

Somatic

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Summer 2017

Psychotherapy

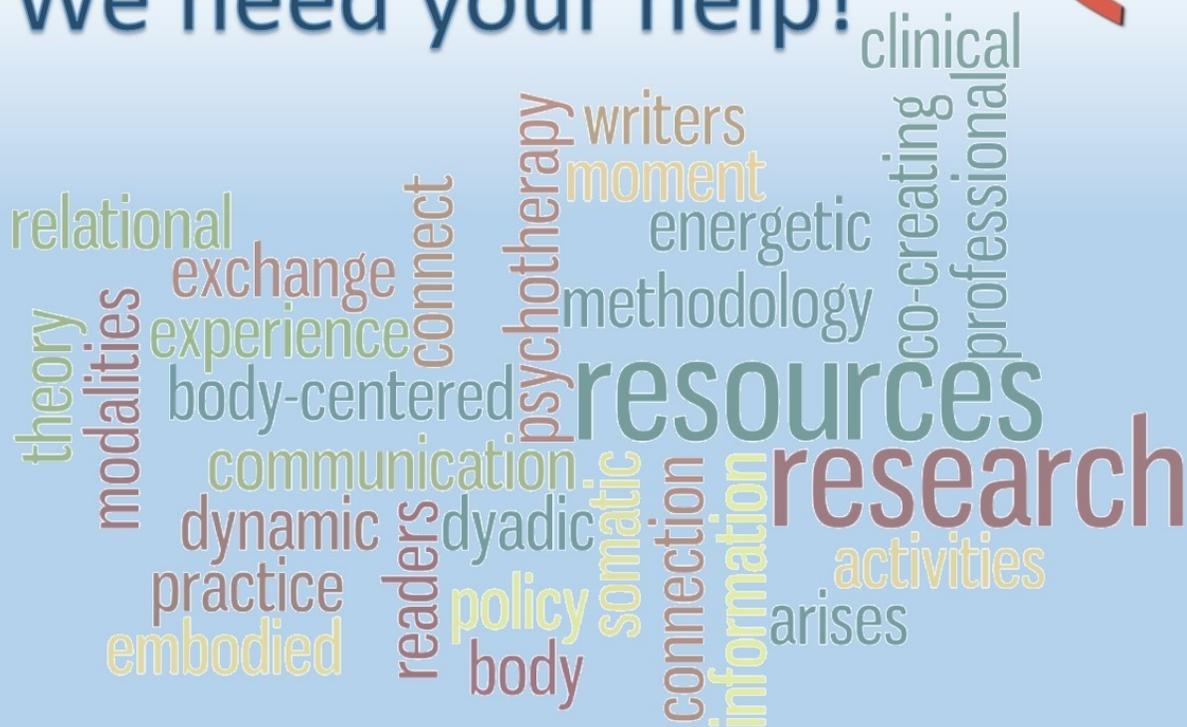
Today



Somatic Psychotherapy Today



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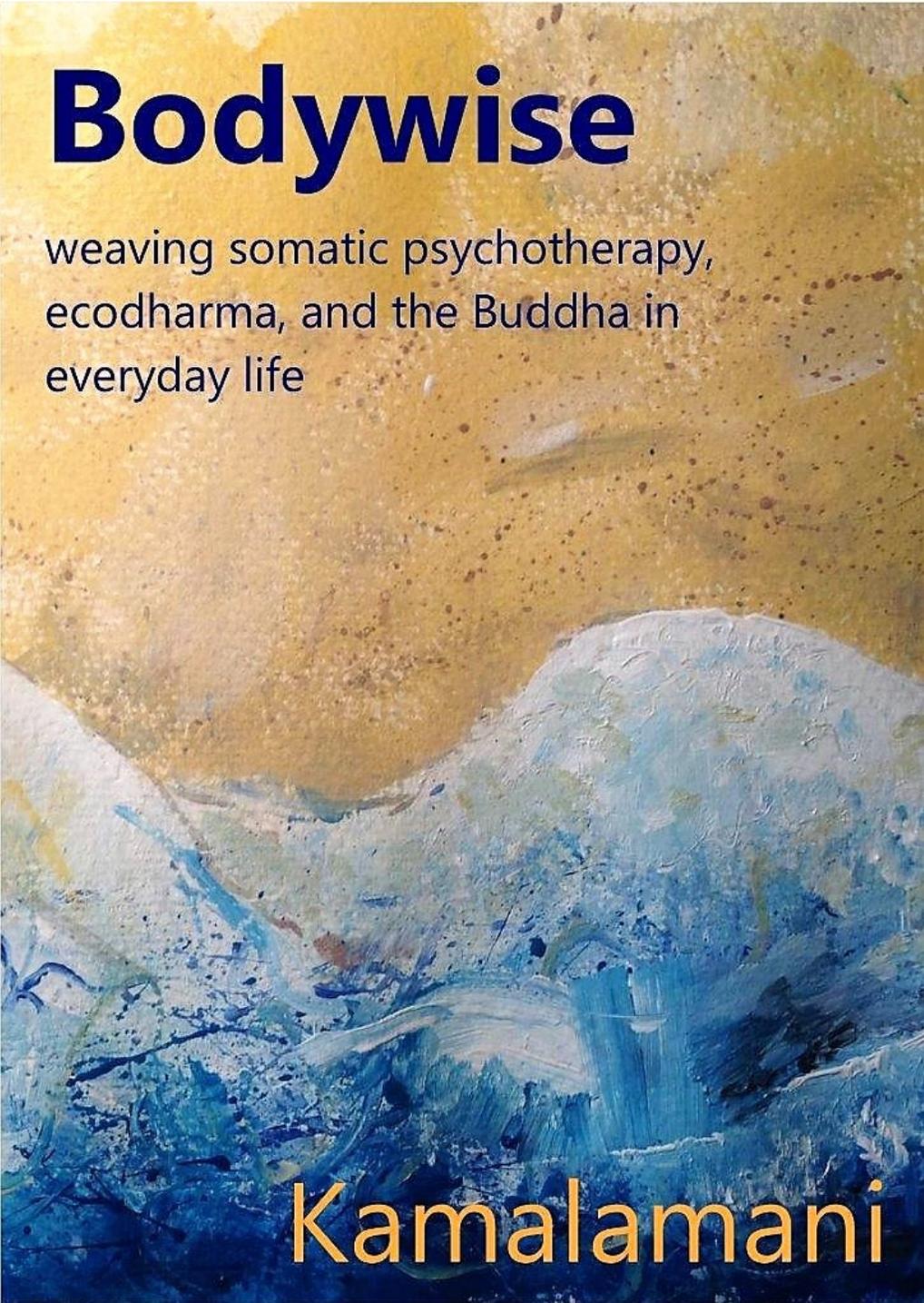


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Each issue of *Somatic Psychotherapy Today* takes hundreds of hours of time, thought, resources and love. If you find any joy and stimulation here, any educational merit, any clinical application, please consider becoming a member of the SPT community and support our publication with a recurring monthly contribution. You can also become a one-time paying patron or sponsor with a single donation. All contributions must be in U. S. dollars. We welcome individual members as well as organizations wanting to pledge a higher level of support in return for space on our website and on our Facebook page.

For information and to contribute please visit our website:
www.SomaticPsychotherapyToday.com or contact our Editor-in-Chief, Nancy Eichhorn, PhD at
Nancy@SomaticPsychotherapyToday.com

An abstract painting with a textured surface. The top half is dominated by warm yellow and ochre tones, while the bottom half features cooler blue and white tones. The brushstrokes are visible and expressive, creating a sense of depth and movement. The overall composition is balanced and evocative.

Bodywise

weaving somatic psychotherapy,
ecodharma, and the Buddha in
everyday life

Kamalamani

Kamalamani's initial 2012 column introduced our readers to an intimate look at a Buddhist perspective in body psychotherapy. We were invited into an awareness of all sentient life and living processes; her writings encouraged personal reflection and professional consideration. We've been pleased to share her writings and to review her books.

Her newest book, soon to be released, comes from a place of gratitude and graciousness. Kamalamani offered to create an ebook of all her columns and to donate proceeds to *Somatic Psychotherapy Today*, to help defray the costs associated with an independently run international magazine. **It's generous gifts like Kamalamani's and others who donate to SPT that we continue to exist.**

SOMATIC PSYCHOLOGY EVENTS

PRESENTS:

Polyvagal Theory: Basic Principles, Experiential Learning, and Clinical Applications with Stephen Porges, Ph. D.

Stephen Porges is a behavioral neuroscience researcher whose investigations of the evolution and expression of human autonomic psychophysiology has become a wellspring advancing the theories and practices of multiple disciplines and human service fields of practice.

In this exciting two-day conference, Dr. Porges will present a basic outline of his Polyvagal Theory, lead attendees in experiential learning, and dialogue with professionals presenting cases from diverse practice arenas. Since 1994, when Dr. Porges announced the basic concepts, Polyvagal Theory has been adopted and used productively in a wide array of psychological and somatic clinical practices. The theory is bringing alive the profound significance of our evolutionary neural organization in daily psychological and relational processes.

REGISTRATION
polyvagaltheory.brownpapertickets.com

CONTACT
somaticpsychologyevents@gmail.com



Stephen Porges, Ph. D.

SEPTEMBER 2017
23+24
BERKELEY, CALIFORNIA

SAVE THE DATE:

Keeping Our Bodies in the Room: The Relevance of Bodily Experience in Psychotherapy, Training, and Practice with William Cornell & Jon Sletvold

This conference brings together two dynamic clinician-authors at the heart of the contemporary discourse on the place of the body and somatic experience in psychotherapy and psychoanalysis. The program will combine conceptual elements with discourse, clinical and supervisory examples, demonstrations of training and supervision techniques, and a good deal of experiential work drawn from the speakers' many decades as clinicians and trainers. This diversely formatted program will appeal to psychodynamic and analytic clinicians, those involved in the training and supervision of psychotherapists, and somatic psychotherapists who want to experience the clinical and training styles of these internationally-known body psychotherapy innovators.

NOVEMBER 2017
11+12 BERKELEY, CALIFORNIA

REGISTRATION OPENS IN JULY
Contact somaticpsychologyevents@gmail.com for more information
and to be added to our mailing list.



William Cornell
Author of *Somatic Experience in
Psychoanalysis and Psychotherapy*
(2015)



Jon Sletvold
Author of *The Embodied Analyst: From
Freud and Reich to Relationality*
(2014)

The 15th EABP Congress e-book

On behalf of Panagiotis Stambolis, Chair of the CCSC, the entire CCSC and the Organizing committee of the 15th EABP congress, we are pleased to announce that the

The 15th EABP congress ebook including texts, Power Points and pdfs that were submitted for inclusion by their authors-presenters [is now available online](#).

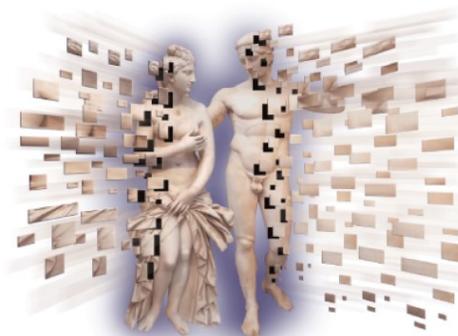
Papers include:

- ◆ *Prevention Starts when the Body Talks* by Susan Abigador
- ◆ *Contacting Gender in Body Psychotherapy* by Rae Johnson
- ◆ *Body Shape: The Transition from an Inherited Existence to a Personal Existence* by Marilyn Pisante
- ◆ *Why Kinesthesia, Tactility and Affectivity Matter* by Maxine Sheets-Johnstone
- ◆ *Restoring the Internal Capacities for Balance, Resilience and Vitality* by Zoe Schillat
- ◆ *Trauma, Embodiment and Emotional Dis-regulation in extreme and complex PTSD among refugees and war survivors* by Edoardo Pera and Cristina Angelini

and many more

The CCSC wishes you pleasant reading and offers their assurance that they will continue their sharing and enrichment in our uniqueness, pluralism, and common grounds in congresses in years to come!

[Click here for the PDF](#) or visit EABP.org and visit their publications page



Under the Auspices of:





Somatic Psychotherapy Today

Our Feature Reviews and Stories

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Volunteer Magazine Staff

Nancy Eichhorn

Editor, Layout Design

Diana Houghton Whiting

Cover Design

From Our Editor



Welcome to our Special Summer Book Review Issue,

Maintaining our traditional summer focus, we are pleased to share reviews of books “hot off the press”, author reflections on their writing experience, and articles from our regular contributors.

In this issue, Dr. Elya Steinberg writes in-depth about the need to reconsider how we write about our work in her article, *How Can We Evaluate the Subjective and Objective Aspects of Effectiveness in Therapeutic Alliance: Fundamental Limitations to Current Scientific Writing About Therapeutic Processes*. She looks at what becomes lost in the clinical experience when we stick solely to an academic format. Her stance is beautifully demonstrated within the writings shared by Dr. Bonnie Zindel in her edited anthology, *Writing on the Moon: Stories and Poems from the Creative Unconscious by Psychoanalysts and Others*. The insider’s view of mental illness is also the theme of Lee Gutkind’s edited anthology, *Show Me All Your Scars*. Kamalamani talks about current day events, those causing scars in humanity’s being as well as on the face of Mother Earth in her column, *Dreaming Bodies, Dreaming the Earth*

Please note that we offer our reviews from a personal perspective, how these books read for us, to us, what we walked away thinking, feeling. We’d love to hear what you think after reading the reviews, after reading the books themselves.

We also offer a call for stories for our Fall issue. Deadline is September 5, 2017. Our theme will remain eclectic for now; with the current worldwide chaos, it feels too constrictive to narrow our lives and our work to one single thought. Please let us know if you want to contribute an article, a review, a poem, a personal narrative. We are always open to reading what you have to write and talking about it.

We’re grateful for your readership and look forward to providing quality articles and reviews, personal and poignant author reflections, and more on our website: www.SomaticPsychotherapyToday.com

Warmly,

Nancy Eichhorn, PhD

Nancy@SomaticPsychotherapyToday.com

From Our Awesome Cover Designer



Hello All,

This cover is of a picture of street art found in Lisbon, Portugal. It is can be a challenge to find something that speaks to me about the theme of the magazine issue, but it is always fun and educational trying to figure it out. I hope you all enjoy the cover as much as I do.

Warmly,

Diana Houghton Whiting, MA, LPCC



Distinguished Colleagues:

It is with great pleasure I wish to introduce myself to you, as the new incoming President of the United States Association for Body Psychotherapy (USABP). The association has continued to serve our profession for over two decades by providing a hub for all somatic psychology. As the new board transitions this year into the administration we hope to continue to champion our mission to help advance the art, science, and practice of body psychotherapy and somatic psychology.

We are proud to bring together the well over two dozen education and training programs who comprise our institutional membership base, and the hundreds of practitioners and clinicians who comprise our community. We will continue in the coming months to inform the community of our endeavors to help advance the profession by improving membership benefits, and helping provide a resource center that promotes collaboration across somatic traditions. It is my hope that USABP becomes an exemplar in the field of bio-behavioral sciences, and as such, I welcome your comments about what you would like to see in the future of our organization.

As I examine the legacy of so many of our past Lifetime Achievement Award recipients, I am inspired to continue to help preserve the rich traditions that so many of us have been gifted to practice and apply within the profession. We are all excited at the opportunity to continue to bring together our community through conferences, webinars, and special interest meetings at conferences all throughout the United States and Canada in the coming years ahead, and hope that if you are not a member of the USABP yet, that you will join now!



On behalf of the board of directors, thank you for your commitment to the scholarship and praxis of somatic psychotherapy, we look forward to getting to know you and serving you!

All the Best,

Dr. Chris Walling, PsyD, MBA, SEP

President-Elect

United States Association of Body Psychotherapy

President@USABP.org

www.usabp.org



www.usabp.org

The United States Association for Body Psychotherapy was founded in 1996 as an umbrella organization for the emerging profession of body psychotherapy. Our dual mission is to advance the field of somatic psychology and to assist our members in getting their work out into the world. Thus we represent not just individual members like you but also various institutional organizations as we advocate for our field on a national stage.

Mission Statement

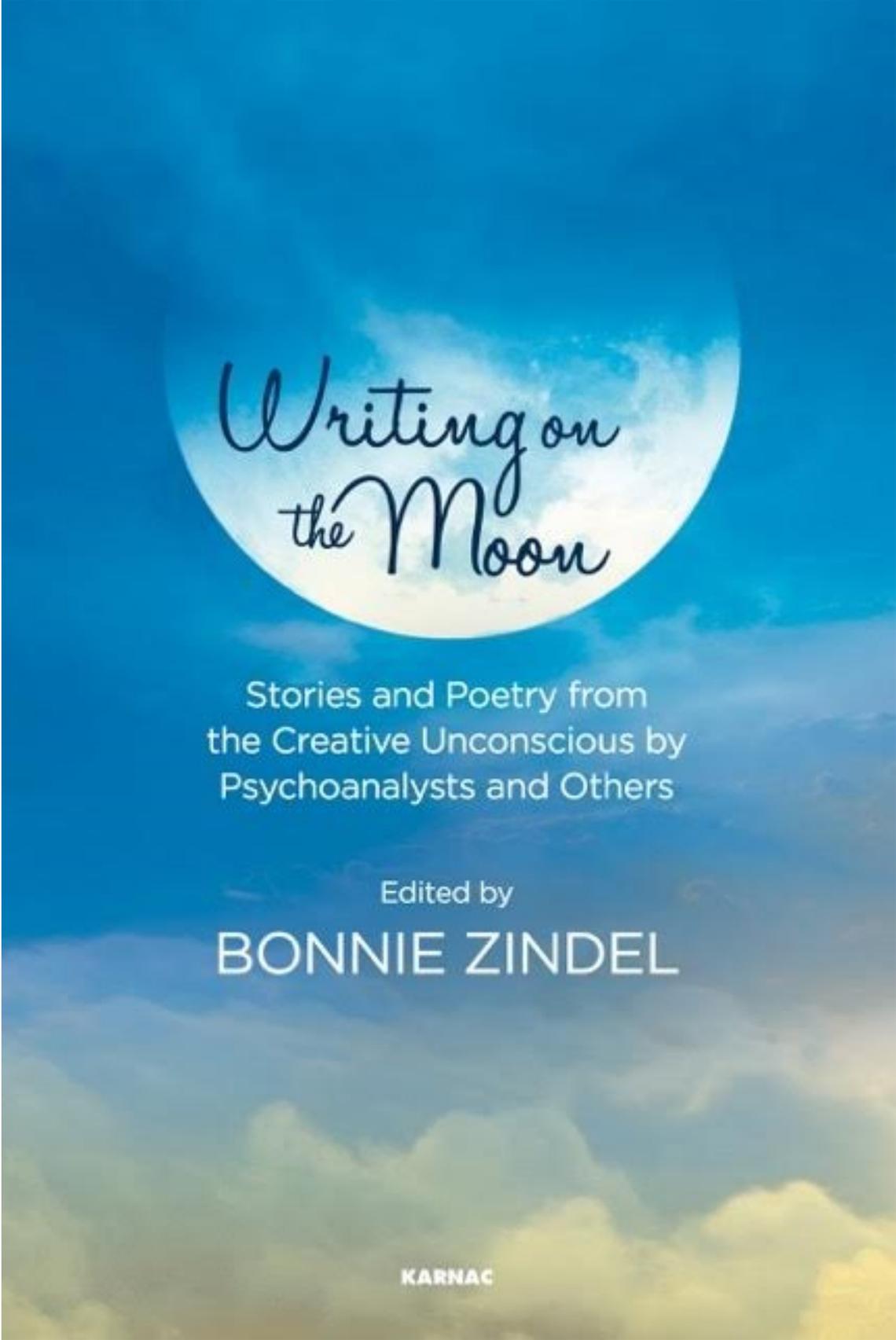
The United States Association for Body Psychotherapy believes that integration of the body and mind is essential to effective psychotherapeutic health. To that end, its mission is to develop and advance the art, science, and practice of body psychotherapy and somatic psychology in a professional, ethical, and caring manner in order to support our membership as they promote the health and welfare of their clients.

Join USABP

USABP Goals

- 1. Good Health:** To establish the integration of the body, mind, and spirit as essential to health and well being.
- 2. Public Awareness:** To increase public awareness of somatic psychology, body psychotherapy and body/mind practices.
- 3. Body of Knowledge:** To develop and systematically evaluate the body of knowledge that guides the theory and practice of somatic psychology, body psychotherapy, and body/mind modalities.
- 4. Standards:** To develop and promote standards for the application and use of somatic psychology, body psychotherapy and body/mind practices in the public sector.
- 5. Access for all persons:** To promote access to quality somatic psychology, body psychotherapy, and body/mind practices for all persons.
- 6. The greater health care and education communities:** To be an influential, equal, and collaborative member of the health care and education communities.
- 7. A source on issues and information:** To be a source on issues and information related to the field of somatic psychology, body psychotherapy, and body/mind practices.
- 8. Professional and personal development of members:** To enhance the professional development and personal growth of members.
- 9. Organizational excellence:** To endeavor for organizational excellence.
- 10. Professional community:** To encourage, develop, and provide a professional community that is based on enlightened, collaborative, and collegial relationships.
- 11. Greater community:** To contribute to the creation of a world in which caring and appreciation of diversity are essential values.

www.usabp.org



Writing on
the Moon

Stories and Poetry from
the Creative Unconscious by
Psychoanalysts and Others

Edited by

BONNIE ZINDEL

KARNAC

Hello Out There



She sensed a tap on her shoulder;
thought it might be real
discerned a distant voice;
felt words crawl in.

Hello, are you in there?

Knees tight to chest, hair flopped over eyes, nose,
mouth, the young girl peered out, felt an invitation to
come forth, didn't react, not yet.

She sat in dejected silence, dreaded the impending
implosion, the decay of a once vibrant soul swallowing
submission by calling it surrender.

*There's more to life than being hobbled to others, she
thought, more than being squashed between should and
must with no room for want or need.*

She missed the thrill as wild words catapulted from within, landed on an exquisite
expanse of pure white paper, claimed the territory as their own.

A yearning for personal presence plopped down in the emptiness beside her. Was it
strong enough to stop this space of invisibility, to twist the key in this self-destruct
-mode locked in place as she slid further, deeper into some vacuous place?

A twinge rippled outward from the ripeness of her belly.
Unspoken questions, like fingerlings in spring that reach toward the sun's light,
rose upward, forward:

Is there an endpoint?

A safe and sacred space for me?

How do I allow myself to exist?

She pushed her hair aside, opened her eyes to face the void.
Her lips parted, tentative words formed:

Hello? Are you out there?

Written in response to reading *Writing on the Moon* by Nancy Eichhorn

Writing on the Moon: Stories and Poetry from the Creative Unconscious by Psychoanalysts and Others

Reviewed by Nancy Eichhorn, PhD

The title alone prompted my email to Karnac for a reviewer's copy of Bonnie Zindel's newest book. Reading the forward cinched it. Bonnie's skillful use of figurative language was a bit intimidating, okay totally intimidating. How dare I consider writing a review that wouldn't fall flat, sound dimwitted and dull when juxtaposed to her masterful use of sound, sight, and syllabication. Bonnie's taken poetic play to heart; here, just read this sentence aloud and you'll hear what I mean: "thunderbolts strike, flying shadows lurk, golden arrows soar . . ." (pg. xv). We've got jagged energy piercing, ghostly apparitions hovering, a savior coming to the rescue. I read the forward twice simply to appreciate the language.

Bonnie's background is in fact the proving ground for her artistic ability to be within oneself and yet write the experience out loud for you, and me, to partake as deeply and richly as we desire. She didn't come to all of this spontaneously. Bonnie is a psychoanalyst, a faculty member, supervisor and trainer at the National Institute for Psychotherapy, the founding editor and literary editor for *Psychoanalytic Perspectives*, an author of numerous books and articles and a playwright—she's written and produced three plays. This current project took 15 years from start to finish. It started as a call for poems for a new Creative Literary Section she started in *Psychoanalytic Perspectives*. The response to that initial call left her wondering how to select eight from the thousands of submissions that arrived. Her creative intuition framed questions that determined what went into the journal then and the book now:

Did I respond emotionally to the poem?
Was I moved?
Did it feel original?
Did I want to read it again?
Did the writers allow me into their being?
(pg. xviii)

Writing on the Moon is a collection of poems, stories, and artwork previously published in *Psychoanalytic Perspectives*. Two-thirds of the 29 contributors are psychoanalysts/psychotherapists with extensive and impressive publishing backgrounds. Those who are patients, artists, poets, writers, performers, professors, cartoonists and so forth are also well published and many are award winners, all prestigious awards no less. This is not a collection of random works from people off the street.

One reviewer notes the book "pays homage to the wisdom of the unconscious."

Bonnie writes: "*The creative unconscious, this estuary of the unknown, is the doorway to our originality. It can surface when we least expect it—translating chaos and feelings from our body into poetry, stories, paintings, and music. Here is the Holy Grail, the unworded and mysterious place, the center of our vitality. Here we are old and here we are new, existing outside of time. It is our truest nature*" (pg.xv).

According to statements on the back of the book, the writings meander through unconscious terrain as writers explore how they can be more originally themselves and how they can release the constraints that bind them. They look at why creativity is important to psychoanalysis and how a therapist's analytic mind can be receptive to the artistic voice. Each of the 17 chapters involves a theme such as: dreams as poetry; a call for love; strong women's voices; creativity and madness; presence and absence; and outsider art. There's a chapter dedicated to "The Unexpected Poet: D.W. Winnicott" and one entitled, "Ferenczi and Relationality: On Losing One's Analyst."

Each chapter begins with a forward Bonnie wrote to explain, to introduce. She describes a scene, offers a sense of what you are about to read and why. There's no prefabricated interpretations of what you

are supposed to take away, however; instead, Bonnie offers an invitation to experience the contributors' world, their emotional realities explored in verse and narrative. There are also select quotes and artwork to accompany the text.

There isn't space, nor need to share every submission. And still, some come to mind like Victoria Pollock's poem, *Psychoanalysis: A Dream*.

Psychoanalysis: A Dream

They are sitting on the floor,
They lean hard against each other.
Studying the cell phone,
Too close,
Transgressive,
Their bodies crash together, side
by side,
as if it's not happening at all, but it
is.
Longing, balled up tight like paper
tossed in a trash can unfolding.
They are falling into and through
each other
with everything they've got.

Victoria is a Canadian psychoanalyst and psychotherapist in private practice and an adjunct faculty member at the School of Theology at the University of Toronto. Her dream involving she and her therapist is about "feeling psychoanalytic intimacy that's transgressive". It explores "the thrill of wrong doing yet the truly thrilling experience is working closely together, shoulder to shoulder, head to head, and somehow penetrating each other in ways that feel out of control and ecstatically wrong, but are, in fact, right" (pg. 5).

Jim Klein's narrative falls under Creativity and Madness. Jim has a doctorate in English; he was a professor until asked to leave due to a manic episode. Diagnosed with bipolar disease, Jim offers poetry written while in and out of mental hospitals. "Writing," he notes, "is the most powerful therapy" (pg. 45).

Letters to Dearest Mother are excerpts from famous writers' uncensored correspondence to their mothers that speak "eloquently of simple everyday experiences as well as

significant emotional moments" (pg. 59). The authors—James Joyce, Margaret Fuller, George Sand, Gustave Flaubert, and Marcel Proust—present an intimate look at their relationship with their mothers, be it painful, longing, reflective, angry, disappointed, rejected and unloved.

The Day of Michelangelo is Bonnie's story about her experiences traveling in Italy and the revelations that came. Again, her pacing and language, the realizations and experiences held my focus.

Chapter Eleven, The unexpected Poet: D. W. Winnicott, offers both insight into this man via background Bonnie provides, as well as a letter to his mother (written when he was 14), a poem he wrote his mother when he was 67, a poem by Masud Khan, Winnicott's student, analyst and editor, and, finally, near the end of Winnicott's life, a poem he wrote entitled Sleep:

Sleep

Let down your tap root
To the centre of your soul
Suck up the sap
From the infinite sources
Of your unconscious
And
Be evergreen

The final chapter, Ferenczi and Relationality, offers two powerful narratives. Darcy Dean Minsky, LCSW, writes about Jerry, her analyst and their 21-year connection that ends with his mental decline. And Kabi Hartman, PhD writes about Naming the Absence, exploring the seven-year relationship she had with her analyst (five days a week for seven years) and his sudden death (heart attack). She shares her life at age 21 when their relationship started and how her life moved forward in positive directions. Her ability to capture details, to turn a phrase, to bring their relationship to life in the wake of his death are noteworthy.

Continued on page 14

In Conclusion

So as not to leave you hanging, some sort of summary or wrap up is expected, and yet the entire act feels perfunctory after experiencing these author's creative explorations. Why artificially bring them to an end when in fact many of their words will continue to seep into my psyche, be with me for days, months, some perhaps even years, coming to mind in spontaneous moments of reflection, connection, being. In this light, I offer an invitation knowing that my response to this text is clearly that, my response. You will not have the same experience when reading this book (or any other book I review).

For some, the content may be lighter, less impactful, for other's tears may flow or a feeling may come of *What's so great about this?* Whatever your experience, it's all real and true, that's the beauty of creativity, self

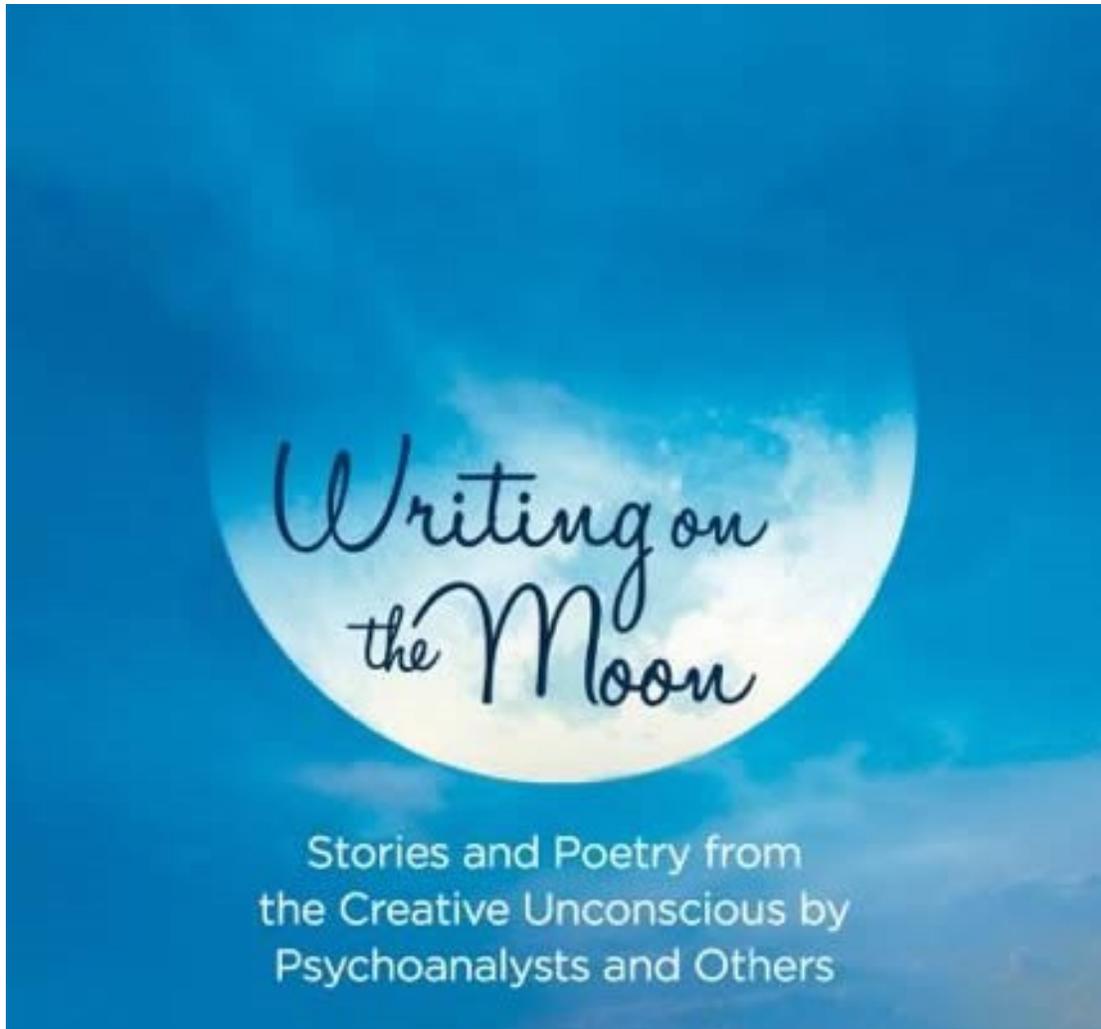
-expression and self-exploration. There's no right, no wrong. It just is. And yet, I do want to invite you to keep Bonnie's list of questions in mind—the ones she used to guide her intuitive sense of what resonated—when you read these contributions as well:

Did I respond emotionally to the poem?
Was I moved?
Did it feel original?
Did I want to read it again?
Did the writers allow me into their being?
(pg. xviii)

I suspect, at one point, the answer will be yes.

Bonnie Zindel, LCSW, is a psychoanalyst in private practice in New York. She is a faculty member, supervisor, and training analyst at the National Institute for the Psychotherapies. A founding editor and creative literary editor of *Psychoanalytic Perspectives*, she is the author of numerous articles on creativity. She is the author of "A Bird that Thunders: An Analysis of Emmanuel Ghent", in *Clinical Implications of the Psychoanalyst's Life Experience* (Routledge, 2013). Bonnie has conducted writing groups for psychotherapists for over twenty years and has conducted writing workshops at international conferences in Rome, Madrid, and San Francisco. The *New York Times* said, "She runs what may be the most nurturing writing group on the literary scene." A playwright and novelist (HarperCollins, Viking, Bodley Head), Bonnie is a former member of the Actors Studio Playwrights Unit. She has most recently written a play, *My Simone*, based on the life of Simone de Beauvoir, which was recently performed in New York.

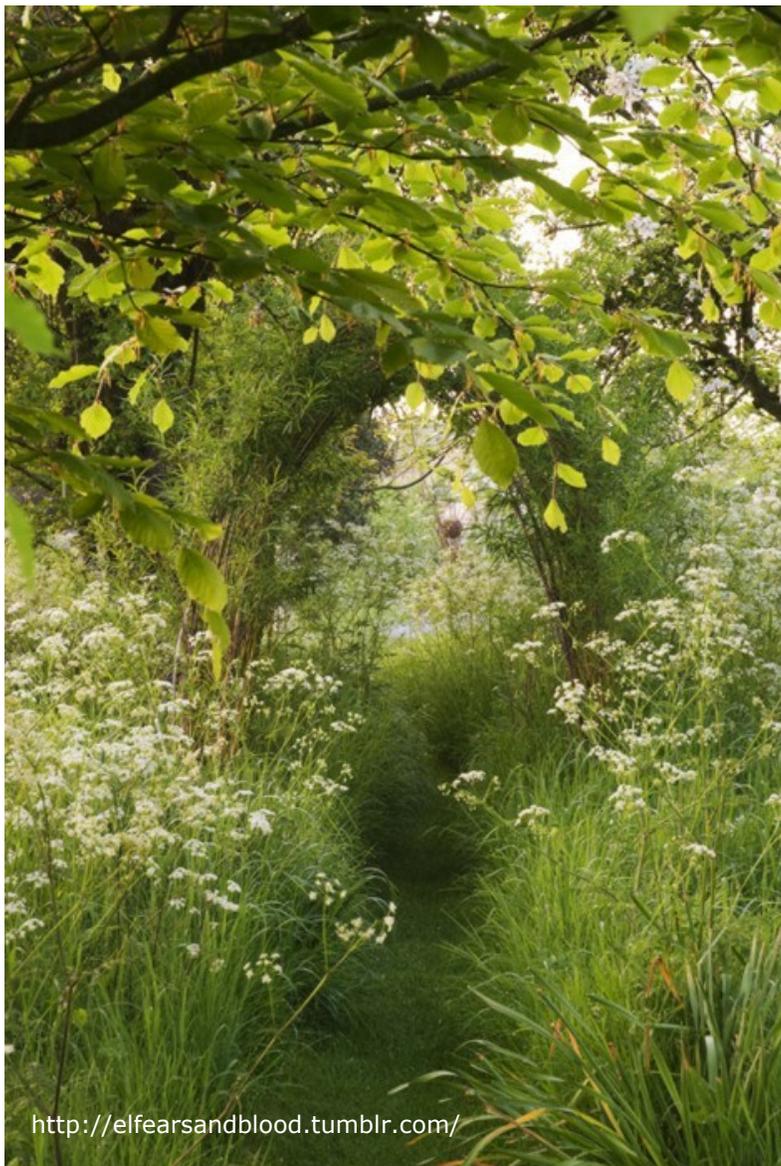




A Reflection by Bonnie Zindel

Writing on the Moon is fifteen years in the making and it is about imagination and originality—two crucial elements in our creative life—and the ability to magically rearrange memories and emotions that have been stored away in some deep and ‘unworded’ place. Young children have direct access to their creative unconscious and touch of wonderment. But many of us lose some of that ability as we get older and become more constrained and concrete— and perhaps frightened of that playful part of ourselves.

This was originally published in *Writing on the Moon: Stories and Poetry from the Creative Unconscious by Psychoanalysts and Others*, edited by Bonnie Zindel (published by Karnac Books in 2017), and is reprinted with kind permission of Karnac Books.



<http://elfearsandblood.tumblr.com/>

When I was a young girl I would spend hours in my large walk-in closet, playing with my imagination. I would put on my glasses and my wooly cape, and I would make up stories of traveling across the desert to live in a small Bedouin town, selling exotic perfumes. Or turning jewels into meteor showers. I would consult elders about secret watering holes, which led to narrow trails and berry patches. The elders scratched a map in the dirt and showed me where quicksand hid and monsters lurked.

When I returned to my room and put on my wide-awake hat, hours had passed. And in that slip of time, I had entered the timeless place of creativity. I did not know it then but I was in a sacred place—my creative unconscious—where things rattle deep inside; a place of plaster and clay, of warm pools of humanity, all beyond my conscious knowing.



http://ktvk.images.worldnow.com/images/13771694_G.jpg

Another important step came in my junior year in high school when Mrs. Lave took me out of Miss Nehren's geometry class, where I couldn't tell the difference between a hypotenuse and a trapezoid, and put me in a new class she was forming on mythology. There I had no trouble remembering which goddess turned into a flower, and the names of all the gods and demi-gods on Mt Olympus. These days, I like to remember that the gods are far from perfect. If I put Zeus on the couch, I would learn about his unusual traumatic birth, springing from the head of Cronos, his difficult childhood filled with danger, a stormy and jealous union with his wife, Hera—when angry, he would hurl thunderbolts.

After college where I majored in psychology, I started writing plays, screenplays and novels. I would ask my creative unconscious for help, but it refused to be cajoled or yield to demand. Then when I would least expect it, a new idea would appear in all its glory, and I would stop what I was doing and listen. To make an apple pie from scratch, you must first invent the universe, said Carl Sagan, an astrophysicist. Each time you are creative, you must start from scratch.

After my years as a writer, having published three novels and written three produced plays, I wanted a job that wasn't so lonely and where me just being present was crucial. In the early 1990s, I was with my family in the Caribbean for Easter vacation. I happened to pass a woman on the beach and we began talking. In the five minutes we conversed, she told me about a graduate program she had attended to become a psychotherapist. Upon returning to New York, I applied to graduate school at Columbia University, and my life changed. Eventually I became a psychoanalyst, and I never even learned her name.

During the four-year program, I felt that I could not serve two masters. So, while my literary writing was put on hold, my analyst, Mannie Ghent, and I did share a creative play-space. As part of my training analysis, it was a prerequisite to be in therapy. I would bring in fragments of creative work to Mannie, and he would close his eyes and listen as if he was listening to a dream.

These days, I like to remember that the gods are far from perfect. If I put Zeus on the couch, I would learn about his unusual traumatic birth, springing from the head of Cronos, his difficult childhood filled with danger, a stormy and jealous union with his wife, Hera—when angry, he would hurl thunderbolts.

Following each session, I would go to a café and write scribbled notes on the session. He seemed to open the buried parts of me. The ritual: always writing. I *am* a writer, and it seems like I have no choice but to write.

In 2001, I was part of a group at my institute planning to start a new scholarly journal. It was important to me to create a permanent space for creative expression. This was an unorthodox idea. It had never been done before. While psychoanalysis had long been interested in creativity, no journal had previously made space for it. I am enormously grateful that the editors were open to taking this leap with me. The Creative Literary Section made its debut in the first issue of *Psychoanalytic Perspectives* in 2003 and has continued to be part of the Journal for each of its 29 issues to date.

As Creative Literary Editor, I started the first issue with only three poems. The second issue consisted of a poem by Thomas Ogden, whom I had gotten to know through our mutual interest in creative writing. Alongside his poem was a poem by his niece, Emily.

For the third issue, I was puzzled. I needed to cast a wider net. I wanted people in the field and beyond to know there was now a space for poetry and creative non-fiction in the journal. Our institute had a list-serve, and so did many other institutes across the country. Why not send out a Call for submissions that would reach thousands of potential contributors both here and abroad? I put out a Call for submissions of "Poetry by People in Analysis." The response was overwhelming. Hundreds of poems poured in from as far away as Australia, South Africa, England, France, Scotland, Israel, Canada, New Zealand and across the United States.

Suddenly, I was faced with a dilemma: how to select the eight or ten poems that I had space to publish. What criteria would I use? I am not a literary scholar. I have no training in critical theory. I am a psychoanalyst and a writer. How did my psychoanalytic sensitivity effect what I responded to? And my thirty years of writing? And so, I decided to trust my creative intuition and analytic training. Did I

respond emotionally to the poem? Was I moved? Did it feel original? Did I want to read it again? Did the poet allow me into their being? The feedback on this issue was very encouraging. Psychotherapists told me how meaningful it was to have this place to bring another part of themselves. And readers told me how much they enjoyed the themes and selections. I realized I was on to something, and in the years ahead, I put out many other Calls that stimulated the imagination: *Dreams as Poetry, Love Calls, A Call For Love, Strong Women's Voices*. In the Call for *Mothers of the Milky Way* I said, "Mother's come in complex ways. Surprise us." You will see the fruits of these Calls throughout the book.

The ideas for the Calls came from my creative unconscious and leapt into the red-hot embers that animated the creative unconscious of many others. The *Notes From the Creative Literary Editor* that I began to write for each issue are also unconscious collaborations. This is what Shakespeare called "epiphenomenology," where one person's idea sparks another and another— like shooting stars. When these sparks happen, the ideas are combustible. The outpouring of submissions and the quality of the work have been extraordinary. I am thrilled to preserve some of the best of these shooting stars in *Writing on the Moon*.

Bonnie Zindel, LCSW, is a psychoanalyst in private practice in New York. She is a faculty member, supervisor, and training analyst at the National Institute for the Psychotherapies. A founding editor and creative literary editor of *Psychoanalytic Perspectives*, she is the author of numerous articles on creativity. She is the author of "A Bird that Thunders: An Analysis of Emmanuel Ghent", in *Clinical Implications of the Psychoanalyst's Life Experience* (Routledge, 2013). Bonnie has conducted writing groups for psychotherapists for over twenty years and has conducted writing workshops at international conferences in Rome, Madrid, and San Francisco. The *New York Times* said, "She runs what may be the most nurturing writing group on the literary scene." A playwright and novelist (HarperCollins, Viking, Bodley Head), Bonnie is a former member of the Actors Studio Playwrights Unit. She has most recently written a play, *My Simone*, based on the life of Simone de Beauvoir, which was recently performed in New York.



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Advances in Psychotherapy –
Evidence-Based Practice

Mindfulness



hp hogrefe



Reviewed by Nancy Eichhorn, PhD

Mindfulness is trending. It's been on the forefront of conversations in terms of Western therapeutic methodologies since Jon Kabat Zinn integrated it into his Mindfulness-Based Stress Reduction program (MBSR) in the early 1980s. Today, mindfulness practices are at the heart of many psychotherapeutic approaches such as: mindfulness-based cognitive therapy (MBCT); acceptance and commitment therapy (ACT); dialectical behavior therapy (DBT); mindfulness-based relapse prevention (MBRP); mindfulness-based trauma therapy (MBTT); and mindfulness-based eating awareness training (MB-EAT).

The word itself, however, is often confused. Its meaning subjectively associated with who or what entity is promoting its use. There's clearly a difference between Eastern approaches to meditation and mindfulness and the current Western emphasis.

With the proliferation of modalities integrating components of meditation and mindfulness practice, this book is a welcome addition to Hogrefe's Advances in Psychotherapy: Evidence Based Practice Series—noted as Volume 37. Per the series requirements, this book is designed to be a compact "how to" reference for "a particular disorder", for use by professional clinicians in their daily work and as an ideal educational resource. According to the publisher the most important feature is that the books in this series are practical and easy to use. All are structured in the same vein including: tables, boxed clinical "pearls", marginal notes and summary boxes to assist orientation as well as the use of checklists to provide tools for daily use.

[Mindfulness](#), while not focusing on "a particular disorder", does indeed fit the required series format: it is compact, easy to use, organized, succinct, detailed, and informative without being overdone. The authors note that the "theories, understandings and practices reviewed in this book are rooted in a rich and ancient tradition" (Preface). Their aim was to offer a "brief and simplified introduction to contemporary applications in 'mindfulness' as delivered within secularized mindfulness-based interventions" (Preface). Their work targets the roots and practices of mindfulness. It is not meant to be all encompassing, all inclusive; rather, it's noted to be a starting place. There are seven chapters including: Description, Theories and Models, Assessments and Treatment Indications, Treatment, Further Reading, References and an Appendix with tools and resources.

Continued on page 22

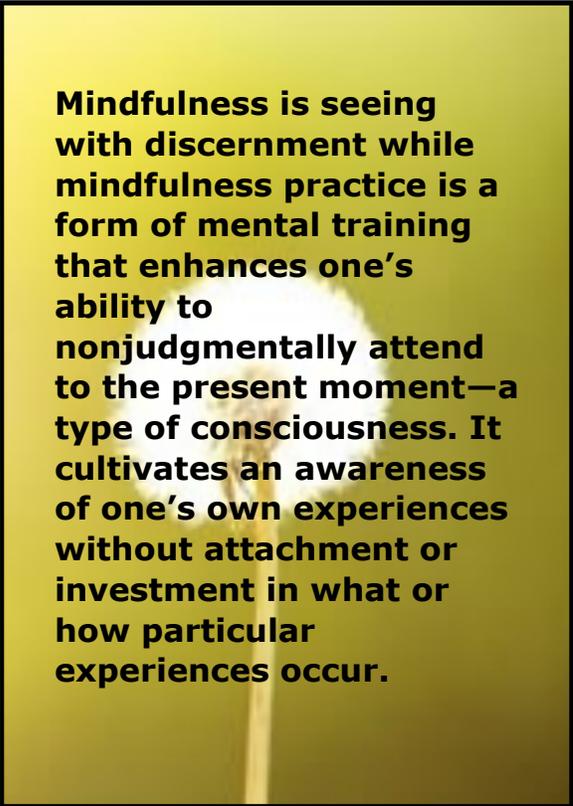
A look inside

I've read many, perhaps too many books on mindfulness, attended webinars, workshops, private groups, Buddhist retreats, mindfulness based stress reduction seminars, yoga sessions with mindfulness practice and so on. Yet, reading the description of mindfulness in the first few pages of this book felt refreshing. I felt a sense of synthesis, a sense of completion as if these authors gathered together all these dangling strands (so many different versions of a definition for one simple word), threaded them through the eye of one needle to then stitch their text together.

The authors distinguish between the noun—mindfulness—and its adverbial construction as in mindfulness practice. Mindfulness, they say, is seeing with discernment while mindfulness practice is a form of mental training that enhances one's ability to nonjudgmentally attend to the present moment—a type of consciousness. It cultivates an awareness of one's own experiences without attachment or investment in what or how particular experiences occur. They cite Jon Kabat Zinn's definition of mindfulness and its use in MBSR: "The awareness that emerges by way of paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding experience, moment by moment" (pg. 1).

The book begins with a clear presentation of the elements in mindfulness practice: awareness of the present moment; attentional allocation; and cultivation of specific qualities pertaining to the attention and awareness of the present moment (pg. 1). They distinguish mindfulness meditation from more concentrated-based meditation practices that involve focused/restricted attention to a single object such as the breath. The authors note four core assumptions about our brain and concentration: we have a tendency to work on automatic pilot (preprogramming); we can learn how to focus with regular practice; and with moment-to-moment awareness of our experiences, we can live a more "vibrant and meaningful sense of life" (pg. 4).

The discussion concerning mindfulness's historical roots—linked with early Buddhist teachings over 2500 years ago—offered an interesting point for further exploration. Mindfulness is said to be part of the path that leads to the end of suffering, the Noble Eightfold Path. Yet in most current mindfulness applications, it is used to alleviate suffering in one instance, say in pain reduction or anxiety or depression—participants are trained with one outcome in mind, i.e. stress reduction. The objective in many Western therapeutic applications is to "provide individuals symptomatic relief and enhanced well being and quality of life" (pg. 8). Buddhist teachings on the other hand are more applicable to the *root causes* of suffering, which are said to be attached to our attachment to outcomes, to our perspective of a situation or event, it is our mind's determination, our wants and desires that create our suffering (aka ignorance, attachment and aversion). Further, the practice is meant to not only end our own suffering but all of humanities: "the Buddhist practice aims to eliminate the root cause of suffering for all sentient beings, not just the specific individual practicing mindfulness" (pg. 9).



Mindfulness is seeing with discernment while mindfulness practice is a form of mental training that enhances one's ability to nonjudgmentally attend to the present moment—a type of consciousness. It cultivates an awareness of one's own experiences without attachment or investment in what or how particular experiences occur.

Another distinction is related to what the Buddhist teachings call “the Four Immeasurables: loving kindness (metta), compassion (karuna), empathic joy (mudita) and equanimity (upekkha)” (pg. 9). And a fourth, which the authors consider the most controversial, involves ethical teachings. Ethics play a large part in the Buddhist practice as noted as Right Mindfulness, which is informed and developed as part of the Eight Noble Path, and require mental restraint and behavioral ethical disciplines. Per Buddhist teachings, mindfulness is not merely a tool to enhance attention but rather it is part of a larger way of being.

Chapter two offers detailed descriptions of the mindfulness based movement starting with MBSR and its spin-offs as well as a discussion on the mechanisms of action—how mindfulness, as a state or trait and as a practice or intervention, promotes psychological and physical health. Chapter three explores assessment and treatment indications with a differentiation between mindfulness as a state versus a trait and ways to objectively measure its impact without subjective judgments. Chapter four dives into an overview of treatment rationale. The authors note that each of the mindfulness based approaches do focus on discerning the difference between the experience of pain, “which is unavoidable in all sentient beings” and what transpires that causes the outcome known as suffering (pg. 35).

The Authors:

Katie Witkiewitz, PhD, is an Associate Professor of Psychology at the University of New Mexico and the Center on Alcoholism, Substance Abuse, and Addictions. She is a licensed clinical psychologist and has worked extensively on the development and evaluation of mindfulness-based treatments for alcohol and drug use disorders.

Corey R. Roos is a 4th Year Clinical Psychology Doctoral Student at the University of New Mexico. He has experience delivering mindfulness-based interventions among clinical populations, particularly individuals with substance use disorders, and he is currently working on developing a mindfulness-based intervention for addictive disorders that can be delivered as a rolling group.

Dana Dharmakaya Colgan is a 4th Year Clinical Psychology Doctoral Student at Pacific University. She has been a student of meditation and mindfulness for two decades and an instructor of meditation and yoga since 2007. She is engaged in the research and clinical application of mindfulness and self-compassion to foster to resilience, well-being, and enhanced physiological functioning among first responders.

Sarah Bowen is an Assistant Professor of psychology at Pacific University, and a licensed clinical psychologist. Over the past 15 years, Dr. Bowen's research, clinical and training activities have focused on development, efficacy, and cultural adaptations of mindfulness-based programs. She has conducted clinical trials and trained individuals from diverse populations and settings, both in the US and internationally.

While different approaches exist, it is, in fact, the instructor’s ability to skillfully deliver the program that can make or break participant experience. “A skilled facilitator connects with the spirit and intentions of mindfulness practice and develops his/her own style of leading” (pg. 43). The authors write about the importance of personal practice then detail concepts and practices in various teaching approaches, such as using motivational interviews, rolling with resistance, reflective listening and modeling qualities of mindfulness. They also offer guidelines for leading mindfulness practices in different settings, i.e., a closed group format, a rolling group format, in residential treatment settings and individual sessions. Chapter five offers further readings, six references and seven appendices.

The book reads well despite the overall density and depth of detail. One walks away with a clear understanding of mindfulness as it stands apart from the Buddhist practice and belief (East meets West) and how specific Western therapeutic interventions have incorporated it into their program. I appreciated the conversation on the need for personal practice and on skillful delivery. It is far too easy to attend a webinar and feel qualified to lead a course without a basic understanding of learning theory and healthy relationship skills. I hope that readers who do take time to check out this informative book don’t try to simply apply its content to a teaching situation. It’s a beginning. Personal practice and formal training are clearly part of the process.

Children of Refugees

Torture, Human Rights, and Psychological Consequences



Aida Alayarian

KARNAC

Afghan police beat deported asylum seekers in front of Danish officers

Refugees in Serbia sprayed with insecticides before forceful eviction

250 refugees feared dead after shipwreck



Gruesome headlines.

Startling photos.

Reality.

We are living amidst an unprecedented global crisis with men, women, and children fleeing war, violence, persecution, torture, poverty, discrimination and exclusion only to face more of the same when they arrive betwixt and between—there are few safe places to call home. They leave cruel, inhuman, degrading treatment and punishment only to be exposed and often victimized further while traveling toward longed for international protection and services. *Continued on page 26*

These people need our help. They deserve our attention. They've witnessed and survived atrocities so heart wrenching I can't bear to write about them in detail. Thankfully clinicians are responding. People like Aida Alayarian, MD are providing services to this vastly under-served client population.

Aida Alayarian, MD, the founder and current Clinical Director of the Refugee Therapy Centre in London, Great Britain, shares her experiences working with people impacted by the refugee crisis. She has previously published books and papers on this topic ([click here to read her 2009 article entitled: *Children, Torture and Psychological Consequences*](#)). In her latest publication, *Children of Refugees: Torture, Human Rights and Psychological Consequences*, she once again contributes her thoughts on how to support the complex needs of this clientele and identifies the different layers of discrimination and violence that interact to exclude children from resources "required to nurture their full potential" (pg. xiv).

Despite the proclamation that "safeguarding children and young people is a responsibility for all of society" (Children's Act 2004), nearly "a hundred thousand unaccompanied children sought asylum" in Europe in 2015, mostly from Afghanistan and Syria. Thirteen per cent were younger than fourteen years old ([Collins, 2017](#)). In 2014, authorities in the US reported apprehending almost 70,000 unaccompanied children (Alayarian, 2017, pg. xv).

The situation appears comparable for 2016 despite incomplete data. "Experts estimate that for every child who claims asylum one enters Europe without seeking legal

protection. The number of unaccompanied minors attempting to enter the United States, most of them from Central America, has also increased dramatically in recent years. President Trump's executive order on immigration, in addition to barring refugees, targets asylum seekers, many of whom are unaccompanied children" (Collins, 2017) .

These youngsters' experiences of torture—the magnitude and complexity of the torture so indescribable, so heinous that not only are their lives impacted today but these experiences will influence generations to come.

For those who do cross borders, who do make connections, services are sorely lacking and further flummoxed by the lack of a clear understanding of how to care for persons subjected to torture (Alayarian, 2017, xiv). Centers that provide therapeutic services are in demand. Providers staffing facilities often struggle to support those who cross their threshold.

"At an age at which most kids need supervision to complete their homework, these children cross continents alone."
[\(Collins, 2017\).](#)

The Refugee Therapy Centre was "established in 1999 in response to the growing need for a therapeutic service which respected, and worked with, the cultural and linguistic needs of refugees and asylum seekers" It is an organizational member of the United Kingdom Council for Psychotherapy and Council for Psychoanalysis for Jungian Analysis, and a registered charity.

Their central purpose is to "help refugees and asylum seekers to feel empowered to deal with their psychological difficulties by providing specialist counselling, psychotherapy and support." They "offer individual, couple, family and group therapy, as well as child and adolescent psychotherapy, based on an assessment of need."



Patients at the Centre can receive support in English or their native language and work with someone from their cultural background or not. Sensitivity to their feelings is at the forefront: many chose “not to see a therapist from their own cultural background because of feelings of mistrust, guilt, shame or embarrassment about what has happened to them, but also due to the intensity of feelings of pain when talking in their own language.”

The Centre is the setting for *Children of Refugees* as Dr. Alayarian shares first-hand accounts of men and women who have come to the Centre to help her address the critical question: How can we create a world where all children and young people are respected, valued, and heard?

The forward, written by Victor Madrigal-Borlos, Secretary-General of the

International Rehabilitation Council for Torture Victims provides an overview of Dr. Alayarian’s mission as well as the significance of her contributions. The book’s contents, divided into ten chapters plus a

conclusion, define torture as well as identifies those considered refugees and asylum seekers. Dr Alayarian discusses the care, protection, and mental health of children in conjunction with human rights and the rule of law. The European Convention on Human Rights, the Committee on the Rights of the Child, the European Social Charter: The Right of Mothers and Children to Social and Economic Protection, and the United Nations Convention against Torture are addressed with clear citations from these documents that were created to protect yet fail to insure and provide that protection. Obstacles to monitoring and eradicating torture are based on the reality that we are far from “a world without human rights violations, impunity, and torture of children and adults” (pg. 103).

According to Dr. Alayarian, “a wide gap exists between the psychological needs of the children of refugees and the services provided. Refugees’ home countries, cultures, and social make-up are widely
Continued on page 28



Refugee
Therapy
Centre



diversified, and their needs cannot be readily consolidated. This diversity of interest and need goes unacknowledged by the service-providers who may treat them as a single, homogenous group. Some refugees' needs are exaggerated, while others are ignored. This approach often ignores the justifiable and legitimate interest of refugees' psychological well-being. Many children of refugees may struggle with questions of race, ethnicity, language barriers, and other socio-political and economic issues that can influence their mental health and psychological well-being. Preoccupations of the child's emotions with those issues therefore have effects on child personality formations."

Lionel Bailly, from the University College London Psychoanalysis Unit writes:

"Aida Alayarian is a frontline clinician who works with refugees and her firsthand experience of the reality of their suffering informs and enriches the text of this important and useful book. The current refugee crisis in Europe and the Middle East has exposed large numbers of professionals to unfamiliar difficulties, and it is important to point out that doctors, social workers, nurses and other support staff receive very little and sometimes no training about the needs of refugees, let alone information about the wider issues affecting them. This precise and clear book reviews fundamental questions that underpin the lives of refugee children."

This book clearly addresses a difficult topic for those on the frontline providing services as well as reaches out to inform, instruct, nudge and at times prod readers from all backgrounds to face the atrocities refugees, migrants and asylum seekers face and act

to end what is happening to children and their families worldwide.

A well-worn cliché states that it "takes a village" to pretty much accomplish anything; in this case, it will take all the world's inhabitants to open their eyes and their hearts and commit to end abuse, torture, violence, persecution and discrimination for all people. A lofty ideal yes. And with clinicians like Dr. Alayarian in the field who are devoted, informed, passionate, and willing, it's easy to be swept up in the energy and movement and at least try to make a difference, one child at a time.

Aida Alayarian is a consultant clinical psychologist, child psychotherapist since 1986, and adult psychoanalytic psychotherapist since 1998. She has a Masters in Medical Anthropology and Intercultural Psychotherapy, with a background in Medicine. She is the founder and currently Clinical Director of the Refugee Therapy Centre.

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Body Wise: Dreaming Bodies, Dreaming the Earth

with Kamalamani

It's summer time and the living doesn't feel easy. The nation approached the climax of the most uncreative election campaign I can remember, with Teresa May refusing to participate in election debates and Jeremy Corbyn participating as fully as he could in spite of the best efforts of many media channels to scupper his campaigning. There have been three 'terror attacks' in the UK in the past few months, the most recent on Saturday night, June 3, 2017, on London Bridge. Countless other attacks across the globe go largely unreported; no 24 hours news coverage and live BBC interviews for the families of the 68 children who died in a Syrian bomb attack in Idlib province in April.



Picture retrieved from <https://www.reviewjournal.com/news/nation-and-world/details-emerge-about-london-attackers/>

I'm struggling to find a response in the midst of defiance, condemnation, 'keep calm and carry on' narratives and the lack of stopping to reflect awhile, all underscored by a very British and very familiar sense of fear and waiting. I feel some urgency in finding a response because I know clients will be arriving in my therapy room in a day or two with their own responses, their fine antennae accurately tuning into my own levels of jangled-ness.

Responses to the recent attacks are interesting. Actually, that's rubbish. They're far from interesting; they are depressing and depressingly predictable. Brushing my teeth this morning, I found myself feeling profoundly ashamed for being British – foolish of me to have watched that Boris Johnson on YouTube, with the sinking feeling that he might have been Prime Minister if the Tories had been overtly victorious in their recent election. Instead, we find ourselves with a hung Parliament, May claiming she's going to create a new government, and Corbyn's Labour party earning more seats than May expected.

In response to the London Bridge carnage Teresa May has announced "enough is enough", proposing crackdowns on the internet, New York Times reporters are being criticised for saying the UK is 'reeling' after the terror attacks in both Manchester and London, with the resulting proliferation of #notreeling social media commentary. According to the Guardian the attacks simply bring out our defiant British humour. Ho bloody ho, I must have missed out on that stoical British humour gene, for I am sick of this dissociated war-mongering militaristic arrogance at the heart of our nation, carefully concealed beneath a veneer of suited, business as normal calm and respectability. It is out of date, misplaced, sickening and dishonest.

I'm struggling to find a response in the midst of defiance, condemnation, 'keep calm and carry on' narratives and the lack of stopping to reflect awhile, all underscored

by a very British and very familiar sense of fear and waiting. I feel some urgency in finding a response because I know clients will be arriving in my therapy room in a day or two with their own responses, their fine antennae accurately tuning into my own levels of jangled-ness. I breathe and notice the turmoil in my belly and the dull ache in my heart, which, as I track it, moves diagonally across my chest before slowly encroaching upon my tightening throat, pinging my tear ducts, making me swallow hard and determinedly – keep calm and carry on – old habits dying hard.

The greatest tragedy is that all the while we are busy fighting the 'war on terror' and busy extracting ourselves from Europe, we are failing to attend to our relationship with the earth, failing to listen to the earth and her beings and the more pressing business: climate chaos, keeping fossil fuels in the ground, engaging with the realities of the 6th extinction crisis, to name but a few. You'd think we might be interested in this, even from the point of view of enlightened self-interest, given our interconnectedness, even if we fail to recognise the inherent value of life in all its myriad forms. No, seemingly not, although the resistance response to Trump pulling out of the Paris deal has been strangely heartening.

I count myself as fortunate that I dwell with friends, family, communities who grapple with the dirty secrets and I'm reminded of the words of ecologist, activist and writer Stephanie Mills:

Continued on page 32

"Among do-gooders, it is bad form to be a pessimist, but I cannot seem to get that extinction crisis out of my mind. Or that population explosion. Or global climate change. Or the consequences of an era of trade agreements. Can't get those billionaires; those landless, homeless, jobless billions; those new diseases; that global casino of finance capitalism; the corporate capture of the media; those aging nuclear reactors; those surveillance satellites; those crowded prisons out of my mind" (Mills, 2002: 28).

I realise for the first time that I feel hugely privileged to be in touch with those who are engaging to do whatever they can to raise awareness, resist, educate, process, act for some recognition and lessening of the ecocide which is taking place. Don't get me wrong, I think most people are aware of the destruction, but have no idea of what to do or how to engage, feeling in turn overwhelmed, powerless, in denial, disenfranchised, sometimes go off on a hedonistic trip when nothing else works - the trip doesn't work either, but the hangover only lasts half a day. I feel all these things, too, I'm just blessed to be in good company witnessing them. It doesn't make it better, but at least I can still act. My throat loosens a bit, my energy descends into my solar plexus and I feel my feet on the earth and enjoy for a moment the rain lashing furiously against the window pane.

I felt blessed being in the company of 50 of us on retreat last week, tasked with 'Dreaming the earth', the third in a series of retreats on the theme of the 'Courage to Care'. My friend Suvaco invited me to support him and I jumped at the chance: our shared love of the Dharma, therapy, birth and re-births, embodiment, and life. I am already a lover of dreaming; practising social dreaming on ecopsychology and ecodharma events and during Wild therapy trainings. These days I can't help but notice my own dreaming body, for example, in catching the tail of 'flirts', the uncanny moments and meetings, the synchronicity, and the so-called co-incidences so aptly named by the Process-oriented psychologist Arny Mindell. My heart leapt when I read the blurb on the retreat description on Gaia House's website, which included an excerpt from the Diamond sutra, a classic Buddhist text:

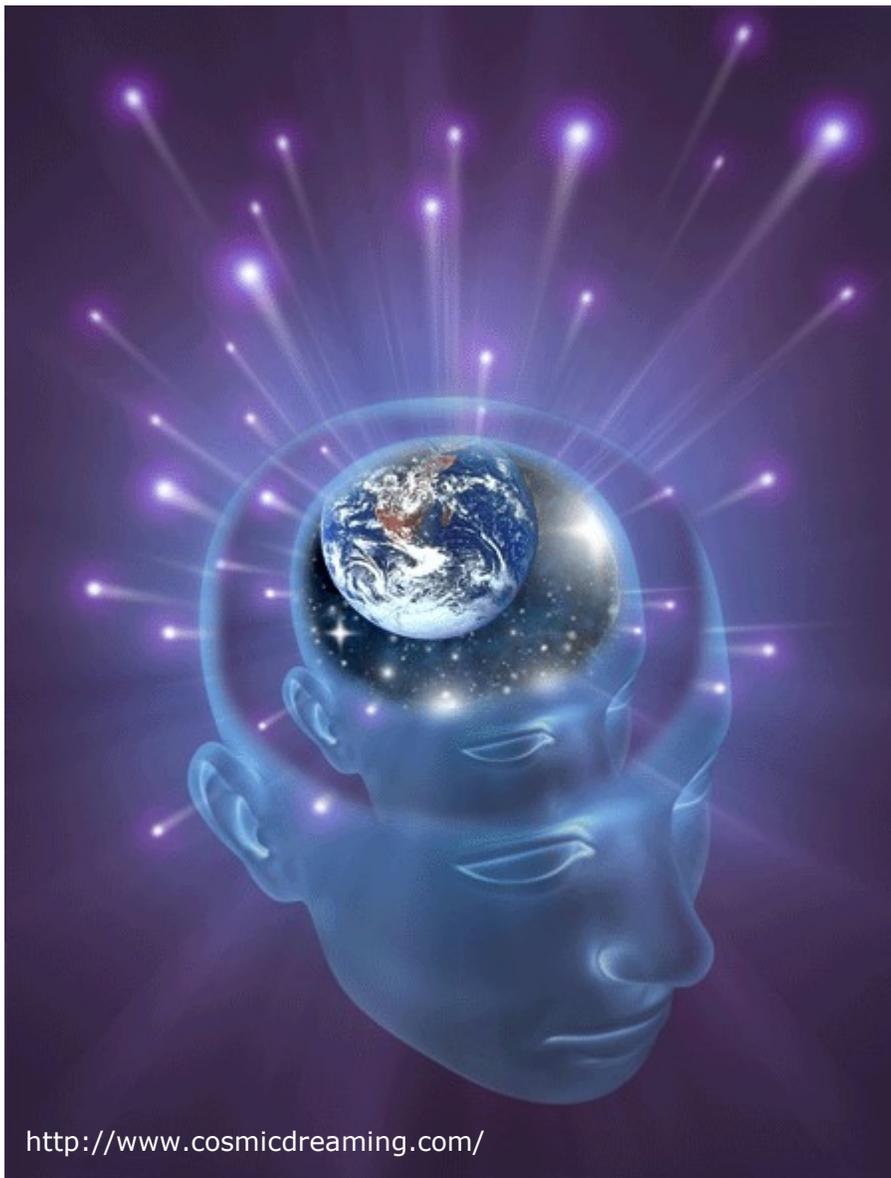
"All conditioned dharmas are like a dream, like an illusion, like a bubble, like a shadow,

"All conditioned dharmas are like a dream, like an illusion, like a bubble, like a shadow, like a dewdrop, like a lightening flash; you should contemplate them thus".

like a dewdrop, like a lightening flash; you should contemplate them thus".

I had a flash back to when I first heard this, years ago, early in my days practising Buddhism – it stopped me in my tracks. Its pithiness, its nature imagery, its immediacy. It cuts to the heart of things, reminding me of what lies at the heart of Dharma practice: impermanence, insubstantiality, and the unsatisfactoriness created when we cling to things, people, identities, places; limpet-like. It reminded me of the bare beauty of this truth and its simplicity. It reminds me that there's no other place to be in response to election back-biting and the carnage of terror but noticing, witnessing, opening up a space – when I can – between hearing and reacting, or, better still, responding. Noticing the shoring up of my identity, the howling chasm of separateness I can fall into, turning breathing beings into fearsome 'others' when I react and, by contrast, the spacious, potent sense of connectedness when I respond, breathing, the chance of something new, unknown, emerging from the edges.

In the month leading up to the retreat I spent a lot of time dreaming, 'Dreaming the Earth' being the retreat theme and all. I listened to my waking dreams, sleeping dreams, lucid dreams, too, inviting a stronger moment by moment awareness of my softer-edged body, plugged into the mycelium, dreaming body. There were nightmares, too, at night and during the day – struggling to get out of my mind the image of young concert-goers in Manchester, shot through with shrapnel. I noticed the edge



<http://www.cosmicdreaming.com/>

(the bird song is loud, the trees are mature and the vistas are expansive.)

Dreaming the earth drew me into a middle way between 'head first', more rational or intellectual approaches in understanding our relationship with the earth and the Dharma and more fantastical, magical approaches to being, practice and action. This flavour and poise seemed to come alive on the retreat, too, in and through meditation, talks, simple outdoor exercises working both alone and together, orienting ourselves in relationship to ourselves, each other, the earth and other elements, and whole group circles. It was a privilege to be mid-wife, and Suvaco, mid-husband, in holding, cajoling, witnessing and delighting in this dreaming in all its manifestations. We had the chance to evoke and play with and meditate on images, memories, and disturbances, in terms of our body's symptoms. Channels of awareness broadened and deepened.

It was particularly a privilege given that dreaming doesn't get much of a look in consensus reality these days,

between dream and fantasy, qualitatively different, albeit having tantalising similar outer tentacles (one's free-floating, one's more grasping, with both having something useful to say....) This month-long dream time was all sorts of things: from feeling profoundly lost and rootless to being blessed and reassured in an unprecedented way, held in the immense pelvic bowl of the earth upon waking. I felt less myself and more everything else, poised between hearth and sky.

In the lead-up to the retreat, I dreamed of all the retreatants heading in the direction of the retreat, living their lives. I dreamed of Gaia House, too, a fine retreat centre amidst rolling Devon hills, with its rich history as a place of family, community, teaching and contemplation shared by so many other other-than and more-than-human beings

apart from poetry, commercials, pop songs and in the therapy room and therapy circles. Even in therapy circles, there's a focus on individual dreams and interpretation for personal understanding, rather than tuning into collective dreaming or the cosmic shimmy of the earth dreaming us and us dreaming the earth. As far as I'm aware many of us don't talk much about dreaming in relationship to Dharma practice, either, and I remember when I first introduced social dreaming on retreats being met with surprise and curiosity.

Dreaming has an important part to play given that it has been an under privileged mode of being for a long time in our culture, particularly in collective situations. Imagine if we taught our growing children not just to think but to feel and to dream. Imagine starting a school day with sharing of

Right now, dreaming feels like a particularly important channel of information, partly as a way of being with and knowing how to respond to the interrelated crises, trying and playing with new ways.

dreams. Imagine if day-dreaming was encouraged rather than “tsk tsk, you’re not daydreaming *again* are you Emma?” (Emma being my name before I was named Kamalamani). What different societies we would have. Does Teresa May dream?

I guess she must...? Was Salman Abedi dreaming as he detonated his suicide vest in the reception area of the Manchester arena? Or was he caught in a hyped, hellish, no-going-back nightmare?

Right now, dreaming feels like a particularly important channel of information, partly as a way of being with and knowing how to respond to the interrelated crises, trying and playing with new ways. Writers and orators like David Loy, the Buddhist philosopher, and Paul Kingsnorth, founder of the Dark Mountain project, talk about life on earth and stories quite a lot – the fact that our lives are made of stories and the need for new stories. We need new stories on how to live, particularly if we want to stop trashing one another, the planet and other than human life and our own species in the process. All beings have value - even trainee suicide bombers. In practising therapy and practising the Dharma we have the potential to be skilled in spotting our stories, noticing the stories we tell ourselves, noticing, maybe, when the stories start to hiccup and work less well, start to breakdown, so maybe our re-storying can start from these storying and re-storying skills we possess.

The majority of us have lost interest in the stories of other species: their lives, habitats, survival. In fact, we’ve lost interest in any otherness, it seems, too busy getting by in a system striving after individual dreams of wealth, status, security. We have lost the stories and story-telling of our predecessors. We’ve stopped taking or making the time to gather with no particular purpose. At some point we seem to have lost sight of the fact that humans are but one species amongst millions – billions – of others. We’ve become the superior race, capable of anything, in our own eyes, and, in doing so, threaten the very fabric of life and our own survival.

What a fabulously correcting time it was, gathering together on retreat with the sole purpose of dreaming the earth, with the earth’s responding, loud and clear.

In losing sight of our place in the complex web of life on earth we often turn our backs on our own natures: the messy bits, the painful bits, the splits, the sobbingly empty bits, the despairing bits, ending up feeling isolated and depressed (holding that thought, maybe we have more in common with suicide bombers than we realise? The universality of isolation and alienation . . .) It’s not often we pay attention to our wild, untamed, dreaming, undomesticated spirits because it’s hard in consensus reality. It’s not quite cricket. Maybe we tend to live a short distance from our own bodies, maybe we’ve stopped dreaming. So, what a relief to be dreaming at Gaia House, free to be there as we are, our bodies fanned out in a meditation hall, like ‘the fishing net of the inland sea’ in Suvaco’s words, speaking from dreaming knowing.

Difficulties in being incarnate, abiding fully in our bodies, are wholly understandable because our dreams have been shattered. It can be hard to dream in times of shattered dreams. This morning I felt the deep-bone shame of being British. Other times I find myself head-in-hands despairing at what’s happened in the past 35 years since I first became aware of the looming crises.

Perhaps back then we had a chance of making significant enough changes. In 2014 the World Wildlife Fund reported that in the past 40 years, a little less than my life time, the earth has lost half of its wildlife. Despair is all around and is often unexpressed. As I type this, three mums with their children are sitting at a table across the way, sharing their horror at the whales which have died in the North Sea. Awareness of the horror is rising. Salman Abedi and the guys randomly stabbing strangers near Borough Market on Saturday night come to mind. How were their dreams shattered? How do we understand their dreams – or nightmares, I don’t know which – in discovering how the

heart goes from honouring life to taking life. "Enough is enough" simply isn't enough to meet the focused, death-hungry energy of the jihadist.

So here we are, alive in these times. Here we are now. In those head-in-hands moments, thinking of the problems, I breathe. Notice my feelings. Feeling the despair and the tingling, the relief that at least I can write words about this – better out than in. I keep breathing.

Both Buddhists and therapists face a crisis, too, I think, in how to practice, how to respond to the world around us. Sometimes Buddhist friends don't want to look, for fear of upsetting their mental states and guarding the gates of their senses, others are very engaged and involved and earth-centric. There are those who believe that world systems come and go and that taking action is simply palliative and therefore a waste of energy, compared to teaching meditation (do both?) How great then, with this in mind, that the people at Gaia house welcomed this less conventional 'Dreaming the earth' theme. Some therapists, perhaps the newer generation, struggle to train, take their place, earn a living, abiding by the increasing rules and regulations and accreditations. There's little space for reflecting on more systemic considerations. It's easy to forget that therapy used to be about soul, healing and the mystery, and not just about a diagnosis and a treatment plan in correcting individual, 'dysfunctional' behaviour.

Personally, I think therapists and Dharma practitioners who are prepared to look have a key role in whatever happens next. Meditating, dreaming, engaging, acting, campaigning and advocating for the earth. Coming together to do that with a rich toolbox. Having the courage to care means going beyond our comfort zones, not pushing carelessly, supporting one another in our living and waking dreaming. And dreaming takes us way beyond comfort zones, because the times we're in have gone way beyond comfort. The dreaming that arises in us supports our work with others. Can we support the Mum waiting in

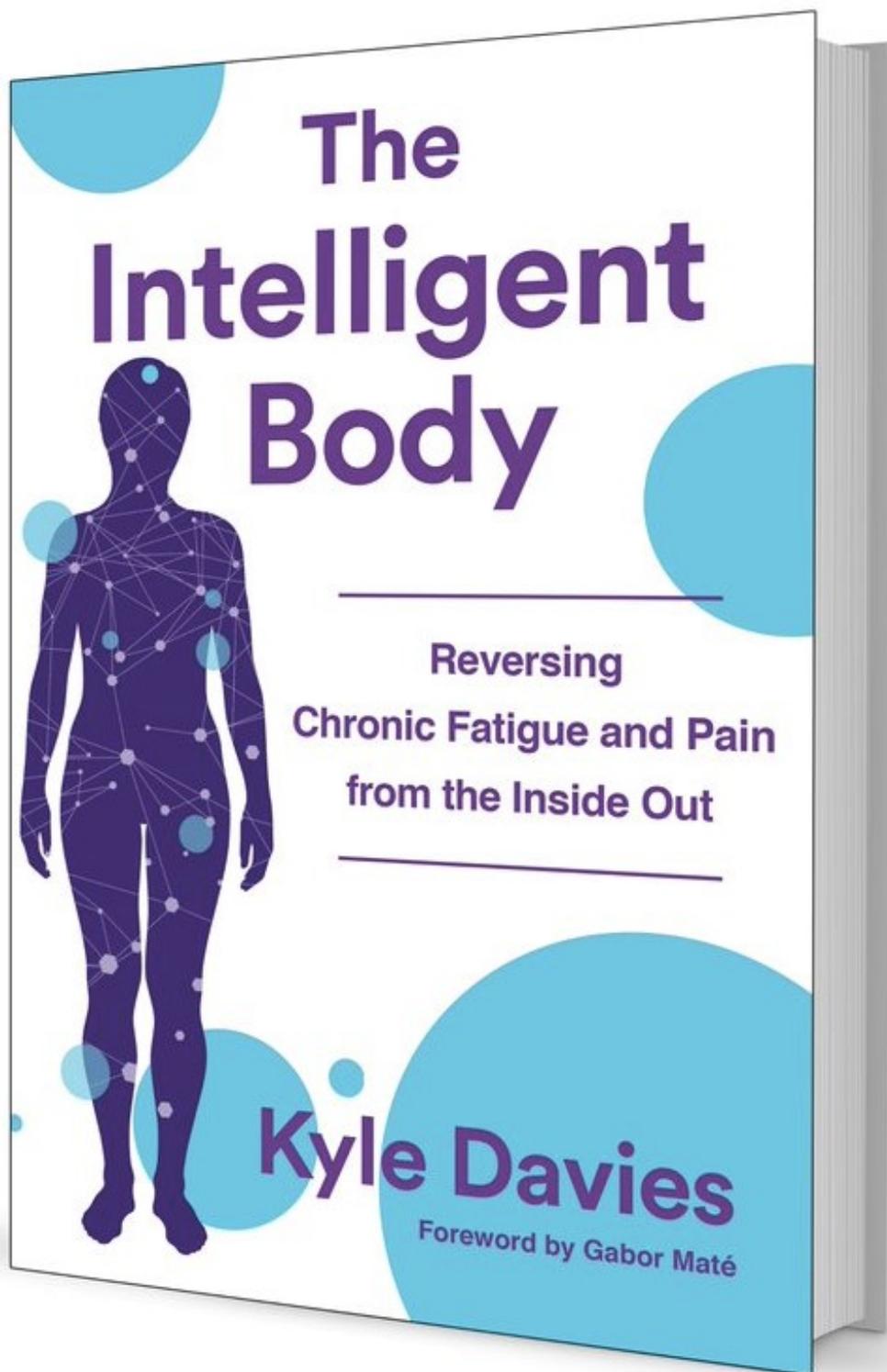
the reception to Manchester arena, who witnessed her daughter being blown to smithereens, to dream again? How can our soft, listening care support the returning of dreams in hearts which have shattered in the witnessing of hell realms?

Dreaming is key here because I think we can only dream the new stories, and they dream us, or the dreaming helps us to dust off and remember old, wise stories which we've forgotten, which fell by the wayside in the gold rush.

Certainly, my experience of paying attention to my dreams, noting them, not interpreting them, I've been taught things – not just about myself and my experience, but about the times we're in. Dreaming at night and in the day can soften our edges, open up all our senses, rather than the ones that tend to dominate. The unexpected tends to emerge in dreams, and we need the unexpected right now, as the 'business as normal' approach isn't working. Next time there's a terror attack, and it is a 'when' rather than an 'if', maybe we can pause and breathe. Listen to our indignation, feel our fear, notice our responses to our leaders and be permeably skinned enough to keep on dreaming and being dreamed, holding new possibilities in a world on fire.

Kamalamani is an Embodied-Relational therapist, Wild therapist, supervisor, facilitator, and writer, living and working in Bristol, England. She's 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 and found in nature. She has published two books: *Meditating with Character* (post-Reichian character structure applied to meditation) and *Other than Mother: Choosing Childlessness with Life in Mind*. www.kamalamani.co.uk

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Reviewed by Monica Spafford

In *The Intelligent Body: Reversing Chronic Fatigue and Pain from the Inside Out*, author Kyle Davies leads readers on a journey to understand how their mind and body are connected. Davies suggests that when there is disharmony between our mind and body we are not “aligned with our ‘true self’” and by realigning with our true self we can obtain “optimum health, peace of mind,” and a sense of fulfillment (4). Davies reveals ways in which we can gain a new understanding of chronic health conditions, specifically how mind and body disharmony perpetuate chronic health conditions, with the goal of empowering readers “to move towards health, vitality, and a fulfilling life” (5).

Consequently, Davies works to make sense of a modern conundrum: why are growing numbers of individuals in the West suffering from chronic symptoms and why is medicine seemingly a means to no end? Davies suggests that conventional medicine works to appease symptoms instead of getting rid of them altogether; therefore, he demonstrates ways to address the cause of chronic symptoms via self-healing and emphasizes the importance of creating “an environment that allows the body to heal” (6). According to Davies this requires us to focus on ourselves and understand that while we can’t remove ourselves from the environment, we can learn to respond to the environment in a more adaptive way.

In his enlightening, self-help book, *The Intelligent Body*, Davies provides insight into the possible causes of chronic health conditions and reveals how the body’s

response to events has a greater impact on the development of these conditions than the event itself. Additionally, Davies not only explains the problem but poses possible exercises that clinicians can engage in with their clients to help their clients understand the mind-body connection and discover how to utilize their own natural healing abilities.

The Intelligent Body redefines chronic health conditions such as chronic fatigue syndrome, trauma, depression, and anxiety in terms of our relationship to our environment and suggests that by finding harmony between the body and mind we can embrace the power of self-healing.

Kyle Davies is a psychologist, therapist, coach, consultant, speaker, and author. He is the creator of Energy-Flow Coaching, a mind-body approach to help individuals battling chronic health conditions and is the host of the podcast *Unleashing Potentials*.

Monica Spafford studies applied psychology at New York University and is set to graduate in May of 2018. She is a Research Assistant for the INSIGHTS into Children’s Temperament research study at NYU’s Institute of Human Development and Social Change testing the efficacy of the INSIGHTS program, an evidence-based intervention that works to support children’s social-emotional development and academic learning. In addition to working for *Somatic Psychotherapy Today*, she writes reviews for the *International Journal of Psychotherapy*.



How can we evaluate the subjective and objective aspects of effectiveness in the therapeutic alliance?

Fundamental limitations to current scientific writing about therapeutic processes

Dr Elya Steinberg

In this article, I propose that there are fundamental limitations to current scientific mainstream methods of writing about therapeutic processes that in fact hinder our ability to both write about our therapeutic process and to learn from other clinicians' and researchers' writings.

In my view, these limitations may partially be compensated for by allowing creative writing, poetry and other forms of art to be the major part of a case study, where the objective measures must be integrated into the subjective frame of writing. Creative writing conveys its truth by acknowledging the intense subjective complexity originating from sensations and emotions accompanying the actual objective memory. Therefore, describing only the client and therapist's narrative itself or material that is only observable by external senses, heavily compromises the quality of the therapeutic process.

By therapeutic process, I am including all interactions that a person has concerning any aspects of their health, whether with a medical doctor, therapist, psychotherapist, body-psychotherapist, psychologist, physiotherapist etc. In this article, for simplicity I will call all those from whom the person seeks support the **Therapist** and

the seeker a **Client** rather than a patient. In some other places, when I think that the important aspect of the experience is simply human and is not dependent in a particular function or the differentiation between therapist and client I use **Person** or **Participants**.

These fundamental limitations to *current scientific mainstream methods of writing about therapeutic processes* prevent full understanding of the quality of the therapeutic encounter and create a situation whereby the writing is potentially disloyal to the personal truth of the participants. For example, the measure of well-being, pleasant/ unpleasant or pain/ no-pain are clearly an individual perception and sensation. Those reflexive individual perceptions of well-being, pleasure and pain are complex multidimensional experiences that have defied our understanding for centuries. The reflexive awareness of those qualities of human consciousness, i.e. sensations, emotions and feelings, originate from the internal visceral aspects of the body (Damasio, 1999b, 2013). Still most case studies do not reflect on those important internal embodied experiences of the self of any of the two participants. At the end of the day, the efficacy of therapeutic intervention can be judged mainly by the clients only and deeply embedded in their inner motivation and their perception of themselves in their internal world, which is based on the maps of our visceral function as well as the external world.

I will discuss these limitations from the point of view of Protagora's (fl 5th C BCE) dictum: "Of all things the measure is man" . . . I will do so without getting into dialectic argument, which could be essential in cases of Cognitive dissonance and Equilibrium of Destructiveness. I will discuss these latter ones elsewhere.

However, when we look at phenomena from the point of view "Of all things the measure is man" (DK8ob1), we must look at the 'dual-aspect monism' (Solms & Turnbull 2005) viewpoint. The monism claims that body and mind are one rather than accepting Descartes' dualistic point of view that body and mind are made of different fundamental basic components. In addition, this one 'thing' can be perceived by two valid ways. Those two ways to perceive this one 'thing', objectively and subjectively are both measured by man, and I will elaborate on the question of how can we interweave those two valid ways of perception by man while reporting on the therapeutic encounter. I suggest that this way would be more accurate and could possibly support not just more fruitful communication between scientists and clinicians but also help stepping forward answering Searle's question (Searle 1995a p62) '*How does the brain get over the hump from electro-chemistry to feeling?*' A mixed method study of writing that interweaves objective and subjective phenomena may potentially offer more information necessary to investigate therapeutic processes from a 'dual-aspect monism' (Solms & Turnbull, 2005) perspective that claims the body and mind are one, and we have two ways to perceive it: objectively and subjectively.

The immense magnitude of information brings us to a crucial limitation—the need to choose from an infinite number of details that create the web of phenomena, which details do we discuss in a particular article? We usually strive to choose the details that express and present to us an important quality of the therapeutic process. One fractal picture from multifractal scaling information in motion or a particular emergent property. The process of choosing the particular facts that we intend to present in an article is always biased by many factors, for example: the researcher and the editor's personal life and capacity to perceive phenomena; the wider social construct and ecological, economic and political situations. These biases compromise even further the writer's capacity to present the quality of the therapeutic encounter.

An example is presented by the enormous gap between conventional medicine and Chinese medicine. Both disciplines are successful systematic methods used to assess the health of a person *and to suggest a course of improving the health of the client*. However, each discipline chooses to consider a different group of facts and details from the infinite number available. Hence, they have no common language for communication. Sadly, this gap exists not just between Eastern and Western philosophy, but also between different Western disciplines such as medicine and psychology and even between different methods of psychotherapy such as cognitive-behaviour, psychoanalysis and body psychotherapy. One of the major challenges I observe arising from this lack of common language is a disrespect and a form of competition between the disciplines and therapists, each one claiming that it holds the absolute truth and the best way to attain human health. It has become a hidden power game rather than a collective effort to best serve the client's needs.

With these basic thoughts about our human incapacity to be objective, I let go of the idea of trying to be 'objective'. I believe that there is a danger inherent in the attempt to be objective about the therapeutic encounter that is often the result of coincidental historic circumstances, or an arbitrary difference of opinion at the time of creation that does not provide the dynamic stability required for the processes and issues present in the therapeutic encounter. Many of the conclusions that claim to be objective tend to become dogmatic ideas or authoritarian political identities that are no longer examined by the therapist, as though they were mathematical axioms not capable of being excluded. It is par for the course that differences of opinion and questions about objectivity and subjectivity will always exist, and there is a question as to whether it is truly possible to utilise them without coercion and without even the slightest hint of

violence. With that, it is well to recognize that expression of the experience is born of the desire to know the truth, and the intention is to protect the public from moral negligence. Hence, in this article I allow the flow of information to emerge from me in a process of creative writing, trusting the process rather than any premeditative preconception of how it is supposed to be written.

There is more than one way to approach gaps in communication when we present the quality of the therapeutic encounter. Here I would like to explore ways to bridge **scientific thinking** and **human experience**. Scientific classical thinking is the thought process that is traditionally supposed to help us find objective truth. However, scientific thinking brings dualistic thinking into life in the form of an absolute 'truth' or absolute 'non-truth'. *It has a very little space for the spectrum of differences and relativity.*

Life is composed of infinite subjective and objective experiences. These infinite possibilities comprise personal truth. Originally, science evolved to explain human experience rather than the other way around. I think this leads to confusion. Many people look to science to validate their experience. However, their experience does not need external scientific validation to present accurately personal truth. It is for science to ask the questions how and why a particular truth is experienced as it is. *It may be a truth that science cannot explain all subjective human experience, however it does not give it the moral right to belittle experience that it not yet explained.*

This means that in this article, first and most importantly, it is subjective human experience that will be presented as subjective personal truth, using creative writing in which I embed objective scientific findings that can explain some of the infinite possibilities of human reality. Some scientists may dismiss the creative writing as "almost literature" as did a reviewer of one of my articles. They may dismiss it, rather than looking at the interesting phenomena of how and why the particular flow of interactions gave rise to poetic writing and in which way this particular way of writing makes the reader feel surrounded by the flow of interaction inside the web of phenomena and connected to the real experience, rather than disengaged from it.

In psychotherapy and some other disciplines, creative writing can bridge some of these gaps in communication. **Poetry and creative writing** may emerge from within the therapeutic process as phenomena in the client, the therapist, the supervisor or all three people and serve as a: "coherent narrative that does not betray personal truth". They emanate from the

"embodiment of psychic matter" of material such as indescribable, unbearable pain, enormous pleasure or praise for virtue. Subjective experiences that the human mind cannot comprehend completely by using the scientific vocabulary, which essentially lacks an appropriate narrative. Creative writing serves as part of a necessary process enabling us to assimilate the experiences. It works especially well where the incomprehensible traumatic experience feels compromised by any form of intellectual analysis. Creative writing conveys the truth by acknowledging the intense subjective complexity originating from sensations and emotions accompanying the actual objective memory. Therefore, describing only the client and therapist's narrative itself or material that is only observable by external senses, compromises the quality of the therapeutic process.

Yet, I am left with the most malignant questions that I struggle with. Therapists - whether medical doctors, psychotherapists, body psychotherapists, psychologists, physiotherapists etc. - read and write 'case studies' to be able to learn from each other and from other therapists' experiences as "the greatest obstacle to discovery is not ignorance, it is the illusion of knowledge" (Boorstein, 1984). How can we be more effective if we will not do so?

In the field of 'manmade' trauma, we oftentimes write about people who are highly traumatized, most of whom have been betrayed by the people who they should naturally be able to trust the most. People who have risen from the graveyards of an abusive childhood and neglected life, when they were treated as objects to satisfy the desires of others. Regardless, they have managed to build new lives as positive contributors to society, and possess special qualities that arise in a person when they need to survive resistance and oppression. They develop their strength against all odds and despite the conditions. They are resilient. They survive in conditions and environments that we, as therapists, may not be able to survive with our sanity intact. These people hold within themselves screams of pain juxtaposed with roars of victory.

When I/we write about them in an objective manner, reducing their full manifestation as human beings, as subjects, do we not re-traumatize them? Re-enact their original trauma in a malignant parallel process? Treat them as objects again? Do I/we reduce, intellectualize and rationalize their pain and agony, because as therapists I/we are not able to deal with their live full embodied pain? Do these clients and patients feel seen by me/us? Do I/we really see them and support them by telling their 'objective' story rather than their subjective

story, to help them, and maybe also ourselves and future generations? or do I/we betray them somehow inside of that energetic quantum field by making them an object rather than a subject?

This leads me to what I see as the Fundamental limitations to current scientific mainstream methods of writing about therapeutic processes

(1) The first limitation is that in many of the current mainstream methods of writing about therapeutic processes, most of the processes encountered are measured by outcomes and not by process. This happens regardless of the fact that the quality of the outcome stems from the process. A dynamic process embedded in a complex dynamic matrix. Allan N. Schore (2002) writes, "The essential task of the first year of human life is the creation of a secure attachment bond of emotional communication between the infant and the primary caregiver. To enter into this communication, the mother must be psychobiologically attuned to the dynamic crescendos and decrescendos of the infant's bodily based internal states of autonomic arousal" (pg. 9). Therapists, similar to the mother, wishing to offer a secure attachment bond in the therapeutic encounter also "must be psychobiologically attuned to the dynamic crescendos and decrescendos of the" client's "bodily based internal states of autonomic arousal". This a dynamic process that needs to be reflected upon with language that echoes on the deeply subjective dynamic crescendos and decrescendos of bodily based internal states of autonomic arousal.

(2) The second limitation, which we can see as one of the extensions of the first one, **is that the quality of the therapeutic process can't be simply defined** as an absolute measure. The existence of the quality of therapeutic encounter is dependent on multiple factors. For instance, Norcross suggests common factors that work in psychotherapy such as: alliance between therapist and client, cohesion in group therapy, empathy, listening, collecting client feedback, goal consensus, collaboration, positive regard, positive support and more. He also suggests factors that do not work in psychotherapy, such as some styles of confrontations, frequent interpretations, negative processes, assumptions, therapist's centrality and early ruptures in the relationship. However, around 40% of the factors are unexplained therapeutic variance. Those, in my opinion, cannot be defined as they stem from the quality of the dynamic harmonious flow of interaction inside the web of phenomena. When you have 'quality' in the room, you recognise when it is absent from the room. It is measured by subjective human experience and defined by the felt sense and capacity to appreciate 'quality'. We can't

analyse this quality using rational systems of order. We can express the impact of the quality on the participants using creative writing or art, but we cannot describe it with scientific vocabulary. We can no more catch the flow of interaction than we can catch water in our hands. We need to relate the dynamic patterns of flow of the interaction, to the quality of the motion of a movie, rather than to separate pictures.

(3) To explain this limitation, I will borrow a concept that originates in quantum physics: the uncertainty principle of Heisenberg. **The uncertainty principle of Heisenberg** determines that we cannot be certain about the accurate value of some pairs of variables, even not with the most accurate instruments. The best way to describe it is by using the following equations.

In classical mathematic we say that $5X4-4X5=0$. Meaning that the variables A and B are exchangeable. $AXB -BXA=0$. However, according to the uncertainty principle of Heisenberg, some pairs of variables that describe the way these elementary particles behave are not exchangeable, meaning: $AXB-BXA\neq 0$

One of these pairs is **momentum** and **location**. This means that if you know everything about the momentum of an elementary particle, then you cannot know its accurate location. If you know all about the location of an elementary particle, you do not know its accurate momentum. Momentum is a term that defines the direction and intensity of the movement of a particle.

Now I will use the principle as a metaphor to explain my biodynamic perspective of therapeutic encounter.

If I take a camera and take a picture of a moment in therapeutic encounter, it will give me an accurate location of the client and therapist at that moment. The picture provides me with a static location. I can gather maximum data on that phenomenological moment and ideally include everything that is captured in that moment, subjectively and objectively, by both participants and the observer of the moment. I could possibly write a paper on just that particular moment. In addition, we will gain information that enables us to diagnose the client with one of the known diagnostic methods such as DSM or ICD, which methodologically are based on sum of static pictures of the client.

However, informative as that moment can be, it will provide no information about the momentum of the client and therapist.

I could take a video camera and record a movie. This movie might provide me with a full account of the dynamic flow of interaction, the ways of change and directions that appear in the client and therapist. Ideally, I could capture the objective and subjective dynamic complex phenomena. A particular location will become a vague phenomenon when I have clear information about the dynamic process of the flow of changes and interaction: How are the client and therapist moving nearer each other or further apart? What are the parallel changes in heart rate and heart rate variability of the client and therapist and how does this relate to the subject of conversation or silence in the room? The Biodynamic diagnostic system is essentially based on that information, information about the momentum that in the participants and in-between the participants and in-between the participants and surroundings.

A therapeutic process has clusters of information that are organized in reiterative and partially overlapping patterns and present the idea of a fractal experience. The fractal experience is crucial in the understanding of the 'location' of the participants in the therapeutic process. However, a fractal is still a static picture that give rise to the exhibition of multifractal scaling information in motion and unpredictable dynamic emergent properties. That dynamic motion would be crucial in the understanding of the 'momentum' of the participants in the therapeutic process.

This kind of information cannot be expressed using words that describe the static picture. Nevertheless, it can be partially expressed by the subjective flow of creative writing.

(4) The fourth is that not all processes are alike and the **individual match between Client - Method- Process -Therapist** is crucial for a successful process that will result in a successful outcome. For example, in medicine, the process includes far more than the particular prescribed medication. The interweaved processes will determine for example whether this particular client will use the prescribed medication, follow what the doctor thinks is the 'correct procedure' or take the advice given. Some of the most popular research methods that scientific writings are based on the Randomized Control Study (RCT) protocol. In RCT, the researchers intentionally exclude the individual match; therefore, they can never capture some of the crucial essence of the therapeutic encounter.

(5) The fifth limitation stems from the fact that the client and the therapist are part of the vast web of phenomena of the therapeutic process, which is an open, dynamic, complex system. This process is taking place beyond verbal content and observable measures. Traditionally,

there are two main sources of relatively neglected information that needs to be taken into consideration methodologically: (5a) non-verbal information and (5b) non-observable information. Various aspects of non-verbal information are already considered by some researchers in developmental psychology such as Edward Tronick and Colwyn Trevarthen, but not enough has taken place within the therapeutic encounter.

(5a) Non-verbal information can be observed by watching systematically. For example, *we can watch*: micro-movement, macro-movement, patterns of breathing, motility and posture, dynamic changes in the colour and moisture of the skin, the music (i.e. the harmonious and disharmonious, the tune, tone of voice, accentuation, the pitch, the intensity etc.), the 'dance' of the participants in relationship to each other and gestures accompanying the lyrics (the words).

(5b) Non-observable information contains vast reservoirs of informative aspects. I will mention three of them here:

(5bi) First are all the internal milieu, composed of a variety sensations, emotions, thoughts, psycho-neuro-immuno-endocrinological changes and the interlinked dynamics of the way they emerge. This can be partially observed during a session just by the trained participant who is able to use their own body as a measure in the resonance between the participants, for example via touch.

(5bii) The second aspect is historical (personal history and general history), social, ethnic, political and ecological that create a combination of dynamic realities. Prior learning experiences give rise to the particular perception in context and time of the therapeutic encounter, which includes the haptic communication.

(5biii) Third and no less important, it is hardly discussed in the literature: What are the people in the room choosing not to say? What are their reasons for conscious withholding? Furthermore, what happens to the participants in-between the sessions? And how can we evaluate the subjective and objective aspects of effectiveness in the therapeutic alliance?

Evaluating the subjective and objective aspects of effectiveness in the therapeutic alliance

In 2007, I was asked by the director of Confer to present and demonstrate how Porges' Polyvagal theory is relevant for a clinical setting. I began that presentation by quoting the Israeli writer Yochi Brandes (Kings III, 2008): "Stories are a more efficient weapon than swords. The swords

can only kill those who stand before them, in contrast to that, the stories determine who will live and who will die in later generations too.” That sentence followed a presentation of the story of one and a half hours of work I did with a person who had not moved for over two hours before I entered the room. It was a process of supporting a survivor of extreme abuse and torture (SRA; Survivor of Ritual Abuse) who suffered from Dissociative Identity Disorder (DID) in freeing himself from a voodoo death state.

I presented that case a few times afterwards and called it “Voodoo Death, Dissociative Identity Disorder (DID) and Biodynamic Psychotherapy”. I unfolded the multi-layered phenomenology of the complexity of the subjective human experience of Biodynamic Body Psychotherapist at a micro-analytical level.

I employed analysis from a variety of viewpoints originating from different theories and my thoughts were woven into the story as it unfolded. I followed the story from the perspectives of ontological and epistemological research as participatory (therapist), drawing together the professionalism with the direct authentic and Hursselic personal level. I reflected here not only on viewing external conditions - as done by the naturalists - but also on viewing the internal conditions and thoughts that cannot easily be measured, and by the inclusion of another spectator.

My intention was to describe the complex processes of co-adaptation and co-regulation. I am doubtful as to whether I can properly describe and deal with such complex processes using only one sense, and whether they can be represented correctly by offering up a long catalogue of objective facts. For this reason, I broadened the viewpoint as far as possible to create a holistic web that includes body and soul as one, the story, Biodynamic Psychology, attachment theory, trauma work, and neuroscience.

I still remember how the sense of real terror that enveloped the client spilled out into the huge conference room as I invited them to feel the story. At that time, it was not just a sterile case study about trauma; at that time, it was about a palpable person who had experienced trauma who then entered the room for the audience to have the direct experience and process with them. When Porges read the 40-page story he said an essential sentence to me— “I visceralised the patient.” Porges understood the accuracy that we gain when we describe the subjective qualitative aspects of the clinical material. Those subjective qualitative are body based and represent the internal map of the

functions of the viscera. It gives rise to our consciousness. (Damasio, 1999, 2013; Solms & Turnbull, 2005). This background state of consciousness represents the most basic embodiment of the SELF. It is full of meaning and feelings. It does not just represent the self it also provides the reflexive content that tell you your situation in your life. I believe that we need a new scientific language that can enable us to feel the story and fully understand the client by re-experiencing, on a mini-scale, what the client and therapist really felt subjectively.

I will share a few paragraphs from that story with you that has been published in the 2015 Biodynamic body-psychotherapy conference book, to show how poetic writing enabled me to dive into the personal subjective qualitative aspects of the clinical material.

To enable the capture of the subjective qualitative aspects of the clinical material of this case, all was data, all mattered, beginning with the name.

For example, I chose to call it “**Voodoo Death, Dissociative Identity Disorder (DID) and Biodynamic Psychotherapy**” rather than any of the other, more sterile options such as:

Catalepsy, DID and Biodynamic Psychotherapy

Catalepsy: a general term for an immobile position which is constantly maintained

Catatonic rigidity, DID and Biodynamic Psychotherapy

Catatonic rigidity: the voluntary assumption of a rigid posture held against all efforts at initiating movement

Catatonic posturing, DID and Biodynamic Psychotherapy

Catatonic posturing: the voluntary assumption of an inappropriate or bizarre posture, generally maintained for a long period of time

‘Death feigning behaviour’, DID and Biodynamic Psychotherapy - the less dramatic name used by physiologists for the voodoo death state

I chose that particular name because it allows the real experience of the client to enter the conference auditorium. This is not my story; this was the client’s life story and it was what the client believed they had experienced. I felt that I had no right to reduce it.

The story continues with one of my first observations when I entered the room and described the external phenomena I saw and my internal experience:

"An Asian man sat, with a pale chiselled profile and dark hair. ... Although his body was present in the room I could feel the forceful absence of his social presence. I could see no trace of social behaviour or social communication in him. Clearly, he shared no intention, no feeling in our company".

At that moment, I experienced my thoughts as "distant", which was already an embodiment of the dissociative experience I felt while I resonated with him.

"I wondered, on one hand, what had caused this person to come to a halt, and on the other hand, what was the unique and selective adaptation process, conscious and unconscious, which had enabled him to choose a path of therapy and thus hope."

I started to remember Porges' presentation at a trauma conference in Boston, saw the slides of that presentation in my mind. This was followed by the realization that I was using my own favorite defense mechanisms of intellectualization and rationalization so as not to feel him, as it was almost too much to bear. I regulated myself emotionally and physiologically, returned to feeling the mute person and continued to absorb and sense the experience of being with them (the client and two psychoanalysts) in the room, seeing and asking myself:

"...Could the stone mask testify to the fact that he had already seen the felled head of Medusa and there was no somersault of the reaction?"

I felt in my body and soul that moment when his despair and my despair became one. Acknowledging this despair enabled me to move forwards, and I felt that a new sensation regarding the musicality of the attachment process entered my consciousness.

"I had the feeling that some synchronized sounds were present in the intersubjective space much like a voice calling out in the desert allowing the last bastions of hope for the lost."

When I concluded that I had seen all there was to see from the outside and gone through all my thinking and theory, I allowed myself to feel the full vegetative identification with him using mirror neurones and adaptive oscillation in the quantum field of the therapeutic space, to enable the full embodied somatic resonance and the sensations of counter-transference.

"I was fully aware that the longer I stood in the room, the greater my feeling of a nameless sense of dread, which filled me from head to toe, as if the frozen intensity of the man in front

of me was absorbed in my own body. My mouth was dry."

As I had no idea "what to do?" I started more consciously using 'Dual Awareness' in addition to the vegetative identification and analysis as a parallel process.

"I sat and listened with my entire body, the 'material me' (Sherrington, 1900). My ears seemed to have blocked themselves. This silence was the sound of terror, and I was listening to it and myself while all my other senses became more acute as the sensations were seemingly amplified through my body... A whispering fear rose inside me, engulfing me with a feeling of desperate solitude making the distance between myself and the others feel endless and unbridgeable"

A memory of a sentence "fear cuts deeper than swords" sprang in me. I felt the impact of his horror in me "**the impact of which no amount of training could prepare me for.**"

The experience of feeling like an invisible sword was cutting into my own flesh led me to internal analysis in the 'present moment', connecting to my own trauma when I felt similar feelings and sensations in myself in my past. These led me to take a course of action of attuned intervention. That action was based on my Biodynamic working hypothesis about the essential need for self-regulation and my internal analysis gave me the entry point to understanding that I needed to find a way to touch and that touch might reconnect him to life.

"I needed to reach out to the man. I needed to touch him and find a simultaneously (Byers, 1976, p60) shared rhythmic foundation (Mary Catherine, 1979) which would enable turn taking.."

I was starting to negotiate a lifeline.

"In a gentle voice that matched the volume, rhythm and prosody of the Clinical director and Therapist's voices, I asked his permission. Did he blink his eyelids? A quick glance in the Therapist's direction confirmed he had."

I again went through an internal process in negotiating the lifeline.

"I quickly calculated the risks. At this moment, anything was possible, and I had to prepare for any eventuality, from gentle consolation to violent attack. For these, not only was there need for a victim in the cult, but also a priest. The emaciated bony hand of this cult survivor sitting opposite me might be contaminated with blood."

I had to regulate my fear as this was not counter-transference; this was a real risk.

Externally, I took action as I had to get consent and permission to touch his hand but also to

“How often have I said to you that when you have eliminated the impossible, whatever remains, however improbable, must be the truth?”

protect myself.

Then, “I picked up a shiny, light coloured cushion and placed it on my lap. I spoke forgotten words, which suddenly came forth from the painful place inside me.”

We negotiated the touch, then I gently placed his hand on the pillow and stroked his hand softly at a very particular rhythm and intensity, listening careful to the appearance of peristalsis. To feel real hope, we needed to feel life inside of us. Psycho-peristalsis could enable the internal transition of movement from paralysis to action.

“I returned to silence, listening with my fingers, and then I heard the voice I had longed to hear emanating from his intestine. A gentle rumble, like the hesitant purr of a cat bathing in the sun’s rays, was very clear. Peristalsis, referred to in biodynamic psychology as psycho-peristalsis. My ears, accustomed to hearing these voices, sharpened, alerted. These involuntary gut responses, the sounds of which were increasing, sounded to my ears like the roar of an experienced surfer who forces himself to conquer a stormy wave and whose triumphant bellow echoes from its crest.”

The intervention with appropriate touch came from my deep embodied resonance with him, and it looked like a good idea as the emerging data from scientific literature shows that appropriate touch starts a cascade effect throughout the systems of the body. Touch influences higher cognitive centres, enhancing body awareness and embodiment through proprioception (Berlucchi & Aglioti, 2010; Craig 2002, 2009). Gentle and pleasant touch acts via C-tactile afferents to influence affective and reward centres in the brain, which most likely activates the placebo effect (e.g. Benedetti, et al., 2011; Dunbar, 2010,), but which more importantly activates C-tactile afferent fibres in the skin that stimulate the client’s insula and begin the release of oxytocin. This activates the insula and enables some sense of body ownership to reappear, due to the combination of oxytocin and the activation of the myelinated parasympathetic branch of the autonomic nervous system. Therapeutic touch is also likely to promote the release of endogenous opiates (endorphins) as well as oxytocin and arginine vasopressin, which has analgesic properties to help dealing with the emotional pain and influences social bonding (Dunbar, 2010; Sauro

& Greenberg 2005).

After the lifeline was established, the client moved and stood up on his feet. It felt like a triumph of the sympathetic branch of the autonomic nervous system; the client came out of his voodoo death state.

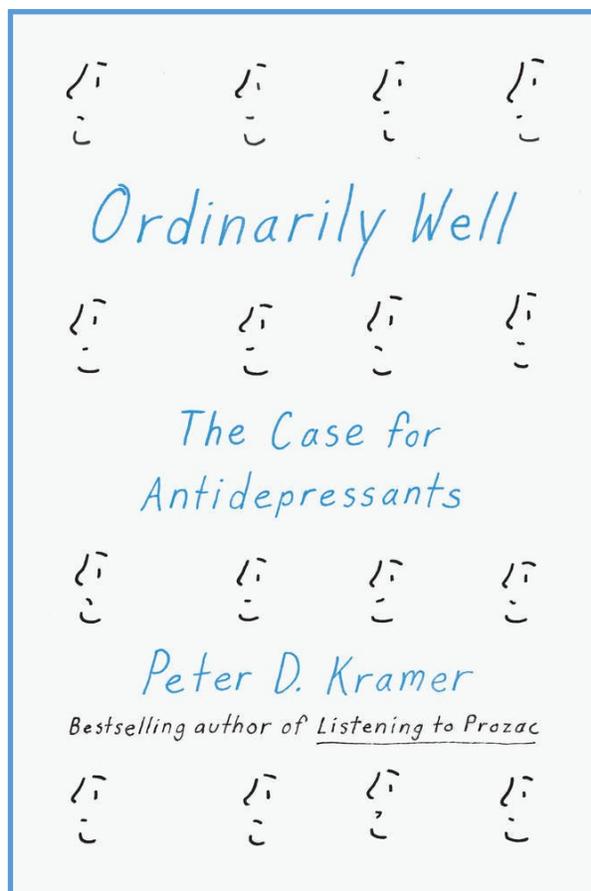
This session unfolded as a combination of aspects from Biodynamic Massage in Vegetotherapy. Vegetotherapy is a method that began with Wilhelm Reich and which was further developed by Ola Rackner and Gerda Boyesen, the goal of vegetotherapy is to enable the activation of the identity of the self by being open to the infinite possibilities of the subjective experience. It is one of the major methods by which Biodynamic psychotherapists work, and which starts through embodied listening to the internal and external communicative musicality, including the vegetative internal signals (vegetative meaning autonomic nervous system signals).

This sentence from Sherlock Holmes in *The Sign of the Four* (1890) sprang up in my mind: “How often have I said to you that when you have eliminated the impossible, whatever remains, however improbable, must be the truth?”

Elya Steinberg, MD, is Co-Director of the Centre for Biodynamic Psychotherapy (London School of Biodynamic Psychotherapy). She is a medical doctor and biodynamic psychotherapist who integrates body-psychotherapy, Gerda Boyesen methods and bioenergy with psychological trauma work, martial arts, conventional allopathic medicine and complementary medicine. She interweaves alternative and conventional approaches to allow a person to grow as a holistic complex and improve their well-being. In partnership with Gerhard Payrhuber she facilitates the group 'Attending to the Silence' for second and third generation Shoah survivors, perpetrators and bystanders.

elya.steinberg@virgin.net; www.biodynamic-bodypschotherapy.co.uk

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Reviewed by: Monica Spafford

Following decades of asylums, an overreliance on medication, and treatments like ECT, where popular opinion was that individuals with mental illness had to be locked up and medicated, it is no surprise that professionals in the mental health field have become more and more wary of pharmacological treatments. Additionally, because of growing knowledge about mental illness many mental health professionals recognize that medication is not a “quick fix” to mental illness. However, because of the horrors of the past and a societal tendency to devalue mental illness, popular opinion has shifted from one extreme, an overreliance on medication, to the opposite extreme, denying its usefulness altogether. In *Ordinarily Well: The Case for Antidepressants*, psychiatrist Peter D. Kramer works to defend the integrity of antidepressant medications in a world that has come to deny their validity.

Many studies prove that a combination of antidepressant medication and therapy is the most successful form of treatment for individuals with depression. Medication and talk-therapy seem to complement each other and are less successful treatments when utilized in isolation. Kramer points out that antidepressants are not miracle cures, rather they are useful tools to help individuals heal and function from day-to-day. Furthermore, he suggests that antidepressant medication can be useful for certain individuals and should be administered on a case-by-case basis.

Inspired by personal experience and enraged by news that makes overarching claims like drugs are no more useful than placebos or antidepressant drugs are only useful for treating severe depression, Kramer works to debunk these sweeping claims. He outlines the controversy surrounding antidepressants and applies a new lens, utilizing research and observations of his own patients to support his claim that health professionals should not discount the usefulness of antidepressants because by doing so they are disadvantaging their patients. Subsequently, the question then becomes, when to prescribe and when not to

prescribe.

Kramer's book reads like an ode to antidepressants but the breadth of evidence in his book cannot be ignored and will have even the most skeptical mental health professionals eager to turn the page.

Peter Kramer is the bestselling author of *Listening to Prozac* amongst other publications. He is a psychiatrist, writer, and a professor at Brown Medical School. He has also been published in *The New York Times* and *The Washington Post*.

Monica Spafford studies Applied Psychology at New York University and is set to graduate in May of 2018. She is a Research Assistant for the INSIGHTS into Children's Temperament research study at NYU's Institute of Human Development and Social Change testing the efficacy of the INSIGHTS program, an evidence-based intervention that works to support children's social-emotional development and academic learning. In addition to working for Somatic Psychotherapy Today, she also writes reviews for the *International Journal of Psychotherapy*.



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How People CHANGE



Relationships and Neuroplasticity in Psychotherapy

Edited by MARION SOLOMON and DANIEL J. SIEGEL

How People Change: Relationships and Neuroplasticity in Psychotherapy



Edited by Marion Solomon
and Daniel J. Siegel

Reviewed by
Nancy Eichhorn, PhD



When I read the flier announcing another edition edited by Marion Solomon and Daniel J. Siegel I knew I needed to review it (hard not to give a nod to these two—they consistently offer quality material) but the list of contributors felt far too familiar— I’ve read many books and papers by many of the contributors, some I’ve even interviewed and written about for this magazine. One essay even acknowledged that a version of it was previously published in 2011.

Well, here’s to moving forward despite assumptions and preconceived notions and reading with receptivity and curiosity. Yes, I was pleasantly surprised by the newness of how established data was used to support creative and insightful ways to address change in psychotherapy.

How People Change offers 11 essays exploring growth and change, which are noted to be “at the heart of all successful psychotherapy”, and I will add at the heart of body psychotherapy and somatic psychology. The body and its place in our lives— our healing and overall health— is part of the process in many of these essays. A clear focus on mind-body dualism is supported as many of the authors write about the relationship between client and therapist and explore “the complexities of attachment, the brain, mind, and body as they aid change during psychotherapy.” Contributors include: Philip M. Bromberg, Louis Cozolino and Vanessa Davis, Margaret Wilkinson, Pat Ogden, Peter A. Levine, Russell Meares, Dan Hughes, Martha Stark, Stan Tatkin, Marion Solomon, and Daniel J. Siegel co-authoring with Bonnie Goldstein.

Continued on page 50

Each essay presents the author's thoughts on how to induce, instigate, facilitate change in psychotherapy, how to be with the client in the change process, and what it means to be in relationship with a client's mind, brain, body, and soul. While there is not time nor need to detail each essay, I offer small glimpses of some of them.

Philip M. Bromberg: Psychotherapy as the Growth of Wholeness: The Negotiation of Individuality and Otherness

Bromberg begins with an interesting discussion of the two epigraphs he selected to begin his chapter:

"My one regret in life is that I am not someone else." (attributed to Woody Allen)

"We may still tremble, the fear of doing wretchedly may linger, but we grow. Flashes of inspiration come to guide the soul. In nature, there is no outside. When we are cast from a group or a condition we have still the companionship of all that is." (Theodore Dreiser)

In an engaging first-person voice that addresses the reader directly to intimately share an insider's perspective, Bromberg offers that his opening epigraphs not only guided the focus of his chapter but also demanded their own air time. He writes that while he normally picks one epigraph, two came to forefront, and while he usually selects them then forgets about them, while writing, these two kept coming to the page: "What I received was not a 'meaning' but a feeling of strangely pleasurable surrender to something new that was even more unbidden: The words of these two epigraphs, my reason for choosing them, kept changing experientially in unexpectedly personal ways while I was writing" (pg. 18).

His chapter continues to be a joyous read as he "introduces" us to how his mind works then begins what he calls the chapter proper. His work is strongly influenced by Allan Shore's contributions to psychotherapy and neuroscience (affect regulation, dysregulation) with emphasis on the phenomenon and concept of "state-sharing"—"the right brain to right brain communication process through which each person's states of mind are known to the other implicitly" (pg. 23).

"The interface between my own thinking and his (*Shore*), when linked to the centrality we each place of the mind-brain-body interface, provides the core context that I believe will allow psychoanalysis and psychotherapy to become most *genuinely* therapeutic" (pg. 23). His chapter thus focuses on how human relationships (specifically between therapist and client) enable the self to heal while simultaneously co-creating a dynamic link between healing and growth. While he dislikes the word change when applied to people, to address the theme of this book, he spends his time thinking about and thus writing about what makes psychotherapy *possible* (pg. 23). From his perspective, psychotherapy is a relational experience, shaped by two specific people. What makes it therapeutic is its uncertainty—what he calls safe surprises (pg. 23).

Later in this chapter, Bromberg underscores his "strong and lasting conviction that when *perception* organizes our way of relating, our patients are *therapeutically freed* (though not necessarily 'free') to actively 'do' unto us what we are 'doing' unto them" (pg. 33) to emphasize that "personal meaning is not birthed by the 'right words,' but by a two-way perceptual context that slowly includes the *cognitive* meaning provided by the personally negotiated affective physicality of its experiential meaning" (pg. 33). He then writes about the trauma of nonrecognition before sharing his case study involving those voices.

Louis Cozolino and Vanessa Davis: How People Change

These co-authors offer first a comparison between a rat and a human that involves tunnels and cheese. It seems that if a rat finds cheese at the end of a tunnel it will return to the same tunnel. But, if the cheese is no longer there, after a few disappointments, the rat will forage elsewhere. Meanwhile, a human will continue to haunt the same empty tunnel all the while believing that the cheese should be there. Their point is that the human brain is an organ of adaptation and survival. It is designed to do things as quickly, as efficiently as possible with the least amount of information (pg. 54). Our brain, they say, is inherently conservative—it wants to do

what's worked before. And it also a 'social organ' such that "its growth and organization is shaped and reshaped in the process of ongoing experience" (pg. 55). According to Cozolino and Davis, "The dynamic tension between habit and the need for adaptation lies at the heart of psychotherapy" (pg. 55).

There's an interesting discussion about dogma and unconscious egocentric biases (on the part of the therapist) that lead one to believe his/her way is the right way. And another fascinating conversation on reflexive social language (RSL) defined as "a stream of words that appear to exist to grease the social wheels" that consist of "verbal reflexes, clichés, and acceptable reactions in social situations that establish a web of pleasantries with those around us" (pg. 65) as compared to what they call our internal narrator, which verbalizes internal language that is far different than we share with other people. RSL connects us to others with a positive intent, while the narrator is a private language, a single inner voice that is primarily negative, and driven by self-doubt, anxiety, fear, and shame. It also serves to turn against others via critical and hostile thoughts. They end the essay with a case study.

Margaret Wilkinson: A Whole-Person Approach to Dynamic Psychotherapy

Wilkinson looks at how the client first came to be distressed enough to seek support and then how to bring about effective change so the client leaves with a "more robust sense of self and a confident approach to living" (pg. 73). She discusses attachment, affect regulation, meaning making, empathy, and neurological substrates of change.

Peter Levine: Emotion, the Body and Change

Dr. Levine looks at how the components and structure of emotions are rooted in both bodily processes and in our central nervous system function. He offers an interesting essay with historical perspectives leading to current day applications. He cites William James' conclusion that rather than running because we are afraid, we are afraid

because we are running (from a bear in this instance) and James' theory that bodily changes follow directly from the perception of the exciting fact (pg. 129). According to Levine, James' "counter intuitive view challenged the Cartesian/cognitive (top-down) paradigm where the conscious mind first recognizes the source of the threat, and then commands the body to respond . . . James' bottom-up paradigm that we feel fear because we are running away from the threat makes a crucial point of the illusory nature of emotional perception" (pg. 130).

Levine also looks at the tendency in psychology to view consciousness as either conscious or unconscious while he proposes that it occurs on a continuum, more like shades of consciousness (pg. 133). Looking at what is necessary to create change in our emotional responses, Levine spends quality time looking at the posture of experience (think Charlie Brown walking with his shoulders slumped, his head down perpetuating his down mood and Lucy telling him to walk with his head held high, to face and greet his world thus changing his internal feeling state). He then offers a lengthy discussion of Nina Bull's work before presenting his current case example.

Russell Mears: The Disintegrative Core of Relational Trauma and a Way Toward Unity

Mears discusses what he believes is the central pathological effect of relational trauma and how to overcome it. He notes that while "no accepted therapeutic approach exists", he proposes that "unity of mind is fostered by a specific kind of conversation between the patient and the therapist: a conversation that has the quality of analogical connectedness" (pg. 151). He writes about the importance of the therapeutic field, the concept of self and integration and conversation. He offers a language of connection that first couples with what is essential in the patient's expression—style, lexicon, syntax; however, the therapist's remarks are not an exact copy. It is secondly a language of connection that stems from a right hemisphere kind of style—defined by Vygotsky, as inner speech that refers to the life of the self, an inner world. A right hemisphere sort of speech involves

incomplete sentences, often missing a subject and at times even verbs are omitted (pg. 162). The overall sense is one of a good “fit”.

Dan Hughes: How Children Change within the Therapeutic Relationship

Hughes starts his essay by citing Cozolino: “Children need their parents’ curiosity about them as an avenue of self-discovery,” then adds that children in therapy need the same from their therapists. His chapter focuses on good conversations, relationships, and how curiosity and empathy facilitate the development of both between a child and therapist.

Martha Stark: The Therapeutic Use of Optimal Stress

Stark looks at both change and resistance to change. She involves Freud’s concepts of “repetition, compulsion and adhesiveness of the id” before introducing her concept of ambivalent attachment and its role in dysfunctional defense and “the relentless pursuit of the unattainable as explanatory constructs for the almost universal resistance to change that therapists encounter with longstanding emotional injuries and scars” (pg. 186). She then turns to Chaos Theory to create understanding on a more fundamental level of both how people change and what must first be overcome if they are to change (pg. 186).

Stan Tatkin: How Couples Change: A Psychobiological Approach to Couples’ Therapy

According to Tatkin, couples therapy has a “long history of ineffectiveness because early approaches tried to retrofit cognitive, behavioral and psychoanalytic models to a dyadic system” (pg. 221). He recommends an integrated psychobiological approach that addresses the ‘system’ (meaning the couple) from a bottom-up, procedural memory perspective that combines three key domains: attachment theory, arousal and affect regulation, and developmental neuroscience (encompassing social-emotional deficits and issues of brain

integration along both the horizontal (right-left, left-right) and vertical (top-bottom, bottom-top) axes.

Marion Solomon: How Couple Therapy Can Affect Long Term Relationships and Change Each of the Partners

Solomon writes about the power of our brain not being the fact that we have billions of neurons but that we have all these connections between them that form and change our experiences (pg. 247). She looks at what made the primary love relationship become a danger zone versus a safe haven, such that each partner “calls on whatever protection they can against perceived emotional assaults by the other” (pg. 251). According to Solomon, most complaints couples have about the other stem from “reenactments of early disappointments in relationships that they had with their parents”. “People,” she writes, “resist letting go of their dysfunctional, self-protective defenses, despite the fact that their early, learned, traditional ways of being and doing have long outlived their usefulness” (pg. 253).

Bonnie Goldstein and Daniel J Siegel: Feeling Felt: Co-Creating an Emergent Experience of Connection, Safety and Awareness in Individual and Group Psychotherapy

Goldstein and Siegel explore “the nature of the human mind, the experience of consciousness, the impact of culture on mental health, how our social brains influence our connections with others and with ourselves and how we provide the kinds of experiences that promote well-being, cultivate resilience, and foster integrative neurological growth” (pg. 275).

In terms of awareness, they look at ways to cultivate conscious experiences to promote change that consider somatic correlations to awareness because we are raised in a disembodied world with the emphasis on ‘human doing’ versus ‘human being’ they write. Their integrative model of interpersonal neurobiology offers a “scientifically grounded approach that prioritizes the relationship between therapist and client and incorporates awareness of somatic (embodied), intuitive, and

emotional explorations of our stories” (pg. 285).

A Closing Quote

To offer a simple sense of closure, I offer a quote from Rick Hanson, PhD, author of *Buddha’s Brain: The Practical Neuroscience of Happiness, Love, and Wisdom* about *How People Change*: “This masterful collection of essays is rich with practical insights for psychotherapists, coaches, and really anyone who helps others change for the better. Far-reaching, lucid, full of heart, and highly recommended.”

About the Editors:

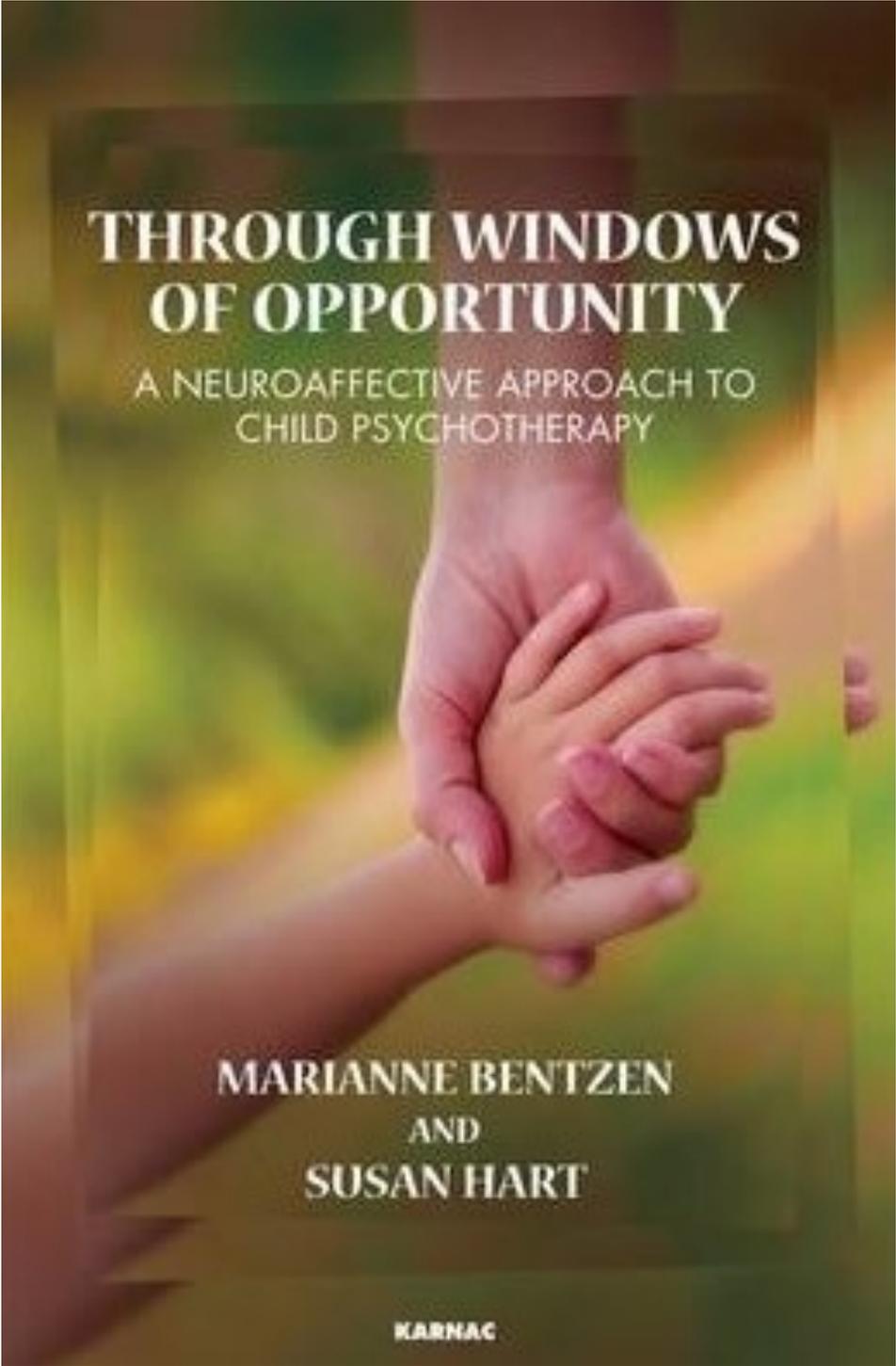
Marion Solomon, Ph.D., is a lecturer at the David Geffen School of Medicine, Department of Psychiatry at UCLA, and Senior Extension faculty at the Department of Humanities, Sciences and Social Sciences at UCLA. She is also director of clinical training at the Lifespan Learning Institute and author of *Narcissism and Intimacy*, co-author of *Short Term Therapy For Long Term Change*, and co-editor of *Countertransference in Couples Therapy and Healing Trauma*.

Daniel J. Siegel, MD is a graduate of Harvard Medical School and completed his

postgraduate medical education at UCLA with training in pediatrics and child, adolescent, and adult psychiatry. He is currently a clinical professor of psychiatry at the UCLA School of Medicine, founding co-director of UCLA’s Mindful Awareness Research Center, founding co-investigator at the UCLA Center for Culture, Brain and Development, and executive director of the Mindsight Institute, an educational center devoted to promoting insight, compassion, and empathy in individuals, families, institutions, and communities. Dr. Siegel’s psychotherapy practice spans thirty years, and he has published extensively for the professional audience. He serves as the Founding Editor for the Norton Professional Series on Interpersonal Neurobiology which includes over three dozen textbooks. Dr. Siegel’s books include *Mindsight*, *Pocket Guide to Interpersonal Neurobiology*, *The Developing Mind*, Second Edition, *The Mindful Therapist*, *The Mindful Brain*, *Parenting from the Inside Out* (with Mary Hartzell, M.Ed.), and the three New York Times bestsellers: *Brainstorm*, *The Whole-Brain Child* (with Tina Payne Bryson, Ph.D.), and his latest *No-Drama Discipline* (with Tina Payne Bryson, Ph.D.). He has been invited to lecture for the King of Thailand, Pope John Paul II, His Holiness the Dalai Lama, Google University, and TEDx. For more information about his educational programs and resources, please visit: www.DrDanSiegel.com.



SPT subscribers receive 25% discount with free shipping on all Norton mental health series books.



Susan Hart



Marianne Bentzen



Reviewed by Gabriela Perdomo

Through Windows of Opportunity, by neuroaffective psychotherapist Marianne Bentzen, and child psychologist and psychotherapist Susan Hart, is based on the presentations of four international leading psychotherapists concerning different neuroaffective approaches to child psychotherapy at a 2012 conference in Copenhagen. These presentations revolve around how the relationship between therapist and child can aid the child in overcoming traumas and insecure attachments in life by fostering a sense of emotional attunement and tolerance that stimulates development and change processes.

Rather than divide the book into chapters based on each individual presentation, Bentzen and Hart take on the task of synthesizing each proposed method through the lens of neurological development in children, examining how each stage or aspect of development and its inhibitions due to trauma can be put in dialogue with the various methods. This allows for the reader's knowledge to grow in parallel to the growth and development of the children in the discussion. It is important to note, however, that the rhetoric used throughout assumes an advanced knowledge of psychological terms and theories, with a main emphasis on neuroscience and biology. Thus, its main audience is those in the field, not a wider audience. However, as a very

academic work, the presented methods are positively supported by experimentation with a basis in neuroscience, which results in a very credible and interesting read for psychologists. Yet it could also have benefited from the inclusion of more concrete experimental statistics to support the proposed methods.

Marianne Bentzen and Susan Hart, through highlighting the importance of the psychotherapeutic relationship to a child's neurological development, present four innovative techniques for fostering this growth and resolving an issue that has been prevalent in child clinical work. This contribution to the field of clinical psychology is evidently most beneficial to those working in child therapy themselves, as it provides insight into how to foster a relationship that will have strong external benefits with those around the child. Through the presentation of both analytical and anecdotal evidence, the reader perceives how changes occur concretely, modeling how one can apply these methods to their own practice in working with children to create positive changes in communication and growth in the external family sphere.

Marianne Bentzen is a neuroaffective psychotherapist, whose focus is on the practical applications of neuroaffective developmental psychology, PTSD treatment, mindfulness practice, and systemic processes. She has also lead various professional trainings in Somatic Psychotherapy both in the United States as well as in Europe.

Susan Hart is a psychologist with experience in municipal services and child psychiatry. She has an independent practice and works in the professional supervision of psychologists, nurses, and social workers. She has authored various books and articles on developmental psychology.

Gabriela Perdomo studied applied psychology and French at New York University and graduated in May of 2017. She has focused her studies on clinical and forensic psychology, with a specialization in trauma and anxiety disorders. In addition to writing reviews for *Somatic Psychotherapy Today*, she writes for the *International Journal of Psychotherapy*.

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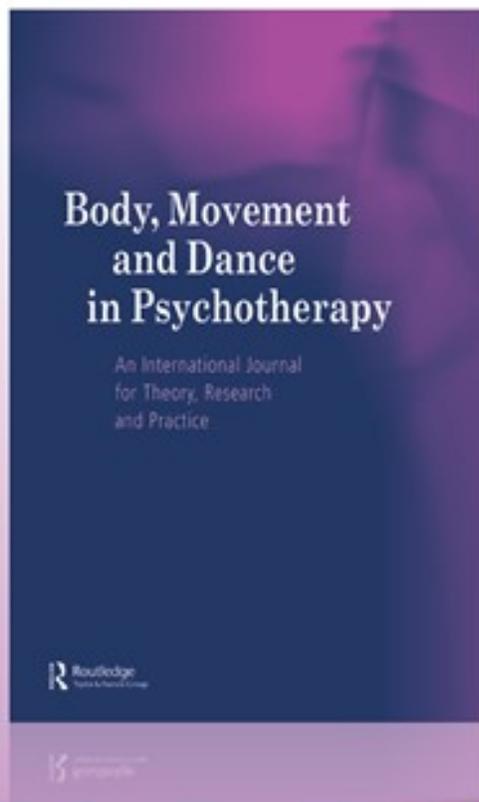
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- ◆ The Emotional Ramifications of Being Born in a Cesarean Delivery by Amy Shapira
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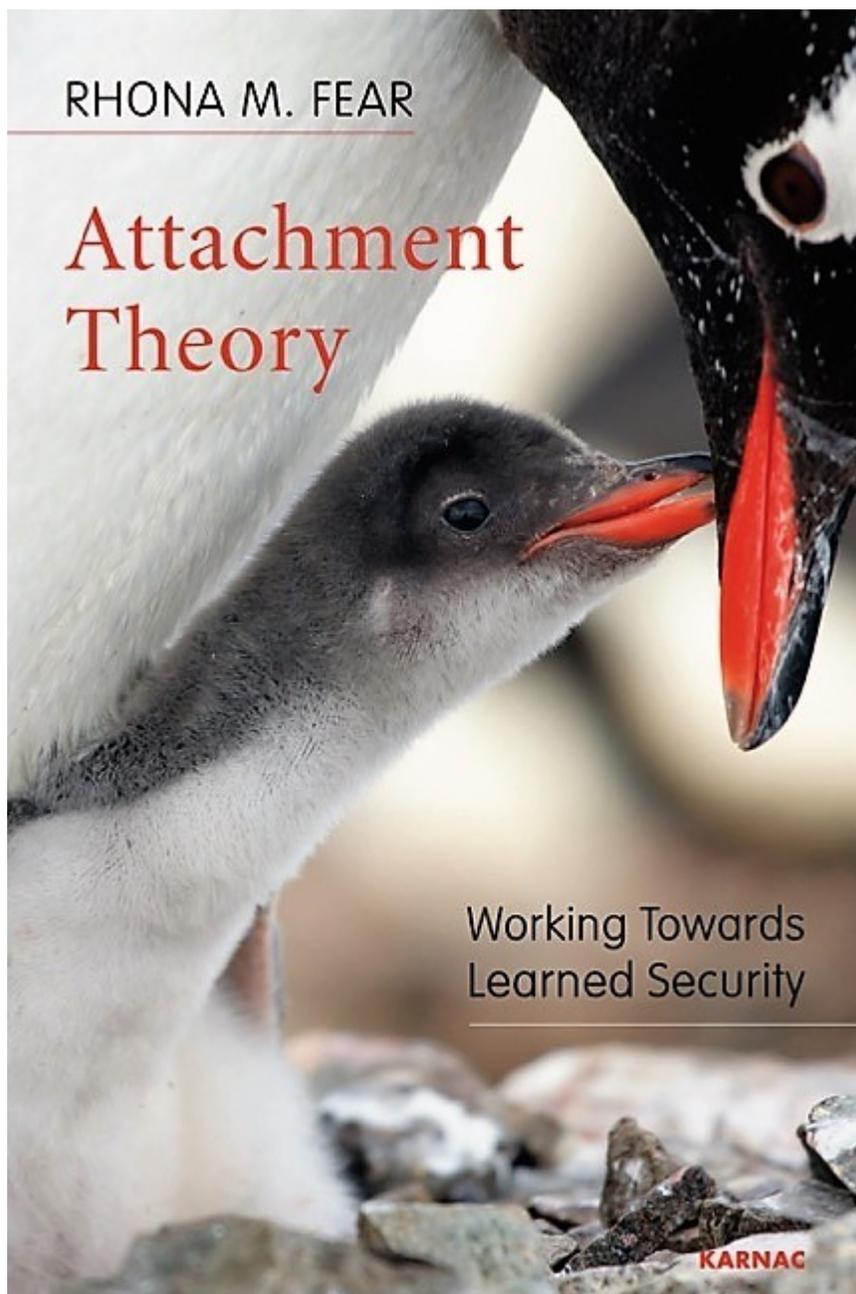
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Rhona M. Fear is a UKCP registered psychoanalytic psychotherapist. She has been in private practice in Worcestershire since 1994, and specializes in working with clients in long term therapy. She first qualified as a counsellor in 1990, and then broadened her knowledge by undertaking a master's degree at Keele University. She then trained as a psychoanalytic psychotherapist.





Reviewed by Nancy Eichhorn, PhD

John Bowlby and Mary Ainsworth are well known for their work with attachment theory; their terminology often part of therapeutic discourse. Because of their work and that of those who expanded attachment's parameters in therapeutic settings, there appears to be common agreement that psychotherapy works because of the healing power of the therapeutic relationship and its influence on attachment patterns realized and altered in a secure connection.

What is involved in the relationship—the psycho-neuro-biological antecedents—set the stage for differentiation between mine and yours when it comes to current psychotherapy theories.

According to Rhona M. Fear, one outtake from Bowlby's Attachment Theory known as the concept of 'earned security' fascinated her. As she delved into her studies, she derived what she calls her theory of "learned security", which, she says is the outcome from the therapeutic relationship that affords change, growth, healing.

In her recent publication, *Attachment Theory: Working Towards Learned Security*, Fear, a UKCP registered psychoanalytic psychotherapist who has been in private practice since 1994, shares her theory, how it came to be and how it can be clinically applied.

Divided into five parts, *Attachment Theory* begins (Part 1, Chapters 1-4) with an in-depth examination of attachment both ala Bowlby and Ainsworth and as developed by others in recent years, including Fonagy's concept of mentalization and its importance in client work. Chapter 4 in this section introduces the concepts of 'earned' and 'learned security' that are central to the focus of her book.

Continued on page 60

"A state of learned security occurs when the client gains a sense of having a secure base to which to return and refuel in times of emotional doubt or trauma, and through which he learns to self-regulate his emotions."

Part Two (chapters 5-8) describes how, through traumatological life experiences, people develop insecure attachment schemas. Part Three (chapters 9-12), which is considered the central focus on the book, explains the theory of learned security—how it came to be and how it can be of clinical use. Part Four (chapters 13-16) presents case studies including one from a client who wrote his narrative to offer what worked for him and why. Through these case studies, Fear demonstrates how therapists play an essential role helping clients know what it means to experience a secure base, to truly have someone in their life they can rely on. She looks at the effects of a secure base on the client's emotional and psychological self. Part Five (chapter 17) offers a summary and conclusion.

Learned Security

"A state of learned security occurs when the client gains a sense of having a secure base to which to return and refuel in times of emotional doubt or trauma, and through which he learns to self-regulate his emotions."

Learned security is a learning process that involves two individuals. It results from the client's conscious effort, which includes being in the therapeutic relationship for three years or more. It is collaborative and co-constructive. The therapist must "model a relationship where she is utterly dependable, reliable, consistent, honest, open minded, and empathic"; she must be attuned to the client, present, not pre-occupied. Her work is to help the client gain emotional autonomy, to repair therapeutic ruptures, and to help clients get to know themselves.

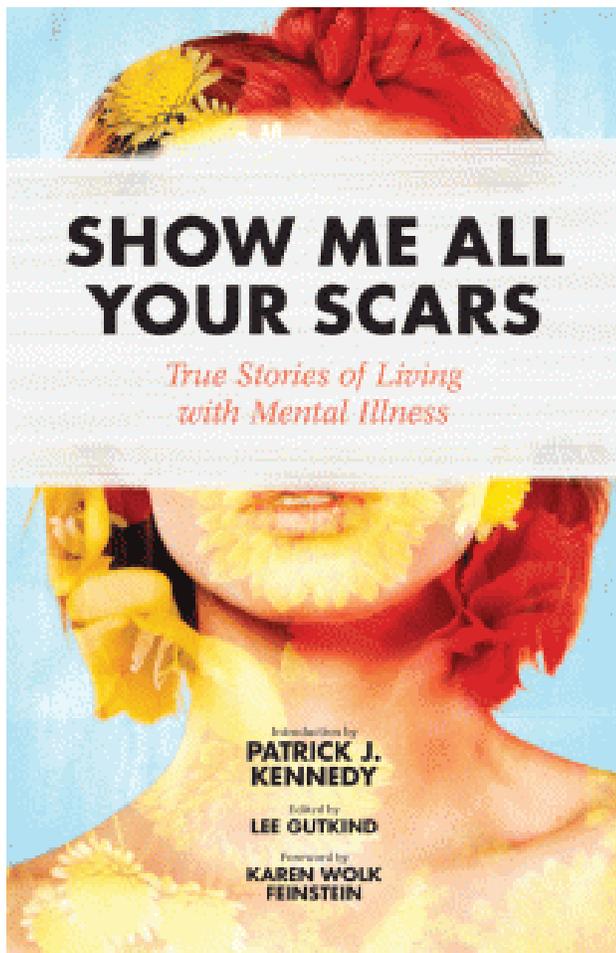
Noted as an integrative theory, Fear explains that the theory of learned security stems from her meta-analysis of Attachment Theory (Bowlby), the Psychology of Self (Kohut) and Stolorow, Brandchat and Atwood's intersubjective perspectives. She found commonalities within all three of these

theories including their: vision of reality (both ironic and tragic); relational stance (two person psychology); acceptance that a person can self-actualize to reach an optimum level of functioning; use of transference and countertransference; and use of intersubjective empathy (considered invaluable to the therapeutic relationship)—the therapists works consciously and consistently in a collaborative way with the client so they together reach an understanding of the client's inscape (pg. 133).

Learned Security:

- ◆ The guiding concept of intersubjective empathy
- ◆ A sustained collaborative process
- ◆ The need to concentrate upon the client's (selfobject) transference
- ◆ The shared belief in an ironic view of reality
- ◆ The shared philosophical view of the world that is the affective relationship (both transference and the real relationship) that is of primary importance (pg. 141).

For those working from an attachment focused perspective who may want to further study the concepts of earned security, a secure base, and now learned security in the psychotherapy setting, Fear provides a comprehensive guide. She starts with a solid historical foundation to delineate who and what came first and then what developed. She supports, rationally—including current and applicable citations—and anecdotally—with small clinical vignettes—her theory and its usefulness in the clinical setting. Her writing is factual, informative, all the while engaging. Her use of stories to ground data in the personal, brings the richness of clinical narrative to life.



Reviewed by Kevin Jeffrey Goldwater

"For far too long, silence, shame and stigma has surrounded mental illness in this country. Everything in our culture has told us to clam up and suck it up. The only way to change this is for people to share their truth" (V).

Patrick J. Kennedy, one of the foremost and loudest political voices in regard to mental illness, introduces *Show Me All Your Scars*, a compilation of twenty stories with a call for vocality.

This call is precisely the purpose of this book; Lee Gutkind brought together twenty authors to let their voices be heard.

These authors wrote about their experiences with mental illness (whether they themselves suffer or a family member), creating an intense, emotional and gripping inner look at mental illness.

As Kennedy refers to it, their 'truth' is shared in this book and brings readers to an expository and thought provoking journey

into the hushed world of mental illness.

Just like mental disorders themselves, the stories are diverse in nature. The first entry, *Take Care* by Ella Wilson, immediately brings the reader into her mind mid-manic episode. Filled with heartbreaking and heavy prose and metaphor, Wilson's place as the opening story sets the tone for the rest of the book: it's going to be challenging, confusing, and personal.

Wilson's story is her own, as is the next story, *Chairs* by Yvette Frock Gottshall. Gottshall details her experience with PTSD, and relays a more personal history rather than a specific event.

A Little Crazy by Susie Meserve breaks the trend by introducing a story that is not her own; rather, Meserve discusses her experiences with a former schizophrenic lover. This story shares the views of many of the readers, from an outside standpoint looking in at someone's mental illness.

This pattern continues for the rest of the book; *Optimism One's Goodbye, Suicide*

returns to the personal narrative, in possibly one of the most heartbreaking pieces I've read. Relating his myriad of suicide attempts and the multiple successes by his immediate family, *Goodbye, Suicide* is the poster child for this book. Optimism One reveals the mindset of someone attempting or considering suicide, but brings it together and concludes with his current state: one of peace, recovery, and future hope.

That progression is precisely the mood of *Show Me All Your Scars* and the mission it craves—eventual peace, recovery and future hope. The four titles detailed here are only the beginning of the content.

More family member and personal stories grip the reader, but the title of most notable perhaps belongs to *'Scuse Me While I Fuck the Sky,** by Ryan Bloom. Relating his experience with obsessive compulsive disorder, Bloom manipulates and plays with the formatting in his story to exemplify the thought process and patterns in a way that is both difficult to read and wildly stimulating. Fonts, text effects and margin sizes range wildly for the whole story, not only sharing an experience but *really* allowing the reader to step into the OCD mind and point of view for a moment.

Fifteen additional stories fill the book, tackling trichotillomania (*There's a Name for That?* by Alison Townsend), bipolar disorder (*A Day in the Life with Bipolar* by Madeline Strong Diehl, *Flying High* by Andrea Rizzo), autism spectrum (*Make It a Daisy* by Joyce O'Connor), and self harm (the titular *Show Me All Your Scars* by Jane Campbell) are just some of the many disorders covered.

This book is an excellent compilation that absolutely meets its goal. Rather than a target audience, the book is intended for anyone and everyone, hoping to provide expository and sympathetic looks into the world of mental disorders. Unless the reader is unable to properly feel true emotion, it's practically impossible to finish this book without a tear and caring for at least one of the authors. The stories written by someone who suffered allows a bond and understanding for readers who suffer themselves; the stories written by loved ones about their family members allows the reader to adapt and connect to the outsider's view inwards.

Perhaps the most wonderful part, however, is the diversity in these stories, both in

writing style and outcome. Some are straightforward, some are wildly experimental and abstract, some are made of gorgeous prose. Some disorders are covered more than once, but never the same way. It is this diversity that appropriately represents the world of mental disorders, and allows *Show Me All Your Scars* to be a true and honorable dedication to understanding and de-shaming mental illness.

Intriguing, emotional and intensive, *Show Me All Your Scars* truly is an excellent book for anyone wanting to attempt an understanding of mental illness. The expository nature is a phenomenal step towards de-stigmatization and de-shaming, paving the way for further progress. These "journeys through madness" and their authors provide that peace, recovery, and future hope, solidifying the book's place on the shelf of the psychological zeitgeist.

[You can read Patrick J. Kennedy's Introduction by clicking here](#)

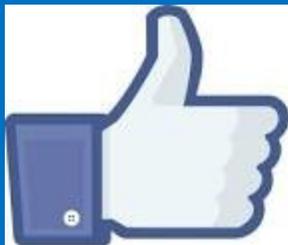
[You can read *Writing Away the Stigma*, by Lee Gutkind by clicking here](#)

Lee Gutkind is an American author and, as put by Vanity Fair, the "godfather behind creative nonfiction." The founder and editor of *Creative Nonfiction*, he has edited more than 25 books and authored 16. Exploring the worlds of medicine, technology and science, Gutkind's work has appeared in the New York Times and on NPR. He lives in Pittsburgh, PA.

Kevin Jeffrey Goldwater studies applied psychology with a minor in music at New York University and is set to graduate in May of 2019. Born in Chicago, Kevin has done immersive research on psychoanalytic theory and the role of gender in today's media. In addition to writing for SPT, he writes reviews for the *International Journal of Psychotherapy*.

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