

Who's Calling the Shots?

by

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People often find themselves stuck in emotional states where they feel unhappy, anxious or depressed. They know what they feel but they are unaware of their own behavioral patterns that keep them immobilized there. Over and over they focus on their frustrations; they wish things were different. They wait for the bad feeling to go away. The more they focus on their frustrations, however, the more they find themselves stuck. They ask themselves, "What in the world is going wrong? Why won't it change?" They continually repeat the same behaviors with the same results. For me, I ask, "Who' calling the shots?"

Too often the answer is the neurology and hormonal chemistry of a child or adolescent who did not get recognition, confirmation, or encouragement. This youngster did not have a parent or guardian who knew how to provide a healthy role model of how to handle difficult, compromising situations. These youths saw inappropriate models or none at all. They did not necessarily feel safe or protected. As a result, they developed coping mechanisms that were the best they could manage for their age, knowledge, and resources. Often these coping mechanisms were the same as those of the parent with whom they used to identify

—their dominant role model. These patterns are evolved or are created during developmental times when intellectual ability is not fully developed, when knowledge of situations is limited, when freedom of choice is restricted, and when alternatives are not available. These coping mechanisms then generalized to other situations; as time went by, when challenging, threatening, or hurtful events presented themselves, these environmental stimuli triggered the learned psychophysical protective coping mechanisms from deep in the unconscious mind. Those somatic-emotional patterns habitually, and quite automatically, jumped out and took charge. Their familiarity overrode any conscious awareness of either their happening or their origin. One might even have an intellectual sense of this pattern but the pressure is on and when push comes to shove the patterns are reenacted without the ability to control them. Let me share some examples with you.

FOUR CASE HISTORIES

Rose is a twenty-three-year-old college graduate. She is now involved in an internship and is concerned with getting into the graduate school of her choice. Rose also reports having "suffered" from an eating disorder. She is currently not having menstrual periods, suggesting she still suffers from an eating disorder.

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Rose explained that she was a well-accepted student in junior high school. When she went to high school things changed. Three separate junior high schools merged into one high school. The peer group configurations changed. The new "in" group was comprised of thin girls. She was starting to develop and did not feel acceptable to the new "in" group. So she created a strategy to fit in. Rose began to starve herself. Before long she became dehydrated forcing her to be hospitalized. While she was treated for dehydration, she was not treated for her eating disorder.

Clearly, neither the regimen Rose began at age fifteen, nor the self-doubt she had then, have been abandoned in her early twenties, despite being a college graduate contemplating graduate school. She is a bright young woman, but intelligence has nothing to do with her eating disorder or her self-esteem. Rose has taken the GRE exams twice. As hard and as much as she studied, the second time she was unable to raise her scores. She perpetually demeans herself over decreasing her chances of getting into the graduate school of her choice by not improving her test scores.

Roger is a 68-year-old business consultant. He came to therapy reporting that he was unable to laugh, especially at himself. His psychosocial history revealed that Roger came from a working-class neighborhood. His father was a miner. Roger was one of the brightest students in school. This singled him out and made him a target for class bullies. His parents did not perceive, recognize, or celebrate his talents and intelligence. They did not compliment him

or reinforce his inherent brightness and academic achievements. As a result, Roger did not recognize or appreciate his own traits. Indeed, his attributes became a detriment to him in his peer group. He is insightful, verbal, and has an impressive business acumen. Roger, the only one in his family to go to college and then receive a master's degree, is professionally successful and the father of three. He has many innovative ideas. He begins projects that he has devised. Unfortunately, another presenting problem is that he complains he does not follow through on his projects.

Grace is a 69-year-old retired stock broker. She is high energy and sociable. She is the daughter of an alcoholic father who was physically abusive to her mother. Grace provided the following information that came to mind as Christmas was approaching. She reported a memory of Christmas when she was 11 years old. Her father got drunk and beat up her mother. When her mother was walking down the steps of their home to help the children open their Christmas presents, her mother was wearing sun glasses to hide her blackened eyes. She was also bent over because she had broken ribs. Alcoholism is not only destructive to the alcoholic but inflicts trauma on the entire family.

Alcoholics not only suffer from their chemical and emotional dependency on alcohol, but they also suffer from denial. They are unable to recognize or admit they have a problem with drinking and they lack problem-solving skills in many other areas. As a result, their entire family suffers.

Grace works out regularly and routinely receives massages. She is presently in a supportive, nurturing relationship. Nevertheless, she constantly has pain in her hips and shoulders. If one could feel her perpetual physical holding patterns, they would understand why she has pain.

Ken is a 32-year-old African American from Harlem, and the single father of an eight-year-old son. The son's mother was shot in the street. Ken felt that his mother did not love him; she perpetually spanked him. His father was on drugs and was not in the home. When his father was present, he spanked Ken, too. Ken clearly does not want to replicate his father's role model with his son. Ken was on the high school basketball team. He worked out and practiced rigorously. But the coach, who somehow knew Ken's father, never allowed Ken to play in games. This perpetually left Ken with self-doubt and feeling depreciated. Further, he felt unworthy of the girls to whom he was attracted.

Ken presently works as a supervisor in a grocery store and is attending the local community college with the expectation of going on to a four-year college. He is still an athlete and avid basketball player. In his spare time he coaches basketball for young boys. He wants them to have the opportunity that he never had. Ken continually compares himself to Ivy League college graduates and berates himself for not having a college degree and earning more money. Ken is constantly attracted to women but does not pursue them because he does not have a college degree, nor does he make enough money. He is a spiritual and a

bright man. He clearly is capable of and utilizes abstract reasoning. He has a remarkable business acumen. But he is perpetually depressed over focusing on what he has not achieved or accomplished.

THE PROBLEM

Too often the coping patterns from childhood or adolescence lie in unconscious somatic/body awareness from where these individuals/patterns make their decisions and determine their behaviors — they call the shots. These patterns can and often do automatically determine coping behavior for the entirety of their lives.

Precisely because these patterns are unconscious and often protected by unconscious defense mechanisms, just asking, "What are your defense mechanisms? What emotional events are you holding in your tight body? Specifically, where are you holding them? When did they start?" or "Don't do that!" will not support change. But if these somatic coping patterns can be brought to conscious light and released, an alternative, more appropriate coping mechanism can be put into place. Then, one's inherent potential and life's mission can be brought to fruition.

Rose, Roger, Grace, and Ken are successful, accomplished people, but they have a difficult time recognizing, reporting, or feeling positively about themselves. Their parents, due to their own wounds, lacked knowledge, skills, and values to recognize, appreciate and celebrate their children's abilities and preciousness as God's, as well as their own children. *Continued on page 24*

They could not pass on what they did not have. Because Rose, Roger, Grace, and Ken did not receive positive reinforcement from their parents, they internally believed they were neither deserving of nor worthy of such positive reinforcement. This, in turn, detracted from their self-esteem.

Assuming habitual braced postures to fight off wounds of the past, they have been unable to experience their feelings, self-respect, accomplishments, and high regard. Repetition of inadequate childhood or adolescent coping skills further immobilizes them in their predicament.

FIVE STEPS OF INTERVENTION

A somato-emotional-cognitive intervention is offered to release the past and move into a more prosperous present and future. There are five parts to the intervention.

First is a pretest, an exploration of whether and where the psychophysical holding areas are in this person's body. It consists of gentle movements on a massage table to determine the body's flexibility and mobility involving a shoulder rock, neck lift, traction from the occiput (the bottom of the skull), and a leg rock. These gentle movements determine how an individual responds to life stress. They provide a clear and often profound indication of where the body holds and stores stress. These movement patterns may be in a range between the body area moving freely and fully to being braced and locked.

Second, there is a physical intervention to release those holding patterns. The somatic

intervention offered is comprised of cranio-sacral release and Trager® somatic-emotional release to ease or free the somato-emotional holding in shoulder girdle, arms, hands, and legs. As chronic holding patterns in these parts of the body transfer to adjacent areas, so does release. With subsequent sessions, deeper emotional wounds are uncovered, recognized, and released.

Third, there is a NeuroEmotional Technique (NET) developed by chiropractor Dr. Scott Walker to assess if there is a NeuroEmotional Connection (NEC) to the holding patterns. This test identifies what connections exist from the present or past that may be contributing to or causing the physical holding. The NET then releases these patterns.

Fourth, a new healthier, stronger, more capable person starts to emerge and develops new coping strategies and mechanisms to address problem-solving. The internal potential that has been inside all along is now given the recognition, support and encouragement to actualize itself.

Fifth, these new awarenesses, feelings, and actions need to be mindfully recognized, appreciated and celebrated to lock them in place.

RESULTS

In pre-assessment, Rose's shoulders were braced, as was her neck. There was no movement in her body with traction. Her shoulder girdle would not lift. Her legs were

braced. And in spite of her intellectual brightness, when asked about her sensations, feelings in her body, or her experience, she became tongue tied, at a loss for words, and blank faced. She was unable to express her inner self.

On the table, Roger's neck, shoulders, right arm and leg were locked. There was some slight movement of his left leg and arm. He had difficulty getting in touch with his feelings. Roger stated, "Releasing is difficult for me because it is not a habit." With movement on the table, he shared, "I have a memory of having to brace to be self-protective, not to be overwhelmed. I had to do it myself." Thinking back on his youth, some time around the age of 12 or 13, Roger recalled, "I had a braced body in my youth. I was in a defiant posture — sensitive to being told what to do. I did not have a sense of my own agency, my own—strength."

One was immediately struck by Grace's neck and shoulders being locked. Her arms did not want themselves to be externally rotated/manipulated. She anticipated movement that was going to be made and

impulsively made the movement herself.

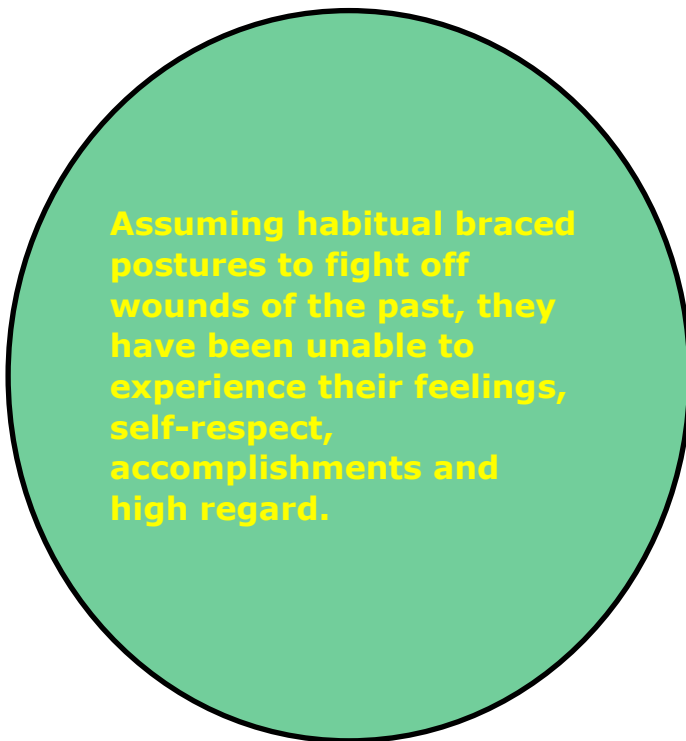
She consciously knew that the nature of the task was to allow her arm to be moved. But, against her own conscious will, she was unable to let go. In the process, she did not allow herself to experience a free and gentle movement or the experience of being supported by another. Unconsciously, she did not allow herself to feel what it could be like to be resilient. Her unconscious will-

power prohibited her from feeling supported and nurtured, nor was she able to learn an alternative orientation.

Ken's neck, shoulders and legs were braced. Precisely because Ken was an athlete and a basketball player, he understood somatically, as well

as cognitively, what the holding he did in his shoulders meant. His brace inhibited his follow-through as he shot for the basket.

He also understood how the trauma of his childhood—coming from the ghetto, from an African American heritage—resulted in his current somatic bracing. The construct of *who's calling the shots* was motivational for Ken to embody a more resilient, mobile posture. *Continued on page 26*



He also appreciated that a more relaxed, agile shoulder girdle allows more oxygen to flow to his brain enabling him to more quickly perceive effective plays on the court. Precisely because of what he felt in his body and understood cognitively, Ken was highly motivated for somatic psychotherapy.

Ken consistently repeated negative self-talk such as, "I'm not deserving"; yet, he knew the negative effects of his self-talk from "Tony Robbins and Oprah Winfrey." However, the impact of Ken's low self-esteem combined with this negative self-talk prevented his knowledge to overcome his actions.

POST INTERVENTION

After the somatic intervention is provided, the pretest is repeated to determine the effect of the intervention and to consciously demonstrate to clients both what has been accomplished and how they can be. If a body area will not release its holding, the NET procedure is used to identify if a NEC is maintaining it. It is then used to release the holding. The NET is also used following the somatic intervention to determine if this individual is congruent with the new relaxed-resilient state or with their original braced pattern, a paradoxical brace response. If so, the NET procedure is utilized to release the brace pattern.

During her first session, Rose felt a release from the bracing that had been in her body for over a decade. After this

release, she was flabbergasted with the freedom of movement she felt in her body. Smiles spread over her face and tiny giggles came out of her throat. She was experiencing herself in a body she had never experienced before. She was experiencing a sense of the possibility of who she could be — how life could be. Who she was as an adolescent did not have to be who she was as an adult. What an embodied realization!

In spite of Rose's exuberance, post NET testing revealed Rose maintained a NEC of low self-esteem as a result of "feeling big" in adolescence. This emotion dated back to age 15 when her eating disorder began. There was also grief associated with this event over the loss of a healthy self-image to the offensive body image of bigger than the "in group". This NeuroEmotional Connection was extinguished using the NET procedure. However, Rose had years and years of repeated, highly emotionally-charged, negative self-talk in relation to her body image. Those neural networks are not immediately replaced. They demand repetition of a new positive message.

Merely experiencing what can be is not synonymous with maintaining that new memory. Memories of what just happened can be lost in seconds. Repeated emotional-somatic memories are more firmly implanted in the brain than cognitive memories or brief experiences. Change often occurs in iterations. Rose returned for treatment, more motivated.

As Roger experienced the hands-on treatment in our session, he spoke matter-of-factly about projects that he had successfully instituted. While it is true that Roger had not followed through on all his projects, he failed to give himself credit and appreciation for what he had done. The result was rather than having a sense of a work in process, he felt unfulfilled. As he overlooked his accomplishments he perpetually felt disgruntled. NET testing revealed that he held back due to an early childhood fear persisting into his adult life: "Better not to try, than try and fail."

Because of his work in therapy, Roger recognized that he was changing. He had a greater sense of self-awareness. Roger reported, "I am aware my usual posture is not relaxed to let my energy flow. But I don't brace as much as I used to." Recently, his wife expressed her appreciation for his support. He responded by thanking her with a hug and kiss. This was unlike his former response, which was non-existent or rough expression without heartfelt experience. He added, "I was mindful of being soft and open." When he visits with his grandchildren now he says, "I let my presence touch with my heart. What a gift!" Roger was transcending the withholding of his parents' negative role models.

Somatic post-testing with Grace revealed her braced shoulder girdle, arms, and legs. Testing indicated that her arms would not allow themselves to be moved externally. Her left arm insisted on helping the

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practitioner. Grace, despite her best efforts, was unable to relinquish control of her arm. Her right leg was locked. Her left leg would move slightly but was braced.

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NET was used to assess if there was an emotional holding connected to her left arm's rigid pattern—it revealed fear of "losing control." The procedure further revealed that this fear related to Grace's mother's sensitivity to "losing control."

Grace said that when her mother was pregnant with her, her mother felt that she lost control of her life. Her mother told Grace she was the result of "a hole in the rubber." Grace's mother's fear of losing control was stamped into her daughter's chemistry, neurology, and musculature for 69 years, plus her time in-utero. The NET procedure released this NEC as well as the holding in her arms and legs.

As Ken became psychologically stronger, he opened himself to forgiving his family for what they did not know and could not deliver. Ken was embracing the affirmations, "I'm okay being happy" and "I'm okay deserving." Rather than looking into the past or future and berating himself for what he had not achieved, he recognized, with pride, each step of his embracing the now. He no longer uses the amount of money he makes to be his point of attraction to women. He no longer allows his internal child or adolescent to make his decisions or determine his self-esteem.

With a sense of pride, Ken reported the sensations he had on the table as he took his next test and did excellently. Those emotional memories were powerful and emotional memories stick. Ken is now

exploring a former relationship. However, rather than presenting himself as the image of what he wanted to appear as, he spoke with this woman and discussed the problems that they faced in the past, but never dealt with. As he did this, he experienced his relationship getting deeper and more meaningful, an experience he had never had before.

CONCLUSION

Rose, Roger, Grace, and Ken came from families with no awareness or words for positive feelings or achievements. These individuals learned self-protective bracing, numbness and an absence of vocabulary to identify their emotions. Consequently, their feelings did not consciously exist for them then and continued not to exist consciously as they moved through their developmental stages. If any of these individuals were to be asked if they would allow a child or adolescent to make their decisions, their answer would be *definitely not!* In actuality, however, that is what was happening. With this somatic-emotional work, in each case, the original chronic brace that these individuals maintained progressively diminished. The amount of time and effort to achieve a release became less and less. The range of motion available to the different areas of their bodies became greater and greater. Their conscious experience of the flexibility and resilience of their bodies' emotional cores became more profound.

As these four individuals arose from the table, psychologically they had an awareness of release from the wounds of the past. They had a more conscious awareness of being in the present. They were aware their posture had shifted. There was more mobility in their shoulder girdles and necks. Their heads sat more squarely on their shoulders. They were actually taller. As the muscles between the vertebrae of the skeletal structure released, their body posture became more erect. They saw and perceived the world from higher up. There was an expansion and fullness in their chests as they breathed and experienced a greater sense of self-esteem.

They experienced being in themselves with a release of chronic fear of the unknown. They carried themselves with an embodied, genuine sense of pride. As they walked, their gait was easier and longer. In addition to the somatic changes, there was a shift in their sense of self. They had created new strategies for coping with their life difficulties. They were stronger. They had a sense of an inner ability to cope with the future. A self they had not known before, their adult, was calling their shots.

Walking out of my office door, their adult was in the driver's seat. Their chronic muscular defense posture that had locked them into the past was released allowing them to embody and feel themselves overcoming self-doubt, insecurity, defensiveness, and inferiority. They felt embodied in a way that was previously alien — they fully experienced mind, body, and spirit as one.

When Rose, Roger, Grace, and Ken walked toward the exit of my office building, my presence, as well as the support and safety of my office, no longer surrounded them. There was a reflexive potential to revert back to their habitual stance, to brace against challenge, the unknown, against external judgment and the perennial holding patterns. These patterns may also be triggered by memories of the past, situations at home or school or work that are emotionally or procedurally reminiscent of their past. Maintaining the benefits of the intervention demands commitment to repetition of mindfulness, cognitive-somatic awareness, and reinforcement of all of the positive feelings, experiences, and awarenesses experienced in my office. To hold onto their gains, they must repeatedly cognitively recognize, emotionally appreciate, and behaviorally celebrate their life achievements no matter how big or small. Then their adults are calling the shots.

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