

Who Am I in My Body?
A Somatic Approach to Identity Formation in Tweens, Teens, and Young
Adults
Video Course
Bonnie Goldstein

Video Course
CPD hours: 6



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Something happens around age nine, ten, eleven.

The body changes — sometimes subtly, sometimes abruptly. Social awareness sharpens. Peer comparison intensifies. Shame becomes more visible.

And for many young people — especially those shaped by early relational instability, trauma, or chronic stress — something else happens too.

The body becomes the problem.

We are seeing it everywhere — young people who can speak fluently about their distress, yet remain disconnected from embodied experience.

We see it in the consulting room:

The ten-year-old who suddenly refuses to wear certain clothes — not defiance, but something closer to somatic alarm.

The eleven-year-old whose anxiety spikes without clear trigger, whose breathing has gone shallow and high, who cannot name what feels wrong but whose posture tells you everything.

The child who once spoke freely but now withdraws into silence, jaw tight, shoulders rounded forward, as if making themselves smaller might make them safer.



Twelve-year-old Maya (not her real name) began refusing school after puberty started. She could explain her anxiety in remarkable detail — but the moment attention shifted to her body, she froze.

The tween who intellectualises emotions with sophisticated insight yet goes rigid when asked what they feel in their body — oscillating between irritability and collapse, sympathetic surge with no outlet, then dorsal shutdown that looks like laziness or refusal.

Parents describe it as "a phase." Schools describe it as "developmental turbulence."

But often, it is more than that.

It is the moment identity begins reorganising somatically.

And if early experience has encoded threat into posture, gesture, and breath, that reorganisation can destabilise everything.

Why the Tween Years Matter

Most trauma-informed training focuses on early childhood or later adolescence. But the tween years — roughly ages nine to twelve — represent a pivotal developmental threshold that deserves specific clinical attention.

Neurologically, the brain is pruning and rewiring. Hormonal shifts begin — and increasingly, puberty is beginning earlier than previous generations experienced. At the same time, many social milestones are delayed. Young people are exposed to intense digital comparison before they have developed a stable embodied sense of self. The gaze of others is no longer confined to the classroom or neighbourhood — it is amplified through social media, filtered imagery, and relentless online self-awareness.

The implicit question "who am I?" now forms in a landscape shaped not only by biology and attachment, but by digital visibility.

For young people with histories of insecure attachment, emotional neglect, parentification, or trauma, this convergence can reactivate earlier nervous system patterns in ways that confuse everyone involved.

What we see clinically:

- **Heightened sympathetic activation masked as moodiness** — chronic irritability that isn't temperament but unresolved mobilisation
- **Dorsal shutdown misinterpreted as defiance or apathy** — the tween who "won't engage" may be dissociated, but their stillness reads as resistance
- **Body shame amplified by comparison culture** — the visceral sense that one's physical presence is too much, not enough, or fundamentally wrong
- **Dissociation intensifying during social stress** — fragmentation that increases precisely when peer connection matters most
- **Early perfectionism or over-compliance** — hypervigilance organised around making the body acceptable, manageable, invisible
- **Somatic anxiety without narrative clarity** — arousal that has no story, no clear trigger, just the body's insistence that something is wrong

Traditional cognitive approaches often struggle here. Insight does not regulate arousal. Language does not repair embodiment. Advice does not reorganise physiology.



What is needed is a somatic lens on identity formation itself.

When Identity Takes Shape in the Nervous System

Bonnie Goldstein has spent decades working at the intersection of trauma, development, and somatic psychology. In this training, she brings her deep clinical experience with Sensorimotor Psychotherapy into focused conversation with the specific developmental challenges of tweens, teens, and emerging adults.

Her central premise: **identity takes shape in the body long before it becomes conscious thought.**

Before a young person can articulate "this is who I am," their nervous system is already organising patterns of connection, defence, shutdown, and mobilisation that become the substrate of selfhood.

Posture signals how much space one deserves to occupy. Gesture maps relational safety. Breath sets the rhythm of being in the world.

When early trauma disrupts this embodied development — through abuse, neglect, chaotic attachment, or chronic stress — adolescence does not simply bring turbulence. It can bring a crisis of coherence. The young person's body may be signalling threat when they are objectively safe. Their arousal system may interpret normal developmental challenges as existential danger. Their capacity to feel present in their own skin may be profoundly compromised.

And in today's world — where earlier biological maturation now unfolds alongside heightened digital exposure — this embodied instability can intensify.

From the outside, it may look like anxiety, depression, behavioural problems, school refusal, social withdrawal, explosive anger, or simply "difficult adolescence."

This is where somatic work becomes essential — not as an add-on to talking therapy, but as a primary site of intervention. Because if identity is forming in the nervous system, that is where reorganisation becomes possible.

What This Training Will Give You

This is not regulation skills training.

This is identity formation work.

Over two evenings, Bonnie will guide you through a developmentally attuned, nervous-system-informed approach to working with tweens, teens, and young adults whose identity formation has been complicated by trauma — and by the unique social pressures of contemporary adolescence.

This is not an introductory overview. This is advanced clinical thinking for therapists already encountering the limits of purely cognitive or insight-oriented approaches.

Evening One: When the Body Becomes Unfamiliar

We begin with the tween years — the developmental window where somatic destabilisation often first becomes visible.

You will learn to:



- **Recognise somatic markers of identity disruption in tweens** — how to read posture, gesture, breath, and movement as carriers of implicit relational memory, not just "behaviour problems"
- **Differentiate developmental turbulence from trauma reactivation** — understanding when intensity reflects normal nervous system reorganisation versus when it signals dysregulation that requires specific intervention
- **Work with early dissociation and shutdown safely** — recognising dorsal vagal collapse that often gets misread as oppositional behaviour, and learning how to approach it without escalating arousal or shaming the child further
- **Address body shame encoded in gesture and posture** — tracking how relational trauma shows up in the way a young person carries themselves, moves through space, or cannot tolerate being seen, now intensified by comparison culture
- **Introduce micro-interventions that create safety without exposure** — developing subtle, titrated somatic experiments (breath awareness, sensory tracking, small movement shifts) that don't overwhelm fragile systems or demand premature embodiment

Evening Two: Supporting Teens and Emerging Adults Toward Embodied Agency

As development progresses into adolescence and emerging adulthood, identity questions intensify — now shaped by social comparison, digital presence, earlier puberty, and shifting relational expectations.

You will learn to:

- **Work with sympathetic activation that has no outlet** — supporting teens whose irritability, restlessness, and intensity reflect chronic nervous system mobilisation with nowhere to go, often rooted in early survival patterning
- **Track somatic shame as it intensifies during puberty** — understanding how trauma-based beliefs about the body become amplified during physical development, and how to address shame somatically rather than cognitively (where it often just deepens)
- **Support boundary formation through embodied awareness** — helping young people develop a felt sense of "self" and "other" that isn't just psychological concept but genuine somatic differentiation
- **Help clients tolerate sensation without overwhelm** — pacing somatic interventions so that embodiment becomes possible rather than retraumatizing, particularly for young people who have spent years surviving through disconnection
- **Position yourself as a co-regulating nervous system** — understanding how your own physiology, breath, tone, and presence become part of the therapeutic intervention, particularly with young clients who are exquisitely sensitive to adult dysregulation
- **Integrate nervous system psychoeducation developmentally** — offering young people age-appropriate understanding of their own arousal patterns without intellectualising away from embodied experience

Across both evenings, you will develop:

A clinically applicable somatic framework for understanding identity formation as it unfolds across development — not as abstract psychology, but as lived nervous system reality that manifests in breath, posture, gesture, and the capacity to feel oneself from the inside.

Why This Matters Now

You're seeing it everywhere in clinical practice.



Twens presenting with what looks like anxiety but is actually chronic sympathetic overwhelm. Teens whose bodies seem to be the enemy. Young adults who understand their attachment patterns intellectually — and still cannot feel themselves from the inside.

The relentless focus on the cognitive has left many young people more articulate about their suffering but no more embodied in their recovery.

They can describe their nervous system. They cannot necessarily regulate it.

They can analyse their trauma. They cannot necessarily integrate it somatically.

This training offers something different: a way of working that meets young people where developmental reorganisation is actually happening — in the nervous system, in the body, in the implicit procedural patterns that will shape how they move through the world long after they have forgotten what was said in session.

Bonnie brings clinical rigour, developmental sophistication, and decades of somatic practice to this work. She offers not scripts, but a lens — a way of seeing, tracking, and responding to what is happening somatically when a young person is trying to become themselves in a body that may not yet feel like home.

**This is identity formation work.
And it happens in the body — or it struggles to stabilise.**

About the speaker

Dr. Bonnie Goldstein, LCSW, Ed.M, Ph.D. is the founder and director of Lifespan Psychological Services in Los Angeles. She leads a team of dedicated therapists who aim to help clients navigate life's complexities by addressing developmental issues, family systems, trauma, grief and loss counseling for children, adolescents and families. Using a Sensorimotor Psychotherapy approach to working with our younger clients, she joins Dr. Pat Ogden and the curriculum team at the Sensorimotor Psychotherapy Institute in creating and adapting Sensorimotor Psychotherapy treatment modalities and interventions to treat child, adolescent, family and group populations. She is co-author of many papers elucidating the principles of Sensorimotor Psychotherapy for our younger clients; co-editor of Understanding, Diagnosing and Treating Attention Deficit Disorder/Hyperactivity Disorder in Children and Adolescents; The Handbook of Infant, Child and Adolescent Psychotherapy; A Guide to Diagnosis and Treatment, Volumes I & II; co-author of a book for children and families, published by APA, entitled; I'll Know What to Do: A Guide to Dealing with Natural Disasters.

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