

## The Impacts of Somatic Psychoeducation on Self-Esteem

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### Abstract

**Introduction:** Can body- and inner perception-centered personal development approaches positively impact self-esteem? Published research on the body and its impact on self-esteem often simply investigate self-perception of physical appearance. Our research is not limited to this physical dimension. It refers to self-perception in its *Sensible*<sup>1</sup> and corporeal dimension. The concept of the *Sensible Body* [1] sees the relationship to the body as a way to access an intimate knowledge of oneself capable of influencing the self-esteem/body experienced dialectic.

This paper is based on the quantitative investigation assessing the impact of Somatic Psychoeducation [3] on self-esteem, carried out in a doctoral research [2] in social sciences at Fernando Pessoa University in Porto (Portugal). Somatic Psychoeducation is a body- and inner perception-centered approach that develops perception and self-awareness and offers a framework of experience to allow the individual to renew the relationship to self.

**Methodology:** To study the effects on self-esteem, an *in situ* observational study was conducted by analyzing the responses using the Rosenberg scale [4] before and after a series of 12 sessions of Somatic Psychoeducation.

These sessions were carried out by 12 expert practitioners of this approach (multicentre study) and conducted among 17 individuals, who were not chosen on any criteria associated with self-esteem issues.

**Results:** The average age of the group is  $46.4 \pm 6.3$  years. The 12 sessions took place over an average duration of 12.3 months. Before the Somatic Psychoeducation intervention began, the mean self-esteem score of  $24.3 \pm 6.3$  was very significantly lower than the reference mean of the scale (unilateral t-test,  $p = 0.001$ ). At the end of the 12 sessions of Somatic Psychoeducation, the mean score of the group reached  $31.8 \pm 5.4$ , on a level with the reference mean (unilateral t-test,  $p > 0.1$ ). This very significant score increase (+7.5 points, bilateral t-test,  $p = 0.001$ ) is also visible in a change in the calibrated level from a very low level ( $< 25$ ) to a medium level (between 31 and 34).

**Conclusions:** The results of this study show a strong improvement in self-esteem on a population initially showing a low to a very low level. These results support the idea that *Sensible* body-centered techniques that give centre stage to inner-body sensitivity and body awareness are effective. In this context, the bodily sense-felt experience is capable of generating a state of being that participates in the restoration of self-esteem.

**Keywords:** Somatic Psychoeducation; Self-Esteem; Sensible; Body-Centred Approach; Self-Perception

<sup>1</sup>The term *Sensible* as we use it refers to the Paradigm of the *Sensible* of Bois (2009). It is a form of body-mind sensibility manifesting through a particular quality of resonance that emerges from the embodied experience of the individual in a conscious relationship with the unfolding of inner phenomena. The use of this meaning of the word is shown in this paper by the use of italics and a upper case S.

### Introduction

Lack of self-esteem has consequences in all areas of an individual's life. Self-esteem refers to the more or less favorable feeling that people have towards themselves, how they consider themselves, their self-respect and the feeling they have of their own worth as a person [4]. Self-esteem is also the ability to experience favorable feeling towards oneself, based on a good self-opinion and self-worth [5]. Self-esteem is also about having an overall perspective on oneself that fits with how we judge our own worth as an individual [6]. In other words, good self-esteem is about feeling intrinsically worthy and accepting oneself as one is [7].

The literature presents two broad approaches to self-esteem - an intra-personal vision and an interpersonal vision. The intra-personal vision refers to two ideas; The first considers the construction of self-esteem in reference to an ideal self and refers to a discrepancy between the real self and the ideal self [8]. The second considers self-esteem along three lines [9]: self-love, reflecting the ability to love oneself in spite of one's flaws; self-vision, which reflects how we view ourselves (assessment of one's qualities and imperfections) and self-confidence that expresses itself through thinking ourselves able to act effectively and adequately in important situations (it is the ability to act without fear of failure). The interpersonal approach addresses self-esteem in terms of how we relate to others and to the world. It depends on social interactions and more specifically on how we feel judged by others [10-12]. It is therefore also dependent on social comparison [13,14]. Anything that increases social acceptance increases self-esteem (a little) and anything that reduces social acceptance lowers self-esteem (a lot) [11].

### The self-esteem/experienced body dialectic

The links between the relationship to the body and the construction of self-esteem have been supported by numerous studies: it is now accepted that our physical dimension participates in the construction and structuring of our general self-esteem [15,16]. Adolescents constitute a sub-population that has been particularly studied [17,18]; we know, for example, that a satisfactory perception of the body promotes the well-being of adolescents [19], as much as it facilitates their relationships with others [18]. Another study conducted among French high school students highlights the positive link between body image and self-esteem and confirms the association between a satisfactory body image and self-esteem [20]. Finally, a study focused on the relationships between "real" bodies, "perceived" bodies and self-esteem in adolescents of both sexes, shows the impact on the self-esteem/experienced body dialectic [17].

Somatic Psychoeducation adds to this vision of the body a lived, sense-felt and conscious dimension [21,22] that affects the intra-personal aspect of self-esteem [2]. Perception is at the heart of the formative action of this approach [23] and is part of the overall move to explore and analyze the phenomena and processes that emerge from the conscious experiencing a human being can have of the inner manifestations of their living body [24]. The perception in question relates to how we experience ourselves at the core of a biological feeling-sense often involved in self-esteem. The new way of relating to the body becomes a new way of being in the world [2]. From our practice of the four techniques that constitute Somatic Psychoeducation to accompany people to improve their health (relational touch [25,26], gestural movement, sensorial introspection and verbal dialogue), we hypothesize that the bodily and inner perception stimulation omnipresent in this practice, positively influences self-esteem.

There is a gradual learning process at play in the particular protocols used which optimizes the perceptual potentialities of the individual. Most particularly the type of relational touch [27] used - one of the practices of the *Sensible* - encourages the individual to explore the inner life of the body and to tune in to themselves in a deep and self-respectful manner [22]. The gestural movement used stimulates the individual more actively to move in sync with inner-felt perception, learning in this way to be active while remaining in tune with themselves. Sensorial introspection facilitates a return to self through self-presence at a deep level that fosters rewarding insights. The verbal dialogue is exclusively centered on inner-felt phenomena and their resonance and on the reflections that emerge from this experience.

We hypothesize that the development of bodily perception, strongly stimulated through the formative protocols used, has an action on the intra-personal dimensions of self-esteem and has consequential effects on the interpersonal dimension of self-esteem [2].

### Methodology

In order to assess the impact of Somatic Psychoeducation on self-esteem, an *in situ* observational analytical study was carried out in the context of practitioners' everyday practice. It thus fits within the field of pragmatic studies [28-30]. The researcher initially intended to study the impact of Somatic Psychoeducation on the notion of 'ways of being' to self and others to further the research carried out for her master [31]. In the absence of a validated questionnaire on ways of being, the doctoral student chose to question the participants using three scales of measurement that may provide indicators on ways of being: the Rosenberg Self-Esteem Scale (RSES-10) (4), the Revised Self-Consciousness Scale (SRS-22) [32] and the Satisfaction with Life Scale (SWLS-5) [33].

The results of the first evaluation using the scales unexpectedly revealed a strong issue regarding self-esteem for 14 out of the 17 respondents. Consequentially, the doctoral research naturally shifted to the study of self-esteem. The inclusion criteria for the research participants within this overall dynamic were: being new to Somatic Psychoeducation; consulting for an issue unrelated to self-esteem; agreeing to engage in the process for 12 sessions spread over an average of 8 to 12 months.

The issue of self-esteem discovered by chance did not have any impact on the way the practitioners accompanied the participants. They proceeded in this instance as they usually did in their daily practice, including the frequency of the sessions, which were therefore organized on a case-by-case basis according to the participants' initial needs (relief of physical pain or somatizations, realignment of physical distortions, restoration of body-mind balance, wellbeing). The evaluation therefore rested on a normal population who did not present with a self-esteem issues.

The sequence of intervention consists of 12 sessions of Somatic Psychoeducation of 45 minutes on average (maximum 60 minutes). This is spread over time on an overall timescale according to the clients' needs and varying between 6 and 18 months, with a resulting frequency of between 0.66 and 2 sessions/month.

### The assessment tool: the Rosenberg Self-Esteem Scale

The survey data were collected directly from the participants by each practitioner, using the French version of the Rosenberg RSES-10, translated and validated by Vallières and Vallerand [34]. The scale is based on 10 items. The participants evaluate their degree of agreement from 1 to 4. The score calculation incorporates a reverse rule on some of the items. The individual scores obtained vary from 10, the smallest possible value, and 40, the highest possible value. The standard mean is approximately 32.58 with a standard deviation of 5.53.

Despite this great homogeneity and the confirmation of a monodimensional scale robust over time, the authors do not propose a calibration. Some authors [35] suggest using a three-level grid, which appears to be inspired by an arithmetic breakdown into five classes, of which only the two extremes would be preserved around a large central class: low level (10-16), medium level (from 17 to 33), high level (from 34 to 40). Eventually we chose to use the version of the IRBMS [36] built on a 5 classes breakdown centered around the mean. After editing some of the typing errors noticed in the reference technical document, the following five levels of self-esteem were selected: very low (less than 25), low (25 - 30), medium (31 - 34), strong (35 to 38) and very strong (39 to 40). To analyze the results, we used both types of data: the overall scores and their ranking into self-esteem levels.

At the end of the 12 sessions, each practitioner asked the participants to go through the RSES-10 again to evaluate the impact of the Somatic Psychoeducation sessions on self-esteem.

### The participants

The study involved 17 participants, 13 women and 4 men with an average age of 46 (+/- 6.3 years), who signed a consent form. They were recruited from the clientele of 12 Somatic Psychoeducation practitioners who agreed to collect the data for this study on a voluntary basis.

Each participant completed the RSES-10 before and after their series of 12 sessions, resulting in 34 completed questionnaires.

### The practitioners

The 12 practitioners are professional somatic-psychoeducators with a private practice. They were professionally trained through a four-year qualifying course at the Collège International Méthode Danis Bois or through Fernando Pessoa University<sup>2</sup>. They have on average almost 14 years of professional experience (standard deviation +/- 8 years). Of these 12 practitioners, 9 put forward 1 participant, 2 others put forward 2 participants, and 1 practitioner (the doctoral student involved in this study and co-author of this article) put forward 4 participants. The practitioners followed their respective clients throughout the study. The “practitioner effect” was not studied. It was simply incorporated into the intrinsic variability of the participants’ responses.

### Method of Analysis

The scores obtained on the RSES-10 scale form the two variables RSES-T0 and RSES-T12 corresponding respectively to the responses before and after the 12 sessions. An RSES-evol variable expressing a score difference between the score RSES-T12 and the score RSES-T0 was computed. These data were also ranked according to the 5 self-esteem levels described earlier: 1 - very low (< 25); 2 - low (25 - 30); 3 - medium (31 - 34); 4 - strong (35 - 38); 5 - very strong (39 - 40). We then obtained the variables “Level RSES-T0” and “Level RSES-T12”, as well as the variable “Level RSES-evol”, calculated by difference between Level RSES-T12 and Level RSES-T0 and which therefore expresses a change in the number of levels.

The differences between the initial state of self-esteem and that following the 12 sessions were tested using mean comparison tests, taking as null hypothesis (H0) the absence of difference, using the unilateral t-test of Student. Influencing factors were investigated through multiple regression analysis tested using the Fisher test. For class variables (see Table 1), comparisons were made using non-parametric tests: Wilcoxon signed-rank test, Friedman test. In all cases, the  $\alpha$  risk was set at 5%. Processing was carried out using SPSS and Modalisa softwares.

### Results

The data are presented in table 1. The group is on average 46.4 years old  $\pm$  6.3 years. The 12 sessions were conducted over an average duration of 12.3 months. The mean initial self-esteem score (RSES-T0 = 24.3  $\pm$  6.3) is significantly lower than the reference mean of the scale (unilateral t-test,  $p = 0.001$ ). At the end of the 12 sessions of Somatic Psychoeducation, the mean score of the group reaches 31.8  $\pm$  5.4 and is no longer different from the reference mean (unilateral t-test,  $p > 0.1$ ). This very significant score increase (+7.5 points, bilateral t-test,  $p = 0.001$ ) is also visible in a change in the calibrated level from a very low level (< 25) to a medium level (between 31 and 34). The Somatic Psychoeducation sessions therefore had a very significant effect on the improvement of the participants’ self-esteem. The exclusively positive change in the level of self-esteem shows a wide ranging improvement, since 4 respondents show an increase of at least 2 levels, 4 respondents do not express an increase and the majority (9 respondents) shows an increase of one level.

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<sup>2</sup>The training has been reorganised since. For further information on professional training of Danis Bois Method practices today, please see [www.pointdappui.fr](http://www.pointdappui.fr) and [www.tmgconcept.info](http://www.tmgconcept.info).

		Descriptive Statistics								Normality tests (df = 17)	
	Variable	Mean	Mean confidence interval (95%)		Median	Variance	Mini	Maxi	Standard deviation	Kolmogorov-Smirnov <sup>a</sup>	
			Valeur inf	Value sup						Statistic	p
Participants	Age	46,4	43,1	49,6	46	39,87	33	58	6,31	0,224	0,023
	Duration	12,3	10,4	14,2	12	13,60	6	18	3,69	0,179	0,151
	RSES-T0	24,3	21,1	27,5	23	39,35	15	36	6,27	0,113	0,200
	RSES-T0 Level	1,8	1,3	2,3	1	0,94	1	4	0,97	0,314	0,07
	RSES-T12	31,8	29,1	34,6	32	28,78	21	40	5,36	0,086	0,200
	RSES-T12 Level	3,0	2,4	3,6	3	1,50	1	5	1,22	0,147	0,200
	RSES-Evol	7,5	4,4	10,6	6	36,14	0	20	6,01	0,182	0,137
	RSES-evol Level	1,2	0,6	1,8	1	1,32	0	4	1,15	0,346	0,034

**Table 1:** Descriptive analysis of the data and normality test. \* As expected, the two class variables do not follow a normal distribution.

	Before the session	After the 12 sessions	
First name	Very low Level	Evolution of the level	
Paula	20/40	Very strong	40/40 (+20pts)
Anne	22/40	Very strong	38/40 (+16pts)
Nadia	19/40	Very low	24/40 (+5pts)
Joël	17/40	Low	29/40 (+12pts)
Emy	19/40	Low	28/40 (+9pts)
Valérie	18/40	Strong	37/40 (+19pts)
Régis	15/40	Very low	21/40 (+6pts)
Fabien	21/40	Low	26/40 (+5pts)
Marie	23/40	Low	28/40 (+5pts)
Hélène	25/40	Medium	32/40 (+7pts)
	Low Level		
Laurent	27/40	Strong	35/40 (+8pts)
Diana	27/40	Medium	34/40 (+7pts)
Isabelle	27/40	Medium	31/40 (+4pts)
	Medium		
Karim	31/40	Medium	31/40 (+0pt)
Gaëlle	32/40	Medium	33/40 (+1pt)
Brigitte	34/40	Strong	35/40 (+1pt)
	Strong		
Corinne	36/40	Very strong	39/40 (+3pts)

**Table 2:** Scale of self-esteem before sessions of Somatic Psychoeducation and after 12 sessions.

The increase of the score following the intervention (RSES-evol) is inversely correlated (Multiple regression test  $R^2 = 0.549$   $F = 8.520$   $p = 0.004$ ) with two parameters:

- The initial self-esteem score RSES-T0 (Pearson correlation  $r = -0.62$ ). The lower the initial score, the stronger the increase, and the higher the initial score, the lower the increase. In other words, the more important the self-esteem issue is initially, the greater the improvement at the end of the intervention.
- And the “duration” of the Somatic Psychoeducation intervention (Pearson’s correlation  $r = -0.37$ ) to a somewhat lesser degree. The shorter the duration of the sequence, the higher the final score on the self-esteem scale. In other words the higher the frequency of the sessions, the greater the increase in the self-esteem score. As the average frequency is one session per month (time interval greater than or equal to the lapse of time between the RSES-10 test and retest) and our intervention spans over a dozen sessions, the intervention assessment refers to a long lapse of time after which the improvement in self-esteem persists. From a longitudinal point of view, as well as being positive, the effect of the intervention in Somatic Psychoeducation also persists in time. It is a hypothesis that remains to be confirmed by further research.

### Discussion and Conclusion

**Limitations:** A higher number of participants would strengthen the results that we obtained. However, a thorough qualitative analysis was jointly carried out in the doctoral research. Though the number of participants was small in terms of quantitative analysis, it was a very significant number in terms of the qualitative research. The qualitative data was further developed in the doctoral research through qualitative research interviews with the participants, which were then analyzed and interpreted using a process inspired by phenomenology [37]. The choice not to disclose this qualitative data probably constitutes a limit of this paper. The quantitative analysis does not give us access to enough significant data to understand the issues, mechanisms or processes at play.

It would also be interesting to check the stability of the improvement in self-esteem over time by asking the same people to repeat the questionnaire 6 to 12 months later. Finally, we could question whether continuing the intervention beyond 12 sessions would produce a more significant progression of self-esteem. In other words, is it possible to accompany someone towards a high or very high level of self-esteem stable over time?

Outcome and perspectives: Based on the different stages of the analysis, we retain the following hypotheses:

- From a very low initial score, the self-esteem score of the group increases strongly; The progressions vary strongly and are sometimes extreme, as some shift by +4 levels.
- On a group of 17 people looking for personal support and consulting in Somatic Psychoeducation, the scale of self-esteem reveals an issue that was not initially presented. By its intrinsic nature, the technique of Somatic Psychoeducation turns out to positively affect this issue by restoring the level of self-esteem to normality (return to “normal”, i.e. the reference mean). The perceptual development and positive embodiment achieved through Somatic Psychoeducation seem to foster an improvement in self-esteem.

The higher the initial self-esteem, the higher the final value. Four respondents have an average to strong initial score, which increases by one level for two of them. Most participants initially had low to very low levels of self-esteem and almost all had reached the reference mean or even exceeded it (six respondents). Only two respondents remained at a very low level.

This study is essentially based on a new way of understanding the relationship between inner-body perception and self-esteem. If self-esteem is an “affectively charged self-assessment,” [38] the notion of perception remains essential, with self-esteem referring to the perception of “what I am worth” rather than “what I am”. The self-esteem/perceived body dialectic seems to be an interesting alternative in order to restore self-esteem. It opens the debate on the importance of bodily experiencing in the perception of “what I am worth”.

Although the *Sensible* body approach has been found to be relevant to the population studied, there is no indication that enriching inner-body perception systematically has a positive effect on the self-esteem of any individual. This deserves to be studied more thoroughly.

The dynamic process triggered in Somatic Psychoeducation intervention seems to improve how individuals experience themselves in their bodies. Perceptual learning as stimulated by the practical tools of Somatic Psychoeducation tends towards an enrichment of perception and body awareness, and becomes in this way the starting point to improve self-esteem. This data is confirmed by the qualitative analysis carried out simultaneously in the doctoral research, which will be the subject of another paper.

Finally, from a general perspective regarding the furthering and possible applications of this research, it seems that a somato-psychical approach can be a positive and complementary alternative to the entire therapeutic arsenal offered to people who suffer from self-esteem issues.

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