

# Three States of Embodied Self-Awareness

## *The Therapeutic Vitality of Restorative Embodied Self-Awareness*

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### ABSTRACT

This article is based on a keynote lecture from the European Association of Body Psychotherapy, Berlin, 2018. I review research and clinical evidence for three distinct states of embodied self-awareness (restorative, modulated, and dysregulated), each with distinct qualities of felt experience, thought process, autonomic nervous system activation, and social engagement. I suggest that while most clinical practices aim to move clients from dysregulated to modulated (more regulated) states, considerable therapeutic benefit is derived by promoting restorative embodied self-awareness in both therapists and clients.

**Keywords:** embodied self-awareness, interoception, restoration, regulation, modulation, dysregulation.

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In a previous book, *Body Sense: The Science and Practice of Embodied Self-Awareness* (Fogel, 2009/2013, and the German translation, Fogel, 2013), I introduced the concept of embodied self-awareness (ESA), the present-moment experiencing of sensations that arise from within our bodies, including our emotions. To be embodied means that experiences are felt directly as arising from within the body without intervening thought. The literature on body awareness typically focuses on interoception, which refers to the feelings coming from ergoreceptors in the body tissues, such as those for sensing temperature, pressure, itch, nausea, and pain (Craig, 2014; Laird, 2007; Mahler, 2015; Schwartz & Maiberger, 2018; Tsakiris & de Preester, 2019). The neural signals from the ergoreceptors travel along slow, unmyelinated C-conduction fibers in the posterior spinal cord, and into regions of the brain that interpret these signals (the thalamus, insula, anterior cingulate cortex, and ventromedial prefrontal cortex).

The ergoreceptors that support interoception can be contrasted with the exteroceptors for sensing the world outside the body, such as for vision, hearing, and smell. Exteroceptors (e.g., the retina of the eye), are linked to specific brain areas (the visual cortex) via specific neural pathways (the optic nerve). Interoception and exteroception, in other words, are brought into conscious awareness by completely different neural networks. Touch is often considered one of the exteroceptive senses, which is the case for “neutral” or non-affective touch, as in exploring a physical object. These touch stimuli travel along fast-myelinated Aβ fibers in the spinal cord to the exteroceptive regions for touch in the sensory motor cortex. Affective, gentle, slow touch (as in caring touch by another person), in contrast, travels along the slow C-fibers and projects to the interoceptive networks of the brain (Björnsdotter et al., 2009).

ESA, in my formulation, includes interoception as well as other body

*Do you make time for your own restorative moments?  
Do you make space for your clients to fully feel their emotions in ways that bring relief, rather than insight?*

senses. The following types of sensations and feelings could potentially be part of one's ESA:

1. **Interoceptive feelings:** Achy, dizzy, strong, weak, nauseous, suffocating, burning, tense, ease, flushed, bouncy, chilled, warm, tingly, shaky, itchy, heavy, light, expansive, constricted, etc. This is the felt sense of the body's internal condition.
2. **Proprioceptive feelings:** The feeling of equilibrium or disequilibrium, rigidity or fluidity of movement, coordination or disconnectedness of body parts, interpersonal distance and closeness, boundaries or lack thereof. This is the felt sense of the body in relation to the environment and other people.
3. **Autonomic, hormonal, and immune system feelings:** Heartbeat and blood pulsation, changes of air flow in breathing, sweatiness, digestive feelings and movements, arousal, metabolic energy or fatigue, excitement, attraction, sexuality, interpersonal warmth and connection or disconnection, healthy or ill, strong or weak. These are the feelings of being alive in an organismic human body.
4. **Emotional feelings:** Happy, sad, angry, fearful, irritable, ashamed, proud, playful, mischievous, disgusted, etc. These emotions can be about how situations and people affect us, or about all of the above sensory feelings. We can love or hate being in close proximity to a particular other person (felt interpersonal distance). Feeling sweaty or feeling our heart beating can be emotionally exhilarating if we are exercising, or emotionally fearful if we are under threat from outside or inside the body.

In *Body Sense*, I showed how the neural networks for these four different types of felt experience are linked to the autonomic, cardiovascular, respiratory, digestive, hormonal, and immune systems. These systems can all function in a more healthy manner if aided by direct awareness of body sensations and emotions. From an evolutionary perspective, the ESA neural networks conferred a survival advantage to become aware of what may feel good or bad, healthy or unhealthy, and the opportunity to take appropriate action for self-care (Craig, 2014; Fogel, 2009/2013; Gueter, 2016; Savitz & Harrison, 2018).

Stress and trauma, however, can impair ESA in the nervous system. In these situations, neural signals about the internal condition of the body are interpreted as threats, leading to fear and avoidance of those feelings (Quadt, Critchley & Garfinkel, 2018; Schulz & Vögele, 2015). Stress and trauma, by altering the felt sense of the body, block those crucial pathways for survival and self-regulation. As we shall see below, depression, anxiety, addiction, hostility, and many other dysregulated behaviors can be linked to impaired forms of ESA.

To understand how this happens, we'll need a brief review

of the functions of the autonomic nervous system (ANS), which has both sympathetic and parasympathetic branches. The ANS is the body's first response to perceptions of safety or threat. Activation of the sympathetic branch can manifest as arousal, preparation, defending and engaging, and is usually accompanied by the release of the hormone cortisol, a blood sugar that provides the metabolic energy for activation. Activation of the parasympathetic branch allows us to "rest and digest," and with the accompanying release of the hormone oxytocin, provides feelings of ease, warmth, safety, love, and connection. Typically, the ANS functions automatically, without conscious control, via what has been called "neuroception" (Carter, 2019; Porges, 2001; Esch & Stefano, 2011).

If we are always sympathetically ON, cortisol can permanently alter the parts of the brain that process threat and stress (the amygdala, hypothalamus, and hippocampus), creating chronic states of vigilance and skeletal muscle tension, post-traumatic stress, and release of inflammatory immune cells even after the external threat may no longer be present. Chronic sympathetic activation alters patterns of thought and body sensation, but also impairs digestive, respiratory, hormonal, immune, and cardiovascular function (Ogden et al., 2006; Porges, 2001; Siegel, 2003; van der Kolk, 2014).

Although many approaches to psychotherapy now take account of the effects of stress and trauma on the ANS and health, *there is less recognition that states of stress and trauma are also connected to disturbances in ESA* (Fogel, 2009/2013; Quadt, Critchley & Garfinkel, 2018; Savitz & Harrison, 2018). When ESA is impaired, we lose our internal compass; we fail to notice when we are happy, sad, or angry, and our normal sensations, such as those of hunger and satiety, are blunted. This physiological fact about the relationship between reliable vs. impaired ESA and organismic body function is at the foundation of body psychotherapy and all forms of ESA treatment (Aposhyan, 2004; Fogel, 2009/2013, Heller, 2012; Lowen, 1975; Ogden et al., 2006; Rosen and Brenner, 2003).

In this article, I wish to suggest that *adding a component of ESA to therapy has a direct impact on the autonomic nervous system, health, and recovery*. When we fully experience our ESA *without any intervening interpretation or thought*, there is an activation of the ventral vagal parasympathetic and the dorsal vagal "immobilization without fear" nervous system. This creates a sense of non-doing, presence, ease, softening, calm, relaxation, acceptance, and a natural breath. I call this *restorative embodied self-awareness* (Fogel, 2009/2013; see also, Anderson, Monroy, & Keltner, 2018; Carter, 2019; Cloninger, 2006; Hasuo, Kanbara, Sakuma, & Fukunaga, 2018).

In the original formulation in my book, *Body Sense*, I contrasted this restorative form of ESA with conceptual self-awareness, the experience of primarily thinking

about our body experiences without necessarily being able to feel them. In subsequent interactions with somatically-oriented colleagues (especially Mark Ludwig [Berkeley, CA, USA], Ilse Schmidt Zimmermann [Frankfurt, Germany], Barbara Goodrich Dunn [Washington, DC, USA], and Amanda Blake [Lake Tahoe, CA, USA]), with my Rosen Method Bodywork clients and students, in research on Rosen Method bodywork (Fogel, 2020a, 2020b), and in my own personal experience, it became clear to me that when people are thinking about something in conceptual self-awareness, *they are also having some form of felt experience*. This form of felt experience that accompanies thinking, however, does not involve parasympathetic relaxation.

To understand these types of experience, I am proposing that there are at least two other states of ESA: (1) when people are thinking about something productive (which I am now calling *modulated embodied self-awareness*) or when they are entrapped in ruminative and self-defeating thought patterns (which I am now calling *dysregulated embodied self-awareness*). As explained below, each of these three states of ESA can be described by a synergy of specific types of felt experience, cognition/thought, patterns of autonomic nervous system (ANS) activation, and social relatedness.

### Three States of Embodied Self-Awareness

In this section, I present a summary, based on a clinical research study of post-session notes made by Rosen Method bodywork practitioners. In that study, each of the practitioner's statements about the client could be uniquely classified into one of these three states of ESA (Fogel, 2020a). This presentation of the three states will be followed by a discussion of their significance in therapy and in everyday life, with a particular focus on restorative ESA.

#### Restorative Embodied Self-Awareness

1. *Felt experience that is sustained and entirely in the present moment*, arising spontaneously and without planning or effort, as if being suddenly overtaken by feeling. One has to slow down, let go, and surrender to being fully in the moment without "doing" or deliberate control. This felt experience leads to a lasting sense of relief, often from realizing what we "really" feel about something, or from the experience of surrender into the "not knowing" of whatever feelings may come. If you have any sense of control, planning or effort, you are most likely in modulated ESA.
2. *Non-conceptual thought in the form of evocative words and images that support sustained ESA*, including free association, daydreaming, memories that feel more alive than our stories about them, sudden clarity that

comes without effortful thinking, words, sounds, and images that feel resonant with felt experience. *If you have any logical thoughts, judgments, plans, strategies or interpretations, you are likely in Modulated ESA.*

3. *Activation of the ventral vagal parasympathetic nervous system and the dorsal vagal "immobilization without fear" system* (Carter, 2019) including a natural and easy breath, sigh, feeling slowed down, relaxation of muscular tension/armoring, relief, spreading warmth/energy, feeling soothed, safe, seen, settled, vulnerable, open, content, peaceful, fully present, and fully alive. Entering into restorative ESA also activates restorative states in the immune, hormonal, respiratory, digestive, and cardiovascular systems. *If you don't feel this relaxation and spreading sense of ease and warmth, peace and contentment, you are in either modulated or dysregulated ESA.*
4. *Warm and tender social-relational engagement* that includes acceptance, surrender, safety, restorative ESA of self and other being together, lack of self-consciousness with the other person, ease of moving and being together, psychobiological interpersonal somatic resonance and deep states of connection, love, appreciation, warmth, and receptivity to caring touch. *If you are thinking about what to do or say, trying to make the right moves with other people, or worried about how you look or sound, then you are in either modulated or dysregulated ESA.*

The following are examples of practitioner statements that were classified as restorative embodied self-awareness (Fogel, 2020a).

*"She told me about the one thing that had inspired her last week. From there, everything in her body shifted. More breath, softening of the muscles in her neck. She said she makes everything negative, but here, in her body was the breath and the inspiration that had been missing"*.

*"Her body is very responsive and her thought(s)/mind is slowly, very slowly, beginning to listen. She was able then to stay longer in the heart-felt sensations. At the end of the session she said the new awareness was like a baby that needed nurturing."*

*"The hopelessness, the failure are so deep and authentic. I can feel the upwelling pretty far inside her. I wait while she feels and then say back, "Everything you did, nothing worked, you felt hopeless." She and I connected; her chest drops slightly. Being witnessed comes through for her and for me. Here at the end is the real jewel: hopeless, impotent about someone she really, really loves and who really loved her."*

#### Modulated Embodied Self-Awareness

1. *Felt experience that is transient*. While keeping busy, being engaged or creative — in a state of "doing" and

thinking – felt experience may arise momentarily to the surface of awareness, such as moments of grounding, reconnecting, and coming back to oneself, but not as a sustained awareness. The person remains on the “edge” of potentially deeper experiences of restorative ESA. These brief moments of felt experience may be spontaneous (the sudden realization that one is tired or hungry, or happy to have reached a solution to a problem) or deliberate (making the choice to stop momentarily, take a breath, or being offered the opportunity to feel for a moment by another person/therapist). In this state, our awareness is almost entirely focused on what we are doing or thinking. Most of the time, most of us are in this state, and it usually feels alive, productive, helpful, and creative. However, it can also feel intense, and too much, and can often transform into dysregulated ESA.

2. *Purposeful or intentional thought* that is conceptual, deliberate, categorical, modulated, and adaptive to the situation. Generated via the task-positive neural network (Boyatzis, Rochford & Jack, 2014; Di & Biswal, 2014), this type of thought can include creative thinking and problem solving, decision-making, explaining, understanding, planning, or thoughts about self and other that are not obsessive, but move toward a specific conclusion or solution. Conceptual thought in modulated ESA can also include *thinking about a feeling*, rather than directly accessing the felt experience or seeking explanations about one’s momentary felt experience. The brief moments of felt experience might “stand out” against the background of thinking, and *make us think* we are more present with our feelings than we actually are.
3. *Modulated ESA is primarily sympathetic arousal and engagement*, including being focused; busy, creative, pleasurable, and engaging work; taking part in athletics, dance, musical, artistic, or social activities. Modulated ESA can also feel edgy, vigilant, tense, or include overdoing, distraction, fatigue, or withdrawal. The interoception of autonomic activation is primarily aroused, excited, “up,” intensity.
4. *Modulated social-relational engagement* in which there is a goal or intention to be with others (to work together, be creative together, spend time together, solve a common problem) with possible brief feelings such as being seen and appreciated, or shared tears and laughter, excitement, playfulness, or wanting to connect. On the other hand, this can come with a tendency to push beyond limits, keep up, be clever, want to look good, sound good, feeling uncertain, vigilant and self-conscious, all perhaps cycling with brief moments of ease and letting down one’s guard.

The following are examples of practitioner statements that were classified as modulated embodied self-aware-

ness (Fogel, 2020a).

*“For a brief moment, her body moves with the emotion. Then the words come again, the feeling goes underground, and the stillness is back.”*

*“She is very quick to move from the feeling to words and thoughts. A good thing might happen that she will relate, but quickly she is back in what doesn’t work. Her body seems to be in a state of confusion: one moment she gets in touch with herself, and the next, the words are there to take her out of the feeling.”*

*“She has a very slight amount of wetness coming out of her eyes; certainly not tears, but she’s upset. “I wish I could have someone I could rely on, someone to tell me what is happening and what to do, someone with guiding wisdom.” Here she is younger, real, softer. She quickly pulls herself up and together, closes up that moment of tenderness, and goes on.”*

### Distinguishing Restorative from Modulated Embodied Self-Awareness

My experience in teaching and clinical work is that people have difficulty discerning the differences between restorative and modulated ESA. There are at least three reasons for this. One is that experiences of genuinely restorative ESA are relatively rare. The second reason is that modulated ESA is adaptive to most of our everyday tasks: it captivates us and keeps us thinking, moving, and doing. We are never really settled. Even our “down” time is some form of active engagement like reading, being on a device, being entertained, or being with family or friends. The third reason is that modulated ESA is perverse, in the sense that we can easily convince ourselves that we are settled and relaxed, even though we remain in a state of sympathetic arousal.

Restorative ESA is **NOT what you think**. If you have any thoughts – any mental tracking of what you are doing, planning, organizing your approach to being embodied, doing deliberate exercises to become embodied – then you are NOT there. You are most likely in modulated ESA.

### Dysregulated Embodied Self-Awareness

Dysregulated ESA is what you might expect from lots of clinical theory and practice on emotion dysregulation and trauma (Jungmann et al., 2016; Schore, 2003; Seligowski et al., 2015; Thayer & Lane, 2000). What I am adding here is that Dysregulated ESA can be understood as part of a continuum of states of ESA. Dysregulation, in other words, *distorts not only mental and physical body function, but also our awareness of the felt sense of our bodies* (Fogel, 2009/2013; Heller, 2012; Quadt, Critchley & Garfinkel, 2018; Savitz & Harrison, 2018).

1. *Felt experience* is experienced as an ongoing and uncontrollable self-focus on feelings of acute and chron-

ic states of physical and emotional discomfort, pain, fatigue, disorientation, dissociation, hopelessness, despair, depression, and/or uncomfortable self-consciousness, including shame. Or, on the other hand, there may be feelings of invulnerability, risk, addictive urges, hypervigilance, tense muscles, hostility, racing, extreme highs and lows, anxiety.

2. **Ruminative (repetitive) conceptual thinking**, including worrying, defending, denying, depressive and self-negative thoughts, suicidal thoughts, hostile, blaming (self and other) and judgmental thought patterns, mental confusion and disorientation, self-convincing, self-arguing and indecision, all repeating in seemingly endless thought loops.
3. There is a **hyperactivation of the sympathetic and/or dorsal vagal parasympathetic nervous systems** resulting from current or prior unresolved stress and trauma. There is no ventral vagal activation, as might be found in modulated ESA, such as when we feel that we are pushing ourselves beyond our limits, but we still have the ability to slow down briefly into a parasympathetic moment to regroup ourselves. In dysregulated ESA, we do not have that ability.
  - a. **Mobilization and sympathetic hyperactivation:** In states of stress this may include feelings such as slow-burn anger, watchfulness, muscle tension, high arousal, somatization in the form of chronic pain, discomfort and fatigue (fight), or withdrawing, making oneself small or unnoticed, and feelings of worthlessness, doubt, shame (flight). In more extreme trauma states: chronic or “stuck” overt verbal or physical hostility without settling or closure, tense and intense, risk-taking (fight), or can’t settle, anxious, hiding, suicidal thoughts, self-harm (flight).
  - b. **Immobilization/paralysis and dorsal vagal activation with fear:** Includes “ordinary” dissociation such as confusion, numbness, losing train of thought, fatigue, depression, loss of initiative; and traumatic dissociation, such as not there, vacant gaze, hypotonic, dissociative identities.
4. **Dysregulated social-relational engagement** may include using and abusing others, hostility, power assertion, harassment, feeling “not enough,” or “less than,” shame, withdrawal, passivity, unwanted submission.

The following are examples of practitioner statements that were classified as dysregulated embodied self-awareness (Fogel, 2020a).

*“As she talks about the history of her condition, some words pop out for me... “taut,” “stretched to my limit.” There is no response in her breathing, no change in her voice, facial expression, or color as she says these things.”*

*“I ask her what she is noticing in her neck and shoulders now. She does not respond to that query about her felt sensation, but continues with her words. This happens two other times where I ask her what she is feeling in her body, and she responds with her narrative.”*

*“It was a very intense experience for her, and she had the desire to smoke. She finally got the cigarette, knowing that the doctor had told her there are two things that exacerbate her illness: smoking and stress. The voice she hears is one of self-hatred. She, for the first time, realizes that happy thoughts or new-age thinking are not going to get rid of this self-hatred. She is at a loss as to what to do.”*

Research on dysregulation shows that the nervous system shifts the body into a defensive mode to protect against perceived threats from outside or inside our bodies. If we are being attacked, threatened, or are in a stressful situation, interoception would take energy and resources away from self-protection. Illness is more likely to develop when our bodies continue in this defensive trauma mode, even after the threat has passed.

This is why body awareness therapies are needed: to restore our ability to feel ourselves in the present moment as an aid to facilitate recovery (Fogel, 2009/2013; Quadt et al., 2018; Schulz & Vögele, 2015). Unlike some forms of psychotherapy that require cognitive interpretation and reframing dysregulated thought and habit patterns, I am proposing that treatment may also be focused on guiding clients into embodied awareness of how it feels when they are dysregulated.

This is because the very nature of dysregulated ESA is the habitual avoidance of felt experience. People need to first feel sufficiently safe to stay with feelings that are “too much” to bear. I have written in more detail about the important process of guiding clients from dysregulated, to modulated, to restorative ESA (Fogel, 2020a; 2020b). Here, however, I am focusing attention on restorative ESA, primarily because it has not been sufficiently emphasized in therapeutic work.

## Restorative Embodied Self-Awareness In Clinical Practice

### The Client’s Embodied Self-Awareness

Practices that enhance client ESA include some forms of body psychotherapy, psychodynamic and emotion-focused psychotherapy, body-centered forms of meditation, certain contemplative yoga and yoga therapy practices, Feldenkrais, Rosen Method bodywork, dance movement therapy, and a growing number of experimental programs meant to enhance interoception. The primary purpose of these disciplines is gaining the ability to self-modulate. Modulated ESA allows clients to feel and find themselves, to live more fully, to set appropriate interpersonal

boundaries, and acquire a measure of self-compassion and understanding (Aposhyan, 2004; Gueter, 2016; Hofrén-Larsson, Gustafsson & Falkenberg, 2009; Moltu & Binder, 2014; Music, 2015; Rolef Ben-Shahar, 2014; Price & Hooven, 2018; Schwartz & Maiburger, 2018; Sullivan et al., 2018; Vago, 2013).

Restorative ESA, however, is a state of being and self-awareness that many of the above-mentioned practices may not explicitly include. Restorative ESA, unlike verbal dialogue in psychotherapy, occurs in the absence of rational or logical thought, in the absence of insight and reasoning, in the absence of mental or cognitive modulation.

It is reasonable to ask if restorative ESA has a place in body psychotherapy beyond the goal of cultivating self-modulation. Rosen Method bodywork – my own clinical practice and expertise – is a body-based therapeutic practice that explicitly includes the dimension of restorative ESA in the treatment process. This work, founded by Marion Rosen, follows principles developed by body psychotherapy pioneers Charlotte Selver and Elsa Gindler (Huebner, 2010; Rosen & Brenner, 2004; Weaver, 2005).

Below are some quotes from clients, based on interview studies on the effects of Rosen Method bodywork, about their experience of restorative states. Perhaps some of this material may resonate with readers who practice or receive body psychotherapy.

*“I realized that I could think about what I felt in talk therapy, but it was an intellectual process. Now, with Rosen Method bodywork, I have learned to discern what I think I feel and what I really can feel. Now I can feel myself, feel love for myself, know that I am present, that I do exist, in a visceral way. And all the sensations are . . . in color now, so to speak, as if they had been black and white before”* (Bernard, 2016, p. 43).

*“. . . no matter what’s been going on, how anxious I’ve been feeling, how upset I am about something, I can just kind of let go within. . . . As soon as I lie down I can feel myself starting to relax and let go, and I just feel so supported and so safe. It’s hard to even describe adequately. . . . I find myself wanting to just stay like that like forever. (Laughs) . . . in that place where I don’t have to do anything else. Just relax and just breathe. And feel. . . .”* (Smart, 2018, p. 130).

*“Rosen has helped me really feel things viscerally and integrate things so they’re not just this concept like, “Oh, of course, I know that”. No. To actually feel, to experience it in my body. Then, the whole world is different. . . . And it doesn’t ever go back. You’re changed forever!”* (Smart, 2018, p. 133)

These comments speak to the transformative power of restorative ESA. Clients in these interview studies speak to links between restorative ESA and spirituality, awe, grace, something bigger than self and other. Elsa Gindler’s work,

like that of Marion Rosen, assumed that accessing this state of restorative ESA was both necessary and sufficient for healing.

*“The uniqueness Gindler looked for in her students is . . . to help them uncover their connection and faith in their own innate beings. Without a sense of this in their own organisms, physical and sensorial as well as mental and emotional, the wholeness of the human being we are working with will not feel complete”* (Weaver, 2005, p. 25–26).

In some cases, psychotherapists have discovered a similar foundational truth. Music (2015), referring to Winnicott’s (1954) theory of the mother–infant relationship and his notion of the true self, says,

*“Too many of our patients almost never experience a relaxed state of being in which one can muse and just be uninterrupted by impingements, external or internal. When [a person] experiences impingements and does not feel safe, they resort to alternative ways of holding themselves together. These include . . . sympathetic nervous system reactions such as faster heart rates and tightening in the body. One often sees either an active mind or body, or both, alongside an attempt to be overly self-sufficient”* (Music, 2015, p. 5–6).

## The Therapist’s Embodied Self-Awareness

Following the discussion in the previous section, not all disciplines and not all therapists who work with the body and body awareness focus on restorative ESA. The intention to access states of awareness that are similar to restorative ESA is more likely, however, to be found in “relational” approaches to therapy, including therapeutic bodywork modalities, embodied coaching, dance movement therapy, and relational body and somatically-informed psychotherapy. In these approaches, therapists’ access to their own embodied experience is a central part of the treatment and recovery process for the client. Why are relational approaches more likely to promote restorative ESA? This is because the therapists’ ESA, and not only the client’s, is a central part of the treatment process.

Concepts that have been used to capture the relational ESA of client and practitioner include *relational somatic presence, attunement, “feeling felt,” inter-bodily resonance, somatic resonance, limbic resonance, reflexive embodied empathy, dyadic expansion of consciousness, and psychophysiological coherence* (Aposhyan, 2004; Bernard, 2018; Blake, 2018; Findlay, 2005; Fogel, 2009/2013; Green, 2014; Moltu & Binder, 2014; Siegel, 2003; Stern, 2004; Tronick, 2007; Winston Ritz, 2018). When practitioners are trained to become aware of their own ESA – as opposed to trying to remain “distant” or “objective” toward the client – there is more possibility for the client to develop similar attitudes of self-awareness and embodiment.

Because of this mutual embodied resonance, the practitioner's states of ESA during sessions may mirror those of the client, and therefore provide information to the practitioner about the client's state of ESA. Most importantly, therapists who are capable of accessing their own restorative ESA – staying for sustained periods in the present moment with whatever feelings arise as they engage with clients – are more likely to be able to tolerate and “hold” any of the three states of ESA in which the client may be found. Treatment approaches for such clients are discussed more fully elsewhere (Fogel, 2020b).

When I work with clients in dysregulated ESA states, I just wait until the possibility of an action or some words arise in me that do not come from a thought process.

*“While I can articulate various conceptual guidelines for my [therapeutic] decisions, the quality with which I do things and the timing that I use often defy conceptualization: They just feel right”* (Aposhyan, 2004, p. 54).

If some possible action arises from a thought, I just let the thought be there in my mind, and I don't react to it. Whatever I say from a place of presence with the client is more likely to resonate with the client's experience, and allow the client to more fully enter into his or her own felt experience. In support of this approach to being with clients, the following is a quote from an interview study of therapists working from a relational empathic perspective, rather than from a mode of applying techniques or cognitive strategies.

*“I couldn't really get contact [with the client] if I was all about doing . . . Spaciousness . . . just being able to tolerate what happens inside of you . . . So it was about using the person I am in a certain way, or consciously with the client . . . where the relationship is my entry into being a therapist rather than doing therapy (cognitive)”* (Moltu & Binder, 2014, p. 132).

In this mode of “being a therapist,” I observe the client to notice if – in response to what I had said or done – there is a softening of the muscles, or if tears come, or if the breath gets any easier, or if there is more color or aliveness, all of which are physiological indices of an emergent parasympathetic state. I notice if this is sustained or transitory. I notice if a change I observe in the client evokes a corresponding feeling in me, which is how I know for sure that the client is engaged with a feeling. There is, in this process, no judgment or interpretation – or, if there is, I let it pass as something else that I simply notice.

If I do begin to have more continuous thoughts – like more modulated or dysregulated forms of ESA – then I feel certain the client is also thinking, and that their feelings are either transitory or negative. I don't follow the logic of my own thoughts, nor even the logic of what the client may be saying to me. Rather, I note my *felt experience of having thoughts*: that they are there, that they take

me out of my body sense into worry or problem-solving. This allows me to notice the pattern and timing of the client slipping into habitual thought patterns, away from felt experience – something I can point out to encourage clients' awareness of when and how they shift from one to another state of ESA.

And, as this is all happening, suddenly and mysteriously, I might feel a transient felt experience and a brief parasympathetic response in the client's body. I can point this response out (“Did you feel what just happened?” If not, I describe what I noticed: “You took a bigger breath there.” “You slowed down for a minute. What did you notice?”). I'm not thinking. I feel totally empowered, and I don't judge or question whatever comes out of me.

For me and other relationally-oriented therapists (Aposhyan, 2004; Bernard, 2018; Green, 2014; LaPierre, 2015; Moltu & Binder, 2014; Rolef Ben-Shahar, 2014), the therapeutic perspective is not only about the therapist's ability to self-modulate when engaged with the client's feelings. It is not only about being skilled at finding interpretations, exercises, movements, and meditations to connect clients with their embodied experience.

*The therapeutic perspective is fundamentally about therapists' vulnerability to their own embodied experience and awareness.* This openness to the embodied felt experience of practitioners provides clients with the safe container needed to develop their own abilities to stay present with themselves (Green, 2014).

*“The transpersonal fulfillment of our ... intercorporeality is not a confusion of identities, but rather a deeply felt compassion – an openness and readiness to be moved by compassion – and an uncompromising respect for the other as other, the other as different, but for whose difference one is capable, nonetheless, of feeling some bodily grounded sympathy”* (Levin, 1988, p. 301).

When therapists are restoratively open and vulnerable, it feels to clients like an invitation to enter into a similar place inside themselves. This shared vulnerability is the foundation of trust in relational and potentially restorative ESA therapy practices.

*“... body psychotherapists develop their capacity to consciously track shifts in gut feelings, breath, heart rate, and bracing patterns both in their clients and in themselves. In conjunction with supporting their clients' ongoing emotional and cognitive reflective processes, relational body psychotherapists allow themselves to be guided by their own interoceptive body-based responses”* (LaPierre, 2015, p. 87).

*“... the main way to feel into the intersubjective space ... is through body sensations ... when we are attentive to our own bodies, we can feel the other alive and moving through us”* (Rolef Ben-Shahar, 2014, p. 153).

## Conclusion

### Practices for Cultivating Restorative Embodied Self-Awareness

You cannot master the art and practice of any restorative somatic therapeutic modality unless you take care of yourself by regularly engaging in restorative practices. Honesty about this is essential. Do you make time for your own restorative moments? Do you make space for your clients to fully feel their emotions in ways that bring relief, rather than insight? Or, are you propelled by thinking and doing, problem-solving and treating, interpreting and analyzing, wondering and worrying? Are you mostly in modulated ESA, thinking that you are in restorative ESA?

An article on Rosen Method bodywork concluded that practitioners may find restoration in mindfulness practices that

*“... can help the practitioner to use her body as a very sensitive diagnostic tool. It can signal to the practitioner what is happening in her body as well as in the client’s body. . . I experience again and again that the level of acceptance of my own difficulties determines the degree to which I can hold the space for others. As I let go of self-judgment, I am free to receive with compassion. The more I realize my own human nature and frailty and bring loving-kindness to myself, the more I am able to be the container of my clients’ processes”* (Kushnir, 2008, pp. 13-14).

Mindfulness practices, however, do not work for everyone (Lutkajtis, 2018; Treleaven, 2018). How can we find sustainable restorative resources to suit our unique individuality? To become better at discerning our own states of ESA and to find meaningful restorative practices, I include here a set of personal study questions that I give to students in workshops that I teach on ESA.

- Name some of the places/activities (being in nature, meditation, yoga, dance and authentic movement, sports and exercise, prayer and spiritual practice, music, art, gardening, cooking, eating healthy foods, shopping, being with family and friends, intimate partnerships, etc.) that feel most restorative for you, in which you are more able to fully experience your own restorative ESA. Note that these may be different at different times in life.
- How can you discern whether an activity is actually guiding you to a state of restorative ESA, rather than to a state of modulated or dysregulated ESA? During and after engaging in the activity, do you feel more alive, healthier, relaxed, or more fully yourself? Or do you feel tired, drained, stressed, overwhelmed, tense, or sympathetically “up” or “ON”? Both modes of engagement are important, but only those practices that activate a sustained parasympathetic response are genuinely restorative for mind, body, and spirit.
- Name some of the places/activities that feel more stressful or overwhelming to you. What happens to you in these different places? Can you self-modulate, or do you become dysregulated? How can you discern if you are self-regulating, or only thinking that you can handle the situation, i.e., that you are in fact dysregulated? Can you sense why these things affect you in these specific ways? What can you do to minimize these stressors?
- Make a list of possible changes you might make in your life to maximize time for restorative ESA when you feel stressed or overwhelmed. How can you be with other people in ways that help you find restoration (asking for help, asking someone to just listen, saying “no,” setting boundaries, asking for the kind of touch you need, etc.)? What does it mean for you to make life-affirming choices? What keeps you from making such choices?

As you consider these questions, what is essential is that you are committed to *making choices to regularly indulge yourself in your own in-depth healing and restoration*. Again, honesty about the states of ESA in which you most typically live is a crucial component of eventually finding genuine restoration. If you are thinking that you have finally reached a state of restorative ESA, then you are convincing yourself, and maybe even wanting to believe, that you are there. These thoughts come with effort and sympathetic arousal, no matter how well-modulated they may be. Restoration, when regularly accessed and practiced, helps us to notice our own modulated or dysregulated ESA. This simple noticing – without judgment and with presence, patience, acceptance, and self-forgiveness – is enough to allow us to come home to a sense of peace, belonging, and gratitude.





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