



# Somatic Psychotherapy Today

The USABP Magazine

Winter 2012

**Interviews with:**

- Halko Weiss, Ph. D.
- Joe Loizzo, MD, Ph.D.
- Judith Nelson, Ph.D.



# Third World Congress on Positive Psychology



June 27-30, 2013

Westin Bonaventure • Los Angeles

#### 2013 Highlighted Conference Themes:

- Positive Development across the Lifespan
- Positive Environment, Sustainability, and Conservation
- Healthy Body / Healthy Mind
- Work and Well-Being
- Creativity and Evolution

#### Key Dates:

Abstract Submission Deadline: January 14, 2013

Abstract Disposition Notification: March 1, 2013

#### Contact IPPA:

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For information contact: Nate P. Mariotti, Director of Training, Sensorimotor Psychotherapy Institute, [trainings@sensorimotor.org](mailto:trainings@sensorimotor.org)



## Mindful Communication: An Interview with Halko Weiss

By Nancy Eichhorn

“You can only do what you want when you know what you are doing.”

Moshe Feldenkrais

### Mindfulness in Relationships

A growing number of body psychotherapists focus on the dyadic relationship from a mindful state of being. Their attention is attuned with the client as they feel into the client's space of being (simultaneously tracking their own); they follow sensations within the client and within their own body, and they ask questions to support internal explorations. The process is designed so that the therapist can intimately connect with the client's unfolding experience.

**However**, when supporting their clients' communications outside of the therapy session between intimate partners, children, friends, or even employees, the process differs. The client is no longer the sole focus. In real relationships—non-therapeutic encounters—one party does not have specific responsibility to the other. There's no contract for one person to do what is good for the other person. Instead, each partner has a right to take care of their own interests. Relationships get complex when the other person is not mindful to you, not stepping back to help you, not offering a perfect relationship and doing everything good for

you as in therapy. In other relationships it's not all about you; the other person has needs, too.

**According to Halko Weiss, PhD**, a psychotherapist and founding trainer of the Hakomi Institute, people often end up confused because there's no one certain recipe to follow. There was a time, culturally, he said, when people had a better idea of what was expected and what was not to be done in terms of roles, but during these postmodern times everything is up for grabs—many positions, preferences, philosophies, or points of view are equally valid.

“**My focus started** when I ended a relationship in my thirties which left me feeling confused. I didn't know what to do, what to expect from me or my partner, didn't have skills. I wanted to learn how to be in relationships but not by learning a new set of rules. I wanted to know if there was something deeper, some understanding to guide us to do the right thing so that we can succeed in such a way as to get what we really need,” Halko said. “Something based on right consciousness.”

Offering the example of a corporate executive who is moving up in the ranks, Halko noted that leaders have to be good in relationships and have a sense of, “How can I actually lead other human beings and do it intelligently by taking into consideration what's going on inside of me and inside of others?”

**The answer?**

**Mindfulness.**

**Defined as** the ability to be present in the moment and witness oneself, via an “Internal Observer”, mindfulness allows us to follow the stream of sensation and thought and interject our consciousness rather than living life through automaticity. More specifically, by developing mindfulness techniques people gain the ability for self-perception—they are able to look within themselves and within others. Halko notes that people have a harder time being in relationships when they cannot show what is going on inside of themselves. There's no solid grounding

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## The Somatic Experiencing® Research Coalition Announces its new Peer Review Team

Writing for publication is a community process, accomplished with qualified and trusted people reading and offering feedback.

**The Somatic Experiencing® Research Coalition** is an international group of volunteers providing research and publishing support on Somatic Experiencing®. It is dedicated to increasing awareness and understanding of Somatic Experiencing® and grounding that understanding in both phenomenological inquiry and evidence-based research. They encourage new qualitative and quantitative research on Somatic Experiencing® and offer peer review and guidance throughout the publication process and maintain a library of published studies on Somatic Experiencing® and related therapies. They also offer information regarding financial support.

**The Publications workgroup now asks** SE practitioners to give them an opportunity to develop their services by contributing an article for review. This will help them hone our processes for the eventual submission of the larger research proposals and research findings articles. Please submit your scholarly articles, case studies and theoretical explorations related to Somatic Experiencing. They will edit for adherence to APA style and offer constructive feedback in the context of authentic encouragement.

**The Peer Review Team** includes Fanny Chalfin, LICSW, psychotherapist in private practice and facilitator of expressive writing as therapy, Jacqueline Carleton, PhD, Editor of the *International Body Psychotherapy Journal: the Art and Science of Somatic Praxis* and psychotherapist in private practice; and Sally Caldwell, LPC, MAC, CDCS, published author

and mental health therapist/addictions counselor for Indian Health Services in Alaska.

### New Members are Welcome in the Coalition

Contact Cornelius Rossi, Coordinator  
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### Volunteer Magazine Staff

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

Diana Houghton Whiting, BED *Cover Design and layout*

Ann Ladd, PhD *Copyeditor*

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# From Our Founding Editor

[Read our webpage version at www.issuu.com/SomaticPsychotherapyToday](http://www.issuu.com/SomaticPsychotherapyToday)

Welcome to our Winter issue. Our focus is on different patient populations with articles ranging from ideas for working with individuals, couples, groups, and family therapy, to people seeking spiritual enlightenment and mental/emotional/physical relief from chronic mental health and physical health issues. I offer the following articles and somatic expressions from our regular columnists and our guest speakers/writers with sincere gratitude. Each issue, the writing, editing, and layout process brings me deeper within myself and into my profession. I am blessed to interview masters in the field, to write with people who have endured realities that captured their inner essence and brought them to a public arena to support others on similar journeys, and to read the voices of those who know and those who are courageous enough to accept the realm of not knowing and the truth of being present in that unknown and simply being. Each article is a gift as I learn so much from all who contribute.

Many thanks to all who are part of this issue of Somatic Psychotherapy Today

Warmly,  
Nancy Eichhorn MA, M.Ed., MA



## From Our Cover Designer



I would like to thank Irina Sztukowski for the beautiful watercolor that is our front cover. Please visit her website <http://www.irinasztukowski.com> to see her artwork.

The fun of being the cover designer is finding amazing art and wanting to use it. It is great when I can get a hold of an artist. It helps enhance our theme and we get a chance to hopefully expose their work to another audience.

We invite you to write an article or be interviewed for our upcoming issues. And/or submit your view of Somatic Expression for our new art gallery. 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 [MagazineEditor@usabp.org](mailto:MagazineEditor@usabp.org)

### Upcoming Themes:

**Spring: Healing Touch** (physical, spiritual, emotional, relational resonance and so forth)

**Deadline: January 15, 2013**

**Summer: Self-Regulation**

**Deadline: April 15, 2013**



regulate emotional responses and affective states. Since it is aware and understands them, and create little gaps where the automatic impulse to act is delayed and possibly replaced by another, more constructive one. If you are not aware, Halko said, there is no way to regulate your affective states intelligently.

**“For decades** I was teaching mindfulness as a component of psychodynamic therapy and sometimes

**“It is an anthropomorphic fact,** we humans are highly automatic; among some neuroscientists, one discussion involves whether we actually run on automatic 100%. We don't really live in the present moment but are guided by the long-established patterns encoded in our brain architecture. Therefore, when we are in a fight with someone, we are not sitting across from that person saying, ‘Oh this would be a wonderful time to get angry’ and then we get angry. Instead, we just get angry, and if we are awake enough we will notice it a moment later. With the help of mindfulness, we can notice our angry state earlier and take some time to study it. We are not compelled to repress it or act it out. Our consciousness finds a little foothold, a moment of awareness where we find the freedom to not follow our triggered patterns but make choices.”

### **Ego states or "parts"**

noted a sense of a kind of spiritual dissociation. Some

**According to** Richard C. Schwartz, PhD, founder of the Internal Family Systems Model (IFS), different "parts" within us are signaled to come to our rescue when something unpleasant threatens our wellbeing. As a former family therapist and systems thinker, Schwartz suggests that the bodymind is made up of discrete subpersonalities (aka “parts”), each with its own feelings, interests, memories and other qualities. These "parts" supposedly hold their own perspective on reality with positive intentions for the whole person. Schwartz claims that there are three types of parts: “managers”, who handle life for the person in a functional and effective way and help avoid calamities; “exiles”, who represent wounded and pained elements of the psyche, often walled off and filled with feelings of shame, grief, fear, etc.; and “firefighters”, whose role is to distract and dissociate from painful parts when they threaten to come alive. Other than the managers, these parts are often quite dysfunctional, often showing up in behaviors like rage, confusion, addiction and so forth.

for empathy and compassion without a shared knowing of what is going on-deep inside each of the partners in a relationship. This awareness, this fundamental "seeing" allows in turn for a skillful and empathic response to each other.

**“The first important skill** in relationships is mindful self-observation, to be able to look inside and report about yourself, to notice and name things the other person doesn't know,” Halko said.

**The second skill** has to do with who is doing the reporting. Again, it is the qualities of the observing Self, known as the Internal Observer, that shape what is said and how it is being expressed. The Internal Observer does not try to change things, instead it is *interested* in what is happening and can therefore speak in an impartial way.

**The Internal Observer** can also help

practitioners may have been meditating and achieving very high states, but they were not dealing with some of the more basic emotional limitations. They dissociated from what seemed to be lower self aspects. Their spiritual practices were flourishing; yet, they still fought with their wife in the old ways, in the same old patterns. Through mindfulness, Hakomi Therapy focuses on those basic experiential levels allowing clients to enter deeply into segments of the psyche and linger with certain experiences for extended times; they examine the organizers of their core experiences,” Halko said.

**There seems to be** an art of Self leadership, Halko explained, that is defined as the long term guidance of oneself into growth. This process includes a number of skills including: (1) cultivating self-perception; (2) speaking from the Internal Observer; (3) self-regulation; and (4) tolerating painful or uncomfortable experiences.

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**The IFS model** also posits a higher Self—a spiritual center—that has similarities with the Internal Observer and that has the power to understand, guide, and integrate the whole "internal family system" with qualities such as curiosity, compassion, and calm.

**In relationships,** we all experience those parts that are triggered to protect us (or protect other parts of us), which Halko therefore calls "The Protectors" and "The Protected". During difficult interactions, these protectors are engaging from personal perspectives based on behavioral adaptations to specific life experiences. Words, gestures, nuances read in the body (perceived and interpreted by the brain within fractions of a second) may trigger a sense of threat and a protector is switched on without the involvement of the conscious mind.

**They take the person** into a state and onto a ride that Dan Goleman (1995) sees as being "hijacked". But parts also build an internal "sensitive ecology" (Schwartz, 1995) where parts cooperate, compete, help, or suppress each other. The model suggests that it is useful to get to know these parts and become familiar with them. In relationship it then helps if a person learns what triggers their parts and what they trigger in others in turn.

**"If you are not aware** of what is being protected you will act automatically to protect. People can be trained to explore deeply how protector parts try to help them and with understanding they can become compassionate with themselves. If they master the skill of reporting about it from the Internal Observer's perspective, their partners have a chance to become compassionate as well," Halko said. He added that the Internal Observer is not identified with the parts and responds by describing experiences in a nonpartisan and somewhat distanced way, such as, "I notice this sadness rise in me" rather than "I am sad" (Weiss, 2002).

**"We need to explore** the parts behind

the protector parts, study our automatic self organization, and understand why it became the way it works, and what it triggers in others. That often includes running into biographical aspects of ourselves and others. Eventually partners can learn to harvest the fruits of mindfulness practice, to start to embrace each others beingness and to tolerate what triggers their own wounded parts," Halko said.

**Citing John Gottman's research** with marital couples, Halko said that he reads from it that partners in long term relationships never really solve their problems, instead they learn to live with them. That means to develop capacities that help them deal with their differences in good ways without getting triggered into protective states.

Mindfulness increases your ability to know yourself, to regulate yourself, to speak from the internal observer, and to tolerate unpleasant experiences. Most of all: it also teaches you how to look at yourself and at your partner with interest and curiosity.

**Mindfulness, Halko emphasized,** increases your ability to know yourself, to regulate yourself, to speak from the internal observer, and to tolerate unpleasant experiences. Most of all: it also teaches you how to look at yourself and at your partner with interest and curiosity.

**"Intuitively,** most people expect the other person to do the right thing so they will feel better. The bad news is that that does not happen very often when both are triggered. Both are under duress, and both want the other to soothe and validate them and their experience. This is where difficult situations get stuck. We also teach people how to take that weight off the other person and develop the skills to self-soothe and self-validate, to self-report

and contact the other person's experience. All these skills are based in mindfulness," Halko said.

**"Core personality wounds** create layers of habitual protective patterns of feelings, thoughts and behavior that are really quite creative solutions," Halko continued. "Most often, however, the pain involved is circumvented, pushed away, blocked from coming alive. For them to heal we help bring them to consciousness, and then help create experiences that have the power to show the partners new ways of seeing each other. If we never become aware of the original patterns, we will continue to act them out in automated ways. Then we are stuck in the ways we are."

**Couples often find themselves** stuck and many try marriage counseling when that stuckness gets hardened down to intolerable levels. There are many reasons that couples need help with marriage problems; the most common is an inability to communicate effectively. In fact, statistics suggest that it is one of the largest marriage problems in today's relationships (retrieved from <http://marriage.laws.com/marriage-counseling/marriage-counseling-statistics>).

**Therapies based on mindful** communication can enhance the skills necessary to break the cycle of repetitive arguments, to end feelings of isolation, to change pervasive feelings of anger, resentment and/or dissatisfaction, and, in terms of intimate relationships, to resolve issues about affection and even the physical relationship. Mindful communication that results in the greatest gain and long term maintenance tends to affect people's emotional bonds and help them work together to achieve a greater level of "differentiation" or emotional maturity—the ability to know who you are as a separate and distinct individual so that your sense of self is not undermined. David Schnarch, PhD, (1977), a world-renowned sex and marital therapist,



places differentiation at center piece of his work. He notes that healthy differentiated people are able to "self-soothe", "self-validate", and tolerate another's states without being drawn into highly uncomfortable states themselves.

**"Intuitively**, and as we learn implicitly from our culture, we expect to find a partner that makes a perfect fit for us. Then we would find peace and get what we need. However, this is very unlikely to happen. So most everyone tries to change the other, or change themselves, to still find the fit," Halko said. "Nobody can expect another person to fit their own complicated character, or even their own average-person neurotic self. People have to learn to see another person for what they are, and it helps to understand how they became that way, how their own suffering has made their defenders necessary. That takes a lot of tolerating."

**According to Halko** couples often lose curiosity and do not attempt to understand each other more deeply. In a recent study conducted by Scheibehenne, Mata, & Todd (2011), thirty-eight young couples (ages 19 to 32) and 20 older couples (ages 62-78) were tested on their accuracy of predicting their partners preferences in food, movies and kitchen-designs. The greatest gap in partner knowledge was in predicting food preferences with younger couples more likely to predict accurately what their partner would chose. It appears

that despite spending more time together, older couples know less about one another. Hypotheses ranged from older couples paying less attention to one another, to viewing their relationship as firmly committed, or assuming there's little left to actually know about one another.

**"In long-term relationships** people are often no longer noticing, not sensing, not open or curious about this person they are with," Halko said. "If we follow the advice of Buddhist philosophy we fare better when we find ways to maintain an unrelenting willingness to be curious about life and meet it full on, not go to sleep on it. From that perspective we can learn to be ever more curious, and open to our senses. If we do not, we are in danger of losing novelty, specialness and surprise. In regard to our partners, we are saying in effect: 'I forgot that you are a miracle, and I don't care.'"

**"Mindfulness is** the number one antidote to automaticity," Halko continued. "It opens the paths to gain freedom and choice, to be aware of yourself and another at any given moment, to notice the automatic patterns that run our daily lives, and to discover that there are other ways. The key is self observation: what am I sensing, feeling and doing? What is my impulse? Can I pause and notice other options? This is the ticket out of automaticity."

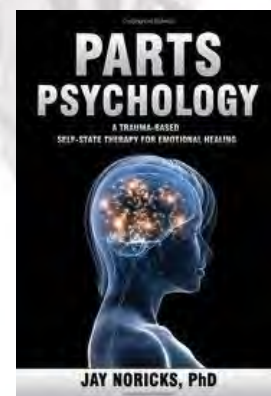
**Halko Weiss, PhD**, is an accredited psy-

chotherapist and lecturer for medical and psychological therapists in Germany. He is also a founding trainer of the Hakomi Institute who directs the Hakomi Institute of Europe. Halko works internationally as a somatic psychotherapy teacher, couples therapy teacher, and as a management trainer. He is well-published and the co-editor of the *Handbook of Somatic Psychotherapy*.

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**Parts Psychology** by Jay Noricks, PhD describes a model for therapy through direct work with the parts (self-states) of each client. The book shares many conceptual features with Ego State and IFS therapy. The core of the book contains the healing narratives for 12 patients who, except for the problems that brought them to therapy, lead relatively normal lives. Several chapters describe the treatment process for such problems of emotional intimacy as lost love, low sexual desire, jealousy, and sexual swinging. Others describe issues of compulsion such as binge eating, porn addiction and bulimia. Several chapters detail success stories in the treatment of anger and rage, depression, grief and anxiety. Child abuse appears in the history of a number of patients. Each case narrative begins with the first meeting with the therapist and concludes when the patient graduates from therapy. Order from Amazon.com or see more at [newuniversitypress.com/parts-psychology/](http://newuniversitypress.com/parts-psychology/)



# Across the Pond



Jill van der Aa  
General Secretary/Vice President



European Association for Body Psychotherapy



Lidy Evertsen  
President

**I**n the last issue I talked enthusiastically about the contact we have ‘across the pond’ between members of our respective Associations. Our President, Lidy Evertsen, had just attended the USABP Congress and talked warmly of the hospitality she received from their members. We were preparing to welcome USABP members Katy Swafford, Jacqueline Carleton, Nancy Eichhorn, Mark Ludwig, Paul Briggs, Christine Caldwell, Rae Johnson and several others to our congress in Cambridge, UK. As body (somatic) psychotherapists we appreciate, perhaps more than many, the joys of face-to-face meeting. It felt so wonderful to be able to share this time together, dine together, and swap notes on how our respective associations and projects are going.

**What did we talk about?** What happened? In our General Assembly we presented Jacqueline Carleton (Editor) with the first printed copy of the new, combined Journal, the *International Body Psychotherapy Journal: The Art and Science of Somatic Praxis*, and with this we cemented the bonds between the two associations. Members of both Boards shared meals together and talked about issues important to both Associations—what is body (somatic) psychotherapy and how can we be clearer about what we offer to the general public and at the

same time raise the political acceptability? In many areas of both the USA and Europe it is not acceptable to practice psychotherapy without also being a medical doctor or a psychologist or psychiatrist—our field does not yet stand on its own.

**After the Congress**, we held our first Research Symposium and the participation was most valued. We agree that one way to becoming more accepted is to be able to show more clearly how effective our work is and this implies doing research. We can share our findings and contribute to each other’s development.

**At our General Assembly** we presented the first Student Thesis Award to Rachel Shalit from Israel. We were inspired to do this by the Research Awards the USABP have presented. We passed a motion to set up student membership in order to encourage younger members to join up. We made a first effort to start on a Continuing Professional Development project in order to ensure that our members are motivated and able to develop in their profession and so that we can re-accredit members on a regular basis.

**I am writing** this having just spent two days in meetings with the European Association of Psychotherapy.

This is an umbrella organization under which we work with members from many different psychotherapy modalities from throughout Europe. In particular, the Association works for the political recognition of psychotherapy both in the member nations and through lobbying in the European Union in Brussels. Many of our members also have the European Certificate of Psychotherapy: there are more than 6000 psychotherapists with this Certificate throughout Europe. (The EABP in comparison has a membership of 700.) While progress in getting political acceptance for this Certificate is sometimes seen as disappointing it is also helpful to realize that 25 years ago none of this existed. It has taken decades, sometimes centuries, for other professions to be established so it is helpful to recognize that we are doing well. At one of the committee meetings I attended we agreed on the general principle that we should be celebrating our successes, however small we think they might be, rather than moaning about our lack of acceptability of psychotherapy in general.

**As we celebrate** our meetings ‘across the pond’ perhaps we can take some inspiration from the first moon landing. One small step for body /somatic psychotherapy . . .

# 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 the USABP and the EABP websites as well as on Facebook, Google, LinkedIn, ResearchGate and more.



## There's a New International Blog

[www.body-languages.net](http://www.body-languages.net)

Ulrich Sollmann wants to inform the world about this blog and invite everyone to join the conversation. All are welcome to comment and/or post. The blog focuses on the issue of body language and nonverbal communication. It is also related to the intercultural communication—a sense of East meets West—so readers will find notes on body language, on non-verbal communication, and on intercultural communication between East - West.

Sollmann invites colleagues in the field of body psychotherapy so the blog can become a community platform where we can be seen as body-experts. He notes that this will be the first of its kind—an online-platform where the issue is discussed in a way experts and non-experts can take profit out of it.

People from more than 30 countries have visited the blog already. So if you have time and are interested have a look and feel free to join. Feel free to share the link with interested people, friends and colleagues in the USABP, the EABP, and in all associations related to health and well being.

Sollmann writes almost every day so there are always news updates and pictures and challenges for people to comment on. He hopes to meet many colleagues there.



A "Somatic Perspectives" Linked In group (see [www.linkedin.somaticperspectives.com](http://www.linkedin.somaticperspectives.com)) was started in 2011 and has about 1500 members at this point. In addition to discussions that are spontaneously initiated by group members, there is a "featured conversation" each month. A summary of recent "featured questions" include:

November Featured Discussion: Therapists in Times of Disasters. A few days after the hurricane in New-York, which brought mass-destruction, death and fear, has settled down – it is almost inevitable to devote this month's discussion to the experience of disaster – natural disasters or 'human-made' catastrophes and their implications on us, psychotherapists. (etc...)

October Featured Discussion: Putting together a list of bite-size resources for clients. How do we explain to people the kind of work we do? I don't mean psychotherapy in general... I mean: How somatic approaches help make our work vibrantly alive and deep... How to better understand the context of the work we do... How somatic approaches relate to current scientific under-

standing of how the mind works. (etc...)

September Featured Discussion: How you came to your somatic orientation. The featured discussion, this month, is about how you, as an individual practitioner, came to include a body-oriented approach in your therapy work. (etc...)

We're looking forward to your joining the group, whether you are an active contributor to the discussion, or, like many people, simply enjoy being in touch.



Join the Conversation on *Somatic Psychotherapy Today's* Facebook page. Our goal is to stimulate interactive conversations where all can speak and be heard.



# Changing Direction

By Beverley Jones

**I**f I knew where the beginning was I would start there; however, I really can't say where or when the change in my life course occurred.

As I sat in the doctor's office in June 2009, I came to realize that even though right here and now I was being diagnosed with depression, the light had indeed started to dim two years previously. As I travelled between 2007 and 2009 the light switch had at some point started the dimming process until the blackness of the day in question had dawned.

I had been working in the corporate world for 30 years, trudging the road of bureaucracy and systems. The more I

tried to work with these systems the tougher the journey became. I felt suffocated by the cloak of the 9-5 which had over the years become the 9 till . . . and at some points when the Blackberry went off in the middle of the night it was in fact 24/7. I became exhausted, my physical body became wrapped in ailments that seemed so real at the time but on investigation I found them to be psychosomatic.

That day in June I guess you could say helped me turn the corner, admittedly not onto a great road, but it still became the turning point.

The days of depression and anxiety that followed were truly horrendous, I suffered panic attacks which left me clutching at my chest in fear, this along with the waves of sadness that appeared from nowhere were so hard to understand.

However, as time went by I found myself starting to look within for the answers. I would sit and do nothing as the world happened around me. As others held conversations, I wondered what was it all about. I guess some days none of us know the answer to that one. Even now, circumstances that appear before me, some days still leave me wondering. I took to reading more and more self-help books where I came to understand the power of our thoughts; I realized that if I could make that shift in my mind I could somehow move my life forward to the next stage. Having attended counselling, undergone cognitive behavioral therapy and been on medication, I came to the conclusion that as much as all this helped I was the main driver on this journey. I had the inner control to grab hold of that steering wheel and turn it to go in the direction I desired.



I can only be thankful that the reading I had done previously had given me some tools and techniques to somehow hold myself together. It was this incident which indeed became the move from the blackest of roads to a path that somewhere out there had a glimmer of light on it.

I have been asked what was the pivotal turning point, the one that shook me the most and the above was most certainly it. I stood there in the snow and something inside just snapped, inwardly I shouted, I screamed *STOP, this has to stop now!*

As I drove back to our home that day, I took control of my life. Strange really, as the snow falling had actually caused me to swerve many times; in fact, at one point I witnessed one car plow into another right in front of my eyes. I was blinded by the snowfall and my tears, but I knew in my heavy heart that life was about to change.

New Year's Eve 2009 saw me toast in 2010 with champagne, a smile, and a vow that I would never experience another 2009 as long as I lived.

As 2010 arrived I was armed with self-help books, my medication, a vow to turn my experiences into a format through which to help others and an apartment that needed renovating! I was on a mission and this was one battle I was going to win.

I set myself some goals as in what date I was going to get my apartment renovation completed by, what date I would complete my life coaching diploma, and a date by which I would set up my coaching business through which I was going to inspire and empower others to move their life forward.

I used 'Affirmations' – which are positive present time statements – as in, 'I am healthy and enjoying a positive happy life'.

I used 'Gratitude Lists' – and learnt to be grateful for all the good things I did have in my life.

I used Visualization – to see my future so that I could manifest its reality.

These three things provided me with clarity, hope, and something to focus on. I became the master of my own thoughts which would indeed serve me well. I came to realize that all that had happened had indeed happened because I brought it about, the crying in my office, and the silent screams for help had in fact turned my desk days to duvet days.

This realization was brought home when I was asked, "Surely you didn't use your own thoughts to bring about your depression?" Well, in hindsight, yes I did. It was indeed my negative thought patterns that brought about so much of what had happened to me to its reality.

In the last three years I have continued to work on myself and my thought patterns, I have learnt how to turn these around through determination and self-belief. I realize I am in a fortunate position to have had the experiences as they are indeed my greatest gift through which I can help others.

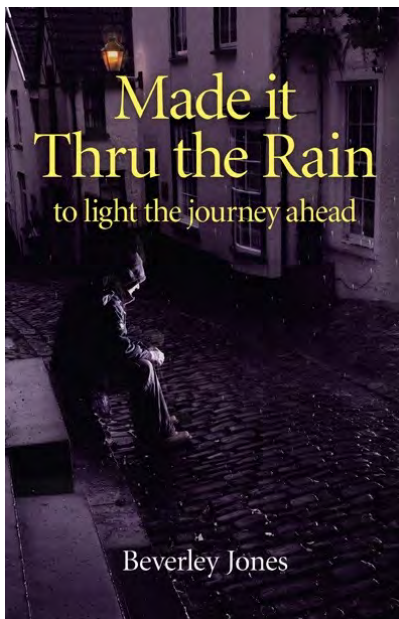
After all, we are indeed the master of our own thoughts!



Beverley Jones: Having come through depression and some major shifts in her life, Beverley founded Awaken in 2010. Awaken is an innovative company that wants to help people live their life to its full potential. While Beverley has a diploma in life coaching, she states she is not a 'Text Book' coach, as this combined with a wealth of life experience and covering roles in the majority of departments in the business field enables her to support clients. Beverley has trained with Sue Stone, author of, *Love Life, Live Life*, and is an accredited coach with the Sue Stone Federation. Beverley coaches on a 1-1 or group basis, plus through workshops and seminars. Beverley also undertakes Speaker Slots where through inspirational and motivational talks she enables people to understand how positive thinking and visualization enable them to see how they can live the life the desire.

[www.beverleyjones.co.uk](http://www.beverleyjones.co.uk)

[www.awakenlifecoaching.co.uk](http://www.awakenlifecoaching.co.uk)



## Made it Thru the Rain: to light the journey ahead

Written by Beverley Jones

Reviewed by Nancy Eichhorn

**W**riting from an intimate, first person point of view, Beverley Jones shares her story of recovery from years of depression and suicidal ideation and the life she chose to create beyond. Page one of Chapter One immerses the reader in the depth of Jones' depression as she recounts numbed sensations save the smell of fear, and the complete inability to move toward life; she shares her darkest innermost thoughts throughout the text inviting people to feel an insider's experience of anxiety and depression with suicidal nuances (though she never acted on them). Overwrought from a 30 year corporate career, Jones depicts a nightmarish life alone within her silent cries, the immense energy it took to leave her bed and crawl onto the duvet to spend days lost in television, and viewing the anger that seethed within her as she both ached to cry for help and insured isolation.

**Years passed** and one day she finally eclipsed the veil shunning life and she sought medical help. In June of 2009, the doctor stated that she had two weeks before she'd be hospitalized if she did not stop the downward spiral. Jones recounts a plethora of somatic complaints, all without physical origin. Her body, she says, was telling her to "wake-up" (p.7) and seek help

as she teetered on the point of collapse. A series of events left Jones alone and homeless. By January 2010 she knew the time had come. She started taking antidepressants and reached out to friends and family for the support she needed. Using self-help positive thinking and visualization exercises she started healing and by August she had started her own business, Awaken.

**The actual writing** began two years after her recovery, June 2011, as she trained and worked as a Sue Stone Foundation accredited coach. Her goal in writing this book was to assist others currently living with depression or those who have recovered but still feel stuck and inspire them onward. She envisioned that by sharing her experiences people would know they were not alone and by walking with someone else they, too, could turn the corner to recovery. Within 12 chapters Jones shares both her transformational journey and tips and techniques to help people recover from depression and other mental health illnesses. Each chapter ends with a quote, which depicts the feelings of the author at the time. The voice is friendly, familiar. The writing offers an embodied experience as sensations and thoughts merge on the page creating tension that demands resolution.

**The depth and detail** of her personal struggles lets all readers know (depressed or not) what goes on inside depression and how you cannot simply 'pull yourself together' in hopes of bridging the experience of mental health illness to a real life perspective. She demonstrates how, what she calls an "ordinary life" transforms into an "extraordinary one", and how experience became one of her life's greatest gifts. This book is written for people who are suffering with depression as well as for their family members and friends to gain one person's experience of and understanding of depression. As Beverley writes, "I know because I was there."





# Body Wise

By Kamalamani

## Wild Horses and Olympic Dreaming

**T**o my surprise, watching the televised Olympic equestrian events at Greenwich Park in London this summer re-ignited an awareness of my connection with and lifelong love of horses. Seeing the bodies of those fine thoroughbreds coursing and skidding over the cross-country jumps and moving elegantly around the dressage ring re-awoke my early love of the potentially magical, unspoken relationship between horse and human.

**Since then** I've been paying more attention to horses again, befriending a pair of horses living near a campsite where we were staying on holiday and walking the course at a cross-country event not long afterwards. At the event I re-visited my huge admiration for the awesome skills and talents of three-day event riders like Lucinda Green, then Lucinda Prior-Palmer, one of my childhood heroines, and Mark Todd from New Zealand. I was thrilled to see tonnes of exuberant horse galloping past, launching over beautifully-crafted jumps of all shapes and sizes. I remembered one of my ambitions as a ten year old to win the Badminton Horse Trials. Aside from the familiar thrill, a wave of something else rippled through me. At first I couldn't give it a name.

**It became clear** that it was the bubbling up of sadness. Sadness and an acknowledgement of the importance of horses and other animals in my life and learning. Waking with the tears of this sadness I realized that the most important things I've learned about trauma and human-inflicted hurt and its after effects I learned through my childhood relationships with horses. It's taken nearly three decades to realize that. I never had a horse of my own but was fortunate to look after and occasionally ride friends' horses, to have weekly riding lessons for quite a while, and to go on a memorable riding holiday in my early teens.

**Reflecting more** I noted that as a young girl I often ended up being paired with the ponies that needed gentle handling and careful attention. My first experience of this was in the shape of 'Tammy', a lovely, shy, sensitive bay gelding who lived at the riding stables where I had lessons. Tammy was often written off as flighty and a bit mad. But she wasn't, she just *became* flighty and a bit mad when young hands pulled too hard on her reins not yet having mastered the art of light contact with the bit in the her mouth. So she bolted around the ring at high speed, in an effort, I imagine, to take her place at the back of the line of her horse friends to escape further pulling and jabbing. Jumping was even more fun, clinging on as she galloped straight over or through the poles.

**Somehow** I always ended up riding Tammy, and we became friends. The trick was to let her have her head. One day I knotted the reins and let her have her head completely. That was exhilarating as she broke into her habitually fast, skittish canter, and I clung onto the pommel at the front of the saddle. She suddenly realized that no one was pulling at her mouth for once and relaxed into a softer, more rounded stride. From then onwards riding her was a different story. She still flew like the wind but not through fear of being hurt and continually pulled at the mouth.

**Another four-legged friend** was 'Ladybird', a horse I was lucky enough to have on loan for the best part of a year. Well, kind of lucky. I remember, vividly, the look on my late father's face on her first day at home.

*Continued on page 16*

We had to resort to calmly cornering her in our neighbor's field with the help of my brother and some bamboo canes as she resolutely refused to be caught. As I approached her, she galloped towards me menacingly and skidded to a halt with feet to spare before rearing up on her hind legs. I persevered and tried to see the world through her eyes of deeply distrusting her two-legged enemies. We slowly, slowly became friends, and I learnt better ways to make contact with her. Eventually she trusted me enough to lift up her legs to pick out her hooves without biting me and brush her rump without kicking me. Towards the end of our time together she trotted towards me, whinnying, like an old friend. She never quite curbed her habit of jogging sideways up the road. We just learned to avoid main roads . . .

**Then there was** the tragic memory of a horse friend whose spirit was broken by the rage of his young owner. A scenario where the potentially magical bond and intimacy between horse and human went horribly wrong and something I hope to never witness again—perhaps the young girl's need to break her pony's spirit reflected the destruction of her own as her family life disintegrated around her. So horses have been great friends and teachers to me. They were my best friends as a girl, along with my Alsatian dog.

**But what is it,** I asked myself, that I learnt about trauma and hurt from horses, which has been so valuable in my work with human beings, the clients in my therapy room?

Well, I learnt that in no uncertain terms the various behaviours resulted from horses' fear of humans: being thrown off; bolted with (once along a road, ending in concussion, not so good); kicked; and gently coaxing a horse out of a state of freeze. The most important thing I learnt, on reflection, was the importance of being in touch with my own thoughts, feelings and embodied sensations and picking up clues—visually and kinesthetically—about the body language of the horse *before* approaching him or her.

**Communicating with horses** feels to me like learning any new language or culture; you need to listen with all your senses, as you do when you're listening to the intonations, pitch and pronunciation of the language you are learning, as well as watching and trying to understand the cultural influences which are subtly but significantly different to your own. Most importantly, I've always had a deep respect for horses. I was most struck by that when I encountered the work of the tremendous US horse trainer Monty Roberts and witnessed his deep respect and love for horses. Perhaps 'talking horse' came relatively easily to me, given my childhood preference for the animal over the human world, and my curiosity and love of both the mystery and ordinariness of connecting. And let's be honest, sometimes I just learnt the hard way and landed in the mud, getting a bit winded and bruised. Horse-riding can be the greatest leveller—quite literally.







I hope I offered them friendship. On a more universal level I'm reminded of how often the horse seems to symbolize strength and freedom. At best, this strength has been admired by different peoples across the world, at worst, man has felt the need to tame and domesticate this strength and wildness in order to suit his own ends. I personally feel

**I've been curious** in recent years by the merging field of 'equine-assisted' psychotherapy, with its focus upon promoting wellbeing for humans through interaction with horses. I've noticed my mixed response to this surge of interest. My most immediate response, given my childhood love of all things equine, is "well, yes of course, that's obviously going to be beneficial". I have also noticed a hint of cynicism in my grown-up (!) view as a therapist. Not cynicism that equine-assisted work wouldn't be valuable, but a fear that it might become another way in which we might exploit our relationship with the animal and other-than-human world. And perhaps, in all honesty, a touch of envy that I don't have a horse and a paddock as a way of offering this work and my lack of growing up with moneyed, pony-clubbing parents. But hey, never say never . . .

**I have some qualms** about the 'equine-assisted' bit of this work, not dissimilar to some of the concerns I've had about the use of horses in sport. I know therapy approaches need a name in order to identify them, but I object to the sound of the one-way flow—the horse assists

the person. What does the person do for the horse? Are we again using animal and other-than-human life for our own ends? I don't know. I need to mull more on this, for I know first-hand the benefit of equine friendship. What I also sense, underneath, is a great sadness that we live in the way we do. For many of us, an urban existence is our everyday reality. We don't get to hang out with horses and other animals. Let's face it, we don't even spend that much time hanging out with friends of our own species! We often don't know the phase of the moon or which crops are ripening or even what sort of soil we might find if we dug down into the earth. I feel sad most days about how far removed we have become from our natural habitat, separated by layers of concrete, and our steel boxes as we travel around in cars. How we have become separated from other life forms, including four-legged equines, to the point where as humans we naturally assume—to our peril—that we are masters and mistresses of the universe?

**So today** I bow down afresh to the horse. The horses I've been blessed to know and all that they have taught me.

deeply appreciative that my connection with the horse is rekindled.

*"If I paint a wild horse, you might not see the horse . . . but surely you will see the wildness!"*

*Pablo Picasso*

**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)

# Resources

Jacqueline A. Carleton, PhD and the USABP Interns



## Nobody's Boy: An Old Doctor and a New Science.



Mike Denny, MD, PhD (2012) North Charleston, NC: CreateSpace; 254pp. ISBN: 9-781-468-120301

Reviewed by: Tabashshum Islam, Stony Brook University.

This medical memoir takes readers by the hand to explore the life of a boy as he searches to find his true calling. This boy, of course, is no other than Myron K. Denny, author of *Nobody's Boy*. Despite numerous hardships and obstacles throughout Denny's life, his life-altering spiritual encounter shines a light towards the path of healing. This illuminating moment is what ultimately leads him to pursue medicine.

As both a student and a professional, Denny's experience integrating the spiritual into medicine becomes deeply important to him and is held evident as these ideas pervade his practice. Consequently, his approach becomes misinterpreted due to the expectations and standards of his fellow doctors and colleagues who are trained in the Western approach to medicine. In hopes of promoting a better medical practice and environment, Denny takes a moment prior to treatment to emphasize the patient as a unique human being. Unfortunately, in doing so, he inadvertently faced serious backlash from co-workers as his objectivity as a doctor was questioned.

Despite this, his journey in search

for the spirituality in the healing arts continued. In travelling the world, his encounters with the various approaches to Eastern methods of healing such as acupuncture only reinforced his need to implement the spiritual in medicine. By experiencing the validity of Eastern methods first-hand, he realizes that there must be much more to the healing outside of Western Medicine. This inspires him to pursue further studies in depth psychology to understand the spiritual aspects of healing. His studies in depth psychology allowed for implementation of contemporary Jungian psychoanalytic psychotherapy and Eastern approaches to mindfulness while taking neuroscience and holistic approaches to healing into account. He notes, "...when dealing with human beings, we have to include quality as well as quantity, wholeness as well as fragmentation, the subjective as well as the objective, spirit as well as matter" (Denny, 2012).



## Couples in Collusion: Short-Term, Assessment-Based Strategies for Helping Couples Disarm Their Defenses.

D. A. Bagarozzi, (2012). New York: NY: Routledge.

ISBN: 978-0-415-80730-2. 180 pages.

Reviewed by: Sahar Kazemini, New York University Abu Dhabi

Dennis Bagarozzi acknowledges

the challenge often faced by therapists to clearly identify and work with a couple's whole and real relationship dynamics, suggesting that conflicts and criticisms brought forward by the patients are often limited by the defensive mechanism 'collusion', which leaves a couple's core issues unresolved, and results in a frustrating cycle and hindered therapeutic success.

Bagarozzi begins with a clear explanation of collusive defenses and illustrates this type of behavior in case examples of couples in a variety of relationship types, demonstrating the extent to which it is so commonly present among relationships and the way in which it can impact the therapist's perspective unless changed by becoming aware of these defense systems and its signs.

To further understand a couple's interactive dynamics, Bagarozzi underscores the concept of the self as an important aspect to begin understanding each partner's self-esteem, developed traits and ideal self; this is an essential starting point for the therapist to gain a base understanding of each partner's unconscious perspectives, roles, projections and life themes. He then elaborates on a range of valid assessments, both pretreatment and post-treatment, which he clearly details and relates to his theoretical approach to conducting short-term integrative treatment to indicate the significance of assessment practice in effectively reading collusive defenses and working with a couple. Bagarozzi then uses case examples to show means of interpreting assessment results, forming treatment goals and eventually unraveling a couple's underlying issues and conflicts. He presents instructive guidelines for therapist intervention and discusses

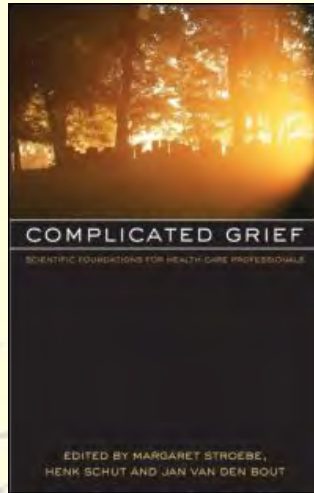
individual cases.

Bagarozzi follows this by extensively covering two collusive defensive systems often overlooked: acting out, and monitoring and restraining. He spends a chapter on each illustrating numerous cases and intervention programs respectively. He then discusses complementary defensive systems wherein couples may have a more complex and elaborate situation of multiple interrelated themes and thus defensive mechanisms, though this does not always lead to dysfunction. Bagarozzi then points out further assessment considerations in cases of borderline and narcissistic disorders, where therapist attention is required for primitive defense mechanisms, and these are also illustrated and explained in detailed case examples. The book is of great use for couples' therapists in particular as the book speaks directly to this population by including clear dialogue outlines of a range of couple's therapy sessions used to illustrate Bagarozzi's point, which he then follows with detailed discussion and coverage of psychoanalytic themes and topics. Bagarozzi also includes a series of study questions following each chapter, which relate directly to the case example presented respectively; this ensures complete absorption of the material and allows readers to practice methods of recognizing and responding to collusive defenses, thus giving therapists greater confidence and ease in integrating these strategies into their sessions and successfully work with their patients' challenges. The book provides an appendix including relationship based questionnaires and speaker's and receiver's guidelines for patient use.

**Complicated Grief: Scientific Foundations for Health Care Professionals.** Stroebe, M., Schut, H., & Van Den Bout, J. (Eds.). (2012). New York: NY: Routledge. ISBN: 978-0-415-62505-0. 332 pages.

Reviewed by: Sahar Kazemini, New York University Abu Dhabi

*Complicated Grief* is a compilation of



searchers and professionals active in this field who offer a variety of cultural and societal perspectives.

Following an introduction outlining the goals and scope of this volume, the book is presented in four further sections. The second section explores various conceptualizations of CG from different disciplinary perspectives. The chapters include observations of philosophical perspectives on CG, multi-cultural comparisons and knowledge surrounding CG, CG in the clinical practice, distinctions and prevalence between complicated and uncomplicated CG, as well as the examination of CG in child populations.

The third section then focuses on the theme of CG as a diagnostic categorization, alongside a consideration of its scientific, clinical and societal implications. The concept of complicated grief (CG) is currently demonstrated by a clinically significant deviation from the generally considered normal process of adapting to bereavement, where one's painful experience of loss is of severe intensity and duration and/or impaired functioning, which require more complex understanding, interventions and treatment.

Research is provided to argue that CG is a psychiatric condition of 'prolonged grief disorder' and deserves DSM -V inclusion as well as counter-arguments to the classification of CG as a disorder and suggestion of further research to confirm the conceptual validity of CG.

Moreover, there are observations

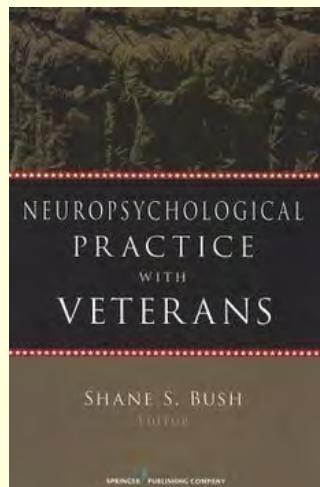
up-to-date categorization of posttraumatic stress disorder (PTSD) and its consequences. This knowledge is used to consider the positive aspects as well as concerns of DSM-V inclusion, in addition to placing CG in the context of other disorders overall.

In the fourth section, contemporary research on risk factors, processes and mechanisms associated with CG are revealed. The many authors present empirical data indicating potential factors that increase an individual's vulnerability, as well as findings regarding cognitive and emotional functioning in persons with CG. There is also detailed description of research revealing the relationship between CG and one's rumination, autobiographical memory, attachment patterns and neurobiology; each aspect is reviewed and discussed in great depth, highlighting the key consequences that can further research in understanding CG and its potential treatments.

The fifth section gathers a range of research behind the treatment of complicated grief, presenting to the reader various treatment principles, paradigms and procedures. Chapters include therapeutic considerations such as a cognitive-behavioral approach, internet-based interventions, family therapy and interpretive and supportive group therapies. Researchers indicate how their respective suggested therapies show or potentially indicate effectiveness in treating CG, in addition to providing a framework for therapeutic application.

Finally, the book concludes with the editors' review of all contributions included throughout the volume. They highlight the key issues and give an assessment of the scientific knowledge behind CG and suggest the implications of this for further research and practice.

This book is valuable for psychologist and professionals working with patients experiencing loss of a significant person. It is also recommend for researchers in the field of grief and bereavement including graduate students of psychology and psychiatry.



**Neuropsychological Practice with Veterans.** Bush, S.S. (Ed.). 2012 New York NY: Springer Publishing Company  
ISBN: 978-0-8261-0806-7. 399 pages.

Reviewed by: Scarlett Wang, New York University.

Recent development in neuropsychology has been beneficial to veterans, especially those with brain injuries resulting from trauma. Organizations for veterans, like the Department of the Veterans' Affairs and other organizations for veterans have been extremely crucial and supportive to the development of neuropsychology. As more and more psychologists are exposed to veterans suffering from neuropsychological disorders, it is important to establish guidelines for reference.

Additionally, more and more men and women who have served in the military need neuropsychologists to provide evaluation and treatment relating for aging, substance abuse, and various other problems. *Neuropsychological Practice with Veterans* offers the knowledge and experiences of neuropsychologists who have been in this field. The book includes fifteen chapters divided into three parts: assessment, common disorders, and training and ethnics. Part I elaborates the assessment methods and procedure in neuropsychological treatment with veterans, including details of the procedures for inpatient and outpatient, covering improbable presentations in as-

essment and polytrauma services. For example, Chapter I illustrates assessment methods like general outpatient neuropsychological assessment in the veteran affairs. Part II goes into the details of common clinical injuries, illnesses and disorders of veterans, such as traumatic brain injury and blast related injury. Part III presents professional training procedures, ethical considerations discussion of the future direction of the field, which covers topics such as training and supervision, online survey and the four A's of ethical practice: anticipate, avoid, address, and aspire. Neuropsychologists and practitioners who work closely with veterans will especially benefit from the book's extensive coverage of the neuropsychological practice with veterans.

**Counseling Muslims: Handbook of Mental Health Issues and Interventions.** Amer, M. & Ahmed, S. (2012). New York, NY: Taylor & Francis Group, LLC.; 396pp.  
ISBN: 978-0-415-98860-5

Reviewed by: Tabashshum Islam, Stony Brook University.

Scientists, psychiatrists, social workers, professors, counselors, clinicians, and educators have come together in this book to provide in-depth commentary and insight on understanding the modern Muslim. This investigatory handbook comments on how consideration of the religio-cultural aspects of this community is essential to helping Muslims receive the proper mental health care in all parts of the world. In this compilation of papers, readers are given tools to overcome the many barriers between the practitioner and the client. In addition to this, both common and uncommon cases are provided to help counselors identify key points that may be overlooked when diagnosing their Muslim patients.

Applying an Islamic approach to the therapeutic relationship can help clients to be at ease and voice their concerns. Awareness of religious practices and accepted beliefs may also prevent false stereotypes from affecting the thera-

peutic relationship. By providing helpful background information on the religion, this handbook allows counselors to be better prepared when diagnosing their clients. In doing so, the authors and editors help to eliminate any misinterpretation of mental illness and maladies by taking one's cultural and religious beliefs into account. However, because of the various sects and cultures within the Islam religion, it is not safe to assume we are able to understand the client just because we are aware of their faith. Sociopolitical background, individual values, and nationality are also notable factors to consider. As with all cases, each situation is unique to the individual and so readers are advised to approach each situation in a practical but open-minded manner. An especially enlightening area that this handbook touches upon is the relationship between immigrant families and their children and how this may affect diagnosis.

Various interventions and methods are proposed as ways to compensate for standard methods that may be deemed unacceptable for Muslims. These approaches use cultural values as a resource and can range from individual psychotherapy to community and home based interventions. Depending on the individual, mental health counselors can work with clients to create a plan that integrates belief systems with therapy by including prayers and fasting. This integration of the spiritual in mental health ultimately leads to a strong client-counselor rapport.

# Somatic Expressions



## A Gallery for Artistic Expressions of Bodily Impressions

Our experience of the imaginal is highly linked to what we experience somatically. These two imaginal canvases are related to my recent insights associated with creating safe, solid and flexible relational containers with our clients, ourselves, and one another. By *William E. Thompson*

### *Warm, Intimate and Continuous (Relaxed and Engaged)*

## William E. Thompson

### *The Biological Importance of Being Coherently Reflected*

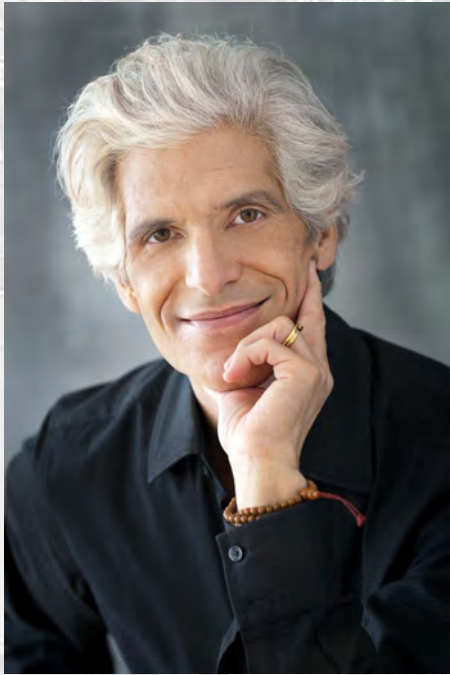


Acrylic and ink on canvas; 30" x 36". Painted in 2012 by William E. Thompson. Inspired in particular by the early writings of James Bowlby, specifically his 1951 monograph, *Maternal Care and Mental Health*, as cited in David Wallin's book, *Attachment in Psychotherapy* (2007).



Acrylic and ink on canvas; 36" x 30". Painted in 2012 by William E. Thompson. Inspired in particular by personal communication with Lorin Hager, SEP and by David Wallin's book, *Attachment in Psychotherapy* (2007).

**William E. Thompson** is an abstract painter, Somatic Experiencing Practitioner, and soon-to-be licensed psychotherapist. He will graduate with a Masters in Counseling Psychology (with a special focus on trauma resolution) from Prescott College (Arizona) in December 2012. He is listed in the USABP website directory; also, a more complete bio can be accessed on the Somatic Experiencing Trauma Institute website at <http://sepractitioner.membergrove.com/member-details.php?id=513>



## Contemplative Healing An interview with Joe Loizzo

By Nancy Eichhorn

**M**indfulness-based forms of psychotherapy are one of the most popular forms of therapeutic intervention to evolve in the last decade. Today, Western psychology incorporates presence of mind and attentiveness to the present moment to alleviate a long list of mental and physical ailments such as depression, anxiety, and interpersonal conflict, as well as stress related medical disorders.

Practitioners and researchers have bridged psychoanalysis and Buddhism with positive results. Jon Kabat-Zinn developed mindfulness-based stress reduction (MBSR) to treat depression and anxiety. Marsha M. Linehan wove mindfulness into dialectical behavioral therapy (DBT) to treat clients experiencing severe and complex mental disorders. Steven C. Hayes created Acceptance and Commitment Therapy (ACT) to teach clients how to increase their “psychological flexibility”—defined as the ability to enter the present moment more fully in order to either change or maintain behaviors impacting their lives both positively and negatively. And the late Ron Kurtz integrated mindfulness skills into Hakomi therapy, considered a body-centered somatic approach that accesses unconscious core material shaping our relational lives.

While parallels have been established between psychotherapy and mindfulness practice adapted from the Buddhist contemplative tradition, classical mindfulness is not a one-size-fits-all proposition, and over-the-counter meditation prescriptions may not be enough to effect lasting change. “Bringing mere awareness to the here-and-now is not enough for true healing or profound change,” explained Joe Loizzo, a physician/psychotherapist who founded the Nalanda Institute for Contemplative Science, and who authored, *Sustainable Happiness: The Mind Science of Well-Being, Altruism, and Inspiration*.

“The reason for writing the book was to help people get a map to deal with the vastness, the complexity of all these different flavors of psychology and methodology. I specialize in meditative maps and tools that help people find ways to heal, grow, and change just when their lives seem to be falling apart. The format of the book is vital to teach people with no background in contemplative life, whose lives demand they get all they need for their journey—tools, maps and road tips—in one stop.”

“Jon Kabat-Zinn, Marsha Linehan, John Teasdale and others have translated the most basic insights and skills of Buddhist contemplative science into mindfulness-based psychotherapy and emotional intelligence training. Marsha extracted and decontextualized methods out of ancient Zen traditions that she had experienced herself. But profound healing has to be a lifelong journey as well as a corrective social experience, so simply extracting active ingredients and delivering them as if they were biomedicine doesn't work to full effect. The idea that you can deliver these kinds of healing experiences as modular medical fixes assumes an allopathic method—the therapist/doctor does it to the patient as a second person intervention. Freud's medical model was based on his need to package what he was doing for his day and age—he offered a psychology compatible with positivist physical science, from a distant, supposedly neutral paternalistic stance even though he had complicated relationships with his clients.”

“But, you can't cut the roots that tie self-healing back to contemplative traditions; teaching contemplative skills without links back to living role-models, communities and traditions leave people no place to go once they are done and impose a glass ceiling on their progress. In



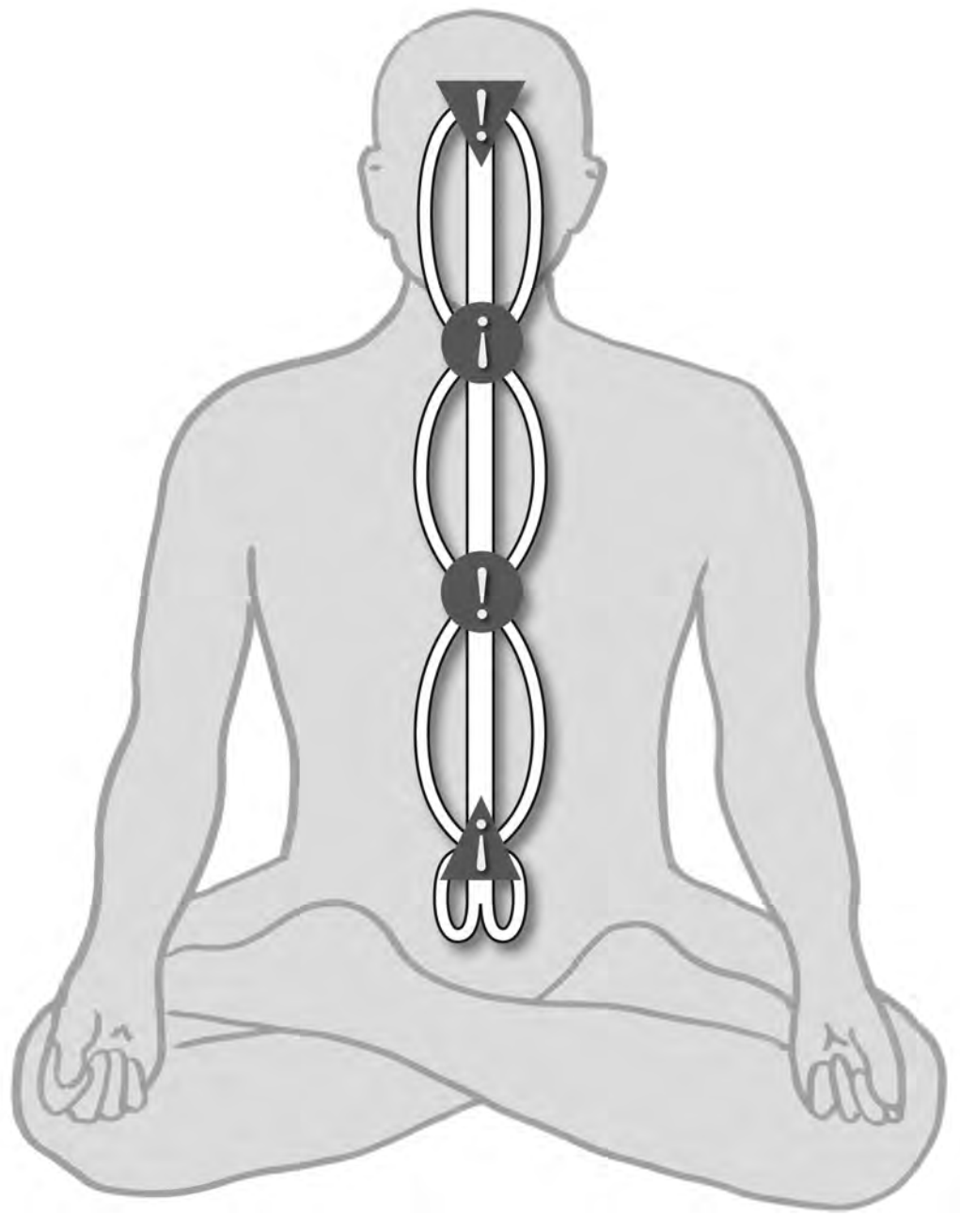
The Wheel of Time, Archetype of Sustainable Happiness (Sri Kalachakra painting © 1985 Christopher Banigan). Reprinted with permission, Nalanda University

the modern allopathic tradition, the basic framework of healing is interventionist and patriarchal. In the classical Indic traditions, the art of self-healing assumes a fellow traveler model, a liberal contemplative learning/healing framework closer to the ancient egalitarian wounded healer approach than rather our hierarchical

doctor-patient model. You, as the mentor/therapist, have experience that you share with patients as a fellow traveler on a similar life journey. It is said that in the Tibetan way, one cannot learn without “moisture”—the living warmth and presence of others who have learned it.”

“For sustainable results, healing has to come from the person’s own inner process. In the psychoanalytic tradition, the long-term relationship between patient and therapist creates the sustaining power of the journey. Psychoanalysts do not do therapy to their clients in the form of a modular intervention; therapy is not some sort of power medicine that will blow illness out of the water. Healing needs a long term, nurturing, relational piece along with community support.”

“The relational piece is the central to the Tibetan approach. Patients travel with a fellow guide who teaches them to use tools so they are prepared to do the work; this is different from our mainstream culture of psychotherapy. I see myself as translating Indic insights in terms of Western science, while teaching meditation skills and life strategies in traditional Tibetan ways, including the three disciplines of ancient Buddhist self-healing: mind/body self-mastery (meditation), intellectual-psychological insight (wisdom), and behavioral application (ethics). I’ve also developed what I consider an integrative version of Reichian and Jungian therapies, based on an alternate map of the whole universe of psychological healing which the Tibetans call the Gradual Path. Following that map, in place of the simple mindfulness so popular today, I teach deep mindfulness to help people tap into profound altered states of inner clarity and calm that will guide healing insight and life change. With that as a foundation, we then add social-emotional mind-



The Neural Network of Sublimation (Credit: Diane Bertolo; Courtesy: Joe Loizzo)

training as well as role-modeling imagery and sublimation skills like those Jung and Reich used. So the Gradual Path is not a simplistic skill or quick fix; it is a lifelong process of self-healing and self-transformation that involves the mastery of social emotions, psychological wisdom, healing imagination and positive energy.”

“Integrating current science and ancient contemplative wisdom, much of my work is based on what Tibetans call the Nalanda tradition of academic mind

training. At the Nalanda University (developed in North India from the 5<sup>th</sup> through the 13<sup>th</sup> centuries), students worked with an individual tutor and an advisor who taught both an ethical and personal curriculum. As many as 10,000 to 15,000 students would choose among 100 classes a day, following a systematic curriculum that combined cognitive learning and skills with personal mentoring and role modeling relationships. Tutors supported academic studies while personal mentors approached the disciplines of



meditation and ethics. There were also group trainings, required communal retreats, and “confessional” peersight groups. The general practices and principles of self-analysis and self-healing were joined with communal experiences that offered a sense of belonging in conjunction with the process of gradual healing and self-transformation. The Tibetan tradition, in particular the Gradual Path, involves systematic, step-by-step path of optimal human development. You progress from a cognitive behavioral approach to one of profound psychoanalytic insight. You then move to an object relational approach to emotions and a self-psychological approach to deep transformation and re-integration.”

“Contemplative self-healing and psychotherapy are based on key elements drawn from the Indic tradition of contemplative science. It integrates contemplative methods with cognitive learning and practical

behavior change based on a multidisciplinary, multi-modal teaching method. I believe this integrative approach best replicates the blend of liberal arts content, therapeutic logic, and transferential pedagogy that earmarks Buddhist teaching, especially in the process-oriented tradition of Tibet.”

“In practice, the gradual approach I take based on Tibetan science incorporates four meditative power tools that take clients beyond simple forms of mindfulness to create a contemplative way of being in this stress-filled world—using deep mindfulness, mind clearing, role modeling, and sublimation. Mind clearing helps disarm the traumatized childhood self that triggers mindless social reactions and replaces it with a proactive mature self that is ready for caring, social engagement. Role modeling—using imagery and affirmation—links congenial mentors with scripted visualizations to rehearse new ways of being in the world, like a life simulator that primes our plastic brain for deep learning and transformation. Sublimation fuels the proactive self with a breath-holding technique that elicits the uplifting biology of the diving reflect and the sexual response.”

“This approach follows the Gradual Path as it unfolds as an inward spiral through four concentric spheres of contemplative life, starting at the most elemental life-or-death facts and arriving at the deepest sources of human potential. Accessed through the ‘Wheel of Time’, a futuristic synthesis of contemplative science preserved in Tibet, this system for contemplative living is distilled into a form that is both accessible and effective for contemporary minds and lives. There are four spheres—the body wheel, speech wheel, mind wheel, and bliss wheel that cover four progressive domains of contemplative healing and learning: personal

social, cultural, and natural. The needs and aims that define these span the whole continuum of human development: self-care and inner peace; healing relationships and unconditional love; life purpose and creative vision; and life energy and inspired integration.”

Loizzo shared that his teachings depart from mainstream mindfulness meditation classes by observing the holistic learning format of the Gradual Path and weaving skills-learning together with healing insights and life strategies necessary to thrive on a day to day basis.

I believe the aim of education should not be to mass produce fill-in-the blank minds and caffeine-wracked bodies to satisfy society’s bottom-line hunger for ‘human resources.’

“People come to me wanting something different. They’re dealing with work related stresses or medical concerns. Their doctor may have recommended they try meditation; they may be open to it, but they often come with a mild

yet vague interest in it—they don’t necessarily have any background,” Loizzo said.

“So, I work with people in a very individualized way. My clients have different temperaments and different levels of interest. One CEO was a cognitive type of guy, he wanted to read a lot about Buddhism before he started working on his current life problems—temper issues. I had him reading introductory books about Buddhism that gave him the language as well as some tools. I used guided meditations in our sessions as well as audio files on my website as companion practice sessions. The reading and meditation sessions pulled it all together for him.”

“My practice is based on this foundational structure because I believe the aim of education should not be to mass produce fill-in-the blank minds and caffeine-wracked bodies to satisfy society’s bottom-line hunger for ‘human resources.’ Instead it should help individuals know and heal themselves well enough to give them a fair shot at creating an examined life of higher awareness and larger purpose.”

**Joe Loizzo, MD, PhD**, is a psychotherapy and the founder of Nalanda Institute for Contemplative Science, a non-profit contemplative learning community that helps people find sustainable ways of living in today’s complex world. On faculty at the Weill Cornell Center for Complementary and Integrative medicine and the Columbia university Center for Buddhist Studies, Dr Loizzo lectures widely on the role of contemplative science in the future of health, education and contemporary life and teaches regular public classes and workshops at Nalanda Institute, New York Open Center and Tibet House.

# Sustainable Happiness

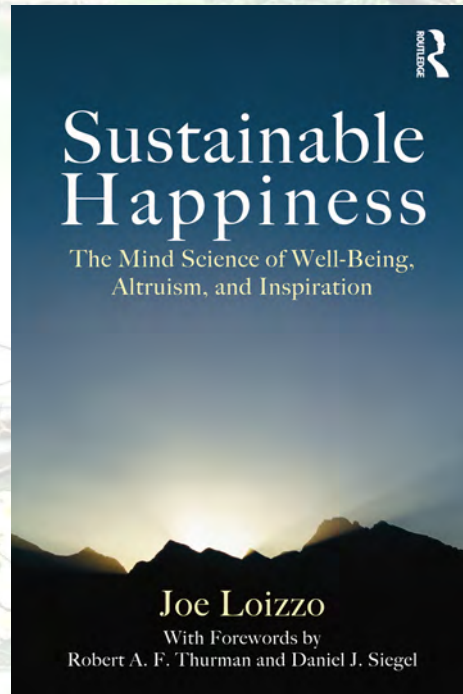
Written by Joe Loizzo

Reviewed by Scarlett Wang

(Reviewer's note to readers: this review is based on a sampling of the text.)

**Joe Loizzo** starts his newest book, *Sustainable Happiness*, by raising two questions that he believes everyone in contemporary society wonders in some way: "Is lasting happiness possible in an age of shrinking resources, growing interdependence, and inexorable human limits," and "Is there a reliable way anyone and everyone on this shrinking planet can reach and sustain such true happiness?" (p.2). *Sustainable Happiness* provides affirmative answers to both questions.

**Working as a psychotherapist** and a physician for more than 20 years, Loizzo has great confidence in his theory and practice. He believes his job is "to teach the insights and skills [people] need to clear a path through their trauma towards a new way of being" (p.1). These "insights and skills" come from therapeutic psychology and Buddhist contemplative science. A graduate from Harvard Medical School, Loizzo is also an extraordinary student of His Holiness Dalai Lama. Coming from the traditional Nalanda School of ancient Tibetan traditions, Loizzo studied the most preserved intellectual text of Buddhist contemplative science – *The Wheel of Time*. From this foundation, Loizzo developed a meditation course as a method for reaching lasting happiness in the modern era. *Sustainable Happiness* combines Loizzo's 20 years experiences and *The Wheel of Time* in the most organic way, which is specially tailored to readers in 21<sup>st</sup> century west-



ern world.

**There are four meditation skills** in *Sustainable Happiness* derived from the four wheels in *The Wheel of Time*: Body, Speech, Mind and Bliss. The book has four parts, with three chapters devoted to the unfolding of each wheel and detailed instructions for associated meditation skills, the scientific and philosophical insights behind the instructions, as well as the conversation between the western science and the eastern contemplative science on the same issue are followed by how one can apply the meditation skills in everyday life in order to achieve sustainable happiness in various forms of life's crises.

**In the Body Wheel**, the meditation skill introduces deep mindful meditation. The existing concept of mindfulness in the literature focuses on non-

judgmental acceptance of the present reality. After a mind cleaning strategy, deep mindful meditation leads the readers to make the unbiased judgments based on wisdom and intelligence. Instead of setting aside judgments completely like encouraged in popular mindful practice, Loizzo draws the reader's attention to keep the healthy and accurate judgments based on wisdom and careful thoughts, which will generate positive energy and the momentum for readers to grow and develop.

**The Speech Wheel** introduces compassion and social healing. In this part of the book, Loizzo first leads the readers to understand the Buddhist perspective of social interactions. Buddhist contemplative science sees individuals as interdependent on one another. Happiness is partially derived from close social interactions. However, it is a general trend for modern men and women to be independent and on their own. Therefore self-enclosure from others usually prevents modern men and women from achieving happiness rooted in social engagement. The meditation skills focus on clearing self-enclosure to be proactively engaged in social interactions.

**After the introduction** to social happiness, the Wheel of Mind opens up the possibility for culture and creativity to heal the mind. The major concepts include meditation on imagery and role modeling, which extends to the healing efficacy of altruism on life reconstruction.

*Continued on page 36*



## International Connections

By Asaf Rolef Ben-Shahar

### About touching psychotherapists

**I**t is one of our first sessions together, and I offer Deirdre my hand as a way of exploring contact. Deirdre, an experienced psychoanalytic psychotherapist, is also experienced as a client, with well over fifteen years of analysis. And yet, the field of body psychotherapy in general and working therapeutically with touch in particular is a completely foreign land for her. She came to see me specifically to explore her anxiety in relation to her three children through therapeutic touch. She accepts my offer and touches my hand. Our first contact is apprehensive, Deirdre lowers her eyes – like a wild animal testing the safety of contact. I can sense the potential for both danger and comfort in this first hand-to-hand connection. Soon, Deirdre makes eye-contact and breathes. She is surprised how quickly she trusts the contact. "It's like my body knows that it is safe, but my head tells me I shouldn't trust so quickly," she says.

**A few weeks later**, I hold Deirdre as she allows herself to regress into a younger state. Immediately she recoils, saying, "We should stop now, I feel sexually aroused." I hold back my automatic response. My own reactive patterns to such a charged statement would be to first freeze and shame myself, all the while withdrawing; instead, I manage to breathe. In my countertransference, I feel no erotic charge at the moment, so I suggest, "Can we wait just one more minute to see if there's anything else there, aside from the sexual arousal?" After a long silence, Deirdre responds. "I feel young, and I feel my anxiety." We now have access to the very process she wanted to talk about, and we continue our exploration, both through touch and psychodynamically.

**Some body-psychotherapy modalities** do not use touch at all, with important reasoning. For instance, Stanley Keleman (1981), founder of Formative Psychology and director

for Epigenetic Studies at Berkeley, doesn't use touch and offers many other paths for doing body-psychotherapy. Another example is Babette Rothschild (2000), who specializes in working with trauma and PTSD and believes that touch is generally inappropriate when working with complex trauma. Many colleagues of mine scarcely work with touch, either for ethical or practical positions, or because of their training. More often than not it is also connected to their own personal aptitude and orientation. I work with touch extensively in my clinic. I like touch; it is one of the main reasons I was attracted to the field of body psychotherapy, the sense that I wouldn't have to exclude such a crucial part of myself from my professional life. Touch feels as my mother tongue, and I understand it more and can write and read more fluently in Touch than I can in Hebrew or English, which I dearly love too and are crucial languages in my practice. I sought and found therapeutic modalities that trained in touch-work to professionalize my natural tendencies and qualities.

**While not always using touch** in each session or with every client, truthfully, there's physical contact with the vast majority of my clients. And there's a particular client group which I'd like to think about with you—psychotherapists. Having psychotherapists as clients is both a delight and a real challenge to begin with. When intimacy and discourse is one's native tongue, it can easily be used as a defense mechanism, so the therapeutic language itself may at times be self-defeating. Rather than offering a fully formalized structure around using touch with this client group, I'd like to think about it together with you.

**Of particular interest to me** are psychotherapists like Deidre who come from non-touching traditions, primarily psychodynamic and psychoanalytic. While for many clients the association between touch and psychotherapy includes

*Names in this article are fictitious and patients have given permission to use this material here.*

feelings of apprehension, danger, and a sense of boundary-crossing or otherwise fearful scenarios, most clients quickly learn about the safety of the therapeutic relationship and can fully engage therapeutically. In the forward to her edited book "Bodies in Treatment", analyst Frances Sommer Anderson (2008) writes of her experience of bodywork alongside psychoanalysis as transformative; still, what happens when bodywork and analysis occur in a single room? After all, this integration is what we attempt to provide as body-psychotherapists. There are a few aspects that make working with psychotherapists from other modalities unique, and I'd like to explore three of them here and invite you to think of your own clients who fall into this category.

### **Sophistication and naiveté**

**Psychodynamic and psychoanalytic psychotherapists** who come to body psychotherapy bring sophisticated self-awareness and language. They are often well able to engage with transference dynamics and acknowledge it and are frequently (but not always) willing to explore the therapeutic relationship as a central axis. At the same time, many of the psychotherapists that I have seen as clients brought a real deep naivety regarding their body and in particular about the way their body speaks and is transparent to others, that while expert psychotherapists may conceal their thoughts – feelings and sensations could frequently be expressed through their body and consequently witnessed by the body psychotherapist.

**Somatic transference and countertransference** carry such deep involvement that it has caught many clients by surprise and introduced levels of transference they were not familiar with. Erotic charge, parental, authoritarian and oral transferences, aggressive drives, competition, jealousy, love, and hate are frequently amplified when the body enters the therapeutic arena (Totton, 2006). I have found that, for many psychotherapists who now sit in the client position, the gap between their cognitive, emotional, and relational sophistication and their embodied naiveté is sometimes hard to bear. The virginity of those clients' relationship with their body is both a source of inspired exploration and also of shame and, thus, of acting out.

### **Legitimacy and illegitimacy – the cultural component**

**The psychiatrist Karl Menninger** (1958) once wrote that "transgression of the rule against physical contact constitutes evidence of the incompetence or criminal ruthlessness of the analyst" (p.40). We cannot ignore the psychoanalytic and psychodynamic culture within which touch in psychotherapy can be considered as unethical, if not as Menninger implied even a criminal act. So even though within a short while Deidre learned to appreciate both the therapeutic value of touch in our work and also the ethical safety of bodywork; every time she went back to her own clinic, she

faced a dilemma.

**This is not merely** a practical dilemma, nor is it only ethical. It is also an ethnologic one – a conflict of cultures. In her own clinic, Deirdre may choose to expand her use of somatic interventions or not, but she operates in a culture where what she currently receives as a client in psychotherapy is forbidden in her own practice. In choosing a touching body psychotherapist she entered a conflicted position. There is potential for implicit occurrence, a familial secret to be strictly kept. What does Deirdre tell her psychotherapists friends and colleagues? Does she share the extent of the physical contact? If she shares, does the holding become a teasing anecdote? Can anything else be heard aside from the fact she was held when touching involves a deep professional indoctrination?

**Deirdre, like many** of my other psychotherapists-clients, faces a serious conflict regarding the legitimacy and illegitimacy of both what she receives in therapy, and in turn what she gives to her friends and clients. I may even suggest that being a client of a body psychotherapist positions her in a compromised cultural place: either she becomes an ambassador of body-psychotherapy, advocating its efficacy, its ethics and legitimacy, or she maintains her therapeutic work as a secret. Like Meursault, the clerk in Camus' *The Outsider* (1942), Deirdre found herself in a cultural position where she was forced to assume a stance. In that respect, body psychotherapy today still carries some of the Marxist power that it held during Reich's days (1933) – the client is forced to make an active choice in regards to his position with society.

**Is Deirdre** sharing her experience with her colleagues, dialoguing with or protecting body-psychotherapy? Is she protecting herself and others by keeping what is really happening in the room as secrets? This conflicted position, which my psychotherapist/clients find themselves occupying, has both therapeutic advantages and disadvantages. On the one hand, the client becomes an active agent not only in the clinical setting but outside of it and is, thus, mobilized and proactive – personally, culturally and, indirectly, politically. At the same time, this proactivity may impact the nature (and volume) of the transference dynamics and at times makes it very difficult to discern and disentangle.

**John, for example**, a psychiatrist who I saw as a client, chose to keep the bodywork component of therapy secret from his friends and colleagues. He regularly got angry with me for the time and energy he spent during staff meetings holding this secret and keeping quiet.

**The cultural component** became a vessel for his negative transference and while it allowed us to work through it, it was frequently just too much and too early for this pressure

*Continued on page 29*

to prove therapeutically valuable. It was only later, when John *came out* as a client of body psychotherapy that we managed to work through these frustrations.

**I have to admit** that operating within counter-cultural movement nonetheless excites me, and even though body-psychotherapy is a widely acknowledged modality today, in many places and cultures (and the psychodynamic and analytic are among these) it is still a strange creature. However, this counter-movement impacts our clients, and in some ways I found a similar need for gentleness and slow pacing with my orthodox Jewish or Muslim clients as with the psychodynamic psychotherapists. By their very participation in touching body psychotherapy, they are placed in a conflicted situation within their culture.

### **Representatives of body-psychotherapy**

**John and Deirdre**, like other psychotherapists who are clients of body-psychotherapy, are amazing representatives of body psychotherapy in their respective communities. Alongside publications and organizational efforts, it is also thanks to people like them that our profession gains credibility and respectable status within the wider field of psychotherapy. Throughout the years, I encountered practitioners who have heard about body psychotherapy from clients like John and Deirdre and were as a result more open to my work and writing. As ambassadors of body psychotherapy, John and Deirdre have done a remarkable service for us, and for me. And this is where problematic dynamics inevitably enters the equation: I need them.

**I needed Deirdre and John** when I was working in the UK, where body psychotherapy is an accepted modality within the main national regulatory bodies (the UKCP – The United Kingdom Council for Psychotherapy and BACB – British Association for Coun-

selling & Psychotherapy). When I approached people who had heard about body psychotherapy from respectable, psychodynamic, or psychoanalytic oriented practitioners, they were more open to accept my papers, to consider workshop proposals, and to refer clients to me and my colleagues and students. In Israel, where the reputation of body psychotherapy is still dubious, and its name is at best tainted by mediocre prejudice, I need the likes of John and Deirdre even more to pave the way for me, my students, and supervisees.

**But what happens** to the therapeutic relationship when I am invested, consciously or unconsciously, in keeping good relations with John and Deirdre? When I need them to attain professional credibility? How does it shape my willingness to risk negative transference, to encourage anger or hate or a challenging position? What happens to me as a professional in their company when their word might significantly influence the furtherance of my career?

### **No answers, just further questions**

I do not know how to answer the questions I have posed in this column. When choosing body psychotherapy as a professional identity, I have unknowingly entered a complex web of socio-cultural influences that make me more political than I intended to be at the beginning of my career.

Despite its many decades of history, body psychotherapy still has to prove its validity and importance and as carriers of the torch we bring exciting clinical novelties into our practice, which deeply benefit our clients. At the same time, as I hope to have demonstrated, this position creates unique challenges and the client group of psychodynamic psychotherapists is one such challenge. I delight in the possibility of spreading the word of body psychotherapy but am also mindful that my therapists-clients are forced

either into a missionary stance or into holding a secret-taboo. Sometimes, so it seems, I un-deliberately sacrifice individual psychotherapists-clients for the sake of advancing the reputation of my profession. I wish it wasn't so.

**If the choice** we face is between touching our psychotherapists-clients and potentially invoking unsolved complexes or avoiding touch altogether and remaining relatively safe, I choose risk. I wish I could say it is always a mature, well thought of choice, but it is not.

**I hope to have stirred** some questions and curiosity with you. It would be good to hear about your choices, your compromises, and risks.

*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)*

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## The Crowded Therapy Room: A Shadow Land

By Mary J. Guiffra

**I work with couples.** Come inside my office during a couples' session and you glimpse three people. But, actually, that's an illusion. True, you perceive three physical bodies in the room but only until they begin to talk (or remain silent). If you're attuned, you'll sense shadows inching in: a contemptuous look in a partner's eyes, a raised voice or frozen expression replacing smiles, a collapse and puddle of helpless tears. Such experiences are heralds of other people from other times-- young and old, internal and intergenerational, loving and hateful, protecting and punishing. Their shadowy forms transform the couple's present experience with fear, demand, yearning, a need to fight, flee or perhaps freeze, or an unconscious call to halt the current experience that has been subtly awakened by a sound, a smell, a touch, an expression or even a request.

**I**n couple's therapy (as in all psychotherapy situations) it is important for the therapist to take time to get to know the shadows, to establish a relationship with them, and see them as co-therapists instead of intruders. The intimacy of a couple's connection automatically triggers shadows and stimulates the fear of emotional intimacy so rampant in our culture. These shadows are always there, lurking in the corners of your office. Ignore them and you simply educate the couple to change behaviors, which does help on the surface, it does smooth out current disputes and offer a method to interact differently. But, if you work with the shadows, you can create behavioral change at a body level resulting in layers of change impacting each person's physiology, psychology, and psyche.



**By creating** new experiences for couples, you help them develop fresh neural pathways in their brain as well as transform reactive traumatic data (programs) stored in the amygdala (as sensations without a story).

**Those reactive shadows** are, in actuality, neural pathways programmed genetically during intrauterine life, infancy, childhood, adolescence and adulthood at home, school, community, work and play. Culture, ethnicity, race, religion and sexual orientation create their own form of encoding. This dated sensory information often hijacks dreams of a satisfying, loving bond, and ends up stifling relationships with expectation and reactivity. Shadows can reflect these and other previous experiences or expectations. Yes, the therapy room is very crowded. Let's explore effective ways of dealing with shadows embedded in the brain and bringing those shadows to light for conscious transformation.

**Forty years ago** John Lilly did research on physical isolation for the National Institute of Health. He found that other people are our most active, attaching and demanding source of stimulation. He suggests solitude as the antidote. Lilly emphasizes that solitude contains all our pre and post programming from links with others and that

leftover encoding continually invades our privacy.

**For the most part,** however, we don't live in isolation. I believe the therapist can teach couples to break the typical knee-jerk response to a partner and allow space between one another so they can stop, breathe, perhaps scan the room and let their eyes focus on something to intercept a reactive expectation or behavior from them or their loved one, resulting in the possibility for novel responses and more creative, effective programming to emerge. Kahlil Gibran so beautifully emphasizes the need for space: “But let there be spaces in your togetherness and let the winds of the heavens dance between you . . . (Gibran, 1973).

**Interestingly,** American Indians consider the wind to be God. Exchanging space (creating time to breathe and reflect) for previously encoded and automatically accessed programs supports a couple to develop a truly deep and spiritual relationship. Since love is considered acceptance of the partner, expanding this sense of internal space allows a couple to touch the essence of one another rather than reacting to outdated programming from the past or from previously encoded cultural expectations.

**Murray Bowen** (1978) highlights intergenerational family system messages that enliven our present. He studies at least three generations of family patterns to help couples differentiate from their respective family emotional mass. Next, he helps couples connect with the extended family system as differentiated people rather than reacting to a family system, which has been programmed for generations. Bowen believes that differentiation of self from family of origin and ongoing connection with extended family are useful. According to Bowen, differentiation occurs when you separate thinking from feeling, identify similarities and differences, and extricate one's self from your family of origin while remaining emotionally connected to them. Own your uniqueness and integrate it into your personality and you are less likely to react when a partner exhibits behaviors that trigger past characters from your life. Some folks do a pseudo-differentiation through geographic cutoffs and move far away to lessen emotional and physical reactivity. Not a bad idea. However, unless addressed, the person often becomes critical with a partner's family or is dragged to couple's therapy by a distraught or grumpy spouse concerned about their lack of emotional involvement.

**There are three theorists** who provide direction to transform fixed programs from the past: Murray Bowen, Jack Wilkins, and Jeffrey Young. Each offers his language and process. Within the three, I have created a process to best support the couples who enter my office.

**The fact that a person** is in your office means the cutoff did not work or they want to truly differentiate from extended families. Folks with geographic cutoffs are often interested in sex as a way to connect. Emotional intimacy is another story. If the family of origin is extremely chaotic, geographic moves may be a reasonable choice. The problem is that geographic moves calm one's insides but they also lead to internal cut-offs from the young child or adolescent within who still feels defective, unloved, a failure, unlovable or in mortal fear even though the adult seems to be functioning



beautifully. When a partner witnesses the early pain, confusion, fear, hurt and anger experienced by a mate and listens, feels and senses the other without reacting from a child, adolescent or over-responsible place, intimacy flourishes.

**In couples therapy** those extended family issues and characters appear but you work as a team transforming child or adolescent responses to more adult ones. At the least, you educate couples about their child modes and coach them in parenting skills for their inner family.

**Bowen's adage is:** learn to deal with the central triangle in one's life, the one between mother, father and you. If you are extremely close to mother (close refers to emotional intensity) it does not matter if the closeness is warm and affectionate or reactive and angry, it is the extreme intensity rather than the content of the closeness that matters.

**Conversely,** if you are overly close to you mother, you are often distant from your father which leads to an imbalance that will affect the relationship with a partner. Extremely close to your mother and you'll have less emotional energy available for your partner. Distant from father and you'll pursue your partner in a way that can feel suffocating, intrusive and demanding. Two overly involved parents and you act more distant with a partner or in a misguided attempt to escape you sometimes approach a partner with great force. Whenever one is powerfully pursuing a partner, he or she is generally running from an equally intensive relationship- in reality or in internal programming. So Bowen encourages couples to "put equal signs between your parents." If you think one is wonderful and the other is horrible, you are caught in the parental triangle. This will affect all future intimate relationships. Try to narrow distances between people. Get closer to that remote Dad even though Mom

may pursue you angrily; it is important to still maintain the new closeness with your father as you avoid cutting off from Mom. The relationship with your partner will transform.

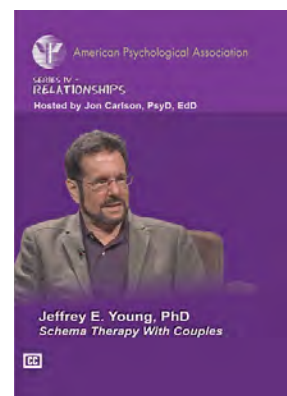
**Couples therapists** will benefit greatly by taking time to study extended family to see patterns that come down the generations be it overly close mothers, distant fathers, patterns of addictions, physical and mental illness, early deaths etc. I had a client who refused to marry his girlfriend because his parents died young, and he was afraid that his children would be left without a father. It took a lot of work with his internal family before he became free enough to risk marriage and parenthood. Jack called me when he had his first baby and again when that child left for college. Jack was still very much alive. I think the best money you can spend is to get therapy for yourself and your partner. Children benefit from their parent's intergenerational work.

**Ego-State Therapists** including "Jack" (John G.) and Helen Wilkins (1997) consider facets of an individual's personality such as the frightened child, the rebellious adolescent or the control freak. Similar to Bowen, they consider two processes needed to heal disparate parts of one's personality: differentiation and integration. Bowen addresses the Intergenerational Family System whereas Ego-State Therapists consider healing the family of self within a single individual. Richard Schwartz (1997) theorizes about an Internal Family System including a shamed, frightened, young inner exile that one protects at all costs; various protectors of differing ages shield the exile through anger, submission, avoidance etc depending on the age and level of cognitive development of the internal child self. I have seen highly intelligent couples in a room and all of a sudden this PhD guy is a seven-year-old stuck in black and white concrete thinking totally closed to his wife's realistic adult ef-

forts to communicate. Conversely, I have seen an angry adolescent peeking out from behind a rational young engineer when her husband suggests she made a mistake about something.

**One of the internal selves** can pop out at the least provocation. That look, demand, complaint, criticism, withdrawal, business trip or, "I'm tired or too busy" catapults the reasonable partner into a harridan or fearful child. Wise couple therapists gently and supportively provide a safe container for the shadow self to be expressed. They create different outcomes for an internal child through role play, Gestalt chair work, and corrective experiences while the other partner stays present for the experience. It helps the other partner to avoid reacting when it is a young child or angry adolescent who is on-line at a given time. It is far easier for a partner to feel compassion when he or she understands it is the internal child speaking rather than a partner's adult self. It is important to understand that this is not multiple personality disorder where the inner selves are shattered and unrelated to one another. Rather, the goal in couples' work is to have the healthy adult self observe and eventually learn to parent the child modes.

**Jeffrey Young's Schema Therapy** (Young & Klosko, 1993/1994; Young, Klosko, & Weishaar, 2003) is extremely effective for working with couples when the room is filled with shadow selves of varying ages. Young calls these internal parts "Modes" and describes working with them as "Mode work".





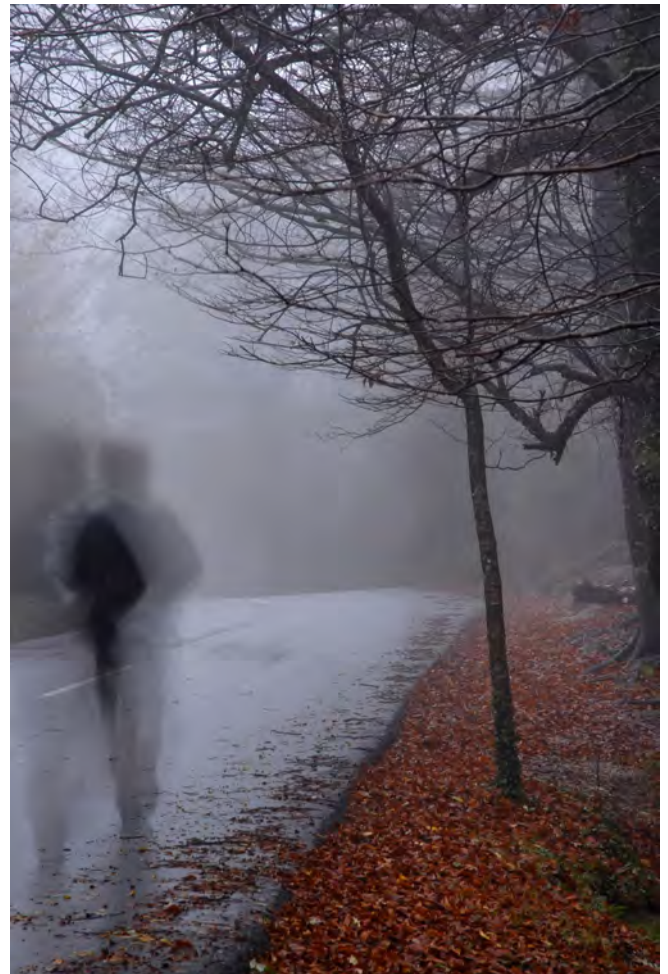
There is the vulnerable child, the angry child, a detached protector who puts up a wall or soothes through addictions when the vulnerable or angry child starts to peek out in a session and a punitive parent judging and meting out punishment. It is essential to respect the detached protector and know there may be more than one of them. They activate a young version of protective functioning designed at the child's level of cognitive development using magical or concrete thinking. You can have a young detacher protector who shuts down when anyone gets close to their vulnerable child as well as an adolescent detached protector who becomes angry and nasty to protect the vulnerable child within.

**I saw a young couple** recently. Fortunately I had seen the husband, Joe, privately for several sessions. Otherwise I would have thought he was incredibly nasty and narcissistic when he interacted with his wife, Jane. Knowing that Joe had a mature compassionate side, I helped him to see that his spiteful narcissistic adolescent shadow mode came out whenever Jane's abandonment issues surfaced, which was quite often. Business trips were the worst. When she was a child Jane's father left for six months at a time, came home for a month, drank, drugged, became abusive and then left for another six months. Once Jane and Joe could see their vulnerable and abandoned mode or nasty adolescent mode developing, they took some space to parent that child mode. They also became more compassionate with one another and even acted nurturing and lovingly parental to each partner's child modes.

**I taught them how** to parent these inner child modes. We also had corrective experiences triggering a partner's response pattern so we could create new experiences and thus new neural pathways. For example, one partner might start getting angry and reactive. Gently I would ask him or her to close his/her eyes and remember the earliest time he/she remembered feeling that

way. An event would come up such as with Joe: his younger sister manipulated by crying to her mother and saying Joe had done something to her when Joe was simply doing his homework. When Jane's abandonment issues popped up in our session and she started crying, Joe was back in his room doing homework while his younger sister Lucy was complaining to Mom (the therapist). His detached protector, a nasty teen self, angrily came out to defend Joe from the onslaught of his mother. As a child, his mother always sided with Lucy and punished Joe when his sister lied about him. You will have one or more punitive parents within who may become very critical of the vulnerable or angry child and the detached protector.

**You also have** an inner child who is a detached self soother and tries to calm the vulnerable or angry child by comforting behaviors such as eating, compulsions and addictions of various kinds. Couples therapy consists of creating corrective experiences for child modes through imagery or gestalt chair work to allow the various child/adolescent parts to speak with one another. It is essential that the inner child realizes that the parent or adult who caused the child to feel vulnerable or angry was unskillful in his or her behavior, and it was not the child's fault as the child was too young to know that a particular behavior was unacceptable to a parent. Parents are expected to be emotionally nurturing to their children and parental guidance and support is a child's right whether he receives it or not. Just because the parent was incapable or unwilling to provide supportive parenting does not mean it is the



child's fault. Yet young children, because they are dependent on adults for survival, think their parents are god-like creatures and will always meet all their needs. That is, until they become adolescents when the tables turn and they judge their parents fragility and faults, sometimes mercilessly.

**When working with couples,** try to connect with the shadows in the room, living or dead, real or internal, present or missing in action. Often, it is the parent or sibling who is avoided and never discussed who has the most impact on a given moment in a couple session. If behavior changes rapidly, keep all your senses attuned, feel, ask them to sense and feel the experience in their bodies, identify scents, colors, rooms, clothes, characters etc to help bring back that experience so programmed into their neural pathways and help create more satisfying experiences to replace the often traumatic memories encoded in the amygdala of their brains (noting that the amygdala

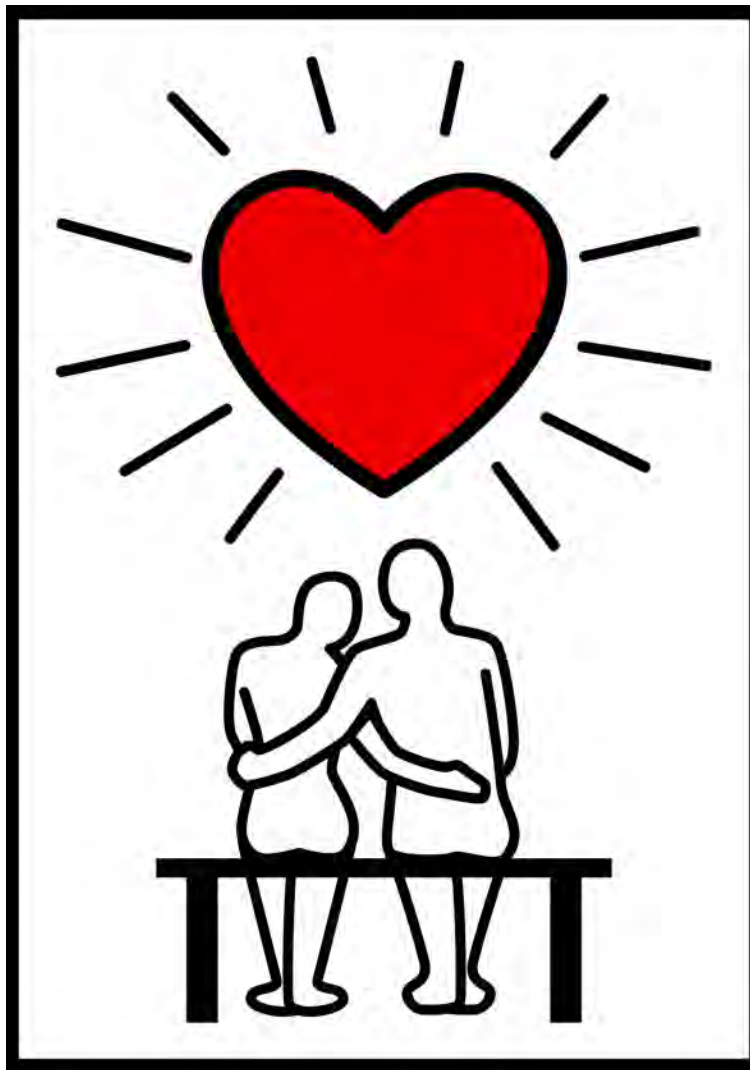
stores memories of sensations without a narrative while the hippocampus stores memories as stories). Sometimes I ask couples to bring photos of themselves as children. It helps them, their partner, and me to resonate with that child mode, especially if it is an angry, entitled child on board at a given time. Putting a photo of the young child in front of an entitled, arrogant partner fits that song about a spoonful of sugar helping the medicine go down.

**Detached protector modes** are not resistant; rather, they are loving and protective to a vulnerable inner child who is not powerful enough to protect the self from parental, adult, or sibling onslaughts. Be gentle and patient, soften and lower

your voice when a child mode peeks out, treat that mode kindly and gently as you would a young child. Creating a sense of safety is essential. Recognize that a child mode may still be, developmentally, in magical or concrete thinking so it is futile to reason using abstract thinking. Of course you use abstract thinking with the healthy adult self who can see the mode as a part of a personality rather than becoming the mode. The healthy adult self learns to recognize when the vulnerable or angry child is getting triggered and learns to parent and protect the modes. Kindness and understanding towards detached protector modes is also effective in developing more couple intimacy.

**Healthy adults** use space, solitude, and/or meditation (a mindfulness practice) to sense and differentiate child modes within the self and within their

kinds of corrective experiences couples need to transform shadow selves currently interfering with the relationships they seek and can achieve.



**Mary J. Guiffra PhD** has been a therapist for over 35 years. She is a Board Certified Clinical Specialist in Psychiatric Mental health, a licensed marriage and Family Therapist, and is certified in Addictions Counseling, Sex Education/Counseling, Core Energetics, and Somatic Experiencing. Her specialty is couples therapy and her passion is enhancing and restoring relationships. Her deep respect for the impact of the body on relationships led her to develop Biological Couples Therapy. A former tenured professor at NYU, Mary has published chapters in books, articles in journals, and presented internationally. She is a Fellow in the American Academy of Nursing and has served on the boards of major medical centers, hospices, and home health agencies.

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# Reflections

By Christine Gindi



**I** vividly remember the day a client didn't have enough quarters for the meter outside where she parked her camper. I remember scrambling through my purse to try and find some quarters and then sprinting down the hall of the Holistic Counseling Center to ask people if they had any spare change. My client had already missed some sessions due to economic problems and unreliable transportation. I was determined that a silly parking meter wasn't going to stop her from receiving counseling that day. There was another client who sometimes didn't have enough money to ride the bus to therapy. I'd watch the clock, start to feel the frustration and guilt over another "no show" from a client who couldn't afford transportation that week. When I called for the appointment reminder, her phone was disconnected and I knew why. I just hoped that she might still make it to counseling. Sometimes I wondered aloud to my supervisor at the Oakland Center for Holistic Counseling, where I was earning practicum hours, why some showed up for therapy at all. After all, I was only a trainee. What could I possibly offer them given their huge burdens in life? I felt extremely humbled by the gargantuan effort some people put into just showing up for therapy.

**As I write these words** and share these stories, I do not feel sentimentality nor righteous anger for the plight of the poor. I hold these experiences pragmatically and as important reference points for examining my own social class biases as a somatic psychotherapist in training. How did I really feel about poor people? Did I somehow internalize the dominant cultural message that poor people deserved their poverty because they didn't want to work hard enough? (That seems to be a major theme for a certain party line in this year's presidential election.) Or did I believe that people were valiant and noble and simply for enduring the stress of economic hardship? These are important questions for any clinician to grapple with because our perceptions

effect our therapeutic relationships, treatment plans, and diagnoses. I didn't automatically interpret my clients' lateness or missed appointments as resistance to treatment but as consequences of their social contexts of poverty.

**As a graduate student** in somatic psychology, my cross cultural studies class primarily focused on therapist biases in regards to ethnicity, gender, and sexual orientation. Very little attention was paid to the potential impact of the therapist's own classism. The real, lived social contexts of poverty and wealth can cause therapists to make assumptions about their clients in a variety of ways. It's possible that therapists may minimize the problems of their wealthier clients in relation to those who are facing serious economic issues. Often, I would have sessions back to back between a wealthy client having marital problems and an unemployed housekeeper who was on the brink of homelessness. Believe me, their suffering felt just as urgent and desperate. Who am I to judge whose suffering gets to be validated as real and as worthy of empathy and compassion? Some of my clients paid for their sessions with crumpled dollar bills while others scheduled our future sessions on their BlackBerry. It's important that therapists examine their own class assumptions because they do indeed effect what value judgments we make about our clients.

**Throughout most of my life** I've travelled through radically different life worlds, primarily through various jobs and educational institutions. I gained an appreciation of our shared humanity and I experienced my own identity shift in a variety of socioeconomic contexts. In some contexts I felt wealthy, privileged, and overeducated while others made me feel ignorant, poor, and unwelcomed. I learned early on in my life that social class markers functioned as a very powerful unspoken code. How one dressed and spoke effected how they negotiated power. I once had a seminary

professor tell a story about how he always advised his children to dress well because they may land in an emergency room one day. In other words, dressing well meant that you would be afforded urgent, life saving medical care based on the perception of your class and importance. Perhaps I had a heightened awareness of perceptions about my social class at the Holistic Center because I didn't want my poor clients to perceive me as another hostile, authoritarian figure in their lives. I became a little self-conscious about how I dressed because I didn't want to be considered too formal and unapproachable or too casual and not taken seriously. I had never taken my professional appearance so seriously before. I believe my attempts at appearing the "same" as my clients expressed my own anxiety about the power differential implicit in the therapist-client relationship. It is impossible for any therapist to be and appear the same as all of his or her clients, and I was glad that my clients still found me relatable through our differences.

**While my clients** spanned the spectrum of social class, ethnicity, gender,

and sexual orientation, they all had one very important thing in common. All of them specifically sought out holistic counseling. Their reasons varied. During the intake session, some clients expressed their refusal to take medications while others heard that a somatic approach to therapy was an increasingly effective approach to treating trauma. Since I was the only somatic student in my cohort at the Holistic Counseling Center, my referrals were comprised of people who were specifically seeking somatic therapy and possibly experiencing very distressing situations.

**I will always hold** deep gratitude to the Holistic Center for making therapy accessible to folks who cannot afford it elsewhere. I deeply wish that therapy was affordable for everyone, especially somatic therapy which, in my experience, is mainly reserved for a high income population. I've often wondered why this is so, and if there is any quantitative data on the populations that somatic therapists serve. I know of a few in the Bay Area who do pro bono work and work with clients who can pay when they are able. For most of

my friends who are struggling to pay off their student loans, working on a sliding scale and offering pro bono work seems like a luxury they can't yet afford. Perhaps the somatic psychology community can band together and offer free clinics, scholarships for somatic modality trainings, and essentially help make somatic therapy affordable for a myriad of populations. The classism in somatic modality trainings may be glaring and we need to tackle this issue within ourselves and our community so that we can truly serve a diverse population.

**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.

*Continued from Scarlett Wang, page 26*

**Built upon the previous three parts**, the Bliss Wheel discusses the process of achieving happiness associated with the entire human race. Loizzo touches on the healing strategy that takes the path through basic instinct to the greater happiness, such as how sleep paths lead to altruistic mastery.

**Sustainable Happiness** is unique in the field. It provides practitioners meditation strategies that are much more specific than common mindfulness. The book does not only emphasize mindfulness, but also how to achieve what type of mindfulness for a specific purpose. By reading the book, psychotherapists will gain a systematically oriented knowledge of Buddhist contemplative science and its meditation strategies designed to cope with psychological sufferings in the contemporary western world. In addition to the systematic knowledge of Buddhist contemplative science, the book also explains modern psychological issues from the neuroscientific perspective, which, along with Buddhist perspective, provides the psychotherapists rich backgrounds of the meditation strategies.



# Pesso Boyden System Psychomotor

## A Mind-Body Approach To Emotional Well-Being & Peak Performance



## Research in Brief: Mindfulness in Marriage and Family Therapy

*By integrating brief reviews of research relevant to somatic psychotherapy today, my objective of this column is to keep world wide readers aware of current scientific investigations into a variety of subjects advancing our field.*

By Dawn Bhat

### Mindful parenting in mental health care

Bögels, S. M., Lehtonen, A., & Restifo, K. (2010). Mindful parenting in mental health care. *Mindfulness, 1*, 107–120.

Mindful parenting has been defined as the non-judgmental attending to your child and parenting in the present. As mindful awareness in parenting increases, automatic negative thoughts decrease. Themes in mindful parenting include attending to the body, breath, automatic responding, habits, communication with and acceptance of your child. In a review of the literature on the application of mindfulness in parenting, Bögels, Lehtonen, and Restifo (2010) suggest that there are six mechanisms mediated by mindful attention in parenting:

- (1) reducing parental stress and resulting parental reactivity
- (2) reducing parental preoccupation resulting from parental and/or child psychopathology
- (3) improving parental executive functioning in impulsive parents
- (4) breaking the cycle of intergenerational transmission of dysfunctional parenting schemas and habits
- (5) increasing self-nourishing attention
- (6) improving marital functioning and co-parenting.

### The effectiveness of mindfulness training for children with ADHD and mindful parenting

Van der Oord, S., Bögels, S. M., & Peijnenburg, D. (2012). The effectiveness of mindfulness training for children with ADHD and mindful parenting for their parents. *Journal of Child and Family Studies, 21*(1), 139–147.

In a pilot study published in the *Journal of Child and Family Studies*, Van der Oord, Bögels, and Peijnenburg (2012) examined the effectiveness of mindfulness training for children and their parents. The sample consisted of 24 families of which 22 children ages 8-12 had ADHD. A mindful parenting training was implemented for parents in parallel with that for their children with ADHD. In the present study, parents reported a reduction in their child's ADHD and other symptoms and self-rated ADHD symptoms. Reductions were reported in parental stress and over-reactivity. This study provides evidence for the effectiveness of mindfulness training for parents and their children with ADHD.

**Dawn Bhat's** MA is in General Psychology from Queens College, NY. She has experience in neuropsychology and is working on a MS in Mental Health Counseling at a CACREP program and is a counseling intern in psychiatric rehabilitation at the Zucker Hillside Hospital, NY. She is a researcher with Dr. Jacqueline A. Carleton. Dawn is a registered yoga teacher (RYT-500), and sees clients privately for therapeutic yoga sessions. She has published in scholarly journals, presented at professional conferences, and has contributed to research in the subjects of neurology, cognitive neuroscience, emotion and interpersonal relationships. Feel free to reach Dawn: dawn.bhat@gmail.com



## Current Research Reviewed

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.

By Dawn Bhat

### How does mindfulness meditation work?

Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science*, 6(6), 537–559.

In this article, published in *Perspectives on Psychological Science*, Hölzel and colleagues describe how mindful meditation works by consolidating the existing literature. The components of mindfulness, how the components are integrated and interact, and their relation to self-compassion are presented from a theoretical integration of the evidenced-based research. Based on their research, the author's propose four mechanisms of mindfulness: attention regulation, body awareness, emotional regulation, and changes in perspectives on the self.

**The authors' working definition** of mindfulness was the non-judgmental awareness of experience in the present moment. Mindfulness, a concept often associated with Hinduism and Buddhism, is practiced to enhance happiness and to gain insight into the true nature of one's existence. The practice of mindfulness encompasses focusing one's entire attention on the experience of thoughts, emotions, and body sensation with curiosity, openness and acceptance. Mindful awareness includes processes, such as insight, non-attachment and enhanced mind-body functioning (Brown, Ryan & Creswell, 2007), which contribute to the benefits of mindfulness. And in conclusion, Hölzel and colleagues (2011) assert the need for a theoretical framework to ascertain how mindfulness works and what the mechanisms are.

### Mindfulness and its components

**Hölzel and colleagues** (2011) propose the following components to describe the mechanisms through which mindfulness works: attention regulation, body awareness, emotion regulation and changes in perspectives on the self. These components interact to produce an enhanced capacity for self-regulation and self-compassion. The behavioral, self-report, and neuroscientific research supporting this article's proposed mechanisms of mindfulness are presented and are briefly summarized below.

#### 1) Attention Regulation

Attention regulation is achieved by sustaining attention on the chosen object and whenever distracted returning attention to the object, which has been shown to enhance executive attention. The associated brain areas are the anterior cingulate cortex (Hölzel et al., 2011). Furthermore, the anterior cingulate cortex works with the fronto-insular cortex to facilitate cognitive control and switching between activations of different brain networks. Advanced practitioners of meditation had higher activation in and cortical thickness in the gray matter of the rostral anterior cingulate cortex suggesting that less effort is needed as one becomes more adept at maintaining attention. Frontal midline theta activation has also been found during meditation, which

is believed to indicate activation of the anterior cingulate cortex.

Attention regulation in general and conflict monitoring in particular appear to be the initial mechanisms involved in mindfulness practices. The dorsal and ventral attentional systems are differentially activated when performance in orienting, directing and limiting attention to a subset of possible inputs as well as improvement in altering, achieving or maintaining a state of vigilant preparedness, respectively.

#### 2) Body Awareness

Body awareness is achieved through focus on internal experience, sensory experiences of breathing, emotions, or other body sensations. Body awareness can be understood as the ability to notice subtle sensations and is a foundation for mindfulness. People become better observers of what effects certain events have on one's body, emotions, and thoughts, and greater emotional awareness may follow. The associated brain areas are the insula and the temporo-parietal junction (Hölzel et al., 2011).

#### 3) Emotion Regulation

There are two different emotion regulation strategies, namely, reappraisal and extinction. In the reappraisal of emotion, regulation is achieved by approaching ongoing emotional reactions in a different, non-judgmental way and with acceptance.

Emotion regulation is associated with a positive reappraisal. The brain area associated with reappraisal is the dorsal prefrontal cortex (Hölzel et al., 2011). In the extinction strategy, there is an exposing of oneself to whatever is present in the field of awareness, letting oneself be unaffected by it, and refraining from internal activity. The brain areas associated with emotional extinction are the ventromedial prefrontal cortex, hippocampus, and amygdala (Hölzel et al., 2011)

#### 4) Changes in Perspectives on the Self

A detachment from identification with a static sense of self is another mechanism of mindfulness which has been measured by changes in self-concept. The brain areas associated with a change in perspectives on the self are the medial prefrontal cortex, posterior cingulate cortex, insular, and the temporo-parietal junction.

#### Self-compassion and other benefits

Self-compassion is composed of self-kindness, common humanity, and mindfulness (see Neff, 2003a). Self-compassion and mindfulness are highly correlated, as it appears that mindfulness enables one to clearly see inner experiences with acceptance. Much of the success of mindfulness practices had been attributed to cultivation of self-compassion.

**Clinical Applications:** In assessing mindfulness, clinicians may find the following questionnaire endorsed by Hölzel and colleagues (2011) useful. The Five Facet Mindfulness Questionnaire (Baer, Smith, Hopkins, Krietemeyer & Toney, 2006) identified the following aspects of mindfulness:

**A) Observing:** attending to or noticing internal and external stimuli such as sensations, emotions, cognitions, sights, sounds, and smells.

**B) Describing:** noting or mentally labeling these stimuli with words

**C) Acting with awareness:** attending to one's current actions, as opposed to behaving automatically or absent-mindedly

**D) Non-judging of inner experience:** refraining from evaluation of one's sensations, cognitions, and emotions

**E) Non-reactivity to inner experience:** allowing thoughts and feelings to come and go, without attention getting caught in them

#### In Summary

This review (Hölzel et al., 2011) discusses the clinical implications of mindfulness. The authors reviewed the research, which showed that mindfulness helps with psychological disorders, improves physical health, including immune function. Blood pressure is reduced as are levels of stress hormones (cortisol). Benefits to mindful-

ness include an enhanced sense of well-being and an amelioration of psychiatric and stress-related problems. Mindfulness skills may lead to symptom reduction and behavior change by altering cognitions, enhancing self-efficacy, achieving deeper states of relaxation, and fostering greater acceptance.

**Dawn Bhat** has a MA in General Psychology from Queens College, NY. She has experience in neuropsychology, is working on a MS in Mental Health Counseling at a CACREP program and is a counseling intern in psychiatric rehabilitation at the Zucker Hillside Hospital, NY. She is a researcher with Dr. Jacqueline A. Carleton. Dawn is a registered yoga teacher (RYT-500), and sees clients privately for therapeutic yoga sessions. She has published in scholarly journals, presented at professional conferences, and has contributed to research in the subjects of neurology, cognitive neuroscience, emotion and interpersonal relationships. Feel free to reach Dawn: dawn.bhat@gmail.com.

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*Judith Kay Nelson Continued from page 42*  
physiological, psychological, and cultural” (Nelson, 2000, p. 525).

**Judith Kay Nelson, PhD** is a retired licensed clinical social worker and was in private practice as a psychotherapist in California for almost 40 years. She is the former Dean of The Sanville Institute for Clinical Social Work and Psychotherapy, a doctoral program where she currently teaches Attachment and The Neurobiology of Attachment as part of the Colloquium on the Integration of Theory and Practice in Cultural Context. She is the author of *Seeing Through Tears: Crying and Attachment* published in 2005, co-editor of *Adult Attachment in Clinical Social Work* published in 2010. Her latest book published this year is *What Made*

*Freud Laugh?* An attachment perspective on laughter. She has been teaching attachment and neurobiology at Smith since 2006 as part of the Sanville/Smith collaboration.

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## Laughing and Crying An Interview with Judith Kay Nelson

By Nancy Eichhorn

**T**he first sound a baby makes when it enters the world is a cry. It's considered healthy, normal, an innate state of being. Babies communicate their needs, be it hunger, fear, pain, boredom, the need for sleep and more, through crying. Parents, in fact, often spend a great deal of time learning how to decipher which cry means what using sounds, gestures and movements, though the message might be more direct than they realize. Babies have been noted to smile at birth and to smile in their sleep, early reflexive actions. Their first real social smiles start around 6 to 8 weeks with laughter starting around 8 to 11 weeks; these take place in the context of the security of their caregiver's face-to-face engagement.

Laughing. Crying. We're born into these natural human responses yet, though we think of them as related to societal and cultural expectations, which to a degree they are—more importantly, they are impacted by our early attachment relationships and later reflect our attachment style patterns of affect arousal. As adults, our laughter and our tears both represent and impact our current relationships—our adult attachment bonds, including our therapeutic ones.

So, what exactly does it mean when an adult laughs or cries—are these reactions always a reflection of happiness or a sign of sorrow? Do we laugh with a client and if so, is that helpful or hurtful? Cry together? Does this shared experience create a closer social bond? Or create distance and discomfort with different interpretations? And what are the clinical applications, if any?

### A Theory for Crying

Drawn to crying in the late 1960s/early 1970s when working with a pa-

tient who had “a strange way of crying”, Judith Nelson, PhD, tucked the topic away in the back of her mind. When the time came to retrieve her notion and begin her own exploration, she noted little literature and research existed on crying. She knew that early psychoanalytic theory related crying to affect build-up and discharge. Most people, she noted, who wrote on crying soon discovered that the ‘discharge theory of crying’ was problematic—it left out the different types of crying and the meaning of crying, and it offered no way to classify it—this theory led researchers to blind allies Dr Nelson said. “I had to build my own literature and theory as a way to understand adult crying, which I was drawn to know from a theoretical/clinical interest she said.

Because crying is present from birth, Dr Nelson went to the infant research at the time—back in the 1970s just when Daniel Stern and others were serious about asking infants questions that they could answer (behaviorally such as by turning their head). She read

Bowlby in graduate school (while earning her MSW at U.C. Berkeley) and did her dissertation (Nelson, 1979) on crying from an Ego Psychological and Object Relations viewpoint, though she used attachment theory as well to build a classification of adult crying.

“I noticed that Bowlby described infant crying in his early observations of infants separated from caregivers during the war. He noted three types of responses and, in passing, mentioned the type of crying accompanying each : protest, despair, and then detachment. Babies in protest cry loudly and shake their “cots”; the display is intensely physical with muscle tension and high arousal states. This type of crying is an emergency signal to undo separation from the mother and create a reunion.

If there is no reunion the infant moves into despair, the sink-into-the-corner, universal posture of grief and despair, and the cry will sound like a low wail. The infant is giving up hope. If there is still no reunion, then the infant moves into detachment—that's where we see



reactive depression and failure to thrive.”

“Bowlby wrote a second article on grief and mourning in adults. When adults cry they display the same behaviors as a child does when separated from its mother. For example, when a loved one dies, adults go through a state of protest, then despair, and finally detached depression if grief is unresolved. Unlike infants who must have a reunion with or attach to a new attachment figure following the separation to prevent detachment and death, adult grief may lead to reorganization or a reconfiguration of attachment relationships. Crying is a grief behavior based on the prototype for infants of separation from the caregiver and for adults on death of a close loved one. In spite of differences in rules for emotional expression and different cultural backgrounds, our bodies experience the same reactions in response to separation and loss: crying.”

The core of the clinical aspect of her theory is that “adult crying, as reported and demonstrated in psychotherapy, reflects the quality of early attachment experiences as well as current adult bonds” (Nelson, 2000, p.509). Viewing crying through an attachment lens allows therapists to classify the different types of crying (protest, despair, and then detachment with silent non-crying) and “to see crying behavior and patterns as representing secure, anxious-ambivalent, or avoidant attachment styles” (Nelson, 2000, p. 509). Nelson suggests that different types of adult crying—protest crying, sad crying of despair, and inhibited crying representing detachment—will elicit differing countertransference reactions as well.

#### Research Building on Research

Dr Nelson shared that along with research conducted in the Netherlands (Laan, van Assen, & Vingerhoets, 2012) and her own work (though she is quick to note that she is not a re-

searcher but a consumer of research) several patterns have been identified between crying and attachment style. For example, anxious ambivalent children with hyper-activated attachment systems cry more and laugh less while secure children laugh more than cry and are genuinely engaged. Avoidant children show less expression of either laughing or crying, though avoidant adults will often use humor to deflect closeness—using wit and humor as a tool to distance from connection. Adult protest crying fits with the anxious-ambivalent attachment style mirroring feelings of desperation for the reassuring presence of the attachment figure while feeling chronically insecure about his/her reliability and availability (Nelson, 2000).

According to Dr Nelson, researchers in the Netherlands, (a team of health psychologists—Lann, van Assen and Vingerhoets), recently conducted a research project via National Radio asking listeners what kind of music makes them cry. When they called in with their responses, they were also administered a Self-Report measure of Attachment style, supporting many of Nelson’s ideas about the link between types of crying, amount of crying and attachment style. The collaboration between Vingerhoets, a crying researcher, and Nelson began in 1998 when her first paper on crying and attachment was published and continued when she traveled to the Netherlands to a conference of researchers to share her work and learn more about his.

“It was really quite gratifying,” Dr. Nelson said when asked about the recent research study. “The songs were mostly about the loss of parents, not lovers, a surprise given that these were all adults.” Using data from an earlier study of crying frequency and attitudes in many different cultures around the world by Vingerhoets and colleagues, Nelson concluded that ninety-five percent of the respondents reported that a crying episode was triggered by some kind of loss, though

it might be symbolic, imagined, or threatened as well as literal (Vingerhoets & Becht, 1996)

“The 5% of crying that is not attributable to loss includes a category that is body based—somatic tears—stimulated by some damage to the nervous system perhaps, or medications, or a seizure disorder. Something has damaged the pathways. Some people get unnerved by this so they attribute an emotional cause to the tears, but in fact it is somatically triggered .”

“And then, also in this remaining 5%, there are transcendent tears—these tears are not about loss but are about universal human connection. Freud called these ‘Oceanic Tears,’ the tears of joy and connection and awe and the mystical spiritual feelings we have,” Dr Nelson continued. “Therapists who cry with their patients, who talk about strong feelings or feel an empathic connection, may be feeling a strong sense of union with their patient’s experience rather than a sense of personal pain. Transcendent tears transcend our sense of personal loss.”

Breaking crying down into behavioral categories for purposes of clinical assessment, Nelson offers descriptors such as healthy secure crying, infantile crying, crying in the absence of a clear or appropriate precipitants, symptomatic crying, prolonged or frequent crying, crying and depression and dramatic crying with shallow emotion, as well as types of non-crying behaviors. These types of crying/noncrying behaviors, in the psychotherapy setting, offer therapists insights into patients’ attachment styles (in childhood) which impact their current adult social bonds and the therapeutic attachment bond as well.

According to Dr Nelson (2000), “crying (via an attachment perspective) is a two-person behavior involving two compatible behavior systems: attachment behavior in the crier and care-giving behavior in the companion”(including the therapist) (p. 515).

Therapists must track their own reactions to their patients' tears in order to make full use of the incoming information. Crying can bring people closer together or create feelings of shame and remorse if the person witnessing the crying feels awkward or detached and responds with irritation or discomfort or distance rather than a sense of compassion and empathy (Nelson, 2000).

Dr Nelson's dissertation transformed into her first book entitled, *Seeing Through Tears: Crying and Attachment*, published in 2005. The style of the writing, she notes, is different than the traditional academic style—she wanted the material to be accessible to lay audiences as well as meaningful to clinicians without compromising what she wanted to say. She notes that she wanted to write but always considered herself to be first a reader. "I knew that I would like to put a book back on the shelf, to contribute one book to the literature." One book became two as she realized she could also apply the principles of crying from an attachment perspective to laughter, resulting in her second book, *What Made Freud Laugh: An Attachment Perspective on Laughter*, published in 2012.

### **Classification of Laughter**

Just as there are different types of crying, there are different forms of laughing. Two main categories were identified by a French physician, Guillaume Duchenne, when he was researching smiling in the mid-19th century. He discovered two distinct types of smiles—a genuine emotionally felt smile that involved the muscles around the mouth that raised the corners of the lips as well as the cheeks forming crow's feet around the eyes, which he called a Duchenne smile, and then the non-Duchenne smile which only raised the corners of the lips, noted as a more consciously controlled smile, a willed effort at times and more of a conversational insert at other times—volitionally in place though not necessarily conscious.

"All Duchenne laughter is attachment behavior—linked with the play and exploration system. A deep belly laugh takes place in the context of exploration and play, but without safety and security it won't happen. Non-Duchenne laughter, on the other hand, is more of a chuckle that serves as a conversational insert designed (though not consciously so) to coach the listener on the speaker's intent. For example, when you want someone to take a comment lightly, you might laugh after speaking (non-Duchenne). If you make a joke at someone's expense, people often take the sting out of by laughing. It still has an attachment function, but it can be controlled," Dr Nelson said, adding that a third type of laughter, known as transcendent laughter, takes us beyond the personal and reaches the core meaning of life—love and loss—connecting us with each other with all that is.

### **A Theory for Laughter**

Freud, of course, wrote about humor and laughter. His book entitled, *Jokes and their Relation to the Unconscious*, explored the discharge theory of humor. According to Dr Nelson, Freud's contemplations on humor and jokes, deep though they were, still left him puzzled about laughter. If laughter was about discharge, as he believed, then why did the listener laugh rather than the joker whose affect was presumably being discharged? It appears that a sense of incongruity is the most common held theory for laughter, for what makes people laugh Dr Nelson said. Examples include novelty, like someone making a silly face or a friend saying something in a funny way to initiate laughter. Introducing something novel in an unsafe social bond or context, in the absence of attachment security, however, infants and children and most adults don't laugh. Duchenne laughter emphasizes both social engagement and pleasure to both parties.

### **The Dark Side of Laughter**

Laughter originates in the attachment

system but it migrates or is co-opted by other systems including: sex and mating; affiliation and friendship; fear and wariness; and conflict and appeasement.

Evil laughter or maniacal laughter is the hostile, aggressive laughter that comes with villains, bullying and teasing—the chilling sound is generally heard when some form of victory is achieved or to indicate that someone has superiority over someone else. It is mostly non-Duchenne, not deeply heart-warmingly funny—it is a nervous, seductive, one up one down power stance. Sexual abuse and trauma victims may use laughter to dissociate, to cover trauma that's too unbearable to be with—it's a numbing defensive measure, though it may at times be a way of connecting with others in group who have also suffered such trauma Dr Nelson said.

"I used the Joker from Batman in my book, *What Made Freud Laugh*. The Joker destroys New York in the movies and has a permanent laugh on his face, but there's a back story that The Joker lost his wife and baby, was falsely accused of a crime, and fell into a vat of chemicals that scared his face so it looked like he had a permanent laugh on his face," Dr Nelson said. Based on this, we would say that his laughter represented protest grief.

### **Laughing Through Tears**

Laughing and crying both contribute to the creation and maintenance of attachment bonds and impact how our caregivers and attachments figure react and respond. Working with patient's tears and giggles in the context of the psychotherapeutic relationship offers valuable information about the quality of patients' past and current attachments and social bonds, Dr Nelson said.

"Evaluating crying (and meaning in the context laughing) in light of attachment theory enables" therapists to understand its of the whole person—

*Continued on page 39*



## What Made Freud Laugh: An Attachment Perspective on Laughter

Written By Judith Kay Nelson

Reviewed by Diana Scime-Sayegh

**What does it mean to laugh?** Is this an emotional expression shared by friends and family who are exuberant in their joy to be together? Is it nervousness at the sounds of bad news or even at a funeral? Does it connect us or detach us from each other, or both?

**Laughing** may not be an aspect of life you often think about. And if we go a bit deeper an interesting question arises—are there aspects of mental health and past trauma hidden in the sound or expression of laughter or even a smile? Judith Kay Nelson believes there is credence to this concept and has studied it within the context of attachment styles.

**Nelson** explores these ideas in her new book entitled, *What Made Freud Laugh: An Attachment Perspective on Laughter*. Combining case studies and scientific theory with her extensive background in attachment theory, Nelson presents clues that patients' abilities and inabilities to laugh and smile can give therapists into their attachment style. For example, a "relaxed, smooth, and straightforward smile" can show that a patient is securely attached. Whereas, as Nelson noted in her book, another young boy, named Billy, grew up with a mother who was commanding and often disapproving. His achievements and moments of joy often went unshared between him and his mother so he was unable to express a confident smile.

**Nelson** hypothesizes that an attachment disorder can be seen in what should be considered a joyful experience. For example, when Billy performed somersaults for his parents, he first let out an insincere laugh then screamed and began attacking the person filming him. Nelson also noted a clenched jaw

whenever Billy smiled along with other signs of tension. This led her to conclude that Billy's laughter represented an insecure attachment and to further hypothesize that studying laughter offers much valuable information about attachment security and styles in children and adults.

**Referencing studies** to back up her theories, Nelson notes that "...95% of laughter in childhood happens when other people are around: parents, familiar adults, and siblings. The presence of familiar people enhances both the amount of laughter and its contagion..." (Nelson, 2012, p. 35); therefore, the reaction of the child's audience is paramount to his/her ability to form a secure attachment. If a child feels he/she is being laughed at, instead of laughed with by adults or peers insecure attachment can begin to appear.

**When a parent laughs at his/her child** in a moment of the child's distress, not out of cruelty but laughs none the less, this stresses the child and causes unhealthy associations with laughter. When a child is in a place of feeling scared or lonely and is laughed at, especially by care-giving adults, great harm is caused.

**Nelson** covers a broad spectrum of fascinating topics within the context of laughter and aggression; among the most interesting and perhaps poignant is that of the school bully. Why does being unkind bring them laughter, and

what does this laughter indicate? Nelson views bullying through the scope of insecure and disorganized attachment; being victimized, bullies laugh when others suffer because they find a positive arousal, which eases the pain of their personal lives.

**She goes on to write** that bullying is a way to connect through exclusion—bullies create a world in which they are connected by excluding others. When bullies laugh at someone outside of their own group, they are solidifying their own bonds with each other. Of course, it is dysfunctional, but that is because their ability to attach securely is dysfunctional.

**Relating laughter and attachment** to cognitive abilities, connecting through "getting the joke" with peers, adult to child teasing, and Duchenne (sincere) vs. Non-Duchenne laughter are some of the additional topics Nelson covers in her thoughtful and truly interesting book.

**Exploring laughter** and what it can tell a therapist about any given patient is a new and exciting topic, one Nelson does a great service to with her relatable and thorough book: *What Made Freud Laugh: At Attachment Perspective on Laughter*.

**Readers are also encouraged** to read *Seeing Through Tears* by Judith Kay Nelson (2005). NY: Routledge.

# INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

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