

# Somatic Psychotherapy Today

Volume 3 Number 2

The USABP Magazine

Fall 2013

## This issue:

- Becoming a Published Therapist
- LinkedIn or Facebook?
- Full-Spectrum Sex Therapy

A PUBLICATION OF THE UNITED STATES ASSOCIATION FOR BODY PSYCHOTHERAPY



**Treating Early Attachment Wounding: Somatic Interventions to Enhance EMDR Effectiveness**  
**Presenter: Lana Epstein, MA, LICSW**  
**One-day workshop: October 11, 2013**  
**National Heritage Museum, 33 Marrett Road, Lexington, MA 02421**  
**(Approved for 7 EMDRIA Credits and 6.5 CEs)**

Research in the field of Attachment substantiates the enduring quality of attachment patterns. Early attachment failures or wounding frequently result in relational difficulties in adulthood. Research in the field of affective neuroscience makes clear that primary attachment relationships in early childhood have a profound impact on the developing brain. Contemporary psychotherapies suggest further that the body, too, is affected by the early attachment experiences it holds. The body reflects and sustains the implicit messages of these attachment failures, which are often evident in our clients' negative beliefs about themselves. The inability to process these early attachment experiences with words, alone, creates challenges to the effective treatment of relational trauma. While EMDR is often the treatment choice for many psychotherapists working with the sequelae of traumatic events, it is less widely used in the treatment of early attachment trauma.

Highlighting relevant attachment literature, this workshop will demonstrate somatic interweaves drawn from Sensorimotor Psychotherapy that can be easily integrated into the 8-Phase AIP model to process attachment related wounds or failures. It will help participants begin to read the body for the limiting beliefs it holds. It will also introduce a range of body-based interventions to use as interweaves if the processing begins to loop. This workshop offers EMDR practitioners and Consultants an opportunity to integrate techniques into their practice to enhance the effectiveness of EMDR processing when working with the wounds of early attachment failures or disruptions.

**Lana Epstein, MA, LICSW** specializes in the treatment of complex trauma. She is a senior trainer for the Sensorimotor Psychotherapy Institute, an EMDR Approved Consultant with EMDRIA, and an ASCH Approved Consultant in Clinical Hypnosis. She is a past supervisor for the Trauma Center and was on the Board of the New England Society for the Treatment for Trauma and Dissociation for 6 years. Integrating a number of therapeutic models, Lana presents internationally and maintains a private practice in Lexington, MA, focusing on adult survivors of childhood trauma. Please contact Lana Epstein at [ланаepstein@gmail.com](mailto:ланаepstein@gmail.com)

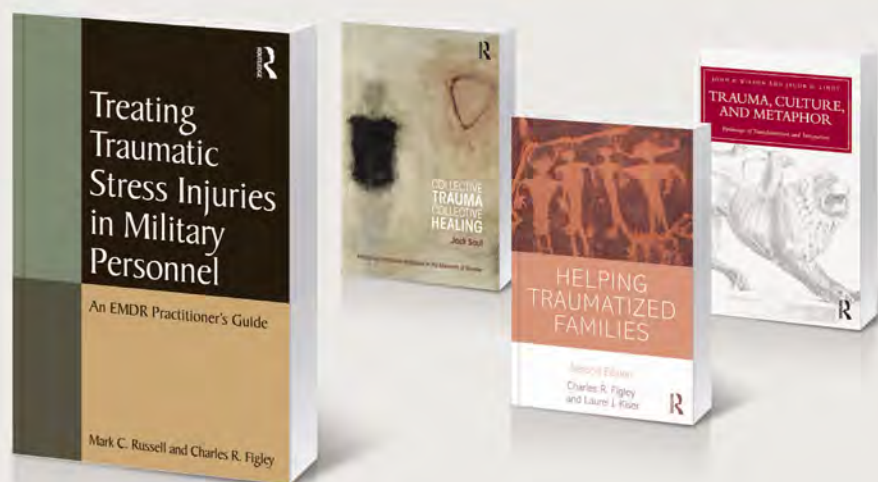
From Routledge ...


## Treating Traumatic Stress Injuries in Military Personnel

An EMDR Practitioner's Guide



2012 | 288pp

Pb: 978-0-415-64533-1



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## *The Soul's Cord: A Method for Encountering the Unborn*

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**January 2014** training begins in **Sacramento, CA** leading to certification by the originator Jenoe Raffai.

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# Somatic Psychotherapy Today

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We invite you to write an article or be interviewed for our upcoming issues, and/or submit your Somatic Expressions. All written submissions will be edited, and all writers/interviewees have final approval before publication. We appreciate your knowledge and want to share your story. Please contact Nancy Eichhorn at [writetobe@myfairpoint.net](mailto:writetobe@myfairpoint.net).

### Upcoming Winter Theme:

**Reading the Body: Looking to the Body for Diagnosis and Treatment**  
**Deadline: October 15, 2013**

### Volunteer Magazine Staff

Nancy Eichhorn, M.A., M.Ed., M.A. *Founding Editor, Layout Design*

Diana Houghton Whiting, M.A., BED *Cover Design and layout*



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***We are looking for you!***

Seeking Contributors: Writers, Interviewees,  
Artists, and Photographers.

Look for us **FOUR** times a year, we publish  
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## From Our Founding Editor

Greetings from Sunny California,

My mindfulness practice supports releasing attachments to material objects as well as dysfunctional beliefs resulting in destructive self-narratives regarding my worth, performance and success. While practicing letting go, I'm also experiencing emotional changes in my original attachment relationships with my primary caregivers— my mom and dad. According to Efrat Ginot, PhD (Institute for Contemporary Psychotherapy), these self-narratives originated from our childhood efforts to give meaning to our intersubjective world and are now part of our implicit neuropsychological schema. Attempting to make sense of these dysregulated emotional/physiological states and the emotional experiences generated within interactions with our primary caregivers results in internal monologues such as “you are such an idiot”. These messages are embedded in neutrally-encoded emotional memories of our early attachment experiences and as such are revised in relationship. I am blessed to work through my early attachment experiences with my parents reinforcing positive and loving internalized messages about my beingness in this world.

Most parents aren't in the position to do this however, so adults seek out psychotherapists who are often cast in the role of “attachment figure”. As therapists, we find ourselves working through our own attachment histories with clients while dealing with our clients' therapeutic enactments (re-expressions of early relational traumas that occur below both our clients' and our own awareness and control). Our contributors in this issue acknowledge the powerful role attachment histories play in our professional and personal lives and offer their insights for relational approaches to understand and incorporate attachment theory into the therapeutic process. Stella Resnick's Full-Spectrum Therapy combines CBT and somatic experiential approaches, and draws from attachment neuroscience, neuroplasticity, sexology and positive psychology. Marjorie Rand writes about bonding before birth while Asaf discusses the deep attachments that form between therapists and clients. He talks about the reality that “we encourage intimacy and give the other person all the power to leave us while we deny ourselves the same right to protect ourselves from hurt by defensively withdrawing too,” and the depth that comes “when we actually touch our clients and let them physically sense us too, then our clients may easily end up not only getting under our skin, but also inside our hearts.” Christine Gindi, Kamalamani, and Isabella Tierney share their own attachment stories while Diana Houghton-Whiting writes about creating a safe container as a Sensei in her own dojo. Dawn Bhat shares current research reviews and an in-depth look at attachment theory and Security Theory alongside Jacqueline Carleton and the USABP Interns Resource Reviews.

We offer our truths, our vulnerabilities, and our realities with the intention of starting a conversation about attachment and its role in our intimate lives and our professional interactions.



We welcome your response.

Warmly,  
Nancy Eichhorn, M.A., M.Ed., M.A.  
writetobe@myfairpoint.net



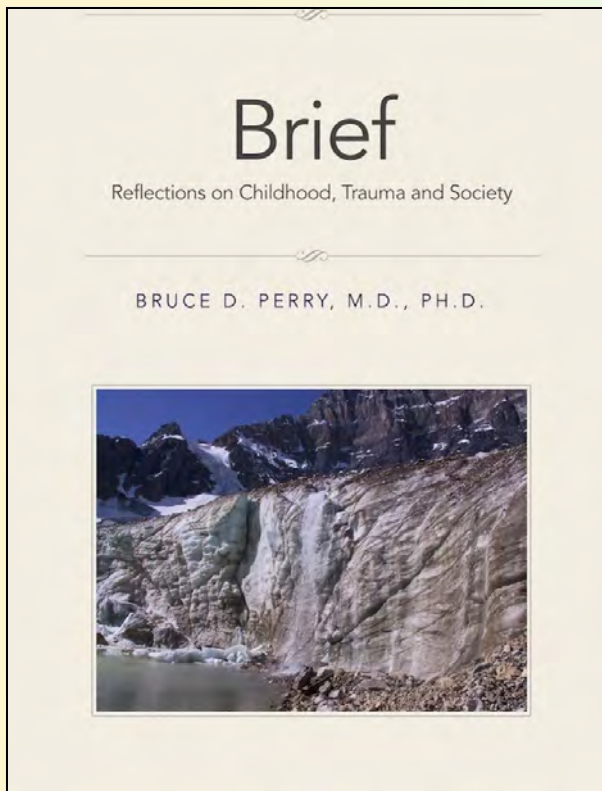
## From Our Cover Designer

Hello all,



I am pregnant and due in early September. There have been many discussions in my household about my husband's and my role as parents, about the lessons we learned from our parents (good and bad), and how attachment plays into our decisions and how we will try to be with our daughter. It's a scary and exciting time. Thoughts of what to do and what not to do have been racing around my head for a while now inspiring conversations with colleagues, other parents, and my therapist, as well as drawing attention to my interactions with the people I relate with in the different roles I play: counselor, instructor, daughter, wife, and soon to be mom. I will let everyone know if I ever figure any of these things out.

Sincerely,  
Diana Houghton Whiting, M.A., BED



The ChildTrauma Academy is pleased to announce the publication of its inaugural iBook (on itunes):

[Brief: Reflections on Childhood, Trauma and Society](#) by CTA Senior Fellow, Bruce D. Perry.

This multimedia book is a collection of shorter pieces by Dr. Perry, with slides, images, video and text. It is intended to stimulate reflection on some of the most challenging aspects of life in our modern world.

*Brief* is the first in a set of upcoming titles to be released by The ChildTrauma Academy over the next few months in the iBook format

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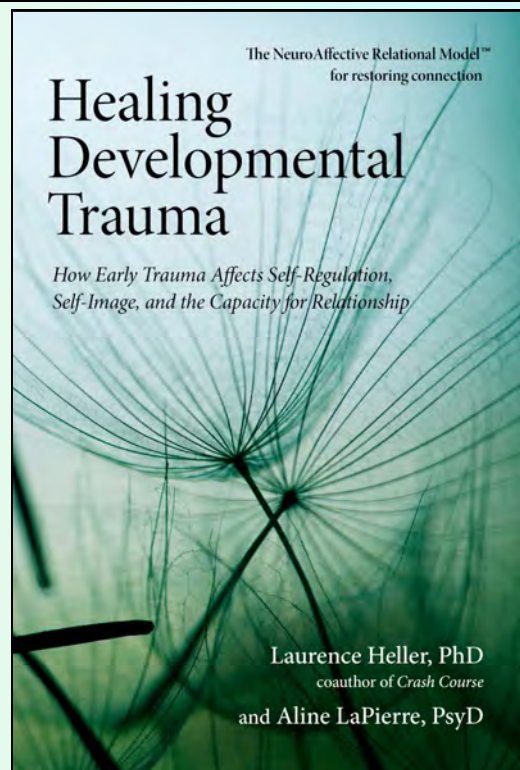
THE DISORDERLY SOUL: ALIGNING WITH THE MOVEMENT OF LOVE, by Jan Crawford

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## Healing Developmental Trauma

Childhood trauma can generate emotional distress and unsuccessful relationships later in life. Laurence Heller, PhD and Aline LaPierre, PsyD, explain the Neuroaffective Relational Model (NARM) as an effective solution for restoring connection and healing trauma. NARM implements self-regulation techniques, and questions, “*What is the implicit intention of the emotion?*”

Instead of analyzing problems in one’s life, NARM focuses on connection and aliveness in the present moment. The NARM healing process is an interaction between somatic mindfulness and mindful awareness. NARM allows individuals to both experience the self and improve relationships with the self; it is a form of self-reflection and self-appreciation.





# Join the Conversation

Communication is an essential part of all relationships, and the Internet affords opportunities to network with like-minded colleagues and participate in forums that challenge your thinking and ways of doing. Join the conversation and voice your thoughts on Facebook, Google, LinkedIn, ResearchGate and more.

## LinkedIn versus Facebook: Which Way Do I Go?



**The demands of our work-world** are changing—one-to-one client time may no longer be enough for a successful psychotherapy practice. Today, therapists need to run workshops and trainings, publish books and blogs, and produce webinars to market their process to a worldwide audience. We must focus on quality patient care, and we have to understand and participate in marketing our talents—we are a brand and our practice is a business. One way to reach out to a larger audience is via social media.

**Social media** is all about spreading the word. There's Facebook for friends and family, LinkedIn for professional networking, YouTube

for video sharing, Flickr for photo swapping, Slideshare for presentation slides, Research Gate for recent research, and Twitter for micro blogging. Each avenue offers ways to connect with colleagues, family and friends. And each can consume excessive amounts of time.

**Researching ways** to market this magazine, I wanted to generate the most response for my time investment. So I spoke with my cousins to determine their take on social media sources (he is vice-president of a marketing firm and she does market research and product testing for high profile companies such as Kraft). Both said, without a doubt, LinkedIn is the way go.

### **Professional versus Personal**

**From what I understand**, Facebook is about connecting with people you know while LinkedIn is more of a rolodex for business connections—it's all about networking to grow your career and your business.

**I have a professional** Facebook page and a page for the magazine under the United States Association for Body Psychotherapy. And I have a LinkedIn profile page. Researching the best options for the magazine, I was amazed with how little I've been using social media and how ineffective my usage has been—I am not doing what the experts recommend.



**Furthermore, my attempts** have not yielded the response I intended. I promote the magazine on Facebook by encouraging “Friends” to “Like” the page, by posting information about upcoming articles, soliciting articles and interviews, and so forth. When I post an update on Facebook, I reach maybe 85 people. And when I try to start a conversation, most people honestly do not have time to respond. I get a few ‘likes’ and short comments but my vision of in-depth conversations just do not occur. So there’s not a huge reach here.

**From what I recently learned**, this should be no surprise—Facebook’s entire platform is based on connecting with friends and family. It’s designed for people to share personal moments of reflection, day-to-day thoughts and experiences, often times with feelings. Pictures are posted. I don’t use Facebook for this type of day-to-day exchange. I am connected with professional contacts—fellow students, professors, colleagues. I do my best to avoid sharing personal information, though some slips in.

**As for LinkedIn**, I had no concept of what this system actually entailed and the scope of its format for true career building. According to their website, LinkedIn has 160 million users who are mostly in their 30s and older; they are white collar professionals focused on job seeking and recruitment (Slideshare now lets users post their best PowerPoint presentations to enhance their profile).

**With 207 connections**, I am supposedly linked to 5,194,714 professionals in my network. Current online stats note that 45, 839 new people joined my network since July 24 (I’m writing this on July 31). Wandering about the site, I saw that Deepak Chopra has 946,487 followers while Barak Obama has

920, 272 followers, and I have connections who can introduce me to either of these men so I can become LinkedIn with them, too.

**This is the place to find out** Who’s Who in our field and network. This is the place to literally create your professional identity and promote yourself; the more connections you have the better. You are encouraged to update your profile often with posts that are focused on new trainings or workshops you’re offering, new publications or research you’ve completed, new appointments or job advances you’ve received. The information shared is rehearsed, revised. This is not a spur-of-the-moment posting place. There is a reserved professional tone here, one to advance who you are and what you do.

**Beyond the personal profile** is the company page (with your logo). This appears to be more important than the personal profile page. This is where you truly market your practice/business. Here you offer as much detail as possible to create an image, a brand. It’s all about reaching both the right audience and a large worldwide audience. It’s one thing to do what you do well and it’s another to let people know about it.

**It’s recommended** that you join LinkedIn groups and participate. This is where in-depth conversations are taking place—this is where you can voice your opinions and ask for input and you will get it. Through groups you can generate traffic to your business page and your personal profile. You can request written recommendations from colleagues and recommend people that you have worked with as well. It’s also recommended that you create your own group, inspire a following, and invite connections to join your group. But beware. The more you join, the more you have to read and respond

(another vast time taker).

**There’s also the LinkedIn Blog** where you are encouraged to publish your best articles and offer updated professional information—perhaps tips for working with trauma survivors using a specific modality, the results of your current clinical research, thoughts you want to share on a weekly basis and so forth. The blog is designed to generate a following, to stir an interest in you and what you have to offer.

**You can subscribe to companies**, people, and news topics that interest you and now you can download CardMunch and Contacts apps to keep track of people you know and interact.

**At this exact moment I wonder** how I’ll have time to actually create the magazine—marketing is a full time job on its own. And yet, social networking is here to stay, and I must budget time for writing, editing, layout and marketing. I want this publication to reach a vast international audience. I want to attract advertisers to support production costs and in time salaries for the editor, the artistic designer, and so forth. It isn’t going to happen simply producing a quality publication. Marketing 101 here I come with LinkedIn my first place of focus.

**To those of you who are using** LinkedIn to market your practice/business, I invite you to share advice, tips, directions that have supported your process with our readers.

**Please email Nancy Eichhorn** at writetobe@myfairpoint.net so we can share your ideas in the Winter issue’s Join the Conversation column. Many thanks in advance.



# BECOMING A PUBLISHED THERAPIST

A Step-By-Step  
Guide to  
Writing  
Your Book



BILL O'HANLON

## Becoming A Published Therapist

Written by  
Bill O' Hanlon

Reviewed by  
Nancy Eichhorn

I am a writer, an editor, and a teacher. It is more than simply what I do, it is part of my inner experience. I was born with an innate curiosity to find my way on the blank expanse of a page. From a place of wonder, I come to a sense of knowing as I honor this drive to discover what I didn't know I knew, to understand the facets of my inner world as they spiral through stories, embodied in consciousness and all its layers of presence and accessibility. Words fall into place guided by sensations; my body, archiving tales waiting to be exhaled, speaks its own language that I have learned to hear.

**O**ver the years I've realized that one of my passions in this writer's life is supporting others as they discover themselves through their textual travels. Working with writers for the magazine as well as for other publications (e.g., scholarly peer-reviewed journals, chapters in books manuscripts) and facilitating writing workshops means I am constantly on the hunt for handouts and books to augment what I know and to extend what I don't. I learn from every book, article, and blog I encounter. The books lining my shelves on writing and publishing date back to the late 1970s, and while basic writing skills remain the same, technology has dramatically changed the world of publishing with self-publishing, e-publishing, social feeds, social networking, blogs, and websites crowding the scene.

**Writing allows us** to be seen, heard, validated in our Existence. And writers, in particular, want and quite



honestly need an audience. Yet, fear often holds wannabe authors in check. There's a sense of wanting to write an article, a book, wanting to share this incredible information, these uniquely personal ideas but progress is stymied fearing rejection or miscommunications. I have often heard writers say, "they didn't get what I mean," as if their readers would respond to the text exactly as they intended. It's hard to accept that readers interpret what is written based on their own background experiences, their own current situations. Even something as basic as being tired or hungry will impact how the text lands on someone. Yet, there remains this desire to move out and reach a larger audience than our clients or family or friends.

**There are professional needs** that also fuel our desire to write—we want to establish ourselves as recognized experts in our field, we want to gain greater visibility to help grow our clinical practice, we want to make a positive contribution to the world. And it doesn't hurt to develop some supplemental income, too.

**There's a new book** that addresses the fears that stop many of us from writing and offers a precise step-by-step guide for writing and publishing our book (or article): *Becoming a Published Therapist: A Step by Step Guide to Writing Your Book*.

**Psychotherapist Bill O'Hanlon** created a useful package (book, audios, videos, and worksheets, which he recommends completing noting that they are not there for filler) based on his own track

record—more than 30 books and over 60 articles or book chapters published (with his materials translated into 16 languages), as well as coaching over 100 books into "existence", leading workshops and book-writing boot camps—to guide psychotherapists through "their inner resistance and fears, as well as dealing with the real world barriers to launching their books into the world."

**His most recent books** from W. W. Norton are: *Quick Steps to Resolving Trauma*, *Change 101: A Practical Guide to Creating Change in Life or Therapy*, and *A Guide to Trance Land: A Practical Handbook of Ericksonian and Solution-Oriented Hypnosis*. He clearly has the skill and the know-how to write this book, and his presentation style feels familiar, connective as if he's sitting beside you sharing his stories so you can share yours, too.

**Bill's background** as both a therapist and a published writer affords him an insider's view into the inner and outer world of writing and publishing. And, in putting together this book, admirably in my mind, Bill adheres to the content—he does what he tells his readers to do. For instance, he talks about the imperative need for focus, that writers must find their own unique voice, slant, style on a particular topic and leave their readers with one provocative thought at the end of the book. Despite the fact that numerous books and magazines offer writers guidance, this is the first book targeting therapists written by a therapist, that addresses writing, from

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Despite the fact that numerous books and magazines offer writers guidance, this is the first book targeting therapists written by a therapist, that addresses both writing, from conception to completion, and then on to publication, including creating your platform and reaching out to agents and traditional publishers.



conception to completion, and publication, including creating your platform and reaching out to agents and traditional publishers.

**Bill offers** his unique approach to writing beginning with his own self-perceived inadequacies then moves into what he calls the four energies of writing: blissed, blessed, pissed and dissed, that he says motivates people to write. We are privy to his journey as he offers direct instruction with a light touch, a bit of humor to make a seemingly overwhelming process fun. There's a sense of a cheerleader here as he lets readers know, "You can do it, too!"

**The book contents** include: Introduction: Stop Me Before I Write Again! Chapter 1: Why would a Therapist want to Write a Book? Chapter 2: Getting Clear on Your Topic and Direction: Problem, Promise, Population, Positioning and Program. Chapter 3: The Proposal: Never Write a Book Before You Sell It. Chapter 4: How a Busy Therapist Can Write a Book, Overcoming Busyness, Barriers and Avoidance. Chapter 5: If You Build it, They May Not Come: Carving a Platform to Help Sell Your Book. Chapter 6: Planning: Well Begun Is Half Done. Chapter 7: The 10 Ps to Getting you Book Written and Published. Appendix: Ten Pieces of Advice from a Nonfiction Editor by Deborah Malmud, Bill's Editor at Norton. She is also the Vice President of W. W. Norton & Company, Inc, and the editorial director of Norton Professional Books. Deborah offers her perspective to psychotherapists detailing mistakes often made a

along with advice to increase the likelihood of getting your writing noticed. The book ends with "Resources for Writers" including a few books on writing proposals and writing in general, and websites for help with technical matters and self-publishing sites.

**Near the end of the book**, Bill summarizes "The 10 Ps of Getting Your Book Written and Published".

**Passion:** What energizes you: Blissed, Blessed, Pissed Dissed?

**Problem:** What problem does the book address?

**Promise:** What promise does the book make to address this issue? What benefits will come from following this process?

**Population:** Who will buy this book?

**Program:** What are you offering that is unique, how does your approach differ from what is already out there?

**Platform:** Who are you and why are you qualified to write this book? What audience do you already have and how are you sharing your work?

**Position:** What niche does this book fill? What is your compelling slant?

**Proposal:** This is your sales tool, the rationale and summary of the book.

**Polish:** Bill suggests that you write the book first and then

worry with editing. Don't let perfection get in the way of making it happen.

**Plan:** Make a writing plan that you can stick to, write a plan for every step of the way from writing to contacting agents or researching self publishing options and so forth.

**And then** he offers an 11th:

**Persistence:** Keep at it; remember that book sellers need fresh materials to sell.

**As for me**, I've dog-eared pages to guide my progress as I continue to write, edit, layout and publish the magazine. Quite honestly, I started Somatic Psychotherapy Today because of my passion for writing, for sharing other people's stories, and for body psychotherapy (BP). I felt there was a gap in the BP literature—a place for everyone's voice to be heard around the world. I started this venture with a solid background in writing and editing but little actual publication know-how. I rather just jumped in and did it.

**Reading Bill's book** motivated me to reach out and embrace a larger audience, to employ a larger marketing stance (including my new discoveries regarding LinkedIn and Facebook, see page 8). The content has given me ways to methodically consider what I need to do to continue nurturing this publication as it expands into all that it is meant to be. Chapters 2, 5, 6, and 7 are my beginning ground; where do you see yourself starting?

# From Clueless to Published: One author's story (and some hints for how to write)

By Bill O'Hanlon



Photo by Steffanie O'Hanlon

I got the call to write in the mid-1980s. I was working as a general psychotherapist, doing individual and couples work, and although I liked my work, I wanted to have a bigger impact. I was also teaching lots of workshops at the time and people kept asking: “Where is your book?” Not being a natural writer, though, I was reluctant to take on writing a book. I finally got myself to write, first articles, then a book, challenging and daunting as I found it.

How did I find it in me to write? Two ways. Well, maybe three, but we'll get to the third in a bit.

First, I had come across an approach that I was so excited about I couldn't stop reading, thinking or talking about it.

I met psychiatrist/hypnotherapist Milton Erickson while I was in my undergraduate program at Arizona State University and became fascinated with his unusual, creative, and amazingly effective approach to change. His approach was idiosyncratic and hard to summarize quickly, but it involved telling stories and, instead of trying to fix what was wrong with people, it evoked their patent abilities and strengths to solve their problems. I worked up the courage to approach him, and while in graduate school was able to study with him directly. Actually, I worked as his gardener in exchange for his teaching/mentoring, since I had little money at the time – but that is a story for another day.

His work wasn't well known, but it had an electrifying effect on me. I cornered everyone I could and regaled them with Erickson stories. My friends begged me to stop, but I couldn't.

Next, being in graduate school studying psychotherapy, I came across a point of view that initially stunned me initially—discouragement about the possibilities of clients/patients changing. One of my professors even said, “Clients don't want to change! The only person that wants to change is a wet baby!”

This was the opposite of what I was learning and witnessing in my visits with Dr. Erickson who was so hopeful about change that he turned me into an almost psychotically optimistic therapist. He could take an isolated, depressed, suicidal client and find a way to use her most hated physical trait— a gap between her two front teeth— as a way to have her (through squirting water through that gap at a man at her work who was flirting with her) engage playfully with someone. This playful engagement led her out of her suicidal state and back into life. After hearing and witnessing many of these unusual and creative interventions, I became convinced that most people can and will change when approached in a respectful, optimistic way.

*Continued on page 14*



I was able to discount my professors because most of them were academics who didn't do clinical work.

It was when I started work at a community mental health center that the second motivation for writing a book arrived.

I was the young pup, just out of graduate school, but training with Erickson had given me a certain amount of confidence. I ran into trouble during clinical meetings when one of the more senior, experienced staff members would pontificate and say discouraging or disrespectful things about their clients/patients.

"These people love to be miserable. They are getting so much out of their illness," said one.

I was a long-haired, hippie type, peace activist, at the time, yet I found a streak of potential violence in me. I wanted to get up and strangle the therapist who said it. My extreme reaction shocked me; and it began to happen regularly at these meetings. Someone would say, "My patients are too damaged to ever get better. I just try to comfort them." Or "This patient is resistant and can't change."

My anger surged again and again.

Most of these senior clinicians hadn't learned anything new about therapy since they left graduate school (there were no CE requirements in that era in my state). Finally I began to speak up, using the *very mature* tool of

sarcasm. I would say something like: "Maybe if you read a book or attended a workshop, you would realize that you are the resistant one."

For some reason, this sarcastic approach didn't yield any positive results. They just dismissed me as the naïve new therapist.

One day, I realized what I had to do. Who do therapists listen to? Experts. The gurus. People who write books, articles and papers and teach workshops.

Oh, snap. I was shy at the time. And a terrible writer.

But, this leads to my first insight into being an author: Tap into your energy to write your book (or article or paper).

I was, in a few words, feeling blissed (about Erickson's work) and pissed (about what I saw as disrespectful and ineffective approaches therapists used with the vulnerable, suffering people who came to us in need).

Those energies turned out to be what I needed to persist through my writing challenges. I'm a bit hyper, didn't like to write, wasn't a natural writer, and had no clue how to write or get published.

But what I did have was passion and persistence. I was so committed to making a difference in my field, I was able to persist even in the face of challenges, rejections, failures, and being clueless.

I'll give you an example. Since I

knew I didn't know anything about writing and publishing, I sought out the only colleague I knew that knew something—a Ph.D. psychologist colleague who had edited a book and gotten it published.

When I asked him for guidance, his response was: "Bill, you'll never get a book published without a Ph.D. or an M.D. This is a field that gives value to credentials. You only have a master's degree."

That threw me, until I realized that there were several gurus in psychotherapy who only had a master's degree and had published – Jay Haley and Virginia Satir (this probably carbon dates me since some of you reading this may have no idea who those once famous therapists are, right?)

So, I picked myself up, dusted myself off and proceeded to write a book and get it published with only a master's degree. I was writing books for therapists at first, but later I went on to write books for a more general audience and those readers typically don't care what kind of degree I have; they only want a book or article that helps them.

This leads me to the second principle I learned for how to write: Whenever you start to do something new, there are voices of discouragement that will show up (and sometimes those voices will be your inner voices). My response to those voices is: Thanks for sharing. *Now I've got to get on with writing.*

*Continued on page 15*

# If you want to be a writer, write.

Now, 36 books later, I guess my Ph.D. colleague was wrong, eh?

Okay, my last lesson learned that might help you get a book, article, or paper written.

When I wrote my first ten books, I had a busy practice, did supervision, traveled and taught workshops regularly around the world, was married and had four kids.

There is an old saying: *If you want something done, give it to a busy person.* I learned that while writing my first books.

I coach people to write books these days (I have coached over 100 into publication so far). And one of the biggest obstacles I see to getting a book out is what I would call The Someday Syndrome. People are often waiting for the perfect time to write.

I saw a post on Facebook the other day: There are seven days in a week and none of them is named Someday.

I heard another saying: When is the best time to plant a tree?  
Answer: Twenty years ago.

When is the second best time to plant a tree? Answer: Today.

My response to the Someday Syndrome is to sit down and write. My response to doubts about my worthiness to write a book or an article or a paper is to sit down and write. My response

to the idea that I am too busy to write is to sit down and write.

If a plumber showed up at your house and said he wasn't inspired to do plumbing or the time didn't feel right to do plumbing today, you wouldn't hire or pay him.

If you want to be a writer, write.

If you want to get your book out into the world, learn how to approach publishers or self-publish.

We're in the business of empowering clients to move toward the life they long for and away from pain, frustration and blocks.

Use what you now about how to do that with them to work with yourself to move toward getting your work out to a wider audience to make a bigger difference in the world.

Okay, lecture over.

But I did say I had three reasons to write. To recap, the first is that I was excited about my topic. The second is that I was righteously indignant (or pissed, if you prefer) and wanted to change my field and make a contribution to improving it.

The third reason is that I wanted to make some money, especially money that came in when I didn't put in time. I have heard cynical colleagues say that one only makes pennies an hour writing a book. That certainly hasn't been

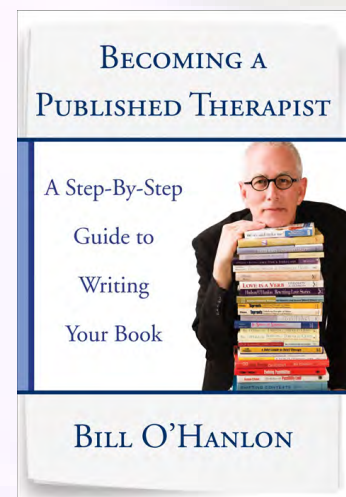
true for me. But even if it had been, there are financial benefits beyond the direct income a book can give you.

You are seen as an expert when you write a book. It can bring in more clients, more coaching, consulting and teaching work. I read a study that said that experts who have written books earn on average \$100,000 more as a result of having a book out. In my case, and in the case of some of my students and colleagues, it has been at least that much.

So, are you thinking about writing a book now?

I hope so. Books have changed my life at times. Wouldn't you like to be the one who changes someone's life — perhaps someone you've never even met? There's almost nothing as cool as that.

**Bill O'Hanlon** has written 36 books and been on Oprah with his book, *Do One Thing Different* (HarperCollins). Get a free report to help jump-start your book writing from him at [www.GetYourBookWritten.com](http://www.GetYourBookWritten.com).







## She Was Born Screaming: A Love Story

By Isabelle Tierney

She was born screaming. For two months, she screamed endlessly. No one could soothe her, however much they tried. Her caregivers became anxious and rejecting, in spite of their best efforts, and her life-long journey of deep loneliness took hold.

**W**hen she was two months-old, a doctor discovered a hernia in her ovary which could finally explain her screaming. He immediately operated on her to take away her pain, but accidentally inflicted third-degree burns on her buttocks with sterilizing instruments. Pain befell her again.

**In order to heal the burns**, she stayed in the hospital for two months, on her stomach. She was held for only an hour a day when her parents were allowed to visit (today, she can sometimes connect to the almost untenable pain of being put back in the hospital crib with no human contact for the next 23 hours). She was fed by bottle, on schedule, whether she was hungry or not. They didn't hold her during the feedings.

**Because she laid** on her stomach so long, her right hip developed problems, which necessitated a full leg cast. She grew so much in those few months she needed the cast changed every couple of weeks.

**Over the next 16 months**, she struggled with Post Traumatic Stress Disorder, although no one knew about it then. She could only fall asleep if she banged her head against the mattress again and again. She cried often and woke up many times a night. She also developed an abject fear of vacuum cleaners (which made the same noise as the saw that took off her casts) and of people in white coats (like pharmacists). It is no wonder that her caregivers continued to struggle with caring for her in a loving and patient way.

**At 18 months**, she got salmonella poisoning and was hospitalized in emergency. The story is that she actually died for a few seconds. I think she wanted out of this Earth, as she knew what lay ahead.

**When she came home**, her PTSD continued for years. The head banging continued as did the night waking. She had a highly sensitive stomach due to the salmonella poisoning and was restricted in what she was allowed to eat.

**Her primary caregiver**, a hard and depressed Argentinean nanny, wanted little to do with her. The nanny had a close connection with the girl's older sister who was sunny and easy. This was in sharp contrast to the girl's needs, which seemed unending and were thus often ignored, rejected, and certainly resented. She was abused physically, emotionally, and even sexually (by the caregiver's husband).

**As she moved** through elementary school, she discovered carbohydrates' amazing gifts of simultaneously helping her feel pleasure in her body WHILE numbing her unending pain. Pastas, breads, and pastries were her own private heaven, a temporary respite from the terrorizing disconnection she felt from her body, her self, and her caregivers.



*Isabelle, lost in isolation as a young child*

**Her abusive caregiver** was kicked out when Isabelle was 12. Her mother took over her care and actually did a decent job at

parenting her with love and kindness. At 14, she moved to the United States and went to a boarding school. The good-enough parenting was gone. There were only many girls who spoke a strange language and who worried about weight and boys and grades.

**The girl discovered** dieting and increasingly extreme food restriction. For the first time in her life, she was able to physically express her own hate of her overwhelming needs. For the first time in her life, she could control her needs by banishing them. This felt so good. She got the added astounding bonus of being seen for the first time in her life, at first because she looked so pretty with her weight loss, and then, because people worried about her.

**Much to her dismay**, the girl could not live without needs for more than a few months. Her hunger overwhelmed her and she began to binge regularly. She could not get enough food in her body. She was insatiable. This was completely unacceptable as it reminded her of the helplessness she had felt throughout her early childhood.

**She began to get rid** of the food that she had just ingested. And so began her 20-year journey of acting out the ambivalence of "need versus no-need" with bulimia. She desperately needed food, love, connection, pleasure, embodiment. She got a distorted but necessary experience of meeting those needs with binges.

**She even more** desperately hated those needs, for they made her weak, could not be met in the

"real" world, and pushed people away. She got a pleasurable experience of that "no-need" state after she purged, when she felt empty again, pure, needy-less. She thought she could control the disease. It soon controlled her. By the time she entered college, she was acting out 5-10 times a day, stuck in the endless vortex of the "need versus no need" paradox, unable to stop, unable to live a decent life. Although she got straight A's, she lived those years primarily numb, unable to soothe herself in healthy ways, unwilling to stay in her body at all.

**She had friends** but always felt like an outsider. She just did not know how to belong, to connect in a grounded and steady way. She had "boyfriends" but only managed to act out her caregiver-child relationship with them: she fell in love with them "too quickly"; she needed from them "too much". They rejected her needs and rejected *her* after a short while. This of course only proved her worthlessness and sent her spinning even more deeply into isolation.

**She met** her future husband towards the end of her senior year in college. He was the first man who truly loved her. They married, had three beautiful children. She was an amazing mother: she somehow did not repeat any of the wounds that she had lived through. She discovered God within and without. She became a skilled and busy therapist. She found meaning and purpose.

*Continued on page 18*



I am deeply grateful to write this “story” for it reminds me that even the most painful wounds can heal if we keep our hearts open and vulnerable.

**And yet,** she still could not heal her deepest attachment wounds for many more years. These wounds manifested in her relationship with her husband and in her continued (though decreasing) struggle with her eating disorder. She could not trust that she was okay just as she was, that she was loveable, that her needs weren’t “too much”. She could not trust that she wouldn’t be abandoned one day, when her husband would finally figure out that she was “bad”.

**To protect herself,** she pushed him away first, before he could. She rejected his love, his needs, his longing for intimacy and connection. She even left him once, grateful to prove to herself how she needed no one for those few months. By the grace of God, he did not give up. He did not stop loving her. He stayed steady, strong, centered. Again and again, he told her he wanted to be with her, that she was worthy, that she was loveable.

**For the first time** in her life, she allowed herself to believe in his unending love and loyalty. For the first time in her life, she decided to take a leap of faith and say “YES” to intimacy and trust.

**He loves her.** She loves him. And though there are times when she wants to believe that the world is a lonely place, that she doesn’t

deserve the abundance she receives, or that her life will fall apart when she least expects it, she doesn’t stay there for long. She calls her husband, sits on her meditation cushion, pets her cat, or journals, and she *chooses* to trust that Love is always present.

**You’ve of course** probably figured out by now that “she” is me. I am deeply grateful to write this “story”, for it reminds me that even the most painful wounds can heal if we keep our hearts open and vulnerable. Today, I no longer struggle with food. I surround myself with loved ones. And I truly, deeply, love and trust myself.

**When I started writing** this article, I did not realize that it would become a love story. But it did. I hope that it inspires you to find your own love story, wherever it may lie.

For more information contact Isabelle at [www.isabelletierney.com](http://www.isabelletierney.com)

**Isabelle Tierney, M.A., LMFT, CSPT, BHS,** is a licensed marriage and family therapist who holds an M.A. from Tufts University in Child Development, and a certificate in Brennan Healing Science. She’s been in private practice internationally since 1996 with a strong specialty in eating disorders (including anorexia, bulimia, binge eating) and other painful habits and addictions such as drugs, alcohol, overworking, and compulsive shopping. Isabelle practices both in her Boulder, CO office and through long-distance programs. She works with individuals, couples, families, and groups, is a certified yoga teacher, and incorporates somatic principles to help clients re-enter their bodies and discover the freedom and joy of being embodied.

She has created Soul Food, a line of products offering content-rich and digestible lessons for those who struggle with food and body image issues as well as those who struggle with relationship issues. Additionally, she travels the country leading workshops and speaking for audiences on topics such as eating disorders, stress, and addiction.



Isabelle and Brian Tierney



Stella Resnick PhD

# Full-Spectrum Therapy

By Stella Resnick  
and Nancy Eichhorn

Full-Spectrum Therapy (FST) combines cognitive-behavioral and somatic-experiential approaches, draws from attachment neuroscience, neuroplasticity, sexology, and the positive psychology of flourishing, and offers clients a new world view to adopt—to see problems as opportunities to evolve.

**T**o Stella Resnick, founder of the “full-spectrum” approach to both psychotherapy and sex therapy (FSST), our “issues” become valuable incentives—they challenge us to mobilize our inner resources and to grow. With a reframing of a client’s concerns into a more positive, evolutionary perspective comes the ability to create constructive goals. The aim is not just to ease the pain or discomfort of a present dilemma but to heal from old wounds, examine limiting and often intergenerational patterns of thought and distress, and embrace a new way of doing things.

“That’s the cognitive part of the therapy and setting goals is the behavioral. Now, how do we get there? That’s the somatic-experiential part,” said Stella, a clinical psychologist in private practice in Beverly Hills, CA, who specializes in relationship and sexual enrichment. “That’s where



clients learn through an internal tracking process how to be present in the body, breathing deeply, and drawing insight from the images and memories stirred up.”

Stella says that it’s the experiential processing that mediates between the cognitive—both the old and new way of thinking—and the desired behavioral outcomes that animate the healing process. She considers the tasks of FST as shuttling between the cognitive realm of understanding and the somatic realm of focused attention on

physical and emotional sensations, visceral perceptions, and motoric urges.

Stella’s current work grew out of her early Gestalt training first with Fritz Perls and later with Laura Perls and many others. “I’ve been putting this together all my life,” Stella said. “Much of it’s been driven by my own personal distress in relationships. I started with Gestalt work. Then I got into bioenergetics and bodywork. I worked with Charlotte Selver, Virginia Satir, Anna Halprin, Stanley Keleman, John Pierrakos, Moshe Feldenkrais, and Milton Erickson. I practiced Vipassana meditation and studied with Jack Kornfield, Chogyam Trungpa Rinpoche and Tartang Tulku Rinpoche.”

“When I was in a relationship where the sex wasn’t working,” Stella continued, “I got into studying sexology and sex therapy

*Continued on page 20*



*Full Spectrum Sex Therapy*  
*Continued from page 19*

and worked with some of the early educators in those fields. Now I'm inspired by attachment theory, brain imaging, positive psychology, and the amazing studies in neuroplasticity that reinforce our ability to change old patterns, even overcome our handicaps, and make remarkable gains." She says that the data also confirm the value of a phenomenological body-based approach to healing trauma, which supports much of the theory and practice of Gestalt therapy.

**Stella's practice involves** helping client's move through a variety of emotional and/or sexual challenges in their intimate love relationships. She sees couples together and often individually, and she also works with clients on any number of other concerns that may relate to parenting, work, or creative challenges. "Much of it," says Stella, "is not only about the stress in their lives but more to the point, how they have been programmed by their early attachment experiences to deal with stress."

**By learning to be present** in the moment and to practice conscious breathing, clients can observe their inner subjective experience and see what early memories surface. They can have Gestalt style dialogues speaking both as themselves and as their disapproving fathers or distracted mothers, and they can re-do those memories by giving the child they once were the ability and opportunity to say the things that never were expressed before.

**In the couple's relationship,** they learn to slow down the tendency to be reactive and to interrupt their knee-jerk threat reactions that only make matters worse. Only then can they choose a more effective way of responding to a difficult situation with their partner, especially during an emotionally challenging situation or sexually intimate encounter.

**Stella says she sees** many couples in therapy who are initially motivated for therapy by a lack of fulfillment in their sexual relationship. One couple, she spoke about came in because the husband was much more interested in sex than the wife. But

it turned out that a big part of their problem was the way the husband was putting down the wife for her lack of passion. I call it "bad foreplay," said Stella. The other part of this dynamic was that the wife was allowing herself to be bullied into sex, so that rather than have loving sex that was a turn-on, she ended up servicing him and then feeling resentful and turned off to him. He was none too happy about it either as he considered his wife cold and unresponsive during sex and unloving toward him.

**What makes a man think** that he can bully his wife into having sex and get great sex from the experience? What allows a woman to silently go along with her husband's demands and be resentful rather than express her needs? That's where Stella refers to the attachment research.

**Citing Alan Schore's work,** Stella described how we're born with an undeveloped brain and nervous system that gets shaped in the interactions with the primary caretaker, usually the mother. Only the right brain, the emotional, nonverbal hemisphere, is functioning during the first 18 months of life. The left brain, which is associated with language, doesn't begin to develop until after that.

**When the infant's** autonomic nervous system is stressed, a warm intuitive mother is able to comfort and satisfy the infant and reduce his or her stress. The mother's own stress levels are then down regulated and through this mutual regulation process the infant learns to feel secure, which enables curiosity and exploratory behavior.





**“If the mother is depressed** or detached, and continues to be distant, the infant is likely to grow up as an insecure-avoidant child who learns not to depend on others for comfort and as an adult who tends to self-soothe during times of stress. Children raised by anxious, intrusive parents are likely to grow up to be insecure-anxious adults who have learned to depend on others to reassure and comfort them and tend to be clingy in a relationship.

**When one partner is insecure** anxious and relies on reassurance and soothing while the other is avoidant and under stress needs to be alone, you can see where there will be conflict. In the example, it was the husband who needed the constant reassurance and that’s what having sex did for him. For the wife, she couldn’t imagine being comforted by anyone but herself. She needed to be alone when she was under stress.

**When an individual or couple** comes for therapy, Stella always take a family history to see how their early childhood programming, particularly how

they learned to handle stress, is influencing their ways of handling stress as adults, especially in their relationships.

**She asks people** to draw a diagram of their family as they were growing up, until the age of twelve, assigning a circle to all the females in the family and a triangle to all the males and showing the emotional closeness or distance between all the members of the family. Then she asks them to describe the relationship between the parents, then between the client and each of his or her parents and siblings. She also asks about illness or trauma, religion, what they learned about sex, and anything else that clients consider important in their early development.

**People’s early** childhood experiences, particularly their observations of their parents’

interactions, becomes their template of what to expect in relationships—often called the working model of relationships.

**When Stella asked** the bullying husband and the docile resentful wife to draw their family interactions, she was able to show them that how they learned to respond to each other was a repeat of what they witnessed in their own families. The husband’s father was an angry, demanding man while the wife’s mother was the silent suffering type who was seething with anger. Neither one of them wished to continue the intergenerational patterns that had become their own habitual ways of responding to each other.

**However,** it’s not easy to change those patterns as our brains and nervous systems are programmed to automatically respond to stress in a particular way. For the man, it was to demand what he wanted,





for the woman, it was to suffer in silence and then get even in passive vindictive ways. Showing them how that was their programming lead to the cognitive dissonance that can motivate change. Neither wanted to repeat his or her parents' limitations.

**That's where conscious breathing** comes into play in helping people develop skills that can support change, Stella said. The sympathetic and parasympathetic nervous systems are governed by our breath, where each inhale activates the SNS and each exhale stimulates the PNS. When people are in a state of alarm, they tend to hold their breath. People who live in a chronic state of stress tend to breathe in with shallow breaths, like arrested startles, with only their upper chest moving. They don't exhale fully; the air seeps out, just enough to enable a little room for a bit more oxygen to come in. The breath is the one place in the body we have voluntary control over an involuntary process.

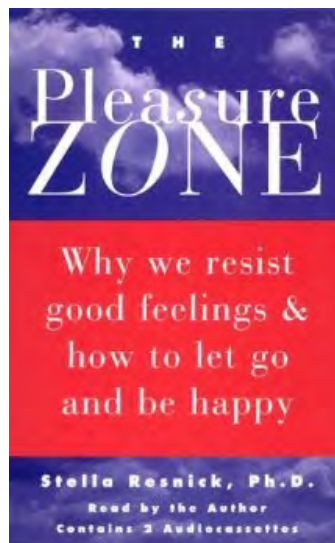
**Learning conscious breathing**, as a way of getting in touch with emotions and balancing the nervous system, is a part of the skill set that Stella teaches her clients. She calls this the "principle of relaxed excitement." According to Stella, "The key to success in everything—whether in health, work, intimacy, fulfilling sex, or thriving during hard times—is being able to cultivate the ability to relax into your excitement. If your SNS starts to really fire, you need support from the PNS to stay open so you can

comprehend what's going on and not just react reflexively based on the past and your programming. "I teach people to slow down, breathe, look around and see what's happening, see what your options are. I want them to be mindful and to know that, 'I don't have to react. I can lower my stress level, assess the situation and decide on how I want to respond,'" Stella said.

**A big part of FST** is about helping clients to expand their repertoire of pleasures, to learn to de-stress, to play, to relax and to be present to everyday delight.

**"Why do people resist feeling good?"** she said. "This brings up the importance of enhancing the capacity to enjoy pleasure, which research continually shows is good for health. Her first book, *The Pleasure Zone*, researched the field of psychoneuroimmunology,

PNI, and showed how pleasurable experiences boost the immune system, helping us to resist illness,



even illness that we are genetically predisposed to, and to

recover from ill health. Yet most of us have learned to hold ourselves back from feeling as good as we can.

**Studying Wilhelm Reich** and his notions of "pleasure-anxiety" and "pleasure-resistance" influenced Stella's insights: "much of our negative conditioning around pleasure comes from early childhood during the encounters with parents over displays of exuberance or sexual interest," she said.

**"We are born sexual,"** Stella said. "Little boy babies have erections in the womb; little girl babies begin to lubricate by three days of age. The data show that sexuality is independent of reproduction. It is one of the early sources of pleasure."

**Stella observes that most attachment researchers** don't take into account the fact that the attachment bond developing between a parent and child is forming with a child who is awakening to sexual feelings—that attachment and sexuality become intertwined. John Bowlby, the founder of Attachment Theory, knew that as Stella quoted him as saying, that the attachment behavioral system and the sexual behavioral system "have unusually close linkages."

**As babies our bodies feel good** to the touch and we experience joy. But we often learn at a very early age, that it is not okay to be sexual in the presence of family. If parents frown during diapering when the baby touches his or genitals, or they slap the baby's hand, or in other ways shame the

developing child, he or she will learn to suppress his/her sexual feelings at home and direct their sexuality toward strangers. That's a good thing in one way because it discourages incestuous feelings, but it becomes a problem when we fall in love and make a commitment. When we move in together, and start treating each other more like family and less like a lover, there's an automatic tendency for the pelvic area to turn off sexually. Stella calls this the "love-lust dilemma," which is the subject of her second book, *The Heart of Desire: Keys to the Pleasures of Love*.

**In the family history inventory,** Stella asks questions like, "Did you ever see your parents kiss or be affectionate with each other?" These childhood experiences are significant with how they feel about their own sexuality. Kissing, hugging, that's enough for programming positive sexuality."

**Stella is now very interested in** training psychotherapists and sex therapists in her "full-spectrum"

approach and to gain a greater understanding from each other's fields. She says that few psychotherapists are knowledgeable about sexual development and how the sexual self is at the core of personality development, while most sex therapists often treat sexual concerns primarily as an activity that requires developing better sexual skills. So while psychotherapists often deal with the emotional aspects of clients' issues, sexuality, which is a core aspect of our self, is often not talked about at all.

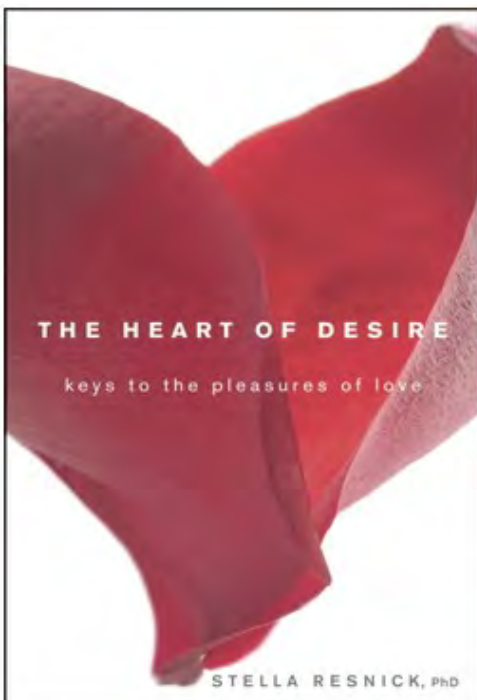
**For Stella, it's important for** psychotherapists to become more informed about the interconnections between a client's emotional and sexual development. For sex therapists, she wants them to know more about the deeper emotions—the anxiety, feelings of inadequacy, or shame—that may impact how the client feels about sex and to learn how to deal with those feelings more effectively. Stella has been leading trainings on this work twice a year for the last six years at her office in Southern California. Starting in February of 2014, she will be leading five day trainings at Esalen Institute in Big Sur, California.

**Stella sees intimate love** relationships as fundamental to human well-being. She recognizes sexual aliveness in long-term relationships as fostering feelings of romantic love, even in long-term relationships, and engendering contentment with oneself and one's partner. She describes relevant research in positive psychology and the science of flourishing to help clients broaden their understanding of what works and to build skills that

**Intimate love relationships are fundamental to human well-being.**

nurture loving feelings and sexual pleasure. Her therapeutic model blends cognitive and somatic methodologies using present-centered body-based Gestalt processing, breath and body attunement, and visceral and sensory perception exercises. The aim of FST and FSST, Full-Spectrum Sex Therapy, she said, is to inspire insight, reduce stress, and enhance the ability to enjoy feelings of love and sexual pleasure.

**Stella Resnick, Ph.D.,** is a clinical psychologist, certified sex therapist, author, speaker, and seminar leader in private practice in Beverly Hills, California. She also trains and supervises therapists in her Full-Spectrum approach to psychotherapy and sex therapy. Her latest book is *The Heart of Desire: Keys to the Pleasures of Love*. She can be reached through her website at [www.drstellaresnick.com](http://www.drstellaresnick.com).





# Across the Pond



Jill van der Aa  
General Secretary/Vice President



European Association for Body Psychotherapy



Lidy Evertsen  
EABP President

**The EABP /ISC Congress** website went live <http://lisbon2014.eabp-isc.eu/en2014/uk.php> in the middle of summer – a time when my husband and I (Jill) were digging in our garden early in the morning, sitting admiring our handiwork with a cup of coffee for breakfast and enjoying a glass of wine on our terrace for dinner. Most of us here in Europe – and no doubt Across the Pond too - were soaking up the holiday sun as if we had never seen the sun before – although since then it has continued to shine. But after that awful winter – thank goodness!

**Yes the conference** is not tomorrow – it's more than a year away – September 2014 and we have not yet reached September 2013. However the website is live and we are already excited at having the next Congress to look forward to.

**The EABP Board** is always having a discussion with itself – one of these staring into our own navels sort of discussions: “What are we doing for our members? Are we doing enough? Could we do more?” Somehow we are never satisfied with the answers and our

doubt, of course, travels out to some of the members who then say, “What am I getting for my money?” Why can't I pay less? “What is it you are actually doing sitting there on your backsides! What about this or that?”

**Having just spent time** during the summer, in-between the coffee and the wine, updating the EABP membership pages with Maria Chatzidaki from Greece and Thomas Riepenhausen from Portugal (also Chair of the Congress committee), I can say I/we have been thinking deeply about these questions.

**Do we do enough?** Yes we do!! Do we ask enough for membership fees – no we don't and the fees should go up! Then we will be able to do even more for our members. But that is another question.

**So what do you,** the members, get for your membership fee?

**First and foremost** – and what I consider to be way the most important – is that if you are a member of a professional organisation, like the EABP or the USABP, you belong to a

professional community of like-minded souls – body psychotherapists who have spent many years training (a University study first and then four to five years of BP training) and now work with the methods and techniques with a wide range of clients. This is a small but vibrant community; there are not many of us. And although I hesitate to mix belief with a professional organisation, I think I can safely say that we all believe that working with the body as well as the mind is effective. And we believe that we really have something new to offer here to the many therapy approaches that solely rely on working with the mind.

**For some people,** just belonging to a community is enough. Others are of the opinion that the more effort you put into your family, your friends, and in this case your community, the more you get out of it. They read *Somatic Psychotherapy Today*, they subscribe to the *International Body Psychotherapy Journal* and they open the eNews that comes with regular intervals onto their desktop. Many participate in writing articles or interviews or

books about methods and techniques and about theory and case studies. We are just in the process of editing the Autumn IBPJ. Wonderful articles coming up! And of course they offer workshop presentations and attend the biannual congress.

**We could talk** more about the work that many of our members are doing to improve the quality of our professional practice – updating the Training Standards, the Membership Criteria and working on introducing Continuing Professional Development. We could also talk about the very exciting discussions going on in LinkedIn and in the Training Institutes and Professional Associations. Because of all of this work our field is changing radically.

**But it's summer,** and I want to talk about the fun of it all. The congresses are where it all started way back in Davos, Switzerland in 1989. Because a group of body psychotherapists got together, had fun together, swapped stories and theories and techniques, danced together and talked way deep into the night – an Association was born and then another – the EABP and the USABP!

**We, the next generation,** have not forgotten the fun. Many people who come to our congresses over the years have experienced this. Your very own editor, Nancy Eichhorn, says the following about her experience at the Cambridge conference in 2012 in her Conference Report published in the *Body, Movement and Dance in Psychotherapy Journal*, Volume 8, Number 3, August 2013:

*The overall tone within this*

*diverse international crowd was one of a close-knit community; a sense of connection existed. People talked freely with one another (despite language differences) and offered a warm welcoming through touch, gesture and facial expression. I felt an easy flow between myself and others. During the lunch break, people moved outside to appreciate the sun and congregate in groups; rather than cluster within known circles, strangers invited others to join in so no-one was left seated alone (unless by choice). I gratefully appreciated the open expression and the room for all to gather and share with equal appreciation and respect.*

*Panel presenter Asaf Rolef Ben-Shahar's presence on stage mirrored this sense of opening and availability. He walked across the stage in his socks to greet an auditorium filled, almost, to capacity and shared his need for help to regulate his sense of nervousness, his need for all of us to provide a container to support his participation. He presented himself as soft-spoken, gentle, vulnerable, honest as he shared his recent experience with the whooping cough and his fear when it passed on to his two young daughters. Humour, guilt, frustration, embodiment – his story mirrored many personal experiences shared during the Congress which shed light into the depths that Body Psychotherapy can reach within a human being.*

**Nancy was one** of the several American attendees at the congress – members of the USABP can attend for the EABP member price.

**By the way,** we usually dance all night, too, as well as talk, but we missed The Shrinks last time – the band that has played and sung at nearly every congress since the beginning.

**By attending** a congress you are making the very most out of your membership, and we encourage you to join us. The Lisbon congress is organised in collaboration with the International Scientific Committee of Body Psychotherapy—a loose-knitting organisation of Latin American and Spanish-speaking body psychotherapists—so we look forward to meeting many colleagues from South and North America.

**The conference** in Lisbon, Portugal is 11-15 September 2014. The Body in Relationship SELF – OTHER – SOCIETY. It focuses on Body Psychotherapy in its current richness bringing together professionals from many European countries, Latin America and the United States. It covers theory, clinical practice, the embeddedness of our work in society, as well as the cultural diversity of the movement.

The committee has once again worked hard to keep prices low and accommodation and food in Portugal is also comparatively cheap. Booking early of course gets the best prices and the hotels closest to the congress venue.

Registration starts mid September. Read further for more information and content details <http://lisbon2014.eabp-isc.eu/en2014/>





# Body Wise

By Kamalamani

## Holding to Nothing Whatever

"Freedom means nonattachment, which is not indifference but rather the penetration of absolute truth. To see that clearly, we let go for one moment of anything that we call our own, anything that we like or consider important. We examine it until its fleeting nature has become quite apparent" (Khema, 1999: 117-118).

I find myself free associating as I bring to mind attachment, the theme of this autumn edition of 'Somatic Psychotherapy Today'. Attachment as discussed in Bowlby's classic studies, attachment in terms of the teachings of going beyond ego-clinging from Buddhist teachings, as well as the free-flowing images and reflections floating readily to the surface of my consciousness.

### At the Zoo

The image of my nephew, age three, at a visit he and I make to Bristol Zoo one warm summer's day. He dashes towards the marine tank, pointing excitedly at the penguins; lost in a watery world, his little frame swamped



*Stock photograph from Dreamstime*

by the huge aquamarine tanks full of excited life. Moments later a flash of anxiety, and he scours the crowd to find me. He runs back to my side and grabs my hand. A few minutes later he looks up at me, looks across at the monkey cage, looks back at me and decides to go it alone once more, trying out his new-found toddling independence. After meeting the monkeys he runs back to the safety of my hand-hold. I feel like a living example of one of Bowlby's research subjects.

### Remembering Ruby

Last Friday I supported a fundraising event organised by my workmate, Mark. He continues to do an amazing job of raising money for the charity Meningitis

UK, supporting them to find a vaccine for this scarily swiftly-acting disease. As he runs the raffle there is a fleeting moment when he falters. It's so fleeting that to most people it goes unnoticed. Inside the body of this tall, upright, courageous man is a mending broken heart. He mourns the very sudden death of his daughter, Ruby. Ruby by name and by nature; embodying her jewel name, she was a sparkling, fun-loving, enchanting little girl. Mark and Ruby's attachment defies death and her memory lives in his heart and in his enduring efforts to help other bereft families.



*Stock photograph from Dreamstime*

### **Bonds of Friendship**

On Saturday we celebrated the 70th birthday of a very old friend and neighbour with her daughters and friends. Years pass and we don't see each other and yet those enduring bonds are just there. Bonds forged in baby paddling pools, charging around on ponies, and playing together at home. These bonds are a poignant reminder of connection at a time when I find myself at cross-purposes with another friend. We are in dispute. We are in one of those scenarios when the differences in our characters, our opposite-ends-of-a-telescope perceptions, and our diverging life plans mean that it feels hard to find ground upon which we can meet. It's not yet the time for reconciliation; for me it's a no-man's-land time of patiently attending and limiting judgments.

### **Client Endings**

Therapy-wise I have been feeling twinges of sadness following the ending of two long-term clients this summer. Last Friday one flew home to the States. His leaving the country somehow amplified this ending compared to other endings. I wonder: *Did he get his flight okay? How was his homecoming? How will the transition from UK to US life be?* My maternal counter-transference continues, and I feel the tangible loss of the privilege which it is to work with someone intimately over five years; the same time each week, year in, year out.

### **Reflections**

I am most interested in attachment not as a theory, not simply the contents of a text book, but as a process we're all in, we're all doing, all of the time. Of course we have our very powerful pre-

natal and childhood imprints of our notions of attachment or lack there of. We are born seeking contact for our own survival, nourishment, our sense of ourselves and our relational, gendered place in the world. In Reichian terms, how we seek to attach or detach *in character*. We do our best figuring out the big questions of how to be, how to feed, how to assert our independence - with our toddling little legs - how to trust our body's cycles and our sense of autonomy, trying out our thrusting power and taking on our sexual, gendered identity in the big, wide world.

The subject of how we approach contact with others, seeking to consciously and unconsciously make and sometimes break attachments with others, in character, is a subject close to my heart. It is the theme of my first book 'Meditating with Character'.

*Continued on page 28*



The book's contents weave together post-Reichian character structure with meditation and reflection exercises, resting on the Buddhist teaching of the 'three laksanas'. The three laksanas teach of the unsatisfactoriness, impermanence and insubstantiality of life. How we come unstuck when we relate to life as if it were constantly satisfying, never changing and consisting of people, places and events that are fixed rather than a constant flux of growth and decline, growth and decline. How we find wide-winged freedom through loosening our self and world views, our attachment to certain outcomes and circumstances, and realising the creative facets of our character conditioning.

Our ego-clinging to a view of ourselves and others as satisfying, constant and fixed in nature - causes us suffering. In our 'me-making' we forget to remember that we aren't the centre of the universe. 'Shock horror, she doesn't agree with me! He sees the world differently!' The antidote to attachment is to dwell upon the reality of the nature of how things are, how our lives unfold in front of us: happy, sad, neutral, often in the course of just one morning, ever-changing and flowing, rather than reliable and samey.

This teaching sounds so simple, is so simple, but is trickier to practise.

I have seen myself and others create problems for ourselves in taking the teachings on ego-clinging to mean flatly denying our human attachment to others. Ouch. It can be easy to fall into the trap of thinking of enlightenment as a rather detached, cool state of being, even an escape. Meditating far from the world. Removed from, or



Donated by the photographer, Akuppa John Wigham, and the sculptor Sagaravajra. <http://www.flickr.com/photos/90664717@N00/167725366/>

beyond the tangles, confusions and delights of everyday life. That's not my perception of enlightenment. Enlightening moments witness our connection with all that lives human and other than human, imbued with compassion and wisdom.

And Buddhas have characters too! Perhaps when we've fully

awakened with Buddha nature some of us will tend to be more reserved and detached, others more full-blooded and passionate. In the meantime, we practise the art of muddling through the lotus pond of life. It's helpful to remove ourselves from the conditions of our everyday life from time to time, not as an escape but as an experiment in seeing what happens to our hearts, minds and actions in a different context. But, of course, we have our enlightening moments here, in this body, in the midst of this precious human life.

Our human bodies want to, need to attach, in terms of sensing contact with ourselves and other beings. It's the most human thing to want to make contact. It's the nature of this attachment that can tangle us up; when we start expecting the other to see the world through our eyes; when we treat each context as if it were our family of origin; or when we struggle to understand the other's world view, making them wrong rather than clocking the vast differences between us.

Just as our amazing, beautiful bodies are subject to old age, sickness and death - not as permanent as we'd sometimes like - so our attachments with others are unpredictable: the Mum who isn't ready for motherhood and hasn't the capacity to nurture her child; the client who disappears; the father whose own wilfulness is threatened by his toddler's temper tantrums; the child who dies; the lover who leaves, finding love elsewhere; or the long-

term friend with whom we find ourselves parting company.

Attaching, detaching, living and loving, it's a never-ending Herculean task! How do we live and love fully, attaching and detaching, knowing in our bones the truth of impermanence and insubstantiality? Is it possible? How do we build rapport with clients? Friends? Family? Do we show only our professional persona to clients, or allow our own character to permeate our therapeutic presence and responses? Is it easier to hide in a monastery with our monkey-like mind to tame? Or easier to rocket full-throttle into everyday life with all its 'honey on a razor's edge' distractions?

I guess we start from where we are, with honest eyes and heart which expand to compassion for ourselves and others. Even with "good enough" parents or carers we have our own work to do in understanding our own quirks and strengths in relating to ourselves and others, whether we're six or 60.

In understanding my own attachments and character I find myself simultaneously accepting who I am, and, in parallel, never accepting who I am in the sense of fixing myself, boxing myself in and forgetting the path of freedom. In the meantime I cultivate cajoling compassion for the bits of my experience and history with which I continue to struggle. Our relationship with our attachment patterns and character are, too, in constant flux. Moving through the different cycles of life: babyhood, childhood, teens, middle years, eldership, and surfing the unpredictability of life's circumstances, we are brilliant work in progress.

I am reminded of a line from the 'Heart Sutra', one of the most popular and quoted Buddhist scriptures:

"Holding to nothing whatever,  
But dwelling in Prajna wisdom"  
(FWBO, 1999).

**Kamalamani** is an Embodied-Relational therapist, supervisor, facilitator and writer living and working in Bristol, UK. She has been a practicing Buddhist since her early 20s and loves seeing how age-old teachings and practices are relevant to contemporary life. She works at the interface of body psychotherapy, ecopsychology and ecodharma, drawing upon her experiences of being a development worker in sub-Saharan Africa, a lecturer in International Development at the University of Bristol, her current meditation practice and being a child lost and found in nature. Her first book 'Meditating with Character', published in 2012, explores engaging with meditation through the lens of post-Reichian character positions. She is a steering group member of the UK-based Psychotherapists and Counselors for Social Responsibility (PCSR) and editor of its in-house journal, 'Transformations'. She co-facilitates Wild Therapy workshops with Nick Totton and meditation workshops based on her book. [www.kamalamani.co.uk](http://www.kamalamani.co.uk)

#### References:

Khema, A. (1999) *Be an Island: The Buddhist Practice of Inner Peace*. Wisdom Publications, Boston.

FWBO (1999) *Puja: The FWBO book of Buddhist Devotional Texts*. Windhorse Publications. 6th edition. This particular translation of the 'Heart Sutra' is by Philip Kapleau Roshi.

## Institute for Embodiment Studies

The Institute for Embodiment Studies is a non-profit educational organization dedicated to advancing interdisciplinary scholarship in the field of embodiment studies. Through education, research, and community engagement, the Institute provides an international forum for academics, practitioners, and community leaders to share knowledge about the role of the body in human experience.

<http://www.embodimentstudies.org/>



Founded in 2011 by Dr Rae Johnson







## BONDING

## BEFORE

## BIRTH

By Marjorie L. Rand

**S**o much attention has recently been given to the re-vitalized Attachment Theory of John Bowlby, but little is known about the field of Pre and Perinatal Psychology and the prenatal stages of bonding before birth. I have spoken and written about this since the 1990's and would like to present it to you here. I basically see an ongoing relationship of attachment and separation in a homeostatic balance from conception through the lifespan. This is by no means a thorough explication of a theory, it is just my way of looking at it.

### **TRIMESTER ONE: Attachment**

I think of conception, the meeting of the egg and sperm, as the first attachment—two become one. From the moment of conception, division of the fertilized egg occurs. I am not an embryologist, but intuitively I think this is when cellular consciousness begins.

When it has divided eight times, the journey through the fallopian tubes (separation) has ended and the next attachment—implantation into the uterine wall occurs.

Women usually do not know they are pregnant until after their first missed period (due to implantation there is no shedding of the uterine lining). This is usually a two week period of time. Today, with home

pregnancy tests, pregnancy can be confirmed even earlier.

So, I believe the next stage of attachment is for the mother (and father also by extension) to accept a foreign object into her body as a part of herself. The fetus blissfully floats in space attached to the mother ship, merged completely.

### **TRIMESTER TWO: Relationship**

Modern technology (ultrasound) has now allowed parents to meet their fetus at an earlier time, but usually is done by trimester two. In this trimester, the mother will feel the first movement of the fetus (which used to be called

“quickenings”), because the fetus can now come into contact with the uterine wall.

Trimester two becomes a time of accepting that the fetus is a separate being capable of its own movement. This begins a relational dynamic between mom



*Stock photograph from Dreamstime*



Stock photograph from Dreamstime

**I believe the quality of the re-bonding period determines the infant's ability to form relationships throughout life.**

and fetus. I usually ask both mom and dad to begin telepathically sending messages to the fetus, or speak or sing aloud to the fetus. Describing emotions and creating boundaries for the fetus. This act will change the brain chemistry of the parents. By the end of Trimester Two, all of the senses are developed and the fetus can see light and shadow through sealed eyelids and can hear voices and sounds outside the womb (although the mom's heartbeat and digestive sounds are in the foreground). In this way the fetus forms relationships with the father and siblings as well, and it knows their voices at birth.

I have seen many infants who have heard the sound of my voice every week for 39 weeks, and when they come in to see me as newborns, they know my voice as well.

### **TRIMESTER THREE: Separation**

In the third trimester the fetus has no more development to go through except to grow larger. In fact, it is the size of the fetus which actually initiates the beginning of the birth process by stimulating the production of oxytocin, a hormone that causes uterine contractions.

Psychologically, the parents are in the "nesting" phase preparing for the arrival of their child. Usually by now, the mother is quite ready to deliver her baby as she becomes more uncomfortable. Trimester three terminates with the birth of the fetus.

### **TRIMESTER FOUR: Re-bonding**

Human infants are born approximately 9 months premature because the size of the fetal cranium could not navigate the birth canal after we became bi-pedal. Most mammals are able to get up and walk shortly after birth, but human infants are completely helpless for a very extended developmental period. I call the first three months of life the fourth trimester. The critical stage for re-bonding after birth is 45 minutes to 72 hours. Unlike ducks, human infants are able to re-bond even if they are separated from their mother after birth.

I believe the quality of the re-bonding period determines the infant's ability to form relationships throughout life.

**Dr. Marjorie L. Rand** has been a licensed psychotherapist for 35 years. She was initially a dancer and a dance/movement therapist before she got her PhD. She is a trained Gestalt therapist, and a pioneer in the field of body (somatic) psychotherapy. She developed with Dr. Jack Rosenberg and taught Integrative Body Psychotherapy worldwide and was a founding member of the United States Association of Body Psychotherapy. Marjorie is a long time student and practitioner of Yoga and is a certified Supported Yoga therapist. She has written four books and many published papers on body psychotherapy. The latest entitled, *Defining Moments For Therapists*, was published April 19, 2013. They can be found on her website [www.drrandbodymindtherapy.com](http://www.drrandbodymindtherapy.com) or on Amazon.com

#### Reference

Bowlby, J. (1988). *A Secure Base: Parent-Child Attachment and Healthy Human Development*. NY: Basic Books.



# The Little Book of Neuroscience Haiku

Written By Eric H. Chudler

Reviewed By Nancy Eichhorn

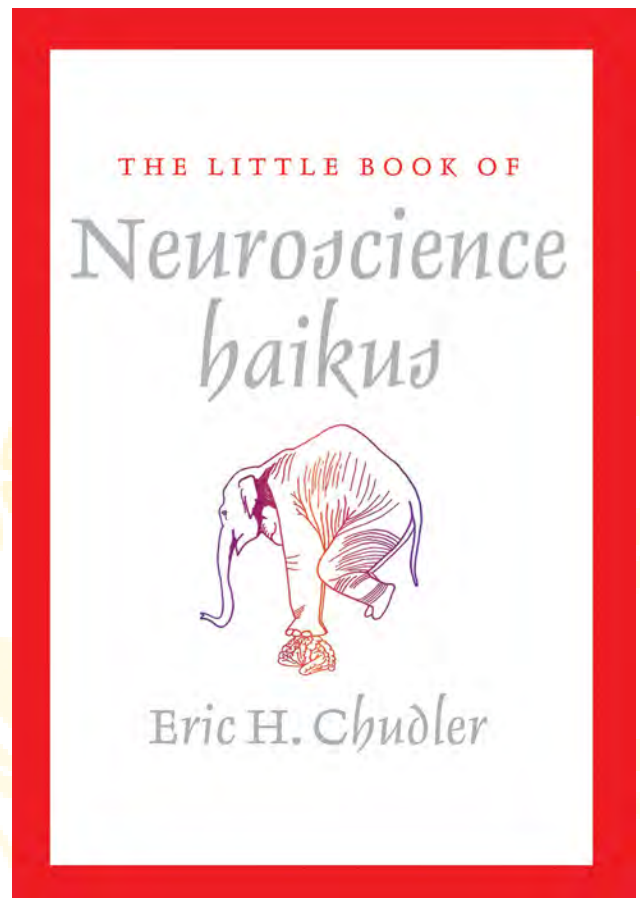
**P** sychology has teamed up with neurobiology. From the Decade of the Brain (in the 1990s) to the Decade of Behavior (in the 2000s), scientists, theorists, and therapists have aligned their insights and work with neuroscience. Their focus now on understanding basic behavioral mechanisms associated with their biological substrates such as disruptions in cognitive/emotion interactions (depression, bipolar disease), post traumatic stress disorder, autonomic nervous system cycles in trauma response, and so forth.

**Within this neuroscience based frame,** clinicians often find it useful to share with clients what's happening physiologically such as in response to flashbacks or panic attacks. It can be helpful to explain the flight, fight, or freeze response and how the sympathetic and the parasympathetic nervous systems are evolutionarily designed to protect us from danger and allow us to rest and rejuvenate. And yet, this expansive reach of neuroscience twining with psychology may also, at times, leave people wondering, just what do all these terms mean? What are neurons and how do neurotransmitters do their work? How does the amygdala play into our memory and the limbic system regulate our emotional state?

**Detailed scientific answers exist,** but there are times when a simple response is all that's needed, a quick way to remember what is what.

**Eric H. Chudler PhD,** has created a unique medium to bring basic concepts of neuroscience to a broad public audience—*The Little Book of Neuroscience Haiku*. Originally a Japanese poetic form involving words to create an image that captures the essence of an experience (typically with nature) within 17 syllables (three lines, 5-7-5 syllable format), the

English Haiku version often varies from 10 to 14 syllables and also relies on few words to share an experience without directly talking about it. Eric chose to honor the 17 syllable format and he did capture the essence of an experience, but he stretched the form from its traditional usage—his poems capture the essence of neuroscience in three categories: people (e.g., neuroscientists, research scientists, and noble prize winners), places (e.g., the hypothalamus and the cerebral cortex), and things (e.g., the hippocampus, PET and MRI scans, ice cream headaches, and pain relief through endorphin release). And he offers his experiences with a dose of



humor, making the learning process fun. After each haiku, there's also a brief description/definition of the concepts introduced in the poem.

**For places, Eric writes:**

*Who, what, when, where, why*  
*Electrochemical signs*  
*Three pounds of tissue*

Neurons send messages through an exchange of electrically charged chemicals. These messages are responsible for all function of the 3-pound human brain.

*Cerebral cortex*  
*Surrounding outer layer*  
*I think about thoughts*

The cerebral cortex is the outer layer of the brain. In fact, the word cortex comes from the Latin word meaning "bark of a tree." This area of the brain is responsible for higher-order cognitive processes such as language, decision making, reasoning, and complex thought.

**For the Parasympathetic Nervous System:**

*Flight-or-flight response*  
*Activate sympathetic*  
*Escape angry bear*

*A warm, sunny day*  
*Parasympathetic time*  
*Let's rest and digest.*

**For the Vagus Nerve and the Amygdala:**

*They call it vagus*  
*both sensory and motor*  
*wandering tenth nerve*

and

*Spiders, snakes, oh my*  
*Almond-shaped amygdala*  
*Interpreting fear*

**For Things**

*Memory fleeting*  
*Cannot remember who, what*  
*No hippocampus*

The hippocampus is a brain structure involved in the complex process of forming, sorting, and storing memories . . .

**Eric also addresses the myth that we only use 10% of our brain:**

*Only 10 percent*  
*Most sitting unused, fallow*  
*It cannot be true*

It is a myth that we only use 10% of our brain. Clinical and experimental data show that we use all of our brain.

**For the limbic system:**

*Anger, happiness,*  
*Fear, sadness, joy, and despair*  
*Limbic structures link*

Limbic system . . . important for controlling the emotional response to a given situation and also for memory

**For depression:**

*Depressing, sad thoughts,*  
*Overwhelming daily life*  
*Purple haze surrounds.*

**There are over 100 Haiku** touching on topics such as neuroplasticity, restless leg syndrome, addiction, Parkinson's disease, pain, areas of the skin, and more. Eric offers a creative, enlightened, and entertaining way to bring the world of neuroscience to a broad audience. His target audience ranges from advanced, APA high school biology students to precollege students just learning about the nervous systems as well as teachers and professors. Therapists and people simply interested will appreciate this quirky \$10.00 book (at Amazon.com). It is well worth the investment for some fun insight into neuroscience.





Eric H. Chudler

## The Little Book of Neuroscience Haiku:

### An Interview with Eric H. Chudler PhD

By Nancy Eichhorn

**E**ric Chudler's publication list runs for pages and pages. His educational experiences (paid and volunteer) and presentations are just as expansive. Neuroscience is part and parcel of Eric's being.

**As Executive Director** at the Center for Sensorimotor Neural Engineering and a Research Associate Professor in the Department of Bioengineering at the University of Washington Seattle, WA, Eric oversees "cutting edge research that is devoted to creating new devices that interface with the nervous system for mobility deficiency." According to Eric, people who suffer strokes often

become immobilized (specific areas such as a hand may be affected as well as the ability to walk), so scientists at the research center design devices to help get people moving. His personal research focuses on cortical and basal ganglia mechanisms of nociception and pain as well as how the cerebral cortex and basal ganglia process information from multiple sensory systems (multisensory integration).

**He hopes to understand** how these areas process sensory information in order to understand how the nervous system responds to environmental cues and how organisms make use of these cues to make appropriate behavioral responses. Eric is exploring the etiology of Parkinson's disease with one outcome of his work potentially providing information that can lead to potential treatments.

**Eric is also well known** for his award winning website: Neuroscience for Kids (<http://faculty.washington.edu/chudler/neurok.html>), portions

of which are available in Spanish, Slovene, Chinese, Portuguese, Italian, Korean, Dutch, Telugu, Japanese, Belarusian, Serbian, Russian and Turkish. Created for students and teachers who want to learn about the nervous system, the website offers experiments, activities, and games to help visitors discover the 'exciting world if the brain, spinal cord, neurons and the senses'. There is a questions and answers page, up-to-date discoveries in brain research with Neuroscience in the News, the Neuroscience Kids Newsletter, and BrainWorks a 30-minute TV show about the brain hosted by Eric.



**Working extensively** with public school teachers, Eric says that teaching and education run in his blood. He's always trying to think of ways to bring science to the public be it hands-on experiments, plays that he and others perform, and artwork contests.



**“I’m always looking** for another way to reach teachers and students, some new media to convey scientific concepts that brings neuroscience to their awareness,” Eric said.

**One of his newest adventures** led him to write *The Little Book of Neuroscience Haiku*. Motivated by questions he’s received, Eric said the content isn’t so much about him telling people what they need to know but rather offering the information they’ve requested.

### **But why a book of haiku?**

**“Haikus are words** that have pictures,” Eric explained. “When I see the brain stem I picture a flower pointing to the stem. Pictures become words . . . the associations I see in pictures become a puzzle that I can think about, but only in 17 syllables. It’s a big challenge to convey a concept with a restricted number of syllables, a very difficult

concept in a short space. The poems are so short that they only scratch the surface. The explanations offer some background but not too in-depth.”

**“Driving down the road,** taking a walk, ideas just hit me. I didn’t sit down and try to come up with 100 haiku. They just flowed in. I think after I started, the poems developed into three categories: people involved with neuroscience, places in the nervous system, and things—techniques,” he said.

**“I would simply listen,** pay attention to what was happening around me,” Eric said, “and then convey the idea with humor. They are not strict haiku, not tied to nature. I was stretching the boundaries a bit; I wanted to twist in humor to give a bit of a punch to them.”

**The main purpose of the book** is educational—to get people thinking about neuroscience.

**“Whenever I talk to students** I try to convey how complex and fragile the brain is, how it provides us with potential and that it holds so many mysteries that we don’t know about. If they could read a book that caused them to ask more questions, to want to learn about the brain and about diseases, well, I want to motivate them to learn about the nervous system. I want to extend science outside of the realm of the classroom and make science fun, not just all rote memory.”

**Eric was clear** that he did not want to write about anything he didn’t feel he knew. “I’m an expert in neuroscience, and I’ve

turned down offers to speak and write about things that I’m not an expert. Unless you really know it and study it, you shouldn’t write about it. I’m not afraid to say I don’t know,” Eric said.

**One of every writer’s dreams** is to have a giant publisher approach them, offer to represent his/her book. Eric lived the dream. A representative from W. W. Norton approached him and asked if he had some ideas he wanted to write about. They had discovered his website and asked him to submit a book idea. Because of the good response to this book, they asked him to write another. “I offered them a second idea that they didn’t like,” Eric shared, then added that he has a new idea that shows promise.

**Eric H. Chudler** is a neuroscientist at the University of Washington (UW) in Seattle. After receiving his undergraduate degree from the University of California, Los Angeles, Dr. Chudler attended the UW where he received his M.S. degree (1983) and Ph.D. degree (1985) from the Department of Psychology. For postdoctoral training, he worked at the National Institutes of Health in the Washington, D.C. area (1986-1989) and then accepted the position as an instructor) in the Department of Neurosurgery at Massachusetts General Hospital in Boston, MA. (1989-1991). Dr. Chudler returned to Seattle in 1991 where he became a faculty member in the UW Department of Anesthesiology and later in the UW Department of Bioengineering. In addition to his research, Dr. Chudler serves as the Executive Director of the Center for Sensorimotor Neural Engineering. email: [chudler@u.washington.edu](mailto:chudler@u.washington.edu)





# Resources

Jacqueline A. Carleton, PhD and the USABP Interns



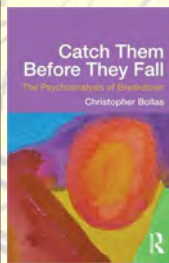
**8 Keys to Stress Management.** By E. Scott (2013) New York, NY: W. W. Norton & Company, Inc. ISBN: 978-0-393-70809-7. 203 pages.

Reviewed by: Julie Y. A. Cachia, New York University

Elizabeth Anne Scott's *8 Keys to Stress Management* begins by defining "stress" and outlining its various forms before providing practical short-term advice on how to deal with stressors and then a broader practice for long-term resilience. Scott structures the book by outlining eight key stress management concepts. Although the chapters are organized so as to provide readers with information in the most effective way, Scott herself encourages a more flexible approach (skipping from section to section for relevant information) if deemed more effective by the reader.

The text's balanced emphasis on both physiological and mental processes makes it a holistic and thorough guide for a broad audience. Whether dedicated to physiological or mental processes, each chapter concludes with specific ways to cope (under

"How to Manage") and exercises (under "Activities to Try"), which provide readers with ways to initiate immediate positive change. Scott's use of relatively colloquial language makes the text easy to understand regardless of academic background, which suggests that it is most likely oriented towards the general public, as opposed to academic purposes. On the whole, Scott's work is conveniently organized and easy to read, making it a highly convenient self-help tool for those looking to manage their stress more effectively.

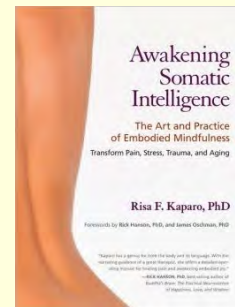


**Catch Them Before They Fall: The Psychoanalysis of Breakdown.** By C. Bollas (2013) New York, NY: Routledge. ISBN: 978-0-415-63720-6. 143 pages.

Reviewed by: Julie Y. A. Cachia, New York University

In *Catch Them Before They Fall: The Psychoanalysis of Breakdown*, Christopher Bollas advances a radical approach to treating clients on the verge of breakdown. By providing extended psychoanalytical sessions to clients in order to solve the core issues that are causing the breakdown, the structure of the traditional psychoanalytical process is altered without changing the process itself. Bollas claims that through these extended sessions, clients can avoid hospitalization, medication and CBT/DBT, all of which provide short-term relief against breakdowns yet ultimately end up being counterproductive. The book is aimed

toward practicing psychotherapists, and although Bollas draws from Freud and Winnicott, the majority of his work is derived from his own professional experience. Importantly, as the title indicates, this book advocates proactive attention in lieu of reactive treatment. *Catch Them Before They Fall* provides the field of psychoanalysis with a refreshingly optimistic view on the client's recovery process and brings attention to the hidden transformative potential behind breakdowns.



**Awakening Somatic Intelligence: The Art and Practice of Embodied Mindfulness.** By R. F. Kaparo (2012)

Berkeley, CA: North Atlantic Books. ISBN: 978-1-58394-417-2. 368 Pages.

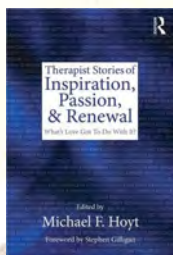
Reviewed by: Amanda Fisher, New York University

People used their sense organs to understand the world around them more frequently and as a means of survival. Today, we do not have to use our senses as much to fend for ourselves, because of society's implements that protect us. In fact, in order to achieve goals, we *ignore* signals from our body, and instead engage in goal pursuit based on higher-order motives. However, we still have this sensory intelligence, and this truth begs the question, what is the purpose of engaging somatic intelligence today?



In her book *Awakening Somatic Intelligence: The Art and Practice of Embodied Meditation*, Risa F. Kaparo, PhD provides an answer to this question, claiming that somatic experiencing engenders freedom, happiness, compassion, and love, or, in other words, feeling alive. It also aids healing from traumatic physical and psychological injuries.

Kaparo discusses a practice called *Somatic Learning*, where one transforms an "urgency" such as stress, pain, or trauma into an awakening, living in the present, and living into the unknown. This practice incorporates mindfulness, stretching, and breathing and integrates physiological, mental, and emotional states. We are born with somatic experiencing, and can regain it if we become disconnected. She discusses her moving, personal account of discovering somatic experiencing and healing her own trauma. She explains biological systems in the body that relate to somatic experiencing, as well as exercises that the reader can practice and methods to deepen practice using touch. She emphasizes the fact that humans are both "evolutionary and intelligent," and that we must confront every dimension of our nature. This book provides a theoretical framework for somatic experiencing, but the somatic experiencing itself is defined by the individual's practice and experience, and grounded in embracing the present.



**Therapist Stories of Inspiration, Passion & Renewal: What's Love Got To Do With It? By M. F. Hoyt (Ed.) (2013)**  
New York, NY: Taylor & Francis.  
ISBN: 978-0-415-50084-5.  
295 pages.

Reviewed by: Julie Y. A. Cachia, New York University

In *Therapist Stories of Inspiration,*

*Passion & Renewal: What's Love Got To Do With It?* edited by Michael F. Hoyt, reputable psychologists, clinical counselors, professors, and Buddhist meditation teachers come together to share personal experiences providing therapy. Initially brought forth from Hoyt's observation that psychotherapy had become dehumanized, the book's core purpose is to provide practicing psychotherapists with an inspiring collection of stories to reinvigorate their approach to the therapeutic process.

From chapter to chapter, readers are welcomed with an intimate and unique story demonstrating the true power of love. The chapters range in format from first-person narratives of a few pages to extensive and structured interviews. In the last chapter, *Themes and Lessons: The Invitation Revisited*, Hoyt identifies the common themes and messages he hopes readers have received from the various stories, including the importance of the therapeutic connection, feeling and passion, curiosity and the willingness to be open, hard work, words and creativity, humor, service, and of course, the inescapable power of love.

*Therapist Stories of Inspiration, Passion & Renewal: What's Love Got To Do With It?* is indeed a unique patchwork of inspiration, passion, and renewal. At a time when clients tend to be given problem-defined prescriptions as opposed to unique, solution-focused identities, these stories trigger reflection and restore faith in the power of mutually therapeutic exchange between client and therapist. What's more, despite the fact that the book is exclusively written by those in the field of psychotherapy, none of the chapters are particularly technical, allowing the intended audience to extend beyond professionals in the field. In fact, thanks to the cultural, national,

and vocational diversity of its authorship, readers are uniformly guaranteed to find a story that touches the innermost realm of their hearts.

Currently a senior staff psychologist at the Kaiser Permanente Medical Center, Michael F. Hoyt, Ph.D. is an internationally acclaimed clinician, professor, author and editor. He is a Woodrow Wilson Fellow, recipient of the prestigious APF Cummings Psyche Prize, and has been named Continuing Education Distinguished Speaker by both the American Psychological Association and the International Association of Marriage and Family Counselors.

**SE Master Class DVD Series: "Coupling Dynamics." Somatic Experiencing Trauma Institute. By Peter A. Levine (2013) Total Running Time: 00:22:04. Interview conducted by B.J. Whelan**

Reviewed by: Nan Goldstein, National Institute for the Psychotherapies

This DVD, part of the Somatic Experiencing Master Class Series, is designed to support SE participants and practitioners in expanding and refining their SE skills and knowledge base. It is only available to Somatic Experiencing Practitioners.

In this DVD, Peter A. Levine, PhD, developer of SE, takes an in-depth look into one of the key concepts of the SE model, "Coupling Dynamics." Interviewed by Brian J. Whelan, LCSW, CST, SEP, Levine explores and demystifies undercoupling, overcoupling, and interoceptive conditioning using specific case examples and offering practical explanations of how best to work with each state.

The DVD does an excellent job of explaining the dynamic relationship between undercoupling and overcoupling, and states that going back and forth between both states is



often necessary to unlock interoceptive conditioning. A better understanding of these concepts will undoubtedly help SE practitioners assist patients to break free from locked patterns.

This short and straightforward DVD is divided into three parts. Levine first takes on overcoupling and to elucidate the concept uses as an example a case of someone once molested by an inebriated uncle. Any element of an overcoupling sequence (smelling alcohol on someone's breath; tightening of muscles in the neck or jaw; tightness and pressure on the chest; difficulty breathing; or picturing the uncle coming into the room) can cause a panic attack. Levine gives a detailed account of how he works to break the sequence so it cannot keep feeding on itself.

Described as the more difficult to grasp, the undercoupling dynamic is explored next. Levine explains that the body's response to stress is to tighten, constrict, go to the flight and/or fight response, and if that fails to collapse, go numb and disassociate. Using detailed examples Levine teaches how best to work with this dynamic.

Interoceptive conditioning is explored last. The previously cited example of the person molested by her uncle is once again used to illustrate. The unconditioned response is the molestation, the conditioned stimulus is the tightening of the muscles. Now when the person sees someone who reminds her of the uncle or smells alcohol, the body tenses to signal the brain there's threat and the muscle tightens even more. The tension pattern becomes locked. The SE practitioner will learn how to uncouple the interoceptive sequence in the same way described in the overcoupling sequence. Levine further explores this phenomenon by describing other cases he has treated.

This DVD will be helpful to SE practitioners wanting a deeper understanding of these concepts.

**SE Master Class Series: The Role of Breath with Peter A. Levine, Ph.D. Somatic Experiencing Trauma Institute. DVD.**

Reviewed by Dawn Bhat, M.A., M.S., NCC

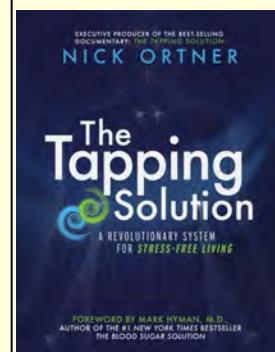
As part of a Master Class Video Series, the Somatic Experiencing Trauma Institute presents an interview on the role of breath with Peter Levine, Ph.D., developer of Somatic Experiencing (SE), a holistic, naturalistic model for healing trauma. The physiological mechanisms of respiration are discussed illuminating fundamental body-based processes involved in trauma, anxiety, panic, depression and dissociative states. Titration, an SE technique, is essential when working with the breath to regulate autonomic nervous system.

Levine describes the basic physiology of the breath from two main mechanisms, the pacemaker of the medulla and levels of carbon dioxide. In SE specifically, the sense of completion of the breath is a focus such that an individual trusts the process allowing the breath to come on its own and sensing but not making the exhalation, which gives rise to the sense that everything is fundamentally okay.

The role of breath is explored to reestablish physiological patterns from, for examples, anoxia or lack of oxygen, high global activation or prolonged stress and chronic levels of anxiety, and suffocation. Importantly, Levine notes that the role of breath begins early in the intrauterine environment and the fetus's developing nervous system is vulnerable to the mother's level of stress.

Furthermore, Levine asserts that neocortical interventions may restore the regulatory functions of the nervous system; however, controlled breathing may prevent deeper homeostasis. Levine stresses that when you feel like you need to take that deep breath, feel the sensation that wants you to take the deep breath instead. As such, the culminating experience of working with the breath in SE is coherence or a full-bodied breath resulting in shifts in consciousness.

The video series is intended for those trained in SE; however, this interview includes information on the role of breath that may be of interest for a much wider audience. In addition, Levine's description of the role of breath is consistent with the historical foundations of body psychotherapy originating from the work of Wilhelm Reich and Pierre Janet, who both researched the psychophysiological mechanisms involved in respiration.



**The Tapping Solution. By N. Ortner (2013)**  
Carlsbad, CA:  
Hay House, Inc.  
ISBN: 978-1-4019-3941-0. 229 pages.

Reviewed by: Julie Y. A. Cachia, New York University

Nick Ortner's *The Tapping Solution: A Revolutionary System for Stress-Free Living* explores "tapping," also known as Emotional Freedom Technique (EFT), a combination of Chinese acupuncture and modern psychology. By targeting eight meridian points on the head and upper body, this technique remedies a variety of problems in one fell swoop, from anxiety to unhealthy food

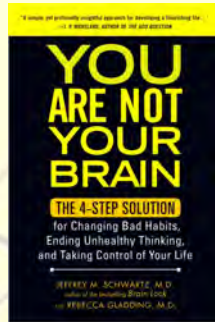


cravings. Ortner provides a plethora of real-life cases in which individuals with various physical and emotional difficulties use the tapping technique to go above and beyond recovery. Furthermore, Ortner dedicates Chapter 1 to explain the recent scientific findings that demonstrate the effectiveness of this technique.

At its surface, “tapping” provides immediate relief from recurring symptoms such as pain and food cravings. However, the true power of this book lies beyond its temporary remedial effects. Instead of “tapping” away these minor problems every time they resurface (which is certainly an option), Ortner also gently guides readers towards profound self-discovery in order to access and solve the root cause of their symptoms. Often, readers are not aware that there even *is* a fundamental struggle underlying these symptoms, and as a result, this discovery process proves to be incredibly enlightening. *Chapter 5: Tapping Through Your Past*, explores traumatic childhood experiences in order to gain more insight into oneself. The fact that negative experiences from as far back as childhood can so profoundly yet subconsciously manifest themselves during adulthood in the form of physical or emotional pain is itself an important and enlightening discovery.

At its core, “tapping” is not a difficult technique. (In fact, one may argue that its simplicity is what makes it so appealing.) Regardless, Ortner’s book is a helpful read because it presents the history and science behind the technique, anticipates possible obstacles such as resistance to change, and leads to a deeper sense of self-awareness that in turn sheds light on deeply-rooted issues. For those who are curious about the technique, this book will provide the necessary confidence to explore it more fully, while experts in the field of EFT may find this book to be informative and

helpful in improving their own practice.



**You Are Not Your Brain.**  
By J. M. Schwartz & R. Gladding (2012)  
New York, NY:  
Penguin Group.  
ISBN: 978-1-58333-483-6. 362 pages.

Reviewed by: Julie Y. A. Cachia,  
New York University

As the title indicates, *You Are Not Your Brain: The 4-Step Solution for Changing Bad Habits, Ending Unhealthy Thinking, and Taking Control of Your Life*, by Jeffrey M. Schwartz and Rebecca Gladding, is about becoming aware of and eliminating destructive brain messages in order to gain more control of one’s life. According to Schwartz and Gladding, we unconsciously allow our brains to control our lives, instead of rewiring our brains in order to connect to our inner Wise Advocate, thereby creating a healthier, more mindful way of thinking. In order to help readers make this change, a four-step process based on mindfulness and cognitive-behavioral therapy is outlined and developed throughout the chapters.

An important message this book delivers is the idea that the brain does not define the individual’s personhood. According to Schwartz and Gladding, most people wrongly and unconsciously allow their brain to inform their self-perception. In contrast, the four-step process works to uncouple the brain from the self, and instead treats the brain’s deceptive thought patterns as symptoms of deeper, unresolved

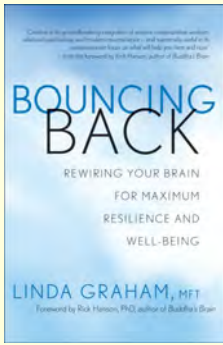
problems, rather than part of the individual’s identity. As the book claims, rewiring the brain using the four-step process ultimately allows the Wise Advocate within you to take control over your brain instead of the other way around.

Unfortunately for those who have some experience with mindfulness, the concepts covered in the text will be unsurprising and perhaps unoriginal, as the book seems to be geared toward novices. However, for those who are unfamiliar with the biology behind it, the first few chapters of the book will offer some insight into how Hebb’s law, the quantum Zeno effect, neuroplasticity all contribute to the formation of habits, and why these habits are so difficult to alter once they are formed.

Secondly, perhaps because of its dual-authorship, the text seems to lack some of the voice that characterizes and invigorates most self-help books of this kind. As a result, some may struggle to stay connected to the text. Moreover, the text begins to feel redundant at certain times, which, while it may help novices retain information better, feels unnecessary to those who are already familiar with these ideas. In fact, it seems as though the book could have been shortened significantly without forfeiting much of its impact.

Regardless of its minor shortcomings, the book includes a variety of exercises that keep readers on track by directly engaging them with the material, along with diagrams that illustrate certain concepts. The book also anticipates major stumbling blocks many have encountered in the past while progressing through the four-step process. The bullet-point summaries at the end of most chapters also help keep the reader on top of the concepts. For those who are curious about the four-step process and have the time to go through it, this book is undeniably a worthwhile read.





**Bouncing Back: Rewiring Your Brain for Maximum Resilience and Well-being.** By Linda Graham (2013) 431 pages. ISBN: 13: 9781608681297. New World Library.

Linda reiterates throughout the book the five C's of resilient coping: calm, clarity, connection, competence and courage. The experiential exercises enhance coping and resiliency and can be used with individuals, partners or small groups. The exercises target growth in relational intelligence, somatic intelligence, emotional intelligence, reflection and choosing options and the wisdom of simply being.

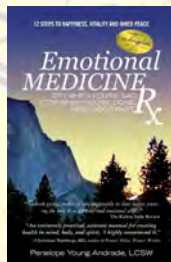
Reviewed by Dawn Bhat, MA, MS, NCC

Many modalities of psychotherapy operate under the assumption that people heal, recover and transform when they are resilient. In *Bouncing Back: Rewiring Your Brain for Maximum Resilience and Well-being*, Linda Graham offers readers practical tools to condition the brain to be more resilient. Readers may be seeking self-help, personal growth, or ways to improve their clinical skills. Linda clearly explains complex brain science and theories of relational psychology and human development.

The material presented is backed by a large body of research and enriched by Linda's decades of experience as a psychotherapist and meditation teacher, and by her personal life experience. Linda graciously interweaves her accounts as a therapist and spiritual teacher who has utilized these experiential exercises with her clients.

Resilience—the capacity to face challenges in life with adaptability and flexibility—is learned by early social experiences and promoted by two brain processes: conditioning (learning) and neuroplasticity. In this book, self-directed neuroplasticity is presented from two paradigms, that of Eastern mindfulness and Western empathy. These central ideas of are supported by research, which shows that strengthening the prefrontal cortex helps to rewire resiliency.

*Bouncing Back: Rewiring Your Brain for Maximum Resilience and Well-Being*, makes an important contribution to the field of psychotherapy in general and somatic psychotherapy in particular. As a handbook for resilience and well-being, readers have access to numerous exercises designed to condition the brain and allow for self-directed neuroplasticity. Integrating up-to-date research on neuroscience, relational work, Eastern mindfulness and Western empathic practices, this new volume guides the reader toward mindful ways to live a more resilient life.



**Emotional Medicine Rx: Cry When You're Sad, Stop When You're Done, Feel Good Fast.** By P. Y. Andrade (2011) NY: Tenacity Press. ISBN: 978-0-615-51708-7. 281 pages.

Reviewed by: Julie Y. A. Cachia, New York University

Penelope Young Andrade's book *Emotional Medicine Rx: Cry When You're Sad, Stop When You're Done, Feel Good Fast* takes a unique and somewhat counterintuitive approach to emotional healing. Each chapter is dedicated to one step in a 12-step healing process, which allows for extensive exploration. As the method is derived from her personal

experience and clinical practice, it has evolved over the years, resulting in a detailed account of additional effective strategies and tips.

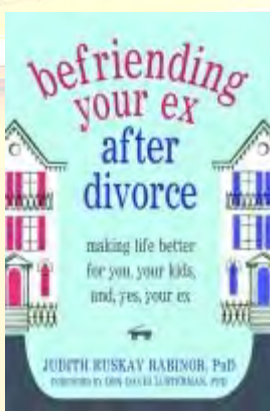
According to Andrade, the healing process begins by identifying the emotion behind the state of mind. After this emotion is identified, Andrade explains that the individual must allow himself to feel this emotion in his body and express it physically for as long as the body needs, usually relatively briefly. Once the emotion is allowed to organically manifest itself, the individual can focus on the positive physical sensations resulting from the process, thereby completing the cycle of build-discharge-release. The recurring mantra, which also appears in the title of the book, "Cry when you're sad, stop when you're done, feel good fast" is a perfect illustration of this process.

At first, Andrade's theory seems self-evident. After all, emotional repression is generally known to be unhelpful, if not detrimental to an individual's well-being. However, Andrade's healing strategy is in fact expressly different from what most people experience during emotional expression. For most, emotional expression is led by thoughts, as opposed to by the body. As Andrade explains, the problem with thought-driven processes is that the body is forced to experience emotion (whether it be sad, mad, scared, or glad) every time the individual conjures those negative thoughts or memories. This results in an inescapable cycle of narrative-triggered emotions until the body becomes too exhausted to continue the cycle. In contrast, Andrade's body-led healing process allows the underlying emotion to surface and flow through the body for as long as is *physically* necessary: no more, no less. Of course, arriving at this level of somatic awareness is no easy feat, which is why Andrade's 12-step



process is an informative read for those who strive to access this “emotional medicine.”

*Emotional Medicine Rx: Cry When You're Sad, Stop When You're Done, Feel Good Fast* allows you to do just that: feel good fast. It is an intimate and reliable manual for readers who are interested in establishing a therapeutic relationship with what she terms the “Big S Self,” thereby securing a rapid and healthy path to inner peace.



**Befriending Your Ex after Divorce: Making Life Better for You, Your Kids, and, Yes, Your Ex.** By J. R. Rabinor (2012) Oakland, CA: New Harbinger

Publications, Inc.  
ISBN: 978-1-60882-277-5. 203 pages.

Reviewed by: Julie Y. A. Cachia,  
New York University

Judith Ruskay Rabinor’s *Befriending Your Ex after Divorce: Making Life Better for You, Your Kids, and, Yes, Your Ex* focuses on establishing and improving the ex-spousal relationship post-divorce. As a previously-divorced psychologist, Rabinor uses her professional experience as the backbone of her book, while at the same time drawing from her personal experience. She has also conducted her own research on the topic and has interviewed those in her close circle who have successfully befriended their ex-spouse prior to writing her book. The result is a comprehensive treasure-trove of inspiring stories, information, key strategies and self-discovery exercises that ultimately inspire optimism in what would otherwise appear to be an impossible healing process for those who are struggling through the aftermath of divorce.

The literature on divorce, specifically in the area of self-help books, is becoming increasingly important in the face of a rapidly rising divorce rate, as more and more children are growing up in broken homes. Despite living apart, divorced couples with children must face their parenting

responsibilities. Although some couples give in to a lifetime of difficult or awkward encounters with their ex-spouse, Rabinor’s book allows readers to learn from and gain inspiration from others who have achieved a healthy and positive relationship with their ex-spouses. Readers will realize that ultimately, beneath the pain of the divorce, love and compassion for their partner can still be found. By the end of the book, the message rings clear- although it may initially seem daunting, it is in fact possible to achieve a healthy friendship with one’s ex-spouse.

While *Befriending Your Ex after Divorce: Making Life Better for You, Your Kids, and, Yes, Your Ex* recognizes the tremendous capacity of human resilience in the face of traumatic events such as divorce, it emphasizes the fact that even a relatively peaceful divorce can, if left unaddressed, be an invisible yet ever-present weight for people to carry around for the rest of their lives. By providing a personal yet insightful perspective on how to mend post-divorce relationships, Rabinor gently guides the reader towards emotional healing and happiness for both partners and their children.

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## Creating a Safe Container: A Marital Arts Instructor's Perspective

By Diana Houghton Whiting

I have been a practicing martial artist for the last nine years. During this time, I have relocated to several parts of the country, which facilitated my exploration of dojos (Japanese word for martial arts practice space) in multiple areas. Martial arts are movement based practices stemming from and often based upon fighting skills. An explicitly stated rule in many dojos is that it is a time to train in the techniques and actions that the instructor directs, as well as focus during the practice; you are not to worry about the day's events, outside stressors, or family issues. There are also secondary effects to a martial arts practice such as mindfulness, moving meditation, self-efficacy, greater self-control, and discipline.

I have learned that one of the main roles of the instructor is to hold a safe container. There are many philosophies on the part of the sensei (Japanese for teacher) as to where safety starts and stops, and I have run across the continuum of teachers from the bruisers who need you to prove your intestinal fortitude (they believe minor injuries prove participants are tough and can deal with whatever is thrown their way) to ones who try to hold a safe space to train in, believing safety is important and task themselves with creating a safe physical container for their students. They make sure that their students are taking care of each other as they work through their exercises. However, this is where many teachers stop at

safety. As long as there are no broken bones, concussions, and minimal bruising they have done their job. I am now a sensei of my own school with my own students and have been trying to take the lessons I learned from my various teachers and flesh out what is acceptable behavior from myself and my fellow instructors at my dojo.

### **From Sensei to Therapist**

As a nascent therapist and recent graduate from a body psychotherapy program, the knowledge I gained added layers of complexity to my thoughts on safety: what is a safe container? and how do I create and hold space in my different roles? One

of the most important things my professors taught me was that the relationship built between therapist and client is where the healing begins, starting with how the counselor approaches the therapeutic relationship. Therapists need to be aware of their own attachment style and how they bring themselves into the therapeutic container. Our ability to know others is limited by our own ability and willingness to know ourselves. Obstructions in therapy are often related to the therapist's attachment patterns and core vulnerabilities as these come unconsciously into the therapeutic container (Z. Avstreich, personal communication, 2011).



Photo donated by Diana Houghton-Whiting

as well as cultivate self-efficacy and confidence.

One of the underlying theories of body psychotherapy is that there is a functional unity that exists between the mind and the body. There is no point where it can be said that the brain ends and the body begins (Totton, 2003). Our explicit (mind) and implicit (body) memories hold our story, insecurities, strengths and challenges, and when one is accessed we access the other. Martial arts can be said to hold a similar philosophy; while not as well defined as body psychotherapy, those in martial arts discuss the secondary effects mentioned before as benefits of a movement practice.

The senseis are the authority in the dojo, and it is up to them to set and hold the container for learning. Many teachers are aware of the need to keep their students safe but do not have the awareness

of self to add the extra dimension of emotional safety. This can be seen in how they interact with students that do not fall into their concept of how a person should react to a situation. Sometimes processing and/or a reaction happen spontaneously and the safe container needs to be in place to hold the individual without judgment.

One of the martial arts that I practice is Brazilian Jiu-jitsu, a grappling art that pits two people against each other, battling to submission (such as joint locks and chokes) as a way to win the match. Overall, this practice has been an empowering experience, including self-discovery along the way. However, I have had more than one panic attack on the mat when I could not get a fellow student *Houghton-Whiting continued from page 39*

off of me, and it triggered past traumas. I was working with my partner one second and then the

*Continued on page 49*

Our attachment styles show up in all of our interpersonal interactions. As therapists, we are held to a higher standard because we deal with the mental health of individuals, and we have the potential to cause harm if we do not understand ourselves. I believe this is true when it comes to being a martial arts teacher. Like therapists, teachers hold an air of authority, there is a power differential between student and instructor; unlike counselors, martial arts instructors are not required to get interpersonal training, just a knowledge of their style of martial arts.

This is where harm can be done. Not everyone responds to physical training in the same manner. It is up to the sensei to hold a good enough physical and emotional container, to meet the individual where he or she is coming from. The dojo is a space where growth and healing can happen. Martial arts movement involves body language which has the potential to open pathways to memories the body holds, messages that the person is unaware of. There is potential to trigger dissociated memories of shame and weakness,



Photo donated by Diana Houghton-Whiting





## International Connections

By Asaf Rolef Ben-Shahar

### A duty to honor our hearts

#### Waking Up with a Heartache

**A** few weeks ago I received an annual update from a client. We finished working together five years ago. I am still missing her. I miss being with her, and I miss her smell. I miss the way she looked at me and the feeling of her hand in mine. I miss having her in my life.

**Every once in a while** I wake up at night with a heartache. I ache from missing people that I dearly loved but are no longer a part of my life; people with whom I shared laughter and tears, connection and pain, hope and fears. Sometimes I feel guilty for missing my ex-clients so much. Am I allowed to have made such permanent bonds in my body and mind? Should I have let go of them? Is it unethical or unprofessional to still be curious about them, to miss her or him, to grieve over lost contacts? Whether it is right or wrong and regardless of being given permission, I do. People who enter my heart and spend some time there are usually granted residency. Even if our relationship has no expression in neither of our lives anymore, my love remains. I want to know how they are doing, whether they found love; whether they are happy; I wish to know about their health and sickness, marriages, divorces, births, and deaths. I do not wish to feel ashamed about it, and somehow I have a sense that at least some of you may share a similar sentiment.

**There is something seriously wrong** with us psychotherapists. I am not joking: we form deep attachments, only to be serially abandoned by those with whom we made contact. We encourage

intimacy and give the other person all the power to leave us while we deny ourselves the same right to protect ourselves from hurt by defensively withdrawing too, except in extreme conditions. We delightfully opt for a life full of little deaths.

**Furthermore, when we work with body** and with touch these are frequently amplified. Relational psychoanalyst Stephen Mitchell (2005) went as far as to say that if the patient didn't get "under the analyst's skin," then the therapeutic process was limited in scope (pp.5-6). When we don't observe a touching distance, when we incorporate our bodyminds and entwine them with our clients, when we actually touch our clients and let them physically sense us too, then our clients may easily end up not only getting under our skin, but also inside our hearts.

#### It's Never Too Late to Have a Happy Childhood

**Have you ever seen this sentence before?** Can you take a moment to notice your responses to this statement? What thoughts are invoked in you, feelings, and sensations?

**The first time I saw this statement** was when a client brought a t-shirt with this slogan on it to therapy. It inspired a long dialogue between us about the possibility of healing childhood wounds. This sentence has since given me hope, made me feel naïve, and sparked my cynicism and all at the same time.

**Historically speaking**, as a discipline fathered by psychoanalysis and mothered by humanistic psychology, we carry a strange legacy. On the one hand, orthodox psychoanalytic thinking, certainly Freudian, sees us as more or less slaves to our developmental indoctrination. On the other hand, the Human potential movement holds an almost opposite view according to which we have an almost unfathomable capacity to heal and grow.

**To examine the possibility** of healing childhood injuries, let us explore some notions of regression in psychotherapy. In his collaborative work on hysteria with Breuer, Freud (1893-1895) believed that hypnosis involved a regressive state which held a high potential for healing. Freud (1921) had initially understood hypnosis to be a temporal regression: a return to an infantile mode of functioning. Thus, healing the past was possible since we ‘went back in time’ to make amends. With time, however, psychoanalysis became less optimistic about the possibility of change. The analytic endeavor turned into a process of grieving and coming to terms with our unchangeable wounds.

**Can we have a belated** happy childhood? According to psychiatrist and psychoanalyst John Bowlby (1988), our early forms of relationships became the matrices which we imposed on our reality in adulthood. Our character, personality, and identity were all conditioned by our real and internalized attachment figures (Whitaker, 2000). Attachment theory, which followed Bowlby’s research and

clinical applications, and was further developed by Mary Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978) and Mary Main (1993), observed patterns of interaction between the child and its attachment figure and considered these attachment styles as more or less persistent throughout our lives.

**Therefore, the quality** and security of our attachment was seen as central to our development, and insecure attachment seriously compromised our capacity to relate as adults (Alexander et al., 1998; Bretherton, 1995; Miller, Sicoli, & Lemieux, 2000; Schore, 2003). This is no fun; does it mean that those of us who had difficult childhood are bound to forever repeat our patterns? Is there any hope for people with insecure attachment?

### **Conceptualisations of Healing the Past: Reparative Regression and Earned Secure Attachment**

#### **Reparative Regression**

**Jason’s mouth** moved uncontrollably as he made repetitive sounds and rocked. I gently touched his soft chin and a sucking reflex was there, his lips were seeking a nipple. In my arms he felt so calm and relaxed. Time after time, he would come to my room and the man became a boy, the boy became a toddler, and we ended up with the baby who was once abandoned learning afresh about love, about being held. It took over two-and-a-half years of physical holding with scarcely any talking before we moved from this stage. I don’t know if we could say that Jason’s childhood

*Continued on page 46*

According to psychiatrist and psychoanalyst John Bowlby (1988), our early forms of relationships became the matrices which we imposed on our reality in adulthood. Our character, personality, and identity were all conditioned by our real and internalized attachment figures.



changed, but we could definitely feel that, alongside the neglectful somatic memories of infancy, he now had a new set of memories. And these affected his life, and his choices.

**Hungarian psychoanalyst** Sándor Ferenczi (1930) found that therapeutic work was particularly effective when it allowed for (and at times encouraged) regressive processes. These were attained through trance, body relaxation, and various techniques of touch. The idea of reparative regression is appealing to me, as it does offer some hope for healing. But can we change what already happened?

**Dialoguing** with the earlier Freudian conceptualization of regression, psychoanalyst Michael Nash (Nash, 2008) claimed that temporal regression was not attainable. We could not really go back in time during regressive processes. Instead, proposed Nash, regression was a moving back in space from thought structures to sensory processes, from secondary to primary processes. Thus, when working regressively we made contact with the rich, creative, and affect-laden resourcefulness of nonverbal processes. These are far more accessible to the therapist who utilizes affective psychotherapeutic skills, and body psychotherapists indeed work directly with sensory and affective processes.

**In orthodox psychoanalysis**, the concept of regression has traditionally suggested an undesirable movement in therapy from developed and integrated patterns of self (hierarchically

superior) to earlier dimensions (hierarchically inferior). But forerunner of relational psychoanalysis, Hans Loewald, offered a very interesting take on primary and secondary processes. Loewald (1977) suggested that mental activity involved both primary and secondary processes interweaving with one another, and that analysis (by encouraging free association) was an endeavor to move the patient closer to primary processes.

**On the contrary**, both Loewald and Nash offer us a fresh perspective on regression – where secondary processes are no longer put on a pedestal and nonverbal processes are no longer seen as inferior; on the opposite – these are essential entry points into change. Nash, for example, saw the importance of “induced regression in the service of the ego” (Fromm & Nash, 1997, p.28), whereupon the patient was encouraged “to ‘let things occur’ rather than to make them occur” (ibid, p.29). We may therefore realize that sometimes secondary, highly cognized processes (symbolic) also prevented flexibility and adaptation, and that sometimes, by communicating directly in primary-process language, by moving closer to affective and imagery processing, we loosen habitual forms (this is the multiple code theory of Wilma Bucci, 1997).

**Reparative regression** suggests that even if we cannot change our past, regressive process may after all allow us access to parts of ourselves that still operate as if the past were alive. Perhaps, after all, it is never too late to have a happy childhood.

## **Earned Secure Attachment**

**Coming back** to attachment theory, the analytic aspect of the psychotherapist’s job was to help the client discover their relational forms. But more importantly, through the on-going, long-term psychotherapeutic relationship an attachment relationship was formed. From this secure base, the client was allowed to mourn the past, and hopefully learn to assume new relational organizations both with the therapist, and then in life (Bretherton, 1992). The therapeutic relationship became the potentiating agent of novelty and it required surrender of both parties to a relationship that mattered.

**Following** Philip Bromberg’s idea of multiple self-states (1998), we may therefore think of regression as meeting our clients’ younger self-states and appropriately attending to their needs. We may no longer be children, but there are children who are alive in us, and these require our support and kindness.

**I once (2011) wrote** of Lilly, a sixty-year-old client, whose father abandoned her as a young child. Lilly often called me Daddy-Asaf and, through working through our own ruptures by dialoguing, admitting difficulties (and mistakes) and remaining present, we have not only helped Lilly change and grow but the child-self healed too. We worked directly with her younger self who grew up differently. Resonance, movement, and touch were significant translators between the adult Lily and the young one.

**Body psychotherapy** offers a wonderful platform for reparative experiences, balancing the fact that our wounds shall always be our wounds, and that at the same time the child parts in us (younger self-states) could be healed; that we may truly have different relationships – for the children who are alive in us it is never too late to have a happy childhood.

**Psychoanalyst Steven Ellman** (2007) elaborated on how such a therapeutic process could be done. Each phase of therapy, he argued, consisted of a series of transference cycles, which provided us with an opportunity to do something different to how it had been in our childhood. During each cycle, there were necessary ruptures and repairs in the relationship, with the ruptures increasingly tolerated through the development of love and the survival of hurt.

**By forming** an attachment relationship, we do not go back to the past, but we bring the past back to the present, enlivening and re-enacting the oft-repeated transference patterns: we are given genuine opportunities to do things differently. It takes a long-term relationship of genuine connection, care, and love to change our relational patterns, but it is possible. In attachment-based psychotherapy a person who has changed his insecure patterns of attachment and, through psychotherapy (or other benevolent and cultivated relationship) acquired healthier attachment style is known as earned secure (Roisman, Padrón, Sroufe, & Egeland, 2002). It is a process of mutual investment, but it denotes hope in the hard and

often painful process of psychotherapy.

### **A duty to honor our hearts**

**Whether we term** it earned secure, reparative regression, or cure by love, therapeutic attachment is a real gift. It changes people's lives, and their ability to form relationships.

**Suppose** all these speculative clinical assumptions, which I admit to be holding, are meaningful and relevant. In essence, the argument which I have offered here is a basic one in attachment-based psychotherapy: benevolent long-term relationships (psychotherapeutic ones included) could change our attachment styles and help us relate to ourselves, to others, and to the world around us in kinder and more adaptive ways.

**Not all therapeutic work** involves (or indeed requires) deep and transformative attachment relationships. But many therapeutic relationships are attachment relationships. I have been a father and a mother to many of my clients, suffered with them and grown alongside them. And I know that in many therapeutic processes the most significant healing factor was the developing and unraveling attachment relationship.

**Notwithstanding** my respect to therapeutic boundaries concerning termination, I truly believe that attachment relationships do not end when therapy is terminated. That, in essence, attachment is for life. For many of my clients, I will forever be a significant attachment figure, a surrogate father and

mother who walked alongside them in significant parts of their journey. At the same time they will forever be remembered, loved, and held dear in my heart. Not simply as clients, but as people who entered by heart.

**Having realized** this important role, there are a few questions that I wish to raise regarding the nature of therapeutic termination. If we have encouraged true surrender to attachment relationship, what is our responsibility to honor this connection? What should our clients do with their attachment love when our contract has ended? Should there be a place for their love in keeping in touch with us therapists? In updating us about their whereabouts, their life? Do we have a responsibility to their heartaches? These are all questions I often wonder about and have rarely found answers to. But I would like to pose a further set of questions here about our own hearts.

**When I hold** a client – physically and emotionally – over many years; when they have taken space in my heart and bodymind, when we have developed an attachment relationship – the client is not the only one to have attached. I am there too, and my heart is involved as well. We might have asymmetrically engaged in this relationship but it was meaningful for me too. What about my heart and heart-aches? What about your heart? Is it really okay for our hearts to be denied of any expression of this attachment love because of the declared termination? Is it responsible to do so?

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**Attachment relationships** are always transference, but transference love does not preclude mutuality or authenticity. In fact, I believe that it is this very authentic and real emotion, protected by the therapeutic frame but not limited to it, which is the difference that makes the difference in therapy. There is mutual attachment between me and many of my clients. My love for them is transference *and* real at the same time. And I feel at debt to my love, and to my heart. What are we left with when this all ends? What is our responsibility for our hearts?

**I wish to offer** that, when deep attachment relationships are formed within psychotherapy, it may sometimes (not always, of course) be inhuman and unkind, and therefore unprofessional for both psychotherapist and client to terminate the relationship without establishing and contracting the possibility of contact. I wish to suggest that love demands of us respect, and this respect – at times – means answering our duty to honor our heart, and leaving the door slightly open to mutual engagement with those who bonded with us and with whom we bonded; to hear about how the lives of our loved ones are unfolding – and to appropriately and selectively share ours with them. I truly believe that we sometimes deserve (both therapist and client), even if from afar, to remain part of our clients lives and allow them to know they have remained part of ours. Attachment is not only a privilege, it carries a deep duty with it; and I believe

that this duty transcends the duration of therapy.

**This is why**, to the extent that most therapeutic processes involve an attachment relationship, sexual relations with clients and ex-clients are malignant and incestuous. At the same time, this is why denying entry to our hearts in the form of hermetic termination and in name of the reality principle may be dogmatic and wounding – to the client and therapist alike, but moreover to the people behind the client and the therapist, who should have their attachment honored and respected. In my opinion, our duty to honor our clients' hearts and our own should be observed as carefully and meticulously as our duty to maintain safe and clear boundaries.

*I hope that we can share some interests and dialogue, and I welcome your feedback, comments, questions and challenges. You can email me at [asaf@imt.co.il](mailto:asaf@imt.co.il)*

**Asaf Rolef Ben-Shahar PhD**, has been a psychotherapist, writer, and trainer for about sixteen years. As a psychotherapist, his work is relational body-psychotherapy, integrating transference and Reichian body-psychotherapy within a relational framework. He enjoys writing and has written dozens of professional papers on psychotherapy, body-psychotherapy, hypnosis, and their integration. He is an international board member for *Body-Psychotherapy Publications* and an associate editor for *Body, Dance and Movement in Psychotherapy*. His first book, *A Therapeutic Anatomy*, about relational body psychotherapy was published in Hebrew, in Israel and will be published in English by Karnac, 2014. His PhD dissertation (*Surrender to Flow*), focused on the moments of surrender in three different fields: relational psychoanalysis, body-psychotherapy and hypnosis, and these three form the axes of his theoretical and clinical curiosity.

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next I was crying and fighting for my life. With these panic attacks came shame, self-blame, self-doubt, and feelings of weakness.

These attacks happened in front of different instructors. I felt their judgment as they responded with messages like toughen up, get in there, and go again. I have also felt the support of another who listened to me, helped me work through my issues and saw me with compassion and understanding. Martial arts can help with affect regulation facilitating students' integration of information that they discover from their own practice. "Learning is discovering, uncovering what is there in us. When we discover, we are uncovering our own ability with our own eyes, in order to find our potential" (Little, 1999, p. 84).

As a therapist, it is incumbent of me to explore and understand my own attachment style and how it effects my interpersonal connections with others. I can potentially do harm if I bring myself to the therapeutic relationship with blinders on about my



Photo donated by Diana Houghton-Whiting

character and my reactions. I feel similarly about being an instructor, if I cannot meet my students from where they are coming from how do I hope to hold a safe emotional and physical container for them to do the work they want to do?

**Diana Houghton-Whiting MA** has worked with trauma survivors concentrating in combat veterans, domestic violence, and sexual assault. She has a Masters in Somatic Counseling with a specialization in Body Psychotherapy from Naropa University, is level 2 trained in EMDR, interned at the VA for two years as a counselor, and was a victim's rights advocate for three years focusing in trauma recovery and PTSD treatment. Diana has been teaching Kenpo Karate for over four years, and has trained in Kenpo for 9 years. She also has been practicing Brazilian Jiu-jitsu for five years.

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Serge Prengel and Lynn Somerstein are offering their new book (released in April, 2013), *Defining Moments For Therapists*, as a free pdf download on the website <http://www/LifeSherpa.com/therapists>. The trade paperback is available at online bookstores: [Amazon.com](http://Amazon.com) and [BarnesAndNoble.com](http://BarnesAndNoble.com).

The book includes 11 articles from therapists representing integrative body psychotherapy, general psychotherapy, creative arts therapy, focusing oriented therapy, dance/movement therapy, supported yoga therapy and meditation, dream analysis, Somatic Experiencing and psychoanalysis.





# Reflections

By Christine Gindi

## Healing Attachment Wounds

Editors Note: Linda is a pseudonym to protect the woman's identity. She has given permission for Christine Gindi to share their story.

**S**itting across from me at a vegan restaurant in Berkeley, CA, Linda looked and felt almost completely unrecognizable from the woman I had met long ago. Initially, she stood out at the movement workshop we had both attended because her rigidity, fear, and dissociation spoke directly to my heart. I felt an overwhelming sense of compassion for her, and I admired her courage for even attending a movement workshop. I wondered if Linda was over-stimulated by this environment in particular or if she was chronically overwhelmed by other people or movement in general.

**During the workshop** exercises, we were surrounded by people who moved with grace, confidence, and curiosity. While dancers ebbed and flowed with ease around us, Linda stood in the back, her body noticeably frozen underneath her flowing, long dress. I couldn't help but glance her way. She appeared aloof and spent most of the time in the back

of the room with a vacant look in her eyes. Sometimes she faced a wall, other times she laid on the floor. The contrast between Linda's stiff body language and the pulsating movement of dancers spiraling around the room was obvious.

**When we had a chance** to meet during the break, I was unsure how Linda truly felt because her facial expression remained placid for most of our conversation. I noticed containing my own sense of unease because her lack of social cues made me feel uncomfortable. Perhaps my reaching out for contact was making Linda uncomfortable too? I felt unsure whether to hug her at the end of our talk because I didn't want to startle or overwhelm her with physical contact. Linda seemed like a kind soul in pain. I wondered what hardships she had experienced in her life. I walked away hoping my contact didn't overwhelm her in any way and that she found the healing she was searching for.

When I left the workshop, I got in my car and prayed she would find her way.

**Sitting across** from Linda years later, I caught myself feeling emotional for entirely different reasons. She felt present and alive. Her face was softer, and her blue eyes shimmered when she spoke about her dream to work as a somatic psychologist with traumatized children. Since our first meeting, Linda had earned a Masters in counseling psychology. She shared parts of her life with me: her years in a spiritual community; her travels around the world; and how she stumbled into the world of somatics as a way to heal herself. Linda and I never imagined ourselves in the world of somatics or as psychotherapists in training and here we were enjoying a meal and a reunion together. I wanted to bust out crying; her radical change felt miraculous. My impulse to reach out to her years ago felt somehow affirmed by our meeting now. Perhaps this was the reason we

were supposed to connect, out of a possible million others. In this moment we shared ourselves more genuinely after the homecoming we had both experienced through our journeys of healing. She was smiling, and her jokes had us both giggling uncontrollably. I felt inspired imagining what was possible for me in the years to come, given how she achieved a remarkable level of freedom and comfort in herself. At the end of our reunion, I started to cry telling her how grateful I was to witness her healing transformation. I felt inspired and hopeful that I could greet the world with more aliveness. Never, in my wildest dreams, did I imagine Linda working as a somatic psychotherapist helping others because it was obvious to me how much help she needed herself. Her startling transformation dared me to dream the impossible for myself. Could I have the tenacity to imagine a goal that others easily doubted in me? Would I trust that my capacity would somehow emerge in my determination to make it happen? I felt honored by the mystery of what brought us together and how the trajectory of her life was unfolding before me.

**When I asked Linda** what had made the biggest difference in her life, out of all the healing resources prevalent in the Bay Area (modalities, therapists, workshop offerings), she responded that working somatically with her developmental trauma made the biggest impact on her life. She said that working with a somatic psychotherapist trained in Dr. Diane Poole Heller's DARE model (Dynamic Attachment Re-Patterning Experience) helped the

most. In a webcast, Dr. Diane Poole Heller stated that "we have the biology, psychology, soul that creates a secure attachment system and that things get in the way . . . We can excavate that secure attachment system and eventually, we want it to dominate over any a t t a c h m e n t adaptation" (Psychotherapy Networker webcast, September 27, 2012).

**Linda had been** on a journey to reclaim her secure attachment style and transform her fearful avoidant approach to others to a sense of security, trust, and relaxation with other people. She was raised in an unpredictable, violent family and thankfully never lost hope that these dysfunctional imprints were able to change. She credits the safety and attunement of her therapist for facilitating and highlighting corrective relational experiences in therapy for her growing sense of well-being with others.

**While she learned** the distinctions between secure, ambivalent, avoidant and disorganized attachment models during her graduate psychology education, it was powerful to learn how these styles physically felt in her body. The corrective experiences that somatic attachment therapy offered helped nurture a sense of secure attachment in an adult relationship and move her from a past riddled with confusing, thwarted instincts. As a child of a frightening caregiver, she was always torn between the instincts of running away for self-protection and running towards her caregiver for healthy bonding. When trauma emanates from the family, children experience a crisis of loyalty and

organize their behavior to survive within their families (van der Kolk, 2005, p. 402). Linda reported feeling an aversion to intimacy. When her connectedness with someone reached her threshold she inexplicably wanted to end the relationship. Her confusion about intimacy and a lack of trust in herself to maintain long-term relationships, whether through friendship or romantic relationship, caused her to simply avoid attachment stress in human relationships. While Linda had a long history of cultivating relationships with nature, the divine, and animals, forging human relationships was fraught with challenges and minimization. Somatic therapy focused on re-parenting moments of contact that felt reassuring and pleasurable became highlighted.

### **Some Clinical Reflections**

**As a somatic** psychotherapist therapist in training, I learned early in my clinical training how important it is to normalize attachment behaviors that clients felt were dysfunctional. Psycho-education about attachment styles proved pivotal to their understanding about how they coped with their unmet needs; the physiological markers that accompanied many of these attachment strategies intrigued most clients. When I named habits such as of holding one's breath, clutching the stomach, or averting eye contact, I saw my clients feel witnessed in a way that cognitive theory didn't address. These physiological tendencies were how they regulated the arousal of attachment, and they felt assured that I had some knowledge of how their attachment stress was



Our embodied dialogues changed the template of attachment coping behaviors that colored how I related to people, not just through thought but through old body imprints that felt like survival. I am grateful that my therapist helped me claim somatic resources for the secure attachment that I always dreamt was possible.

characterized by specific symptoms.

**When caregivers** are emotionally absent, inconsistent, frustrating, violent, intrusive, or neglectful, children are likely to become intolerably distressed and unlikely to develop a sense that the external environment is able to provide relief (van der Kolk, 2005, p. 403). My goal as a clinician in training was to cultivate a holding environment where the dyadic therapeutic bond changed my clients' thwarted mental representation of self and others, their "internal working models" according to Bowlby (Pietromonaco & Barrett, 2000, p. 155). The mental representation of self and others is part of the neurobiology of attachment and investigating the physiology driving attachment behaviors in the moments of therapy is what proved crucial to corrective experiences.

**My attunement** to my clients' non-verbal behavior—their gestures, facial expressions, and postures—is what many said they found reassuring in regards to the safe and attuned contact they longed for from their caregivers. I had to be careful not to be intrusive in terms of highlighting moments of contact where clients felt overwhelmed or studied. I also learned to work with the backlash against contact where clients arrived for their next appointment collapsed or irritated that their needs would never be met. My supervisor wisely advised

me to predict the tides of how clients were able to receive contact, how their anger, disappointment, and overwhelm were part of their healing.

**When I began** searching for a somatic psychotherapist to work with, I intentionally chose one who felt maternal, nurturing, and safe. Little did I know I would experience intense therapeutic transference with her. It was fascinating to observe my own experience of varied emotions toward her and how much I depended on her to attune to my nonverbal signals. I am forever grateful for the holding environment she provided me for years and that, most importantly, she was a gifted somatic psychotherapist. She helped me focus on moments in therapy where I felt safe and trustful of her. It was profound to not only acknowledge it in the moment but to viscerally experience that safety internally.

**Our embodied dialogues** changed the template of attachment coping behaviors that colored how I related to people; not just through thought but through old body imprints that felt like survival. I am grateful that my therapist helped me claim somatic resources for the secure attachment that I always dreamt was possible.

**And I'm grateful** for my connection with Linda. One of the

main reasons that her dramatic transformation touched my heart so deeply is that her relatedness to me felt completely different from the guarded frozen person I met years ago. I felt the difference inside myself when we related to each other, and her behavior towards me felt comfortably predictable in a safe way. I felt the ease in my body as we joked around and shared parts of our lives with each other. I still wonder to this day how certain people may trigger my own aversive, avoidant behavior because of an attachment wound that hasn't healed yet. Linda gives me hope that it can.

**Christine Gindi, MDiv, MA, SEP** is a Feminist Womyn of Color. She has professionally trained in body-based therapies which include Somatic Experiencing, Sensorimotor Psychotherapy, Craniosacral and Polarity therapies, and Yoga instruction. She has presented on healing from the trauma of social oppression at JFK University and the Center of Study of World Religions at Harvard University. She is currently training to become a diversity facilitator and licensed somatic psychotherapist. She holds a B.A. in the Study of Religion from UCLA, a MA in Somatic Psychology from JFK University, and a MA of Divinity degree from Harvard University.

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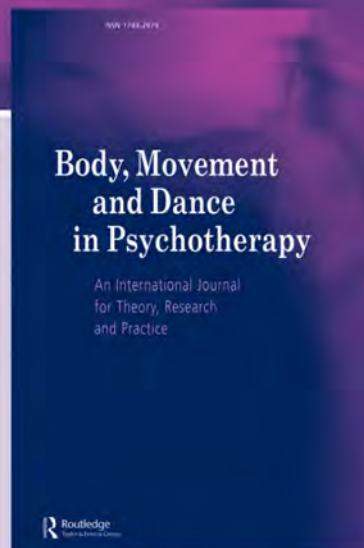
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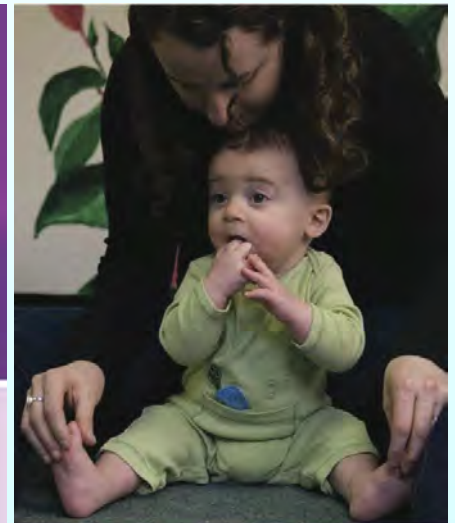
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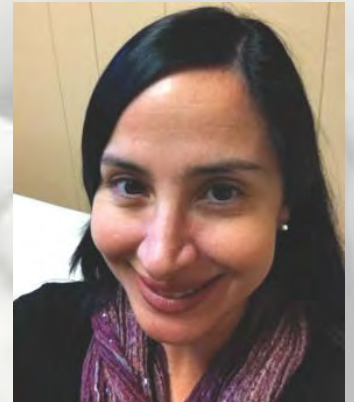
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## Research in Review: A Brief Look at Current Studies in the Literature

By Dawn Bhat



*Research from the fields of contemporary medicine and mental health is increasingly validating the mind-body continuum, the heart of somatic studies. Drawing from clinical and basic science, phenomenological and case studies, and literature reviews, this column is dedicated to sharing research from multiple perspectives that may potentially impact the field of body psychotherapy.*

### Infant Attachment

Tharner, A., Dierckx, B., Luijk, M. P. C. M., van Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., van Ginkel, J. R., ... Tiemeier, H. (2013). **Attachment disorganization moderates the effect of maternal postnatal depressive symptoms on infant autonomic functioning.** *Psychophysiology*, 50(2), 195–203. doi:10.1111/psyp.12003

In this study, infant attachment was assessed at 14 months by a shortened version of the Strange Situation. In this large, nonclinical sample of 450 infant mother dyads, infant autonomic functioning (ANS) was assessed by measuring heart rate by electrocardiogram (ECG). In addition, maternal depressive symptoms were based on self-report. In contrast to nondisorganized or securely attached infants, the authors indicated that “infants who have

both a disorganized attachment relationship and a mother burdened with depressive symptoms were less able to regulate their physiological stress systems as measured by autonomic functioning” (p. 199). For disorganized attachments, neither attachment classification nor maternal depression independently predicted infant ANS functioning.

The findings revealed that higher levels of maternal depression were associated with lower resting

respiratory sinus arrhythmia (RSA), which is associated with less effective ANS and emotion regulation under stress. This research supports the cumulative risk model, which indicates that long-term developmental effects result from many risk factors not only one.

Stress regulation in infancy is dependent on external coping mechanisms (i.e., from an attachment figure) and the quality of attachment relationships.

Puig, J., Englund, M. M., Simpson, J. A., & Andrew, W. (2013). **Predicting adult physical illness from infant attachment: A prospective longitudinal study.** *Health Psychology*, 32(4), 409–417. doi:10.1037/

In the present prospective longitudinal study, attachment security predicted physical health outcomes 30 years later.

Attachment was assessed at 12 and 18 months by the Strange Situation. At age 32, participants were given a self-report measure

asking about the presence of or treatment for physical illnesses. Compared with those securely attached, insecurely attached

individuals were more likely to experience physical health illnesses and inflammation-related illnesses in particular.

The authors conclude that there is a lasting effect of early interpersonal relationships on physical health and suggest prevention efforts during infancy.

This study supported other research that indicated that individuals with anxious-avoidant attachment in infancy tend to suppress emotions and are prone to inflammatory responses when presented with interpersonal stress. In addition, this study showed that individuals with anxious-resistant attachment in

infancy were more likely to report nonspecific symptoms as seen in anxiety disorders, which include somatic complaints. Furthermore, those classified as securely attached at both points in infancy reported the fewest health problems in adulthood.

Condon, J., Corkindale, C., Boyce, P., & Gamble, E. (2013). **A longitudinal study of father-to-infant attachment: antecedents and correlates.** *Journal of Reproductive and Infant Psychology*, 31(1), 15–30. doi:10.1080/02646838.2012.757694

Australian researchers conducted a longitudinal study examining associations between father attachment prenatally and postnatally (six and 12 months). The sample consisted of 204 first time fathers who were assessed on various measures including attachment, mental health, depression and the couples relationship. Infant temperament

was also assessed, which played an important role. The findings reveal the importance of prenatal attachment, father emotional well-being and quality of couple relationship.

While there is a paucity of research on the father-infant relationship, this study highlights pregnancy as a “significant phase

in the genesis of future father-infant attachment relationship” (p. 27). However, the authors reported that pregnancy is not only a window of opportunity for attachment with the father but also for identification of and intervention for couple relationship dysfunction and men’s mental health.

**Dawn Bhat, MA, MS, NCC**, holds graduate degrees in General Psychology and Clinical Mental Health Counseling and is a Nationally Certified Counselor. She has experience in neuropsychology and has training in somatic modalities, including Somatic Experiencing and Focusing. Dawn receives clinical supervision from and is a psychotherapy researcher under the guidance of Jacqueline A. Carleton, Ph.D. of the USABP. Feel free to reach Dawn: dawn.bhat@gmail.com.



# Research Digest

Blogging on brain and behaviour



# Research in Review: An In-depth Analysis of Current Research Impacting Clinical Work and Theoretical Stance in the Field of Body Psychotherapy



By Dawn Bhat

## The Feeling of Security: A Historical Attachment Perspective

**A**ttachment Theory and research is most often associated with the work of John Bowlby and Mary Ainsworth. The concept of secure attachment has origins in Ainsworth's research on the development of attachment of infants to their mothers. Ainsworth researched infant attachment in Uganda, which may be the first research study on infant attachment, after working closely with Bowlby on naturalistic research with infants and children separated from their mothers. Prior, as a doctoral student in Canada in the late 1930s, Ainsworth became interested in Blatz's Security Theory and was curious about the contribution the concept of security had on Bowlby's development of Attachment Theory and research.

**Security Theory** is a theory of personality development that focuses on the emotions of anger and fear and several "appetites" or sources of motivation (Blatz,

1966). These appetites include hunger, thirst, elimination, sex, rest and change. The appetite of change is the notion that from "infancy onward people are intrinsically interested in changes that take place in the world around them, for their own sake and not necessarily as a derivation from some other motive—whether such changes result from their own activity or otherwise. It is the appetite for change that leads to exploratory activity, and thus to learning and the acquisition of skill and knowledge" (Ainsworth, 2010, p. 45).

**Security Theory** focused on the concept of security as it pertained to many areas of life, including interpersonal relationships, families, peer relations, vocations (jobs and money), hobbies, interests, philosophy of life and marriage (Ainsworth, 1988). In contrast, Attachment Theory emphasized the concept of security in the context of attachment relationships.

### The Concept of Security

The word "security" has Latin origins meaning sine or without cura or care. In other words, security means without anxiety, without fear, without worry, or free from insecurity (Ainsworth, 1998). Security is a subjective feeling of being safe whether one is or is not. Security is a feeling, a sensory appraisal, that all is well and things are okay and one can go ahead (Bowlby, 1969). Bowlby also described security as an unchallenged maintenance of a bond, as opposed to the formation or loss of an attachment relationship.

**Ainsworth (1988) noted** that Blatz referred to "security as a willingness to accept the consequences of one's behavior or being able to rely upon someone else to accept them on one's behalf" (p.1). Ainsworth clarified that there are two circumstances necessary to experience security. For one, an individual is secure when one is confident of one's ability to deal with a situation or is assured that one can depend on another factor or person. In addition, an individual is secure

can meet the consequences of one's actions adequately or feels assured that another factor or person will prevent one from suffering unacceptable consequences. In other words, feeling secure, according to Blatz, meant that one felt competent or effective even though one relies on something or someone else.

**Guided by Security Theory and Attachment Theory**, Ainsworth (1988) suggested that security can be defined as a feeling that the maintenance of the bond to an attachment figure is not threatened and all is well. The concept of security and that of a secure base was carried over to Attachment Theory by Ainsworth (2010). Security is based on the balance of self-reliance and relying on one's partners to provide security. A secure base to explore confidently and achieve depends on the motivation implicit in the appetite of change and the motivation to seek proximity to a caregiving figure. A secure base in a relationship is the result of the two behavioral systems: exploration and attachment.

### **Security in Infant Attachment Research**

**Ainsworth's research** on infant-mother attachment was guided by both Attachment Theory and Security Theory. In particular, Ainsworth (2010) was aware that the concept of security would play a significant role in Attachment Theory and her research on infant attachment. Infants felt secure when their needs were met and when they confidently expected that they would be met (Ainsworth, 1988). An infant can achieve security only by being

dependent on others, especially parents or caregiving figures to take care of them, fulfill survival needs, and take responsibility for the consequences of their behavior.

**From the perspective of Security Theory**, the appetite for change leads to curiosity, exploration, and learning in infants and young children (Ainsworth, 1988). However, with this comes insecurity. If an infant or young child is subsequently in a frightening situation, he feels free to retreat to the attachment figure for comfort and reassurance to give him security to try again. Infants seek security, comfort, and reassurance from a parent when feeling insecure. Infants achieve security by depending on parents to take care of them, fulfill survival needs, and take responsibility for the consequences of their actions (Ainsworth, 2010); this phenomenon in Security Theory is called "immature dependent security". When infants can retreat to parents and come to rely on them, they are secure. Likewise, when infants cannot rely on parents they are insecure. However, insecurity may lead to the development of both "independent security" and "mature dependent security" (Ainsworth, 2010). Independent security occurs when a child relies less on parents and more on the self. Mature dependent security assumes that one cannot be secure relying solely on the self and depends on one or a few others as a supplement.

**Security Theory subsumes** that independent security and mature dependent security occur in healthy relationships, including

partnerships and marriages. Each partner on the basis of his knowledge, skills, and experience can provide security to the other partner. In this reciprocal relationship, each partner has achieved a certain degree of independent security (Ainsworth, 1998).

**Similarly, Attachment Theory** posits that secure attachment leads to the development of independence and self-reliance (Bowlby, 1956). Bowlby discussed anxious attachment rather than insecure attachment because his theory was a clinical one and anxiety was emphasized in clinical work (Bowlby, 1973; Ainsworth, 1988). As such, Ainsworth shifted from using insecure attachment to anxious attachment. Nonetheless, the concept of security in Attachment theory remained an integral component in both theory and research on attachment relationships.

**Dawn Bhat, MA, MS, NCC**, holds graduate degrees in General Psychology and Clinical Mental Health Counseling and is a Nationally Certified Counselor. She has experience in neuropsychology and has training in somatic modalities, including Somatic Experiencing and Focusing. Dawn receives clinical supervision from and is a psychotherapy researcher under the guidance of Jacqueline A. Carleton, Ph.D. of the USABP. Feel free to reach Dawn: dawn.bhat@gmail.com.

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# Somatic Expressions



By Marjorie E. Rand, Ph.D.

## Meditation in Blue



Meditation In Blue is an abstract painted in acrylic and was painted in a state of meditation with no concept at all. Just used my body to play with the paint. Not ironically, this painting will work as a composition no matter what direction it is turned.

It's a meditation for me—time doesn't exist. It brings me peace, beauty and joy.



## The Tuscan Sunset

Tuscan Sunset is an oil painting from a photograph that I took outside of our art studio when I went to Italy to study art. It is very realistic and is exactly like the photograph.

**Dr. Marjorie L. Rand** has been a licensed psychotherapist for 35 years. She was initially a dancer and a dance/movement therapist before she got her PhD. She is a trained Gestalt therapist, and a pioneer in the field of body (somatic) psychotherapy. She developed with Dr. Jack Rosenberg and taught Integrative Body Psychotherapy worldwide and was a founding member of the United States Association of Body Psychotherapy. Marjorie is a long time student and practitioner of Yoga and is a certified Supported Yoga therapist. She has written four books and many published papers on body psychotherapy. The latest entitled, *Defining Moments For Therapists*, was published April 19, 2013. They can be found on her website [www.drrandbodymindtherapy.com](http://www.drrandbodymindtherapy.com) or on Amazon.com.



# INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS

INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL

volume twelve ● number two ● autumn 2013

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### PANTA REI

The image on the cover is an oil painting by Eugène Brands, entitled 'Everything Streams'. It refers to 'Panta rei', the principle that everything moves, changes and transforms all the time (Heraclitus, Plato, Aristotle).

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