

**Documenting Cases as a Participant Observer:
A Manual for Somatic Awareness Practitioners**

Alan Fogel, PhD

Professor of Psychology, University of Utah, alan.fogel@psych.utah.edu

About the author: Alan Fogel does research on individual differences in social and emotional development during parent-infant communication, and in somatic awareness practices with adults, including the effects of Feldenkrais Functional Integration lessons on autistic adults' ability to communicate and express emotions, and the role of emotional self-awareness using Rosen Method Bodywork with sufferers of chronic back pain. Professor Fogel is a Rosen Method Bodywork practitioner. He also collaborated with Marc Reese, Feldenkrais practitioner and teacher, to develop a series of Feldenkrais Awareness Through Movement lessons, published in A. Fogel (2001) *Infancy: Infant, family, and Society*, that replicate the movements and postures of infants. Fogel has lectured world-wide to audiences of psychologists, developmental scientists, infant and family mental health practitioners, and practitioners in multiple forms of somatic awareness methods. He has authored multiple books and over 100 research articles. His research approach is qualitative and holistic. The author conducts experiential workshops for parent-infant mental health practitioners, in Rosen Method Bodywork, and in research methods for documenting cases for somatic awareness practitioners. For more information, see http://www.psych.utah.edu/alan_fogels_infant_lab/.

Abstract: What follows is a how-to manual designed to assist somatic awareness practitioners to document their cases in a way that allows a reader to reconstruct the flow of events – for practitioner and client -- in all or part of their sessions with clients. The method of documentation presented here assumes that the practitioner is the most informed observer of a session (a participant observer) and that the practitioner can train their perceptions and writing skills to communicate the process of engagement, communication, and change over time within and across sessions with the same client. Qualitative, participant observer research methods have strong overlaps with the principles of somatic awareness treatment and educational methods. The domains of overlap are: self-awareness, attunement to the body and its experiences, non-judgment, and distinguishing the roles of self and client to enhance the client's self-awareness. Effective, articulate case notes can serve as the basis of research on the process of change for both clients and practitioners using somatic awareness methods. Although each somatic awareness practice uses different terms for those providing and those receiving the work, the terms “practitioner” and “client” will be used in this article.

THE ROLE OF CASE DOCUMENTATION IN RESEARCH AND PRACTICE

Why document our cases? There are many reasons to document the work we do. This manual is oriented toward creating written case studies of change over time in the client-practitioner relationship with the explicit goal of communicating the actual process of the work to others to inside and outside of a disciplinary community. When the field of psychology was young and not well accepted, the published case studies of Freud and Jung transformed the dedicated work of a few individuals into one of the therapeutic

mainstreams of Western culture. The consciousness-shifting work of Darwin and Piaget was founded upon their careful documentation of observations in which they were a direct participant. Darwin was a true naturalist, living in the field and directly experiencing the lives of the species he studied. Piaget made extensive case notes on his own three children.

As these examples show, when a field is relatively new or unknown outside of a small circle of those who practice that work, detailed case documents are one of the most powerful vehicles to spread the news of what a practice has to offer, how it works, and how it may benefit others. Documenting cases says: “this is what we do and how we do it.” It is different from a testimonial, a summary description, or advertising blurb. These are highly interpretive and can be read as biased. Accurate case documents speak for themselves and have a readily transparent truth value.

What is a participant observer? A **participant observer** is a person who develops skills to observe and to write about his or her own and others’ experiences while engaging in a **long-term and meaningful interpersonal relationship** with others. Participant observation is a well-accepted scientific method in fields such as psychology, education, and anthropology. Instead of trying to be “objective,” the participant observer calls on the **depth of their personal connection and their ongoing relationship** with the people being observed. Participant observation seeks to communicate the **compassion, authenticity, and aliveness** of the process so that readers feel as if they were actually present. It does not diminish the experience by pretending to objectify it.

Somatic awareness practitioners already are direct participants in the therapeutic or educational relationships with clients and students, and the new skill that this article offers is how to write about one’s experience. Somatic awareness practices – such as being fully present with ourselves and our clients– are exactly those cultivated by participant observers. Documenting cases in writing does not necessarily change what already happens in a session but it may expand the practitioner’s awareness of what happens.

What is the purpose of case studies of change? Freud’s case studies revealed how his patients transformed over the course of repeated sessions, from states of ego fragmentation into states of integration. They also show Freud’s therapeutic stance and questions, his process of **co-discovery with the client**. Darwin’s case studies revealed how species changed across millions of years and also provide a record of his own process of change as he encountered new evidence and adapted his theoretical understanding. The essence of life is change. Case studies of change are documentary records of what occurred **between** client and practitioner across multiple repeated sessions of a treatment that may last months or years. Case studies paint a picture in words (and possibly pictures) of what unfolds **in sequence** in some part of each of the repeated sessions. The writing is a report of what happens, in which judgements and interpretations are kept separate from the documentary records themselves.

Why does the community of somatic awareness practitioners need case studies of change? We all know from our personal case histories that the methods we practice change us and change our clients. At the present time, however, the number and depth of published documentary case studies on the process of change in our relationships with clients is limited. Even when client change is recorded, it is often as if the practitioner was not present, as if the “treatment” was a one-size-fits-all rather than an **emergent process of interpersonal navigation and mutual understanding**.

Too often, in research on health care, “treatments” are assumed to be fixed, stable, and consistent. In all of the somatic awareness disciplines about which I am familiar, this is far from what occurs. Instead, practitioners are trained to leave themselves open, to respect the process of unfolding, to allow themselves to be changed by the process as they endeavor over time to “meet” the client. By writing detailed case documents we make this process come alive at the same time that we counter the tendency in the larger culture to “reduce” our work to a linear and uni-dimensional “treatment-outcome” model. Documenting cases is a **holistic, compassionate, and respectful act** that serves to bring the work alive and have a self-evident face value.

As a behavioral scientist for the past 30 years, I have observed the convincing effect of careful documentation on the minds of readers, both in the scientific community and the general public. Most of the major discoveries in the fields of human development, clinical psychology, and neuroscience have originated with case studies. I have spent my scientific career establishing the importance of case studies of change and the role of interpersonal relationships to facilitate or hinder change processes (Fogel, 1993; Fogel et al., 2006).

What happens to case studies once they are written? One possibility is that they can be published for others to read and study. Another possibility is that these documentary records can be analyzed to extract regularities of the change process. What works and what does not work, in general and for particular clients? What are the processes of change and are they the same as what the clinical theory predicts? These analyses can also be written in the form of articles that can be submitted for publication in order to establish the efficacy of a practice for particular types of treatment or more specifically, how to adapt a practice to differences between clients.

What can you learn from this manual? I am writing this manual in order to provide interested practitioners with all the conceptual and practical tools they will need to document one or more of their cases. The analysis of documented cases is another topic and will not be included here. This manual has the following sections. There is a section on **participant observation** includes how to stay connected while maintaining boundaries, the role of presence, and suspending judgement (not knowing). The next section covers **how to write case notes** that covers ways for being disciplined, how to document sequences of events, and how to separate observations from interpretations. The third section is on how to develop an orientation to your case study by finding a particular **question or questions that motivate your work**.

Each section is accompanied by experiential exercises. These exercises can be done alone or in a group. The author conducts workshops teaching this method using these and other exercises.

In addition to these three sections, there are three supplements to aid your work. The first is a set of examples of case documentaries taken from published accounts of Rosen Method, Somatic Psychotherapy, and Alexander Method. These can be used as examples and they also are intended to be read along with the experiential exercises. Second, there is a sample “consent form,” which may be given to the clients whose cases you plan to document. In a university setting such as where I do my research, client consent is required by our Institutional Review Board for the protection of human subjects. I have included a consent form based on what would be required by my university. Whether you use this form or adapt it to your own needs, I highly recommend that you seek client permission in advance of beginning the documentation. I know of several practitioners who could not publish their careful documentations because the clients, when shown the document after it was completed, refused to allow it to be used. Advanced consent lets the clients feel as if they are collaborators in the work. Finally, there is a bibliography should you desire to read further.

PARTICIPANT OBSERVATION

Keeping track of your own and the client’s experience. The goal is to record your own bodily sensations and feelings that correspond with what you are observing in the client. “You will want to maintain a dual purpose: You will want to seek to participate and to watch yourself and others at the same time” (Spradley, 1980).

Maintaining boundaries while staying connected. **Compassionate analysis** means that the practitioners’ emotions are connected to the clients’ and yet they are kept separate. “A researcher must become deeply involved with his material and allow it to absorb him while remaining emotionally vital enough to step back and perceive the contours of the data. It is a rigorous, affective exercise demanding emotional reserves and critical perceptiveness” (Glazer, 1980, p. 29).

Prolonged engagement with the data. Over the course of many repeated sessions with the same client, there is a growing awareness of recurring patterns, places where openings occur and where they do not. This allows the practitioner to sharpen the focus of description and to further separate self from other. “The more the investigator is immersed in the data, the more s/he relates to the data, the more qualified his/her interpretations become” (Jansen & Peshkin, 1992). “The investigator’s prolonged engagement with the data is a crucial criterion for evaluating the validity of qualitative research studies” (Lavelli, Pantoja, Hsu, Messinger, & Fogel, 2003).

Suspending judgment, not knowing. While being present without judgment is theoretically central to being a practitioner, each practitioner can be captured by their own biases and preconceptions. Research methods that aim to describe direct felt experience as it appears are called **phenomenological research methods**. These methods

require what is called the “**epoche**,” an invitation to presence and aliveness of noticing. “In the Epoche, the everyday understandings, judgements, and knowing are set aside, and phenomena are revisited, freshly, naively, in a wide open sense...” (Moustakas, 1994, p. 33). “Epoche includes entering a pure internal place, as an open self, ready to embrace life in what it truly offers” (p. 86). “Interpretation ... removes the aliveness and vitality from the nature, roots, meanings, and essences of experience” (p. 19)

Presence. The intent of the practitioner is to assist clients in becoming more fully alive. The practitioner as participant observer has an additional task; that of bringing the session alive for those who were not physically present but who, upon reading the case documentation, can feel as if they were present. “Phenomenology is committed to descriptions of experiences, not explanations or analyses. Descriptions retain, as close as possible, the original texture of things...Descriptions keep a phenomenon alive, illuminate its presence, accentuate its underlying meanings, enable the phenomenon to linger, retain its spirit, as near to its actual nature as possible” (Moustakas, p. 58-59) . “This work presupposes that the perceiving self is an authentic self, that the self is actually present” (p. 61).

One approaches the client with a **participatory consciousness**, “an attitude of profound openness and receptivity . . . One is turned toward the other ‘*without* being in need of [the other]’ or wanting to appropriate [the other] to achieve something.” Participatory consciousness “requires a ‘total turning to’ the other which leads *not* to a loss of self but to a heightened feeling of aliveness and awareness” (Heshusius, p. 16).

PARTICIPANT OBSERVATION: EXERCISES

For the following questions and inquiries, study in detail one or more of the case examples in the supplement.

1. Find those places in the example in which the observer has described his or her own experience.
 - Does the observer succeed in distinguishing his or her experience from that of the client?
 - Did you feel that the observer lost him/herself anywhere? Or discovered him/herself?
 - Did you feel you could clearly track the sequential process for the practitioner?
 - Did you hope for more information? What?
2. Find those places in which the observer documents the client’s experience.
 - Did you feel an attitude of openness and receptivity toward the client? What gives you this sense?
 - Where did you feel that the client came alive in the writing? Where did this not happen for you?
3. Find those places in which the observer makes interpretations, hunches or judgements.

- Were these places clearly distinguished from the recording of actual events?
 - Were the interpretations helpful or not?
 - Where would you have liked to hear more about the observer's interpretations?
4. Where in the writing did you have a sense of change over time in the relationship.
 - What gives you the sense that the relationship changed?
 - Did you have a sense of growth of the client and/or the practitioner? How?
 - Did this give you more confidence in the observations?
 - What would have made the reporting of changes more effective?
 5. What skills do you already possess that would support your becoming a participant observer of your own cases?
 6. What are the obstacles you foresee that might impede your becoming a participant observer of your own cases?

WRITING WITH PRESENCE AND DISCIPLINE

Background-foreground: At the beginning of your document, describe the client in detail. Give your first impressions and whatever "history" you can learn from your first contacts. What do you notice about how the client looks, how she holds her body, the quality of her voice, your sense of connection to her, and other details you would typically notice with a new client. Note details of all conversations, including phone contacts. Background information should also be included for each subsequent session. This is not the main data but rather the background. The foreground is the specific sequences of events that you record following every session, the **session log**.

Doing documentary work. Your goal is to create a **documentary work**, one that allows the reader to replicate what actually happened in your session with the client. "Detail is everything; only that which is recorded in the log is available for research" (Ely, 1991, p. 70). Your job is to be a recorder of what occurs. Here is what one participant observer wrote about her work: "My quick generalizations were not acceptable. Here's what I mean: During our first field observation, my tendency would have been to log, 'E told me about her day as a substitute teacher.' Instead, I had to learn to log: E said, 'You'll never guess what I did yesterday. I subbed for a first-grade class, and boy, was I wiped out at the end of the day.' She explained to me that their regular teacher was on maternity leave. She said she had lots planned, but didn't get to do much of it because the children were restless. I asked her what they did do and she said she read them stories. I remarked I bet they liked that. She said she was physically and emotional exhausted from it and couldn't see herself doing that every day" (Ely, 1991, p. 70). Note how this log records what actually occurred, so far as it could be remembered, and that both the observer's and the teacher's actions are recorded.

Writing sequence narratives. Logs are of the most scientific and clinical value if they provide a **chronological or sequential record** of what took place. "A chronological narrative is the description of the observed phenomena in terms of sequences of events.

The primary goals are thus (1) to transform the observational data into text – a text composed of successive events that are relatively “open and theoretically indefinite” (Ricoeur, 1991, p. 22), and (2) to create a “careful record of the changes in the dyad’s communication development across time” (Lavelli, Pantoja, Hsu, Messinger, & Fogel, 2003).

Beauty, depth and discipline. Write as soon as possible following the sessions. Forgetting begins as soon as the session is over. This takes discipline similar to the kind of discipline required to be present for the client during the session. Don’t hold back. Write from the heart but **without judgement or interpretation**. “Write as lushly as you can, as loosely as you can, as long as you put yourself into it, where you say, ‘I felt that’ . . . To be scientific in this area, you’ve got to start trusting yourself and writing as fully and as lushly as you can. That’s part of the discipline itself, too” (Goffman, 1989, p. 131).

Distinguishing what goes on in the session from your reflections and interpretations about the session. In addition to the background and the log, it is essential to make personal notes that come out of introspection, doubts, thoughts, questions, judgements, hunches. These personal comments must be set off from the log itself. This can be done with statements, with highlighting, with brackets, or by making comments in the margins (leaving room for wide margins). “This is the place where the researcher faces the self as instrument through a personal dialogue about moments of victory and disheartenment, hunches, feelings, insights, assumptions, biases, and ongoing ideas about method” (Ely, 1991, p. 69). In these personal notes, follow what appear to be distractions, let yourself be open to developing insights, maintain your stream of consciousness without imposing too much judgement on what your words mean. Do not expect conclusions or answers. Instead, expect confusion and let the “not knowing” be reflected in the writing.

Focus writing on key moments: There is no need to record the entire session. Few people can remember the details of an entire session. Focus on key moments that seem to highlight the session for you, in which there is a salient change process or discovery. On the other hand, don’t ignore the “boring” parts of the session in which not much is changing. Choose one or two examples in each session to characterize moments of being stuck or lost.

DOCUMENTARY WRITING: EXERCISES

For the following questions and inquiries, study in detail one or more of the case examples in the supplement.

1. Find places in the example in which the writer gives background, as opposed to foreground, information.
 - Was the background clearly distinguished from the foreground (the log itself)?
 - Did the background information set the stage for you to better understand what happened?
 - Would you have liked to have more detail in the background? What?

2. Find places where the writer gives sequential vs. general information about the session itself.
 - Were you satisfied that you could grasp the flow of events in both client and practitioner?
 - Where would you have liked more information?
3. Note the depth and quality of the writing.
 - Where do the words draw you in or excite you or make you want to keep reading? Where do you feel distant or bored?
 - Would you describe the narrative as lush or sparse?
4. Check whether there is an overall sense of completeness.
 - Did you have a sense that the observer told the whole story?
 - Was there a balance between reporting on the client's and the practitioner's experiences?
 - Were you able to share the observer's doubts, moments of not knowing, have a sense of what worked and what did not?
 - Did you feel that the key moment that was reported gave you a good sense of the process or did you feel you wanted more?

RESEARCH QUESTIONS THAT FOCUS OBSERVATION AND EXPAND CREATIVITY

Making choices. Without some recording device (tape recorder, videotape) it is impossible to describe an entire session. If you would like to record the whole session, think about digital recording so that you can easily enter the record into your computer. Having a research question provides focus and depth. The following are some examples of research questions. Many others are possible and it depends upon the practitioner's personal interest/curiosity with the work.

- When does the client talk *about* emotions compared to *express/feel them in the present*? What facilitates or hampers feeling? What specific emotions and sensations does the client have? Are the emotions linked to particular events or memories? What happens following periods of actual felt experiencing by the client compared to periods when the client merely talks about emotions? What is your experience in each of these situations? Does your client steadily grow in the ability to feel himself across sessions or are there ups and downs? What accounts for these changes over time?
- When is there a *resonance* between the client's "unformed feelings" and the practitioner's words or touch? What specific feelings or sensations let you know that there is resonance? What facilitates or hampers it? What happens following periods of resonance? Do the client's feelings or actions become more clear or less compulsive? Is there a deepening of experience? Is there a change in breathing? Is there a shift in your feelings of connection with the client? Does resonance steadily increase over sessions or are there ups and downs? Why?

- When do you notice feeling of “*aliveness*” in the client compared to feelings of distance or being closed? How do you notice aliveness in yourself and in the client? What happens in the client and you following such moments of aliveness? Do these moments of aliveness increase or decrease over sessions?
- Where is the body *holding tension*? Where is there more softness and responsiveness? What facilitates or hinders contacting the tension for the client? What happens in you and in the client before and after the client begins to feel the tension? Does this process change over sessions?

Disconfirming evidence. Note that the foregoing are **questions**. Taking a scientific stance means that the practitioner **does not know** the answer to the questions but may suspect, because of clinical experience or theory, that there is some importance to these phenomena for the client’s change process. The goal of documenting using these research methods is to discover what actually does happen. If the theory or one’s long-held beliefs need to change as a result of this process, then it is time to let them go. Careful documentation is the basis for enriching and expanding theory and practice, and one’s own ideas about the work.

The best clinicians keep an open, questioning stance regarding the process of change. What “works” or does not work can be directly confirmed by a change or sameness in the client. As participant observers, it is essential to record things that do not work, the **disconfirming evidence**, as well as things that do work so that the log reflects what actually does happen. Inherent biases in the log come from feeling that one “knows” what is right for the client or what is wrong with the client, or feeling that one knows what works or does not work for the client.

Staying open, being creative. Let the work speak to you so that the documentary process is a living thing. The research question that kept your focus at the beginning may seem less valuable or appropriate as you continue to observe and write. Participant observation requires that the research questions may change in light of ongoing participation and observation. The research question is not what the study is “about,” but rather the research question guides the work temporarily. Allow your sentiments about what seems important to change. Approach the writing creatively. Documentary work is something that unfolds and is itself part of the discovery process; not something that is done as a chore. The best documentary films are works of creative spontaneity that grow and change in the process of their making, in which the filmmaker learns to follow rather than lead and to let the assembly of images speak for themselves.

RESEARCH QUESTIONS: EXERCISES

1. Think about what makes you curious about your somatic practice in general or a client in particular.
 - Right now, what are you curious about with respect to your practice?
 - Has the focus of your curiosity changed during the period you have been practicing, or stayed the same?

- If changed, what inspired the change? Something you observed in a client? Something you read about? Something you heard from someone else?
 - Do you feel your work is creative? Growing and changing? Stuck or stagnant?
 - Do you have your mind made up about your work? About your clients? Or do you allow yourself to be challenged by your clients? Awakened? Shaken out of complacency?
2. Try to formulate one or more research questions based on your curiosity.
- Is your research question something that you can actually observe? How can you change the question to make it more observable in practice?
 - Is your research question about change over time, within or across sessions? How can you change your question to reflect change processes?
 - Is your research question stated in a way that it could be disconfirmed? How can you change your question to make it more readily confirmed or disconfirmed with the data of your observations? Is this easy or difficult to accomplish? Why?

SUPPLEMENTARY INFORMATION

Case Documentation Examples:

Rosen Method, from Mayland (2001, p. 86-87).

During a session, a woman talked about the death of her mother. The woman was six at the time of her mother's death and had been stoic about the loss. As the old feelings of missing her mother were contacted, along with rigidity in her body, she began to cry, and the feelings flooded in.

It would seem that this incident should be the end of the session. However, since her diaphragm did not swing freely and the free movement of breath did not fill her chest, it was obvious that there was more to her story. By working with the tight place around her mid-section, the practitioner felt muscular rigidity along both sides of her spine. The client said she had a mental image of a superstructure surrounding her spine. I asked, "What do you need the superstructure for?" The client replied that she felt she needed more support than her back could give her. When asked what she needed extra support for, she said, "To get ready for the next disaster." With that, her diaphragm released, her back relaxed, and her breath moved in to fill her torso. Her life-stance was an unconscious statement: "I always have to be ready for the next disaster."

Before the session, the woman had rigid posture with her head thrust forward and her shoulders held high. After her back relaxed, her shoulders softened and dropped to a more natural position, and her head and neck were in alignment with her spine. She realized then, as she talked about the session, that she had been using her head as a periscope, always alert for the next disaster.

Rosen Method, from Rosen & Brenner (2003, p. 79).

A man with some back pain came for a session, but his true suffering seemed to involve a lot of anxiety. Shortly after I put my hands on him, he said, "Take your fucking hands off me!" I waited a moment and then slowly took my hands away. I asked him, "Did you know that the Rosen Method is about being touched?" and he said yes. So I

asked him if there was any part of his body that I could touch. He answered to try his shoulders. I know that I can touch a person impersonally and withhold my empathy, so I did this with him. It was a very bland touch that he could tolerate. While I had my hands on his shoulders, he started to talk about his mother, who had been very intrusive. He had to put up all his defenses in order to survive. I kept my hands on his shoulders, not moving them for the rest of the session while he continued to talk. At the next session he gave me more options. I could touch his back but not his pelvis. By the third session there was enough trust that I could touch him wherever he had tension. From that time on his sessions proceeded like those with most other patients.

Somatic Psychotherapy, from Holifield (1998).

The client, Dolores, is speaking. “My sister Rebecca and I shared a bedroom. I would lie in my bed and with my fingers I would scratch and peel the paint on the wall. The patch of peeled paint on the wall was big; my sister would be so upset. I didn’t want to feel so upset.”

I see Dolores across from me. To me she looks wide-eyed and frozen in terror. I feel a panicky trembling in my belly which I did not have before. “I wonder if you were really scared,” I say gently and concerned.

“Yes. My sister would bang her head on the wall to get to sleep.” She added, “I don’t know how she could. I could never do that so I would peel the paint.”

The trembling in my belly and the panic lessen somewhat. “What was that like for you peeling and peeling?” I ask.

“I don’t know, I guess when I was peeling with my hands like that I wouldn’t think or feel, and it would help me to go to sleep.”

“What’s your inner experience as you talk to me?”

“Yeah, I guess I’m holding my breath. I don’t feel so good.”

“Holding your breath and feeling a little scared. No wonder, given what you’ve experienced in the past. I wonder if you feel uncertain as to how I may respond to you.”

“No, you’re always very gentle.”

“Mm. What’s it like inside holding your breath?”

“I feel tight in my chest, trapped.”

“Mm...it must have been so frightening for you to feel so alone with your fear and hurt, confused and uncertain what was happening.”

“My sister and I were there for each other but sometimes she was so upset. I didn’t want to upset her more.”

“Of course you wouldn’t want to upset her more and see her in pain. It sounds like you were very upset and scared also.”

“Yeah, I was scared. It was scary.”

“I wonder who was there for you?” I ask.

“No one,” she says quietly.

“I can really understand how important it was for you to try not to be upset when your sister was, and it seems sad to me that at times you were so alone and overwhelmed with scary feelings.”

“Yeah,” she says, a welling in her eye, breathing a little deeper.

I breathe deeper both in a mirroring response and in response to my own inner ease as she is able to integrate some of the powerful affect laden in the account.

We sit quietly with her sadness. In time she says, “I fell better, my chest isn’t so tight.”

“You’re feeling a little easier, your chest not so tight...and your breath?”

“Yes, breathing a little more, just experiencing that feeling of breathing a little easier.”

In some small but significant way I feel I have been let into her room, the room she describes as having been so isolated in and trapped. She recounts to me that she and Rebecca together would push the heavy chest of drawers against the door to keep out the terror, the unpredictable. Then Dolores would lie in her bed listening for and not wanting to hear the creaking wood stairs, footfalls, often her father’s, which could only mean the pain of being yelled at or being the target of some heavy object heaved in anger or the hinted-at but hard-to-hold possibility of sexual assault.

And so we worked slowly like this. By attending to my own felt sensation, inquiring into it, I feel on a visceral level some sense of what perhaps Dolores experienced. Through this embodied attunement I can more fully hold an empathic container for her terror. Initially, I thought of my somatic experiences with Dolores as part of a projective identification sequence. As I learned more about our intersubjective field, I came to think of my feelings, like these, as a kind of somatic attunement or resonance. I was experiencing with her what she could not name, experiences about which she was mute.

It is clear to me that there is much more for Dolores to integrate here. At this time, I follow her lead and go on. I’m aware of not wanting to impose anything that could give rise to her again feeling her world overridden by another and trapped again, so I simply work to contain and track her responses and felt sensations. I want to aid her in building an underlying sense of support through her organism, to help her learn that she can feel sensations and find resolve through doing so.

Somatic psychotherapy, from Burstein (1998).

Anne, a forty-five-year-old woman, comes into her session looking agitated. “I’m a wreck,” she moans with an exasperated sigh. “I just came from the doctor. I was *sure* I was pregnant this time. I had all the signs! Maybe the universe is telling me to give up—but I can’t. My boyfriend desperately wants a child and I know he’ll leave me for a younger woman if I don’t produce...Anyway, I want to be a mother so badly I can’t think of anything else anymore. I dream babies day and night, and my thirty-two-year-old sister-in-law just announced she’s pregnant with her third child. I’m fighting a losing battle against time and it’s killing me.”

Beyond the content of her words, what impressed me most was the movement of urgency in her voice, her face, and her gesticulations. My body reacted with increasing intensity as I listened. Instead of looking for ways to become less urgent, we spent our hour together inquiring into the phenomenon of *urgency*. “Urgency...well, I can’t actually remember not feeling it.” From a precipitous birth in a taxi-cab en route to the hospital, to standing up and walking at ten months of age because she wanted a toy that no one would bring to her, so much of Anne’s behavior seemed to occur within the context of *urgency*. “What does *urgency* feel like in your body?” I asked. Quick with an answer, she replied, “It’s like I can’t get enough breath so I don’t let them out, I just keep taking them in [She demonstrates]. They are shallow. Gee, when I do it my shoulders get

all tense. O.K. I see that being urgent all the time is majorly affecting *everything* but I can't just turn it off like a light switch, you know. It's like the air I breathe has urgency in it...I can't help it, that's just how it is with me. [She is now sobbing.] What a mess I am. I just want to die."

"Whoa," I cautioned, "let's slow down here. It sounds as if *urgency* has moved in on us and is now creating an *urgency* about *not* being urgent! All we are doing *now* is becoming more acquainted with what *urgency* means to you. We're on a fact-finding mission. That is all!"

Alexander Method, from Elman (1997).

In our next session Peggy revealed that she had spent some time as a prostitute on the streets of Texas working with pimps who severely abused her, especially when she tried to leave the sex industry. I was surprised and yet appreciative that she trusted me enough to share that part of her life with me. I wondered why she did not make the correlation between the pain in her pelvis and her past. It was as if she had blocked out this section of her life. I had her lie on the table and asked her if she could let herself relax while my hands were under her head. Could I hold her head, listening without judgments or expectations while she told me the story of her life in Texas? I had no intention except to support her. I practiced staying neutral in my body and hands. I felt her stomach and throat lock. I asked her to breathe. I reminded myself to breathe. I felt that being with her and touching her with awareness of her heart was as much as I could do at that moment. After a long time, she began to cry. She seemed to be melting at the core. She said her lower back was easier on the table and that she could see the connection of her life to the physical pain she was in. I asked her what her pelvis would say if it had a voice. "I am lost," she said.

In the third session Peggy expressed fear of continuing the work because many memories of incest were surfacing, making her feel overwhelmed. I could see that she was at her emotional edge. She did not want to uncover more than she could emotionally handle. With the fear came anxiety that exasperated her pain. It appeared as if we were back at the beginning with her pain radiating throughout her groin and lower back. Her need to stay externally focused seemed to be increased. I realized that all the memories that were surfacing as we worked were triggering a state of panic, which caused her body to freeze.

I decided to slow down the pace of our work. I asked her if she was willing to lie on the table and allow her attention to focus on areas where I gently placed my hands. I was not intending anything more than making a connection between us. She agreed. Part of me wanted to rush in and do something to Peggy. Thoughts rushed into my head to lengthen her pelvis, rotate and lengthen her legs, and release the ligaments at her sitz bones. I felt a strong pull to rescue her. In my need to "do something" I lost a deeper listening within myself as well as with her. And so I chose to "do less." Alexander often talked about the concept of doing less, meaning undoing the muscular tension or, as he put it, the area where one is holding, by giving oneself the permission to do less. This has become a metaphor that encompasses all aspects of my teaching. In this case I could see my desire to fix her was distracting me from being fully present. So I reminded myself several times in the session to do less.

As we worked I thought about how my hands were a vehicle both for connecting

more intimately with myself and for helping Peggy make a similar connection. I asked her what it meant to feel whole. She said it meant she could feel her entire body as one organism without any part being cut off. I asked her to breathe. I felt my own breath. I put my hands on her chest while I sensed my chest. I gave myself permission to let my chest open out through my arms and into my hands. I needed to create more space between us so that she did not feel crowded. She reported that she could feel how her mind and emotions affected her body. She went on to report that as her emotions were heightened her lower back pain increased. As she spoke, I was aware of how although the work is physically subtle, it can lead to powerful discoveries. It seemed that we were finding a common language between us, an ability to move from mental and physical awareness simultaneously, and the ability to witness oneself while engaged in an activity or, as the Buddhists call it, becoming mindful. In each case Peggy seemed to be opening in that she began to relate to her pain as opposed to pulling away from it and tightening.

CONSENT TO PARTICIPATE IN RESEARCH

Why is informed consent useful? After discovering abuses done in the name of “science” perpetrated on unwitting prisoners by the Nazis and on minority groups and soldiers by the US government, the federal government adopted guidelines for the protection of human subjects. Although not required by law, the federal government can withhold funding to institutions that fail to comply. A central premise of protecting human subjects is “informed consent.” This means that the research participant must first fully understand the research procedures, their risks and benefits, and the purpose of the study. Only then can the participant make an informed choice.

Another reason is that the informed consent document protects the researcher/practitioner who may wish to publish the case documentation. The client understands this from the beginning. Although research participants are given the option to withdraw at any time, once they sign the document this rarely occurs.

How to use this sample consent form. This sample consent form serves only as a general guideline. You are encouraged to adapt it for your particular needs and for the type of relationship you want to have with your client-participant. It is written in a fairly rigorous way as would be required by policy at a research university. Hence, there are a number of legal protections, such as the disclaimer about abuse, that you may want to eliminate.

Also, in italics, is an optional set of guidelines in case you would like your client to keep notes about the sessions. If you see some value in client documentation, or you have a client who loves to journal about their experiences, you can use this. The parts in *italics* allow for the possibility of the client making their own case notes or journal about their experience. This is optional and depends upon the client.

RESEARCH PARTICIPANT INFORMATION AND INFORMED PARTICIPANT CONSENT

Title: Change processes in practitioner-client interactions

BACKGROUND

The purpose of this study is to learn more about how change happens during interactions and how change develops within therapeutic relationships. To investigate change processes, we are asking you to participate in a study of the developmental changes that may occur while you are doing sessions with your practitioner. We are interested in how the relationship between you and your practitioner contributes to your development and self-awareness. During the course of the study, your practitioner will be making notes after each session about his or her observations of the changes that occur in your therapeutic relationship. These case notes simply document what your practitioner is already trained to observe. The case notes will be used along with case notes from other practitioners in order to better understand how this therapeutic method can be used to help people like yourself. Your name and any other identifying information will be removed from the case notes, so that you can be assured of complete anonymity and confidentiality.

All you need to do is to attend your regular sessions with your practitioner. During these sessions, please interact with your practitioner as you normally would. We would like this study to represent the normal course of progress over time. *Because many developments may take place outside of your sessions, we would also like you to keep a journal of your experiences (see "Procedure" below). You will be asked to write about your reactions to the sessions and to discuss if your understanding of yourself and development has changed.*

We wish to emphasize that you have the freedom to withdraw from the study at any time, and that we are not asking you to do anything that makes you feel uncomfortable. Please take the time to read the following information carefully and to discuss it with others if you wish. If you agree to participate, please sign this form at the bottom. If you should have any other questions, you can contact _____ at () _____ - _____ or _____ at () _____ - _____.

PROCEDURE

Your practitioner will provide treatment to you in the same manner as she/he would for any client. The only difference is that she/he will be documenting the events of your sessions in writing. During your visits, he/she will go over any questions you may have about the study. You are welcome to ask questions at any time during the study. *One of the goals of this research is to use your own words to document reactions to your sessions including changes in your self-understanding and your perspective on the usefulness of the work that you are undergoing. We will ask you to keep a written journal about your experiences. You will be asked to write about your reactions to the sessions and to discuss if your understanding of yourself and development has changed. We will make copies of your journals for analysis. These copies will be only be viewed by people directly involved in the research study.* In written reports the case notes will be presented in a way that protects your confidentiality (see "Confidentiality" below).

RISKS OR DISCOMFORTS

Minimal risks are expected in this study. Although we do take steps to ensure that the practitioner's case notes *and your journal entries* are not recognized or identified by

anyone else, that cannot be guaranteed. You are the person who is most likely to recognize any descriptions in publications from this study. Please be aware that such recognition may cause some discomfort or embarrassment.

BENEFITS OF THE STUDY

Apart from the benefits that you would normally receive from the sessions that you engage in, we anticipate few, if any, direct benefits from participating in this study. *We hope that your journals will provide you with special opportunities learn more about your developmental process and self-awareness.* You may enjoy knowing that you could be helping practitioners and students who will do this type of work in the future. We will share any knowledge from this study that may be valuable to you and we are always open to answer your questions.

ALTERNATIVE PROCEDURES

The only alternative procedure to participating in this study is to not participate.

CONFIDENTIALITY

The practitioner case notes *and the diaries that you have completed* will not be made available to any unauthorized persons or to persons not directly associated with this study. These documents will remain in the possession of your practitioner, except when they are being analyzed by research assistants. In that case, all identifying information about you will be removed from the documents.

If you choose to check the box for consent (last page) you agree that portions of your practitioner's case notes *or of your written journal entries* may be shown to students in practitioner training or to other practitioners/researchers in the field, or printed in scientific or therapeutic articles or books, as exemplary of the general results. In addition, with increasing technology, the possibilities for sharing scientific research on the internet is expanding. We will specifically ask you whether you would agree to us posting portions of the practitioner case notes *or your journals* on the worldwide web.

In any case, we will only use fictitious names for you, unless you decide otherwise. If you wish, none of the data and results of the study which are associated with you will bear your name, to ensure confidentiality. Alternatively, you may decide that we can use your real first name for research presentations. This last choice does not ensure complete confidentiality and may expose you to being recognized or contacted by researchers, students, or others who may have learned about this study and who may be interested in learning more. You can check the box at the bottom of this form if you do agree that we use your real names. If you prefer that we use a fictitious name, you can leave this box unchecked.

The **only** time when we are required to break confidentiality is when we have any evidence that you or someone you report is abusing children or other family members. We are legally required by State law to report this.

PERSONS TO CONTACT

Your participation in this study is strictly voluntary and will in no way be used for anything other than research purposes. If you have any questions, or if you want to learn more about this research, please do not hesitate to contact your practitioner.

OUTSIDE CONTACT PERSONS

If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with your practitioner, please contact

VOLUNTARY PARTICIPATION

We wish to emphasize that your participation in this research study is completely voluntary. After you have signed the consent form, you will maintain the right to withdraw from the study at any time for any reason or without providing a reason. This will not affect the relationship you have with your practitioner.

UNFORESEEABLE RISKS

Although we foresee minimal risks in this study, it is possible that there may be risks that we currently do not anticipate. We will make every effort to minimize risks.

NEW INFORMATION

If new information becomes available that may affect your willingness to participate in the study, your practitioner will discuss this with you and you may decide regarding your continued participation.

CONSENT

By signing this consent form, I confirm that I have read and understood the information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Please check all that apply:

- I give my permission for the release of practitioner case notes and my journal entries, for the purpose of presentation in instruction or research conferences, or publication in scientific or therapeutic articles or books.
- I give my permission for the release of practitioner case notes and my journal entries for scientific or instructional purposes on the World Wide Web.
- I give my permission to use my real first name for the purpose of research presentations as indicated above.

I only give my permission to use my research information if all identifying information is removed from the practitioner case notes and my journal entries and fictitious names are used.

I would like to receive articles or other papers about this study

Participant's Signature

Date

Practitioner Signature

Date

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