).

Van der Kolk's (2014) seminal work also highlights how trauma is stored in the body at a cellular level. It underscores the importance of body awareness and physical sensations in therapeutic processes, supporting the notion that psychological and somatic experiences are inextricably linked (Caldwell, 2018; Levine, 2015).

At the same time, the concept of trauma and its treatment was explored. Trauma is not related just to abuse, what can be traumatizing for each individual adheres to a variety of experiences (Briere & Scott, 2015). Also, when talking about trauma treatment via somatic psychotherapy, it denotes the recognitions of triggers, of re-enactment of trauma while at the same time its reframing rather than 'disappearance'.

What is crucial for the therapist to always keep in mind is that in order to be able to be present and effective in such a therapeutic approach, he/she needs to be self-aware; of what goes on within the session but also of the challenges he/she is facing. Supervision and self-therapy are key to armouring the therapist against triggers, projections, transference etc., throughout his career, to prevent burn out, re-traumatization and malpractice and maintain skills and effectiveness (Freitas, 2002).

At the same time, and although somatic psychotherapy has been proven to be very effective, there are certain exclusive criteria (such as addiction, psychosis, physical limitations, defences), which do not allow all to be benefited from it. Given that ST is an approach which integrates mind, body and the spirit, it challenges the individual in multiple levels. Hence, someone who will view it as a quick fix, rather than a life journey, might quit therapy.

The findings also underscore certain challenges, particularly within the context of Greek society. To begin, ST, being a relatively new approach in Greece, it requires that both mental health professionals and patients be educated on it. At the same time, participants noted that Greek cultural norms, which traditionally prioritize rational thinking and intellectual discourse, can hinder the acceptance and understanding of somatic approaches. Emotional vulnerability is often stigmatized, and there is a general preference for quick fixes rather than long-term, body-centered therapies. This observation reflects broader societal challenges regarding mental health in Greece, particularly following the financial crisis, where limited resources and societal pressures make long-term therapy a less viable option for many (Neslihan, 2021).

Despite these challenges, there is a growing interest in holistic approaches, particularly among younger generations in Greece. The participants emphasized the need for a cultural shift towards viewing therapy as a preventative and integrative practice, rather than

as a response to crisis. This perspective aligns with the findings of Langmuir et al. (2020), who demonstrated the efficacy of somatic approaches in long-term emotional regulation and stress management.

Somatic Psychotherapy is not just a trauma or stress intervention approach. It rather calls for the ‘healing’ of the patient, as a whole, which is quite challenging, having to live in societies which ‘compartmentalize’. In that process though, it is crucial that the therapist acknowledges the challenges and armours himself/herself with all means necessary to be present and effective in that life journey of the ‘other’.

### **Limitations and Recommendation for Future Studies**

There are several limitations to this study that need to be addressed. First, the small sample size (three participants) limits the generalizability of the findings. Although IPA emphasizes the depth of individual experiences, future studies should include a larger and more diverse sample to explore how somatic psychotherapy is practiced across different regions of Greece and among therapists with varying levels of experience.

Secondly, the study relied on self-reported data from the therapists, which may introduce bias. Future research could benefit from including client perspectives to gain a more comprehensive understanding of the effectiveness of ST from both the therapist and client viewpoints. Moreover, the therapists’ dual role as practitioners and participants in this study might have influenced their responses, potentially introducing confirmation bias. Employing objective measures, such as pre- and post-therapy assessments, could enhance the rigor of future studies.

Additionally, the study focused exclusively on therapists trained in Core Energetics, which is just one of several somatic therapy approaches. To provide a more comprehensive view of ST in Greece, future research should include therapists trained in other somatic



modalities, such as Somatic Experiencing or Sensorimotor Psychotherapy, to examine whether the findings hold across different ST frameworks.

Despite the above mentioned limitations, ST being a relatively new approach in Greece, allows the space for exploration in all and various directions. It would be very interesting for future research to explore the impact of long-term ST on the brain, not just in the healing of stress and trauma, but also, in additional mental health conditions and disorders.

Namely, the study by Priebe et al. (2016), explored the impact of group body psychotherapy (BPT) on individuals diagnosed with schizophrenia, focusing particularly on negative symptoms such as emotional withdrawal, social disengagement, and lack of motivation. This was a multicentred study involving 275 participants, each randomly assigned to one of two groups: a treatment group receiving BPT or a control group receiving treatment as usual (TAU).

Over a 20-week period, participants in the BPT group engaged in exercises designed to increase body awareness and promote emotional and physical reconnection. The primary outcome was the change in negative symptoms, measured using the Positive and Negative Syndrome Scale (PANSS), while secondary outcomes included improvements in global functioning and subjective well-being.

The results demonstrated that participants in the BPT group experienced a significant reduction in negative symptoms compared to those in the TAU group. Additionally, improvements in emotional engagement and social functioning were observed in the BPT group. The study concluded that group body psychotherapy could serve as a valuable adjunct to conventional treatments for schizophrenia, particularly in addressing the negative symptoms that are often resistant to treatment.

An additional study by Galbusera, Finn, and Fuchs (2018) found that body-oriented psychotherapy helped individuals (sixteen in total) with schizophrenia by improving interactional synchrony and reducing negative symptoms such as social withdrawal. This type of therapy works by fostering body awareness, using techniques such as movement-based interventions to help individuals engage more fully with their emotions and environment. By re-establishing a connection between physical sensations and emotions, patients could better integrate their experiences and improve their social functioning.

A 2019 follow-up also by Galbusera et al. focused on the recovery of a sense of self through somatic therapy. Patients with schizophrenia often experience disembodiment or a sense of disconnection from their physical self. Somatic psychotherapy aimed to help them reconnect with their bodies, enabling a more holistic approach to their sense of identity and emotional processing. Participants reported improvements in their ability to integrate body sensations with psychological experiences, contributing to a more grounded sense of self.

Interestingly, somatic psychotherapy has shown promise in the treatment of schizophrenia, particularly in addressing the negative symptoms of the disorder, which include emotional flatness, social withdrawal, and lack of motivation (Priebe et al., 2016). Schizophrenia often involves a disconnection between mind and body, and somatic approaches seek to restore this connection by focusing on body awareness and emotional regulation through physical expression.

The reference to those studies highlights the potential of body-oriented therapies in addressing the mind-body disconnect prevalent in schizophrenia, offering evidence that supports the effectiveness of somatic approaches in psychiatric care. At the same time, personality disorders, anxiety disorders and even somatoform disorders could also be interesting areas for future studies.

Given the emphasis on the spiritual dimension of ST, future studies should explore how cultural and religious beliefs in Greece interact with somatic therapy practices.

Understanding how different cultural contexts influence the acceptance and practice of ST could help in tailoring therapeutic approaches to better fit the needs of diverse populations.

In conclusion, while this study provides valuable insights from the therapists' perspective, into the practice and impact of somatic psychotherapy in Greece, further research is needed to expand on these findings, address cultural challenges, and explore the long-term and cross-cultural effect of somatic approaches. Moreover, exploring how the brain responds to somatic psychotherapy throughout those disorders would be interesting to investigate. Point being that there is a lot of room for future research and advancements in the field of somatic psychotherapy.

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## Appendix A

### Information Sheet

Hello, my name is Ippolyti Chatzi and I am a graduate student at DERE- The American College of Greece, currently working on my final year thesis research on the somatic psychotherapy approach. The objective of this study is to further explore, understand practices and challenges of such an approach as well as its effectiveness on stress and trauma treatment. This is a topic that has adequate pre-existing research, yet, given that it is a relatively new approach there is still room for exploration.

I would be really interested in engaging with you for an interview that will last up to 70 minutes.

If you are interested, please contact me via e-mail at [i.chatzi@acg.edu](mailto:i.chatzi@acg.edu) in order for me to brief you in more in detail on the specifics of the research.

Thank you for your interest in my research.

## Appendix B

### **The American College of Greece Informed Consent Form for Human Research Subjects**

#### **Purpose of the study**

You are invited to participate at a research study on the effectiveness and impact of Somatic Psychotherapy in healing stress and trauma. The study is conducted by me, Ippolyti Chatzi, currently a student in MS Counseling Psychology and Psychotherapy Program of the graduate school of DERE- The American College of Greece. This thesis project is conducted under the supervision of Dr. Karakitsou (ckarakitsou@acg.edu), Assistant Professor of the Psychology Department at DERE- The American College of Greece. The purpose of the research is to openly explore, via an individual interview, the personal views and experiences of therapists, actively practicing somatic psychotherapy in Greece.

#### **Method/Procedure**

If you are interested to participate you have to be a certified somatic psychotherapist currently practicing in Greece. As a participant, you will be asked, during an individual interview conducted by me, a few open-ended questions (see indicative questions below) about your personal experience practicing somatic psychotherapy.

- 1) Can you tell me briefly how you became a somatic therapist?
- 2) Think of your own practice and briefly explain to me the way you are administering somatic therapy.
- 3) Which are the strengths and weaknesses of this approach, based on your own work with clients?
- 4) What type of clients benefit the most and who benefits the least?
- 5) Were there any pivotal moments/experiences in therapy that you could describe?

The interview will take place online via zoom, will last 50-70 minutes and will be audio recorded and transcribed by me. The information collected will be used for research purposes only, and your identity along with your data are completely confidential. Specifically, your name and other personal identifiers will be erased from the transcribed interview. This consent form is the only document identifying you as a participant in this study; it will be stored securely, available only to the investigator. Data collected will be destroyed upon the successful completion of the research. Results will be reported only in the aggregate. If you are interested in seeing these results, you may contact the principal investigator.

### **Risks, Benefits & Your Rights**

There is no known risk involved in participating in this research. While your opinion is important, your participation is also voluntary and you are free to deny or terminate participation at any stage, without any consequence. In case a question makes you feel uncomfortable, you have the right to refuse to answer, to not share your view immediately or to withdraw from the interview by not having to give any explanation and without any penalty. In case you withdraw during the online meeting, you have the right to request your data to be deleted and not be used at all.

Your contribution will be vital toward understanding the way somatic psychotherapy is practiced in Greece and pivotal in making recommendations relevant to the field of counseling psychology, additionally as a personal benefit, your participation at the interview can provide you with the opportunity to reflect on your experience as a somatic therapist.

If you have questions about the research you may contact the student investigator, Ippolyti Chatzi, Email: [i.chatzi@acg.edu](mailto:i.chatzi@acg.edu) , and the faculty advisor Chryssoula Karakitou, email: [ckarakitsou@acg.edu](mailto:ckarakitsou@acg.edu)

**If you agree to participate, please respond to this email by attaching the form with your signature.**

I have fully read the above text and have had the opportunity to ask questions about the purposes and procedures of this study.

My signature acknowledges receipt of the consent form as well as my willingness to participate at the study.

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Typed/Printed Name of Participant

### Appendix C

***The American College of Greece  
Institutional Review Board  
Video/Audio Release Form***

I voluntarily agree to be videotaped/ audio recorded during an online individual interview being conducted by Ippolyti Chatzi. I understand that the tapes will be used only for only for transcribing for the means of the research, I understand that the recordings will be used only for the purpose of giving to interested participants the opportunity to elaborate on their personal experience practicing somatic psychotherapy with clients so as to allow the researcher gaining an in depth understanding of current practices. Only the investigator (Ippolyti Chatzi) will have access to these files, which will be erased after data are collected and analyzed.

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Signature of the Participant

Date

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Signature of Investigator

Date

### **Refusal to be Taped**

**I do not agree to be videotaped during the interview conducted by Ippolyti Chatzi. I understand I will not receive compensation by such a refusal. By refusing to be videotaped, I understand that I may not continue to participate in the study.**



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Signature of the Participant

Date

## Appendix D

### Debriefing

Thank you for your participation in the interview, designed to provide me with valuable insights on somatic psychotherapy (ST), along with its effectiveness and its impact on stress and trauma treatment from the perspective of Greek therapists. To be more specific, insights, techniques and tools of somatic psychotherapy, its overall effectiveness as well its impact and treatment modality regarding stress and trauma. It is paramount to understand the particular experiences of you as a somatic psychotherapist, in order to get a deep and concrete understanding of how ST is being practiced and implemented. By identifying the specific ways you are practicing this approach with your clients and experiences articulated by you personally, I can shed light to the research goals, draw realistic conclusions as well as explore challenges that might arise in the practice of ST.

If you experienced any unpleasant feelings as a result of your participation in this research, you can contact 10306 (Phone Line of psychological Support), [www.milamou.gr](http://www.milamou.gr) or [www.psy-diktio.gr](http://www.psy-diktio.gr)

Should you have any questions, insights, or suggestions, please do not hesitate to contact me at [i.chatzi@acg.edu](mailto:i.chatzi@acg.edu) or my supervisor Dr. Chryssoula Karakitsou at [ckarakitsou@acg.edu](mailto:ckarakitsou@acg.edu)

I would like to thank you once again for your time and interest.

## Appendix E

### Interview Schedule

- 1) Can you tell me briefly how you became a somatic therapist?

*(Prompt question: you can start by explaining what has driven you into this approach and the training you received and how you joined the Core Energetics Institute).*

- 2) Think of your own practice and briefly explain to me the way you are administering somatic therapy.

*(Prompt question: you can start by explaining the techniques you are using and the type of patients you typically treat administering these techniques).*

- 3) Which are the strengths and weaknesses of this approach, based on your own work with clients?

*(Prompt question: think of concrete examples from your clients which illustrate the advantages and the challenges).*

- 4) What type of clients benefit the most and who benefits the least?

- 5) According to Core Energetics, there is always the ‘cognitive’ piece and the ‘energetic’ piece of trauma or stress, the latest of which lives in our body. How is that ‘energetic’ piece worked with in therapy?

*(Prompt question: how do you deal with a traumatic memory? How is the body brought into that and into session? And then how is that combined with talk therapy?)*

- 6) Were there any pivotal moments/experiences in therapy that you could describe?
- 7) Do you ever feel 'detoiled' during therapy?
- 8) How do you think that somatic psychotherapy can fit in today's world?

*(Prompt question: usually, in 'talk-therapies', we learn to reflect feelings and content, to interpret and to be in relationship with our clients. Through the theoretical review, in somatic work therapists are asked to cut back on our words, our interpretations and our need to know so the client's moment-to-moment process can proceed. How does it feel, making that shift? Has your training given you all the tools, to feel adequately supported?).*

- 9) How do you think that somatic psychotherapy can fit in today's world?

There was, however, flexibility throughout the interviews and as they were progressing, further elaboration and issues were discussed.

## Appendix F

**Master Table of Themes**

**I. An insight in Somatic Psychotherapy (ST). Effectiveness and Impact on  
Trauma and Stress, from the Greek therapists' Perspective**

*A. Choosing Somatic Psychotherapy*

Something's Missing	Emma: 57 - 58 Thomas: 8 - 10/ 81- 86 Bill: 17 - 19 2/26 - 34
Integrating the Body, the Mind and the Spirit in Therapy	Bill: 36 - 39 Thomas: 2/ 22 30/42 87 - 91 Emma: 101 - 146
'Tools' Used in Somatic Psychotherapy	Emma: 4/77 - 82 Thomas: 143 - 145 Bill: 3/47 - 53

The Therapist's Self-Awareness	<p>Thomas: 11/208 - 210</p> <p>206 - 210</p> <p>238 - 242</p> <p>Emma: 233 - 237</p> <p>11/236 - 237</p> <p>240 - 243</p> <p>Bill: 191 - 201</p>
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*B. Conceptualization of Trauma*

Is there healing?	<p>Thomas: 267 - 269</p> <p>15/294 - 295</p> <p>Emma: 403 - 405</p> <p>406 - 411</p> <p>427 - 445</p> <p>Bill: 142 - 162</p>
Patients Who Do Not Benefit from Somatic Psychotherapy	<p>Thomas: 169 - 174</p> <p>Emma: 267 - 274</p> <p>Bill: 172 - 185</p>

*C. Psychoeducation of the Somatic Psychotherapeutic Approach*

Integrating ST in today's, -Greek-, Society	<p>Thomas: 355 - 361</p> <p>Emma: 553 - 557</p>
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	Bill: 206 - 219 219 - 225
Societal Challenges & Dynamics	Thomas: 379 - 384 Emma: 2475 - 480 Bill: 226 - 231