

Psychosomatic psychotherapy

Working with bodily experience, feelings and relationships together. Here, "psychosomatic" names an approach to psychotherapy, not a verdict that physical symptoms are imagined.

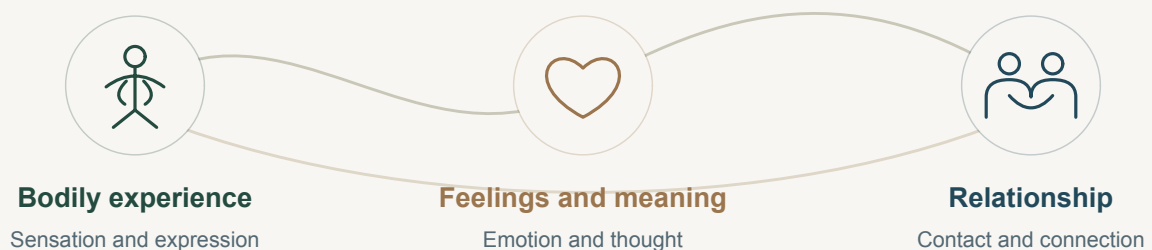


Body and mind in the same conversation

Words, sensations, movement and relationships are different ways into the same lived experience. On this site, psychosomatic psychotherapy means the same thing as body psychotherapy or somatic therapy: work with bodily experience from a relational, experiential standpoint. The approach rests on a simple observation. Emotion is bodily before it is verbal: fear tightens, grief weighs, anger heats. What a person has not been able to say is often held in the body, as a chronic tension, a shallow breath, a posture that braces. Attending to the body is a way of reaching what talking alone has not.¹

Whom is it for?

People come to this work with anxiety or stress that lives in the body; with chronic tension, fatigue or pain for which medical assessment has found no clear cause; with the after-effects of trauma, of illness or of surgery; or because they feel cut off from themselves, numb, or unable to tell what they feel. It also suits people who think a great deal and find that understanding alone has not changed much.



Interconnected dimensions of experience, not a chain of causes or separate treatment stages.

What might a session involve?

As you speak of something that matters, you may notice your breathing, a held posture or a shift in tension. The therapist may invite you to stay with a sensation, to name it, to try a small movement, or to notice how it feels to be heard. Moments of closeness or distance in the relationship can also become part of the work. Over time, the aim is a wider range: to feel more, to bear more, and to have more ways of responding than the one the body learned. The body is not a code the therapist reads for you; it is yours, and you set the pace. ^{1, 2}

Choice, touch and physical symptoms

Attention to the body does not require touch. Any touch that may be proposed is discussed separately and depends on your continuing consent; you can decline or stop at any point. This work can complement medical care, but it does not replace the assessment of new, persistent or changing physical symptoms, and a bodily symptom is never attributed to an emotional cause by default. Where a symptom has a medical side, the work is done alongside your physician or other health professionals. ²

Questions to bring to a consultation

- Given what I wish to address, what is the best way forward?
- What does psychosomatic mean in your practice?
- Can we work with the body without touch?
- How would this fit with my other care?

Québec · In Québec, psychotherapy is a reserved activity: only professionals legally authorised may practise it. You can ask about qualifications, arrangements and the limits of the support offered.

Sources and further reading

1. EABP · What is Body Psychotherapy? Professional description of the approach by the European Association for Body Psychotherapy.

2. EABP · What happens during body psychotherapy? Examples of practice and the place of consent.

General information to support a clinical conversation. Whether this approach suits you depends on your situation.