

# Preaching to the Preacher

By Ronan M. Kisch, PhD

Serendipity? Fate? Karma? Divine intervention? What force has brought no less than six Christian ministers to this Jewish somatic psychotherapist? While I clearly profess to be spiritual, I am not religious. Perhaps it is my being an introvert and having a very low profile.

**I admit that my spirituality deepened** after I wrote a book about bodyworkers: *The Miraculous Achievements of Bodywork* (Kisch, 2011). It explores bodywork practitioners of different religions, as well as those who profess none, who brought their sense of spirit to their work and the unusual, unpredictable, if not miraculous outcomes of their labor. In addition to reporting about them, I was touched by them. Today, as I go into work, my office is my temple. I have a sense of bringing not just academic knowledge, clinical

techniques or physical manipulation to my clients, but a far reaching spirit of presence, acceptance, and confirmation that reaches beyond myself.

**The following case studies reveal how** issues of spirituality arise in treatment and how they are responded to in somatic psychotherapy. I have consent to share my clients' stories and have changed their names and certain information to protect their identity.

## Carl

**Carl is a seventy-year-old minister who** does not want parishioners calling him by any title because he believes that only serves to make distance. His father abandoned his family in his youth, and his mother was unsupportive. In the past year his wife died, and he recently had knee surgery. In addition to knee, leg and hip pain, his shoulder hurts. Carl came for supportive psychotherapy.

**In a recent session, tight, pale-faced,** twisted in his posture, Carl reported having a poor night of sleep the night before because of his pain. He came into the session carrying Richard Rohr's (2011) book *Falling Upward* that explores religious or spiritual identity in different developmental stages of life. In spite of enjoying the book, Carl opened it and pointed to a particular page in which Rohr was discussing original sin. Carl was particularly incensed over the issue of original sin. What was striking to me was that Carl was physically braced in his upset. He winced in pain and braced more tightly as he continued without stopping to explain to me why the concept of original sin was upsetting to him. His voice was pressured; his eyebrows furrowed and stern.

**My focus was not on original sin, but on** the minister's level of agitation and immediate bracing, which then aggravated his pain problems. His shoulders were raised and braced. While his rheumatologist told Carl that he had a chronic degenerative disorder, he did not tell him that relaxation or assuming a meditative state could minimize his bones being pulled together by tight muscles, thereby reducing pain and the perpetual degeneration of the cartilage between the bones.

**With Carl's consent, I placed soft, gentle** fingers above and below the spots where he

reported pain. His muscles were hard and braced. I had us both breathe slowly; the out-breath stimulating the parasympathetic nervous system (rest and digest) being longer than the in-breath, which stimulated the sympathetic (fight or flight) nervous system. In fairly short order, I felt a gentle, rhythmic pulsation in Carl's muscles. The hardness dissipated. Carl's face now had pink in it. His shoulders were down. His dissatisfaction or grumpiness over having a poor night's sleep was nowhere to be seen. His voice was softer and no longer pressured.

**In the session we then explored ways for** Carl to become more aware of his breath. In particular, to be aware of his shoulder when he was reading or discussing matters that he disagreed with, or when he had memories of loss or abandonment or abuse from childhood. If they were tight and up, he could put a hand on his chest or belly and take long breaths out and let his shoulders soften to feel more comfortable in his body and minimize pain. Carl the adult could also talk to Carl the child and verbally, tactilely, and emotionally provide the support and confirmation that was missing in childhood. Releasing the physical/emotional brace might allow him to sleep more soundly at night. It might even allow him to get deeper into spiritual practice and prayer. He could then come back and in the safety of his therapy sessions discuss issues that might arise. A very different man walked out of the office than walked in.

## Body Memories Hold Our Reactions

### Medical biophysicist and psychologist

Peter Levine believes humans do not discharge or shake off the stress and trauma they encounter. Out of fear of experiencing their terror, they internalize it. They remain in fight, flight, freeze or collapse. Release is a process most often requiring societal support. Too often in our society we do not offer this type of support, which then allows the trauma

to be passed on to future generations. The implicit unconscious memory of these events is reinforced and shapes our somatic and cognitive structure. Our reactions to stress and trauma are locked in our body's memory. Levine calls this procedural memory and says:

*Procedural memories are memories of the body — when the body is threatened, we react, we stiffen, we fight, we flee, or we freeze. These are all things the body does — these are not part of the other memory systems —they make up the procedural memory system of implicit memory ... until those memories are changed, the other memories cannot change. While we may have insight, until that change happens from the inside — from the body and the procedural memory — we're still stuck in the cycle of trauma and repetition (Buczynski & Levine, 2014, p. 13).*

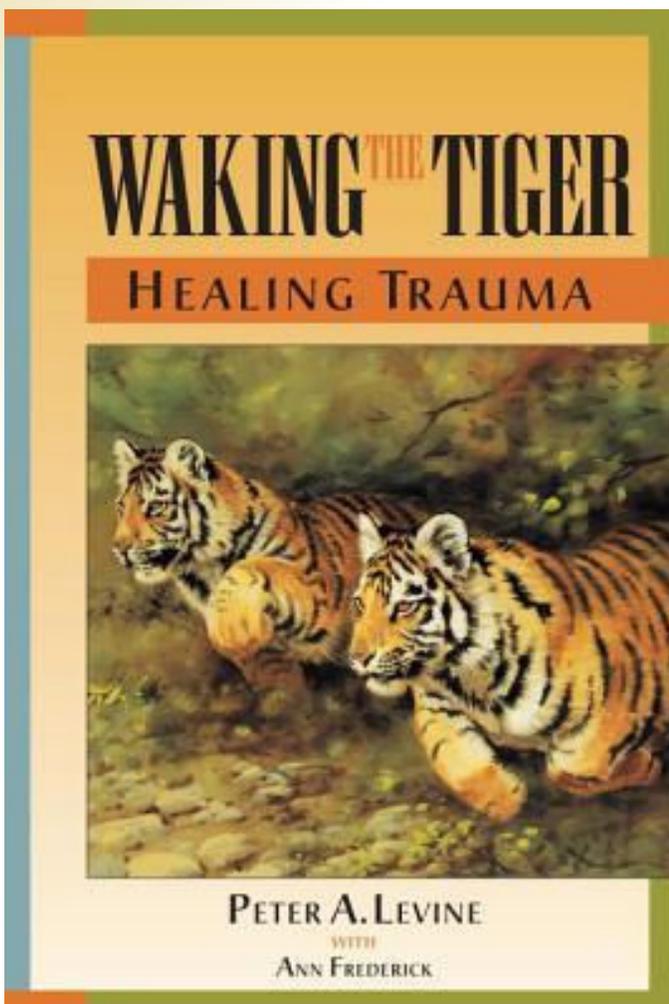
### **Levine goes on to say:**

*But, when we're able to have new experiences in our body — not mental experiences or different images — but, new bodily-experiences, only then can the remains of trauma be touched. Without bodily experience, trauma is untouched (Buczynski & Levine, 2014, p. 16).*

### **Pastor Eric**

**Eric is a soft-spoken, blond-haired, blue-eyed, forty-four-year-old pastor.** He originally sought treatment for anxiety issues. In the course of treatment he came into the office somewhat shaken. His neck and shoulders were braced and held an inordinate amount of tension. He spoke of Matthew 14:29 where Jesus' disciples set sail upon the Sea of Galilee after Jesus had fed the 5000. Later that night, after going on the mountain to pray, Jesus walked on the water toward his disciples in the boat. The disciples were in fear believing they were viewing a false mirage. Peter cried out to Jesus if it was really he to call back to Peter and command Peter to come forward. Indeed, that is what happened. So Peter got out of the boat and started to walk on the water to approach Jesus. But then Peter became aware of the wind, the material world, and his anxiety took over. Fearing drowning in the sea, Peter began to sink.

**Eric identified with Peter trying to walk on water to connect with Jesus in the face of the opposition of the wind.** Upon further exploration, the pastor spoke of the economic problems of his community. He believed the doors of his church were soon to close. He agonized over losing contact with parishioners he had become close to and believed he would no longer be able to provide his support to them.



### **I performed NeuroEmotional Technique**

(NET) with Eric. NET is a hands-on mindbody technique developed by chiropractor Scott Walker. It identifies origins of NeuroEmotional Connections (NEC's) locked in the body and releases the chemical peptides from cells, freeing unconscious, implicit memory. NET is practiced by professionals of different health care disciplines (Kisch, 2014). Walker (2008) states of his approach:

*NET is a simple mind-body stress reduction intervention aimed at improving behavioral and physical problems, such as in chronic injuries, subluxations, pain, worry, depression, etc.*

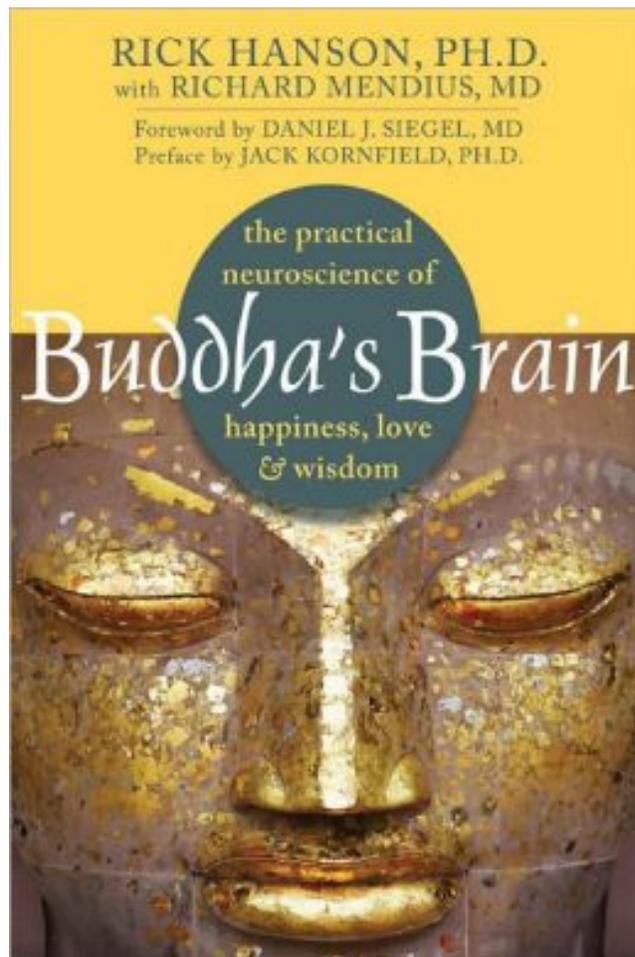
### **Pastor Eric's issue of anxiety and grief**

went back to his family of origin. His mother was needy and demanding; his father passive and dependent. Much responsibility for family routines fell on young Eric's shoulders. At an exceedingly young age, he assumed the role and responsibility of parent in his family. No matter what or how much he did, this youth's feeling was, *I'm not doing it good enough.*

### **Neurological psychologist Rick Hanson**

(2013) points out we have a genetic predisposition to focus on the negative and for the negative to stay more prominent in our memories than the positive.

*The bias creates two kinds of problems. First it increases the negative. It pulls your attention to what is or could be bad, makes you over react to it, stores the negative experience in implicit memory. It also creates vicious circles of negativity both inside your brain and with other people. In a variety of ways, this bias increases your stresses, worries, frustrations, irritations, hurts, sorrows, feelings of falling short, and conflicts with others.*



*Second, the negativity bias decreases the positive. It slides your attention past the good facts around you. It makes you underreact to the good facts you do notice. It slips the good experiences you do have right through your brain, leaving little or no trace behind (p. 29).*

**While in prehistoric times, this negative** predisposition originated to help us to survive, for Eric it made it difficult to have a sense of success and magnified the duress in his community. The desensitization procedure of NET extinguished his anxiety. He recognized his parents' inability to pass on to him what they never received from their parents. He was also able to give himself recognition for the positive effects his altruistic deeds had for others.

## **George immediately retorted, "God is all loving and forgiving." Able to be forgiving of his parishioner, Reverend George was not forgiving of himself.**

**And with Trager® movement, a** bodymind intervention of gentle rocking (Kisch, 2014), he began to explicitly, consciously, build an awareness of his bracing pattern to release the stress he maintained in his body. The pastor returned to his parish feeling grounded and empowered to address whatever was to unfold with his church.

**When next he came for therapy, he** reported the issue of the church's doors closing was still there. But, he was feeling good because he had been able to sleep. He was feeling a sense of strength in ministry because he was helping people. And, he had "a deeper sense of connection to God, the ground of all being, the vine, and the bond to Christ."

### **Reverend George**

**George was a tall, austere, 64-year-old** man. His eye contact was deep and intense. His presence was powerful and commanding. Because of his own personal wounds, he was able to bring a deep sense of empathy and compassion to others. He first sought treatment for issues relating to unresolved feelings regarding family.

**Several months after therapy began** there were a series of falls and Reverend George was diagnosed with terminal cancer. Following chemotherapy and radiation treatment he walked with a walker. He was shaky. His voice was thin, affect flat, and he was riddled with fear. Applied kinesiology, a testing of muscle strength or weakness, part of NET procedure (Kisch, 2014) was

employed. Muscles become strong when thoughts, feelings, or actions are congruent with the individual. Muscles go weak when the information is incongruent. I asked George if he was afraid of death. "No," he replied; his arm was strong. Then he said, "I'm afraid of God's judgment."

**Again, he was muscle tested for this** statement. His arm went weak indicating that there was an underlying Neuroemotional Connection (NEC) with this concern. When asked what he would say if one of his parishioners came to him and shared their fear of God's judgment, George immediately retorted, "God is all loving and forgiving." Able to be forgiving of his parishioner, Reverend George was not forgiving of himself. NET was offered, and the issue of his being self-judgmental was identified. This dated back to childhood, and his mother's accusations. Her accusations were firmly locked within his soma, as well as his conscious awareness. After performing the extinction procedure of NET, the issue of Reverend George's fear of God's judgment was eradicated.

**In spite of his medical treatment or** because of its severity, George's condition declined rapidly. He had a pulmonary embolism. I next saw him in the hospital. His verbalizations were depersonalized, void of affect, faint, brief, and pressured. This austere man reported being afraid to be left alone. He felt lost and frightened in a new and alien cognitive terrain. His oncologist recommendation was to "become accustomed to the new norm."

**That was when I took out the Sacred Frankincense** from my pocket and asked if I could put some on him. He replied, "Yes."

**I said, "This is the Frankincense Jesus had in his pouch."**



**He quipped back with authority, "I know."**

**This therapist was preaching not to the choir, but to the preacher.** After I put the Frankincense on his forehead and wrists, George closed his eyes. He was quiet for a considerable time. Then a tear came out of his eye. When asked, "How are you doing?" he replied in a soft voice, but now he spoke with warm affect as if a transformation had occurred, "I was walking the streets of Jerusalem — with Jesus." His fear was gone.



## **Words Are Always Not Enough**

**The olfactory lobe sits in the limbic system—the center of our emotions.** It takes a fraction of a second for sensations of smell to enter from the nose and then travel to and stimulate receptors in the emotional center in the brain. Tracey, Imwold, and Baume (2000) explain:

*. . . nerve signals travel along the olfactory tract to reach the olfactory cortex, the limbic system and the hypothalamus in the brain. This is where smells are identified and the body's response coordinated. Smell has the most direct pathway to the brain of all the senses (p. 655).*

**Mere intellectual words, no matter how truthful or accurate, are unable to accomplish what direct contact with the body can profoundly overcome.** In the presence of Sacred Frankincense Reverend George's traumatic holding was released. In the moment I observed George's transformation, I recalled what psychiatrist and trauma specialist Bessel van der Kolk (2014) tells us—words, insight, and understanding do not release emotional trauma from the implicit body memory of the trauma. Cognition alone does not quiet the limbic system.

*Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think. We have discovered that helping victims of trauma find the words to describe what has happened to them is profoundly meaningful, but usually it is not enough. The act of telling the story doesn't necessarily alter the automatic physical and hormonal responses of bodies that remain hypervigilant, prepared to be assaulted or violated at any time. For real*

*change to take place the body has to learn that the danger has passed and to live in the reality of the present (p.21).*

**In order to release the holding that lies** beneath the prefrontal, verbal cortex, one must use an intervention that articulates with the emotional limbic system. This can be touch, movement, music, neurofeedback, social engagement, even olfactory sensations.

**In spite of his earlier agitation, two** months later Reverend George died peacefully at home. I hoped he is walking on the streets of Jerusalem.

### **In Conclusion**

**Now at sixty-eight, I find myself with an** ecumenical curiosity reading to discover who Jesus was. Not a single work morning goes by without my reinforcing my sense of spirit. In prayer I reach out to the Universe, beyond myself, and beyond what I know or understand and ask for support, groundedness, strength and wisdom to encounter another workday of peoples' pain and struggles. I ask for the skill and presence to help my clients to find a sense of endurance in themselves to overcome the unknown, unimaginable, and previously impossible. I want my clients to be sufficiently relaxed to be open to perceive and experience both their inner strength and realize their mission on this Earth plane. I want them to take that strength and sense of mission out of my office feeling whole and integrated in spite of returning to a very troubled, often hostile and prejudiced world.

**When I was younger, I believed that** with time and growing knowledge within civilization the world would get better, more accepting, loving and giving. Technology, however, and not humanity has taken colossal strides forward since then. In stark

contrast, the nightly news is discouraging, disheartening, if not downright depressing. As I get older, I steadily lose faith in the future and the betterment of humanity as a whole. The spirit I experience in my work and the strength gained by my clients is a counter balance to my pessimism toward the outside world.

**Whatever theoretical psychological** context my frontal cortex is in at the moment that I am with my client, whether it be Sigmund Freud, Carl Rogers or Bessel van der Kolk, my presence unfolds within the context of — my client is precious, lovable and deserving. We are all the Divine's children, and whether it was confirmed in us in our childhood or not, whether we implicitly believe it or not, we are all lovable. This is the cognitive/affective/somatic knowledge I try to convey to my clients.

**As I watch my clients get stronger and** overcome their presenting difficulties, I have a sense of fulfilling my own mission in my life. As my clients release their somatoemotional holding of past wounds and traumas, they not only open to their own personal potential, but they open to the sense of spirit both within themselves and without. Working with my ministerial clients, I have a particular sense of responsibility. It is not merely the person in front of me that I am working with, but the vibrations that go out to his or her entire parish. Their choosing to work with me is a blessing for me. Many years ago I worked in a hospital as a health psychologist. Up until that time I only knew the death of my elderly grandmother in my early adolescence, which was in sharp contrast to the fact that people died in the hospital every day. As I left each workday, I gave thanks for another day of life. I have perceived every day of life since then as a blessing, along with my wife, Elizabeth.

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How Touch Can Provide Healing For The Mind, Body, And Spirit



## *The Miraculous Achievements Of Bodywork*

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