Somatic Psychotherapy Today

A Blast from the Past

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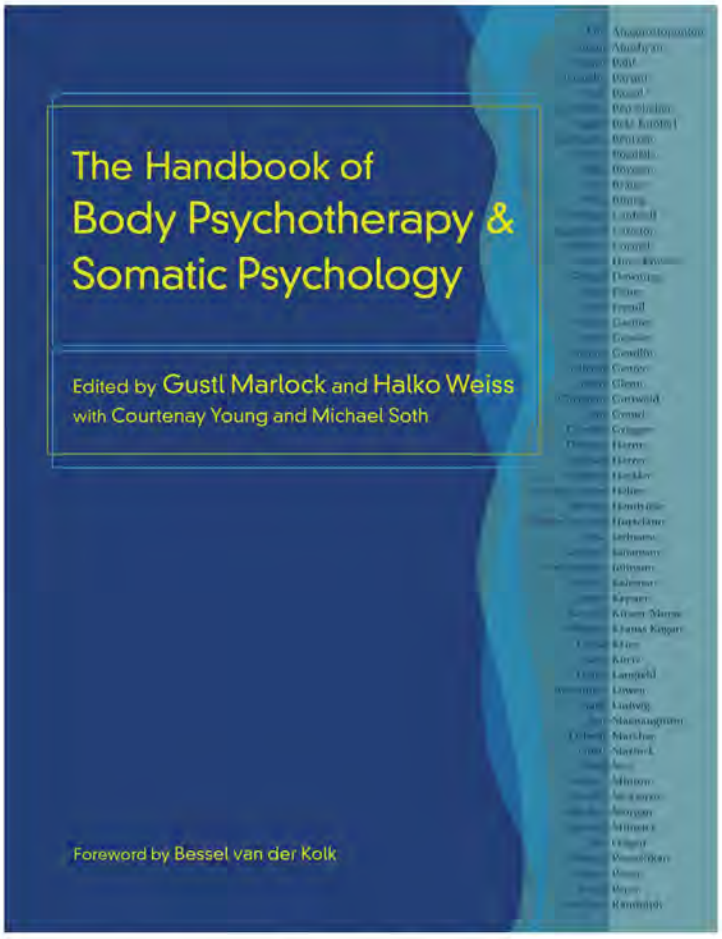
Read our review in the Winter 2016 issue



Handbook of Body Psychotherapy and Somatic Psychology

Gustl Marlock and Halko Weiss with Courtenay Young and Michael Soth

GUSTL MARLOCK has nearly 30 years of experience as a psychotherapist; he is the director of a German training program in Unitive/Integrative Body Psychotherapy and a lecturer and supervisor for psychodynamic psychotherapy at the Wiesbaden Academy for Psychotherapy. HALKO WEISS, PHD, is a clinical psychologist and lecturer for the University of Marburg and for the Bavarian Chamber of Psychotherapists. He is a cofounder of the Hakomi Institute in Boulder, Colorado. COURTENAY YOUNG was resident psychotherapist for 17 years at the Findhorn Foundation, an international spiritual community in Scotland. He was both president and general secretary of the European Association of Body Psychotherapy (EABP) for many years, and has been the lead writer on The EAP Project to Establish the Professional Competencies of a European Psychotherapist (www.psychotherapy-competency.eu). MICHAEL SOTH is an integral-relational Body Psychotherapist, trainer and supervisor (UKCP), with more than 20 years' experience of practicing and teaching from an integrative perspective. He was Training Director at the Chiron Centre for Body Psychotherapy from 1992 to 2010.

Written for practicing therapists as well as those in training, *The Handbook of Body Psychotherapy and Somatic Psychology* is the definitive book on this emerging major branch of psychotherapy.

Psychologists and therapists are increasingly incorporating somatic or body-oriented therapies into their practice, making mind-body connections that enable them to provide better care for their clients. From EMDR to mindfulness techniques, Body Psychotherapy stresses the centrality of the body to overcoming psychological distress, trauma, and mental illness. *The Handbook of Body Psychotherapy and Somatic Psychology* compiles nearly 100 cutting-edge essays and studies that provide a comprehensive overview of this fast-growing field. Designed as a standard text for somatic psychology courses, this book will be indispensible for students of clinical and counseling psychology, somatic psychology, and various forms of body-based therapy (including dance and movement therapies). It is also an essential reference work for most practicing psychotherapists, regardless of their therapeutic orientation.

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From Our Editor

I offer my greetings and my gratitude.

Thank you for subscribing to *Somatic Psychotherapy Today*. SPT Magazine started with a vision, an embodied sense that we need a publication providing space for all to speak. Where practitioners and clinicians, theorists and teachers, philosophers and ordinary persons alike were welcome to voice their thoughts, share their wisdom and inquiries.

We've evolved from volume 1, number 1 and joyously enter year six in 2016 with an added focus on branding, marketing, and advertising to keep SPT Magazine alive and well and free.

Your subscription today shows your faith in SPT Magazine—in the quality and validity of the content we deliver. Creating this publication and its associated blog and Facebook page take time and energy and money—a passionate project that has moved from me alone to the need to embrace other people's input.

If you are interested in joining me in whatever capacity feels right, please let me know! I welcome sponsors, financial contributions, editors, layout designers, writers, editors, copyeditors, assistants, interns . . . You name it, there's room for you in our writing community.

Thank you again for your tremendous support.

Warmly,

Nancy Eichhorn, PhD
Founding Editor-in-Chief
Publisher

Nancy@NancyEichhorn.com

How do you speak when you don't know the words?

An interview with Suzi Tortora

By Nancy Eichhorn

Gone are the days when infants were considered mindless beings. The concept of infant mental health has grown into a comprehensive field of research and practice that promotes healthy social and emotional development and focuses on the prevention and treatment of mental health issues in children and their families.

Furthermore, according to Dr. Suzi Tortora, a board certified dance movement therapist, Laban Nonverbal Movement Analyst, and specialist in the field of infancy mental health and development, "the role of the body and embodied experience as it informs selfhood and informs attachment has increasingly gained more attention."

"I'm a preventionist at heart," she said, explaining that preventative actions bring more awareness into bodily experiences. "I want to give children a stable sense of self, and the experience of self-expression and creativity, by exploring the self through the body and through movement. This gives them the tools for strong, self-expressive adult lives. I work with the whole life span from infants to adults. Working through all ages of development, I'm reading verbal and nonverbal cues—the body is an experiential map. Everything we experience shows up in the body.

The Mind Body Emotion Continuum

Early infancy experiences show up in our ways of moving, and remnants of these early experiences are distilled into our lifestyles. Dr. Tortora works with patients to explore parts of their present life by listening to the body and letting the experience unfold. She combines "the creative process from an embodied state of knowingness and communication" with "nonverbal movement observation, dance, authentic movement, motor development, body awareness activities, music and play" to assess patients and develop in interventions (Tortora, 2011).

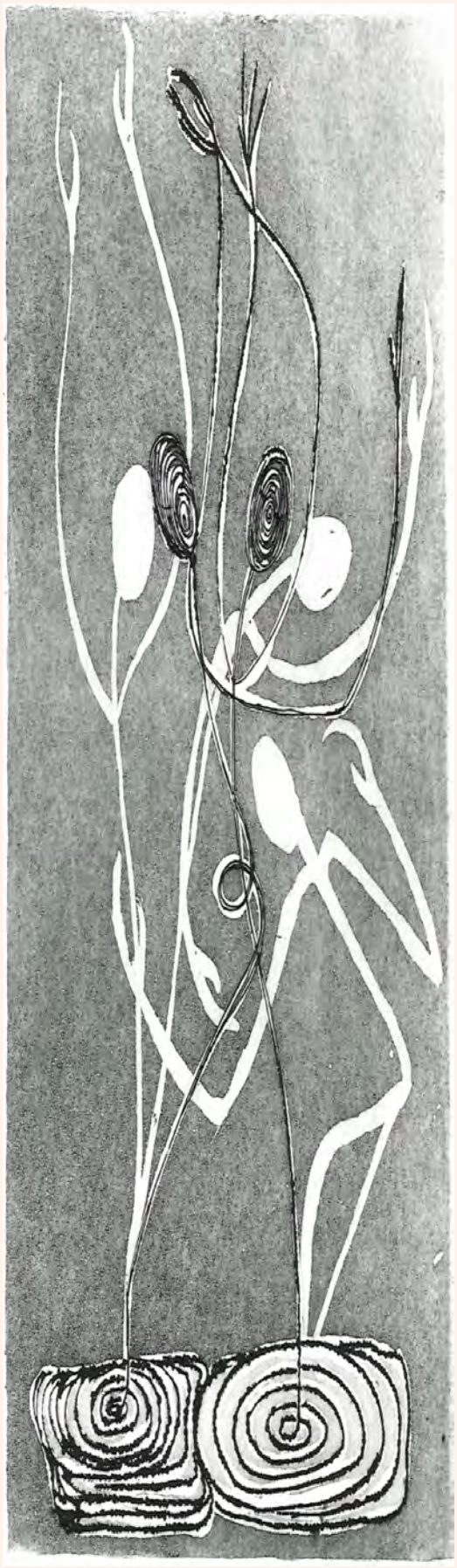
"One of the key therapeutic techniques in the field of dance movement psychotherapy is observing the expression of the body's movement qualities. By focusing on the essences of the body in motion, we can listen to its tune, gaining insight into how that individual organizes their experience of the world" (www.suzitortora.org)

"I have a male client in his fifties who had this particular gesture . . . when he spoke he would reach out with his hand then stop and make a fist. Every time he spoke he made this gesture. I had him explore that action, and he ended up curling into a ball. As I processed my own reaction to his movement, I had the feeling that he was trapped. Something was stopping him. We talked about this movement exploration, and he began to reflect upon how his mother cut him off and never attuned to him. He had an insecure attachment with his mother and she never acknowledged or listened to him. Whenever he tried to speak to her about something that troubled him she said, 'You can figure it out,' and then walked out of the room. He felt shut out. His father had similar reactions to him. The dynamic in the parent/child relationship in his early life manifested in every level of his present existence in bodily movement, and in the way he lived.

"This patient was a tennis player and this stopping action was also present in his serve. It created a shoulder injury due to stopping in the middle of the flow of the serve," she continued. "He stuttered and had difficulty getting through a sentence.

"I worked with him to literally create more fluid actions in his gestures, extending his reach beyond his stopping place. We explored this learned restricted gesture (a defensive coping strategy), by moving consciousness in this new way; as he explored what came up when he made particular movements, he listened to and let his body direct him as the experience unfolded," Dr. Tortora added. "He worked to extend beyond his learned stopping point; by changing it, he changed many aspects of his life began to change and improve."

Because the body holds so much information,



Dr. Tortora said that she has to be careful how she taps into it. The body has to feel safe; patients have to let their bodies open up when they are ready.
There are no passive experiences in the authentic movements her patients make so Dr. Tortora listens, watches, waits, and observes movements unfold as the person becomes ready. Children work through their bodies all the time, she said, while adults sensor or shut down at the body level to stay at a verbal/mental level of conversation. During the therapeutic experience she supports her patients' to follow bodily sensations they feel rather then suppress them to create their own form of bodily expression. Within all this movement, however, Dr. Tortora noted that she is not forcing or directing the patient. The body-oriented techniques she uses are housed in psychology and grounded in psychotherapeutic practice.

Dyadic Attachment-based Nonverbal Communication Expressions (D.A.N.C.E).

Dr. Tortora has a strong body/dance background. Along with athletic pursuits, she started dancing when she was young. She spent six years developing her gymnastic abilities on the uneven parallel bars. Flowing through the air, her goal was to never touch the ground. When she returned to dance, she said it was strange to be on the floor again, to feel that sense of grounded-ness versus lightness and fluidity in the air.

Her passion for movement led her to Japan to study indigenous Japanese dance styles for six months, as well as to ballroom dance classes, modern dance experiences, improvisational dance and liturgical dances where she interpreted stories from the bible through movement. Her experiences, along with mindfulness practices, focusing work, and all forms of expressive movement (not just formal studies) created the foundation for her views of the body and how people bodily experience their worlds.

"Any regular pedestrian movement can be changed into a dance to communicate what is happening without words," she said. "I can see something about who they are and where their soul is, and they how exist in the world."

"What you do speaks so loud that I cannot hear what you are saying" (Ralph Waldo Emerson, from Letters and Social Aims, 1875)

In a traditional psychoanalytic approach, therapists often think they are not giving any information away about themselves; yet, their bodies are speaking volumes. The office location and décor, even down to the choice of chairs, communicates information about them; every part of their interaction with patients including business cards, brochures, phone messages and emails, reveal details about who they are and how they experience their world. Patients read their therapists, so it behooves therapists to be in touch with their own bodily presence. Embodied practices are moving to the forefront of therapeutic care and part of that practice involves self-awareness.

"We're kidding ourselves if we think we aren't communicating," Dr. Tortora said. "I always know something is being expressed by my actions and gestures. In sessions I am aware that the actions and gestures I'm using provide information about me. How I use my body exudes a message; is that the message I want to impart? Our actions are being registered, and are informative especially when they lack coherence with what we are saying verbally."

Dr. Tortora described a young child (under age 3) she is working with that has been exposed to domestic violence for most of her life. Dr. Tortora describes how she experiences the child during a recent session. "There is a frantic energy present as she flits from activity to activity. She exudes so much tension. Intermittently, in the mist of her play, I have her pause and we breath together to help her calm down," Dr. Tortora said. To counter the air of tension and violence that predominates most of the child's life, Dr. Tortora presents herself as stable and calm. She pays a great deal of attention to her own breath to make sure she doesn't feel tense on any level, and she creates a peacefulness in the room and in every activity they do. "She loves coming to our sessions and talks about them all the time," Dr. Tortora said.

Creative Expression

"I teach creative dance to children. The goal of each class is to enable the children to create their own dance. I don't teach a technique but rather how to express themselves through by creating a dancing story," Dr Tortora said, referencing her Wellness Dance Classes. "Children think it's magical to talk without words."

Themes that arise during the classes relates to issues in their lives such as separation fears or sleep disturbances. Through the dance process, they get in touch with their feelings. They start with music and interpret what it means to them by drawing a picture. Then, they turn the drawing into a dance. It's a multisensory, cross-modal way of being and expressing

experiencing. They can use this model to get in touch with what may be waking them up at night tuning into the felt experience, which they do not know how to verbally explain.

"Embodying the experience first acts as a catalyst, providing a way for the children to begin to formulate ideas about how to speak about their felt experiences. Often the children do not know how to initially talk about their feelings and worries but they do know the experience and can recognize it when they experience through their dance," Dr Tortora said.

Suzi Tortora, Ed.D., BC-DMT, C.M.A., LCAT, LMHC**,** is a board certified dance movement therapist, Laban Nonverbal Movement Analyst, and specialist in the field of infancy mental health and development. Her expertise in early childhood development and the importance of early relationships inform her psychotherapeutic work across the life span. She has a private dance movement psychotherapy practice, in New York City and Cold Spring-on-the-Hudson, New York. She offers training programs and lectures about her dance therapy and nonverbal video analysis work with infants, children and families, nationally and internationally.

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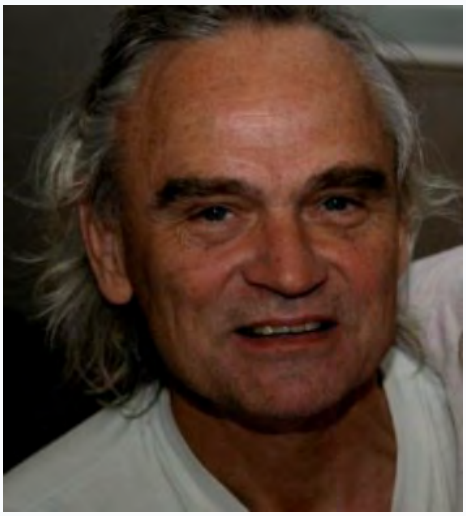
For information visit Suzy Tortora's website

Sensations, Emotions, and Their Movements



By Erik Jarlnaes

In my work, I value sensations highest, then emotions. I have experienced again and again that clients who sense their sensations, point out where they are in their bodies, verbalize them, and take them as serious messages to act/react have a healthier quality of life. Emotions are necessary to sense, experience, and express both in contact (*relationship*) and without falling out of contact with yourself or others because holding back emotional vibrations can spoil you from the inside out. It is equally important to expand your possibilities for expressing your emotions.

I have found it interesting and useful to examine which movements, vibrations (and their amplitude) and speeds belong to which emotions, and in turn use this information to teach clients how to experience different emotions. Embodying these skills allows clients to rely on their bodily knowledge today and enhances their life quality. I also share with clients what I observe going on in terms of movements (and thereby emotions), especially when they do not know what is happening. For example: one client noted that "nothing" was happening when I asked; yet, I noticed a small fast vibration in her torso when she was inhaling as if her in-breath happened in small jerks. I suggested that maybe she was afraid. She denied feeling fear, but I told her why I thought it was. She sensed herself again and opened up for this fear—because it was fear—and from there the session took off.

Another client talked about being afraid when she was sexual with a man. I asked her to describe the sensations she felt while being afraid, where she felt them in her body, and what kind of vibrations she felt. She described a slower vibration and a little bigger amplitude than fear. I had her demonstrate the movement with her hand; the movements had a little heaviness in them. I realized she was not afraid but rather was having sexual vibrations. I taught her the difference and she has since dared to enjoy her sexual relations with her partner (personal communication, June 12, 2010).

“This is joy,” I said. And she said, “AHA.”

Teaching Emotional Movements Using Sensations

When clients are unable to recognize their own emotions, I teach them to sense what goes on inside of themselves while doing movements associated with specific emotions. For instance, joy and happiness are often associated with an upward movement (up in the air); the speed increases from the start of the movement to its full expression. Shame is often bodily reflected as a backwards movement combined with turning the body away (hiding the face) and letting the head fall forward. It often starts with slight stiffening before the turning and the moving backwards. Overall, the speed of the movement is slow.

As we work with the emotions, I have them compare what they sense from each movement with an incident where they probably had this emotion without recognizing it. They then use this new body knowledge in their life (home assignment) to support the learning experience. Clients report they are much surer of what is going on inside of themselves after these lessons as well as being better able to recognize different emotions in other people. One client declared she wanted to use our session to get in touch with her emotions as she experienced herself as being flat (emotionless). So I introduced her to the concept of feeling sensations in her body and described the learning process we were about to begin. I explained there are basic emotions and combined/mixed emotions and that we would address the basic emotions people use. I also talked about emotions being small, big, or somewhere in-between and that it was okay to sense small emotions and to put small words to them. But, first, we need to recognize them. I asked her to notice her body and note what she was sensing in that moment to create a baseline for no emotion/flat emotion to compare with the results of the upcoming exercises.

The first emotions I worked with were joy and happiness. I asked her to start jumping up and down, to get free from the floor, not a lot but enough to sense she was free and to look at me while she jumped. I supported her by also jumping (if necessary I might have asked her to hold one or both of my hands to support her balance and

enhance the contact). The distance between us was approximately 70-80 cm. I asked her to notice what was happening in her face and around her mouth and if she sensed the changes there. After 30 seconds we stopped. Her breathing was fuller and her body was straighter. Her posture reflected a stronger upward stance than compared with her starting position, which I pointed out and she could recognize. “This is joy,” I said. And she said, “AHA.”

Next we worked with sadness. I asked her to collapse forward in a standing position. Her head became heavy and fell forward and down, her sternum caved in (the area between the shoulder blades rounded), and she breathed out as if "emptying" herself. When a client feels "empty," you have her blow out a little more so she can sense her chest and belly are being impacted. My client breathed in again and kept her body hanging down without forcing it; when she exhaled, she let her body hang down even more. She repeated this "emptying" six more times. This sense of bodily hanging fits with people feeling sad; these actions often get people in touch with their tears. I had my client compare this sensation with her starting sensation. "This is sadness," I said. And she said, "AHA." We went through our seven basic emotions and each ended with her "AHA."

Emotions and Their Movement: The Beginnings of a Qualitative Study

To create these emotional bodily composites, I worked with several groups (10-15 in each group) to explore how people physically expressed/showed the different basic emotions. Participants were asked to show their movements in a group format, and I wrote down the individual responses for later comparison. The results so far are based on 90% agreement for joy, sadness, anger and fear; 80% agreement for disgust and sexuality; and 60% agreement for shame.

Current Composites:

Joy and happiness – the movement is up (in the air), and the speed increase from the start of the movement till its full expression (after which it is like fireworks slowly getting slower).

Sadness – the movement is down (towards the ground), e.g. the head often falls forward down, speed decreases from the start of the movement till its full expression

Anger – the movement is forward, and the speed increases into an explosion where the movement ends.

Shame – the movement is backwards combined with turning the body away (hiding the face) and letting the head fall forward. It often starts with slight stiffening before the turning and the moving backwards. Speed is slow. Amplitude is the smallest of all seven basic emotions.

Disgust – the primary movement is backwards, short and fast, while a secondary movement goes forward (like pushing something away/vomiting forward).

Fear – Very small amplitude (less than 1 cm) and fast vibrations.

Sexuality – bigger amplitude (approximately 5 cm) and speed vibrations that are heavier than fear vibrations. The energy also radiates out of the body from all over the body.

Seeking Collaboration

At this juncture, I am seeking collegial input. I call it, "The Beginnings of Qualitative Study" and invite anyone with a similar interest to join my study and work toward a research article.

I wonder if colleagues notice the movements of emotions, and if they use this information with clients (training clients to

I wonder if colleagues notice the movements of emotions, and if they use this information with clients (training clients to sense, develop and express emotions).

I wonder which therapy systems have which basic emotions? And why? We have seven. Gestalt Therapy, as I learned it, has four. Silvan S. Tomkins, who developed Affect theory, mentions nine affects (Demos, 1995), and Paul Ekman (2003) mentions six universal emotions, but we do not overlap—he has surprise and not sexuality or shame. And does it even matter?

Do these systems differ between basic emotions and mixed emotions (that consist of two or more basic emotions)?

Do these systems examine which basic emotions and what percentage of each create a mixed emotion?

I often use the metaphor that mixed emotions are like mixing paint— for instance you take 30% anger (red), and 15% sadness (blue) and 2% jealousy (green) to create the composite emotion jealousy.

Do other therapists train students/clients to express basic emotions full power (100%)?

Do other therapists train students/clients to put words on also when the power is only 0-5% of full?

I hope to stimulate conversations and sharing with others in my field as I continue to explore emotions and their bodily expression.

Please send responses to

Erik Jarlnaes Bodynamic International trainer jarlnaes@bodynamic.dk or (sms +45 -29216633).

Erik Jarlnaes has a small practice in the DK and is a senior trainer for Bodynamic International in 10 countries. He specializes in Bodynamic educational 4-year programs, peak-experiences, communication and conflict resolution (educated trainer in conflict resolution) and shock trauma therapy. He is an educated trainer in Human Element (Will Schutz) and is a Certified Bioenergetic Analyst with former trainings as a journalist (1976-85), a political scientist and a psychomotor educationalist. Erik is a former Danish champion and record holder in 400 m hurdles, a trainer for the Danish national chess team and the lightweight rowing team.

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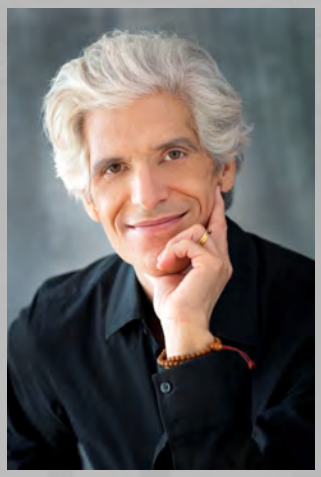


Contemplative Healing
An interview with Joe Loizzo

By Nancy Eichhorn

Mindfulness-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 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 bio-medicine 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."

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

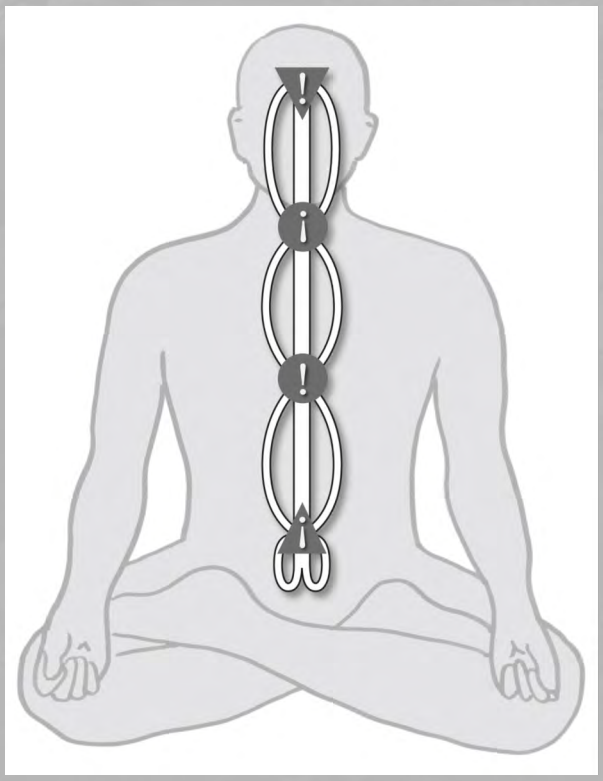
"But, you can't cut the roots that tie self-healing back to contemplative traditions; teaching contemplative skills without links back to living role-models, communities and traditions leave people no place to go once they are done and impose a glass ceiling on their progress. In the modern allopathic 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-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 5th through the 13th 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."



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

"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.

"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."

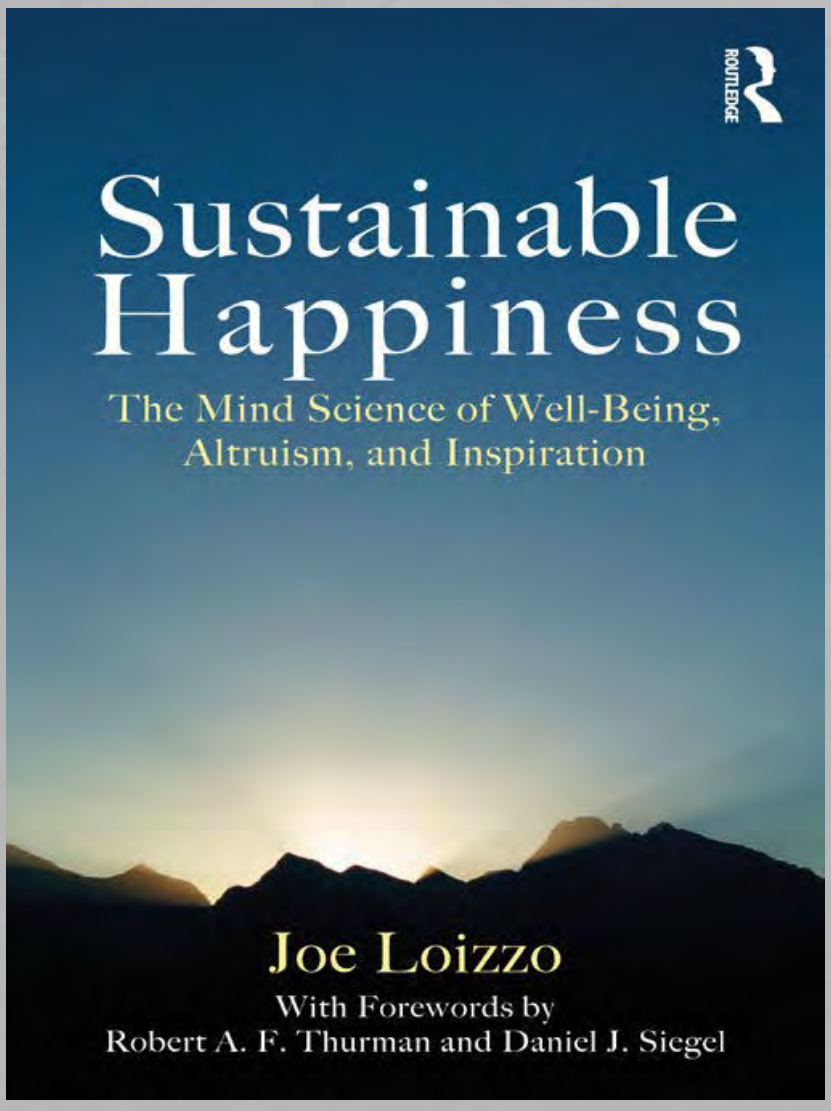
Loizzo shared that his teachings depart from mainstream mindfulness meditation classes by observing the holistic learning format of the Gradual Path and weaving skills-learning together with healing insights and life strategies necessary to thrive on a day to day basis.

"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-proft 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.



The Body Doesn't Lie; Or Does It?

The cliché, the body doesn't lie, is often equated with the phrase "the wisdom of the body" to infer that while words may distort or deny reality, the body's holding patterns, gestures, and facial expressions reveal everything. Many practitioners are taught to follow the body's lead during somatically focused work—if they trust the body, it will guide the healing process.

This trust may be misplaced, however, especially when working with trauma responses. According to Kathy Kain M.A., our bodies do indeed reflect the history of what has happened to us, but they also express the adaptations, distorted forms of function and accumulated stress that were perhaps forced upon us as a result of our efforts to survive highly stressing or life-threatening experiences.

That means we may no longer respond in healthy or functional ways to our inner or outer environment. As practitioners we may be well-guided by attending to the somatic information about past experiences, but if we simply follow the body's lead without questioning what is driving the client's physical responses, we may not be supporting the healing process. Bodily responses can be strongly distorted by life's experiences so practitioners need to consider the cause(s) of the body's behavioral strategies.

"Our bodies lie to us all the time," Kain said. "You cannot always believe the body." Citing the example of panic attacks, Kain notes that the precipitating trigger is most often benign and people often cognitively assess that nothing harmful is going on, that the environment is safe. Yet the body behaves as if life is at risk, with deep physiological responses—escalated heart rate, heavy, rapid breathing—that are out of sync with the environment."

"If we think of 'the body' as a somewhat separate entity which was somehow immune to the ill effects of highly stressful events, and managed to maintain good function in spite of the challenges, we may sometimes be lead astray in our attempts to be helpful to our clients.

One of the definitions of trauma is an overwhelming sense of helplessness in the face of feeling our physical life or sense of self is at risk. Such experiences can so strongly change our physiological, psychological, and emotional capacity for self-regulation that we are literally out of control of our responses. The dysregulation itself creates its own problems.

If we instead think of the body simply as the physical aspect of self that has its unique language to express our experience of being human, then it may be easier to understand that sometimes our physical selves are so altered by experience that we no longer have access to enough healthy function to adequately act as the guide for the practitioner helping us in our healing journey," Kain said.

"I see many practitioners getting into binds by trusting what the body is doing and simply following its lead," she continued. "I was taught that technique, and I had to learn by direct experience that you can't always let yourself be led by the body's information. At times, the physical/ physiological responses are severely out of relationship to what a healthy and appropriate response should be. Especially in the context of traumatic stress physiology, you have to take into account how or why the physical self was pushed into that survival strategy. It is rarely a conscious choice, but rather an accumulation of responses that were formed under great duress, and often with very limited options. It may be survival wisdom, but that doesn't necessarily translate effectively to a healthy strategy for our daily responses. I believe the practitioner needs to bring a healthy dose of educated awareness about when the wisdom of the body can be trusted to lead accurately, and when not following actually better supports the client's healing process."

Body Wisdom

All of us as practitioners would hope for the best possible support for development of healthy functioning and deep wisdom in all aspects of the self, including the physical or somatic self. Unfortunately, what we all know to be true is that some of us did not have the opportunity to develop good function in the first place, or later life experiences were so overwhelming that they overcame our ability to integrate them.

One of the definitions of trauma is an overwhelming sense of helplessness in the face of feeling our physical life or sense of self is at risk. Such experiences can so strongly change our physiological, psychological, and emotional capacity for self-regulation that we are literally out of control of our responses. The dysregulation itself creates its own problems.

Their responses come back into more natural relationship to their internal and external environment and become more trustworthy as a guide to the healing process. The sense of empowerment that arises from the client no longer being at the mercy of their own physiology is very important in the healing process. It's precisely the process of learning not to constantly be drawn into the disrupted impulses that helps develop that empowerment. The client begins to re-experience their somatic self as being a source of joyful expression and of pleasurable sensation.

"When a practitioner better understands how people respond in the face of trauma, the client's responses become more predictable," Kain said. "The SE model is helpful because it gives a structure for how to understand likely disturbances in the body. The physiology of trauma has been well-studied, and the SE model helps

"I feel strongly that touch can be a very important component of the restoration of self-regulation and resiliency. By literally touching the traumatic stress responses as they manifest in body tissues, physiological responses, and habits of posture, the practitioner can guide the client back to better function, so the wisdom of the body is in fact more accessible to them."

practitioners understand the most common disruptions, such as the ANS dysregulation that is a hallmark of traumatic stress. Clients can't manage arousal effectively, they are either hyper or hypo aroused. They also sometimes lack self-protective impulses, such as the ability to physically protect themselves by putting their hands out when losing their balance, or less-physical versions such as being unable to accurately assess the potential for threat in their environment."

"My focus with clients is highly education-oriented," Kain continued. "I want them to come to deeply understand their somatic selves, to be able to recognize when their body information may be unreliable, how to be present with their own sensations and come to understand the variations of awareness that are available to them. It's very difficult to do all of that if the client is stuck in survival physiology, with all of their physiological alarm bells ringing constantly. Often the first order of business is to support some capacity for self-regulation, and then from there to move to a greater sense of presence and awareness."

In addition to the SE model, Kain also employs a weave of trauma recovery, somatic touch, self-self-regulation skills, and resiliency skills to create a unified somatic approach to touch, awareness, and relationship.

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Awakening the Body

"The challenge when someone has lost good connection with their somatic self is to restore that connection without dropping them into the overwhelming experience that likely caused the disconnection in the first place. This is where it is critical for the practitioner to understand the survival strategies underlying these forms of somatic dissociations and not simply trust that following body responses will inevitably lead to healing. A common source of the somatic dissociation or numbing is that the experience of body sensations was too overwhelming to be tolerated, so a survival strategy of dampening sensation arose over time. Under that type of survival pressure, it would be unwise to invite the client to awaken to her body sensations all at one time."

When traumatic stress has so strongly altered the physiology that it has its own momentum, the more likely outcome of following body responses is that you will end up repeating the feeling of overwhelming helplessness that underlies traumatic stress. The practitioner needs to help the client reawaken slowly and carefully. In the SE model the term used for this is *titration*, which means taking the physiological responses, or somatic

experience of overwhelming events, in small enough increments that the client can stay in relationship to their own responses, not be swept away by them. If titration is not attended to, the client is most likely to simply drop back to the old coping patterns that are the very things they are trying to change.

Most people can feel at least some aspect of their body sensations, even if it's just their breath, Kain said, and all it takes is one small area for her to focus on as a start. She helps clients refine their ability to notice bodily sensations and to build a vocabulary to express what they feel as well as develop the capacity to bring attention to their own body.

When people cannot be in good relationship with their body they miss the most basic qualities of the body's wisdom: joyful expression; the body self; the willingness to invite deeply somatic presence and awareness; to somatically feel joyful nuances and pleasurable sensations.

Somatic Practice

"My primary work now is in educating practitioners in how to work with their clients in this deeply somatic way that responds to each client's history by understanding both the wisdom they have gained in their living of their life, and also the challenges that have altered their course in unhelpful ways. I want people to understand the body from their own unique perspective, in the context of what they know.

"I think of this process of getting to know our clients (and of the clients getting to know themselves) as a form of ongoing practice, more along the lines of a meditation practice or musical practice. It's not that you finally arrive at an end point where you can say 'Now I know what I need to know,' but rather an ongoing process of continued learning and refinement of skill, learning how to use these skills in the context of trauma, and in supporting clients who want to inhabit the somatic 'self' more deeply.

"When clients engage in this kind of ongoing somatic practice, it does in fact support greater wisdom in the body. As I work with clients over time, I see these changes and See how much more true it becomes that we can trust their body wisdom and be guided by it," she said.

Kathy L. Kain has practiced and taught bodywork and trauma recovery skills for 30 years. She teaches in Europe, Australia, Canada, and throughout the U.S., and maintains a private practice in Albany, California. She is a senior SE trainer and is an adjunct faculty member at Sonoma State University, and a former adjunct faculty member of the Santa Barbara Graduate Institute. As a senior trainer for 12 years in an Australian Somatic Psychotherapy training program, she developed the Touch Skills Training for Psychotherapists and the Touching Trauma programs that she now teaches. Kathy co-authored the book Ortho-Bionomy: A Practical Manual. http://www.somaticpractice.net

Healing Developmental Trauma

By Aline LaPierre

and Laurence Heller

No matter how withdrawn and isolated we have become,
or how serious the trauma we have experienced, on the deepest level, just as a plant spontaneously moves toward sunlight, there is in each of us an impulse moving toward connection and healing.

There are continual loops of information going from the body to the brain bottom-up, and from the brain to the body, top-down. There are similar loops between lower and higher structures within the brain. Top-down therapies emphasize cognitions and emotions. Bottom-up therapies focus on the body, the felt sense, and the instinctive responses as they are mediated in the brain stem and move toward higher levels of limbic and cortical organization.

The NeuroAffective Relational Model (NARM) is an integrated top-down and bottom-up approach. Using both orientations greatly expands our therapeutic options. Working bottom-up, NARM uses techniques that address the subtle shifts in the nervous system in order to disrupt the predictive tendencies of the brain thus adding significant effectiveness to the therapeutic process. Working top-down, NARM focuses on identity, ideations, and emotions in a relational model that supports a client's increasing capacity for connection with self and others. This complements the bottom-up work with the nervous system to create a unified model.

A central core NARM principle is that the capacity for connection, both with ourselves and with others, is a marker of emotional health and fulfills the deep longing we all have to feel fully engaged and alive. Unfortunately, we are often unaware of the internal conflicts that keep us from the experience of the connection and aliveness we yearn for. When we do not recognize our internal conflicts, we tend to blame external circumstances.

Foreclosure of the Self to Maintain Parental Love

Core Need	Survival Adaptation	Strategy Used to Protect The Attachment Relationship
Connection	Foreclosing connection Disconnect from body and social engagement	Children give up their very sense of existence, disconnect, and attempt to become invisible
Attunement	Foreclosing the awareness and expression of personal needs	Children give up their own needs in order to focus on the needs of others, particularly the needs of the parents
Trust	Foreclosing trust and healthy independence	Children give up their authenticity in order to be who the parents want them to be: best friend, sport star, confidante, etc.
Autonomy	Foreclosing authentic expression, responding with what they think is expected of them	Children give up direct expressions of independence in order not to feel abandoned or crushed
Love-Sexuality	Foreclosing love and heart connection Foreclosing sexuality Foreclosing integration of love and sexuality	Children try to avoid rejection by perfecting themselves, hoping that they can win love through looks or performance

Five Adaptive Survival Styles

Originally, it is because of internal conflicts that we developed the coping strategies that allowed us to manage early developmental/relational and shock trauma—what in NARM we call adaptive survival styles.

Human beings are born with an essential adaptive ability: the capacity to disconnect from painful internal and external experience; this includes the pain and anxiety that accompany the lack of fulfillment of their primary needs. To the degree that any core need is chronically unfulfilled, children are faced with a crucial choice: adapt or perish. Any core need that remains consistently unsatisfied threatens children's physiological and psychological integrity and prevents them from fully moving to the next stage of their development. Adaptive survival styles are the survival strategies children adopt as adaptations to the chronic lack of fulfillment of one or more of the following biologically based needs: connection, attunement, trust, autonomy, and love-sexuality.

Initially, survival styles are adaptive, not pathological. However, because the brain uses the past to predict the future, survival styles become fixed in our nervous system and come to form what we believe to be our identity. It is the persistence of survival styles appropriate to the past that distorts our present experience and creates ongoing nervous system dysregulation and identity distortion. Survival styles, once having outlived their usefulness, become the source of present difficulties and symptoms. Using the first two basic needs as examples, when children do not get the connection they need, they grow up both seeking and fearing connection. When children do not get the necessary early attunement to their needs, they do not learn to recognize what they need, are unable to express their needs, and often feel undeserving of having their needs met. When a biologically-based core need is not met, predictable psychological and physiological symptoms result—self-regulation, identity, self-esteem and health are compromised.

When our biologically-based core needs are met in childhood, core capacities develop that allow us, as adults, to recognize and satisfy our core needs for ourselves and in healthy relationship. To the degree that the capacity to tend to our own core needs develops, we experience internal organization, expansion, connection, and aliveness—all attributes of physiological and psychological well-being.

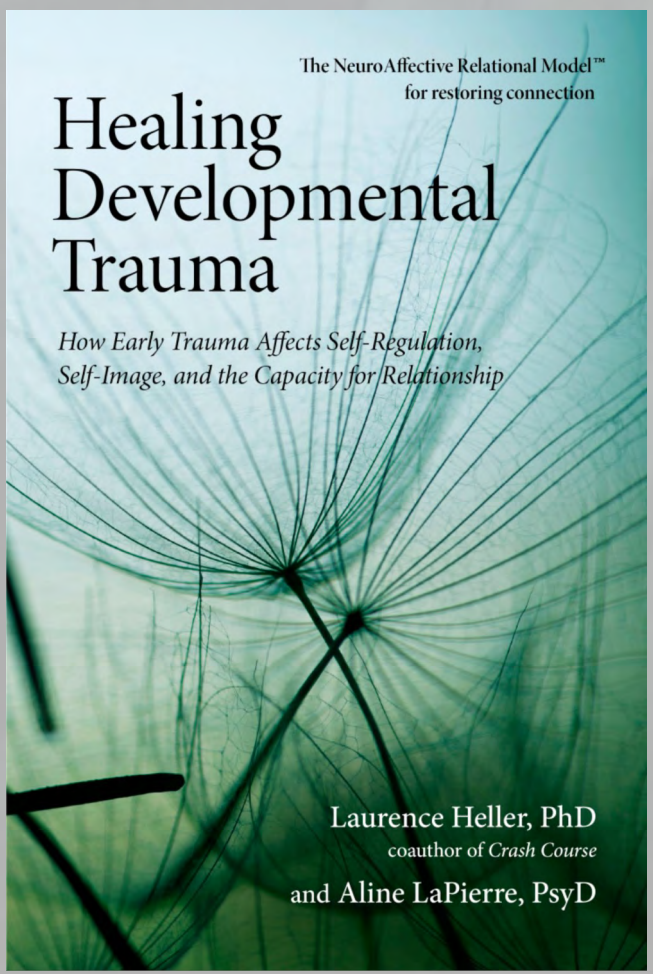
As clients learn to listen to themselves, their nervous systems become more regulated. As their nervous systems become more regulated, it is easier to listen.

Protecting the Attachment Relationship

Children develop survival styles as adaptive strategies to protect the attachment and love relationship with their parents or caregivers. Children can sense the parts of themselves their parents accept and value, and they can also sense the parts of themselves their parents reject. In order to maintain and maximize the attachment and love relationship, children adapt their behavior to please their parents and avoid rejection. Each adaptive survival style reflects the foreclosure of some aspect of self in order to maintain parental love and approval.

NARM Clinical Work

In NARM, we work clinically with the functional unity between biological and psychological development by using the following four primary organizing principles to integrate a relational, psychodynamically based approach with a nervous system based orientation:



· Supporting connection and organization

· Exploring identity

· Working in present time

· Helping regulate the nervous system

Our resource-oriented, non-regressive model emphasizes helping clients establish connection to the parts of self that are organized, coherent and functional. It also brings into awareness the parts of self that are disorganized and dysfunctional without making these elements the primary focus of therapy.

Somatic Mindfulness and Distortions of Identity

The NARM process uses mindfulness but adds two new refinements to its traditional practice:

Somatic mindfulness which includes the detailed moment-by-moment tracking of sensation and emotion, as well as the titration and pendulation of internal experience in order to mitigate overwhelming states.

Mindful awareness of the organizing principles of our adaptive survival styles and how they impact our identity.

We use somatic mindfulness to work simultaneously with nervous system dysregulation and distortions of identity. Using somatic mindfulness together with the mindful awareness of survival styles allows a therapist to work with a person's life story from a perspective that is deeper and broader than the story itself. Tracking the process of connection/disconnection, regulation/dysregulation in present time helps clients connect with their sense of agency and feel less like victims of their past; it brings an active process of inquiry to their relational and survival styles, building on their strengths and helping them to experience agency in the difficulties of their current life. Using an awareness that is anchored in the present moment, clients

becomes mindful of cognitive, emotional, and physiological patterns that began in the past while not falling into the trap of making the past more important than the present.

An Example of Working in Present Time with a Client's Survival Style

Bringing a client's attention to what is happening in the here and now starts in the first session and is ongoing throughout therapy. NARM explores, on the level of both body and identity, how individuals have incorporated the environmental failures that they have experienced. Over time, it helps them to see how they continue to recreate their history in the here and now. The focus is less on intellectual insights or speculations about how the past is influencing the present (why clients are the way they are) and more on how clients distort their experience in present time.

The following clinical vignette from Larry's practice illustrates NARM's orientation toward process rather than content and to the here and now rather than over-focusing on personal history:

Linda came to my office following the breakup of a relationship. Feeling betrayed by her ex-partner, she was bitter and cynical about ever finding love with men who she described as "commitment phobic." From previous therapies, she was aware of her dysfunctional choices in men and she explained that she picked men who were like her father. She berated herself for "doing it again," for perpetuating her "dysfunctional relationship patterns" by choosing a man who was intellectual, emotionally cold, and who in the course of the relationship became increasingly withdrawn. She was concerned that since the breakup, she was overeating, not sleeping well, and fighting the impulse to smoke, although she had given up the habit ten years earlier. When I asked her, at different times during the session, "What are you experiencing right now as you're talking about this?" she answered by telling me what she was thinking: "I think this has to do with my father. He could never be there for me either." Although I could see that she was visibly upset, when I asked her directly what she was experiencing emotionally, she drew a blank.

As Linda sat with her arms tightly wrapped around her thin torso, I noticed that her voice sounded strained, that she avoided eye contact, and that she seemed quite disconnected. The content of her narrative revealed consistent difficulties with relationship, and I noticed that these same difficulties were present in the therapeutic relationship with me. Her insights about her difficult relationship with her father did not address the here-and-now difficulty she was having in knowing her current emotional and sensate experience, and they did not help her to be present with me.

Linda's cognitive understanding of the sources of her problems did not address her current ambivalent and compromised capacity for connection. From a NARM perspective, as we focused on her current ambivalence with contact, the unresolved relational themes with her parents organically surface. As much as Linda longed for connection, she did not realize how frightened she was of it. This insight came much later. She also did not realize until later that choosing men who were unavailable was her way of managing her fear of connection.

Distortions in Time

Attending to the therapeutic process in the present moment is fundamental when working with early shock and developmental trauma. Developmental and shock trauma trap our consciousness, effectively keeping part of us stuck in past time. In cases of developmental trauma, we continue to see the world through the eyes of a child. When we filter the present moment through our past experience, we live through our memories, identifications, and old object relations.

It is possible to come home to oneself only in the present moment. In our minds, we can anticipate the future or remember

the past, but the body exists only in the present moment. Even when working with personal history, NARM maintains a present-moment focus, always supporting the dual awareness of what was then and what is now. A NARM therapist might say:

"As you're talking about your relationship with your father, what are you noticing in your body right now?"

Over time, as therapy continued with Linda, I repeatedly brought her awareness back to her experience in the present moment; by separating how things were for her as a child from who she was right now, her beliefs that there were no good men out there and that she herself was a failure greatly diminished. By learning to listen to what she was feeling in the present moment on an emotional and on a sensate level, she reconnected to her emotions and her body.

As clients learn to listen to themselves, their nervous systems become more regulated. As their nervous systems become more regulated, it is easier to listen to themselves. As the nervous system regulates and as painful identifications resolve, clients progressively move into the here and now. The reverse is also true: as clients move progressively into the here and now, the nervous system re-regulates and old identifications become more obvious and resolve. In this process, Linda's impulse to overeat diminished, her sleeping returned to normal, and she no longer experienced the impulse to smoke. As she shifted her focus away from what had happened to her in the past, blaming her father and blaming herself, and as she was able to identify and own her current fears about intimacy, her agency and sense of empowerment increased, and she came to see herself less as a victim of what she called her "childhood programming".

Conclusion

The goal of the NARM approach is to help clients experience and live their original core expression and recover their right to life and their capacity for pleasure. Growth and change happen as connection to our core resources are reestablished and strengthened. In the process of therapy, clients learn how, in order to survive, they have incorporated and perpetuated the original environmental failure into their identity, their body, and their behavior.

Overall

Connection types learn to see how isolating and life-denying they have become. They learn to acknowledge their feelings, particularly their anger and aggression, as well as their sense of existence. They begin to live more fully in their body.

Attunement types learn how they deny and reject their own needs, give to others what they want for themselves and, in the process, abandon themselves. They learn to attune to, express, and allow the fulfillment of their needs.

Trust types experience how they betray not only others but also themselves. They give up their need for control, learn to ask for help and support, and allow themselves to experience healthy interdependency with others.

Autonomy types learn to see how they pressure and judge themselves. Through an increasing capacity to self-reference, they learn to develop their own personal sense of authority and set appropriate limits with others.

Love–Sexuality types experience how conditional on looks and performance their self-acceptance has been. They learn to open their hearts and integrate love with a vital sexuality.

This article is adapted from *Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship* by Laurence Heller, PhD and Aline LaPierre, PsyD, published by North Atlantic Books, 2012.

Continued on page 39

Nine Steps to Calm the Anxious Mind Using Food and Nutrients

By Trudy Scott

Many biochemical factors can contribute to anxiety and since we all have our own unique biochemistry it's a matter of figuring out each person's root cause/s. I use a comprehensive 9- step approach with my clients to help them overcome their anxiety, depression, emotional eating, and sugar cravings. It is, of course, customized to their unique biochemistry, and includes:

- Why and how to eat real whole traditional foods
- Why and how to quit sugar and how to control blood sugar swings
- Assessing for the bad-mood effects of caffeine
- Optimizing digestion if necessary
- Assessing for bad-mood effects of gluten and other food intolerances
- Balancing brain chemistry with individual amino acids (to end anxiety and panic attacks, improve mood, and stop sugar and carbohydrate carvings)
- Correcting correct social anxiety / pyroluria with zinc and vitamin B6
- Addressing other nutrients (such as low vitamin D) and hormones imbalances
- Education about simple lifestyle changes that include sleep, exercise, and yoga

Real Whole Traditional Foods are Associated with a Lower Risk of Anxiety (and other mood disorders)

There is a growing body of evidence supporting the very powerful connection between food and mental health disorders such as anxiety and depression. An editorial in the *American Journal of Psychiatry* offered a powerful comment: "It is both compelling and daunting to consider that dietary intervention at an individual or population level could reduce rates of psychiatric disorders. There are exciting implications for clinical care, public health, and research" (Freeman 2010, 245).

Dr. Felice Jacka is an Australian researcher who is one of the leaders in the field of food and mental health. Her co-authored study published in the *The American Journal of Psychiatry* looked at both anxiety and depression among women and found a link between better diet quality and better mental health (Jacka, Pasco, Mykletun, Williams, Hodge et al., 2010). Among the participants, those who ate a whole foods diet of vegetables, fruit, fish, whole grains, and grass-fed lean red meat and lamb had a lower likelihood of both anxiety and depression. The researchers referred to this as a "traditional" diet. Those who ate a typical Western diet, replete with processed, refined, fried, and sugary foods, and beer were more likely to experience depression.

A follow-up study (Jacka, Pasco, Mykletun, Williams, Nicholson et al., 2010), paralleling the previous Australian study on diet, depression, and anxiety, found women who ate a quality, whole foods diet were less likely to have bipolar disorder.

Dr. Jacka is also the lead author in a *PLoS One* paper (Jacka, Kremer, Berk et al., 2011) that found that diet quality in adolescents was associated with a lower risk of mental health issues. They found that "improvements in diet quality were mirrored by improvements in mental health over the follow-up period, while deteriorating diet quality was associated with poorer psychological functioning." The author stated that this "study highlights the importance of diet in adolescence and its potential role in modifying mental health over the life course."

Another study (Jacka, Mykletun, Berk et al., 2011) looked at Norwegian adult men and women and found that "those with better quality diets were less likely to be depressed" and that a "higher intake of processed and unhealthy foods was associated with increased anxiety."

Canadian adults with mood disorders had the following measured: intake of carbohydrates, fiber, total fat, linoleic acid, riboflavin, niacin, folate, vitamin B6, B12, pantothenic acid, calcium, phosphorus, potassium, iron, magnesium, and zinc. The authors found that "higher levels of nutrients equated to better mental health" (Davison & Kaplan, 2012).

One of the study authors, Dr. Kaplan, was quoted as saying: "Doctors should consider counseling their patients to eat unprocessed, natural, healthy foods and refer them to a nutrition professional if specialized dietary consultation is needed." I am definitely in favor of this and would love to see all doctors and mental health professionals working as a team with nutrition professionals.

In another Australian study (Torres & Nowson, 2012), it was found that in "addition to the health benefits of a moderate-sodium Dietary Approaches to Stop Hypertension diet on blood pressure and bone health, this diet had a positive effect on improving mood in postmenopausal women." This diet included plenty of produce and also included lean red meat, which "was associated with a decrease in depression." It should be noted that the meat was grass-fed red meat.

With regard to red meat, the best quality is grass-fed, and the Australian study mentioned at the beginning of this article (Jacka, Pasco, Mykletun, Williams, Hodge et al., 2010) found that including grass-fed red meat in the diet had mental health benefits.

Curious about Food, Mood, and Your Health?

Check out: 9 Great Questions Women Ask About Food, Mood & Their Health

www.everywomanover29.com

In fact, in an interview in January 2010, the lead researcher in that study, Dr. Jacka, stated, "We've traditionally thought of omega-3s as only coming from fatty fish, but actually good-quality red meat, that is naturally raised (*meaning grass-fed*) has very good levels of omega-3 fatty acids, whereas red meat that comes from feedlots tends to be higher in omega-6 fatty acids—a fatty acid profile that is far less healthy and may in fact be associated with more mental health problems" (Cassels, 2010). Via email correspondence, Dr. Jacka informed me that "consumption of beef and lamb was inversely associated with depression . . . Those eating less of this form of red meat were more likely to be depressed" and anxious.

When the mainstream media starts to publish articles like "Can What You Eat Affect Your Mental health?" (Washington Post, 2014) we know that people are starting to notice the research and the effects of food on our mood.

The Harmful Effects of Sugar and Preventing Blood Sugar Swings

Eating refined sugar and other refined, processed carbohydrates, and resulting excessive fluctuations in blood sugar levels can contribute to anxiety. Addressing these factors often reduces and sometimes completely alleviates anxiety, nervousness, irritability, and feeling stressed and overwhelmed.

Sugar (and alcohol) may contribute to elevated levels of lactate in the blood, which can cause anxiety and panic attacks. Anxiety sufferers may be more sensitive to lactate (Maddock, Carter, & Gietzen, 1991).

Refined sugars and sweeteners are harmful because they contain no nutrients beyond carbohydrates for energy. During refining and processing, minerals such as chromium, manganese, zinc, and magnesium are stripped away. Your body, therefore, has to use its own reserves of these minerals, as well as B vitamins and calcium, to digest the sugar, resulting in depletion of all of these nutrients, many of which are important for preventing anxiety and depression.

The Bad-Mood Effects of Caffeine

Chronic, heavy use of caffeine can cause or heighten anxiety and may lead to increased use of antianxiety medications (Clementz & Dailey, 1988). Like sugar, caffeine can lead to higher levels of lactate in your blood and make you more prone to anxiety and panic attacks. Also, people with panic disorder and social anxiety may be more sensitive to the anxiety-causing effects of caffeine (Lara, 2010).

The Importance of Optimal Digestion

Studies have found that people with digestive complaints such Irritable Bowel Syndrome, food allergies and sensitivities, small intestinal bacterial overgrowth, and ulcerative colitis frequently suffer from anxiety and, to a lesser extent, depression (Addolorato et al., 2008).

Addressing food allergies/intolerances, adding enzymes, eating unprocessed foods and more raw foods, eating fermented foods like sauerkraut, and adding probiotic supplements can all help. Cooking at home, eating sitting down, and chewing the food slowly also makes a difference.

The Bad-Mood Effects of Gluten

I've seen so many clients experience dramatic mood improvements when they avoid gluten, so I always recommend that my clients with anxiety and other mood problems go gluten free. Doing so may completely resolve symptoms of anxiety, especially among people who aren't benefiting from antianxiety medications (Potocki & Hozyasz, 2002). Clinical experience and specific studies support the connection between gluten and anxiety (Hallert et al., 2009; Pynnönen et al., 2004), social phobia (Addolorato et al., 2008), depression (Pynnönen et al., 2005), and even schizophrenia (Kalaydjian et al., 2006).

Gluten sensitivity can limit the availability of tryptophan and therefore lead to decreases in levels of serotonin (Pynnönen et al., 2005). Another possible mechanism is indirect effects of gastrointestinal damage due to eating problem foods, resulting in nutrient malabsorption (Hallert et al., 2009).

In a 2012 paper in *Psychiatric Quarterly* (Jackson, Eaton et al., 2012) the authors state that: "gluten sensitivity remains undertreated and under recognized as a contributing factor to psychiatric and neurologic manifestations."

Individual amino acids balance brain chemistry

The targeted use of individual amino acid supplements can balance brain chemistry to alleviate anxiety, fear, worry, panic attacks, and feeling stressed or overwhelmed. Supplementing with specific amino acids can also be helpful in addressing other problems that contribute to or exacerbate anxiety, such as sugar cravings and addictions. In addition, supplemental amino acids can help with depression and insomnia, which often co-occur with anxiety.

The brain chemicals or neurotransmitters that play a major role in anxiety are GABA (gamma-aminobutyric acid) and serotonin.

Low levels of GABA are associated with anxiety, agitation, stress, and poor sleep (Lydiard, 2003). If people have sufficient GABA, they will feel relaxed and stress free. They won't have anxiety or panic attacks, and they won't eat sugary foods (or other starchy foods) in an effort to calm down. Although there is much clinical evidence that taking supplemental GABA orally can help with anxiety, there are theories, supported by a few studies, that GABA taken orally doesn't cross the blood-brain

barrier and enter into the brain in amounts substantial enough to have a calming effect. However, I have seen such dramatic results with GABA, and with so many clients, that I am a firm believer in oral GABA.

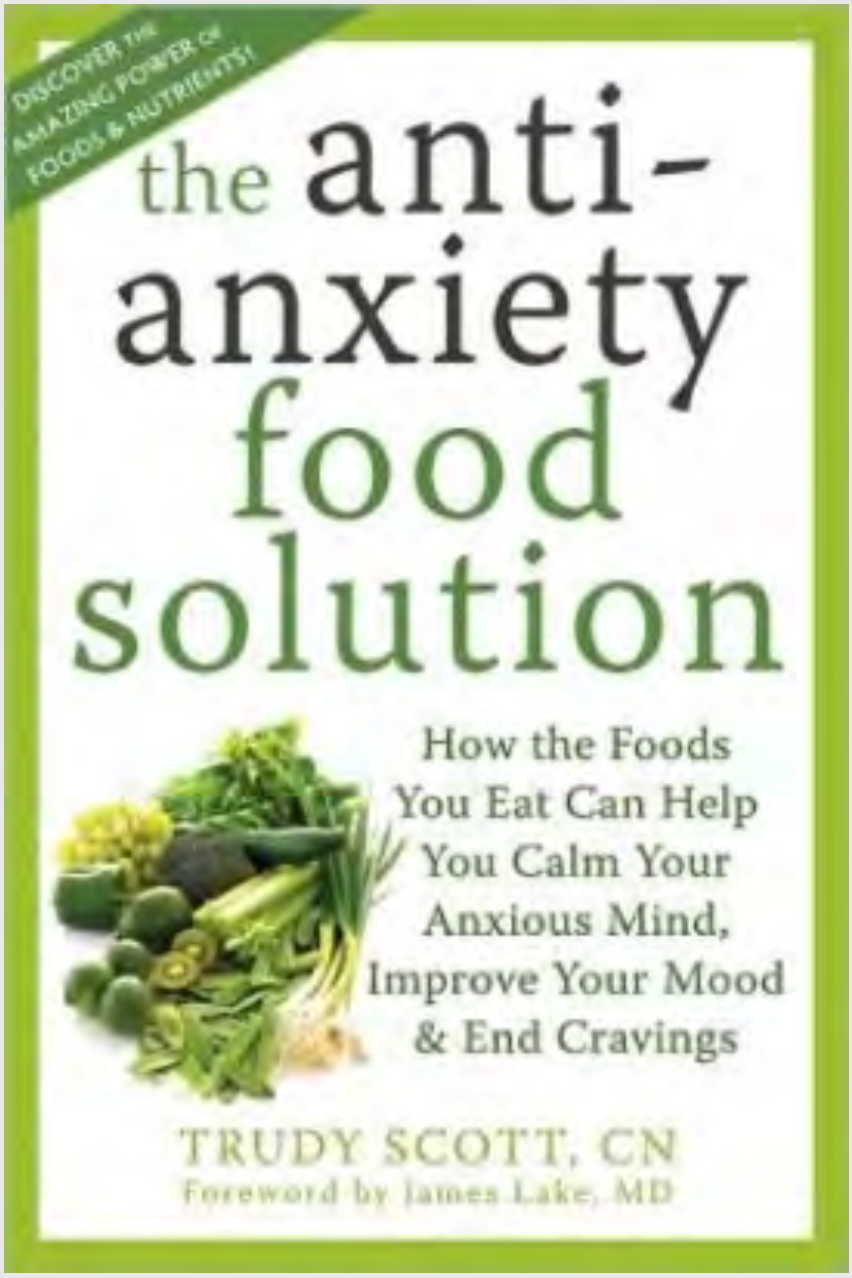
The neurotransmitter serotonin is the brain's natural "happy, feel-good" chemical. If people have sufficient serotonin, they'll feel calm, easygoing, relaxed, positive, confident, and flexible. They won't have afternoon and evening carb cravings, and they will sleep well. While most research on serotonin and its precursors, tryptophan and 5-HTP (5-hydroxytryptophan), has focused on depression, there is evidence that low serotonin is involved in anxiety disorders (Birdsall, 1998). Serotonin levels also affect sleep, anger, PMS, carbohydrate cravings, addictive behaviors, and tolerance of heat and pain (Birsdall, 1998).

Supplements of 5-HTP, the intermediate between tryptophan and serotonin, increases serotonin levels and is effective for relieving anxiety (Birdsall, 1998). In particular, it can be helpful with panic attacks and generalized anxiety (Lake, 2007), and agoraphobia (Kahn et al., 1987). It is also effective for depression, binge eating, carbohydrate cravings, headaches, sleep problems, and fibromyalgia (Birsdall, 1998).

Tryptophan, which first converts to 5-HTP and then to serotonin, has benefits similar to those of 5-HTP (Lehnert & Wurtman, 1993; Ross, 2004). In one study (Zang, 1991), 58 percent of patients with generalized anxiety who took 3 grams of tryptophan daily experienced significantly less anxiety. A more recent study (Hudson, Hudson, & MacKenzie, 2007) suggests that a functional food rich in tryptophan, made primarily of pumpkin seeds, could be an effective treatment for social anxiety. An hour after eating this functional food, subjects were less anxious when asked to speak in front of others.

Social Anxiety / Pyroluria can be addressed with Zinc and Vitamin B6

Low levels of the mineral zinc and vitamin B_6 are frequently associated with a type of anxiety characterized by social anxiety, avoidance of crowds, a feeling of inner tension, and bouts of depression. People with this problem experience varying degrees of anxiety or fear, often starting in childhood, but they usually manage to



cover it up. They tend to build their life around one person, become more of a loner over time, have difficulty handling stress or change, and have heightened anxiety symptoms when under more stress.

This constellation of symptoms is often the result of a genetic condition called *pyroluria*, also known as high mauve, pyrrole disorder, pyrroluria, pyrolleuria, malvaria, and elevated kryptopyrroles. Supplementing with zinc and vitamin B_6 improves the many signs and symptoms of pyroluria (McGinnis et al., 2008a; 2008b; Mathews-Larson, 2001).

In Conclusion

The effects of other nutrients (such as low vitamin D) and hormone imbalances must also be considered. Simple lifestyle changes that include sleep, exercise and yoga can have a great impact.

A 2013 study that looked at the effects of tryptophan supplementation and tryptophan-containing diets on fostering interpersonal trust (Colzato, 2013) sums it up beautifully: the "results support the materialist approach that 'you are what you eat'—the idea that the food one eats has a bearing on one's state of mind. Food may thus act as a cognitive enhancer that modulates the way one thinks and perceives the physical and social world."

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