The Six Pulse Points of Well Being

by
Ronan M. Kisch, Ph.D.

Joyce spoke with a soft sweet voice. She was facing the prospect of a considerable promotion—she along with four colleagues were being considered to fill the departing chairperson's position where they all worked as college professors. If appointed, she clearly faced a position of increased authority. The thought alone filled her with significant tension and anxiety.

Slumped on my office couch, this magnificent 43-year-old woman suffered from perpetual low self-esteem. Her childhood was scarred by a domineering, extremely strict mother. Joyce's survival technique involved submission and acquiesce, as role modeled by her father. She became a passive, sweet helper, lest her mother hurt her sensitive feelings yet again.

She remembers elementary school and having difficulty in math. She shared that she felt guilty about asking for help. "I'd feel ashamed and my mind would go blank," she said. Joyce's temperament contrasted with that of her older sister's rebellious, verbally conflictual relationship with their controlling mother. At the expense of her self-esteem and capability to be assertive, Joyce's passive role generalized to other relationships.

Joyce had been having a recurrent dream about giving a presentation at work. Everyone showed up, but she didn't follow through, leaving her feeling humiliation and shame. Joyce's dreams reflected her low self-esteem, over assertiveness insecurity and anxiety over the potential promotion.

The following stories come from the case histories of Joyce, Betty and James. Their names and certain information have been altered to protect their confidentiality.

Picture retrieved from https://cbsstlouis.files.wordpress.com/2014/08/453531372.jpg?w=640&h=360&crop=1

She's not the only client I see like this. But it's not her current feeling state that comes to the forefront but rather what belongs to the past and how to intervene to create a shift.

There are situations and events in the here and now that trigger past memories and our past responses. These memories can be conscious or unconscious. Regardless, people periodically brace (as defined as their muscles tighten) in response to these memories. Or they have enacted this brace reaction for so long, it's now part of an unconscious habitual lifestyle. The bracing action in fact protects them; they feel comfortable, in control and protected. And they resist letting go of this unconscious paradoxical brace response (see Kisch, 2014). Psychotherapy can attempt to cognitively teach new thought or behavior patterns; however, because of these unconscious, habitual, somatic protective behaviors the cognitive learning is often short lived. New frustrations lead to retreat to more familiar, automatic, systemic bracing, locking the dysfunctional behavioral pattern into anatomy, physiology, and personality.

There are several problems with this bracing reaction. Neurologically it stamps bracing into neuronal networks. Biochemically it secretes stress hormones into the blood supply. Muscularly it tightens the body feeding anxiety. Behaviorally it limits movement. Medically it creates or adds to neuromuscular problems such as arthritis. Psychologically it stamps a wound and stress into the personality.

While giving the individual the impression of strength and control, this tightening process restricts muscle movement. One can neither run as fast nor punch as hard. It maintains an unconscious message of insecurity, being not okay or damaged goods. Furthermore, if there is a muscular problem or a pain problem as a result of the brace reaction, the pain is intensified and becomes more engrained.

The brace reaction, which becomes unconscious, is actually a secondary issue. The reason for bracing in the first place, the primary issue, is long forgotten — pushed further down into the unconscious. The primary cause is lost and consciously forgotten. Laced into the unconscious personality structure it becomes intensified. The individual then consciously focuses on the secondary issue, on the somatic aches and pains, anxiety, or some dreaded or depressive fears.

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Betty was referred by a speech pathologist treating her dysphonia (muscle tension in the vocal cords) that had been going on for a year. At times Betty felt as if her throat was getting tight and she was choking and couldn't get words out of her mouth. Psychotherapy revealed Betty's critical, punitive father who wanted her to recite the multiplication tables when she was age five. When she was unable to do this, he pronounced, "You will be a failure the rest of your life!" Betty always had to have an answer. She couldn't say, "I don't know." She couldn't live up to her father's standards. As a child she pulled her hair, hit herself in the head, did anything to hurt herself in order to deflect the emotional pain inside. Her father was a plumber and Betty achieved a master's degree. Nevertheless, she constantly felt that she had to do more. In psychotherapy, she sat with her feet turned in, pigeon toed, and her knees braced. Her breath became held and shallow when she talked of her concerns.

Practitioners see clients because they come in for treatment with their presenting problem. They have depression over a loss. Their anxiety leaves them unable to drive in heavy traffic. They are grievous over a romantic break-up. They obsess over insecurity. There is a perpetual return to their symptom. As they do, they ignore the underlying problem and it remains unidentified and unresolved. But the presenting problem is the consequence of an ineffectual strategy created in attempt to address or avoid the underlying problem. These strategies often date back to childhood or adolescence or some traumatic event when there was insufficient knowledge, skills or resources to address the problem. They are then generalized to other situations. Courage, internal strength, persistence and often external support are necessary to overcome these problems.

James, an 18-year-old college freshman, was referred by his mother after he had "an emotional breakdown." This followed a final break-up with Jane, his girlfriend of one year. James was particularly sensitive to the issue of loss. He was a good student, an athlete with a tight muscular body. Jane came from an unhealthy family and like James had poor self-esteem. Neither one had problem-solving skills.

Froseth Photography. Retrieved from Pinterest.com

They had had many fights and "break-up" was their perpetual resolution.

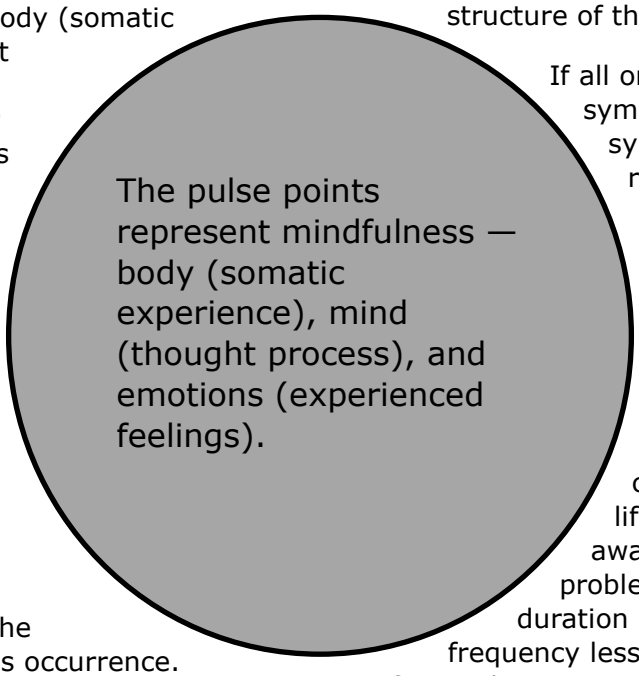
Following their last break-up, when Jane showed up in class, she talked loudly about the parties she had gone to and the young men with whom she was hanging out (unfortunately James and Jane shared a number of classes). This was emotionally devastating for James who admitted to being "jealous."

As James shared his psychosocial history, he indicated that his father abandoned his mother before his birth. "He was not ready to be a father," James explained. James met his father, who now lives in a different state, when he was 10 years of age. He said of his father, "He is old school — not an emotional person." The mother never married and James never had a healthy male role model.

The Six Pulse Points of Wellbeing

I learned early in my career that pain plays a role in our survival. It's a symptom of a problem, sending us a message that something is wrong and we have to address it. Once we hear the message of the underlying problem, understand we have to take action to deal with it and are in the process of responding to it, we do not have to continuously hold onto the symptom.

Each of the clients I've presented in this article understood they had to fulfill a mission in order to overcome their presenting problems, as well as the primary problem of its origin. I supported their process by recognizing what I call 'the six pulse points of wellness'. This intervention is not merely cognitive awareness. The pulse points represent mindfulness — body (somatic experience), mind (thought process), and emotions (experienced feelings). For sure, the first pulse point is the awareness of the occurrence of the presenting problem. However, the presenting problem very likely may be a symptom of some other underlying issue. This first measure is not merely the occurrence of the presenting problem, the symptom, but its intensity.



The second pulse point is the frequency of the symptom's occurrence. At first it may be continuous. As people get stronger or recover, the symptom occurs less frequently. Unless one has a concept of frequency, all that is recognized in consciousness is its presence: "There it is!" Or, "It's still happening!" If one is aware it is happening less frequently, then there is a sense of *it is not as often, it's not as bad*. At some point it becomes occasional and then infrequent.

The third pulse point is duration. Again, at first the symptom may be continuous. As one brings strategy, mindfulness, appreciation and celebration into his/her life style when the symptom occurs, it does not last as long. At some point it is only a brief flicker of a memory or it falls out of memory altogether. Awareness of the progress itself reinforces the process.

While the first three pulse points of frequency, intensity, duration are negative, the second three pulse points of frequency, intensity, duration are positive. When there is a mindfulness of new rewarding feelings starting to arise there is also a sense of accomplishment, self-appreciation, and self-esteem. An enjoyment of life emerges where it was absent or only briefly experienced. Quality of life improves. The possibility of new activities opens. These occurrences happen more often. Second, these positive experiences are more intense. Third, when they take place the good experiences last longer. They become part of the structure of the personality and reality.

If all one does is recognize the symptom, each time the symptom is recognized it is reinforced. Utilizing the concept of the six pulse points of wellbeing allows for a process of opening to perceive and appreciate progress. As one brings mindfulness, strategy, self-recognition, self-appreciation and celebration into his or her lifestyle, he or she becomes aware that the presenting problem is less intense, its duration is shorter and its frequency less. This recognition further reinforces that progress into neurology, body chemistry and personality. This awareness reinforces both the progress and self-esteem.

As one gets and feels stronger, the underlying primary issue (or issues) that created the problem in the first place is easier to face, put into perspective and put to rest. After all, many of these issues started in childhood and/or adolescence. The child or adolescent who created the ineffectual coping mechanism was unable or lacked the skills or the tools to effectively manage or resolve her or his issue. But the adult has the freedom, strength, and resources to create new, more appropriate and effective alternatives. *Continued on page 76*

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Interventions and Outcomes Using the Six Pulse Points of Wellbeing

Joyce's treatment process included verbal catharsis, mindfulness of her somatic holding, somatic release, NeuroEmotional Technique (NET) (Walker, 2008) for her troubling dreams, and being assertive in her interactions with others, especially with her mother. As she followed through on her therapeutic missions, she was aware of feeling "more solid." She became firmer in her prosity — the quality of her voice. She reported, "I'm better at maintaining my boundaries." She got her home organized. At work she stopped avoiding writing documents. She said, with a sense of self-integrity, "I'm apologizing less and speaking my own truth rather than telling people what I think they want to hear. Now I feel more comfortable asking my husband or my chairperson for help. I've always put so much pressure on myself to respond to others." In recognizing her growth, she proclaims, "Ha, I did it! It's a work in progress, but I'm giving myself a break." Jane celebrates by sharing her accomplishments with her husband and her sister. She is now recognizing and appreciating new pulse points, "joy, creativity, energy and excitement." Jane received her promotion.

Therapy for Betty consisted of verbal catharsis paired with slow, gentle, full breaths. She also received psychophysical release from Trager® and craniosacral therapy to learn about her physical bracing. When she felt her knees locking, her toes pointing in or her body go into a brace response, she knew to breathe and release. In addition, she learned the six pulse points of wellbeing. Betty became consciously aware of and appreciative of her intellectual competence, skills and abilities. With these interventions in hand her vocal dysphonia began to dissipate. It became less frequent, less intense and more tolerable. Betty, with psychotherapy, independently developed her own internal strength. She recalled many humiliating, embarrassing, hurtful events to which she was subjected by her father. Betty was able to realize her father repeated what he learned from his father. In spite of her father's failure to change his behavior, she saw his behavior for what it was and had the wisdom to forgive him and release her own feelings of being wounded and unworthy. As she spoke of her accomplishments, she spontaneously cupped her hands and shook them as a sign of victory. She proclaimed, "I have finally found a path to victory. I am doing this!" She further celebrated by purchasing herself a new pink scarf, which served as a reminder of her growing personal strength. It was a continuous reinforcement of her victory.

With James, therapy consisted of reality testing regarding what makes for a good relationship, emotional catharsis, breath release, Trager®, psychophysical release, NeuroEmotional Technique (NET), dialogue with his inner child, self-recognition, self-appreciation, self-celebration and the six pulse points of wellbeing. James had been carrying himself from birth

embodied in a sense of rejection, abandonment, and unworthiness. With the release James felt from his tight muscles he began to smile and then broke into an uncontrollable chuckle. He was feeling embodied within himself, an aliveness with a sense of freedom and joy he had never experienced before. He left his session feeling straighter, taller, breathing into an expanded chest. He clearly wanted to remain mindful of this novel sense of self.

James was a good student. He came into therapy announcing his mindfulness of the six pulse points of wellbeing and talked to and became a healthy father figure for this inner child. With glee he proclaimed recognition of his developing self-esteem. In contrast, he realized his low self-esteem was self-defeating. He reported, "I feel happier in spite of the negative happenings in my life." He had a sense of a plan and successfully actualizing it. He was even able to recognize that Jane, like his father, was unable to provide the qualities in a relationship that he was looking for — *neither one can deliver what they do not have*. For James to receive that sense of recognition, acceptance, and love his partner would have to possess those traits too.

James reported thinking less of his loss of Jane. His emotional pain was not as intense and its occurrence was momentary. In stark contrast he was having positive feelings about being basically okay. These feelings were intensifying with his recognition of his accomplishments. And, his good feelings were lasting longer as he realized they were becoming part of his daily lifestyle.

In Conclusion

The apparent presenting problems in each of these three cases were very different — insecurity, vocal dysphonia, grief. Underneath were very similar issues — low self-esteem and feeling unlovable. All stemmed back to childhood and parenting. All of these individuals were capable and competent in many ways. However, they were not self-recognizing, self-appreciating or self-celebratory. So emotionally their skills, abilities, and achievements were invisible to them. In adulthood, their childhood or adolescent insecurities and coping mechanisms were operative and dominant. While significant change takes both effort and time, the six pulse points of wellbeing serve as a major tool for transition by identifying and reinforcing progress, reversing the past while building one's self-concept in the present. The pulse points are not the sole tool, but a significant adjunctive tool to measure and reinforce progress.

Recognition of this progress must occur multiple times daily if only briefly. Simply thinking about the pulse points is insufficient. They must be reinforced by mindfulness to be maintained. Clearly, the six pulse points of wellness can be a powerful addition to enhancing psychotherapy and the quality of life.

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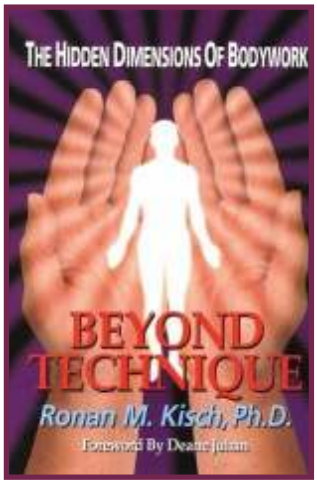

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