

Somatic Therapy for Executive Burnout: Reading the Body That Will Not Slow Down

Martha Fernandez, LCSW

The executive in the chair says the quarter went well. Her shoulders are up near her ears, her breath sits high in her chest, and her jaw is working on something she has not said. This is a composite, drawn from patterns common in work with executives, not a single person. For many high achievers, the body is the first honest report in the room, and the last one anyone has asked to hear.

Somatic clinicians know this already. What I want to offer here is a closer look at how this plays out with people whose job is to override discomfort and keep delivering, and a few ways of working that have helped me stay useful to them.

The story runs ahead of the body.

Executives are fluent. They can summarize a hard year in three clean sentences, name the stressors, rank them, and propose a plan. That fluency is a professional skill, and in session it can pass for insight.

The trouble is that the story is built to keep performing. It is edited for an audience, even when the audience is a therapist. The body has no editor. It keeps reporting the clipped breath, the tight stomach, the leg that will not stay still, whether or not the client mentions any of it.

If your best results arrive when your body is working hardest against you, the lesson you learn is to ignore the body. Years of that lesson are hard to undo in a fifty-minute hour, and verbal self-report alone can understate how bad things have become. I co-founded CEREVITY as a private-pay concierge network of independent licensed clinicians to work with executives, founders, physicians, attorneys, and finance leaders. In an internal 2026 review of 287 high achievers who sought therapy through the network, 67% reported that their peak professional performance came during their peak strain. This is self-reported information from the network's own review. It has not been peer-reviewed or published, so I offer it as a pattern worth testing, not as an established finding.



Burnout and the Body in Research

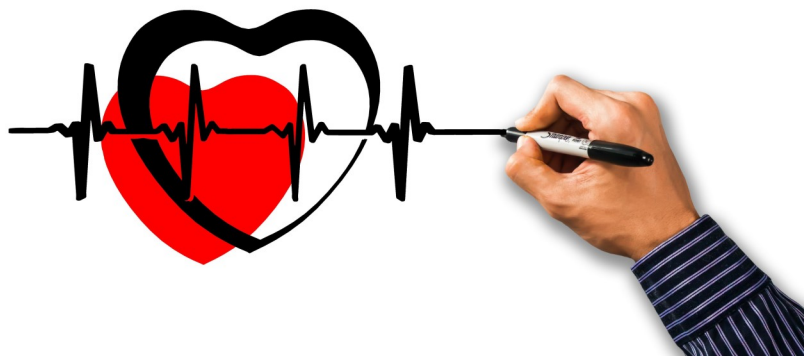
The research here is suggestive, and I want to be careful about what it can carry.

A 2018 systematic review by de Looft and colleagues found that high job stress is associated with higher heart rate and lower heart rate variability in employed adults. The same review found no definite conclusion about burnout itself and these physiological measures. So, the body does register work strain, but we cannot yet say much about what burnout specifically looks like in the autonomic data.

On the awareness side, a 2026 mixed-methods study by Crempien Robles et al. surveyed 107

psychotherapists and found that higher interoceptive awareness, the ability to sense internal signals, was associated with lower burnout, even after accounting for age, gender,

experience, and workload. Those are therapists, not executives, and the design is cross-sectional, so it cannot show that body awareness protects anyone. Still, it fits what many of us see: people who can feel what is happening tend to have more information to work with.



Two distinctions help in the room. Garfinkel et al. (2015) showed that interoceptive accuracy (how well someone detects an internal signal, such as a heartbeat), interoceptive sensibility (how aware they believe they are), and metacognitive awareness of their accuracy are separate dimensions. An executive can describe herself as very in tune with her body and be wrong. In their 2018 article laying out a roadmap for research on interoception and mental health, Khalsa et al. describe conceptual and methodological challenges that have made it hard to apply interoceptive ideas in treatment settings. In practice, that reminds us to be precise about what we ask a client to notice.

What the Override Looks Like in Session

A few patterns show up often with this population.

- ♦ The client reports a sensation and immediately explains it away. “My chest is tight, but that’s just the deadline.” The sensation arrives with its own dismissal attached.
- ♦ The client can describe the body in detail but with no apparent feeling. The language is clinical, almost anatomical. Information is passing through, but it is not landing.
- ♦ The client goes quiet or flat the moment the work turns toward the body, then recovers fast and returns to the narrative. The recovery is so smooth it is easy to miss.
- ♦ The client treats any slowing down as evidence of weakness. Staying with a sensation for ten seconds can feel, to this person, like a lapse in discipline.

None of these are resistance in the usual sense. They are skills that have been rewarded for years.

Four moves that have helped

Track the gap before you challenge the story. Early on, I try not to dispute the narrative. I note what the body is doing while the narrative is delivered, and I wait. When the client says “I’m fine with the new reporting line,” and the breath stops, I do not say, “I don’t think you’re fine.” I say, quietly, that I noticed the breath pause on that sentence and ask whether they noticed it too. The gap between story and body becomes shared data instead of an accusation. Most executives respect data.

Pace interoceptive work for clients who equate slowing down with failing. Asking someone to sit with sensation for two minutes can feel like an impossible request. Start with seconds. Offer the work as a measurement task, which matches how this client already thinks: notice one place where the sensation is strongest, rate it, then look elsewhere and return. Price and Hooven describe a structured approach in their 2018 paper on mindful awareness in body-oriented therapy, built around learning to identify, access, and appraise internal signals step by step. That sequencing helps clients who have spent a career away from their own signals, because it does not ask for more than they can tolerate.

Use brief grounding as assessment, not only as intervention. I often introduce a short orienting or grounding exercise early, and I pay as much attention to how the client responds as to whether it settles them. Can they find a point of contact with the chair? Do they report nothing, or something vague? Does the breath change, or does the client tighten up and wait for it to be over? The response tells me how much body awareness the client has available, which the intake interview rarely does. The Multidimensional Assessment of Interoceptive Awareness, developed by Mehling and colleagues in 2012, is a helpful reminder of how many separate capacities are in play: noticing sensations, not worrying about them, and trusting them are different things, and an executive may have the first and lack the last.

Work with the fear that feeling more will cost them their edge. This is the one underneath the others. Many high achievers believe, with some evidence from their own history, that their discomfort is part of what drives them. If I invite them to feel more, they hear an invitation to lose the thing that got them here. I do not argue with that. I ask what the body signals have bought them and what they have cost, and I let them name both. Some clients find that the edge they fear losing is mostly vigilance, and that vigilance can be separated from performance. Others do not, and that is also information. The point is that the client gets to test it in a setting where nothing is on the line.



A note on pacing and safety

Executives often arrive with histories that include more than work stress, and body-based work can bring that forward quickly. The usual care applies: keep the pace under the client's control, offer choices, and stop when the window narrows. Brom and colleagues' 2017 randomized trial of Somatic Experiencing® for posttraumatic stress disorder is a reminder that a body-oriented method can be studied rigorously, though it addressed PTSD and not occupational burnout, and I would not stretch its findings further than that.

What I would like to see studied

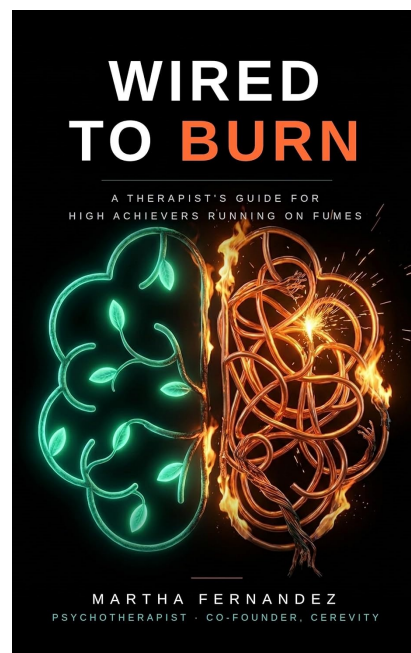
We have good descriptions of interoception (Khalsa et al., 2018; Mehling et al., 2012) and a growing body of work on stress physiology at work (de Looft et al., 2018; Järvelin-Pasanen et al., 2018). We have very little on what happens when somatic methods are adapted for people whose identity rests on performance. Do pacing strategies change dropout? Does a brief grounding assessment predict who benefits from body-based work? Does tracking the gap between story and body shorten the time to honest self-report? These are testable, and clinicians who work with executives are well placed to ask them.

For now, the most useful thing I can offer is the posture: treat the body as a witness the client has stopped consulting, introduce it slowly, and expect that it will take longer to be believed than to be heard.



Martha Fernandez, LCSW, is a licensed clinical social worker and co-founder of CEREVITY, a private-pay concierge network of independent licensed clinicians built for high achievers: executives, founders, physicians, attorneys, and finance leaders. She is the author of *Wired to Burn: A Therapist's Guide for High Achievers Running on Fumes* (2026).

Website: Cerevity.com



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