

Somatic Psychotherapy Today

Volume 4 Number 1



Spring 2014



- Do you want to write but you're not quite sure where to begin?
- Do you have research to share but hesitate to write for a peer reviewed Journal?
- Do the articles in this magazine energize you to write your own?
- Do you feel the need to share but something inside of you, a voice or worse yet a queasy sensation in the pit of your stomach or a block in the middle of your throat stops you?
- If you answered Yes to any of these questions, or you have your own reasons for wanting to write but are not, then join us on September 10 in Lisbon, Portugal.



Academic writing can be a satisfying, creative, embodied, and highly nourishing experience, bearing professional fruits, and providing free advertising for the writer. Numerous resources are available to advise authors how to write research articles for publication. The basic elements— Abstract, Introduction, Method, Discussion, Conclusion, and References—remain the same, for most disciplines. But an essential piece of the writing process is usually missing from these resources—the relational, embodied experience embedded in the writing process. Writing does not occur in isolation.

The aim of this workshop is to address the human experience when writing for publication; we will explore the relational components of writing, as well as discuss the necessary technical and intellectual skills that one needs to create a publishable product. In this experiential workshop, participants will learn ways to tap into their embodied 'knowing' in order to write from a place of experience and truth. They will learn guidelines for effective communication, through writing in a safe, collegial environment, and to overcome conscious and unconscious barriers to writing— emotional and/or environmental. Effective mechanics for professional writing will also be shared. The workshop will

include opportunities for writing, learning how to give and receive appropriate feedback, learning strategies to help prioritize and manage writing time more effectively, and networking with Journal editors and colleagues to create an active, supportive community of academic writers. Participants will also have the opportunity to interact with a panel of Journal editors and publishers and to 'pitch' some article/book ideas. Participants should leave the workshop with an outline/draft of an article for future publication, an online writers' support system, and personal contact with professional writers and editors in the field of body psychotherapy and somatic psychology.

The Body in Relationship—Self—Other—Society
A Pre Congress Workshop with Nancy Eichhorn, PhD
Professional Academic Writing: Enriching the Human Experience

Nancy Eichhorn, PhD, is the creator, editor, writer, layout designer, and marketer for *Somatic Psychotherapy Today*, an international publication highlighting current research, theory, resources, and methodologies in the fields of somatic psychology, body psychotherapy, body/mind practices, prenatal and perinatal psychology, and embodiment studies. She is a freelance writer, editor, and teacher. Nancy is currently on the board of the United States Association for Body Psychotherapy and is an Editorial Board member for the *International Body Psychotherapy Journal: The Art and Science of Somatic Praxis*. She is a peer reviewer for *Body, Movement and Dance in Psychotherapy: An International Journal for Theory, Research, and Practice*. Her writings have been published in scholarly journals, professional magazines, and books in both the United States and Europe.



Michael Heller, PhD

System of Dimensions of the Organism

An Interview with Michael Heller, PhD

By Nancy Eichhorn, PhD

Michael Heller, PhD, authored *Body Psychotherapy: History, Concepts, Methods* in 2012 based on 40 years of in-depth study and involvement in body/mind practices and therapies. He developed a research method that allows analysis of how postural dynamics are used in nonverbal communication, and he developed a form of psychotherapy that exploits the multiple interactions that coordinate the psyche with the dynamics of an organism while it interacts with others and/or institutions. Widely known for his work and writings in biodynamic psychology, experimental developmental and social psychology, and body psychotherapy, Dr. Heller will present the second keynote session at the [EABP Congress](#) this fall. His theme, placing body psychotherapy in relation to other mainstream therapies, revolves around the System of Dimensions of the Organism, a model he developed to situate different styles of intervention used in body psychotherapy in relation to other forms of therapy.

The basis of his talk is to clearly show that we are part of a global system—you and I are a whole system—and yet there are distinct subsystems—four dimensions—that support global adaptive activity. Each dimension has basic adaptive functions, basic tools to accomplish these adaptations (body, behavior, metabolic regulation, mind) and a particular type of therapy to address intervention (psychotherapy, physical therapy, medicine, and physiology).

The Dimensions

The Body

“The whole organism or physiology in my terminology is what I call the organism,” says Dr. Heller. “When we use the word body for body psychotherapy, we are talking about that part which needs to be regulated with gravity. If you stand on your head, all the blood flows to the head; if you stand on your feet, all the

blood flows to the feet. It’s not the same body part, but it is the same reaction—gravity moves blood downward. Muscles and bones are mainly what I call the body. The ‘whole’ that is part of our work is to describe how the organism and body interact—‘it includes the analysis of how the segments of the body coordinate within the Earth’s gravity field’” (Heller, 2013, p. 12).

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Somatic Psychotherapy Today

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

Upcoming Themes:

Winter 2015: Prenatal and Perinatal Psychology

First Deadline: October 15, 2014

Spring 2015: Embodied Spirituality

First Deadline: January 15, 2015

Volunteer Magazine Staff

Nancy Eichhorn, PhD

Founding Editor, Layout Design

Diana Houghton Whiting, M.A., BED *Cover Design, Layout*

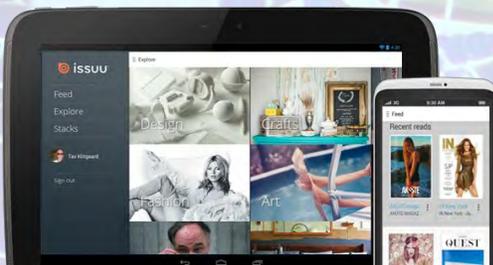
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Look for us *Three* times a year, we publish the 15th of May, September, and January



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From Our Founding Editor

Welcome to Our Spring Issue: The Body in Relationship: Self—Other—Society.

Our theme parallels the title and focus of the jointly organized EABP and ISC Congress in Lisbon, Portugal, next Fall. Many of our writers share their stories in preparation for the event—Michael Heller, as always, offers much fodder for thought, Asaf brings us into the intimacy of our bodily experience, and Kamalanai offers an eye opening view of the body politic. As well, the stories that appear in this issue flow beyond the parameters of the Congress. The voices you will experience in this issue stretch the fabric of our text as we embrace the field of prenatal and perinatal psychology (PPN) and acknowledge the reality that many of our clients who need support will benefit from healing patterns and wounds that originated in the womb (preconception forward). Welcoming writers, practitioners, therapists, teachers, and healers whose focus involves birth psychology is exciting for me. I believe that much of who we are and how we evolve in this life starts the moment we are conceived; those early experiences lay the foundation for our relationships with our self, with others, and with society. It's amazing how the earliest moments cultivate our life's patterns in healthy directions and not. Talking with a friend recently about anxiety and food (our Fall theme is Eating Psychology), who lives with depression and anxiety, she shared she was contemplating medications to alleviate her suffering. During the course of our conversation, she revealed some of her birth story. I listened through the PPN lens I had learned by interviewing Annie Brook, PhD, Wendy Anne McCarty, PhD, and Ray Castellino, DC. I responded through their teachings, and my friend broke into tears. She thanked me and said, "That's the missing piece, that's why none of this made sense before." Our prenatal and perinatal experiences deeply interact with our present day lives and learning to see life through the PPN lens with an embodied perspective affords me a richer point of view to support growth and development. I am honored to learn from so many people immersed in our fields of study, clinical practice, and mindful presence.

I invite you to read about the upcoming EABP Congress and to experience this new PPN vantage point as our publication moves into a wider expanse of story lines—body psychotherapy from conception on.



We welcome your response.

Warmly,
Nancy Eichhorn, PhD
writetobe@myfairpoint.net



From Our Cover Designer

I would like to thank the artist who contributed to the cover this issue. Mark Peale is a musician and artist who does a lot of his work in vector graphics. You can find his work here <http://maomao27.deviantart.com/>



The art Mark contributed was a vector graphic rework of a Picasso piece. It spoke to me when I saw the different reflection and how society colors how we see our selves and others and how we can see self as other at the same time.

Sincerely,
Diana Houghton Whiting, M.A., LPC (Cand.)

Letter from the USABP President

USABP: Getting your Work into the World...



Anyway I can . . .

Dear Somatic Psychotherapy Readers,

As President of the USABP, my mantra these days is about “getting your work into the world . . .” What am I doing?

I put together a program which will be hosted at the Kripalu Center for Yoga and Health, October 26-31, 2014 called **USABP’s Sampler Series in Somatic Psychology: A Buffet of Bodymind Therapies**. Four different somatic practices, techniques, or psychotherapies will be showcased: Bioenergetics with Scott Baum, Somatic Experiencing with Peter Levine, Core Energetics with Lisa Loustaunau, and Integrative Yoga Therapeutics with Bo Forbes. Mental health professionals and the public alike will spend 5 days tasting the delights from our field through experiential exercises, practices and demonstrations. My hope is that people will depart deeply touched and affected by their experience and become hungry for more. If you have friends or family that do not quite understand your love for the field, tell them about the Kripalu program.

Hopefully, this event will bring more people to be curious about YOUR work in the world. Please tell me your ideas about events and programs that you and USABP can put on together. I will get the work out, anyway I can . . .

A handwritten signature in black ink that reads "Beth L. Haessig". The signature is written in a cursive, flowing style.

Beth L. Haessig, Psy.D.
President, United States Association for Body Psychotherapy



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 - Access to our monthly webinars with our Hosted Professional Guest
 - Are you a speaker/trainer/teacher?
 - Content from our institutional members
 - Update on events and a community forum (Coming Soon!)
- Research and research guidelines
 - The ONLY body psychotherapy research awards competition in the US
- FREE Ethics Guidelines Handbook: the first official guidelines for standards of practice
- International networking with body psychotherapists, organizations, conferences, academic programs, and professional training programs WORLDWIDE
- National publicity to bring greater public awareness to the field of body psychotherapy and to your practice
- International Body Psychotherapy Journal (IBPJ) and Somatic Psychotherapy Today: The US-ABP Magazine emailed directly to you

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"A visionary contribution to mindfulness in psychotherapy."

—Daniel Siegel, author of "The Mindful Therapist" and "The Developing Mind"

"Hakomi is an excellent system for developing key emotional intelligence skills."

—Daniel Goleman, author of "Emotional Intelligence"

For over 30 years, Hakomi has pioneered the integration of somatics and mindfulness in psychotherapy, with uniquely effective and immediate results.

In Hakomi, the body is viewed as a "map of the psyche" – a door that can be opened to reveal the entire character and belief system of the individual. Hakomi's innovative body-centered techniques, originated by Ron Kurtz, create a rapid, yet safe experiential access route to core beliefs, formative memories, and attachment issues. When unconscious, this core material directs our lives, relationships and experiences without our knowledge. Once conscious, it is available for transformation, including the re-shaping of neural pathways. Current neuroscience validates key aspects of Hakomi, including its effectiveness with attachment issues, integration of mindfulness, and foundation in loving presence and the healing relationship.

Hakomi is effective with individuals, couples, and groups and integrates well with many therapeutic modalities.

Workshops and Trainings in the Hakomi Method are offered worldwide.

"Learning the Hakomi Method has been one of the most personally and professionally enriching experiences of my career. I have found it profoundly effective across a wide range of individuals with a variety of long-term and challenging clinical and life problems. I cannot recommend this training highly enough." – Jeffrey Rutstein, Psy.D.

CEU'S are available for NBCC and NASW and additional CEU's are available in specific locations.

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for an International Calendar
of Events, Directory of
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information on the
Hakomi Method.
Email HakomiHQ@aol.com,
call 303-499-6699
(or toll-free in the U.S.:
877-976-6699).



Join the Conversation

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

Mindfulness in psychotherapy & everyday life: Using *Active Pause* to integrate experience

Taking a pause is an opportunity to notice what is new and to deal with it. It takes just one minute to practice

Active Pause:

A simple way to do it is with a little ball. It could be a tennis ball, or, even better, one of these squeezable little stress balls. Hold the ball in one hand, squeeze so that you feel the sensation of holding and squeezing the ball. Shift the ball to the other hand, squeeze. Go back and forth between the hands. Do this for one minute, closing your eyes, paying attention to the sensations in your hand and arm as you do this. You don't need to stop thinking about anything else, just make sure that at least part of your attention is focused on feeling the sensation in your hand and arm as you hold the ball in each hand.



It is a simple mindfulness practice, a down-to-earth way to pay attention to what is happening in the moment.

It is a simple way to get in touch with your **embodied experience**: i.e., to directly pay attention to what is happening in your body (the

sensation in the hand) as opposed to being completely immersed in your mental activity. Nothing wrong with mental activity, it's just nice to have access to more of your resources as opposed to just one.

If you are feeling agitated, carried away with your thoughts or feelings, it gives you a chance to notice it and start dealing with the agitation instead of just being passively immersed in it.

Having something specific to do

during the pause helps you make it a more effective pause. For instance, if I just told you to pause for a minute, chances are you would still continue internally on the same trajectory you were on before the interruption.

Having something to actively do (holding the ball, squeezing it, moving it from hand to hand, and, especially, paying attention to your sensations) engages part of your mind into something else than your train of thoughts so you really have a break.



The Focusing Institute:

Focusing is direct access to a bodily knowing.

William Hernandez talks about the Pause:

http://focusing.org/conversations/2013_04_william_hernandez.htm

Pilot study of *Active Pause* in therapy

We are looking for therapists who are interested in exploring *Active Pause* within their clinical practice, and to share their observations.

This study is not oriented toward “proving that it works” (whatever that means). It’s oriented toward identifying:

- how *Active Pause* can be used in different clinical settings
- how it can be integrated with different theoretical frameworks
- and how it can help clinical work in these circumstances

We would like the study to include therapists of many different orientations. We are not exploring *Active Pause* in a vacuum, as if *Active Pause* itself were the therapy. It is not. It is something that is used within the framework of the way you, as a therapist, already practice therapy. For instance:

For therapists with either a psychodynamic/psychoanalytic orientation, or a cognitive-behavioral orientation: *Active Pause* could be a way for you to introduce more of a mindfulness / experiential / somatic component into your work.

For therapists whose approach is experiential, mindful or somatic: You might want to experiment with *Active Pause* as another way of exploring embodied experience and resourcing in your work.

The goal of this pilot study is to get preliminary information that will be helpful in organizing the way data is gathered in the study.

The idea is to observe not just what happens with *Active Pause* but also what it's like to explore it, what comes up that is significant for you: In other words defining what to observe.

I have been doing this for a while, and I certainly have my own ideas about what to observe. But I thought it would ultimately be a richer process if more people were to contribute to the



definition of what to observe, how to observe it, and how to report it. So, in practical terms, here's what the first phase consists of from the perspective of somebody who wants to be part of it:

- Talk to me, Serge Prengel, so that we are in sync about what you do
- Explore *Active Pause* with clients, observe, think about it
- Talk to me about observations and ideas stemming from this exploration
- All participants then join in a discussion about next stage, as a way to "calibrate" how we all approach this

We're talking about exploration and experimentation. The idea is that, as you are using *Active Pause* in sessions, you are exploring how it can be integrated with the work that *you* do. So, for instance, you may see it as a way of structuring the session with a pause. Or as a gateway to making the session more experiential. Or a gateway to body awareness as a way of "resourcing" the client. Or a way to work with embodied experience . . .

Experimenting includes:

- Exploring different ways to instruct clients about *Active Pause*, as well as different ways to use it in sessions
- Observing what happens during *Active Pause*, and as a result of using it

Different ways to use *Active Pause* in sessions:

- As just a break, an opportunity to interrupt the flow of the session and give

the client (and the therapist) a moment to regroup and possibly come up with something fresh

- As a resourcing, calming technique (e.g. connected with attention to the breath)
- As a moment to mindfully ponder a specific issue (or a sense of confusion, or . . .).

What to observe:

- How clients react to it (comfortable or confused, liking it or not, etc)
- The physical and emotional experiences clients have, and the meanings they ascribe to them
- Whether, or in what ways, *Active Pause* has an impact on the process you have been following (e.g. how you integrate it into a relational approach)

How the observations might fit with your theories, for example:

- your understanding mindfulness, e.g., as a quality of presence, as an ability to shift focus
- seeing what happens in the context of a framework where therapy is seen as a space of "transitional phenomena": e.g., a space in which experience is less challenged by pre-existing knowledge of what “should” be, and explorations take place within a twilight zone between play and reality

You can watch a video about the Active Pause here: [Mindfulness in Psychotherapy: Active Pause on YouTube](#)

You can connect with the Active Pause group via their website: <http://activepause.com/>

Facebook: <https://www.facebook.com/ActivePause> and LinkedIn: <http://www.linkedin.com/groups?gid=7435400>



Serge Prengel, LMHC

What Sustains Me

Believers & non-believers discuss their embodied experience of faith & community

The purpose of "What Sustains Me" is to gather first-person accounts, from religious as well as non-religious people, of their spiritual experience.

From this first sentence, it is clear that, within this project, "spirituality" is not seen as something that is the exclusive privilege of any belief system, but a human experience. In fact, this project aims to build a bridge between people who have different spiritual or religious practices, as well as people who don't identify with any tradition, including people who see themselves as atheist or agnostic.

In other words, this project is about "embodied spirituality": We are shifting away from talking about spirituality in terms of the "story" (e.g. the religious context) in favor of the experience itself. Authors will be trying to put into words the somatic and emotional experience of a spiritual experience, as a way to make it easier for others who do not share their belief system to find resonance with the experience.

Spirituality is a very vast topic, and there are many gateways to it. In this project, we are specifically focusing on spirituality as a human "resource" to deal with the overwhelming aspects of the human condition.

More specifically, we will be focusing on two pillars of this experience:

- what religious traditions refer to as Faith,
- and the experience of the Faithful in Community.

First, a few words about "faith". In this project, we are not approaching "faith" as a belief in a transcendent power, but as a characteristic of the human spirit, regardless of belief system. For instance, think of the

phrase: "Faith moves mountains". We're not just talking about religious faith here. We're talking about the power of the human spirit, the capacity to focus on something that's really important, even if the chances of success are very small. The ability to rise to the occasion. We are talking about "faith" as what keeps us going despite overwhelming circumstances.

Now, a few words about community. Even in religious traditions, it is understood that individuals tend to lose faith when adversity becomes overwhelming. The story of Job is about that: Job doesn't lose faith despite adversity, but this is precisely why his story is told because this is so unusual. In contrast, the Community is a larger container than the individual. That is, it has more of a capacity to absorb and digest the overwhelming, to put it into a larger context. The collective memory of the Community includes experiences of other overwhelming events that have been successfully dealt with, leading to a more resilient view ("this too shall pass").

This project will lead to a collaborative book. Like "Defining Moments For Psychotherapists", it will have several chapters, each written by a different author, written in a personal and experiential manner.

While the main focus of the book is on the individual experience of the spiritual, the book also has room for how embodied spirituality can help guide therapists, therapists, coaches, or teachers help others to overcome adversity. For instance:

- Describing how a spiritual perspective can be helpful

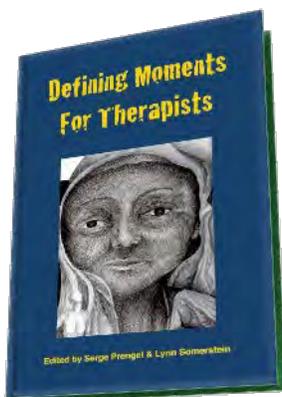
in therapy to those who have spiritual beliefs. And, using the "bridge" of experiential language, how this "resource" can be also accessed by people of a different tradition, or people who do not have a spiritual or religious tradition they identify with.

- Describing how somatic interventions can help people who have a spiritual or religious tradition access deeper, more resourcing places. And how this can be extended, through the "experiential bridge", to people who do not have such a tradition.

Like "Defining Moments For Psychotherapists", the book will also be available as a free PDF download. It is not expected that this work will lead to financial remuneration (in fact, it is expected that it won't). Of course, authors retain the copyright to their work.

This project is not just about the book itself. It is also very much about the process of exploring the topic, individually and as a community involved in the project. Work in progress (written pieces, or recorded conversations) will be shared with the community through this website. Of course, this is optional: Any contributor is free to not share their work in progress.

If you're interested in this project, please get in touch.



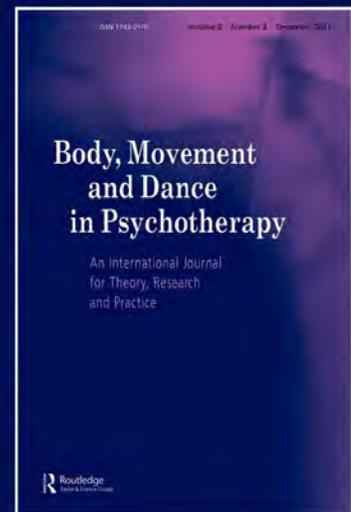
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Body, Movement and Dance in Psychotherapy

An International Journal
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Professor Helen Payne,
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Body, Movement and Dance in Psychotherapy is an international, peer-reviewed journal exploring the relationship between body and mind and focusing on the significance of the body and movement in the therapeutic setting. It is the only scholarly journal wholly dedicated to the growing fields of body (somatic) psychotherapy and dance movement therapy. The body is increasingly being recognized as a vehicle for expression, insight and change. The journal encourages broad and in-depth discussion of issues relating to research activities, theory, clinical practice, professional development and personal reflections.



www.tandfonline.com/tbmd

Routledge
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According to Dr. Heller, in the 1930s Elsa Gindler was doing gymnastics a few blocks away from the Psychoanalytic Institute where Reich and others were working. Gindler was doing gymnastics while Otto Fenichel was doing psychoanalysis. Gindler wanted to find a way to work on symptoms from two approaches: to combine work on the body, like the body of the gymnast, and the body of the mind (affect, emotion). Some of Gindler's first pupils included Reich's first wife, his daughter Eva Reich, and his daughter Laura Reich, who told Wilhelm about their experiences. At the time, he was going out with a dancer, so he was interested in the body and movement. Hearing his family members speak to their experience with Gindler, he thought, *why have two different people doing this work—you need one therapist to do it.* Thus began his work to connect body psychotherapy to movement.

Behavior

When Dr. Heller speaks about behavior, he is not referencing the body in this instance. "Behavior," he writes, "allows an organism to interact with the objects and the organisms in its environment in present time" (Heller, 2012, p. 12). He acknowledges that when therapists work with the body gestures are part of the social communication system. And body workers will address movements and postures that are good for the body, muscles, breathing, circulation, all of which are used to handle objects and communication with other people. Behavior is the same part of the organism but has a completely different function. In fact, a lot of behavior is bad for the body. There are bad spinal positions, bad ways of breathing. If you stand all day on a cement floor working you stand to develop varicose veins.

"The subsystems do not have the same mission," Dr. Heller says. "I went to hear a violinist with my Rolfer in Geneva. The violinist was in his 60s. He was famous, charismatic, and had traveled worldwide; he taught children in China how to play the violin. When talking with the audience, he placed his violin down to the side; yet, his body was still crooked as if the instrument was on his shoulder under his chin. His back was hunched. He was smiling and talking but looked as if he was still playing the violin. I asked my Rolfer, 'Would you fix his back?' And he said of course he would straighten his back, noting that he can't breathe properly, that his psoas muscles would impact his spine, that he was not healthy. And I said, 'I bet if you did Roling on him he can't play the violin as well.' Truly, what's more important to a 60-year-old violin player?"

"Behavior doesn't have the same agenda as body work. Each has its own requirements independent of the other, there is no mutual support. It was not the aim of the system to be antagonistic but that each follows what it needs independently; it does not know what the other systems need to be healthy. You don't know what your body really needs. When you are focused on how to play the violin to get just this sound, you are thinking, 'how do I create this sound?' You are so focused on the sound that you don't care what the breath is doing," Dr. Heller says.

"Alan Fogel has a nice description of self-awareness," Dr. Heller says. Fogel, he says, is currently into the Rosen Method Body Mind work and is using science to describe what body psychotherapy is all about in his new book, *Body Sense*. "You can't focus on an external object and an internal object at the same time. If I zoom in on the computer, I forget the meditation I just finished (sitting for two hours). The mind can't follow

two tracks at once. Neurological systems cannot combine. Somatic hormones mobilize breathing in different ways. The whole work between body psychotherapy and behavior links us to behavior therapies. We have to ask, 'How do we integrate behavior into global dynamics such that we work on behavior separate, and how do we coordinate behavior and the body?'"

Metabolism

Our internal fluids vary according to certain constraints to permit cellular life and communication. Metabolism regulation manages the energy of the organism at the level of the fluids and cells. It produces the energy the body needs; when we take in oxygen, it feeds cellular activity which produces energy for whole body.

In the early 1970s, Dr. Heller studied biochemistry. One of his University courses required he read Lenniger's textbook in which he referenced metabolism as bioenergy. Lowen, Heller says, stole the name from the biologists. "No one could use the word orgone at this time," Heller says. "The police would go in and burn books, and this was under the Kennedy administration. Lowen looked for another word and found bioenergy. Actually it's a metabolic biologic energy produced for the whole organism."

"When you work on breathing, you are working with the vitality of metabolic dynamic. I had a patient with a food disorder—anorexia—five months after she started to starve herself, as soon as she started to eat, she would get sick, literally sick. Her head was spinning, she would vomit. She could not eat more than half a sandwich. Her metabolic system had accommodated itself—it had adapted to survive with as little food as possible. Once she tried to put more food in, the system could not deal. This isn't psychological, it isn't

fantasy. It's not repressed emotion. She literally can't take in more food. When treating Anorexia, you need to treat the mind and the metabolic dynamic if you are coming from the somatic (vegetative) dimension," Heller says.

The Mind

"The body adapts to gravity. Behaviors adapt to objects and communication. Metabolism adapts to self-regulation, and the mind adapts to institutions and cultural institutions, not to interaction," Heller says. "And it starts working when it has the tools. Behavior is here and now, right now. It's different if you need to change, need to reproduce another behavior. For instance if I am going to rewrite what I say, the mind can revise a sentence. I have the tools to rework some idea, improve its expression. I'm using tools made by industry. This is where it is really different from other therapies."

Heller uses anxiety as an example. "No treatments really work. You can do breath work and feel better for a while. You can do meditation for a week and feel better for three days. Medications you have to take daily. There are all methods that are useful, interesting, productive, creative, but they do not work. They show how much the mind has to work between the organism and the behavior," Heller says.

"I've been working on this for 40 years," Heller says, adding that he started meditation in his twenties. "There are four distinct dimensions of this global system of the organism (human being). You see it in the literature when Damasio writes about the body and emotions. He's not talking about the body as in body therapists but talking about physiology in general. Should body psychotherapists know massage?"

Mind and physiology go together. Can you have somatic therapy with no training in body work?"

Each of the four dimensions are related to different forms of therapy. Behaviorism, psychoanalysis, all specialties have their focus. Yet, we, as body psychotherapists go further, Heller says. "We're interested in how it is all integrated in the organism. Reich's vegetotherapy started when he said, 'I want to work on the organism not the mind. Forget Freud. All I ask in my work is that my patients' way of thinking does not go against the needs of the organism.' The global body doesn't care about the mind as long as it was obedient and cooperated with the organism. The mind in synergy with the organism."

"Our global regulation system tries to combine the cardiovascular system, hormonal system, nervous system, all link in many dimensions. Say we have a blood clot in the brain. It destroys part of our thinking ability, results in mental damage. This is a typical case of our cardiovascular system and nervous system not cooperating, one destroys the other."

How do we situation body psychotherapy with other forms of psychotherapy?

"Many therapists work on many dimensions," Heller says. We work with the embodied mind, how the mind connects to the organism, to behavior, to metabolism. We think differently when we speak and when we move. If we stop talking in a session and use gestures, it changes the whole atmosphere in the room. We have different forms of awareness when thinking, getting a massage, talking, doing movements. They are all nonverbal and all require different ways of thinking. If only one form of therapy is used, you develop only one form of thinking."

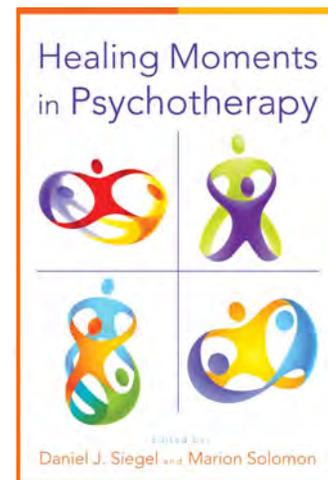
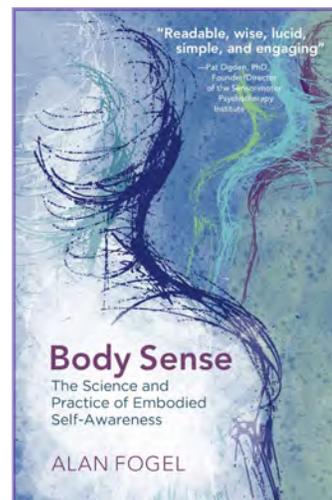
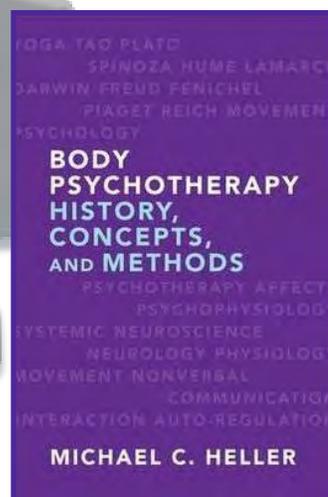
Continued on page 78

W·W·NORTON



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New at Norton



Across the Pond



Jill van der Aa, PhD
General Secretary/Vice President



European Association for Body Psychotherapy



Lidy Evertsen, PhD
EABP President

The Dolphin Speaks

Ah, the first deadline has passed without us noticing. Jill is leaving on a trip; I am stuck on the sofa, wrapped in a blanket: the flu has got me down! Do I have ideas for the column?

Let me see . . . Body Psychotherapy. First thought . . . body feels like seaweed washed ashore . . . psyche, I don't have one. An image of the Pond, this vast ocean between our continents. That has a nice calming effect.

Let's see what comes next . . . the grey waves move aside and a big dolphin is appearing, rising out of the water till halfway up its chest. It looks me in the eyes and I hear its words in my head . . .

"Body Psychotherapy, isn't all psychotherapy necessarily involving the body?"

Yes, Yes, I agree, really think so. Psychotherapy is in a way a form of learning, adding information to memory pathways some people would say. In order to really change internal processes and external behaviour using only words is not enough. An experiential change is asked for. It seems like the

professional world around us is realizing this more and more too.

This thought wakes me up. I have been positively surprised recently to be contacted by several people from adjacent professions who wish to brainstorm about cooperation with them in involving body and psyche in change and therapy processes.

I was happy that they found their way to my office, meaning they looked upon body psychotherapists as the experts on the subject. This is indeed one of the important subjects in the EABP board's vision and policy: getting ourselves known in the world as the specialists in using the unity of body and psyche in the theory and clinical practice of psychotherapy.

In the long run I see no necessity to have two types of psychotherapy: every psychotherapist will be able to make his/her choice from the available methods and techniques according to his/her own personality and the client's needs.

Well – we like what the dolphin has to say! It's spot on. There are so many different modalities and specialties

and psychotherapeutic approaches. And yet we are all talking about one thing – the healing of mind and body.

The EABP is an umbrella for Bodydynamic, Hakomi, Biosynthesis, Reichian Psychotherapy, Biodynamic, Breath Therapy, Vegetotherapy just to mention a few.

The EAP, European Association for Psychotherapy (under whose umbrella we fall) has members such as Gestalt, Hypno Psychotherapy, Integrative Psychotherapy, Neurolinguistic Psychotherapy, Transactional Analysis, Positive Psychotherapy, Psychosynthesis, Family Psychotherapy, Psychodrama etc., etc.

While being respectful of all these different approaches we sometimes get frustrated and would like to get a little more clarity about how these all fit in together. Just one name for one thing – not ten thousand names for one thing – or at least some agreement on similarities! Perhaps they absolutely don't fit in together, and they have all discovered something very special and different which only they have the secret to.

But, I somehow doubt it.

VIP Grand

***** LISBOA
HOTEL & SPA

Official hotel for the EABP Congress

This question is constantly on our minds and thankfully several of our body psychotherapy “experts” will present their vision on the matter at our Lisbon Congress in September this year. Ulf Geuter and Michel Heller in particular will deal with the matter in depth.

The one thing that we can be sure about is that our body psychotherapy approach in all its forms deals with the unity of the body and mind and the necessity of working with the body as well as the mind. As Lidy points out above, more people are calling on us these days to see just what it is we have to offer.

So we invite you to join us in

LISBON

Body Psychotherapy: The Self in Relationship: Self – Other – Society

In the first keynote speech:
Experiencing the Body,
Experiencing the Self

Professor, Dr. Ulfried Geuter will present body psychotherapy as a psychotherapeutic approach that emphasizes bodily experience as a gateway to experiencing self and self-regulation and he will propose a theoretical framework and a set of general principles of treatment for a body psychotherapy that incorporates the approaches of different schools into a coherent process.

Dr. Michael Heller (Honorary EABP Member) will look at the place of body psychotherapy in relation to other mainstreams of Psychotherapy. He will first provide a definition of body psychotherapy that corresponds to how it is developing today, and situate this development in relation to other mainstream approaches such as behavioural, cognitive, psychodynamic and systemic therapies.

Dr. Wanda Viegas comes from a very different background. She is an Epigeneticist and looks at how much the environment affects us and does what we do affect the expression of the genes. The age old debate – genes or environment – which is the most important for us to have a look at. She will give her view on what psychotherapy can offer.

As psychotherapists we believe what we do works and is effective but how can we prove it? We seem to be competing with others in the race for subsidies and in the effort to make our valuable services known to a wider public. Many other therapeutic methods have come out with results of research and are leading the way.

However we are coming fast upon their heels.

At the congress our Scientific and Research committee will give us some *Research Perspectives for Body Psychotherapy: Social & Emotional Isolation.*

Further plenary sessions are *Working with Anxiety and Panic in Body Psychotherapy, Societal normopathy - narcissism and body psychotherapy and Social Crisis and Trauma.*

But what did we say – “behaviour and words are not enough” – this applies to our Congresses too. There are usually more than 40 interactive workshops on a wide range of topics to choose from where you can also learn experientially. Of course you can join, share your experiences with others throughout the congress and discuss with others from morning till night.

But we sometimes get tired of talking and just want to connect in with others. Then we dance, we make music, we eat, we walk, we make fun, and we look forward to a seeing a little bit of Lisbon.



The Body in Relationship: Self – Other - Society

14th International Congress of Body Psychotherapy

jointly organized by EABP and ISC

September 11-14, 2014, Lisbon, Portugal



Kathrin Stauffer, PhD
Cambridge, UK

Take a moment to look at the picture that we are using for this Congress, and see what feelings and thoughts it evokes in you. It seems to me that the image represents very strongly the ‘flavour’ of the Congress: its vibrant colours, the dynamic array of objects, some recognizable and some not, all giving plenty of scope

to the viewer’s own imagination and leaving us, above all, with a sense of process as we watch it unfold. The picture at first glance may look like a child’s drawing with all the vitality and freshness you would expect of that; and yet, when you look longer, there is great skill in the graphic and artistic design.

We are hoping that this Congress will be just like that: a window on an unfolding process in a colourful, vibrant and sometimes not very clearly distinguishable profession, at first glance created with childlike naivety but on closer inspection underpinned by tremendous talent and skill. As an Association, EABP is in a crucial phase of trying to find more unity in the various different approaches that are represented. Wisely, this process is not assumed to be the only show in town, but movements to criticise the prevalent paradigm and politics and thus create more diversity are also given space. In this way a balance can be held between the unifying and the diversifying forces. There is a choice of topics that all contribute to this: attempts at unification of theoretical frameworks and language, a comparison of different approaches to clinical presentations and also critiques

and alternatives to current developments all come together.

Just to whet your appetite, here is a brief list of the themes that will be keynotes at the Congress:

- ◆ Experiencing the Body, Experiencing the Self
- ◆ The Place of Body Psychotherapy in Relation to other Mainstreams of Psychotherapy: Congruence and Specificity
- ◆ An Epigeneticist's View on Psychotherapy
- ◆ Working with Anxiety and Panic in Body Psychotherapy
- ◆ Societal Normopathy – Narcissism and Body Psychotherapy
- ◆ Social Crisis and Trauma

This is complemented by parallel sessions entitled:

- ◆ The Scientific and Research Symposium

◆ Female – Bodies – Language (presented by the group 'New Roses')

◆ The Body in Psychotherapy Supervision

This rich choice of themes is complemented by an equally rich range of events on the edges of the Congress that include morning warm-up sessions of bodywork, music sessions to provide rest for tired brains, and food for starved spirits, dinner and dance, a relational cocktail, cultural events, and many experiential workshops.

The main theme of the Congress is how we interact with the wider world. This has aspects of professional politics reflected in the large space given to the Science and Research Committee and also in the contributions that engage with current thinking in the life sciences; but there are also more societal aspects, reflected in the work of

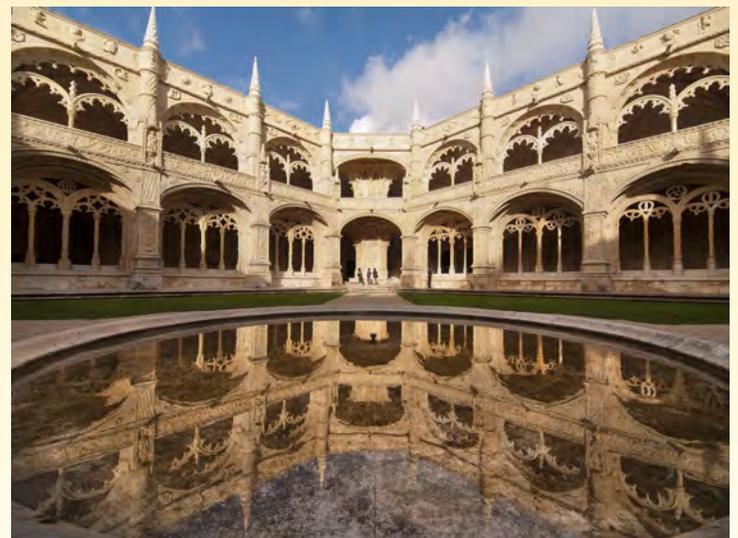
many individual therapists and groups of therapists who are engaging with communities in various parts of the world, hoping to make a difference on a slightly larger scale than just to a few individuals who are privileged enough to benefit from body psychotherapy. Because, of course, ever since Wilhelm Reich we body psychotherapists have thought of ourselves as holding the key to saving the world!

So the Congress Planning Committee hopes that you will all come to Lisbon and attend the Congress!

For details go to <http://www.lisbon2014.eabp-isc.eu/en2014>



The Portuguese Discoveries monument was built across from Mosteiro dos Jeronimos in 1960 on the North Bank of the Tagus River to commemorate the 500th anniversary of the death of Prince Henry the Navigator.



Hieronymites Monastery—Mosteiro dos Jeronimos— was built by Prince Henry the Navigator around 1459. It is considered one of the most prominent monuments of the Manueline-style architecture in Lisbon.



International Connections

By Asaf Rolef Ben-Shahar, PhD

Bodies intertwined - short cuts

The body that we share is touching,

The body we belong to, hurts

In symbols and sounds it voices its tales

A shared body seamlessly bursts.

Though we may insist it is ours,

That thine flesh and mine are but two

A body of one is emerging

Pulsating connections with you

Pulsating connections with you

You are cordially invited to glimpse eight brief moments of sharing-in-being; peeks into the creating, maintaining, and operating of shared bodies, through momentary episodes and brief discussions surrounding these. I invite you to open your bodymind and allow yourself to flow, moving from one snapshot to another without looking for a theoretical or clinical strand, letting yourself be swept into the rhythm of a poem, which may, if we allow it, weave us both into its verses. The details of those mentioned in this paper have been changed and permission to use material secured. In some cases the presented data is an amalgamation of a few clients.

A. The body that we share is touching

Stanley Keleman (2012) considers embodiment as a conscious act of reclaiming voluntary responses. Sometimes, however, the shared body reclaims its embodied quality in an autonomous way. Sometimes change and growth take place in us, rather than in me or you. There is an active agent, a voluntary participator, but it is a shared agent, not one of us alone.

Sheryl and Don are both in their fifties and have been married for twenty three years. They have one child, Aaron, who has recently left home to college, leaving Sheryl and Don together, on their own, for the first time in eighteen years. Upheaval and arguments have become daily, and they sought couple therapy to help them through this transition.

Sheryl and Don shout at each other so loud that there really is no space for me in the room. When they stop for a moment, I turn to Sheryl and ask her how she feels.

Sheryl recoils. “I feel vulnerable,” she says, “and lonely.” Had she not avoided eye contact with Don, she would have seen his eyes moistening, and his facial expression softening. There was a moment of tenderness, which was surpassed by the verbal onslaught of combative arguments – it was as if two different dialogues took place concurrently. “We have no intimacy,” they both exclaimed. Yet, at the same time, their feet commenced a dance, touching each other gently and playing, two feet proclaimed a shared space denied by each of them verbally. I no longer paid much attention to their speech, though, and become mesmerised by their feet-dance. I followed this coiled and intertwining negotiation until Don and Sheryl joined me. They slowly stopped arguing and,



Entangled, donated by Jacquie Oman

together, the three of us watched the dance of their feet as it took place between them, independent of their argument, having its own vibrating life.

B. The body we belong to, hurts

There are a few angles of relating to body. Nick Totton (2010) refers to these as being, having, and becoming bodies. Having a body denotes an objectified (and often dissociated) relationship with the body that I have – it is a something, and that something is mine, and it is different to me. Being a body relates to an ability to embody our identity – to perceive ourselves as grounded in our body and feel our body as forming (at least part of) our identity. I wish to look at another body, a wider body – the body we belong to (Rolef Ben-Shahar, 2014), this is an intersubjective body – a body created by us and updated by us, yet one which is no longer dependent solely on us and our maintaining of it, like an archetype – with enough space this shared body acquires emergent qualities, a life of its own.

Liz arrives to class with a debilitating stomach-ache. She is a highly sensitive woman and a very creative psychotherapist. Her stomach, she reports, started to ache as soon as she began preparing for today’s training day. The group, which has been working together for a few years, asked me to demonstrate relational applications of Reichian bodywork. We talk about Reichian bodywork, but Liz finds it difficult to

concentrate on the preliminary discussion.

Then we start. Elsa is working in the centre, and our small group is hypnotised by her courageous process. Most of the session is focused on the diaphragm. Elsa is oscillating between physical and emotional aspects of vitality, roaring with anger and pain, sadness and sensuality. She is in her element, and as she releases, various aspects of herself are emerging into our shared space. “It hurts,” she says. “But it feels connected.”

In the feedback circle Liz sighs. “As soon as you started working on your stomach, my own stomach was able to relax, I no longer hurt.”

C. In symbols and sounds it voices its tales

I have written extensively on how body psychotherapy and bodywork evoke altered states of consciousness (e.g. Rolef Ben-Shahar, 2002a, 2002b, 2008a, 2008b). Not only is affect-friendly work conducive for regressive states, (Crowly, 2005; Taylor, 2004), it may also offer generative non-regressive trances, where we are more open to possibilities, dreams, and transitional spaces. This is, perhaps, the essence of Arnold Mindell’s process-work (Mindell, 1982, 2004).

In a group supervision session, Elijah works in the centre, exploring his own threshold of life and death and fear of meeting a client who presents

Jacquie Oman is an illustrator and fine artist whose works celebrate the beauty and intrigue that overflow in our daily lives. Her mission as an artist is to show just how splendid this experience of being human is, no matter how “mundane” life sometimes seems. She creates paintings and illustrations that express her fascination for the “small” moments—the simple, everyday wonders that, in her eyes, reveal that our existence is meaningful. She hopes that her art makes viewers feel connected to life and to others, and that it helps them learn something about themselves. “Life is not meaningless — let my art show you!”

Jacquie works both as a freelance illustrator and as a commissioned painter. She works primarily in acrylic, ink, and watercolor, but also uses graphite, colored pencil, ink, gouache, dye, fabric, and digital media. She takes commissions for fine art paintings ranging a wide range of subjects, from realistic portraits to abstract expressions. She illustrates children’s books, designs greeting cards and custom-made wedding stationary, and even paints murals for clients throughout the country. Her portfolio and contact information can be found on her website, www.jacquieoman.com.

with such extremes. Content seems to disappear, and the entire group joins in to support, in movement, touch, and sound—the liminal state of unknown connectedness Elijah has invited us into. Helena hears a tune playing in her head, and Paula reports seeing unfamiliar images and visions. Elijah hears these descriptions from Paula and Helena, “these are the sounds and visions from my grandfather’s home,” this is where most of our session took place.

When the shared body speaks, it has a self-validating quality. Nobody in the group ‘needed’ to know that Helena and Paula’s images and sounds were true representatives of Elijah’s inner world. At this moment of time our separateness was partial, and what was truthful was felt truthful to us all. It is only later, when this big body broke down to smaller bodies attempting the near-impossible task of sense-making, that questions were raised regarding the experience’s validity and value. How can we create a bridge between the knowledge of a shared-belly and the knowledge of a separate questioning mind?

D. A shared body seamlessly bursts

Relational body psychotherapist Michael Soth (2005) described parallel processing in psychotherapy: “Not only the client’s awareness is fragmented: as the client’s conflict has become the therapist’s conflict, there is a tendency for the therapist to be drawn into similar denials and avoidances” (p. 51). For me, when Soth (Asheri, Carroll, Rolef Ben-Shahar, Soth, & Totton, 2012) argued that “therapy begins with an enactment,” he was talking about the inevitable formation of this intersubjective body, which, as it moved from discerning to enmeshment to discerning, tended to take both parties by surprise, much like the dancing feet of Sheryl and Don. Here is another example of the bursting of a shared body, one which

required surrender of both my supervisee and me.

Leah is a supervisee and a brilliant psychotherapist at the beginning of her career. She talks about her client Jenny, who is in a dire state. Jenny seems to have regressed since the beginning of therapy, gaining a lot of weight, feeling ill much of the time and being debilitated in her everyday life by her fears. She is terrified of so many things. Leah is working hard with Jenny, making real efforts to meet this young woman where she has not been met before. As Leah speaks, I am mindful of her tremendous effort and ask Leah, “What are **you** not allowing yourself to feel? Where can you allow yourself to open even more, to let go of so much effort?” Leah cannot connect with my question. Instead, we find each other distant and sad. “You feel so far,” she says to me. “I cannot feel your presence at all.” My body tenses up.

For the last two or three months, Leah told me how worried she was that a part of her would die when I moved back to the UK. Vigilantly, I insisted that she would not die, that it was only her anxiety talking. Inside myself, I kept the effort to hold hope, to acknowledge the limits of transference, knowing she would be ok.

Suddenly, as I look at her, I notice a flutter of fear inside of me - could she die? Could the ending of our relationship devastate something in her? Feeling the immense volume of our importance, I could actually relate to her fear for the first time in a non-defensive way. “I can sense the dread in me that a part of you might die when I leave,” I tell her. “And I’m willing to hold this fear with you.”

Leah looks clearer and lighter. Our connection becomes palpable in a matter of seconds, and she is realising where she was making too much effort. “I am willing to

consider being a not-good-enough mother for my Jenny,” she says. Our bodies connect and the pain is not only tolerable, it is actually welcome by us both.

E. Though we may insist it is ours

O let the heavens falter
And let the earth proclaim:
Come healing of the Altar
Come healing of the Name
(Leonard Cohen, from *Come Healing*, 2012)

“Something is stuck in my throat,” says Dvorah. “It hurts; it feels inflamed and irritable.” Her thyroid gland is out of balance; that much we know. But Dvorah is an experienced client and a therapist herself. There’s something else there, too.

“There is something I’m not saying,” Dvorah admits. “It has been stuck in my belly for many years and has recently ascended to my throat. I am getting ready to speak.” Slowly, over a few weeks, Dvorah dares to name a decision that was waiting patiently for her to accept. She feels relieved to speak it. But the pain in the throat remains. What’s going on?

Perhaps it is the thyroid gland after all, I wonder. Dvorah seeks medical care to no avail. Tests show nothing new, but her throat is calling, and Dvorah obliges. It is an unspoken truth. It is, however, not hers alone. And it requires the appropriate context to let go.

Freud was deeply curious about the phenomenon of unconscious conversations: “It is a very remarkable thing,” he wrote (1915), “that the unconscious can react upon another, without passing through consciousness” (p. 126). In discussing resonance I wrote (Rolef Ben-Shahar, 2014): “To simplify the concept, we might describe resonance as the sensory and bodily apparatus of the wider mind; resonance could be understood as the communication system of

the collective, the intersubjective body” (p. 310).

Finally Dvorah makes a big decision and speaks her truth to her husband. Shortly after that the pain in her throat disappears. “It wasn’t only I who needed to speak it, it was also our shared voice needing to speak itself,” Dvorah tells me.



Original artwork donated by Dr. Mauri-Lynne Heller, a licensed MFT and psychoanalyst in Newport Beach, CA. For information about Dr. Heller’s clinical work: www.mlheller.net

F. That thine flesh and mine are but two

Kyle is an experienced psychologist (and an experienced client), exploring body psychotherapy for the first time. In his life, he claims, he is highly unregulated, nervous, and anxious most of the time with periods of depression and apathy. Kyle had a very unsettling childhood. His mother was absent, and his father was only available during emergencies.

During our first meeting, Kyle sat in my office, vigorously and uncontrollably shaking. “Don’t worry,” he tries to reassure me (or himself?). “It always happens in first meetings, I’m always anxious – it’ll relax in a few moments.” With permission, I take his hands in mine and hold his hands firmly, tightly. This touch encapsulates him. Kyle warns me, “I would soon feel claustrophobic and it would worsen my anxiety.”

“If you feel claustrophobic, we will stop,” I promise.

“It doesn’t make sense,” says Kyle after a moment or two. “I shouldn’t be feeling so calm. In fact, I don’t recall ever feeling like this.”

“Why shouldn’t you be feeling calm?” I ask, and Kyle responds, “Because another foreign body is touching me.”

“Perhaps,” I suggest, “you have been feeling anxious because your half body was left all alone and disconnected for so long?”

“It doesn’t make sense in my head,” replies Kyle, “but it does to my belly.”

How can we understand this cognitive dissonance between Kyle’s expectation of terror and his bodily-affective experience? I like to think about it in terms of the intersubjective body, our shared body. Attempting to conceptualise this body, I have written (2014):

I would like to offer a more radical claim, that the boundary (or wall) between us and the other never really existed, that we always had two types of body. Our first body is the skin-bound body, the body that we identify as our own (either as an object or subject); a body which is a closed system capable of communicating with its environment; a body that is knowable to us without having to relate to another person. The second body is a partial body, a half-body, a body that is fully realised only in connection with another person (or the outside environment). This is the body of the wider mind, of the dyadic self, a body that is never whole and complete in and by itself. This body

comes to life and is activated by attachment and connection, a connection which psychiatrists Lewis, Amini, and Lannon (2000) termed limbic resonance. We may consider this half-body of ours the essential component that allows our first body (us as body) to perform the impossible, cross the divide, and create an interface between you and me, between one person and another. In essence, I am proposing that self as a closed system and self as an open, partial system are complementary and dialectic processes (p. 96).

Body psychotherapy in general and resonance particularly, offer a bridge between this parapsychological phenomenon and somatic wisdom. In discussing body psychotherapy treatments for eating disorders, Sasha Dmochowski, Jacqueline Carleton, and myself (Dmochowski, Rolef Ben-Shahar & Carleton, 2014) also explored how eating disorders often take place within a mother-daughter dyad and their respectively disordered shared-body, hence treatment might address this shared bodymind and not only the individual bodymind of the patient.

G. A body of one is emerging

My wife and I walk hand in hand in the street. We delight in this rare

opportunity. Grandma is babysitting our daughters; we have a few hours for ourselves. In the six-and-a-half years since Zohar, our eldest, was born, we scarcely got to just be the two of us, and we really enjoy feeling one another and feeling our coupleness.

Our hands are swaying as we walk, delineating the pulsatory bond between us. We are walking on the pavement. A little bit too late, we notice a woman in her sixties walking towards us. Without thinking, we lift our hands, without letting go, forming a bridge. The three of us laugh aloud as the woman elects to duck and move through the bridge and off to the other side.

H. Pulsating connections with you

I gave a lecture to the staff of a central outpatient psychiatric ward in a big hospital in Israel. The topic was Kafka's suffering - embodied resources and the psychotherapists' psychopathology. I spoke about the undiagnosed disorder (being a therapist) (Miller, 1981; Rolef Ben-Shahar, 2013), centring, and grounding.

Psychiatrists, psychologists, and social workers who work with extreme suffering were listening, many of them hearing for the first time about body psychotherapy. I spoke in length about the value of touch in psychotherapy. With Francis, the client I was talking about, touch significantly contributed to his recovery from severe and ongoing depression and suicidal ideation. I sensed the topic unnerved my audience. Questions were asked, eyes glistened, and some people raised an eyebrow.

At the end of the lecture, a psychologist approached me and shared her experience in working in a rehabilitation centre for people who suffered physical and neurological

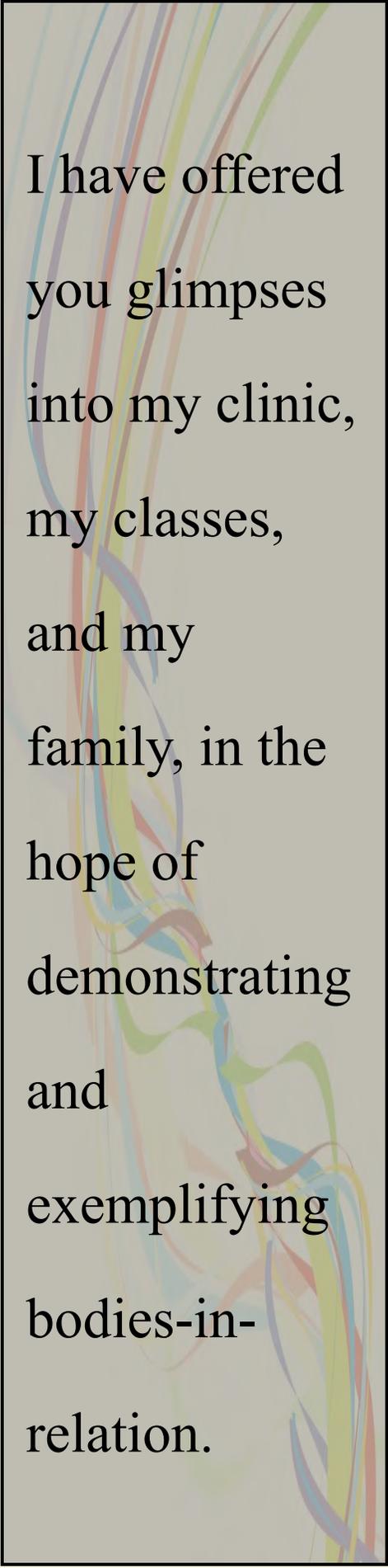
damage. The centre offers psychological support alongside physical rehabilitation, thus the treatment team is integrative—psychiatrists, psychotherapists, physical therapists and physiotherapists. “Now it all makes sense,” she said. “I have been working for months on end with patients who only brought their physical complaints, their resistance, and silence to sessions. We attempted to work through their difficulties and ours, yet they did not share much about their conflicts, feelings or thoughts.” And then the physiotherapist in the team spoke about the patient, and she spoke of their conflicts and pains, fears, and hopes. They shared so much with her. This experience repeated itself with various physiotherapists and many patients. And I'm now asking myself, what are we missing out on when we avoid touching altogether!

I. And letting go

I have offered you glimpses into my clinic, my classes, and my family, in the hope of demonstrating and exemplifying bodies-in-relation. In the process you hopefully found yourself connecting to some examples more than others, engaging or judging, identifying or distancing yourself; surely, there are many other possible responses too. And our body acquired a shared quality, even through this written medium. And now, as we part, we may regain our individual respective breathing cycles, our individual nervous systems, and bid farewell to the us that brought me, and hopefully you, too, some moments of meaning, and connection and pleasure.

I hope that we can share some interests and dialogue, and I welcome your feedback, comments, questions and challenges. You can email me at asaf@imt.co.il

Asaf Rolef Ben-Shahar PhD, has been a psychotherapist, writer, and trainer for since
Continued on page 78



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INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

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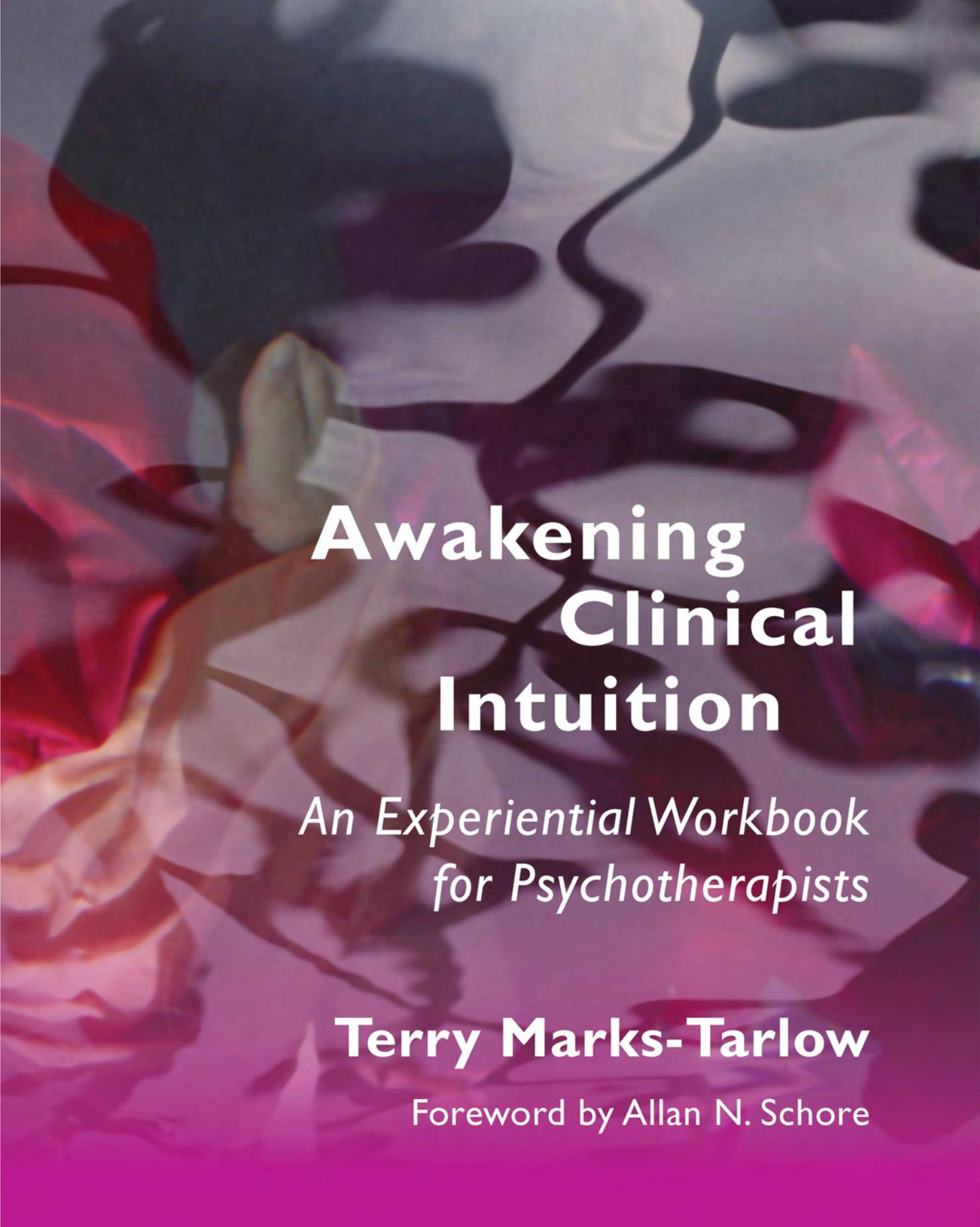
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Awakening Clinical Intuition

*An Experiential Workbook
for Psychotherapists*

Terry Marks-Tarlow

Foreword by Allan N. Schore

“We must be able to see through the eyes of another, while standing in our own shoes.”

Awakening Clinical Intuition: An Experiential Workbook for Psychotherapists

Written by Terry Marks-Tarlow, PhD

Reviewed by Nancy Eichhorn, PhD



The Meadow: A Guided Meditation

I sat, comfortably, and breathed—several ocean breaths, consciously narrowing my throat on the exhalation. My senses focused inward. I followed the gentle voice on the mp3 cd and entered a high mountain meadow. A slight breeze tickled the fine hairs on my cheek and neck. The sun’s warmth relaxed any nervous wondering. I smelled dry dusty dirt. I reached down to stroke the velvety leaves of the mule’s ear growing in abundance and listened to a squirrel chirp his warning of my presence. I saw the shovel and was drawn to a place to dig. A chest or container of some sort, I was told, awaited my discovery. Within it were items foretelling a story, just for me. I opened the chest eager to see what lay inside: a light brown, leather-bound journal, soft supple leather, the kind that feels luxurious to the touch, ivory pages, unlined, an expanse of space for me to explore, a sharpened yellow No. 2 pencil, a squishy pink eraser, and an orange-ish feather with brown trim. I looked again to see if I had missed something. I knew that once I buried the box and left the meadow there was time to reflect and write in response to guided questions; and yet, I felt as if something was missing.

Clinical Intuition

According to Terry Marks-Tarlow, PhD, when we interpret guided imagery journeys such as my experience with ‘The Meadow’ (Marks-Tarlow, 2014, p. 159) or any outcropping from our unconscious, “it is important to use clinical intuition and not a set formula to process meaning” (p. 161). Marks-Tarlow (2014) offers her insights into clinical intuition and its place in our lives and in our clinical practice in her newest book entitled, *Awakening Clinical Intuition: An Experiential Workbook for Psychotherapists*. It is the offspring from its parent book, *Clinical Intuition in Psychology: The Neurobiology of Embodied Response* (Marks-Tarlow, 2012), where Marks-Tarlow grounded clinical intuition in interpersonal neurobiology and offered case vignettes, personal stories, and original artwork as guideposts for readers’ understanding. Her intention for this ‘workbook’ is to offer a user-friendly, hands-on, experiential journey into the realm of intuition for personal growth and clinical application—“the writing is less heady,” she says.

Following in its parent’s footsteps, *Awakening Clinical Intuition* offers extensive data detailing the developmental foundations of intuition; however, the language is plain, simple, a fascinating read that captured my attention without straining my analytic left-brain’s need to figure it out—the concepts flowed readily, easily. And, as in its predecessor, the importance of empathy, play, humor, imagination, and metaphor are encouraged and supported as practitioners learn how to use clinical intuition to develop and express their wisdom. Marks-Tarlow designed the guided exercises (an mp3 cd comes with the book) to stimulate embodied experience and enhance readers’ access, awareness,

and self-trust in intuition. She notes that intuition must be nourished indirectly, via experiences and reflections; it cannot be explicitly taught.

The heart of this workbook is about being with the experiences to open yourself to your intuition (and potentially your intuitive guides). Reading the scripts provided in the book, reading the reflection sequences, reading but not experiencing will leave the reader hanging. Blank spaces are provided in the workbook so readers can write about their experiences; questions are provided to guide readers as they reflect on their own experience as well as to guide discussions with patients. The reflective component is in place ‘to bring the experience home’. “It’s one thing to have an experience,” she writes, “another to process it and embody it.” As a reviewer, I read through the book with an eye for what it offered. As a person, I did many of the exercises and found myself curious enough to spend more time following the paths that appeared before me. This workbook is ideal for those new to the concept of intuition as well as those already familiar with and using intuition in their lives and practice. Marks-Tarlow will stretch your awareness, and she offers new experiences to share with your patients. She is clear in her stance, however, that as therapists we must hold our hypotheses lightly—we must check out our intuitions and never assume they are true because at times it is difficult to distinguish between grounded intuition and ungrounded countertransference. Her intention is for readers to use their curiosity as a place to move forward in their clinical work.

In terms of formatting, there are ten chapters ranging from cultivating inner space and making time, to finding your center, gaining perspective, and developing your



Glee! by Marks-Tarlow

clinical “sense abilities”.

Each chapter tethers the past (both key concepts from the parent book as well as information from preceding chapters in this book) to the present conversation as well as to upcoming concepts. It is a blend of fact, opinion, and experience. Marks-Tarlow adheres to her own advice—the book’s design is playful, humorous, and imaginative including creative original artwork, word placement on the page, use of font style and size, and white space. At times you are reading a textbook with a first person presence then you’re immersed in poetic ramblings as she teaches readers how to “listen for the music under the words” and “attend to the texture of the silence” in their clinical interactions (p. 170). As readers tune into what they feel, see, and know, as they experience being intuitively in sync with their patients such that all aspects of themselves are aligned so they become present to themselves in an actual moment in time, Marks-Tarlow hopes to “counter robotic, dehumanizing, and demoralizing trends by placing clinical intuition in its central guiding place” (p. 198).

Incorporating prenatal and perinatal psychology concepts (employing knowledge about infant growth and development) with the metaphorical use of life and experience, Marks-Tarlow locates “inspiration along with intuition as aspects of implicit processing with the human right brain” (177). If your left brain is too busy trying to analyze patients and fix them, “the right-brain capacity to step into the dyadic dance by keeping time with the underlying music of relational rhythms is inevitably blocked” (page 42). She uses the breath to tap into our source of vitality; every breath, she writes, represents a chance to reset the balance between effort and release. “From a perspective in which the breath captures the whole of our being, inhalation represents the capacity to find, see, and nourish ourselves as well as to take in new things. Exhalation represents the capacity to release, let go, and clear out what is toxic, unnecessary, or emotionally unhealthy” (p. 55).

Using these exercises during clinical sessions and taking time to observe yourself in relationship with your patients, readers will have the chance to notice the contrast between their right-brain sensory-based looking and their left-brain cognitive-based labeling where they actually

stop taking information in from their eyes. “When we operate intuitively,” Marks-Tarlow writes, “we flow in an unpremeditated, nonlinear fashion with whatever catches our attention” (p.88). Conscious decisions are left by the wayside and “an emergent process arises by which joint attention shifts and flows according to the intersubjective field of how two people intermix from moment to moment in mind, body, and brain. The closer we remain to our implicit primary sensory experience, as unfiltered by thought, analysis, or strategy the more responsively we align ourselves with intuitive facilities” (p.88).

According to Marks-Tarlow, the primary function of clinical intuition is to inform us of our true perceptions, feelings, and responses on a moment-to-moment basis, at the dynamic edges between self and other, between the inner and outer worlds. As therapists move beyond simply accessing present-centered

embodied perception and truly integrate, contain, and process it in a way that is thoroughly unique to who they are as their most authentic selves, they will experience a transition in their clinical work—in their sense of knowing and being with



Heart of the Rising Sun by Marks-Tarlow

themselves and their patients.

A wise mentor in her own right (with over 30 years of experience), Marks-Tarlow leaves readers with an important message, one that resonated strongly with me: “Although inspired by the techniques and insights of others, we must simultaneously commit ourselves to discovering our own truths” (p. 170).

Now that the pressure of reading this book to write a formal review is over, I will revisit the exercises and spend more time being in the exercises and in the reflection. I get the gifts that were present in my box in that high alpine meadow, but I’m not so sure about that lingering feeling that something was missing.

References

Marks-Tarlow, T. (2014). *Awakening clinical intuition: An experiential workbook for psychotherapists*. New York, NY: W. W. Norton & Company.

Marks-Tarlow, T. (2012). *Clinical intuition in psychotherapy: The neurobiology of embodied response*. New York, NY: W. W. Norton & Company.



Original artwork by Marks-Tarlow



Awakening Clinical Intuition: An Experiential Workbook for Psychotherapists

A Reflection

by Terry Marks-Tarlow, PhD

For me, writing is like a river that runs through my veins, coursing more deeply than any other current in my life. Along with being a clinical psychologist and artist, I am also a wife and mother. I used to feel guilty about the intensity of my preoccupation with writing, as if this meant I didn't love my husband and children enough. I've come to realize the falsity of that fear. If I don't take care of myself fully first, how can I possibly serve others? This realization has freed me up. I now experience my personal history as marked by twin births. The birth of my body occurred more than 50 years ago, signaling my physical arrival on Earth. The birth of my spirit occurs in an ongoing fashion, through my writings, outside of time. This second birth feels like a successive awakening, an integration of intellect, passion, and spirit. This is the realm where I cobble together meaning on the grandest scale.

My first book—*Creativity Inside Out: Learning through Multiple Intelligences* (1996, Addison-Wesley; foreword by Howard Gardner)—emerged to resolve an early career crisis. This happened right after I graduated with a Ph.D. from UCLA. I had based my dissertation on a prospective study of depression, choosing a project that seemed quick and dirty. In reality, the topic didn't interest me in the least; meanwhile my passions had lain dormant for years, while I thrashed my way through graduate school, prioritizing sanity over fulfillment. As I slowly came up for air, it dawned on me that creativity is what moves me most.

So I became a consultant for the Lawndale School District, working with teachers to fashion a creativity curriculum. The final book emerged out of our collective vision that creativity is the key to holistic learning. I had jumped fields to take on this project, and upon finishing the book I had yet another sobering insight. I wasn't really interested in the field of education; and clinically I

didn't work with teachers or even kids. Worst of all, I had taken ten years to study and write *about* creativity largely because I hadn't been ready to dive fully into my own creative process.

As I result, I began immersing myself in the arts. I danced. I practiced yoga. I drew. Novel ideas were coming in droves out of a newfound fascination with nonlinear science, particularly fractal geometry. Intuitively, I sensed fractals are profoundly related to nature's creativity and psychological complexity specifically. After much studying, I took the plunge into my own unconscious, in search of my own insights. My second book, *Psyche's Veil: Psychotherapy, Fractals and Complexity* (2008, Norton; foreword by Daniel Siegel) emerged. Blood, sweat, and tears were packed into the pages of that case-based book, which I also illustrated myself. It took 12 years and three drafts to write. The real challenge was working my way through the profound aloneness I felt working out my ideas, plus the terror of being considered crazy in what I "saw." I imagined colleagues would perceive me as making things up. I anticipated the shame of being laughed at and intellectually dismissed for off the wall, rather than cutting edge, ideas.

The process of writing *Psyche's Veil* was a bit like climbing a mountain. But I persevered, and was proud of doing so. In the end, I discovered that reading that book is almost as difficult as writing it had been. Despite the clinical content, the material is quite abstract, based on pure math and science. This easily scares away most clinicians. I also learned that the feeling states that surround the writing of any book can very easily exude from its pages, which in turn can stimulate the very same feelings in the readers themselves. I had been scared to write the book, and now people were scared to read it.



Inner Freedom by Marks-Tarlow

While gratifying to complete this behemoth task, I was also clear I didn't want to repeat it. I chose my next topic as a means to break through the intense struggles and isolation I had felt. I hoped that *Clinical Intuition in Psychotherapy: The Neurobiology of Embodied Response* (2012, Norton; foreword by Allan Schore) would provide a sharply contrasting experience. I wanted to stay connected with readers from the start. So I imagined the book's narrative as an open invitation into a relational dance. This time I sought a broad, rather than narrow audience. I wanted to address all psychotherapists across the great theoretical and professional divides. Most importantly, I strove to

hold the reader in my heart from the start. Rather than lead with heady abstractions, instead I offered clinical and personal stories filled with dialogue as a means to share my vulnerabilities and internal processes. I wanted to be fully accessible and transparent. I wanted to be fully grounded in embodied awareness. I was scrupulously honest about how I faced the uncertainties, ambiguities, and chaos of clinical practice—how so often I flew by the seat of my pants as I reached for internal guidance. The book adopted an evolutionary perspective. I used animal stories to illustrate the common emotional foundation and neural limbic circuitry found in all mammals. I aimed to strip away human hubris that we are the only

creatures with empathy, grief, a sense of justice, or the instinct to play.

It took me only one year to research, write and illustrate my third book. For the first time, I was behind the task of speaking, training, and giving workshops on the topic. Almost immediately, I felt ready to give birth to its most recent companion, *Awakening Clinical Intuition: An experiential Workbook for Psychotherapists* (2014, Norton; foreword by Allan Schore, reviewed in the pages of this journal). I had thoroughly learned my lesson that it is a lot more fun to dance with readers than to struggle alone. In this fourth book, I tried to take the process a step further. Not only did I again hold the reader continually in focus, but I simultaneously strived to pay as much attention to myself. I wanted to walk my talk, by integrating all facets of my body, mind, brain, and spirit holistically as I wrote. In striving to provide exercises and opportunities to tap deeply into one's own grounded foundation, I wanted to do the same with myself. I yearned to proceed without struggle. I envisioned letting my unconscious lead the way only and precisely when it was ready to do so. To honor this vision, I wanted to wait until my fingers itched to fly. If I didn't feel fully inspired in this way, I vowed not even to sit down at the keyboard.

Happily, *Awakening Clinical Intuition* emerged in a matter of months, even more quickly and effortlessly than *Clinical Intuition in Psychotherapy*. To conceive of and manifest the workbook proved to be an act of pure joy. Thankfully, my psyche was fully aligned with the subject matter. I could trust my own perceptions, reflections, and impulses while remaining connected to the reader. There was something luxurious about relying so heavily upon my own intuition as I wrote about intuition as a valuable resource. I reached a new level of



Tree of Life by Marks-Tarlow

I write these reflections without yet reading any reviews or receiving feedback on *Awakening Clinical Intuition*, for it is just now launching into the world. I am eager to discover whether my own spirit of joy has successfully leaked into the pages.

Psychotherapy is serious business: blood, sweat, tears, doubts, and fears are a regular part of our jobs. Yet, despite the gravity, pressures, stresses, and challenges, when it comes down to the minute-to-minute implementation of theory, no cookbook can guide us. Only through intuition can we tap into the richness of the moment and the fullness of the whole context. Only through intuition can we touch deep enough in ourselves and others to encounter true novelty that is necessary for embodied change. When we tap into our own intuition in service of guiding others, we offer inspiration, modeling, and safety. This helps our clients/patients to likewise find their own internal lights as guidance through the thicket.

Terry Marks-Tarlow, PhD, is a clinical psychologist in private practice in Santa Monica, California. She teaches effective neuroscience at Reiss Davis Child Study Center. She does yoga, dances, draws, and generally strives toward a balanced life through embodying her values. She is available for psychotherapy, talks, and trainings through her website: www.markstarlow.com

integration. Gone were my previous fears of being a fraud. Vanished were self-doubts about offering something of value. I no longer needed reassurance from others. What remained was the pure high of self-expression—a high I'm convinced touches upon the magic of psychotherapy when we succeed in helping others to find their own voices, hearts, and histories.

I write these reflections without yet reading any reviews or receiving feedback on *Awakening Clinical Intuition*, for it is just now launching

into the world. I am eager to discover whether my own spirit of joy has successfully leaked into the pages. My hope is to inspire all sorts of psychotherapy practitioners, both seasoned and newbies alike, to muster up the courage to cultivate their own idiosyncratic perception and clinical style. At this point in our field, great pressure exists for accountability and empirically proven methods. While this is important, I sincerely believe scientific approaches must be counterbalanced by artistic and intensely personal sensibilities.



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Body Wise

By Kamalamani

The Body Politic

In May this year I'm co-ordinating a conference, 'The Body Politic'. It is being hosted in London by UK-based Psychotherapists and Counsellors for Social Responsibility (PCSR) as its 7th Psychotherapy and Politics conference. I'm a steering group member of PCSR and editor of its in-house publication 'Transformations'. The idea for this event came to me nearly four years ago, at my first steering group meeting. I envisaged an event exploring creatively, honestly, and constructively what it means to be a body. A body shaped: by the social, political, ecological and economic backdrop and dynamics unfolding throughout our lives; by our thoughts, feelings, beliefs, patterns, actions, and allegiances; by our connection - or lack, thereof - with the earth and other-than-human and more-than-human life. I hope that the keynotes, workshops, and discussions of this event will not only highlight the struggle to reclaim our bodies as our own, within the complex networks of power which we inhabit, but also to celebrate being a body.

So the theme of 'the body in relationship: self-other-society' is timely. It's also starting to dawn on me - to my surprise, if I'm honest - how contentious and stirring a theme this may prove to be. A surprise to me because, working as a body psychotherapist, being a meditator and teacher of embodying meditation, and being interested in what's going on in the world around me, I'm concerned everyday with how society has shaped and continues to shape our incarnation, for good and ill. Yet, we don't - in the UK, at least - talk much in depth about these themes.

Not even in therapists' circles or body psychotherapy circles. It still feels a bit fringe, despite the manifestations of our politicised bodies in the mainstream in the shape of body dysmorphia, addiction to a range of drugs of choice - some more socially acceptable than others, and self-harm, to name but a few. And on a much bigger scale, the shadow of our embodiment, or lack of embodiment, is reflected in the way we are treating the planet, and other-than-human species, eroding our home and the home of billions of others.

I don't want to get too doom and gloom here. Being a body brings moments of bliss: being drunkenly orgasmic, feeling the beat of a drum resonating with our body's beat until we don't know which beat is which, losing ourselves in wild dancing, sitting quietly, wholly, and contentedly in meditation, holding our wrinkled-face new-born after a long, arduous labour, and those ordinary magic moments of the sensuality and connection breaking bread and drinking wine with cherished friends and family.

The experience of being a body can, and is, hell on earth for billions of our global neighbours. The United Nations Food and Agriculture Organization estimates that nearly 870 million people of the 7.1 billion people in the world, or one in eight, were suffering from chronic undernourishment in 2010-2012 (1). 30 million women, children, and men are victims of human trafficking, modern-day slavery, every year (2). In Africa alone, 345 million people lack access to water for drinking, washing, and cleaning (3).

Perhaps these seem like extreme examples, taking place in a far continent, and it's just too much to take in these facts. This is a feeling I know intimately, being flooded with overwhelm or falling into horrified anxiety before switching off in order to cope with the challenges and fullness of our everyday life. Perhaps it's easier to recall clients closer to home. Those people we've welcomed into our therapy rooms who are struggling with substance abuse, are asylum seekers exiled from home, are victims of bullying or domestic violence, are starving themselves, literally, to death, or who have narrowly escaped losing their life in a war zone. How do our bodies respond to these clients? How do we assimilate and digest hearing the sharing of these experiences? What resonates in our own experience? Which prevailing emotions arise? Fear? Anxiety? Tenderness? Compassion? Most likely a mingling mixture.

I'm interested in how we create more dialogue about these themes; how we draw upon our wealth of experience from our own history of embodiment and in witnessing the stories of hundreds of other beings. Perhaps we could speak out a little more? Speaking out, it seems, is not something which many therapists find all that easy which feels a bit of a shame and lost opportunity given



the hundreds of hours each year we spend reflecting on the nature of what it means to be alive and embodied.

This week on the PCSR steering group we've been finalising our flyer for this May 'Body Politic' event. It's been a fascinating process in many ways. Firstly, it's really quite tricky to find images of bodies which aren't airbrushed and made to look 'beautiful' in a very conventional sense. It's not that easy to find photos of ordinary folk going about their lives, much easier to find highly sexualised images. Secondly, the more I thought of the theme, the more I was aware that I would miss or fail to represent a group of people whose lives are severely hampered by body politics: those whose bodies don't conform to the majority: physically, sexually, in terms of skin colour, class, and cast, those who are victims of war and torture. We ended up deciding that it was too hard-hitting to include the corpses of victims of war in Iraq, for example. Some feared such an image had no place in an event advertising an event in the west for psychotherapists. In my mind, it has everything to do with us and UK foreign policy, yet I can see the inherent dangers in further desensitising readers, or worst still, leading them to switch off and not come to the conference to engage

with the debates.

The politics of being a body are going on all the time in and out of our therapy rooms. The use, misuse, and denial of power and potency, consciously and in the shadows. We have, of course, our own embodied prejudices, assumptions, excellences, and these are bound to work their way into our therapeutic work, hence the importance of supervision, peer support, and life with enough

balance. We hopefully know the conditions which have led to the oppression and liberation in our own bodies, and how we contribute to the oppression of others, albeit indirectly. The work we do, leading to greater awareness, also leads to freedom for our clients and those around us.

As body psychotherapists and body workers, it seems to be critically important that we know our own power and potency and acknowledge the impact we have. Not in a big ego way, but in a responsible citizen way. We need meaningful rites of passage so we honour our body-minds in whatever stage of life we are dwelling. We need to know that we are creatures living amongst other creatures, neither better nor worse than the other species with whom we share the planet. Perhaps we need to pay a bit more attention to our relationship with our environment and the wider world. Not just so we stay healthy and grounded, though that's useful, but so we can listen more accurately to our bodies and the bodies of others—learning from the rhythms of our bodies and the seasons. Maybe we need to remind ourselves of the bliss of being a body, remembering we are beings made of flesh, blood, and bones, not consumers as capitalism likes to

Continued on page 79

Body Psychotherapy and DID

Kathrin Stauffer & Steve Elliott
Chiron Association for Body Psychotherapists
United Kingdom



Imagine that instead of living in a house you were to organise your life in a series of little huts. They might look like ordinary houses but are only inhabited for some of the time, and you would be changing houses at the most unexpected times and without notice. You might never quite remember which of your possessions are in which hut. And of course this can be dangerous: when you unexpectedly change houses, you might leave a chip pan on and start a fire! It is readily understandable that at least you would need a good neighbourhood watch team to keep things running smoothly. Preferably you would want to re-house yourself in a larger house eventually, so that it is easier to move from one little space to another. But then you would need to be able to stop yourself from running away with claustrophobia when the house cannot quite contain all your separate internal spaces.



This is a very simplified picture of the condition called Dissociative Identity Disorder (DID) (which used to be known as multiple personality). DID is a psychotherapeutic theme that has emerged strongly into the consciousness of the profession in recent years. Therapists often fear working with such clients as they are generally seen as an extreme end of the spectrum of dissociative personalities, with multiple severe and often early trauma in their background. Treatment approaches for this kind of difficulty are offered by some modalities, mostly cognitive or psychodynamic ones. Until recently there has not been a specific body psychotherapy approach to working with dissociation and DID. Now we have Lidy Evertsen who has developed an interesting approach based on her expertise, the Bodydynamic system.

“When trauma is too relentless to be normally processed and integrated into the psyche, to be blended into existing memory networks, separate memory-systems may spontaneously develop; multiple identities with, at times, extremely defined character traits and personalities, usually dissociated from each other in order that the sense of a normally functioning life can be maintained.”

This clear and simple description is typical of the way Lidy works. She starts with establishing a common language with the client, a way of naming ordinary sensory experience of the external reality that can serve not only as a tool of the therapeutic alliance but also as a common language between different personality fragments. Naming sensory experience, both of clients’ inner world and their outer reality, develops the clients’ somatic awareness that is



Working with Dissociation and Split Off Personality Parts

Friday 6 June 2014 5.30 - 8.30 pm

Saturday 7 June & Sunday 8 June 2014 10.00 am to 5.30 pm

With Lidy Evertsen

Southwold, Suffolk. Photo K. Stauffer

dissociatively adapted in the original trauma. Thus the beginnings of a conversation between the different fragments, often resulting in a blurring of the rigid boundaries between them, are made in the gentle and non-provocative way that is so typical for the Bodydynamic way of working.

One of the challenges for people with dissociative identity is to build a coherent 'autobiography' – a seamless timeline to their lives. Lidy helps this by locating different aspects of the person in the developmental model that is based on body structure and serves as an extremely accurate diagnostic tool. She will work to resource and strengthen and validate each separate aspect of the

personality, recognising the unique contribution that each of them makes to the whole personality. Once this work has progressed a certain way, the process of integrating the different personality fragments, or at least of increasing cooperation between them, can begin.

Lidy Evertsen is the President of the European Association for Body–Psychotherapy EABP. She lives and works in Amsterdam. This is the first time that she will come to the UK to teach her approach, and the Chiron Association for Body Psychotherapists is proud to be organising this rare opportunity. For more details see <http://www.body-psychotherapy.org.uk/component/content/article/127.html>

International Journal of PSYCHOTHERAPY

The International Journal of Psychotherapy is published by the European Association for Psychotherapy, 3 times per annum. It is a leading professional and academic publication, which aims to inform, to stimulate debate, and to assist the profession of psychotherapy to develop throughout Europe, and internationally. It is a peer-reviewed scientific journal.

The Journal raises important issues in the field of European and international psychotherapy practice, professional development, theory and research for

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The particular ethos of this Journal is that we publish submissions from anyone involved in the field of psychotherapy, as long as the submission is well-written, in clear English (and we also publish in the language of origin), is well researched, respectful and unbiased, and has been submitted in accordance with the guidelines given in the 'Information for Authors' on our website. We welcome original contributions on the basic understanding that the contents have not been previously published and are also not submitted elsewhere for publication at the same time as submission to IJP.

The IJP also provides longer versions of the book reviews we share in our magazine. For in-depth reviews by Dr. Jacqueline Carleton and the USABP interns offered in our issues please visit:

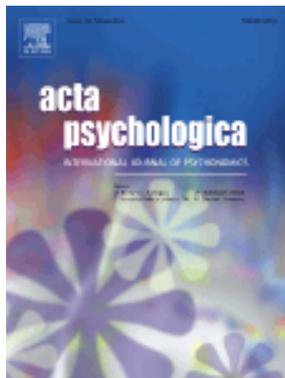
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Research in Review: A Brief Look at Current Studies in the Literature

By Dawn Bhat, M.A., M.S., NCC



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



Embodied social experience

Ijzerman, H., Gallucci, M., Pouw, W. T., Weißgerber, S. C., Van Doesum, N. J., & Williams, K. D. (2012). Cold-blooded loneliness: Social exclusion leads to lower skin temperatures. *Acta psychologica*, 140(3), 283–288.

We use metaphors in our every day language to understand social experience. *She's so cold. He's a warm person.* The link between affection and physical warmth has been established in the literature. In the present study, the authors tested the hypothesis that people experience literal and physical temperature changes to process close and affiliative relations.

In the first experiment, the authors found that participants' skin

temperature dropped when participants experienced social exclusion. In the second experiment, the authors found that participants perceived social connection when their hands were made warm, which alleviated negative affect associated with social isolation. This research is empirical evidence to support an embodiment of social experiences.

Warmth may be the 'fabric' of social relations that becomes internally represented at an early age.

People tend to use physical warmth to self-regulate against loneliness, which is consistent with evolutionary and developmental research on attachment. Infants cannot regulate their physical body temperature and seek warmth and comfort from an attachment figure. For somatic psychotherapists, this research is interesting as the felt sense of being alone — as if, one is *left out in the cold* — is experienced by the body as a trauma.

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Talking about social emotions: Top down and bottom up

Saxbe, D. E., Yang, X.-F., Borofsky, L. A., & Immordino-Yang, M. H. (2012). The embodiment of emotion: language use during the feeling of social emotions predicts cortical somatosensory activity. *Social Cognitive and Affective Neuroscience*.

The mind and body work to process emotions. People tend to rely on cognitive (intellectual) or affective (body-based) modes of processing when talking about social emotions. In this study, the authors hypothesized that there are individual differences in the neural processing of social emotional experience. That is, some may rely on abstract cognitions. For others, it's bodily sensations, which contribute to their embodied processing style and personality.

To test their theory, the authors administered an interview that provoked narratives about admiration and compassion to 28

participants during functional magnetic resonance imaging. During the experience of complex social emotions, the somatosensory process in the brain was differentially involved depending on cognitive or affective processing style. This research found that the words used to describe feelings from an affectively charged place recruited more somatosensory processing than those who described feelings using thought-based words. That is, the former used brain areas associated with bodily sensation, including the somatosensory cortices, insula and anterior cingulate cortex. This study suggests that the language used about feelings recruit brain areas that

are involved in physical body awareness, interoception.

The neural embodiment of social emotions may have implications for understanding complex social phenomenon such as compassion and admiration. In clinical situations, when individuals experience a trauma, they tend to use more cognitive words, perhaps, to distance themselves from the emotions. Interventions that employ top down and bottom up processing may be developed to help give a voice to individuals who may differentially process feelings associated with social relations.

Fluid body, fluid mind

Slepian, M. L., Weisbuch, M., Pauker, K., Bastian, B., & Ambady, N. (2013). Fluid Movement and Fluid Social Cognition Bodily Movement Influences Essentialist Thought. *Personality and Social Psychology Bulletin*, 0146167213506467.

Bodily experiences of fluidity promote fluidity about social cognitions, including prejudice, racism, judging, and stereotyping. Research supports the involvement of sensorimotor states in social cognition. In addition, creativity is enhanced and rigidity is lessened by freedom of movement. For example, the physical practice of yoga promotes a subtle body and a fluid, flexible mind. But how does this information about how embodied states affect cognition extend to the social milieu?

In the present study, the authors examined whether fluid

sensorimotor movement influenced more fluid social-cognitive processing, which in turn would interrupt essentialist thinking (views about social categories that are rigid, discrete, and fixed) and reduce its impact on social cognition. This research across five self-report (participants traced fluid and nonfluid drawings), four online studies (participants observed fluid or nonfluid movement), and one laboratory study found that fluid movement gave rise to fluid social-cognitive processing.

Fluid movements can change people's beliefs about others.

Embodied sensory states influence cognitive processing style. While the body can move in multiple directions so too can the mind. Dancers, yoga practitioners, and somatic therapists may have an experiential key to long lasting influence on more flexible social beliefs by their repeated fluid movement practices. As such, somatically-minded therapists may be better able to help clients overcome rigid social cognitions by introducing fluid body movements in the session. By changing stereotypes and judgments, we can hopefully promote more compassion and empathy for others and in society.

Knowing in Our Bones.

The Embodied Knowledge of Somatic Educators



Written by Rae Johnson, PhD



Reviewed by Nancy Eichhorn, PhD

I opened the pdf file of Rae Johnson's book expecting a textbook. A colleague had recommended I review Rae's book knowing that I had studied under Rae's guidance while attending the Santa Barbara Graduate Institute. Her calm demeanor and fully embodied presence in the classroom created a safe space for me to explore my unknowing, to venture into the fear of feeling out of place in a graduate program for somatic psychotherapists being a "head" person. I wanted to learn more from the woman who supported me as a student and, more importantly, as a writer.

All of these expectations and assumptions choreographed what I call, the reading anticipatory stage: formatting, point-of-view, language, references, and voice—all aspects of the text have their proper and expected place. As an editor, I know expectations narrow a reader's focus of what is to come—they bind readers and limit what they bring in and take away. And yet, as an embodied reader/writer, I also know how to sit with curiosity, how to sit with the text and allow it to present

itself to me in ways that I may not have considered when turning the page.

I was surprised to encounter a research project written as an autobiographical journey that affords reflection by somatic educators on how their Beingness and their embodied knowledge effect their teaching and the potential outcomes in their students' lives. Rae writes that she is "interested in how other somatic educators experience their personal relationship to their work and how who they are informs the way they teach" (p. 5). Her curiosity—wondering what is known about the embodied knowledge of the somatic educator and how this knowledge manifests and is communicated in the context of teaching and learning—prompted this book.

The goal of this particular study was to "create a new knowledge and understanding about what somatic educators know, how they know it, and how they communicate that knowledge" (p. 6) and to add to the "growing body of research investigating the area of the

practitioner's experienced knowing and drawing connections between the person and their teaching" (p. 8) because, in Rae's perspective, teaching is both an invitation and an opportunity to help students articulate something that's important to them.

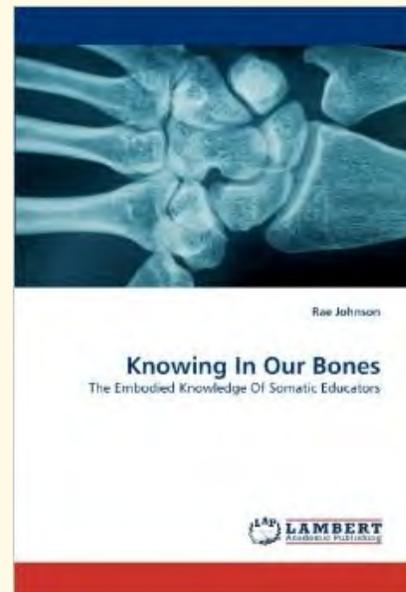
Rae's use of embodied writing—the text is written from the inside out as an embodied writer needs to be in his/her body when writing to attune to the deeper levels of sensual, emotional, and psychological associations, memories, and undercurrents in order to include descriptive sensory and perceptual material from internal and external data (p. 17, p. 20)—brings the reader into the experience as Rae works with four seasoned somatic educators: a teacher of the Alexander Technique; a Trager practitioner; a certified movement analyst who teaches Bartenieff Fundamentals; and a teacher of Gestalt Somatics. The book does not follow a linear trajectory; rather, it is written as a journey in which experiences and insights are gathered along the way and reflected and reviewed on at the end (p. 25).

There are four interwoven narratives—each of the practitioner’s experiences and Rae’s experiences as both researcher and student, and as therapist and colleague intertwine. The co-researchers were recruited from a pool of colleagues who regularly attended somatic education events in Toronto, Canada, where Rae was located. They were selected using four criteria: they were fully qualified; represented established, recognized schools of somatic education; expressed prior interest in research; and represented a broad sampling of the field of Somatic Education.

The text includes dialogue from taped interviews (ranging in length from 60 to 90 minutes), interactions between Rae and her colleagues (journal notes), and lived experiences as Rae explores each methodology (self-reflection/observation). She also provides the exercises that she does with each practitioner so that readers can experience them at a bodily level, too. As for the provided exercises? You may want to set them aside for a later time; and yet, from my perspective, if you allow yourself to sink into the text, to be drawn into the experience along with Rae to see and feel and sense the rhythms of your own breath and movement, the words meld into a richer bodily response. I felt as if I were present with Rae, present in the sessions with each of the somatic educators. I experienced my body wanting to express itself as I shared in the exercises and in the same breath absorbed the words. There was a strong pulsation with each session that resulted in an opening, allowing me to be present, embodied. I was no longer a reader, a reviewer. I was a participant contributing to the research process itself as I experienced myself as a recipient and then, in reflection, as an educator reflecting on how to translate these moments into sessions with my students.

According to Rae, the study was designed to illuminate and illustrate the perceptions and understandings of these somatic educators as related to connections between their personal beliefs, values, and experiences, and their personal practices. Writing from both an autobiographical stance and a collaborative perspective, Rae’s narrative forms the basis for the investigation into an embodied knowledge of herself as well as that of her colleagues. Rae drew on four research strategies to develop and implement her study: (1) the use of narrative writing to elicit tacit knowing to provide the vehicle for communication (p. 13); (2) portraiture to create a picture shaped by a perception of the subjects’ inner qualities (p. 14); (3) organic inquiry to present data and analysis so that the reader can interact with it and be personally transformed by it (p. 15); (4) a phenomenological study to describe the experience from the subjective, individual reality—how it was perceived in the human consciousness and through the evolving relationship between researcher and subject. The themes were self-identified from Rae’s own work and then elaborated on via her dual role as both a student in the lessons and as a researcher in the interactive dialogues. She notes that she followed Gendlin’s somatic method of reflection that uses bodily knowing to elicit and develop themes for discussion.

Rae noted that Rudolph Laban firmly believed that somatic movement work had significant potential for community development and soul change (p. 50) as participants move back into sensing and feeling (out of thinking and deciding), move back into breathing and sustained time, move back into responding rather reacting back into the body (p. 49). How we move and understand movement is reflective of our inner most feelings and our ways of being in the world (p. 50). Rae uses the



work to create an experiential philosophy, as a way of being in the world. By attending to your breath, posture, and gestures, you have the potential to gain direct access to what is hidden from your awareness and move into a new understanding of yourself and the effects your presence may have on students and clients.

I started reading and became involved in the characters’ lives as if reading a good novel. I didn’t want to put it down lest I miss what was to come next, that sense of not wanting to interrupt the flow of my engagement with the events in the book. Thankfully, for this former “head” person, the exercises provided the space to be in the moment rather than in the analysis. I recommend this book to those wanting to learn about first person, embodied research and writing as well as wanting to know about the effect of the somatic educator’s Beingness, and knowing, and presence in educational experiences. Perhaps, if more authors wrote within this frame of reference, reading research might be received more openly by newcomers due to its user-friendly format that both imparts the experience and the data.

Knowing in Our Bones

The Embodied Knowledge of Somatic Educators



A Reflection on the Writing Process

By Rae Johnson, PhD

The process of researching, writing and publishing *Knowing in Our Bones* provided an opportunity for me to stretch into several new territories. Although I had conducted two previous research projects in somatic studies and no longer considered myself a novice researcher, this was the first time I attempted to bring my own experience and perspective into the research in such an explicit and intentional way. It was my first time using embodied narrative as a data presentation strategy, and my novice foray into the complex politics of academic publishing.

Although the reader will decide for themselves how successful I have been in the first two areas, I thought it might be helpful to share the underlying motivations for my decision to undertake this project from a more engaged, embodied stance. I also want to share one consequence of this decision with respect to finding an appropriate forum for communicating my research findings, as it was not a consequence I adequately anticipated, and my experience might prove illuminating for others wishing to

follow a similar path.

As Dr. Eichhorn notes in her review, this book is written from a first-person, subjective perspective. While the focus of the book (and my research) is clearly on the four somatic educators I describe in the text, I made a conscious decision to include descriptions of my own embodied experience as I engaged with each of them in turn. In a traditional research paradigm, this inclusion of the researcher's perspective is considered an unacceptable "muddying" of the data pool. But from my point of view, excluding this data only perpetuated two artificial divisions that I had been trying for many years to overcome, in both my personal and professional life. The first artificial division is that between self and other – acting as if what my research participants said and did was completely divorced from my presence and engagement with them, and presenting their words as if they had emerged from a relational vacuum. The second false

dichotomy is between body and mind. I was studying the professional knowledge of somatic educators, people whose core philosophy privileges the felt experience of the body. Excluding my own embodied responses to them seemed like a violation of our most deeply held shared values, despite the fact that capturing somatic data in words sometimes felt like nailing Jello to a wall.

The degree to which I managed this task is evident in the text. I was aided immeasurably by Dr. Mary Beattie, whose expertise in narrative inquiry helped me bring structure to the research text, and who came up with the sequence of "engaging with" and "learning from" my research participants that I've used in the book. Dr. Rosemary Anderson's work on embodied writing in research (Anderson, 2002) was an invaluable resource, as were my research participants themselves, who reviewed my narratives and provided suggestions and comments.

Despite the fact that I had made intentional and informed decisions to depart from traditional research approaches in conducting this study, I felt so supported and understood during the process of research and writing that I was not entirely prepared for the mixed reception my manuscript received upon submitting it for publication to an established university press. Although the external reviews to the manuscript were very positive, the internal committee became stalled in approving my book for publication. According to the editor, one committee member was adamant that the methodology I had used for my study could not be construed as legitimate research, and the conclusions I had drawn from my findings were unsupported. My offer to revise my conclusions to be more inclusive of traditional criteria for rigor was not sufficient to persuade this committee member that the study

was worthy of publication, and the rest of the committee relented. The editor of the press extended their apologies, along with an offer to recommend my manuscript to other publishers.

Several years have passed since this experience, and the options and opportunities for disseminating scholarly and professional work in somatic studies have expanded considerably. Constructivist and critical research methodologies continue to gain recognition and credibility with a wider audience. Somatic psychology and somatic education are growing as professional fields and as academic disciplines. I am heartened by these developments at the same time as I work toward them. Eventually, with strategic support, I believe the ability to research and publish within a uniquely somatic paradigm will become available to more of us

wishing to share with others what we know in our bones.

Rae Johnson, PhD, RSW, RSMT is Director of the Institute for Embodiment Studies and a core faculty member in graduate psychology at Naropa University in Boulder, CO. She is currently researching the embodied experience of oppression and using embodied performance as a data presentation strategy.

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Institute for Embodiment Studies

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

The Institute's objectives are realized through five initiatives. The Institute's research, publication, and conference initiatives are focused on providing an interdisciplinary forum for the creation and dissemination of new knowledge in the field. Our education initiative is designed to engage students, scholars, and practitioners on the central issues of embodiment studies, and provide a comprehensive foundation of knowledge and skill. The community engagement initiative completes the cycle of learning by providing training for community leaders that builds capacity for understanding and addressing issues of embodiment in real-world settings, and by engaging the members of those communities as the catalysts for further research and project development.

The Institute for Embodiment Studies was founded in 2011 by Dr. Rae Johnson, a scholar/practitioner and educator with expertise in somatic psychology, embodied education, and community-based research. Dr. Johnson serves as Director of the Institute, and works in consultation with members of the Institute's Advisory Board.



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



Birth's Hidden Legacy

A conversation with Annie Brook, PhD, LPC

By Nancy Eichhorn, PhD

and Annie Brook, PhD, LPC

Mothers often remember birth differently than babies. As the third child, and according to my mom, my birth was simple. Mom's labor pains started while watching the 1960 TV show "the Musketeers, with Annette Funicello." She remembers her singing. Mom was a nurse at the San Francisco hospital where Dad was completing his residency in obstetrics. They knew the birthing drill. It was easy, supposedly I popped out without complications. However, my siblings had the chicken pox so mom and I were hospital bound for two weeks. Hospital protocol meant I was placed in a crib where I soloed most of my days and all of my nights.



Nurses brought me to my mother's bed to feed me, then returned me to the nursery per their schedule. I spent that time alone in the nursery.

Is that a problem? That's how they did things in the 1960s. Babies were fed, changed, warm, dry—all basic survival needs were cared for, what more do you expect?

Annie Brook, PhD, LPC, author of *Birth's Hidden Legacy*, knows that the first 18 months of life are developmentally critical—and that experiences during this time set up patterns that last a lifetime. My early hospital aloneness created issues I have had to live with and repair relating to adult esteem, social comfort, and ease in relating.

According to Brook, early experience encodes the young nervous system response patterns. These patterns are deep in the bodymind and form the foundation of behavior and identity beliefs. Brook has decades of clinical data to support her view. It seems that an infant doesn't know it exists without the mother's presence and reflection; without those initial mother/infant moments, infants imprint dysfunctional core beliefs in their bodies that impact relationships. Brook treats clients at this early memory level and has learned to “listen for the echoes of earliest story” because doing so helps clients release struggles with behavior. Once these stories are named and processed through the body, behavior changes and experience becomes integrated and loses its hold on perception and response.

“**Nursery babies** have no one there to respond to their needs,” Brook says. “There’s isolation and a scheduled response that is not in sync with the baby’s bonding time. Nurses come and go, have their own time schedule, and few, if any, are meeting the baby where he/she is at. With mother present, baby is met moment by moment; if the baby is hungry, the mother feeds it. But if a hungry baby has to wait for an externally imposed schedule, they become hyper-aroused. They will flail and cry out and then get mad. You can track their physiological responses through the autonomic nervous system. When no relief comes, an infant will go from flailing into freeze, followed by despair and depression. Primitive brain states move them into dissociation and fragmentation, all the while the primitive brain is making meaning, such as ‘I am bad because no one comes.’ Or, ‘my needs don't matter,’ or, ‘it is better to go numb than to ask for what I want.’ Babies with unmet needs withdraw into their cave—known in polyvagal nervous system theory as the ‘dorsal dive.’ This is an attempt to ‘regulate’ to isolation, since nursery babies spend most of their time alone with other unhappy babies. Infants in a dorsal dive look ‘content’ but that is because they are dissociated or may

sink into a black void of depression. Some bond with the arousal and anxiety of other nursery infants, or with emptiness.”

Premature babies are often isolated. Brook knows this from the inside out. As a premie, she was placed in an incubator, and learned the habit of isolating herself when stressed. “Whatever one survived will be repeated as a coping strategy.” Premies work harder to survive, and as an adult Brook found herself isolating into work and feeling unfulfilled. To repair this habit, she had to notice it, befriend it, discover the primitive fear encoded in the



pattern, and then allow the sensations of fear rather than go numb. This is the deepest psychological work. One must stay present to the discomfort of body sensations, recognize their origins, and do something different. “Many adults picked up aspects of self-coping behaviors in infancy—they got depressed or became rageful or alcoholic,” Brook says. “They looked for ways to manage overwhelming sensations and take the energy into some sort of action to survive.”

Brook repaired her isolating habit, learning to reach out socially, have a cup of tea with a friend, go for a walk, or go to someplace social. “Fear is a hard sensation to tolerate. People want to fight or flee or go into a catatonic depressive state,” Brook says. Instead, she helps clients learn to befriend and tend sensations. Doing this together in session is the relational part of repair. Brook calls it, ‘Surfing the Shock.’ “That’s where applied neuroplasticity comes in—re-experiencing patterns of non-safety in a safe environment, so that pre-cognitive ‘beliefs’ can be

“If their mom’s attachment style was overbearing or there was some sort of invasion during birth (forceps, C-section, medications) deflection was a survival response; clients can’t find their own way into their body, nor let anyone else in.”

dismantled in the brain,” she says. “You are not just working with the body; you have to notice when the client is getting activated, teach them to feel the arousal and not fix it. This is 'surfing the shock.' The idea is to avoid being induced into the arousal or fear state, and stay present with the self throughout the discomfort of the sensation.”

According to Brook, shock is more dysregulating than trauma and is treated in a different manner. If the client’s body has a dissociative quality about it, if there’s fragmentation in the sympathetic nervous system and there’s arousal, the charge can overload the system with too much energy and result in an inner freeze of the nervous system. Therapists have to consider the client’s resources (as opposed to a pathological view), and then “create a big net around them, gather them in, and stay with them and feel through the fear,” Brook says.

“I ask my clients, ‘What if you suspend the fight/flight response in my office? What if you don’t fight or run? Let’s assume it is safe enough in my office, that the sensations are not actually life threatening right now? Then we can befriend the nervous system and not be hijacked by sensations. We can pick up any aspect of self that might have been

abandoned by dissociating. When you can claim the precognitive events of life in reality, and reclaim them, then you have met the beginnings of a whole self. It’s the integration of the personal narrative that makes one whole, and this includes the prenatal,



birth, and post-birth attachment events.”

Staying relational through this process means going slow enough to match birth and its agenda. “Infants processing speed is 6 to 10 times slower than adults, and pre and perinatal psychologists slow down in order to treat subtle expression. For instance, I want to notice if a client is actually deflecting me when telling me her story. Is she so busy talking that when I comment and say something like, ‘oh, that sounds like it hurt,’ she keeps talking, not even hearing my feedback? If I’m being relationally deflected, I will ask clients if they can feel their deflection. Many cannot. If their

mom’s attachment style was overbearing or there was some sort of invasion during birth (forceps, C-section, medications) deflection was a survival response; clients can’t find their own way into their body, nor let anyone else in.”

“Infants exist through the reflection their mom has given them. If early experience was not secure, adults can go back and repair,” Brook says. “I have learned to listen to the body’s ‘brain states.’ I use crawling patterns that will take clients through movement gestures that are designed (*evolutionarily*) to develop the primitive brain.

I work to integrate the emotional brain, and from there move to the higher levels of the cognitive brain. With adults, we have to suspend the cognitive need to ‘figure it out,’ work in the emotional brain, and use movement in the more primitive brain.”

In Mahler’s work, (referenced as, *The Psychological Birth of The Infant*), the infant’s first job is to experience weight and pressure, which happens at birth as the baby is squeezed through the birth canal. There is a sense of enfolding, a sense of the Self meeting pressure. Ideally, mother is awake and the birth proceeds without intervention. The infant survives and succeeds.

There's a threshold—leaving the womb—and through this crossing there's a leaving and return, there's a transformation in the relationship and growth. People who miss out on this experience tend to be less at ease with physical or spatial compression and less comfortable meeting pressure. If the infant is terrified, immobilized, or drugged during birth, the primitive brain registers the experience as something like, "I get started, I lose my way, and I need to be rescued at the last minute. I want someone to do things for me because I couldn't get out on my own."

"The amygdala of the brain is awake prenatally, registering threat and survival experiences, laying down the first social imprints. Implicit memories are lodged in cells and tissues (body/brain), and therapists have to make memory explicit to repair it in the brain. Birth psychology and early attachment works at this early memory level. Clinicians have to understand life from the felt sense of the infant's experience and learn to work from the inside out, helping clients feel the wobble of their own attachment and where they are compromised as insecure, anxious, or vigilant. Many clients have trouble differentiating themselves from their partners and vigilantly track them, wondering if they are okay. There is a type of controlling care taking, which exhausts the body and sense of self. They hyper manage situations and

don't settle into a balanced autonomic nervous system that allows for social safety, healthy play, and healthy rest and recovery," Brook says.

"You have to be relationally empathetic with clients, and ask questions like, 'Can you feel the fear, really feel the sensation and describe it?' You have to work ten times slower than normal processing speed, and help this person befriend that experience. It's like resting your cheek against the story to befriend early experiences. Have your client imagine what this baby might feel and how it might cope with that feeling. Tend and befriend the sensations. Let the early infant self know you are not going to abandon them. By staying present, you repair and reattach. This regulates that experience and establishes a stronger sense of self."

"You have to treat at this level," Brook says. "What we long for is to be seen by the other. Adult therapeutic work is to repair one's sense of existence. The infant does not know it exists away from its mother in the beginning. One learns they exist when they can crawl away from mom and come back."

Developmentally speaking, the mother gives the infant its sense of being seen and meaning making. She says things like, "Oh you're cold" or "You're hungry," or "You heard a

scary sound." Through these interactions the infant learns about its emotional self and physical self; it learns about states of arousal and rest, and how to return to a place of body balance rather than lethargy (depression) or over excitation.

"Knowing one exists is a key component to early attachment and bonding experience," Brook says. "Clinicians want to learn to work at this level. When you can treat the earliest human experiences (the root causes), then we're most efficient as therapists. The biological imperative is to survive; if infants are in a place of overwhelming chaos, they will find a locus of control. The body is designed to 'alarm and orient,' to make meaning of events. Infants orient and use meaning making to survive and navigate life."

"However, if they make the wrong meaning they may dissociate and may not repair. I work with 4 to 6 year olds with low self-esteem. They will see themselves as a 'bad baby' because they were in an incubator or because their mother had a C-section, instead of knowing how to say, 'I felt bad', 'I felt scared', 'I'm here all alone and I'm never going to get out.' Healing happens when they digest these overwhelming charges of emotion. If there was no one there to reflect and make appropriate meaning in an early moment, the story becomes, 'I was a bad baby.' They have created someone there to fight



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“The legacy of birth is the unconscious legacy we’re carrying; my goal for treatment is for clients to graduate out of therapy and live a good enough life and enjoy it.

with, ‘the bad baby,’ rather than be lost in overwhelming annihilating fear.”

“**The capacity** of the body/mind to heal is phenomenal when you listen to precognitive stories and provide reflective listening and body re-patterning—this repairs the ability to orient to satisfaction,” Brook says. “The legacy of birth is the unconscious legacy we’re carrying; my goal for treatment is for clients to graduate out of therapy and live a good enough life and enjoy it. Clients learn to tend and befriend themselves through the pressures of adult life and stay connected through all of it. Once they learn how to do that, and add Body-Mind Centering® skills to re-pattern the deepest somatic abilities, they find lasting relief.” Brook uses a blend of psychology and movement



therapy modalities that treat the entire body-mind’s earliest stories. She reaches into the core where meaning making begins and helps clients to bring their soul back into the body.

Annie Brook PhD, LPC, has had a consistent, 35-year career in somatic psychology and movement arts including private clinical practice, teaching at universities, public schools, and mental

health centers, and as the director of the body psychotherapy/somatic masters program at Naropa University. Her broad-based work engages the realms of movement education, psychotherapy, group dynamics, conflict resolution, communication skills, and meditation. She combines teaching methods that address body, mind, and spirit and teaches her students through a two-year training program (BodyMind Somanautics). Annie Brook co-owns Colorado Therapies, where she trains interns and supports children, couples, and families to unravel difficulties and learn to thrive. Listening to the body’s story, regulation of arousal states, repair of attachment issues, and offering movement re-patterning support has formed the foundation of her work. Events and difficult experiences in her life demanded she not only deal with current events but unravel her earliest perinatal shock, which included premature birth, NICU care, and interrupted bonding. Learning to re-pattern early impressions in the nervous system has given Annie the “inside-out” wisdom which she shares in her work and writing. She has authored numerous articles and books including From Conception to Crawling, Body-Mind Centering and Contact Improvisation, and her newest book, Birth’s Hidden Legacy, Vol 1 and 2, available at AnnieBrook.Com info@anniebrook.com

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-Lauren Mari-Navarro, LCSW, Santa Cruz, CA

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In-Person Workshop in Berkeley, CA

Workshop Dates

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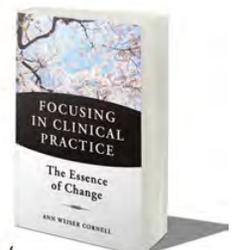
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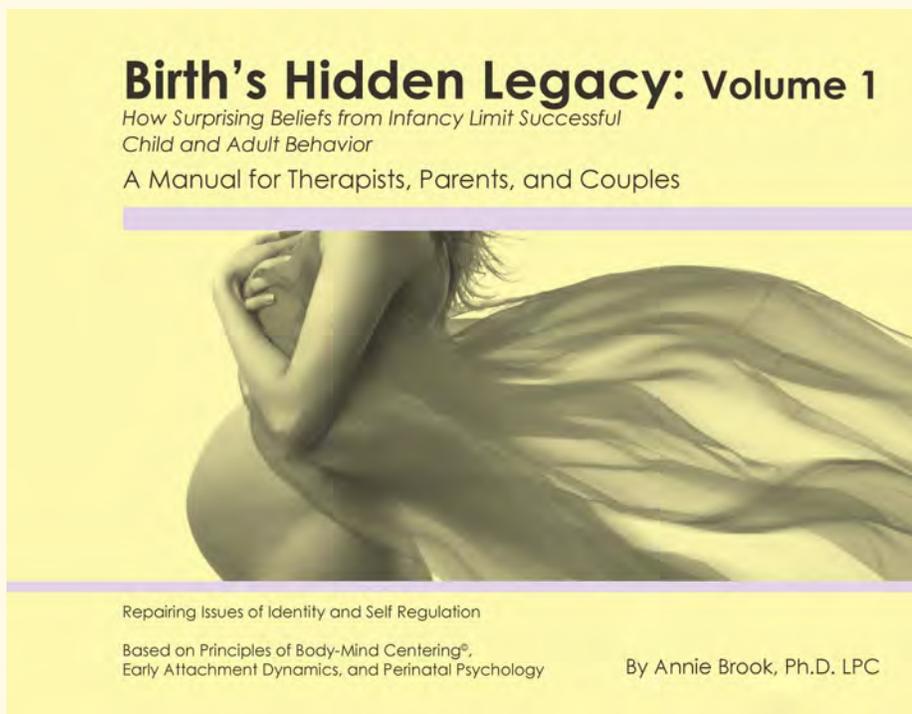


A Review of Annie Brook's Books

By Dawn Bhat, MA, MS, NCC



Birth's Hidden Legacy: How Surprising Beliefs From Infancy Limit Successful Child And Adult Behavior – Volume 1



exploring early life events with their clients from a bodymind perspective and is an information source for pregnant couples wanting to have an optimal, safe birth experience in a society that typically includes various medical interventions. Brook's books treat the subtle, non-verbal, body-based material that affects our autonomic nervous system regulation and manifests in overt behaviors.

Annie Brook writes warmly and brilliantly about sensitive existential and experiential subjects. The first volume is comprised of six chapters: Pre- and Perinatal Overview; Prenatal themes: Influences on Conception, the Zygote, Embryo, and Fetus Prior to Birth; Birth Themes: Influences Encoded on the Nervous System Related to the Transition of Birth; Post-Birth Themes; Prenatal Case Studies; Conclusions and Resources.

Early life events from 0-18 months are told through birth stories or what Brook calls pre-cognitive 'bodystories'. When these difficult perinatal events are addressed in treatment, children, parents, and adults can be supported and healed. Due to unresolved difficult early life experiences, children may display maladaptive behavioral patterns,

Annie Brook, PhD explores prenatal and birth origins of behavior, identity and personality in her latest two-volume book *Birth's Hidden Legacy: How Surprising Beliefs From Infancy Limit Successful Child And Adult Behavior*, volumes 1 and 2. She integrates pre- and perinatal psychology, infant mental health, child development, and somatic psychotherapy in a profoundly captivating way. Brook shares her personal perinatal history and her scholarly work, to invite readers to consider the potential that pregnancy,

birth, and neonatal development may have a long-lasting effect. She provides case examples that represent typical and atypical experiences in development and in treatment, providing evidence for the application of neuroscience, attachment dynamics, prenatal and perinatal psychology, and bodymind approaches to treatment, healing, and transformation. Her work is an important contribution to the growing fields of somatic psychology and prenatal and perinatal psychology. It serves as a guide for clinicians

some of which severely limit forming the infant's ability to form secure attachments. Brook affirms that behavior change is most effective when clinicians access the root experience (e.g., birth trauma, toxicity in the womb, etc.) of the challenges with and barriers to self-regulation.

Perinatal themes in the first volume are covered with surprisingly amazing breadth and depth. A vast

array of prenatal, birth, and post-birth experiences are presented from the voices of the neonate, mother, and father. From the Western medical model to Eastern spiritual viewpoints, Brook creatively educates readers on the complexities that are inherent in simply being born. Readers may utilize this body of knowledge to enhance their childbearing experiences and minimize complications that may be associated with modern obstetrical

interventions. When medical interventions are necessary, Brook explains that repairing imprints from these procedures is a real possibility.

This first volume culminates in the application of specific treatments that focus explicitly on implicit perinatal themes. Clinical skills are discussed to re-pattern the body in hopes to address a disruptive sense of safety and security within the nervous system and bodymind.

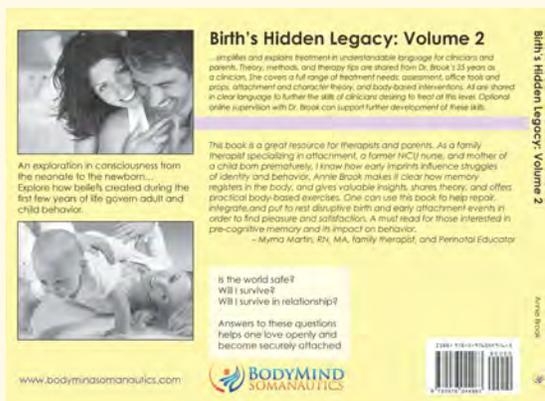
Birth's Hidden Legacy: Treat Earliest Origins Of Shock And Attachment Trauma In Adults, Children, And Infants – Volume 2

In the second volume, Brook presents treatment protocols, interventions and in-depth theory spread out among the following five chapters: Perinatal Psychology Overview: History, Theory and Treatment Methods; Clinical Tools and Skills for Therapists; Early Attachment Dynamics and Repair; Character Styles: Reichian-based, IBP, and Jungian-based Styles; and Body-Based Interventions for Healing Shock and Trauma. This volume is a manual guiding therapists, educators and parents to address the earliest imprints in

development and in treatment. Psychotherapists who work somatically, from a body-based perspective with implicit memory, will find that this volume is a wonderful resource. Brook describes specific treatments including, Body-Mind Centering and Applied Neuroplasticity. Anatomy and physiology are presented along with their functions and psychological correlates. Using sensation and movement, early imprints are dismantled and the nervous system shifts to a brain state of safety and security. The roles of the sympathetic and parasympathetic nervous systems in mental health symptomatology include fragmentation and dissociation, respectively. The somatic techniques, games, exercises, and explorations presented in the second volume have been developed to treat the body and mind in a novel, innovative, integrative way.

In both volumes of this book, Annie Brook synthesizes science, theory, and clinical cases clearly and coherently in an easy to understand fashion. Readers will understand the perinatal and attachment origins of behavior and self-regulation and learn how to heal, transform and shift the nervous system to connection, resilience and satisfaction. Babies are aware, know, and perceive their world around them, this incoming information is integrated into the bodymind and is one of the objectives of perinatal interventions.

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





Wondrous Beginnings

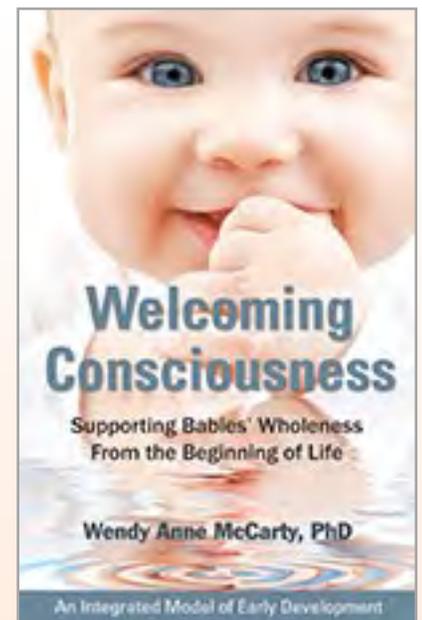


Prenatal and Perinatal Psychology: Rediscovering Our Primary Relationship of Self

By Wendy Anne McCarty, PhD, RN

For over 30 years, the field of Prenatal and Perinatal Psychology (PPN) has taken the dynamic understanding of human development deeper by studying how babies' earliest experiences in the womb, during birth and bonding, and as newborns shape and set in motion fundamental life patterns. These core patterns may be life-enhancing or life-diminishing.

The findings from PPN revolutionize our notions of who babies are, who we are, what is going on during this primary period of human development, and how these very early experiences form babies' core foundations at every level—physical, emotional, mental, relational and spiritual. PPN offers a unique lens of exploring this developmental period from the baby's point of view.



The field grew out of therapists wanting to share and explore the implications of their clinical experiences with adult clients. In their search for the origin of current issues, therapists often unexpectedly found their clients revisiting difficult or traumatic experiences in the womb, during birth, and as a newborn. The field grew as PPN-oriented therapeutic work with adults, children and babies were developed to treat their current difficulties by recognizing and working with those early origins and their connections with current experiences.

I discovered this field in 1989 after working with families for 15 years as an OB nurse, an infant development specialist, and as a psychotherapist. I was captivated by this new PPN multidimensional landscape of early development that babies were showing us. I had a profound sense that I had found a larger truth about life and who we are. As I explored this new territory and listened deeply to what babies were teaching us, my vision of human potential and what is possible became more than I could have imagined.

For the next decade I worked with children, babies, and their families from a PPN orientation. Ray Castellino, D.C. and I co-founded BEBA, a PPN-oriented clinic to help families with babies and young children heal early trauma and relationship issues and to train professionals in the specialty. It was an amazing time as we discovered more and more of what babies were showing us that meaningfully reflected their earlier experiences, as well as demonstrated their capacity of comprehension, communication, and relationship that was beyond anything I had been taught in early mainstream training!

Very young babies showed us their already established beliefs held in

their subconscious and core structure and expressed through their ANS patterns, movements, gestures, voice, eye contact, emotions, intentions, and how they interacted with people and their environment. We were mapping out more about how the origins of current difficult patterns were often connected with earlier trauma, unmet needs, and problematic imprinted patterns of being from the prenatal and perinatal period. As we worked with these issues with the baby or child directly with their parent's participation, the whole family transformed (1).

Then in 1999 Marti Glenn and I co-authored the first graduate degree programs in prenatal and perinatal psychology and opened the Santa Barbara Graduate Institute to train professionals in our specialty. I realized that although the field of PPN had accumulated thousands of clinical stories that portrayed the new multidimensional landscape from the baby's point of view, and I personally had gathered a wealth of clinical experience, evidence and wisdom, there was no early development model or theory that made sense of the findings.

Mainstream models did not address or reflect what we were learning from the baby's point of view. PPN needed a theory, a model. I decided to take that task on. I obtained an academic research grant and spent a year reviewing the PPN field's findings. I developed my consciousness-based *Integrated Model of Early Development* that reflected and incorporated PPN clinical findings and the baby's point of view. It became published as the text, *Welcoming Consciousness: Supporting Babies' Wholeness From the Beginning of Life—An Integrated Model of Early Development* (2).

In building the new model, I first examined the current mainstream early development theories and saw

how they were steeped in the modern -era Newtonian worldview that narrowed the focus of "science" to the physical plane of reality. Theories were derived from external observation of babies and study of the biological human being. Babies' abilities to develop conscious awareness and capacities, as well as a sense of personhood, were assumed to be dependent upon their brain and physical development. Most mainstream early development models and practices are still based upon these assumptions today.

Yet the PPN findings tell a very different story of who babies are and of early development. At the core of the divide between mainstream and PPN perspectives of early development is the question of our core nature. Are we first and foremost biological beings or nonphysical consciousness?

When I reviewed what babies were showing us, it was clear that PPN findings resonated with the nearly universal holistic wisdom that we are consciousness coming into human life with purpose and design. Our fundamental nature is as non-physical consciousness. Our human self is seen as a manifested expression of our more fundamental primary consciousness. What babies had been teaching us from their point of view revealed hidden treasures about that spiritual journey from spirit to human life and how their prenatal and perinatal experiences affected their embodiment process.

For me, the heart of these hidden treasures is the revelation that babies have two distinct levels of perception and capacity—a non-local transcendental level and a human level. In the Newtonian era, the transcendental perspective eluded recognition because it wasn't considered possible within the biology-first assumptions. As a PPN-oriented practitioner, suspending

those entrained assumptions and lens allowed me to have babies and children teach me directly about what was possible and to develop the new model from those direct experiences.

As I reviewed the PPN literature and my own clinical experiences, I appreciated how the discoveries of the transcendent perspective transforms the whole landscape of early development. Babies' transcendental perspective is present prior to conception forward. From this perspective, the incarnating consciousness already has a sense of personhood, a Self-I. "I know I am a person. I know you are a person. And, I am seeking connection. I am seeking relationship."

The characteristics of babies' transcendental Self-perspective are similar to the qualities expressed in near-death experiences. The vantage point is from outside the body. There is a mature sense of the larger picture, a lucid non-local perception and comprehension of events, people's thoughts, feelings, intentions, and accurate descriptions of situation and dynamics. There is non-local gestalt intuitive knowing about things of the past, present, and future. The transcendent Self seeks relationship and has the capacity of communication, telepathy, and meaningful interaction. There is access to and experience with both the spirit and physical realms.

With conception, the transcendental Self views the baby's developing body as a house, a vehicle they will inhabit for the life they are embarking upon. The human self vantage point, in contrast, is from within the body, with awareness through biological-based perceptions and senses. It is within time-space. The developing human self is instinctive, sensitive, responsive, adaptive, emotional, and at its core, relational. The human self has an innate intelligence of right relationship—what holds coherence,

harmony, and goodness and what doesn't and responds and adapts accordingly.

Although I talk about these perspectives separately, the beauty of our fuller understanding of babies and their prenatal and perinatal experience is held in the inseparable relationship between their transcendental Self and human self, in their synergistic relational whole. Holographic principles suggest that our three-dimensional reality is a product of the interaction of non-local and local experience. Both perspectives are necessary to create our reality. The dynamic interaction of the two perspectives creates a synergistic whole that is more than the sum of the parts. The whole created by these two perspectives is actually more than the sum of its parts and that functions to organize the parts. That is how I see our transcendental and human perspectives functioning.

The transcendent Self and human self form a synergistic whole Self that I call the *Integrated Self*. I describe the Integrated Self as a holonomic, holographic, self-organizing, dynamic self-system. This ever-evolving relationship is an intimate dance with each perspective informing and changing with experience of the other.

I believe our human potential lies in our ability to align our human self experience with our primary non-local transcendental consciousness to create the most coherent and clear channel between them. What babies show us reveals more about how the transcendent Self functions, its higher octave of being at that non-local level—a higher octave of awareness, knowing, and connection to source.

Two books published recently, *Dying to Be Me* by Anita Moorjani and *Proof of Heaven* by Dr. Eben Alexander, beautifully portray

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When I speak of supporting babies' wholeness from the beginning of life, I see this as our primary task in welcoming consciousness—to nurture and protect their primary relationship of Self.

the authors' powerful transcendent experiences in the non-local spiritual realms during each of their near-death experiences. They both came back radically transformed by their experiences and remained more connected to those transcendent higher octaves of awareness, knowing, and being. They experienced profound healing with the direct experience of knowing they are loved unconditionally, they are LOVE, and experienced those higher octaves of oneness, joy, harmony, goodness, truth, beauty, and well-being. They returned more aligned with their transcendental Self and Source, seeing themselves and the world through a multidimensional lens. In *Proof of Heaven*, Dr. Alexander described his transformation as a metamorphosis, from caterpillar to butterfly. His direct transcendent experience changed the very nature of his being, as well as his core perceptive of himself and life.

When I read their accounts and saw the enormous receptivity for their message, I jumped up and down with joy. They received their gifts of transformation and metamorphosis through their near-death encounters by experiencing the more real spiritual realm through the eyes of their transcendent Self and returning to their embodied human self with that perspective more fully integrated into their human experience.

PPN findings show us that our spiritual connection, primary knowing, and transcendent Self-perspective are there from the beginning of life! We are consciousness coming into human life, and we are innately wired with the capacity of connection with our



Original artwork donated by Dr. Mauri-Lynee Heller: www.mlheller.net

transcendent Self and Source to be the embodied integrated spiritual-human being—the butterfly.

When I speak of supporting babies' wholeness from the beginning of life, I see this as our primary task in welcoming consciousness—to nurture and protect their primary relationship of Self. So much of infant development theory and practice is focused on the vital importance of infants having a positive secure attachment relationship with their parents. And that is very true. Infants truly need that to thrive. Yet, even more primary is the relationship of Self. How do we give babies the secure attachment AND support their innate attunement to their primary consciousness? How do we support babies to bring from spirit more of their natural endowments, such as the near-death experience brought the authors? I believe that is the new frontier of human potential.

When our modern era narrowed our lens to the seeing babies as biological beings first and foremost, we lost something very dear. We lost our inner knowing, our wisdom of how to meet and care for the incarnating spiritual being so as to support their natural integration of

their whole self into human life. Unfortunately, much of what PPN findings show us are the cascading life-diminishing effects of our modern-era misunderstanding of who babies are and what they are capable of, our missed opportunities for greater connection and relationship with them, and how many of our medical and care practices leave them with trauma, unmet needs, and life-diminishing imprinted patterns.

When I first started practicing from the PPN lens, this was disheartening to see. Over and over again, I saw the reality of these negative cascading effects and could see their underpinnings of clients of all ages searching for relief of their their pain, separation, and disharmony within themselves and their relationships. I could see how so many things we did contributed to the separation of Self and to diminishing or damaging their self-connection during the prenatal and perinatal period. And I had to come to terms with my participation as an OB nurse and “infant specialist” in creating some of those life-diminishing patterns. I had so much regret, yet I used that to fuel my motivation to learn how we can support babies multidimensional needs and potential.

As deeply disheartened as I was, I was even more awed, captivated, and found great beauty in learning from babies about their multidimensional world and how to consciously meet them there. As parents saw their babies' capacity for comprehension and meaningful communication, as well as their human sensitivity and vulnerability, as they saw their baby's emotional responses and desire for deeper connection, and felt that more whole self in the moment with them, parents were themselves transformed. They began entering that multidimensional world with their babies and children and relating and caring for them in ways that naturally supported their Self connection.

PPN-oriented therapeutic work with babies and young children demonstrates that when babies are related to, cared for, and met as sentient beings-sensitive human beings, and, when babies or children have the opportunity to have their unmet needs, trauma, or life-diminishing imprinted patterns from the prenatal and perinatal period healed, they naturally become more of their Integrated Self embodied. They become more grounded, aligned, connected, and balanced. They are naturally loving, empathetic, caring, and mutual in their relationships. They have greater capacity for seeing the larger picture as well as the current one and an innate sense of ethics, intuitive knowing, and connection to their inner guidance. They are creative and have a greater inner motivation for the intrinsic value of the joy found in the exploration their interests and gifts. They are teaching us more about our potential.

What I have learned from babies and children guides my work with clients of all ages. The Integrated Model lens informs my work and life. I see people as their Integrated Self, that holonomic, holographic whole multidimensional being. I believe all

healing is in service of realigning the human self and human experience within the embrace of their transcendental Self and Source. What has happened in their life that disrupted or damaged this alignment? I see disease, disharmony, pain, suffering, alienation and all of the somatic, emotional, physical and relational patterns held as expressions of separation with Self and Source. Thus, healing is intended to restore that connection, that alignment, and to reintegrate that aspect of self that has lost connection with their Self.

In my experience, many, if not

most of the current issues in our lives have a relationship with our experiences during our embodiment process and our prenatal and perinatal period. During the primary period, babies experience, learn, imprint, communicate, establish memory, and form their core foundation from their holographic multidimensional experiences (3).

The prenatal and perinatal period is *the* most intense learning period of our lives. Babies are learning about being human, living in a three-dimensional world, living within a certain culture and family. They build

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their core being in relationship to their world accordingly. By the time they are a newborn, their core beliefs and patterns are set in motion. Yet these understandings are not the cultural consensus understandings and all too often babies are left with unmet needs, trauma, and life-diminishing patterns that cascade into more challenges as they live their lives.

I find a real elegance in healing work at any age that brings attention to the relationship between prenatal and perinatal experiences and current issues. No matter the client's age, as we listen and reconnect with that multidimensional being at the beginning of life, we honor and repair that separated adapted self who presents with symptoms and life-diminishing patterns, and we help heal their primary relationship of Self. During this process, they have the opportunity to organically reorganize their alignment creating a more coherent right relationship with their transcendent Self and symptoms resolve. I know this is too simplistic, yet it is a core thread within our healing intentions. I teach parents how to do this with their children by recognizing that what happened during their prenatal and perinatal experience may be connected to their challenges now and how to approach the current problems from this vantage point.

I will end with a story I share in *Welcoming Consciousness* that portrays an elegant healing moment between a mother and her three-year-old son:

After hearing a PPN talk about how conscious babies are at birth, Rachel decided to talk to her three-year-old son about his birth, their separation after birth, and why that separation had occurred. As she began telling him about the separation, he chimed in, "Yeah, I didn't like that. I didn't think you were going to come back. I

didn't know if you were going to come back."

In this conversation, Vinnie very spontaneously and in a matter-of-fact way revealed that he clearly had a sense of himself and of his mother as being a separate person he was in relationship with as a newborn... This three-year-old child's comments demonstrated he had known his mother was gone, that they were separated, he expressed the emotional tones associated with missing her, AND wondered if she was coming back in the future—all as a newborn!

At the time of this conversation, Vinnie had been having very uncharacteristically intense "meltdowns" when his mother began leaving him at preschool, his first experience of being separated from her and left in a group situation. What were the words he would say to her in the midst of this? "But, I'll never see you again. You may never come back." It appeared that being left at this group preschool had triggered a traumatic memory from being separated at his birth. After this conversation acknowledging what happened at his birth and his feelings about it, his current separation anxiety response dissipated without further intervention (pp. 24-25).

I am writing this article as we near Valentine's Day. My heart-day wish is for every baby, child and adult to experience falling into love with their Self and feeling the loving embrace of their transcendental Self.

Dr. Wendy Anne McCarty is a world-leader of prenatal and perinatal psychology. Author of *Welcoming Consciousness*, an innovative consciousness-based early development model, now available in English, German, Portuguese, and Spanish. Co-

founder/author/associate faculty chair and faculty of the first graduate degree programs in prenatal and perinatal psychology at the Santa Barbara Graduate Institute. Her leading-edge work brings together prenatal and perinatal psychology, a multidimensional early development lens, consciousness studies, energy psychology healing modalities, holistic nursing, and her intuitive perception. As an international presenter, educator and consultant, she guides professionals and organizations to incorporate these pioneering findings, principles and practices. She brings expertise from her 40 years of professional work with individuals and families as an obstetrical nurse, childbirth educator, marriage and family therapist, prenatal and birth therapist working with babies, children and families, as well as her current holistic consultation practice for families, professionals, and organizations. Dr. McCarty also co-founded BEBA, a non-profit clinic providing prenatal and birth oriented therapeutic support for babies and parents, and was the director of Natural Family Living~Right From the Start, an organizational community to support human potential from the beginning of life. Her email address is drwmccarty@gmail.com and website is www.wondrousbeginnings.com.

Endnotes:

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Safe in The Arms of Love: Deepening the Essential Bond with Your Baby

Created by Lisa Rafel, Gary Malkin, and David Surrenda, PhD

Reviewed by Diana Houghton-Whiting, M.A., BED

A Mother's Perspective

"Your baby is listening, even in the womb, your baby is listening."

Music has always been part of my life. I play music throughout the day to accompany most of my activities. I have a wide range of tastes, and the music will differ depending on my mood. I also play an instrument (more so in the past than now) and find sitting down and practicing a soothing experience.

I found out I was pregnant my last semester in graduate school. I was deep into my internship and school, traveling 100's of miles a week to finish both of these requirements. Needless to say I spent a lot of time in the car, with my music on, singing along to whatever was moving me at the moment. I gave birth to my daughter in September. After a few days of recovery, I was up trying to run errands and do stuff around the house. So the music came on, and I found out that my little girl already had an opinion of music. There were songs that I played that she sat and

seem to listen to, and there were tracks that I played that she grumped about until I changed the music. Then she settled down again.

Three months after her birth, I found out about *Safe in the Arms of Love* and was excited to add that to my musical soothing repertoire. I was not sure about the premise. I had already found music that she liked to sleep to, stuff that soothed her when she was upset. I got the CD and book and tried it right away. I have used the music more nights than not to help me get her in the mood for bed, or to help me calm down when she is upset so that I can get her to relax.

The book is a fast and easy read, something I did while my daughter took a nap, which was great because these days I seem to start more stuff than I can ever finish. It is written for everybody, you don't need a

degree in psychology or neuroscience to understand what is going on. I also appreciate the sidebar information and excerpts that give information in a quick and succinct way, which is also great for skimming again while you are trying to work with your child.

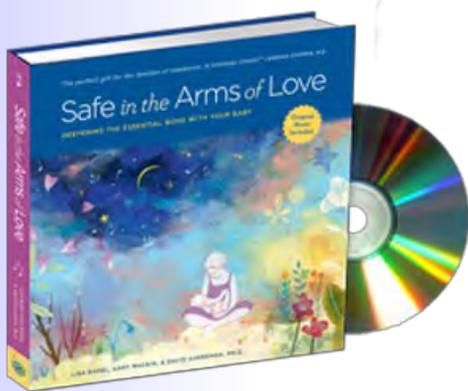
It distills much of the information that I got reading my books for my psychotherapy degree about attachment, first relationship, and neuroscience of infants. It was a great reminder of one of my basic jobs as mother—to be there for her, to sooth, and to create the secure attachment she will need to navigate the world as she gets older so she can recover if she is thrown for a loop by the events that life can bring to a human. I believe that the book is a great resource for any parent.

The premise of the music is that it ranges from fifty to eighty beats per



Diana and her daughter, Josephine.

minute, the rate of a resting heartbeat. It was composed for the purpose of soothing, with lyrics that help put the parent into a mindset of bonding and attaching with their child. As the dyad of the child and caregiver are together, influencing each other and the actions that happen between them, mutual and self-regulation can happen (Rustin, 2013). This is what the music is trying to facilitate on the neurological level.



I can say that the songs from *Safe in the Arms of Love* successfully accomplish what the authors set out to do. I appreciate some of the songs more than others. There are two that touch me deeply and a couple that are just okay. I am moved by the tracks *Always in your Heart* and *Safe in the*

Arms of Love. Both the melodies are beautiful and the stringed instruments draw me into the music. Being a viola player I really appreciate the use of bowed instruments. The lyrics are sweet without being too much. I tend to have a limit on what I consider sweet versus overly sentimental and that can turn me off quickly. There are a couple tracks that push my limit of what I judge to be sweet vs too much. The complete presentation is well done and flows from one song to the other nicely. There are instrumentals placed throughout the album along with the lyric music; it is a nice change of pace that keeps things flowing at a pleasant tempo. I try to use the album in its entirety instead of picking and choosing the songs that I like most. There are times that I need a reset, and I go to my favorites to get me back in the mood.

The songs are a scaffold, another way to support the attachment and bonding process. I sing, sway, feed, and soothe her; my choreography of my maternal behavior is how she will learn about the outside world and experience being human. My face and body are telling my daughter what her world is about, her emerging experience with the stuff of

human communication and relatedness (Stern, 1977).

The authors' recommended that the mother-to-be starts playing the music to her child in utero. I cannot comment on that experience; I received the set when my daughter was already in this world. I am curious what differences having this material would have made to how we both respond to the songs. This has been a successful trial, and I intend to use the music for the foreseeable future. So getting the book and music either before or after birth can still produce a successful experience.

Diana Houghton-Whiting, M.A., LPC (Cand.) has worked with trauma survivors concentrating in combat veterans, domestic violence, and sexual assault. She has a Masters in Somatic Counseling with a specialization in Body Psychotherapy from Naropa University, is level 2 trained in EMDR, interned at the VA for two years as a counselor, and was a victim's rights advocate for three years focusing in trauma recovery and PTSD treatment. She became a first time mom in September to an amazing daughter.

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Safe in The Arms of Love: Deepening the Essential Bond with Your Baby

Reflections by Lisa Rafel

Love Made Love Grow – The Creation Of *Safe In The Arms Of Love*

The book/CD set, *Safe In the Arms Of Love: Deepening The Essential Bond With Your Baby*, was born when I wrote a lullaby to my first grandson. I had written many songs before but nothing like this. The music poured out of me, guided by this deep experience of love. I played the songs for friends and upon reflection I realized I had naturally incorporated the entraining musical principles of tempo, pitch, and tone I had learned as a sound healer. Listeners reported being deeply touched by the lyrics. They found the songs both calming and evocative of impactful, personal feelings. Adults and babies felt more relaxed.

My husband David and I decided to create a CD using this collection of songs written for my grandchildren plus original instrumental music written by Gary Malkin, my arranger and producer. His beautiful music created a place to rest and reflect between the songs. We shared the CD with parents, parents-to-be, and adults without children who said they felt more intimately connected after listening to the music. Some were deeply moved and said the music touched them and soothed them as they remembered their lack of receiving love they had so wanted. Others said it was a reminder of the love they had received. People recommended using the music to inspire bonding and attachment between parent and child.

Without realizing it, I had begun my education about bonding and attachment through writing these songs.

We decided to collaborate upon a companion book and create a music/book set. The intent of the book was to create a beautiful, accessible, parent-friendly guide that would focus on the psychological importance of bonding and the use of music as a tool for stress reduction and connection. My husband, David Surrenda PhD, a clinical psychologist, wrote about the universal existence and importance of *The Essential Bond* between parent and child. He explained why bonding is vital to healthy brain development as well as psychological safety and well-being. He reflected on the implications of failing to form a bond. I wrote about how babies can hear us *in-utero*, and the value of using our *Positive Intention Music™* to support bonding. Gary wrote *Music is Medicine for the Heart* to explain the value of music. Additionally, we wanted the book to be personal. While we were putting other pieces together, we decided to add our personal story of the birth of our own children.

I hadn't written about my daughter's premature birth before. The more I wrote, the sadder I became. I was surprised I felt so sad. When I got to the part about being encouraged to go home and rest for the 3½ weeks that

she was in the Neonatal Intensive Care Unit (NICU), a profound sense of grief overcame me. It was overwhelming, and I started to cry. In that moment it became clear to me that my daughter and I had never bonded. I was shocked by the revelation. How could I have not known this before? The fact of the matter was, until this project, I had never thought about bonding.

My daughter's delivery was 7 ½ weeks early. It went relatively quickly, but in the end I was given Pitocin and then knocked out. I awoke disoriented and couldn't make sense of what I was supposed to feel. My daughter was so tiny and full of tubes. I saw her in the hospital every day for a few minutes, but I felt incompetent and helpless, and I didn't know what to do. When she came home, she was a stranger. I was nervous. She had difficulty with digestion. She didn't like to be held. I felt rejected. As she grew, we never felt truly comfortable with each other, and I never knew why.

My son was born two years later (three weeks early). It was a natural birth, and I was able to nurse him right away. Following his birth I felt ecstatic. I was a force of nature! I literally skipped down the hall I was so excited and joyous by this miracle of a child born from me! He and I felt very comfortable with each other.

The revelation about the difference between having bonded with one child and not the other was horrible. It was so sad to realize that had I known about bonding when I was young, perhaps the relationship between my daughter and myself would be different. I think she would have had an easier time. I have

worked to create better bridges between us, but now I knew why I felt "called" to do this work. I believe it is critical to be educated about the importance of bonding, but a great number of women have not had the opportunity to learn. Doctors are busy, and hospitals don't promote this information. In fact, mothers are commonly led to believe that being separated at birth is the right procedure, and that "bonding" will happen naturally. For me and for a many others, that has not been true.

The music of *Safe In The Arms Of Love* is different from traditional mother/baby music. Written in a lullaby style that babies really like, the deeper intention of the lyrics inspire feelings of innocence, wonder, gratitude, and amazement. Not only do they help parents achieve a relaxed state, they stimulate heart-felt connection with their babies. We knew this would be a perfect aid for supporting bonding. We decided to get proof.

My husband David created a clinical trial to test the music in San Jose, CA. Employing Heartmath™ software to measure the mothers state of heart coherence as they listened to the music, a racially and economically diverse sample of mothers showed extremely positive responses on both physiological and psychological measures. Ninety five per cent of the mothers achieved heart coherence (a measure of relaxation and connection to their heart) from listening to the music. New moms and pregnant moms-to-be communicated their observations and experiences after listening to the music in two ways: through paper and pencil instruments and through expert interview. They said they felt

more relaxed and more heart connected; some said their *in-utero* babies responded; nursing mothers found nursing easier; and moms reported their toddlers were calmer. We were excited by the results and desirous to repeat the study.

David plus Gary (who had great success creating his own book/CD set, *Graceful Passages*) and I agreed we needed the book to provide information that would be accessible. We wanted parents to have an easy way to remember important facts so in addition to *The Essential Bond* we added a mix of other sections to make the book informative and experiential and added stories and reports from parents. We created a group of "Dr. David says:" sections throughout the book that highlight information to remember. We developed an exercise to help people "feel" resonance, and we shared poetry to encourage enchantment. Jennifer Durrant, our exceptional designer, led us to commission art from Anne Kristin Hagesaether for beauty and design elements.

Creating *Safe In The Arms Of Love* has awakened a powerful creative drive in the three of us, and we are in the midst of a number of next steps. Gary and I created new songs and music for parents-to-be that inspires dialogue with the baby in the womb called, *The Journey Of Our Lives*. David is editing a new book of the same name (to accompany the music) that focuses on the parents' choices during the pre-natal period to optimize their baby's health and wellbeing. Our hope is to inspire and comfort people entering this exciting and stressful time in such a way that they learn how

Continued on page 79



Lisa Rafael

EXPERT IN VOCAL SOUND HEALING™ & MUSIC FOR PARENTS & BABIES



Ray Castellino

Life in the Womb: Life All Around

An Interview with Ray Castellino, DC (retired), RPP, RPE, RCST®

By Nancy Eichhorn, PhD

In the womb, babies experience themselves and their mothers in totality—there’s no sense of separation, individuation. They are a gestalt, merged as one. The baby experiences and internalizes everything the mother experiences and feels.

In the womb, if the mother is experiencing a challenging life event, it is a challenge to the baby, too. If she can verbalize her experiences to her baby, say something to the effect, “Little one, I’m having a hard day. You are not causing this. Daddy and I are working out some stuff, you don’t have to do anything about it,” she is creating a relationship with her baby that leaves imprints for healthy differentiation when her baby is older. If the mother has enough essential support for herself (psychological, emotional, and physical), her baby will be more likely to relax or not be as affected by the stress. She is also creating positive neurological imprints for lifelong patterns of dealing with conflict and stress.

In the womb, babies’ bodies are growing—their physiological, psychological, and physical systems are forming. Babies are shaping, becoming a self in the energetic field of the mother’s reactions to her internal and external experiences. If the mother feels stressed out and unsupported, the baby will grow in the tension of that energy. The dad also has a strong effect on how the baby grows in the womb. If mom feels that she can rely on him and they have clear supportive communication, the baby will grow in a relaxed energetic field.

Castellino's work is about strengthening relationships. He focuses on freeing the energy locked in our systems from early adverse experiences and on changing the core beliefs we formed early on that no longer serve us.

Working with parents prenatally and perinatally, Ray Castellino, director of Castellino Prenatal and Birth Training (CPBT) (a two and a half year process he has conducted since 1994) and co-founder and clinical director of BEBA (Building and Enhancing Bonding and Attachment), understands the importance of acknowledging the preborn/newborn's innate sense of being (consciousness) and the effects of the baby's internal and external environment on his/her development.

With an extensive background in polarity therapy, craniosacral therapy, group and family dynamics, somatic experiencing, play therapy, movement therapy, re-patterning ancestral imprints, body biomechanics, and pre and perinatal somatic psychology, Castellino has several projects that he originated besides his work in BEBA.

He works with small groups of adults in what he describes as 'Womb Surround Workshops', he sees families in private practice and with his colleague, Mary Jackson LM, RN, RCST called, 'About Connections'. They work with families prenatally through birth and the first 9 months outside of the womb believing that the work is most effective at the very beginning of life. Their goal is to prepare families for birth and, after birth, to help babies resolve and re-pattern prenatal and birth trauma imprinting. They also work with families with toddlers and older children/teens.

In all of his work Castellino is dedicated to changing relationships to those early adverse experiences that

contribute to core beliefs about who we are, how we are, and that influence our relationships with our self and others.

He says that the only reason to look at early imprinting is to improve the quality of our lives today and in the future. In addition to 'Womb Surround Workshops', BEBA, CPBT, and 'About Connections', he is currently collaborating with Anna Chitty (Colorado School of Energy Studies in Boulder, CO) presenting an Advanced Energetic Bodywork Training: Body into Being.

A Family Session

Families can come to sessions in a variety of states. Sometimes parents have been arguing, moving at society's frenetic speed, exhausted from sleepless nights, disconnected. They may be mired in a state of fragmented energy. Their infant, sensing this distortion, this energetic chaos, can be crying, tense and unable to settle.

"Mary and I sit down and get quiet. We work with the parents to create more space in the compressed energy they appear to be bound in. As parents share their experience, we support them to create space between their words, phrases, sentences and paragraphs; to actually create spaces in their narratives with commas, periods, especially paragraphs," Castellino says, using a metaphoric example of how writers create tempo and rhythm on the page to explain how he and Mary first attempt to establish harmonic resonance or attunement with the family and within the family system. "The result

is that the parents slow down and deepen their connections with each other and their children. We witness the parent's speech patterns matching the internal baseline tempos and rhythm of their children's being.

"Our work is to slow down with the parents in the process, to open space so they can perceive their experience. Mary and I sit there and resonate in those slow rhythms. As the parents slow, the baby relaxes. In day-to-day reality, parents are often under-supported; they have their own traumatic histories as well, and spin in discordant rhythms. As we slow down together, a harmonic resonance or attuned energy field emerges. We coach the moms and dads to lean on each other (*figuratively and literally*). We have them do it again and again and relax. We ask them to look at each other from this relaxed, slow, frame of view. We often hear parents make statements to each other such as, 'Hi, I haven't seen you since the baby was born.' As the parents slow and reconnect, the baby relaxes and gazes up. The mother engages and dialogues with the infant.



There is an opportunity here for the baby to engage in one of the most profound discoveries that we have made: This is that the babies are able to show and tell their own stories of how they were born by the way they move and emotionally express themselves. As we see babies expressing themselves this way and being received by their parents, we also see how profoundly healing this process is for the whole family.

“Mary and I ask parents to practice these connection exercises every day at home for 20 or 30 minutes. When they object that life is too busy, we say, ‘Leave the laundry, leave the dishes. Try to put connecting in this way at the top of your priority list. It’s critical that you connect, resource, appreciate each other. Watch what your baby does when you do.’

“That simplicity is missing in our culture,” Castellino adds.

A More Personal Historical View

Castellino was born in 1944, the first child. His mother was 19 years old when she gave birth. Four years later, she gave birth to Ray’s sister, in the same hospital, with the same obstetrician she “revered and trusted”. Although their births were not without some complications, Castellino says his mother was proud of the fact she delivered both her children without anesthetics or interventions.

“When I was born,” Castellino says, as he describes his memory of his birth, “my mom hemorrhaged so they cut the cord, fast; they saw I was breathing and pink. They separated us. The hospital staff followed the protocol of the time; however, they didn’t know we both needed to be skin to skin for my needs as well as hers. Her body might have stopped bleeding faster had I been able to nurse. I believe the reason she bled

was because she smoked three packs of cigarettes a day throughout her teens. Even though she had stopped smoking early in the pregnancy, her body didn’t have the fortitude to hold capillary integrity.

“When I was in my mid-thirties, I described my birth to my mother. I had a memory of seeing my birth from the vantage point of looking down from the ceiling. Seeing my own birth from the ceiling, I believe, indicated I was in shock and had left my body, dissociating from it. I described the color of walls and windows, the stainless steel, the number of people. I described it all and my mom said, ‘Yes, Ray, that’s how it happened, that’s what I remember, too.’ This experience strengthened my profound interest in how our consciousness comes into the world.”

Castellino recalls sitting behind the couch in his family living room as a ten year old boy listening to his mom and her group of life long, female friends who met regularly to talk about their lives. They often spoke about their children’s births and their life challenges. They grew up together and eventually one by one died.

“My brother was the third child. It was 1954, a different time from 1944 when I was born. At the time (*of my brother’s birth*), we were part of Kaiser Permanente. My mom didn’t have a choice in terms of her obstetrical care and the delivery protocol. And she was livid because the obstetrics team used anesthesia and interventions that she felt she didn’t need. I was ten years old hearing these women speak with feeling.

My mom was not a therapy person. She was an Italian woman who raised kids, cooked, and lived with the effects of her own abuse and traumas that she had grown up with. She was a

sales person who worked hard. I remember hearing her talk about what happened for her and how disappointed she was that she was not allowed to birth the way she already knew she could.”

How does consciousness come into the physical realm?

According to Castellino, many members of the Association for Prenatal and Perinatal Psychology and Health (APPPAH) had some sense that human consciousness preexisted before we came to life in a physical body. Twenty years ago, members of APPPAH acknowledged that babies’ innate needs for security, belonging, love and nurturing, and their need to feel wanted and valued, to be seen as a self were present before birth. APPPAH members have worked hard to frame it into some sense of knowing, he says. For Castellino, part of this frame involves an energetic perspective of human consciousness.

Polarity Therapy

Castellino left his job teaching music in 1971 to study Polarity Therapy with Dr. Randolph Stone, DO, ND, DC, the originator of Polarity Therapy, and others. Castellino watched Dr. Stone work with clients and listened to Dr. Stone talk about how consciousness comes into being, through body. He learned about the body’s life force and how energy moves through the body and how someone can sense it when sitting with another person.

His interest was piqued and his clinical work eventually evolved from a dyad approach to working with families and ‘Womb Surround’ groups. The ‘Womb Surround’ process is a form of group therapy (typically 7 adult members, enough to reproduce family dynamics). When sitting with this ‘Womb Surround’ ‘family’ and with new families,

Castellino is interested in the quality of the energy moving between both the family members or the participants in the workshop.

When asked to define the word ‘energy,’ he replied, “It’s an experiential perception. Words and descriptions often distract us from the perception of it. While we can create images of the energy fields and think about it, we are moving from the actual to an abstraction of the energy. There’s a difference between producing a memory of it and observing and imaging it. There’s a difference between imaging and observing and perceiving. I’m interested in the perception and in the observation.

“With the practice of his Polarity Therapy, Dr. Randolph Stone encouraged us to observe and experience the way energy moves through the physical body, sense where it gets stuck, and discover what it takes to support the opening and rebalancing of the energy or life force. I can see images in my mind’s eye that are secondary to the sensation of the energy flow. The energy is perceived through sensation. It’s like if you place a magnet under a plastic plate with filings on it, there is movement. The filings will take the shape of an energy field. Energetic shapes and movement in patterns are seen throughout the whole of creation.

“An energetic perspective encourages practitioners to pay attention to the health of the system (*versus the dysfunction or disease*). If you can sit with a person doing trauma work and perceive health and movement, you can see where the energy is blocked, stuck,” Castellino says. “You can support free movement of that energy so that health expresses itself as growth.

“Infants arrive with basic needs—experiences they must have and need to have—they come with a state of

‘must need’. Beyond the basic needs of protection, warmth, food and human connection, babies also ‘must need’ accurate reflection so they can come to know the self (consciousness) in the physical body. That reflection is first and foremost a very somatic, physical process and a reflection of the rhythm of the baby in the formation of his/her body. Part of accurate reflection is that we as adults ‘must need’ be in alignment with the baby.

“The problem is that virtually all of us, at least some of the time, are out of harmonic resonance with ourselves and with others,” Castellino explains. “The whole universe revolves around the same rhythm and, if we attune with a baby, we will discover our own primal rhythms. But, if we’re caught up living a life that some adult has figured out for us or at the tempos influenced by modern technology, we do not develop an accurate knowing of our self.

“The autonomic nervous system, including the social nervous system, is intricately tied together with rhythm. Porges’ work with sound demonstrated that if you get the right pitch with an autistic child that child’s system will move to a higher order of organization. Sound, pitch, rhythm; every sound is a vibration, every ray of light is a vibration. Vibration is rhythm,” he says.

“From a perspective of how energy moves between people, we can see how adults need to give accurate reflection to little ones to match their tempo and to have connection. If we resonate in the right tempos, we have connection. If our tempos are dissonant and out of phase, the infant will disorganize.

“In the beginning we are merged beings. Growing up is a process of differentiation and individuation. If you have well-bonded and well-attached infant-parent relationships,



the infant and his/her parents will be able to perceive themselves in each other. They are in different bodies. The child has his/her own soul and consciousness (Our initial consciousness does not perceive itself as separate, it’s merged).

“I try to understand all the layers, look at the common denominators in all of the simplest forms. From my point of view, relationships involve energy, tempo, rhythm, resonance, and discourse. The first step is being in attunement,” Castellino says.

Dr. Raymond F. Castellino facilitates people of all ages to resolve and repattern prenatal and birth trauma imprinting. This includes facilitating babies and children in the family setting and adults in individual and small group settings. He also offers phone support for parents, adults, and professionals seeking supervision. He works both alone and together with midwife Mary Jackson. In addition to working with individuals, groups, and families, Dr. Castellino also offers educational services to train others in these skills. His educational services include a two-year Foundation Training, as well as numerous presentations and seminars both locally and worldwide.



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Resources

Jacqueline A. Carleton, PhD and the USABP Interns



Brandt, A. (2013). *8 Keys to Eliminating Passive-Aggressiveness*. New York: W.W. Norton & Company, Inc. 184 pages. ISBN: 9780393708462

Reviewed by: Joshua D. Wright, Hunter College of The City University of New York

In *8 Keys to Eliminating Passive-Aggressiveness* Andrea Brandt strives to guide readers through practical steps to eliminating passive-aggressive behavior, a surprisingly common response to conflict that is destructive to relationships. Written for a general audience of those who either have identified their own passive-aggressive behavior, or who may be involved in passive-aggressive relationships, Brandt has created a fluid narrative using expertly drafted anecdotes and practical exercises to illuminate concepts.

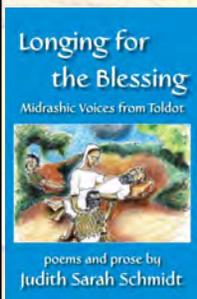
As a psychotherapist, Brandt describes the origins of passive-aggressive behavior as a suppression of anger due to societal constraints and an outwardly passive response to situations due to perceived anxiety. The eight keys illuminated throughout the book have the goal of revealing hidden anger, teaching the use of body sensation to understand and express true emotion, teaching assertive communication, and guiding people to productive conflict negotiation. According to Brandt, all of this may require “the healing of childhood wounds” (p. xxx).

The key strength of this book is the anecdotal stories throughout each chapter, which describe couples that struggled and overcame relational problems stemming from passive-aggressiveness. Each of the eight keys is elaborated through its own dedicated chapter and consists of practical exercises such as journaling about one’s anger in order to recognize hidden anger or

using provided checklists to aid in identifying unmet needs. The accessibility of this style lends to a light reading that is informative without going into unnecessary detail about underlying theory and research.

Despite the lack of demonstrated research support, there is something to gain from perusing its pages. General readers will gain an intimate knowledge of their own behavior and suggestions for eliminating passive-aggressiveness. Likewise, practicing psychotherapists will be exposed to relevant exercises that can be immediately incorporated in the clinical setting.

The final chapter reconnects to the introduction, elaborating on the initial example of passive-aggressiveness and providing a glimpse into how using the eight keys might change a destructive relationship for the better. Ultimately the path Brandt elucidates “[is not] a succession of doors, rooms you can pass through toward some magical destination” (p. 180). Instead she states, “you’ll be moving back and forth among the keys” and eventually realize adjusted relationships with more enabled responses and less reliance on passive-aggression (p. 180).



Schmidt, J.S. (2013). *Longing for the Blessing: Midrashic Voices from Toldot*. St. Louis, MO: Time Being Books. ISBN: 978-1-56809-217-1. 84 pages.

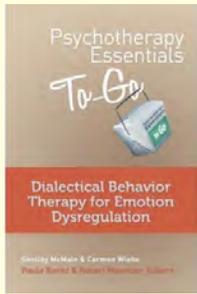
Reviewed by: Nataliya Rubinchik, Hunter College

Dr. Judith Sarah Schmidt, upon turning seventy, decided to take up the challenge of

a Midrash: an interpretation of the Torah that fills in the gaps an individual might feel exist in order to understand and connect with religion on a deeper level. She fills in these gaps by answering the questions that need to be answered without taking away the magic of faith. Its true value lies in the readers’ ability to connect with the stories from the Torah and understand them at a deeper level through one woman’s interpretation of what the characters were really like.

Dr. Schmidt tells readers that when she turned seventy, she took a trip back to her hometown of Boibrke, Poland. Sharing her private story connects readers to one another, as her pain and loss is universal. Her Midrash is on the stories of Isaac, Jacob and his brother Esau, Sarah, Rebecca, Rachel and Leah. She wrote it to sound like a modern story, from the first person point of view, adding life to characters previously too complicated to even begin to understand. She explains decisions made by each character, as she thinks they were rationalized, in a way that makes sense to the reader. For example, Jacob’s deception of his father, Isaac, to receive for his blessing is a complicated event. Dr. Schmidt, writing from Isaac’s perspective, explains that perhaps he knew he was being lied to by his son but gave the blessing because his son knew what to do with it. And perhaps Isaac always knew Jacob was destined for greatness, so giving the younger son his blessing was always the right thing to do.

Stories that are taught from childhood to be unquestionable are questioned and beautifully explained and experiencing these religious stories in a different light creates a deeper connection between the reader and his or her biblical ancestors. Reading Dr. Schmidt’s Midrash adds more beauty to the religious stories and is a unique experience, which can be appreciated by all people from a religious background.



McMain, S. & Wiebe, C. (Ed.). (2013). *Psychotherapy Essentials To Go: Dialectical Behavior Therapy for Emotional Dysregulation*. New York, NY: Norton and Co. ISBN: 978-0

-393-70825-7. 135 pages

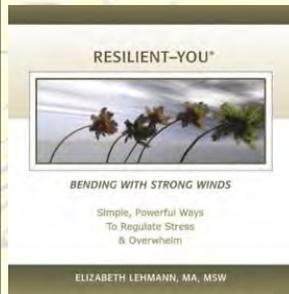
Reviewed by: Nataliya Rubinchik, Hunter College

Psychotherapy Essentials To Go: Dialectical Behavior Therapy for Emotional Dysregulation is one of a six part series, each of which includes a DVD with instructions and examples, the book itself, and a practice reminder card. Each book concentrates on one type of therapy and pushes the reader—both clinician and student—to learn how to successfully conduct that therapy.

This particular book focuses on Dialectical Behavior Therapy (DBT). DBT requires four modes of therapy to be incorporated: skills training, telephone consultations, individual therapy, and a consultation team. These four therapies put together will hopefully achieve five functions for clients with emotional dysregulation: teaching new skills, generalizing new behaviors, improving motivation, ensuring that the client's environment encourages change, and supporting therapists. These five functions, if successful, encourage patients to change harmful or abnormal behaviors while accepting who they are at any given moment.

DBT was developed by Dr. Marsha Linehan to be a mixture of Learning Theory, Zen philosophy, and Dialectical philosophy: tying together the idea of change and the acceptance of the moment. The push for change and the acceptance that the present moment is perfect the way it is create the delicate balance that is DBT. DBT includes 12 different strategies that can either be used alone or together, with one another as well as with other therapies. Shelley McMain and Carmen Wiebe focus on four strategies in their book – validation, commitment strategies, behavioral chain analysis, and skills training.

Each of the four strategies is dedicated a chapter in the book to relay to the reader the most important points to remember regarding DBT. Through its clear and organized writing, *Psychotherapy Essentials To Go: Dialectical Behavior Therapy for Emotional Dysregulation* is a great learning experience as it explains through figures and points how to lead a successful DBT therapy session.



Lehmann, E. (2012) *Resilient-You: Bending With Strong Winds* [Audio CD].

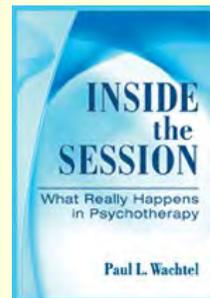
Reviewed by Tina Lee, New York University

Elizabeth Lehmann's audio program *Resilient-You* introduces a unique and simple approach to regulating stress. A seasoned psychotherapist, Lehmann takes the listener through eight physical calming techniques that can be utilized anywhere and at any time. The techniques mainly focus on breathing and greater awareness of the body. Lehmann advises listeners to repeat the steps as much as they want. According to Lehmann, the calming techniques prompt the nervous system to restore "resilient-you." The theory is based on the assumption that all individuals have inner and outer resources, which can be effectively tapped into. Lehmann states that people have an inner wisdom that knows exactly what is needed; individuals only have to allow themselves to spontaneously and internally change. However, Lehmann notes that not everyone has the same response and that what works effectively for one individual may not be so effective for another. To that end, Lehmann encourages listeners to experiment with all the techniques and find the ones right for them.

The section topics are well-organized and easy to follow, starting with informative facts about the nervous system and ending with proven resilience-guided

experiences. The program can complement any approach to personal growth and/or development. However, listeners cannot practice the techniques while driving, etc. as it involves full attention. According to Lehmann, mindfulness is simply resting in a gentle awareness of thoughts, feelings, perceptions and/or body sensations as they occur. The program puts these ideas into action and shows its effectiveness even within moments of trying the first calming technique.

Resilient-You puts into practice common-sense ideas of mindfulness and body psychotherapy. Just the simple awareness of your feet on the ground can shift your perspective to a more holistic and centered one. Although Lehmann assures listeners that it's fine if there are no effects, even skeptics would have a difficult time to not feel any changes for any one of the techniques presented. The audio is also a quick and easy listen, broken down into sections for listeners to go back to. The program proves to be an invaluable guide for those new to mindfulness or even for those who are experienced and wish to supplement their collection with an in-depth resource.



Wachtel, Paul L. (2011) *Inside the Session: What Really Happens in Psychotherapy*. Washington, DC: American Psychological Association. ISBN: 978-1-4338-0940-8. 283 pages.

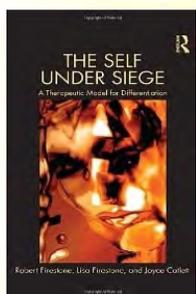
Reviewed by: Nataliya Rubinchik, Hunter College

Published psychology works often give unrealistic expectations to readers by providing solely successful examples. By publishing a book with three complete therapy sessions written verbatim with his complete commentary, Dr. Paul Wachtel provides a fair and accurate account of just what goes on inside the session and opens the door for true understanding. His goal is to give readers an accurate account of what he calls the "whole arc" of therapy sessions. "The

moments of feeling unclear, frustrated, even incompetent, and the moments when the skies clear and the direction in which to move becomes apparent.”

The book is organized into three sections. The first section provides background research on psychotherapy and its factors and expectations. The second section is the full transcription of three separate therapy sessions, two with one patient and one with a different patient. The third section contains reflections on the sessions and what they might say about Dr. Wachtel.

Dr. Wachtel includes the thoughts he had at the exact moments he had them in his transcriptions. He separates his commentary from the transcription by a row of asterisks to allow readers the option of reading his comments immediately or forming their own opinions and coming back to the comments at the end. Dr. Wachtel chose to include his commentary with the therapy primarily to show, as the teaching tool this book is meant to be, exactly how a therapist’s mind works while he or she is in session. Textbook examples can often disregard this as well, as authors choose to write their final, polished thoughts at the end of the session when it feels like the i’s are dotted and the t’s are crossed. Real life therapy, however, doesn’t work that way. And real life therapy is exactly what Dr. Wachtel is working to relay to his readers.



Firestone, R., Firestone, L., & Catlett, J. (2013). *The Self Under Siege: A Therapeutic Model for Differentiation*. New York: Routledge. 272 pages. ISBN: 9780415520331

Reviewed by Joshua D. Wright, Hunter College of The City University of New York

In *The Self Under Siege: A Therapeutic Model for Differentiation*, Firestone and colleagues express that individuals must differentiate their identity and maintain an inclusive world-view. The problem is that destructive thought processes thwart this

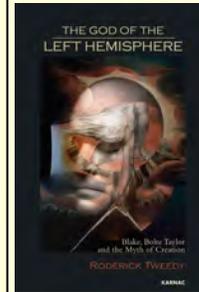
goal. This text outlines an approach to uncovering these destructive processes, differentiating one’s identity, and fulfilling the underlying need for uniqueness. Relying on philosophy, this book is dense and suited for the academically minded, specifically practitioners with a bent for psychoanalytic theory.

The model of differentiation posits a dichotomous construct of the self and anti-self, in which only one may be activated, and it is in the best interest of people to “emancipate themselves from imagined connections with parents, to unlearn destructive aspects of early programming, and to learn to embrace more life-affirming ways of satisfying needs and pursuing goals” (6). The solution to failed differentiation, according to Firestone et al., is voice therapy. This method is outlined in detail, describing the use of dialogue in the second person as the means for patients to identify negative internalizations. Patients engage in dialogue between the self and the anti-self, allowing for differentiation between the attitudes and thoughts associated with the two ends of this dichotomy. Five steps in this process are outlined and examples from clinical sessions are used to demonstrate this process. Chapters 5 and 6 adapt voice therapy to the context of couples.

The core conflict within development, according to Firestone et al., is the “choice between contending with emotional pain or defending against it” (135) and denial leads to “loss of personal identity, freedom, and autonomy” (135) and it is necessary to rely on less defense mechanisms in order to promote differentiation, spurring greater creativity, and making “us more compassionate toward the rest of humankind who share our fate” (149). Chapter 10 extends this thesis to the larger society, in an effort to understand intergroup conflict.

Ultimately, society’s projection of negative group characteristics onto other groups stems from the individual, where people are not properly differentiating themselves and becoming unique, free, and creative individuals. *The Self Under Siege* concludes with the conception that empowerment of individuals is the kindling for social change, removing negative aspects of society by focusing

efforts inward to self-awareness reminiscent of Maslow’s self-actualization. This is a book of grounded theory for psychotherapists and existential enlightenment for the academically minded trying to understand something deep in the heart of humanity.



Tweedy, R. (2012). *The God of the Left Hemisphere: Blake, Bolte Taylor, and the Myth of Creation*. Great Britain: Karnac Books Ltd. ISBN: 978-1-78049-101-1. 332 pages.

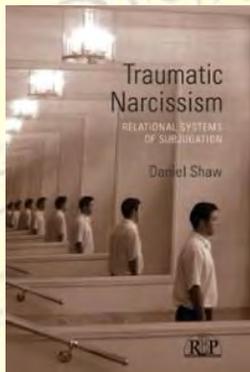
Reviewed by: Tina R. Lee, New York University

In *The God of the Left Hemisphere*, Roderick Tweedy explores the remarkable connections between the activities and functions of the human brain that poet William Blake termed ‘Urizen’ (based on the mythology in which the entity Urizen is the embodiment of conventional law and reason), and the powerful complex of sequencing processes which modern neuroscience identifies as left hemisphere brain activity. Tweedy discusses these topics in connection with neuro-anatomist Jill Bolte Taylor’s “Stroke of Insight” – a TED talk and publication recounting her experience of a stroke following a major hemorrhage in the left side of her brain. The discussion of Blake’s responses to religion, to reason, and to language offer rich insight and reinterpretation of the psychological basis of the entity often referred to as ‘God.’

The book is neatly divided into two parts, which are further divided into sub-topics. Part one, titled “The Looking-Glass,” focuses on the nature and functions of the left hemisphere. Part two, titled “Down the Rabbit Hole,” contextualizes and places the left hemisphere in the bigger picture. Tweedy elaborates more deeply in the second part, which also provides an examination of the main themes in the first part. The book is layered with Blake’s poetry and Tweedy’s interpretation of it. One underlying theme, Tweedy notes, is that we all participate in, benefit from, and contribute to an extended social identity which we help to develop and reflect. In addition, ordinary

conversation plays a valuable and fundamental part in this identity.

According to Tweedy, entering the now is the immediately simple but unfamiliar experience that Blake's poetry both encourages and evokes. The figure of Urizen plays a crucial role in this process since it is Urizenic thought that currently keeps man trapped in the matrix of linearity, goals, wants, judgments, and, above all, suffering. Blake believed that on the level of being, everything is correlated and interwoven, and that all being is ultimately divine. To rewrite our own neurological and bodily processes is to rewrite and modify God, according to Blake. In Tweedy's interpretation of Blake's works, Tweedy states that recognizing humanity's divinity is not an attribute; it is a mode of perception, and it is our duty to unleash it.



Shaw, Daniel (2014)

Traumatic Narcissism: Relational Systems of Subjugation. New York, NY: Routledge. ISBN: 978-0-415-51024-0. 167 pages.

Reviewed by:

Nataliya Rubinchik, Hunter College

Dr. Daniel Shaw, a clinician who practices in New York City, has met with a variety of narcissistic people in his life. His meetings were the reason he decided to study how clinicians might be able to help the victims of traumatizing narcissists.

Narcissists are consciously ignorant of the fact that they need constant attention from others, which is the reason they quickly make themselves indispensable in others' lives, ensuring that their victim will always come back because of this dependency. Even though researchers traditionally viewed victims of traumatic narcissists as pathological, Dr. Shaw's goal is to show that victims are just that – victims who suffer from depression due to their traumatic experiences.

Dr. Shaw focuses on narcissistic parents and the ways in which their adult children

might have been affected throughout their life by their parents' personalities. This leads to his assertion that working with narcissistic people is largely intersubjective. Relationships, both healthy and not healthy, depend on the connection between two people. When it comes to children, it's very easy to upset their delicate development by not maintaining a good relationship based on understanding and recognition. Narcissistic parents justify their inability to show love by blaming the child for being undeserving of it. This causes the child to try to become someone he or she isn't. As adults, children of narcissistic children still maintain that need to be loved and continue to try and please everybody, since that is the only way they know to receive love and recognition.

Dr. Shaw includes case studies to illustrate the idea of intersubjectivity between narcissistic parents and their traumatized children. He clearly explains his theories to the reader in a way that is understandable for experienced clinicians and inexperienced students. The subject of this book, the victims of traumatizing narcissists, has not been widely studied, making Dr. Shaw's book a bridge between past knowledge of children, development, and narcissism and the hope of finding a way to facilitate therapy in the future.



Marks-Tarlow, T. (Ed.) (2012). *Mirrors of the Mind: The Psychotherapist as Artist.* Encino, California: LACPA. ISBN: 978-1-62030-733-5. 101 pages.

Reviewed by: Tina R. Lee, New York University

To the outside world, psychotherapists are seen as the archetypal tabula rasa, the blank slate that interprets the inner worlds of others while sharing little of their own inner workings. Yet, a collection of

artworks, curated by Terry Marks-Tarlow and produced by the Los Angeles County Psychological Association (LACPA), illustrates how this assumption of the therapist cannot be further from the truth. The collection, titled *Mirrors of the Mind: The Psychotherapist as Artist*, displays artworks by therapists within various fields.

Artworks are spread throughout the book alongside photos of the artists and descriptions of the work as well as the artists' backgrounds. The theme of this collection lies in the belief that, just as the artist takes the interior and gives it form and substance so that what was once only known to the artist, can now be known by all, the therapist coaches and encourages clients to give form and substance to their own interior experiences.

One artist writes that through the process of healing and recovery, the self begins to emerge. It is not a linear process - it is messy and involved but also vital to the survival of the true inner self. In particular, Elisabeth Linn's "The Emergent Self" speaks to the idea of the true self emerging by breaking through the boxes and constraints we often lock our 'self' up in. *Mirrors of the Mind* is a collection of artwork reminding us to live our most authentic selves through free and artistic expression.

TRANSCENDING THE PARADOXICAL BRACE RESPONSE: A MIND/BODY CONNECTION



By Ronan M. Kisch, PhD

In psychotherapy, some clients talk about the stressful issues of work, family, or their physical condition due to illness or accidents. As they talk, their bodies become progressively more physically braced. Their hands may clasp or even wring, shoulders raise, knees lock together, feet turn-in in a pigeon-toed fashion, or their breathing becomes shallow or even held. They assume an increasingly constricted or braced posture. Verbal or physical intervention may release this pattern, but for some it does not remain, the pattern returns. For others the holding or brace patterns simply will not release. What is happening that the body or these individuals, though these reactions are mostly unconscious, do not maintain their release?

It stands to reason that people would prefer being in a physically relaxed state over holding themselves in a braced pattern. What is particularly interesting is that many people are unaware that they hold themselves in a braced pattern. In spite of observable or palpable data to the contrary, some may even report, “I just came from my massage therapist and I’m really relaxed.” The holding is a familiar way of life, habitual and unconscious. They are more relaxed after the massage, but they do not realize they are still holding.

On the surface, I believe that being in a more relaxed, flexible or resilient posture lends to feeling calmer, having less pain even healing faster. Surprisingly, I have found that it is not possible for some individuals to assume or maintain a relaxed posture.

Furthermore, even if they are brought to conscious awareness of their physical holding, they are still unable to release the brace or maintain a relaxed posture. I decided to explore the nature of this bracing behavior. Because different therapeutic techniques have different attributes leading to different results and clients do not respond to the same therapy in the same way, I used three mind/body integration techniques independently and together, helping to clarify what was occurring in the therapeutic process.

The first was a technique known as the Trager® Approach developed by the late Milton Trager, MD. This physician believed, “The tension in the body reflects the degree of tension that exists in the mind. Maintaining excess tension consumes a lot of energy that could be used for

other normal body functions. Respiration, circulation and sleep patterns are all diminished and affected by surplus stress.” (Trager & Guadagno, 1987, p. 81) The Trager® approach utilizes a light meditative state on the part of the practitioner in which gentle rocking is offered to release physical holding patterns. This same procedure can also identify parts of the body that should, but for some reason do not move freely. People are often unaware of bracing their shoulders, necks, arms, legs or hands. Almost no one is aware of the tightness between the vertebrae, which shrinks height. In turn, these vertebrae press on and compromise spinal nerves extending from the spinal cord. Except for those in emergency rooms fearing heart attack or asphyxiation from panic attacks, not many are aware of the tightness of the intercostal

muscles between the ribs. If these muscles are contracted they prohibit the rib cage from expanding fully, compromising oxygen flow to all the cells of the body including the heart and the brain. Information regarding what the body is doing is most often unconscious, but not without physical and psychological consequences such as insecurity, anxiety, depression, and pain. While the individual may be unaware of the holding patterns she or he maintains, the Trager® practitioner readily senses flexibility or restrictions in the body and using the Trager® approach most often releases them.

The second technique utilized was Craniosacral Therapy. This procedure was developed by William Garner Sutherland, DO in the 1930s and popularized by John Upledger, DO (1983) in the 1980s. It involves gentle palpation to detect the craniosacral pulse (movement of cerebrospinal fluid from around the brain, down to the sacrum, and its return). The procedure releases the pressure of the meningeal tissue surrounding the brain and spinal cord and allows for profound relaxation of the nervous system.

The third technique used was NeuroEmotional Technique (NET), a procedure developed by Scott Walker, DC (1992). In addition to chiropractors, NET is performed by psychiatrists, social workers, nutritionists, acupuncturists, and psychologists. Walker postulates that with trauma there is a subluxation (displacement) of the spine. Even if the subluxation is physically released, when a similar stimulus to the original trauma is presented, stimulus generalization, the spine returns to the subluxated position. He further postulates that peptides, the chemical constituents of emotion related to the trauma, remain locked into cell receptors, maintaining latent affective memory of the trauma. Walker stipulates where there is a neuroemotional connection (NEC)

simply manipulating the subluxated spine does not release the underlying predisposition of the subluxation.

According to Dr. Walker, peptides, the chemical constituents of feelings, flow freely in and out of cell receptors. However, after trauma, peptides can remain trapped in the cell receptors for a lifetime if not released. Cognitive interventions alone tend not to release these psychophysical holding patterns. NET utilizes applied kinesiology (muscle testing) to somatically assess the congruence (identification with or oneness) or incongruence of thought, feeling or behavior and an individual's sense of her or his self. It identifies a NEC between the manifest holding pattern and the latent emotion bound to the cause of the wound. It does this by determining the particular emotions related to the NEC. This is accomplished by discovering Chinese pulse points on the wrists or on the body that correspond with a particular feeling state. Then using kinesiology it searches for the origin of a NEC. The procedure also utilizes Pavlovian intervention to extinguish, therefore disconnect, psychophysical holding patterns due to peptides remaining in cell receptors following traumatic events. Using a mental image or a sensation related to the original traumatic event and the emotion or emotions related to it, NET severs the holding pattern. As a result, peptides held in the cell receptors are released and there is a mind/body shift. NET may also utilize homeopathy if needed.

Exploring the dimensions of psychophysical holding patterns, a particular phenomenon was identified — the paradoxical brace response. This response is a particularly peculiar predisposition for an individual to be congruent with uncomfortable, often painful, and limiting holding patterns and to be incongruent with relaxing, pain releasing and healing, resilient

patterns. Walker recognizes there may be many facets or NECs surrounding a holding pattern. This predisposition to be harmonious with duress is a variation on a theme. The following four cases exemplify this predisposition to maintain a braced posture.

Barbara

Barbara is a 54-year-old single mother and competent social worker who just received a promotion. Her 27-year-old daughter, Gail, recently asked if her fiancé-to-be, Bob, could come to the family Christmas dinner and church the following day. This created a major problem for Barbara. No one in the family liked Bob or how he treated Gail. According to Barbara, Bob was controlling, he used Gail at her own expense to meet his needs, and he alienated Gail from her family.

Barbara knew that her daughter was aware of her feelings toward Bob. She also knew if she kept reminding Gail of her disapproval she would further alienate her daughter. Barbara felt torn between her love for her daughter whom she wanted to support and protect, and her intense resentment toward the mate of her choice.

As Barbara contemplated either Bob or her own dilemma with her daughter, she became aware of her neck and shoulders automatically tighten. The NET procedure was performed with Barbara's focus on Bob as the subject. This identified Barbara's anger toward Bob in the present. But anger for Barbara was scary and made her particularly uncomfortable. It was to be avoided or pushed out of her awareness. Then a NET discovered a pulse point relating to anger. This led to a connection with Barbara's fear of her father's explosive anger toward her mother and her siblings in her childhood. Her father yelled and threw things.

Her only thought was to somehow get away. She said, “My lifetime experience with anger is bracing against it like protection or escape.” This protective posture generalized to any situation involving anger, even her own. The NET procedure for release from a NEC holding pattern was preformed. Barbara placed her finger on her anger pulse point and her other hand on her forehead. She closed her eyes, bowed her head, and focused on the image from childhood of her father’s rage and her fear. In moments she lifted her head, opened her eyes, and smiled. The NEC was released. Barbara immediately felt more relaxed, grounded, in a secure adult state of mind.

Interestingly, kinesiological testing revealed that Barbara was incongruent with her relaxed, resilient feeling. There was a NEC regarding being relaxed. In actuality, the resilience in being relaxed would give Barbara greater ability to cope due to increased oxygen allowing clear thinking to create strategies to deal with a conflict or to have strength and flexibility to stand and fight or flee. But she felt protected in her childhood state of freeze. If she was softer in her body she felt “unprotected.” Again, using the NET procedure the connection between childhood immobilization in the face of vulnerability was performed — the connection was extinguished.

Following the procedure, Barbara said that she felt more like an adult in command. She continued to be disappointed in her daughter’s choice of mate, but she was grounded and ready to handle her ambivalence toward her daughter, Bob, and her family members. She was prepared to handle them as competently as she dealt with difficult clients at work. Christmas dinner went better than Barbara imagined.

Samuel

Samuel is a 48-year-old middle manager for a large manufacturer. The company is in the process of cutting costs by sending jobs to Asia where there is inexpensive labor and ready access to a growing middle class in China. Samuel felt himself growing both professionally and personally at work and he appreciated the support his salary afforded him. Knowing full well one day he may be on the receiving end, he had the distasteful task of having to tell employees that their job had been eliminated. What made the task particularly stressful for him was that he had empathy for those workers and what it meant for their states of mind, lives, and families. He knew full well the implications of being laid off when other manufacturers were doing the same thing and the job market was tight. There was no emotional, corporate support for his executing this task, just the dispassionate expectation of his performance. By the time the work week was over, the stress in his body was palpable. Samuel was exhausted.

A NET intervention was provided regarding Samuel’s feelings toward the harsh consequences of corporate decisions. This raised the issue of Samuel’s empathy for employees’ vulnerability. “I love being empathetic. I hate being part of the problem. I’m a person.” Samuel placed a finger on his wrist for the pulse point for vulnerability and a hand across is forehead. He then rested his forearms on his legs with his head in his hand and envisioned himself at work performing his distasteful role. When he lifted his head a relieved, relaxed countenance came over Samuel and his entire body softened. This was followed by yet another NET intervention regarding Samuel’s sense of feeling

relaxed.

Samuel was incongruent with being relaxed. What was again revealed was his sense of vulnerability. “I’m supposed to be constantly vigilant,” he said. The NET procedure then identified that this belief started at age 13 when Samuel went to junior high school. “It was a different school, a different environment, new kids,” he said. During our session, a memory struck Samuel like a shock. “I remember a girl said to me, ‘You walk like a woman.’ That was 1968. If they knew you were gay, that was the kiss of death! It was like you killed your mother.” Samuel was gay and being gay was reprehensible. He had to remain vigilant to protect his sexual identity. Relaxing felt like a threat to the integrity of his survival. Again the NET procedure released the holding pattern and a profound sense of “softness, wholeness, and calm” came over him. Perhaps for the first time since the age of 13, he was congruent with being relaxed. At work he recalled the sensations of “softness, wholeness, and calm” when facing duress. Relaxation once again returned.

Tim

Tim, a pleasant, mild-mannered, good-natured, retired, 74-year-old had just returned from his acupuncturist where he was treated for peripheral neuropathy. Tim chronically suffers from pain and numbness in his legs and feet. While he reported feeling better after his treatment, upon examination using Trager®, when an attempt was made to move his legs, they were braced and stiff. Gentle exertion by the practitioner upon his legs revealed that they did not move. They did not rock. Craniosacral therapy on his right leg was performed. Through gentle touch to Tim’s leg supported

by his own gentle full breaths the practitioner communicated a message of lightness, freedom, and resilience. After a matter of moments, Tim's leg released its brace and was able to flow in a full rock — back and forth.

To the contrary, Tim's left leg remained braced. At that point, NET was performed on the freedom Tim felt in his right leg as compared to the brace of his left leg. The applied kinesiology procedure then revealed that Tim was congruent with his braced left leg and incongruent with his right flexible leg.

While the overt symptoms of Tim's leg problem, neuropathy, was diagnosed to be physiological in nature, examination using the NET procedure revealed that the neuropathy was related to an unresolved emotional trauma, (NEC), from childhood. Further examination uncovered that Tim's holding pattern in his legs dated back to the age of 10 where in school he had a teacher whose disciplinary method was to . . . rap (young 'Timmy') on his knuckles with a ruler. The brace pattern was one of suppressing his angry reaction toward the authoritarian, punitive teacher. Using NET intervention, the early traumatic experience paired with the angry reaction was then subjected to the NET classical extinction procedure. Tim placed his index finger on the anger pulse point, placed his other hand over his forehead and pictured the early traumatizing school scene with his held-in anger.

There was no hands-on intervention with Tim's left leg, only the NET procedure. Subsequently, there was full range of motion in Tim's left hip joint. His left leg rocked. When he stood up, he felt taller. Both legs moved freely and the numb sensation he had in his legs was no longer present. Smiling, Tim commented, "I can't remember feeling this good."

There were four outstanding points to this intervention. First the NET procedure identified Tim feeling congruent with the stiff left leg and incongruent with the less painful, mobile right leg. Second, solely providing physical interventions did not release the etiology of traumatic holding pattern. Third, the NET procedure identified the holding pattern that was maintained by a NEC. This indicated a clear relationship between an emotional reaction to an environmental stressor and a physiological holding pattern in the body — one that lasted for decades. There was congruence, an automatic predisposition to the familiar bracing pattern, and incongruence with alien sensations of release and comfort. Somatically he may have felt allowing himself to be free would result in physical punishment again. This would further suggest merely releasing the physical holding pattern itself and not dealing with the neuroemotional connection would not maintain the release of chronic holding patterns. Fourth, without any physical intervention to Tim's left leg and solely with the extinction of the somatoemotional holding pattern provided by the NET procedure, the physical holding pattern in Tim's left leg released. He walked away feeling "much improved" with less pain and numbness, more freedom in his stride and a smile on his face.

Vanessa

Vanessa is a 52-year-old medical assistant. She has a physically tight body with holding in her legs that she says is, "definitely not a conscious thing. I didn't do anything to make that happen." Craniosacral and Trager® intervention were applied on her right leg, it released its braced posture, and moved freely. NET was applied to her braced left leg and a NEC was uncovered. This NET brought to light a trauma Vanessa underwent when she was 16 years

old. In a double homicide, Vanessa's mother's boyfriend murdered her mother and then shot himself. This left Vanessa with NECs of both fear and anger. After the extinction process and without physical intervention Vanessa's left leg spontaneously released its holding pattern.

However, kinesiological testing revealed a NEC with regard to the experience of released, resilient legs. The feeling of vulnerability was identified with this phenomenon. Vanessa reported, "Vulnerability, I don't like the word. It means weak. I'd lose the ability to protect myself. If you are weak, people take advantage of you." Again, the NEC originated at age 16 and the slaying of her mother. The NET intervention was applied and released the incongruence of comfort with resilience. Her left leg then had free movement.

Conclusion

The four stories that have been presented reveal an unusual phenomenon. They highlight a clear discomfort with resilience and a predisposition to assume a mind/body posture that compromises free thinking, a sense of well being and the body's ability to either heal or feel more comfortable in the presence of pain. This defensive posture stands against reason. But it is linked to an earlier stage of development when the viable coping options were compromised or limited. Self-inhibition in the presence of fear or vulnerability may have been the most practical choice for survival. This response was then locked into body chemistry and neurology through ongoing developmental stages and generalized to other situations when similar or related stimuli were presented. The fact that these patterns exist for many individuals is largely unconscious.



What is striking about the brace response in all of the preceding cases is not merely a neuroemotional reaction of bracing related to stress. What is striking is that the bracing is paradoxically in reaction to relaxation, softening, comfort and well-being. Repetition of this brace pattern locks into chemistry, neurology, musculature, and personality a defensive pattern. It maintains a brace of fear, vulnerability, insecurity, and low self-esteem.

Evident from the cases of Vanessa and Tim is that physical interventions alone can at least temporarily release somatic holding patterns. However, they do not unlock or extinguish the deeper psychophysical holding patterns related to the traumas that originally brought about those holding patterns. Releasing the deeper somatic-affective holding can spontaneously release overt physical holding.

Important to note, one can remove the underlying NEC using a psychophysical intervention. However, this does not replace the tender loving care, confirmation, nurturing, and coaching that was absent in the early life environment at or before the time of the trauma or injury. Many arrested in NECs may be looking for the recognition, support, nourishment or appreciation that they did not have at an earlier time of their life. They may seek this from those caregivers who did not have it in the past and in all likelihood still do not have the knowledge or skills to deliver those traits in the present. They may also

seek those traits from other people who do not have them like their early caregivers. Therapeutic treatment must also attend to this issue.

My exploration of the transcendence from the regression to brace phenomenon remains in progress. Yet the findings derived from the cases above have important implications for health care practitioners and their clients. These unconscious psychophysical holding patterns tend to chronically return even when physically released. And, they resist release even when there is conscious awareness of their presence. There is an almost immediate regression to brace. Apparently, memory of traumatic events is not solely stored in the brain, but can be in the physiology of the entire body. To transcend the holding takes a mind/body intervention. A practitioner with the knowledge that the paradoxical regression to brace phenomenon exists is in a position to help a vulnerable client transcend the latent, debilitating, holding pattern.

Likewise, information of this somatic holding is of importance to clients with intellectual awareness or sophistication of their psychosocial or physical wounding, but who are unable to overcome their emotional traumas. This knowledge is also of particular significance to clients with post traumatic stress and survivors of accidents or war, as well as those with psychosocial histories of attachment disorders, early family dysfunctionality, and those who suffered from molestation and other abuse. Latent, learned holding

patterns can be brought to consciousness, freed from their inhibiting influences, and replaced by new, more adaptive actions. Transcending from the paradoxical brace pattern is releasing from past wounding, and provides for greater freedom of physical movement, and opening for actualization of formerly unknown self-potential.

Ronan M. Kisch, PhD is a somatic psychologist in Dayton, Ohio. He received his doctorate from the University of Kentucky where he was a NIMH Trainee at the Department of Medical Science. He received post doctoral training at The Gestalt Institute of Cleveland. Dr. Kisch is a Certified NeuroEmotional Technique (NET) Practitioner, a Trager® Practitioner, a Nationally Certified Bodyworker and he holds an Advanced Certificate from the Santa Barbara Graduate Institute in Somatic Psychology. He served as a health psychologist in Dayton's Miami Valley and Sycamore Hospitals. He is the author of *Beyond Technique: The Hidden Dimensions of Bodywork* and *The Miraculous Achievements of Bodywork: How Touch Can Provide Healing for the Mind, Body and Spirit*.

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Heller continued from page 15

According to Heller, we can teach other practitioners (in other fields/modalities) how to connect the dimensions. Using the example of touch—the importance of touch in our work—he says, “They (*other fields of psychotherapy*) don’t know why touch is important. A psychoanalyst does not know more than baby touch. When doing a massage, you are not taking the client back to when he was in a baby body; yoga, dancing, and meditation are not regressive. Touch may offer even more awareness and complexity than what psychoanalysis assumes.”

We can teach others how to make the connections. However, Heller offers a slight warning creating the space for education. “We think we can

combine/coordinate dimensions in body psychotherapy,” he says. “We have the aim but not the training for it. Gerda Boyesen thought she was treating the whole human being, but in fact she was only treating specific parts. She didn’t analyze behavior like behaviorists or dreams like psychoanalysts. She had the ambition to work on combination but not enough knowledge or techniques for each. We need to train body psychotherapists how to work with the different dimensions together (*e.g., combine movement with breath work*) in their work as well.”

Michael C. Heller is a USA and Swiss citizen, born in Paris. He is a psychologist who has studied, as a researcher and a clinician, the relation between mind and body. As a researcher, he has primarily studied the nonverbal behavior of suicidal and depressive patients in the Geneva University Psychiatric

Institutions. As a clinician, he trained in body psychotherapy in Gerda Boyesen’s school, and has participated in the development of body psychotherapy with his colleagues of the European Association of Body Psychotherapy (EABP). He has participated in the creation of several journals in the field of body psychotherapy, and has occupied key posts in the EABP (Vice-president, chair of the Ethics Committee and Scientific Committee). He is on the editorial committee of the International Body Psychotherapy Journal and an Associate Editor of *Body, Dance and Movement in Psychotherapy*. He publishes and teaches regularly on clinical and research issues related to body and mind. He is now psychotherapist and supervisor in Lausanne, Switzerland, while continuing to teach and publish at an international level.

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Rolef Ben-Shahar cont. from page 24

1997. As a psychotherapist, his work is relational body-psychotherapy, integrating trancework and Reichian body-psychotherapy within a relational framework. He enjoys writing and has written dozens of professional papers on psychotherapy, body-psychotherapy, hypnosis, and their integration. He is an international board member for *Body-Psychotherapy Publications* and an associate editor for *Body, Dance and Movement in Psychotherapy*. His book, *Touching the Relational Edge: Body Psychotherapy*, was published by Karnac in 2014. His PhD dissertation (*Surrender to Flow*), focused on the moments of surrender in three different fields: relational psychoanalysis, body-psychotherapy and hypnosis, and these three form the axes of his theoretical and clinical curiosity.

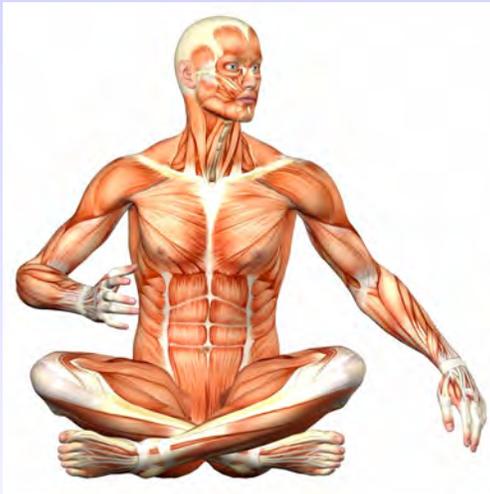
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pigeon-hole us, or rational men as economists like to depict us. No, we're flesh and blood, beautifully messy, simple and complex beings.

Maybe in 2014 we can balance who we are on the inside and the outside, although in truth, such a distinction doesn't really exist. Find space to tend to our rich inner world, occupying the space we take up and looking out for our fellow beings near and far.

Kamalamani is an Embodied-Relational therapist, supervisor, facilitator and writer living and working in Bristol, UK. She has been a practicing Buddhist since her early 20s and loves seeing how age-old teachings and practices are relevant to contemporary life. She works at the interface of body psychotherapy, ecopsychology and ecodharma, drawing upon her experiences of being a development worker in sub-Saharan Africa, a lecturer in International Development at the University of Bristol, her current meditation practice and being a child lost

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powerful they are during this highly formative time in the baby's life.

We currently have a hospital supported clinical trial targeted to discover if the vitals of a premature infant improve while being held by their mother if only the mother is listening to the *Positive Intention Music*™. Preliminary results are showing that every infant so far has shown dramatic improvement. We are about to begin additional trials at another hospital that includes discovering if our music can improve the vitals of premature infants at the

bedside and the impact the music has on the babies when played in the whole NICU. We will also measure the experiences of the nurses and parents as well.

I am amazed and most grateful for that fateful day I sat at the piano and wrote the first song to my grandson. I never imagined that it would lead us toward forming a company that would be so personal and life affirming. I am developing creative projects for premature and newborn babies, toddlers, and especially for their parents. That realization, while writing my daughter's story, changed the direction of my life. I am hoping

that through our work we can help young parents to experience a bond that ensures greater health and well-being in their babies lives and in themselves.

Lisa Rafel is an expert in *Vocal Sound Healing*™, an author/composer/performer and an international presenter on sound and resonance, using intention for healing and transformation, and the benefits of music to enhance bonding/attachment. Lisa founded *Resonant Sounds, LLC* to support the connection between new parents and their babies. Lisa has two children and six grandchildren. You can email her at Staff@lisarafel.com and learn more at www.lisarafel.com ©2014 Lisa Rafel



For more than 25 years, Gary Malkin has composed and produced music for media, including countless soundtracks and musical atmospheres for film, television and radio programming. Using the emotional language of music, he used his music to enhance the impact and create an alchemy between the visual or audio content by ending up with a multi-dimensional experience that was greater than the sum of the parts.

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