

September 2010: Bill Bowen

Bill Bowen, MFA, LMT, is the founder of Psycho-Physical Therapy. His background combines an immersion in the life of the human body with a clinical practice informed by multiple trainings in somatic psychotherapies and bodywork. He is trained in Rolfing and Rolfing Movement work, Hakomi Body Centered Psychotherapy, Bodydynamic Analysis, Somatic Experiencing, Biovalent Manual Therapy and numerous other somatic and psychological disciplines.

His unique therapeutic method has evolved out of his 40 years of experience working with the creative process, body therapy, somatic psychology, and spirituality. The active integration of the physical and psychological has been the continuing focus of his work. He has been a trainer in the Hakomi method and was co-founder, with Pat Ogden, of Hakomi Integrative Somatics. Bill has taught at colleges in both Europe and the United States and is currently on the faculty of the Somatic Psychology program at JFK University.

The following is a transcript of the original audio, which is part of the Somatic Perspectives series (www.SomaticPerspectives.com). Please note that this conversation was meant to be a spontaneous exchange, not an edited piece. For better or worse, the transcript retains the unedited quality of the conversation.

Serge Prengel: Hello I'm with Bill Bowen. Hi, Bill.

Bill Bowen: Hello

S P: So Bill how did you get to do what you're doing?

B B: I call my work Psycho-Physical Therapy which is really an integration of somatic work and psychotherapy. I came to it in a fairly round-a-bout way. In the 1960s I was teaching in a prestigious art college in London, and, at that point, I was primarily teaching about the creative process. I was hired to teach at a number of different colleges because of my ideas about the creative process. Over the next fourteen years, I gradually deepened my work in the creative process to become more of a therapeutic process. It evolved to the place where, in the universities I was teaching at, I started getting disclaimers saying "B B's class is not group therapy".

(S P and B B laugh.)

S P: Well that is really something very beautiful about in way that the genesis of therapy coming from a creative process as opposed to pathology.

B B: Yeah, my master's degree is a master's degree in Fine Arts so even though I was born in the United States, I lived in London for ten years. I was asked to teach because of my studio work at this university. I actually taught how to make art for only about a year, because that wasn't what interested me. What really interested me was that the art students were not really creating from themselves; I coin this phrase, creating from another person's space.

(S P: Mm-hmm)

—That under the stress of their situation, because they wanted to look like artists, that's what they were training to be. So they were doing work that looked like what was being done in the magazines and what the professors were doing, but they weren't doing work that reflected who they were.

(S P: Yeah)

—And that fascinated me. So I wasn't really interested in teaching skills. I was interested in why they were creating from a place that's not true to them, to their experience. I started doing my teaching, and in England at that point, I'm not sure how it is now, but at that point it was a fabulous teaching environment. I was given twelve students, it's a tutorial system—

(S P: Wow)

—I was given twelve students for a year to do with what I chose. It was very open, and even though I was available to other people in the university to come to me for whatever they wanted, it was these twelve students that I could work with. I began, actually, having them explore who they were in relationship to what they were creating, and started to look at what their creative blocks were. This is fundamentally what psychotherapy, I think, is, and it's certainly what I still do.

(S P: Mm-hmm)

—But by the 1970s I realized, actually I was doing it not in the best environment for me, because I was an odd ball. That was when I started cross-training; I decided, at that point, in the late 1970s that I want to do a practice that was partly body based and partly psychological based.

(S P: Mm-hmm)

—And at that point I don't know if the phrase "Body Psychotherapy" had been coined yet but certainly I hadn't heard it. I started an odyssey of studying, which actually still continues now, what thirty something years later, which was an in depth study of the body and of psychotherapy.

(S P: Mm-hmm)

—I started off doing training in massage and then I trained with Ron Kurtz at the Hakomi institute and eventually became a trainer there. I've trained in all kinds of movement modalities, in visceral work, in cranial work; just lots of different somatic therapies and manual therapies of all kinds. Then, quite a bit somatic psychotherapy. I trained with Elizabeth M. in body dynamic system for seven years, and just a wide range of things, putting it all together in one simultaneous package.

(S P: Mm-hmm)

—In the early 80s, I think about -84 or -85, Pat Ogden and I, formed something it was then called, initially it was called Hakomi Body Work, it was a somatized version of Hakomi, which is a body oriented psychotherapy. We started focusing more and more on "how is this process happening in the body", so we call the work Hakomi Integrative Somatics.

(S P: Mm-hmm)

—It was really about how we continually apply the body to the psychological process.

(S P: Yeah)

—Then in the later 90s – Pat and I did this for many years – I separated and formed my own work which I call Psycho-Physical Therapy; which really reflects the idea that the body and the mind are never separate.

(S P: Mm-hmm, Mm-hmm)

—The psychotherapeutic process should, in my opinion, always should engage the body on some level. Otherwise it's not a whole process. I think this is really common in all the Body Psychotherapies; that somehow they're working together, that they're mutual influential and mutually integrative.

(S P: Yes)

—I came to it from the creative process, instead of really from a pathological process. And still my work is not psychopathology oriented. I don't look at things in terms of the psychopathology; I look in terms of what we need to enhance our creative possibilities.

S P: Mm-hmm, mm-hmm. What we need is to enhance our creative possibilities, what we need is to be more of who we can be. How does it work in instance in terms of what happens in a session? Understanding that no two sessions are alike, but...

B B: Right, I think the first thing to say about is this a resourced based model of psychotherapy.

(S P: Mm-hmm)

—Psycho-Physical Therapy really places resources at the center of the work. It's not that we don't deal with historical wounding, etc, but that's not the primary focus. Nor is

the processing of emotions, the assessment of emotions the center of the process. The center of the process is “what needs to be enhanced, what needs to be introduced, that, if it was, would allow the client to move towards their therapeutic goals.

(S P: Mm-hmm)

—Once that realization is there, then the work shifts to actually building that particular resource. The way any session is going to look, especially a whole body of work, is my first task is to find out really what are the client’s goals for the process itself. My job as a therapist, in my opinion, is to understand what the client is looking for and to support them in getting there.

(S P: Mm-hmm)

—At the beginning of a therapeutic piece of work with a client, I need to do a lot to find out who they are, why they’ve come to see me, and what is it that they’re longing to manifest in their life.

(S P: Yeah)

—Then, based on that we begin to form an agreement, and that agreement becomes the thread that all the sessions are hung on. But at the beginning of every session, I refine how does what you bring to this session, whatever you’re presenting with, how does that tie into your larger goal; because in some way it will, it’s the same person.

(S P: Mm-hmm)

—Based on that, we start a process which is going to look like any other mindful based therapeutic process. But, I’m continually looking for where the interface is between what they’re reporting, what they’re saying that they want and what’s happening in the moment. What is the interface between that, their body, and their mental psychological presenting issues?

(S P: Yeah, yeah)

—I’m having to draw out information, and a lot of that can be done nonverbally with tracking. Certainly I have a dialogue going on with them, which may look like a common psychotherapeutic dialogue. What’s really happening is that I’m tracking minutely what their posture is, what their gestures are, what their energy is like, what their muscle tension patterns are like, and, to

the degree I can, what’s happening in their body cavities as far as their viscera go. I’m tracking on multiple levels to begin to understand how does this person manifest in their physicality what their presenting psychologically or emotionally.

(S P: Mm-hmm, mm-hmm)

—There is a lot of this detailed tracking. In fact a lot of what I do in the trainings that I offer is train psychotherapists in the ability to track carefully what goes on in the body.

S P: So I just want to, in a way, summarize in a very broad way. What I’m hearing is that part of it is having a sense of what the larger goal is and constantly putting what happens session by session within the contexts of that larger goal?

B B: Yes, and if necessary, we’re finding that goal because sometimes a client is not particularly clear about that goal so that goal needs to be refined over a period of time.

S P: And that helps refine it, and the other part is that moment by moment tracking what’s happening, physically, body at many different levels and that’s the interface between the psychological and what’s happening on the somatic level.

B B: Yes, I mean I think it’s an agreed upon concept in body psychotherapy, that mind and body are always interactive and mutually influential.

(S P: Mm-hmm, mm-hmm)

—So that’s pretty much a given, I believe.

(S P: Yes, laughs)

—I don’t know a body psychotherapist who doesn’t think that way.

S P: So, for instance, when you’re talking about tracking, my sense of it is your work is certainly not limited to observing and tracking, but is also a more active participation of the client, in body wise, in the process.

B B: Yes, well, the first thing I’m studying with the client is how much somatic awareness they actually have. Then, if they

don't have very much somatic awareness, then my job is to begin to build somatic awareness, because this is a transformational process. It requires a certain kind of mindfulness or an awareness, so I'm tracking whether this person is aware, and if not, deepening awareness. Now, some people might have pretty good somatic awareness, but when we get close to core issues, often people lose that awareness. So that's another sign that we're actually getting closer to the core of the issues. So, I'm continually tracking how are they aware, listening to what they're aware of, and then enhancing that, or steering that into a deeper and deeper process. Whatever they're reporting out of their awareness is usually some kind of doorway, some kind of access root into the core issues. It's much like all body psychotherapy processes; I'm actually looking for how do we access a core issue, but I'm saying to myself how do I access this with the body fully present, fully aware, and fully engaged in the process. That I'm looking to actively engage the body in the process throughout all that different stages of therapy of the process.

S P: What you're describing at this point is you're doing it at the level of tracking.

B B: I'm doing it at the level of tracking, and I'm bringing their awareness to what they track in their body

(S P: Mm-hmm)

—That not only gives me information, but it then begins a dialogue between the two of us. So we're having a psychological dialogue but also we're having a somatic dialogue between the two of us.

S P: The dialogue, there are these two tracks in parallel of the psychological and the somatic.

B B: Yes, but ultimately what I'm looking for are my interventions, are simultaneously both physical (somatic) and psychological.

(S P: Mm-hmm)

—So in other words when we get to the core material, I want to have the body fully

engaged in the process as well as the mind fully aware and engaged in the process of discovery.

S P: Let's talk about the dialogue and the interventions. What kind of language do you use to draw people's attentions to somatic awareness?

B B: Well that part depends on the person and the kind of language they use. It's a lot about "notice this" or "were you aware that as you were saying that about your job or about your boss..." or whatever the issue is "...did you notice that your posture came more into flexion—

(S P: Mm-hmm)

—Ok, let's go back to that particular place where you're having that particular issue, be aware of the emotion that goes with that, but also as you're reporting that or feeling that emotion, start to pay attention to what your body does or start to notice that gesture." Often a person will be unconsciously speaking with their hands or their whole body, and I will bring their awareness to that and have them consciously take that on. While then we are also studying the emotions that go with or the beliefs that go with it, so then, simultaneously, I have the body component and the psychological component.

(S P: Mm-hmm)

—The phrase that I use is "The body reflects the mind's story and simultaneously the mind is getting input from the world through the senses." So there is this continual interaction between the mind and body.

(S P: Yeah, the mind is getting input from the world, through the senses—)

—Yes, at the same time the body is giving the form to that mind: what body does and what physicality does is give form.

(S P: Mm-hmm)

—Whatever my essence is – my soul, my spirit, whatever you want to call it – it is given form and functionality is this world through this physical structure called a body.

(S P: Mm-hmm)

—That means I can enter into the transformative equation either from the body

or from the psychological or emotional. If a person comes in and is saying “I’m having difficulty in my relationship,” and I ask them, “Well what is it that you want to transform in the relationship?” and they say something about vulnerability, their openness, their intimacy, or their whatever it is, I can enter into that through whatever that is going on in their body, and that will create a transformation. Or, I can enter into it psychologically and emotionally, and that’s just to encourage the transformation. I cannot affect the body without affecting the mind; I cannot affect mind without affecting the body. So my job is to be actively tracking all of that together and making my interventions that are informative on both those levels simultaneously.

S P: Yeah. Could you discuss an example of what happens with somebody working on relationship issue with you?

B B: Let’s say there’s an issue between a person and their partner. And that person has both some insecurities or fear on one hand and some dissatisfaction about the level of connection on the other hand. So typical kind of contradictory things that happens in a growthful kind of relationship, where there’s a challenge and there’s a dissatisfaction at the same time. As the person is reporting that, I will be inquiring and tracking both. I’ll be asking them, “So tell me more about this particular story”, they’re revealing a story while I’m tracking their body. I’ll be asking them, “So as you’re telling me this story and you’re having this feeling of dissatisfaction or frustration, or whatever it is, notice what is actually happening in your body.” I’ll be tracking their body; I might be noticing that there’s tension pulling into the thorax and the sides. I also might be sensing energetically that there’s a constriction around their heart muscle, or that space in the middle of their chest called the mediastinum.

(S P: Mm-hmm)

—If they report that, then we can start to work with that interface between that

emotion or those thoughts and feelings and that sensation. If they don’t report it, I can start to direct them to that while I’m referencing what they reported and it does the same thing. It brings body and mind together in one exploration.

(S P: Yeah)

—And the idea is this, this came from my Rolfing experience that function influences form and form influences function. Both influence each other, the form the body takes influences the function and the function the body interacts with is affecting the form. Now I’m beginning to actually inquire what it is that wants to transform through this particular form. The answers to that will give me a sense of what this person needs in order to move towards their transformative goals. Let’s say this person says, “Well I noticed that when I talk about my partner, my breath comes way up high into my chest and I feel this tightness in the middle of my thorax, behind my sternum.” (That’s pretty much the space of the heart). This is pretty much a common anxiety when it comes to intimacy and sharing if there’s fear in the relationship. So I will simply help draw those emotions out while they’re aware of those sensations. That becomes a doorway into the deeper core material that’s underneath it. As we go deep into it, we begin finding out what the beliefs are and what the attitudes are.

S P: I just want to slow down a little bit. So the person then, on parallel track talked about the psychological issue and the physical manifestation of it, and as you’re coming to that place of tightness in the chest around the area of the heart, and as you explore what happens with that sensation, bringing more of the awareness of the client to it, is a gateway for opening up the issue?

B B: That awareness will start to open up the issue. What I’m looking for is actually more evidence of what is needed for them to fully open up towards that issue,—

(S P: Okay)

—Towards whatever they want. Let’s bring it into relational work since we’re talking

about a relationship issue because I do some medical work with couples as well. So let's say this is one person reporting what their experience is with their partner, and I notice that there's this constriction. Now I will do a lot of table work when that's appropriate as well. Typically I don't do it so much with couples but occasionally I do. But I might very well do is realize "OK this person is having this constriction which is antithetical to what they say they want." And there partner will be feeling it, so I may actually get some information from their partner about what the partner feels. But I may well then realize that this is a piece of resourcing that we can start to do. A resource is anything, actions, qualities, awareness, abilities etc that we draw on in times of need. Somatic resources are those resources that are body based resources that we draw on in times of need. This person, if they want or need to open up to their partner and indeed their actually closing down they don't have the resources, let's say in their body, to actually do this. I may very well come over and put my hand on the sternum of that person or maybe on the sides and begin to do a little bit of manual work to help them actually start to open up, while the same time actually getting into the report. What happens when there's this particular facial stretch, or what happens if you breathe further forward into your sternum—

(S P: Mm-hmm)

—What happens if your respiration comes down lower? So I'm giving them the direct experience through these subtle little manual therapies to actually start to open up while having them engage with their partner and report what their experience is.

S P: So what we're talking about in this case, is somebody who wants to open up, finds in actuality they are closed, tightening up, and you're giving them the experience of what it's like to open up so that they actually have that experience.

B B: Or so they can find out what that reaction to that would be.

(S P: Okay)

—But they may have very well close down tighter and say, "This feels too vulnerable," or, "This is too scary," or whatever. Or they may open up and have an experience to see what it's really like to connect in the way that they want. Both are avenues into deeper core of the experience.

(S P: Mm-hmm)

—So what I'm trying to give them is a direct experience that they can then report to their partner, so they can then start to work with what's in the way or what's limiting them from the kind of opening that they want to do. Body based experiences, especially touch based experience or movement based experience, is direct experience. It creates the direct experience of something in particular and that's what I'm going to help the person deepen into. It's not interpretive experience; it's tangible direct experience.

(S P: Yes)

—And in that tangible direct experience offers a real transformational process that goes along with it, because then I can say okay "Now you know what's it's like to feel more open in your chest while you're addressing your partner. What would happen if you actually took that into your relationship and had that direct experience?" Or I actually might send them home with that

(S P: Mm-hmm)

—and see what they do. If they block it and truncate it then I know that there are some other work that has to be done. If they open to it then it's an evolving process and we find out what happens the next day.

S P: Yes, you mentioned touch as the way to give people the direct experience and you mentioned another avenue that you use is movement.

B B: Yes basically there are four avenues that I work with and that I teach. The first is working with somatic awareness; which is the foundation of all the resourcing processes. But the others are education, movement, and hands on work. So education might be just teaching a person how to

breathe or giving them information about what happens when your partner is not breathing very much and is really constricted. As you're trying to entrain and connect with them, what do you do with inside yourself? So it's building that kind of awareness and then teaching them how to breathe more fully. A movement theme might be working with walking. Walking gait is very revealing of a person and their process, posture, changing a posture, moving from one to the next is very revealing. Gestures are all very revealing. To actually work directly with the tissue itself, which takes certain amount of training, when appropriate is very fundamentally transformative because it gives the person a direct experience of something. So those are the four main modalities that I use.

S P: I can see how when you talk about resources you really have a very targeted approach to helping people find a way to do what it is that prevents them from doing what they want to do.

B B: Yes, as a direct experience as well as an interpretive experience. Most psychological experiences interpret experience and that's very important. We think about how the world is and we respond very much out of those thoughts. What I'm wanting to do as much as possible is to bring it into direct experience so they actually have the tangible feeling of that. This is as true as working with your normal kind of stress issues that come in, as it is worth working very severe traumatic issues. It's just with traumatic issues we go much, much slower.

(S P: Mm-hmm, Mm-hmm)

—But it's about creating direct experiences that help the person know how to move towards the transformation that they want to make.

S P: Yeah, yeah. When you talk about transformation, I think for you there is also a strong sense that the transformation is something that isn't degraded into daily life.

B B: Absolutely, that's its utility. If it's not translated into daily life then it's pretty much entertainment; you know that it's something of interest, something of curiosity. But the real value of therapy and, I think that the only place that real transformation happens, is not in the therapists office; transformation happens in the daily life of a person so they could begin to live in a way that is more optimal to them, that is closer to the way that they want to live their life.

(S P: What you do in that respect—)

—Again, I'm including the body at all stages of the process. I'm continually giving homework. Homework is a very important part of this work. Homework often is involved with what's happening in their body when they're doing these new little things that they gain insights about.

(S P: Mm-hmm)

—Let's say the person has realized, "Oh I'm operating out of the belief that these situations are dangerous, so I pull into myself," or "I'm operating out of that belief that I really can't get what I want." Let's say we're working with that belief. And I've been noticing that let's say that person has a frozen shoulder, that they don't fully engage their shoulder in the movement through the hand of reaching or in the gesture of expressing themselves. Now biomechanically we know that the function of the arm is to place the hand. The hand is something that allows us humans to be very human. It's allowed our evolution because of the way we can grasp and use tools, and all those kind of things. The hand fundamentally doesn't start just the shoulder joint but goes through the shoulder complex into the center of the thorax. So you might say, metaphorically, and I think also in some ways practically, the hand is connected to the heart—

(S P: Mm-hmm)

—So if a person is cut off there, and we're working with those kinds of issues, I may very well have them be aware of how they block at the shoulder or how they can open

up when they go into their life and they have to assert their needs.

(S P: Hmm)

—There's something very powerful that happens, when you can simply, let's say we're working only verbally here, and you're having to ask your boss for a raise, "I need a raise." Something very powerful happens when you can relax your shoulder and breathe and get a sense that your inner thorax, your lungs and your heart and your viscera are connected through your shoulder joint through the brachial arteries and the veins etc, down each of your hands. And you can just widen a little bit through your shoulders, feel the connection from the thorax, out through the shoulder and down into the arms. When you ask for something it is the form taking the physical structure, taking the form of openness.

(S P: Yes)

—So when the person goes to their boss and says, "I need a raise. This is the kind of raise I need," I work with them articulating that. Something powerful happens when they can actually feel that in their body, feel just that little bit of openness which might be imperceptible to their boss.

(S P: Mm-hmm)

—But to them it's the form of openness of asking for need. That's transformative for the person, because then in the asking for the need, for the raise in this case, their body will be congruent with their words, and the other person will feel that.

(S P: Mm-hmm)

—Whereas if they constrict and the boss feels, even the bellow level of awareness, that this person is too timid to ask, that boss isn't may not come forward with the raise.

(S P: Right, right)

—So then we build on those experiences again and again. This is resourcing through direct experience, not just changing the belief. Although, changing the belief is also an important part of it; but we want the form and the function to work simultaneously with each other. This is what I mean by active integration of mind and body.

S P: Yeah, so Bill as we're coming towards the end of this, is there something you would want to say to conclude?

B B: That's a big question, I think what I want to say, this is almost surprising to me in a way that increasingly I'm talking with people, recognize the value of direct body experience and direct touch experience. And yet there's so much out there and even in the somatic psychotherapy field that basically is anaesthetical to touch and direct experience with the body.

(S P: Mm-hmm)

—In fact I started teaching this work because psychotherapists were coming to me saying, "I'm not sure about how to touch, but I'd like to know more about it. I'm not sure how to work with movement, but I'd like to know more about it." That it is a direct experience either through movement or somebody really feeling it in their body is the result of some touch that creates this huge transformational process. I think it's at the heart of the work I want to do, to try to create a very strong direct experience that's congruent with the changes in beliefs and attitudes, emotion etc.

(S P: Mm-hmm)

—This is at the heart of what I do. This activity of working with movement and touch that to me does it and I'm including throughout the therapeutic process tremendously.

(S P: Yeah, yeah, so in a way—)

—That's the part of what my work is in some way different from other somatic work in the sense of the amount of somatic intervention.

S P: Yeah, as you're talking the sense that comes to me, is that it's not mindfulness it's just of the mind, but a sense of that direct experience being the mindfulness of the whole body and mind.

B B: Yes and on top of that, it's this idea that resourcing is at the heart of transformation

(S P: Mm-hmm)

—What I'm looking for is not only how this person organizes in a way that limits them, but how they can reorganize in a way and have their body be fully online in that process. So this brings us back to my art students.

(S P: Yeah)

—That's where I started doing the physical work to reach out to their painting, or the way in which they would start to interact with their sculpture. Whatever they were doing I wanted them to be in their bodies. I intuitively knew that was going to be a way in which they could start to work through their fears. For me, I don't work a perceived pathology—

(S P: Mm-hmm)

—even though I can recognize and talk in those terms, but to me it's continually looking for how can I enhance the creativity.

S P: I want to emphasize that several times during the conversation you've mention the

how and that's something that I'm struck by. That's something the word resource is about, it's not an abstract concept of resource. But there is a sense of you looking at things and noticing that people want to go some place and don't really know quite how to at a body level. And you're figuring out the how. So what is it that going to make it possible for them to get there?

B B: Yes but not just for them, it's in conjunction with them.

S P: In conjunction with them, very much so, so that the sense of that collaboration, that working together to figure out the how.

B B: Yes, this is a very collaborative process.

S P: Mm-hmm. Great, well thanks a lot, Bill

B B: You're welcome.

This is part of USABP's "Somatic Perspectives" series, edited by Serge Prengel. Transcribed by Alev Ildiz.

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