



SPT magazine

Trending Somatic Practices Influencing Our Field Today



Breaking Free

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Be Well Be Happy

By Emma Palmer

There's this quiet whisper in my heart, 'be well, be happy'. I only hear it late at night, breathing out in this new-found familiar strangeness. Or I hear it as I end a Skype or a Zoom or a Facetime, that stab of missing the person I've only just seen and heard, not touched.

'Be well, be happy'. Far flung friends and family, once met work mates, long lost love, nurses with only a plastic apron between them and their fevered patients.

'Be well, be happy'. I hear it in the chirping of the sparrows, the throaty call of the wood pigeon, the starling's love song at dusk and the buzzing of the bee in the hibiscus, noisy in this much-silenced, used to be bustling city.

'Be well, be happy' as we learn all these clunky terms: 'social distancing', 'self-isolating', 'lockdown'. They sound like words of war in times of peace. Covid-19 isn't the enemy, it, too, simply wants to reproduce itself.

'Be well, be happy'. I pray to the ancestors. I want to know how they survived, now I understand a fraction of their uncertainty, of their joys and sorrows. I don't want to let them down, neither do I want to fall into heroic speak.

'Be well, be happy' as the long-ago griefs slide back in, yesterday is today again. Time and space are disorienting tricksters in these four walls and I wake with tears rolling down my cheeks. Fabulously contagious love, like a virus, roams from New York to Colorado, from India to continental Europe, returning to Somerset – home - which may as well be a million miles away.

'Be well, be happy'. As the day breaks in this most heart-wrenching of exquisite springs all is still - at first. Then the jolt and sudden remembrance that all is not right, the same jolt as at the start of a new day after the loss of a love, the love never forgotten, the jolt simply accommodated in the rings of our tree-like bodies.

'Be well, be happy'. I cup your hands in mine. I draw you close. I stand with you, shoulder to shoulder. I listen to your body in mine, our bodies no longer foreign, no longer distanced in some dystopian nightmare.

'Be well, be happy' as we face the fact of no return to 'normal'. Normal was crisis, normal was inequality, normal was extinction, normal was oppression. But the normal was only named by those with no voice, at the heart of the suffering.

'Be well, be happy' in this quiet, sometimes stillness, these voices - their whispers - can finally be heard, on the newly sweet, blossom-scented city air.

'Be well, be happy' for, hijacked clichés aside, we really are all in this together. As we survive and re-emerge, maybe with greater clarity and more compassion for the preciousness of this breath - your breath, mine, and the beating of the earth - we'll catch a glance of the invisible threads holding us together, keeping us alive. All of the threads: trade deals, hugs, promises, familiar fears, mycelium, and proteins looking for a home to reproduce.

'Be well, be happy'. It's a whisper in my heart. It's all I've got. There are no loud, confident proclamations, no bells and whistles, no crystal ball reassurances. I keep whispering.

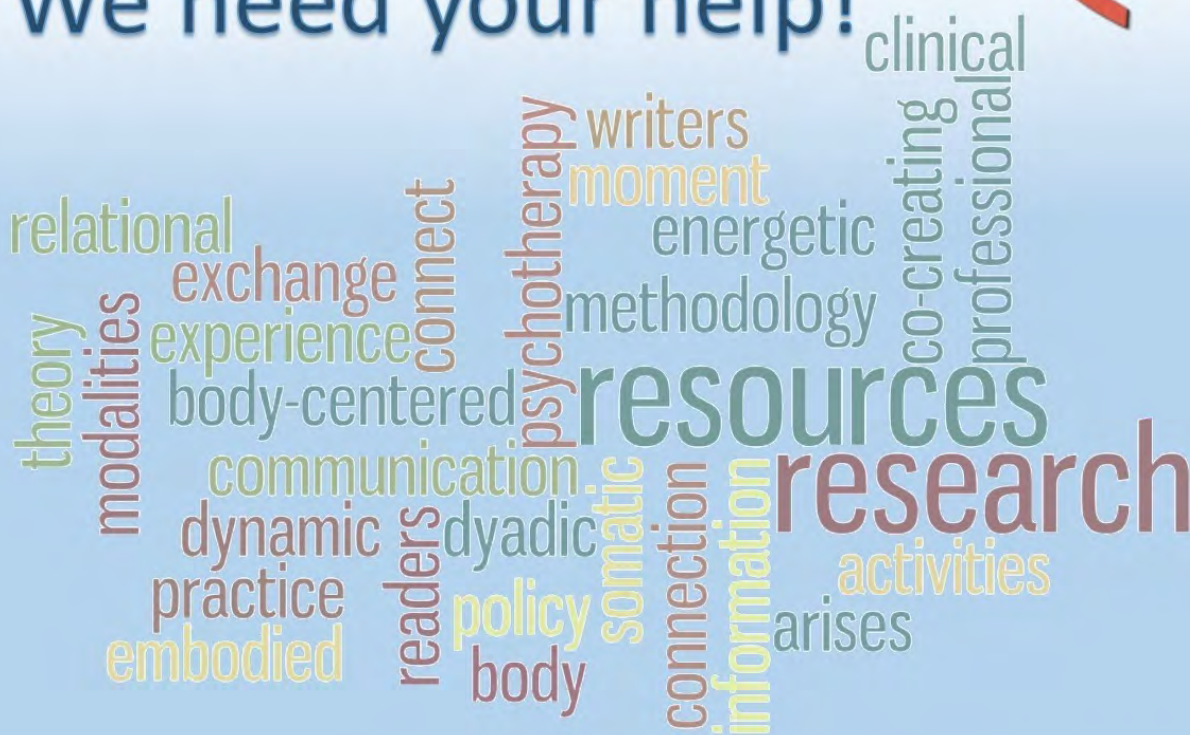


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During this time of “shelter in place” and complete global uncertainty, I’m thankful for our virtual community. Thank you all for reaching out to write, to vlog, to connect and share your knowledge, your thoughts, and your feelings. We are embodied beings with an instinctual need for closeness, touch, presence. Despite the physical distance, I feel grounded and touched by all who have reached out.

For those who are not part of our Facebook community and who are not following our website posts, I offer the following articles that I’ve shared the past few months online and invite you to visit our website. All articles, blogs/vlogs and book reviews are available online, free, open access.

And if you find yourself with time and the need to write, please let me know. I’ve already started Volume 10, Number 2.



With gratitude,

Nancy Eichhorn, PhD

Founding Editor-in-Chief *Somatic Psychotherapy Today*

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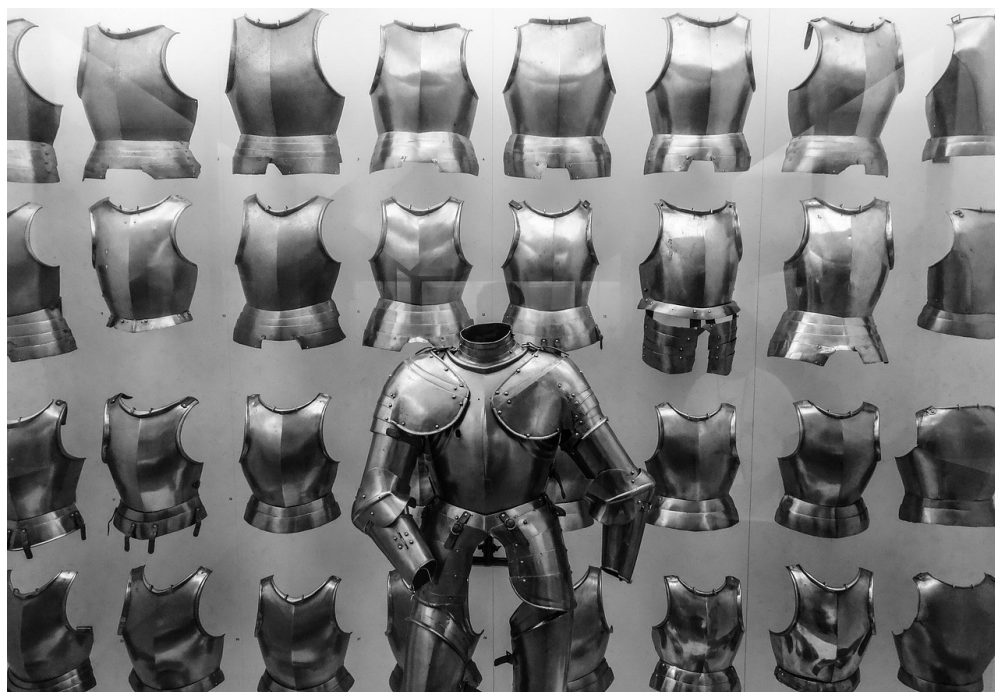
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‘Couple Armour’

The Process of Melting Couple Armour through Body Psychotherapy

By Gabriel Shiraz



Sarah and David - The first session

Sarah and David sit across from me. Their chairs are far apart and turned towards me. They escape eye contact by focusing on me. It's our first session. Tension is evident and felt, in all senses. This is a well-known situation when couples start therapy that stems from normative embarrassment and difficulty seeking help.

During our first conversation, I listen to them while trying to feel the energy and atmosphere in the room. I look inwards, feel my body, my breath. I resonate with myself and with them. The room feels cramped, stiff. There's a sense of heaviness. The atmosphere is remote, and it seems cold. I notice that neither of them is breathing, and it affects my breathing, which also halts. Out of awareness and inner resonance, despite the tension I breathe deeply. I reflect to the couple: "There's so much tension in the room," and then I take a deep breath again which allows Sarah and David to breathe as well, to release some of the difficulty, and start discussing what's in their hearts.

They have worked with me in the past (the names and identifying details have been changed of course). They met about four years before starting therapy and fell powerfully in love. David was 45, Sarah 36. When they met, David was divorced with two children, and she was single with no children. At the start of the relationship, Sarah wondered whether to enter into a relationship with a divorced man with children from a previous relationship, but their mutual love was strong. After travelling overseas together, she moved in with him and they've been together ever since. Later, they had a baby.

They arrived in my clinic in a state of crisis, after a month of severe quarrels, with a strong sense of tension and remoteness. During the first session, I observed both, each with their personal armour, and listened to their individual narratives. I also observed the 'third chair' in the room: their couplehood. I truly felt the couple armour that had grown around their relationship.

Encountering the couple armour

Sarah's and David's couple armour was so strong that in my imagination I saw it surrounding them. I sensed the armour in the therapeutic space and in the dynamic between them: the distance between the chairs, lack of eye contact, the pent-up blocked energy, tension in the room, stiffness, and the breathing difficulty. At the end of the first session, I reflected on the dynamic and the crisis affecting them, feeling their difficulty with the partner, their personal armour, and their couple armour.

From that point, their couple therapy began. As a therapist, it's my task to get to know the couple in depth (each one and their own primary personality and armour), to hear each one's story (the narrative), to look at their relationship, their dynamics, and most importantly to help them slowly and gradually melt the couple armour created around them.

The conversation about the situation, the recognition that they were seeking help, the shared breathing and the first release of the heaviness in the room helped me see and reflect on their potential, their 'primary

personality', each one's qualities and their relationship, and to talk about their ongoing process.

Before delving into Sarah and David's couple armour, why it took shape, and how it would be melted through therapy, I want to return for a moment to key concepts in body psychotherapy that are also present in couple psychotherapy, as I will explain now.

What is armour? A few words about the concept of 'armour'

Armour is a well-rooted, central concept in the world of body psychotherapy. It concerns the fact that some of the mental defences we create are focused and manifested in our body and breathing. Each of us is born with a primary personality – a flowing, soft, and open essence with many qualities. Slowly and gradually, armour builds up around it, defences are formed, and a structure is created that results from our childhood experiences.

When we experience an unpleasant or difficult emotional state in childhood - verbal, physical or sexual violence, some loss, complex and difficult emotional situations at home, as well as various kinds of trauma - the body and respiratory system start contracting due to feelings and emotions like fear, shame, anger, sadness, and guilt. As the complex emotional state continues, and unpleasant experiences recur, a chronic contraction becomes a body armour – parts of the body grow stronger, hardened, and sealed. At the same time, our breathing also contracts and tightens, becoming flatter, and less flowing around our body.

Part of a significant and profound therapeutic process in body psychotherapy is identifying the armour at all levels: mental (defence mechanisms), bodily, and respiratory. Then we can understand the origins and find appropriate and unique healthy ways for each patient to release and regain equilibrium at all levels - mental, physical, energetic, respiratory. The return to equilibrium is also a return to the patient's primary personality and essence, so it's vital for us to reconnect him to his inner life force, strengths, and unique qualities.



The primary couple personality

In a previous article on the 'Primary Couple Personality' (Shiraz, 2015), I explained that each of us has an inner essence and a 'primary personality' that is so important for us to connect with in order to grow and develop; in the same way every couple has a primary personality. The couple primary personality is formed from the encounter between the two partners. A meeting of qualities, emotions, thought patterns and behaviour, an encounter between shared life stories which create couplehood.

In much of a couple's early relationship there is a place of authentic connection, without words and without thoughts, a spiritual encounter between two people – the meeting of a primary personality with another one. That meeting has the potential for deep connection and love; it can strengthen and intensify as the relationship deepens at all levels, and of course, as the family grows. But naturally, because there can also be difficulties, crises, poor communication, and growing remoteness, without investing in the couple system there can be a shift away from the primary personal and couple personality, and couple armour can form.

Working with 'couple armour' in couple therapy using body psychotherapy

From my work in the clinic over the past 25 years, in individual and couple body psychotherapy, I have seen more and more that the process of personal armour is expanding and is also found in couples, where it is more complex.

Just as each of us has armoured, rigid, and sealed places, so every deep encounter between two people creates difficulties between them at all levels: poor communication, insecurity, lack of intimacy and/or difficulty in sexuality, an encounter between wounds that create complexity, pain, and difficulties. All these create 'couple armour', which is found in every relationship. Usually the interaction between partners at the start of their relationship is more flowing and open; in the period of falling in love and idealizing, the dynamic is open, flowing, and free, the opposite of armour: this is the couple primary personality.

As the burdens of life and personal difficulties increase naturally and normally in every couple, their difficulties are felt at all levels -

energetically, emotionally, bodily, and in respiratory terms in each partner and together – creating the couple armour.

In couple therapy with body psychotherapy, the therapist sees three entities in front of him: each member of the couple, and the couple itself. In deep awareness and resonance to the couple we can see and sense the 'couple armour' energetically – energetic armour. Couple armour is similar to personal armour, but is broader, in that it includes both partners and their mutual dynamic. Our ability as therapists to sense and see couple armour, together with the primary personality, helps immensely in the process of being present in the couple's relationship and dynamics. The ultimate goal is seeing, reflecting, and helping to create a restorative process for the couple's dynamics and joint relationship, and the very essence of this article: the process of 'melting couple armour'.

Some causes of couple armour formation

The process of couple armour formation is a normative one, occurring in every relationship. Awareness to this process and normalizing it – recognizing that it 'happens in the best families' – is an essential part of couple therapy.

The causes are natural, human, and diverse:

- (1). Encountering the other partner's weaknesses.
- (2). Life burdens: the stresses and pressures of life.
- (3). Each partner's individual emotional difficulties.
- (4). Encountering the partner's personal wounds.
- (5). Couple burnout, insufficient investment in relationships.

- (6). Difficulties with intimacy and sexuality.
- (7). Involvement and impact of external factors: good friends, family, parents, children.
- (8). Difficulties with work and finances.
- (9). Crises of betrayal and distrust to different degrees.
- (10). Other crises: spiritual, mental, emotional, health and medical crisis etc.

Summary

The encounter between someone's personal armour and their partner's personal armour creates a complex couple armour. Each partner comes with their own narrative and as the relationship begins, a double narrative is created – a primary and secondary personality. Every relationship has many qualities, good and wonderful things, along with weaknesses, complexities, and sometimes traumatic encounters. In every relationship, couple armour is created at one point; it is a normal and natural process.

Couple armour is similar to personal armour, but is broader, in that it includes both partners and their mutual dynamic. Our ability as therapists to sense and see couple armour, together with the primary personality, helps immensely in the process of being present in the couple's relationship and dynamics.

Sarah and David's couple armour and why it formed

I return to Sarah and David's couple therapy process. Before I elaborate on the melting of their couple armour, I'd like to provide more details about them – each one's personal story (the narrative and personal armour), the reasons and circumstances for the dynamics and couple armour created.

David

Age 45. Divorced with two children ages 12 and 8. Was married from age 26 to 38. In relationship with Sarah for four years. They have a shared daughter, 18 months old. David is a tall guy, 1.85 meters, looks athletic but is clenched and introverted. Sometimes he seems grim, but when he opens up and laughs it's a joy to see. He's a senior manager in a public company and says his work is demanding and busy. At the first session it was already obvious that he loves Sarah deeply. Something opened up emotionally through their relationship, and his emotional ability intensified with the birth of their daughter. David divorced his first wife after cheating on her with a number of women. He carries guilty feelings about the relationship falling apart and the hurt it caused the children. David tries to atone for it with the children: they visit twice a week and every second weekend, and when they come to Sarah and David's home, he is actively involved with them. This creates jealousy, complexity and great difficulty. While his relationship with his ex-wife is functional regarding basic child rearing concerns, educating the children often leads to more conflicts and tensions between them.

David's childhood home had little emotional expression. His parents divorced when he was 12, and in his parents' separate homes there was also no close emotional communication. He has a high internal sensitivity that fails to manifest. When I ask him if he loves Sarah, he says "very, very much" and is close to tears. But when I ask her when she last heard that, she tries to remember, and says it was long ago. Becoming a father to his two older children, and later the baby, opened him up to deep feelings, in parallel with his relationship with Sarah.

Sarah

Age 36. She was 32 when she met David. She is self-employed in project management and is studying a therapeutic profession. She is feminine, lively, and charming. She's a perfectionist, emotional, impressive, can become overwhelmed during a therapy session; it amazes David when she cries, but can also irritate him at other times. She's an amazing mother, devoted to their little girl and his children. I should note as a therapist that it's unusual to meet a situation where a new partner establishes such a warm and deep relationship with the partner's children.

Sarah comes from a conservative home and is the oldest of four sisters. From an early age, she took responsibility for her mother and sisters. Today she is responsible for them, alongside her responsibilities to David, his children, and their own daughter. Sarah's father died while she was pregnant, which added enormous difficulty to her dealing with life and her relationship with David.

Sarah and David's couple armour

Sarah's and David's couple armour gradually emerged following the encounter of their narratives and personalities, plus the natural load of daily life. During our sessions, a sense of security and trust was created between us, allowing the three of us to identify the main causes of the tension between them:

A complex situation - a divorced man, a single woman, previous children, and a divorced wife.

Crisis and loss - Sarah's father's death two years ago, which resulted in a long mourning period.

Economic disparity – David came from an affluent home, and Sarah from a place of deprivation. The meeting was not easy for them. They signed a prenuptial agreement which caused difficulties.

David's narrative and his childhood

home – a home where emotions weren't expressed, no close emotional relationships; divorced parents, a sensitive personality structure that fails to come to fruition.

Sarah's narrative and her childhood

home – a conservative home: from a young age she took responsibility for her sisters and mother, and after the father's death this continues.

Fear of abandonment and betrayal

because of David's narrative and the way his previous marriage ended, she fears he will betray her too. That fear occasionally arose during their therapy; David looked at her and said he would not do it again.

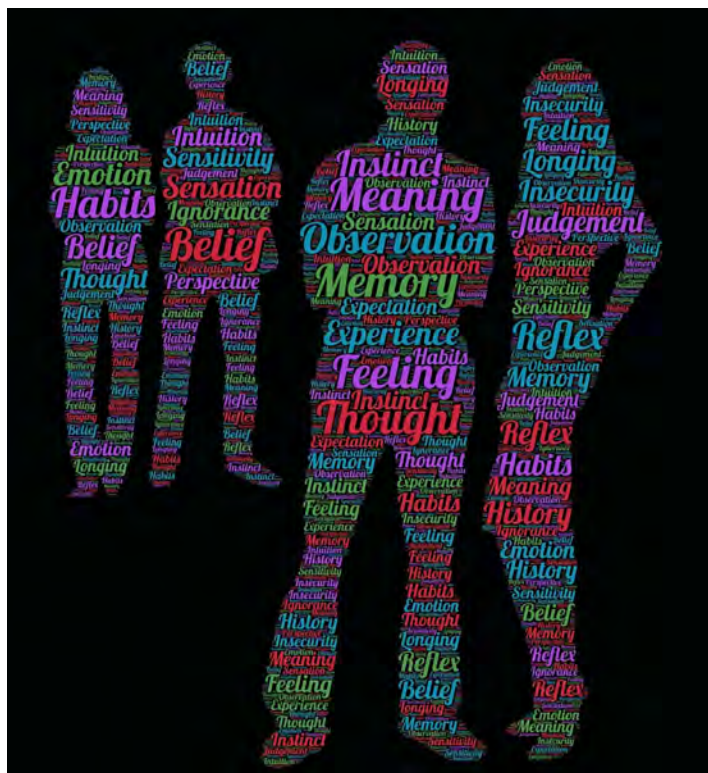
Expressions of Sarah and David's couple dynamics and armour in the clinic

Dynamic of frustration and anger that leads to emotional remoteness

It was noticeable in therapy that Sarah was exhausted by all the responsibility on her shoulders: her grieving process, pregnancy, the baby's arrival, her home, and her continuing responsibilities to all her sisters. The couple relationship they created is connected to the fact that she wants far more communication and warmth, more intimate time, wants him to be at home more. She feels she is taking

care of the children much more than he does (his children, too). David tries to be close and containing, but he is invested in his work in many respects, and the stress of his work naturally enters the home.

There is powerful love between Sarah and David, but also substantial anger. Whenever Sarah bursts out and 'explodes' with frustration, unable to contain everything, David is hurt, contracts, cannot contain it. He closes, seals himself up. Sometimes he responds with a passive-aggressive mechanism—he speaks angrily or pushes her away – and then Sarah is instantly hurt to



the depths of her soul, weeps, and steps away. All this has created a pattern of devastating dynamics between them in recent months, bringing them to crisis. After she brings out her frustration, he is defensive or aggressive, doesn't understand her distress, she gets hurt and walks away, creating long-lasting distance.

Towards the end of the first session, I reflected to the couple the dynamics and the crisis they were experiencing, feeling together with them their personal difficulties and armour. I made sure to stress the importance of attending therapy. Along with the breathing exercises we did, there was an initial release of the congestion and heaviness, and I could reflect their couple potential and talk about continuing the couple process.

Later in the therapy, we increasingly felt their 'couple primary personality', the qualities of each one, and their relationship, as we worked on melting the couple armour.

Ways of working with couple armour - melting Sarah and David's couple armour

The process of melting couple armour takes place at various of stages in parallel, and throughout therapy. Work with the couple armour started as soon as Sarah and David entered the therapy room, and already from the stage when they recognized the problems, and wished to begin a treatment process, to move closer together and improve the situation.

Step 1: Awareness and recognition of personal and couple armour

At the start of the therapeutic process, we develop awareness of the tension and armour, recognizing the situation, as it was recently and at the moment. We observe, feel, and understand that if the situation doesn't change, the chances of growing apart at all levels might to continue, and apartness might lead to separation. Each partner notices their own burden and armour. I bring awareness and reflect to the couple how each one reached that place in terms of each one's individual narrative. In couple therapy, together with listening to the other partner, it becomes possible in most cases to contain the partner's burden and armour, to one degree or another.

One of the first and crucial things I asked Sarah and David to do, as soon as they started blaming each other, was to pause, breathe, feel the body, and return to empathy for each other, to share their responsibility for their deteriorating relationship. Gradually, through the process, empathy for the other partner was created. At that point, I asked them to feel the partner's difficulty and complexity; in other words, to sense the couple armour that had grown between them.

Step 2: Connecting to willingness for moving closer

After Sarah and David articulated their feelings about the difficult situation and could sense the couple armour, I asked them what they miss in their relationship. Here another emotional connection was expressed with many tears and sobs from Sarah, and some

tears from David. I told them that because they had come to couple therapy, they were certainly seeking to move closer, to find a way out of the crisis and the remoteness from each other and return to their former intimate and deep relationship.

A major tool in couple therapy with body psychotherapy is the therapeutic setting. Towards the end of one session, I asked them to move their armchairs closer, to look each other in the eyes intently, and to say what each one wants to happen in their relationship. It is an exercise that arouses strong feelings and emotions. When I want to go deeper, I ask the couple to close their eyes, to recall the last time they felt close, the last time the armour was less noticeable, and to share what it's like to miss intimacy, when they last felt that way, and to share it.

In these and other exercises, Sarah and David were able to express and communicate their desire to improve their relationship and exit their crisis. I was excited by the process and felt cautious optimism about their ability to overcome and melt the strong couple armour that had been created.

Step 3: Close communication in conversation, movement, and emotional work

After several tense sessions, Sarah and David began to communicate and soften towards each other, making it possible to work on improving emotional communication. Here, my main role was to contain the discourse between them, not to judge or be a mediator, but to help them express diverse emotions, which can create closeness and melt the armour. Indeed, as communication improved and they started to express their emotions, the atmosphere in the room improved, the sense of suffocation disappeared, and we all breathed more freely and deeply.

Reflection

A significant feature of the process is to reflect, now and then, the process of melting and moving closer. The therapist must be a role model, who performs modelling for the couple. For example, I said, "Sarah and David, I'm thrilled to see and feel the connection between you, the empathy and love you have for each other, together with the tensions and

complexities of life." This is an actual sentence that I've spoken with various variations during therapy that validates the noticeable process that the couple have undergone.

Movement and breathing work

During therapy, we used tools from the world of body psychotherapy. For example, working with movement: standing facing one another, holding hands, intense eye contact, and sharing emotions, back-to-back exercises, finding the personal and couple spine, and being empowered by the experience.).

An important goal was achieved by working with awareness to breathing and to body sensations: under my guidance, Sarah and David practiced deep and regular breathing, allowing them to connect to themselves, reduce personal tension, and to communicate from a more relaxed place.

The therapeutic task for David was to teach him that when he closes himself off and feels his deep wounds to stop, to breathe deeply and see Sarah's distress, and then to realize she was reacting to her distress rather than wanting to harm him. When she grew agitated and aggressive, I stop and 'freeze' her, saying, "Look what's happening to you, feel your shoulders, feel your breath." From there we move to his narrative. I ask, "Does it remind you of something in your life?" And David replied: "Yes it reminds when I was a child, my Dad's anger." I asked him to take a few breaths, and say, "This is my partner Sarah, this isn't my father, and I can see my inner child." This results in therapeutic work with both our adult and childish parts.

I did the same with Sarah: when she was about to erupt, I drew her awareness to her body, asking her: "What does this remind you of?" Her self-control intensifies and becomes locked: "What's happening to you? Were you that way once?" Sarah replied yes, she had always been in control from an early age with her family where she had to be the mature one. It took her to a responsible place, where she had to be perfect in everything.

At a more advanced stage of therapy, we moved on to the healing and growth process of the couple's encounter with their personal wounds.

Deep listening and bodily internalization

Another thing that encouraged a deep understanding of the encounter between the different narratives and the formation of Sarah and David's couple armour, while seeing the partner's injuries, was enabled by a chair-swapping exercise: they changed places, showing David what it was like to be Sarah and vice versa. Here they could feel and internalize it deeply, making us all feel that the couple armour had softened, and the relationship was growing closer and more intimate.



Resonance

In couple therapy with body psychotherapy, the therapist teaches the subject of resonance. In our process, Sarah and David learned to resonate with one another at all levels: physical, breathing, energetic, emotional, even spiritual resonance. It led to a deep internalization of what was happening within each one's partner.

From the partner's resonance, we moved to the awareness of taking responsibility, each one in an individual process. In the difficult 'moments of truth' in the relationship, of overload, with the potential for explosive situations, Sarah and David were asked to take responsibility, look at themselves and think: what can I do right now to calm down? What can I do so as not to burst out and then grow distant?



Normalization

Another therapeutic tool is normalizing the situation. In any relationship, and certainly a complex relationship like Sarah and David's with children from a previous marriage, there is much tension, burdens, changing situations, and many factors involved. This causes more complexity and difficulty at home, and in the couple. The reflection and normalization of the situation by the therapist is helpful and gives the feeling they are not alone, that what's happening is natural, that there are other couples like them, and that in the process of awareness and treatment they can regain equilibrium and a stronger relationship. For Sarah and David, normalization was comforting and encouraging - an important part of the process.

Working with my personal armour as a person and as a therapist

Another key part of couple therapy with body psychotherapy is for therapists to be aware of their personal and couple armour and see how it is activated and sensed within the therapeutic process.

Working with Sarah and David brought me together with my personal armour and expressed my identification with each partner, in different aspects. Their couple dynamics and couple armour was familiar to me: it recalled the parental armour of my late parents. As soon as I realized that my parental armour was becoming present, I directed my attention and intention to using separation techniques: for example, deep breathing, strong awareness, and a return to bodily presence. I did this during our sessions, whenever it rose to the surface, to whatever degree, inspired by the similarities with the couple and their relationship.

Summary - *Melting the couple armour of Sarah and David*

Sarah and David underwent therapy for about nine months. In the process there were ups and downs, and always a strong desire on their part (and mine as the third party), to improve and strengthen the relationship. They experienced and sensed their personal and couple armour, the points of intersection between their inner emotional wounds and the destructive dynamics created. They learned to connect with their primary couple personality, to see the qualities of their relationship, what linked them, and their powerful love; they learned to listen and internalize each other at a profound level; and they also learned to recognize when they entered their child's place and to take responsibility.

Sarah and David learned to breathe, to engage in an individual and couple discourse simultaneously - a close emotional discourse. They learned to respond in a mature manner. Both learned to internalize the partner, and to decrease the tensions and quarrels, which previously lasted for long periods, into short periods.

For me, as a couple therapist, the experience of joining the couplehood, the tensions, the emotions and their couple armour is an exciting experience each time, never taken for granted. With the process of melting couple armour and moving towards more pleasant, softer, and better communication, intimacy was created between all of us: between Sarah and I, between David and I, and of course between myself and their relationship. Their process touched me in many personal places: my late parents' couple armour, and my own couple armour with my dear wife. Every process of couple therapy which I accompany in the clinic helps me continue developing as a person, parent, partner, and therapist.

Just as personal armour melts in the process of personal development and we can tap into our personal places, grow, develop and realize our potential. In the same way, couples like Sarah and David, through couple therapy, and personal and couple growth, can melt their couple armour, connect to their personal and couple qualities, and rebuild their couple relationship.



Gabriel Shiraz is a trainer, lecturer, supervisor, and body psychotherapist for individuals, couples, therapists and groups. He has worked in the field about 25 years. He founded and was a director of the Body Psychotherapy program at Reidman College, from 2001 to 2008. Gabriel is currently a senior trainer at Reidman College, University of Haifa, and teaches Couple Therapy and Body Psychotherapy at other institutes in Israel and Europe, including the London School for Biodynamic Psychotherapy (LSBP). He is a qualified member of the European Association for Body Psychotherapy (EABP). Gabriel studied Biodynamic psychotherapy with the late Gerda Boysen in the nineties. He works with trained psychotherapists who want to develop and expand their skillsets in couples therapy and body psychotherapy. He believes that every experienced body psychotherapist can advance to working with couples as well. He also runs workshops for couples with a focus on improving their communication and relationships. Gabriel is 54 years old and married with four children. www.gabrielshiraz.com 00972-544241165 gabis345@walla.com

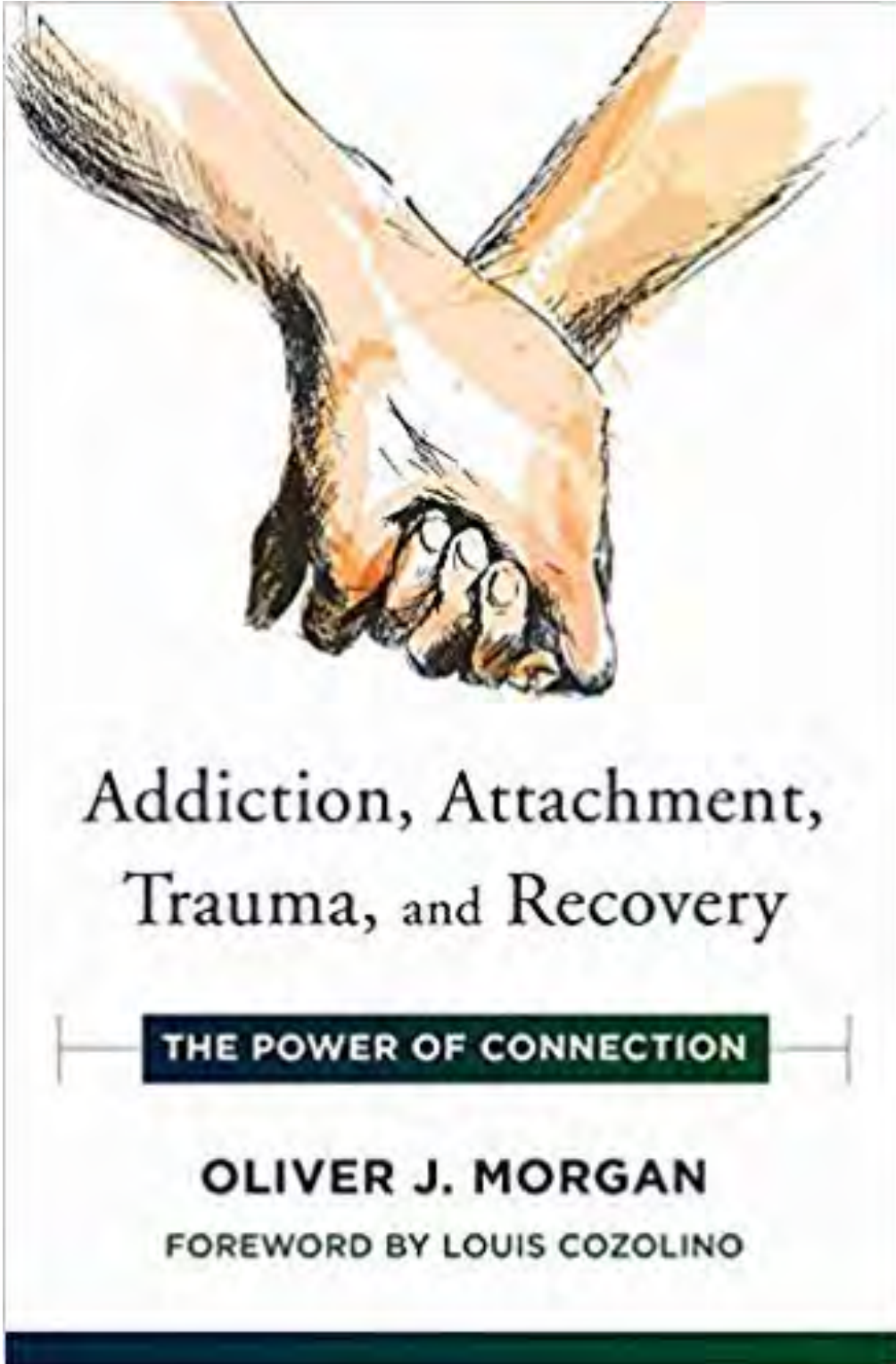
His next course for psychotherapists in couple body psychotherapy will be held via ZOOM in September 2020.

Reference

Shiraz, G. (2015). Connecting to the primary couple personality: Couples therapy with body psychotherapy. *Somatic Psychotherapy Today* 5(4), Fall, pp. 68-73.

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Reviewed by Nancy Eichhorn

"Addiction is a unique threat to the relationships that anchor our lives. Addiction isolates us, turning us inward and hardening our hearts to one another" (pg. 210-211).



John Hain from Pixabay

Hi, my name is Nancy and I'm an addict. I have lived with disordered eating, excessive exercise, compulsive cleaning and overindulgence. The substance wasn't the issue. The reason was. And even after therapy, 12-step programs and self-reflective/meditation training, part of me clung to tiny slivers of self-sabotage. I wanted to end the pattern yet kept myself locked in. Was it laziness? Lack of willpower? Resistance? Why, I asked myself, why?

Oliver J. Morgan may have some answers. In his recently published book, *Addiction, Attachment, Trauma and Recovery: The Power of Connection*, Morgan offers a new framework for clinicians working with clients like myself that combines interpersonal neurobiology and social ecology and focuses on addiction and recovery from an attachment-sensitive counseling approach. The soul of addiction, Morgan says, is a lack of connection and belonging. "Recovery," he writes, "is a restoration to connection, to meaningful and life-giving relationships" (pg. xxix).

The traditional models of addiction—it's a disease, a choice, a learned behavior—are being replaced by models focused on relational ecologies. Using case studies and personal life events, Morgan presents "a model, a method, and a mandate. . . connection and social ecology are the core of *his* model of healthy development" (xxxix). The method is reconnection. "Intervention, treatment and recovery in attachment-sensitive work must focus on root causes if we are to achieve enduring outcomes . . . Addicted persons need communion, reconnection, belonging and purpose for sustainable recovery" (pp.xxxii).



John Hain from Pixabay

A General Overview

Chapters 1 and 2 focus on a client named Joe. Childhood adversities and developmental trauma initiated his lifelong search for connection. Morgan explores the neurobiological, psychological and social impacts associated with adversity and attachment ruptures. Chapters 3 and 4 cover basic facts and myths associated with addiction. Chapter 5 gives readers a fundamental background in attachment theory and its role in human development and addiction. Chapters 6 and 7 discuss stress, adversity, and trauma and their role in addiction, including the ACES study and its findings regarding addiction. Chapter 8 offers Morgan’s model for addiction recovery: Recovery Ecologies: The Road to (Re)Connection. Here he opens the conversation to explore his meaning and focus for recovery-oriented care to be fully functional. He notes that “attachment-sensitive counseling with addictive and trauma-spectrum disorders can’t remain isolated to therapy sessions. Rather, they must be fully relational, the therapeutic alliance opens into recovery-oriented systems and relational ecologies available” (pg. 186). Chapter 9 delves into social ecology and poverty of spirit. Chapter 10 ends the text with Morgan’s vision of a new society built on the principles offered in his book.

“Addiction is a multi-determined phenomenon with layers within layers of mutual influences, internal and external, all interacting concurrently, leading to a pathological outcome” (pg. 4).



Analogicus from Pixabay

According to Morgan, sustainable long-term recovery relies on mending broken connections and forging new ones. Therapists, he writes, need to establish a felt sense of safety and security when working with traumatized and addicted clients. Morgan shares a five-point framework (awareness, space, dialog, negotiate, and invite) to deal with our “inner critics” (the voices that shame and blame us, that lead to anxiety, depression, and substance use and relapse). Citing Stephen Porges, “Connectedness is a biological imperative”, Morgan explores the connection between attachment ruptures and the lack of attuned caregivers. Feeling met, feeling felt, feeling with another person is essential for healthy development—“physical nearness must be coupled with emotional closeness and interaction” (pg. 105). We learn how to self-regulate our feeling states through co-regulation with attuned and attached caregivers—it fuels the formation of our identity and our core self. Through connection, we survive and learn to thrive on our own. “Faulty attachment experiences may alter/create faulty wiring and system vulnerabilities that lead to problems” (pg. 100). “Addiction does result for broken attachment bonds” (pg. 106). Frayed and broken connections, trauma, and social discord and disconnection often lead to illness and addiction. Reconnection and community appear to be the saving grace.



Gerd Altmann from Pixabay

“Addiction is not just about demon drugs, brain chemicals and faulty neurons. Addiction is also about adaptive solutions and attempts to cope with adversity, trauma and toxic stress” (pg. 209).

Writing about stress and its impact on our lives and addictions, Morgan notes that toxic stress isn’t always linked with specific events but rather can result from patterns of adversity and relationship failure. “Stress, adversity and trauma leave footprints on our psyche” (pg. 155).

Recovery Management

Morgan notes that recovery is more than abstinence. Recovery is multi-dimensional in that it encompasses health, well-being, quality of life, and social engagement (pg. 191). I appreciated his conversation about harmful use versus addiction and that abstinence for mild to moderate substance related disorders might be off-putting. Misuse may have started as an adaptive solution that advanced to harmful use and perhaps addiction. Once ingrained as a substitute for human connection and healthy relationships, it takes on a life of its own. All treatment per Morgan must include assessment, psychoeducation, and treatment of family dynamics (pg. 199).



Camilo Jimenez on Unsplash

You cannot treat an addict in isolation.

There's always more to write, more to share. I offer my review as an introduction to a new perspective on addiction and treatment. I hear stories about people finding sobriety and then relapsing, again and again; the cyclical nature comes as no surprise. I know my own struggles trusting relationships as a shelter from my personal storms—I'm a rock, I am an island was my theme song for many years. I read Morgan's book with interest and learned some answers to my questions. I had a sense, but his writing offered concrete comments that resonated with my thought process. Lacking an attuned attachment figure who was able to both self-and co-regulate started the pattern (along with other factors such as growing up in California in the 1960s where drug and alcohol use was part of the social scene). This led to my feeling that no one attuned with me, met me. I felt alone to cope with overwhelm using ways I had learned, practiced, perfected as a child and young adult. It's one thing to replace a substance, i.e., wine, with another, i.e. chocolate frozen yogurt. Its completely another to replace a substance with a person who is offering a healthy supportive relationship and the skills to regulate the hiccups in our lives and feel a sense of being met, felt, contained, and resonate with that connection with trust and faith.

Reference

Morgan, O. J. (2019). *Addiction, attachment, trauma and recovery: The power of connection*. New York: W.W. Norton & Company, Inc.



Nancy Eichhorn, PhD is an accredited educator with a doctorate in clinical psychology, specializing in somatic psychology. Her current projects include publishing *Somatic Psychotherapy Today*, work as a writing mentor, workshop facilitator, freelance writer, and editor. Her writing resume includes over 5,000 newspaper and magazine articles, chapters in professional anthologies, including *About Relational Body Psychotherapy* and *The Body in Relationship: Self-Other-Society*. She is an avid hiker, kayaker, and overall outdoor enthusiast. Nature is her place of solace and inner expression.

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Finding the Light in Darkness

By Anthony Acampora

“We live life forward, and we understand it backwards.” This saying resonates with me on many levels. How I relate has everything to do with going through tremendous suffering as a result of being unable or unwilling to forgive those who were the cause of the suffering. This horrendous period of torment made absolutely no sense to me while going through it, but now, looking back, it makes perfect sense. Today I pull from those experiences daily to encourage those who are currently in emotional pain and in great need of hope.



For the past four years, I have been blessed to be the Director and Chaplain in the Faith in Recovery program at Banyan Treatment Centers. This is a non-denominational Christ-centered faith-based substance and alcohol abuse program. Our patients come from all over the country; some grew up in the church and fell away as a result of addiction, others never stepped foot in a church. We meet every patient right where they are at on their spiritual journey, even if they do not have a spiritual journey.

My previous career as director of corporate security was to have employees fired, arrested, or both. The euphoria from my professional achievements was always short-lived and with these being my main objectives, having a heart got in the way of my mission. I became desensitized to human

suffering and pushed forward with the task at hand. What is so amazing is my job now consists of the exact opposite. Instead of taking part in the process that is destroying lives, I am taking part in this incredible process of restoring lives.

I can truly say that I would take the latter over the former every time. Gone are the bonuses, six figure salary, titles, large budgets, and the travel around the country. The superficial things I once strived for have taken a backseat to things that are much more valuable: a heart and a deep compassion for those suffering with similar issues that I experienced. There is no comparison to watching someone who comes in completely hopeless and shortly after witness the genuine transformation of their heart.

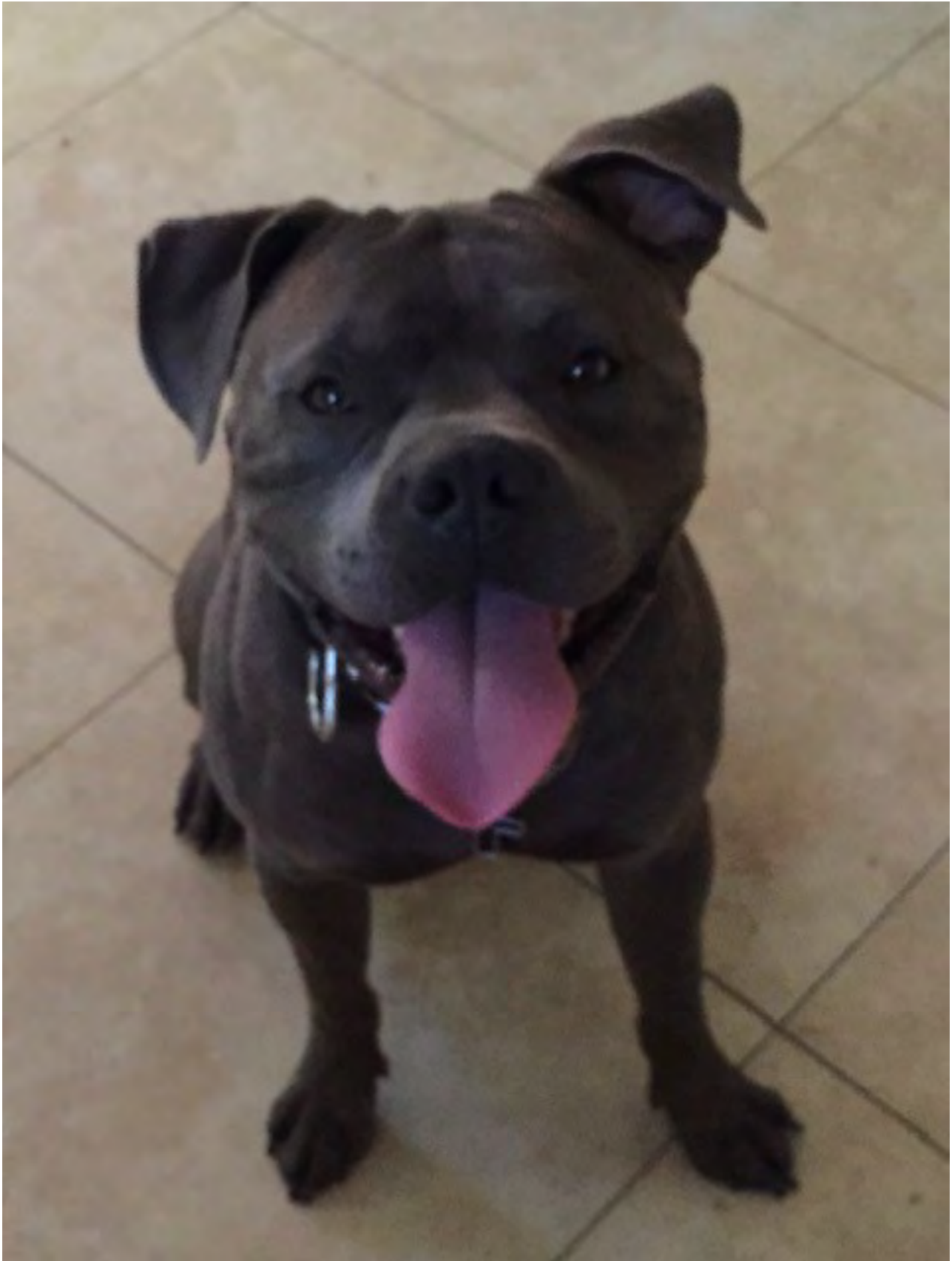


The judgment or condemnation they experienced in the past is not part of our program. Too many patients have shared feelings of guilt, shame, and judgment at their church growing up. As soon as they were no longer forced to go, they stop going. I related to their stories because this was my experience as well, with the same outcome.

The sad part is that guilt, shame, and condemnations are in complete contrast of the teachings of Christ. Somewhere along the last 2,000 years, the Church did not get the memo. It is not surprising that patients come in with a distorted view of God and anything associated with Him. Our goal is to break through those distortions and provide them with the truth. The truth we stand on in our Faith in Recovery program at Banyan is the Word of God. Our patients do not just hear about this they now embark on the process of applying Biblical truths to their lives, and they begin to change for the better. They learn how to forgive by practicing forgiveness. They begin the process of overcoming anger issues by practicing self-control and patience. We start with the small stuff and build up to the deeper issues. The reality is you cannot force someone into religion or believing in God. What is

interesting is God did not force us into believing as He gave us the gift of free will. Our patients come in with tremendous guilt and shame already, the last thing they need is us pouring more on them. Patients with addictions and mental health disorders need to know that they have value and worth. They need compassion and a listening ear. We focus on the person they are becoming, not the person they were in active addiction.

One of the best parts of my job is to bring in my pit bull, Luke, a certified therapy dog. Our patients absolutely love him, and the feeling is obviously mutual. They wrestle, hug, cuddle, and run around with him. When someone starts to cry in group, he is immediately right there with his paw on their knee and head on their chest. Sometimes I do not know who enjoys it more: the patients, Luke, or I watching this heartwarming interaction take place. What is so powerful is the fact that he does not hold any resentment toward people even-though he was treated horribly prior to being rescued. He was able to forgive and move on to an incredible life of providing encouragement and comfort to people who desperately need it. Luke is a shining example of tests being turn into testimony.





Another focus in our program is transparency. Our patients are encouraged to open up about past suffering. This can only occur in an environment of trust and healing. We approach addiction as the tip of the iceberg; the majority of what patients need to deal with is underneath the surface. The setting must be compassionate not judgmental; otherwise, it is much more difficult to get them to open up. After completing our program, numerous female patients have thanked me, saying they have never felt comfortable enough to share what they did in other environments. We also dedicate time to help restore broken relationships with our patients' families. In many cases, trust has been shattered and, as we know, hurt people hurt people. The people who bear the brunt of the pain are the ones closest to the person in active addiction. They also tend to be the ones who take the most time to heal from the deep wounds. Distant and broken relationships are often

restored, and the trust returns in time so there is still hope in any and every situation.

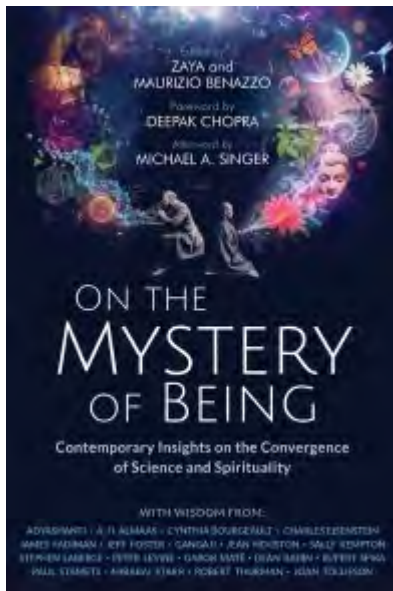
Another key component to faith programming is the camaraderie and connections developed with members of the local church at celebrate recovery meetings, Christian concerts, etc. Most of our patients remain local after completing treatment, which allows them to have a built-in support system as they continue what they have been doing while in the program. It is a much smoother transition than trying to start from scratch. The approach we take in our faith-based program is that those who are suffering with mental health disorders or addiction are not problem people they are people with problems. We see who they truly are in this program not who they became in the mist of their pain and despair. When in a dark place, a little light can make a huge difference. Our goal is to be a light for our patients.



Anthony Acampora is the [Faith in Recovery](#) Program Director and Chaplain at Banyan Treatment Centers. He is a published author, writer and speaker. He earned a master's and bachelor's degree in ministry from Vision International University and received an Advanced Diploma in Biblical Studies from the Int'l School of Ministry. He is a former board member of the Henderson Behavioral Health, FACT and the National Alliance Mental Illness, Broward County. In 2019 Anthony was selected "Professional of the Year" by: Broward National Recovery Month Organization. In 2018 he was selected as Global Goodwill Ambassador representing the USA. In 2015 he received the "Volunteer Recognition Award" from National Alliance Mental Illness, Broward County. In 2014, he was selected "Public Citizen of the Year" by the National Association of Social Workers, Broward County. He is the host of the Faith in Recovery Show.

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Mother and child [Toimetaja tõlkebüroo](#) on [Unsplash](#)
All other photos courtesy of Anthony Acampora



Written by Zaya and Maurizio Benazzo

Reviewed by Yifan Zhang

“Both science and spirituality reflect our human urge to know—that perennial itch to make sense of the world and who we are.”

What makes us, us? Is our essence of being reflected through the words we put on the blank spaces after the “I AM” statements? Or, are the “I AM” statements already ample enough to give us an answer to the above?

On the Mystery of Being offers a collection of insights towards the above question about the essence of beings. In the form of anthology, the authors put forth their main arguments. By bringing spirit with matter, spirituality with science, non-dualistic with dualistic together, we reflect on a more holistic insight into being—to live in the moment. Moreover, in our journey to find the meaning of our beings, the authors advise us to emphasize “I” instead of paying too much attention to the experiences we have been through. Unlike conventional images in which life is a blank canvas awaiting our experiences to paint them colorful, the book informs us that we are not born empty but filled with potentials and completeness.

Deepak Chopra contributed his thoughts in the book’s Foreword. He noted that “Homo Sapiens, as a conscious species, constantly take advantage of fundamental traits that are sourced from existence itself” (X). Chopra asserts that being able to perceive, to feel, to experience, is already an essence of being itself.

Along with Chopra, Zaya and Maurizio Benazzo invited many great thinkers of our time, regardless of whether they were objective scientists or spiritual teachers who focus on subjectivity, to discuss their insights within one of eight parts, each contemplating a similar issue. The topics discussed include: Part One, Voices of Contemporary Spirituality; Part Two, The Rebirth of Metaphysics; Part Three, Science Embraces Consciousness; Part Four, The Wonder of Nature; Part Five, The Body as Teacher; Part 6, The Heart of Intimacy; Part 7, Exploring the Shadows; and Part 8, Doorways to Heaven.

My favorite aspect of this book is twofold—the innovative contents and the lively metaphors the authors used to explain their logics. Firstly, regarding innovative contents, the main idea of this book is enlightening to someone like me who has always taken the blank canvas theory about life for granted. Instead, from this perspective, being itself is never empty but already filled with potentials and complete on its own. According to the authors, being is complete at the very beginning when we were born; it never fades away, no matter if we are flourishing or withering, as we age and experience more.

Moreover, the most powerful aspect of this book is that it doesn't offer an answer. Rather, it introduces you to more unknown and more questions. In fact, in the introductory passage for Part Two, *The Rebirth of Metaphysics*, the authors proposed that "while we probe deeper into reality and who we are, we realize the knowledge we gathered is just a stepping stone, and never an arrival at a final destination" (pg. 30). I used to think reading a book was to solve a problem that I don't know the answer to, but this book suggests the exact opposite—it offers an answer just to raise more questions. That's innovative. The goal of this whole book is to break the norm we are told to live and continue with.

In one of the passages, author John Tollifson turned cancer, a supposedly unfortunate and terrifying fatal disease, into an awakening experience of the immediate presence. He said it was marvelous to experience cancer himself. This could be an inspiring idea for many patients, as well as normal people who find their lives painful. Moreover, in his discussions, he raised the point to also embrace our dark sides, including the shameful body parts that are seen as dirty and opposite to dignity. "We eat and we poop, no matter how enlightened we are. And that is actually a gift, not a giant mistake!" (136).

Finally, one main goal of this book is that it invites both sides of an intellectual divide to join and reach for peaceful respect for each other. In other words, it not only asks advice from the masters of spirits, most of whom would disdain the fact that science is a good enterprise; it also invites scientists to share their insights on objective matters for which they have proofs and theories while most times scientists treat spiritual myths as absurdity. Instead of arguing back and forth, this book merges both and discovers the philosophical questions of being through both lenses. It's as if we are wearing 3-dimensional glasses with our left eye seeing differently from our right eye, yet we see a lively scene when viewing altogether.

My second favorite part about this book is its mode of argument—using descriptive images and metaphors. Ideas about being and metaphysics can be implicit and obscure. However, many authors in the book used interesting metaphors so that readers of all ages can understand what they are presenting. For example, one passage talks about how the notion of "I" and compares it to the golden thread of a necklace, with our experiences as the beads surrounding the thread. We can't really see the thread when examining the whole necklace, but without it, the necklace won't exist. That's the exact same idea about essence of being—I can't exist if I'm only made up of experiences, just as the beads alone can't make a good necklace if they are only some scattered beads. But I do exist if I acknowledge the notion of "I" at every moment of my life.

Just as stated in the introduction, "I am" is ample enough to answer the question of what makes me, me. Also, the volume/density of this book is almost perfect. The passages are not so long that you get bored. It is appropriate in its length for readers to grasp the ideas conveyed.

On average, each passage is two to three pages for readers to digest. I personally think that's the correct amount for the most efficient absorption of ideas for most normal readers.

However, there are some weaknesses of the book. The connections between the different parts are not logical enough. The reader might feel a bit confused and overwhelmed with all these different ideas within each of the eight parts. There is an introduction passage for each part making it easier to probe what is being discussed, but I still think the connection between the parts is weak.

In conclusion, *On the Mystery of Being: Contemporary Insights on The Convergence of Science and Spirituality* offers interested readers a great way to start exploring the essence of being now. Despite a weak connection among the eight parts of the book, it's still a worthwhile and promising book for amateurs who are interested in both scientific and spiritual explanations of existential meanings at the same time. Its innovative contents, clear arguments and just perfect size will catch many readers' eyes. I recommend people read this book because it's enlightening—the way the contributors connected science with myth without critiquing both. After reading this book, I believe we might be able to embark on an adventure to settle in the unknowns in our everyday lives and find out that these uncertainties are exactly what makes us, us.

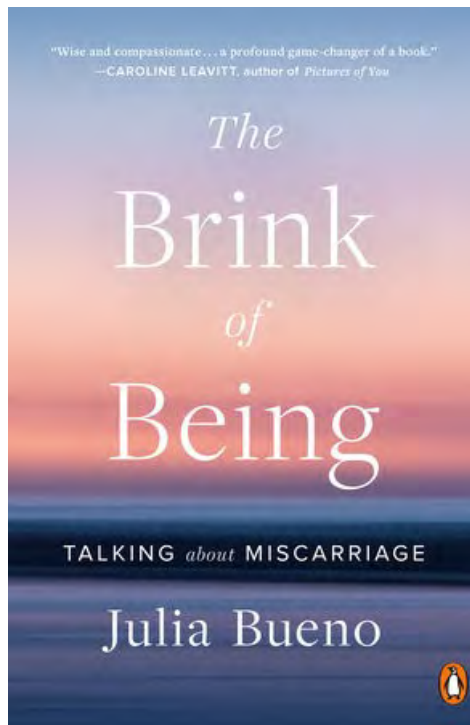
Zaya and Maurizio Benazzo are both conference founders and organizers of SAND (Science and Nonduality)—a global community inspired by the timeless wisdom traditions, informed by modern science and grounded in direct experience. Maurizio was raised in Italy and went through many incarnations, always searching for answers. He started as an actor, model and then filmmaker, and later turned to this field

around 2001; Zaya is from Bulgaria and has degrees in Engineering, Environmental Studies and Film. Her lifelong passion for science and mysticism finally came together with the emergence of conference.



Yifan Zhang currently studies psychology at New York University as a sophomore. She interned as a clinical assistant in Zhang Shu Sheng Clinic of Neurology last summer. As a mentor for high school girls of color in NYC as well as a mentor for first-generation international students at NYU, she strives for equality and justice for all. She is passionate about music technology and social psychology, hoping to use music as a way to improve social relationships between people.

Benazzo, M & Z. (2019). *On the Mystery of Being: Contemporary Insights on The Convergence of Science and Spirituality*. Oakland, CA: Reveal Press of the New Harbinger Publications. ISBN 978-1-68403-395-9. Available in Paperback, eBook and Audiobook. Paperback. 224 pages. Includes references and index.



Reviewed by Akanksha Anand

The Brink of Being begins with a tragic look back into Bueno's personal ordeal with miscarriage and the agony that she went through. Her writing is pain ridden and emphatic, taking the reader down the vortex of her deeply bruised emotions. It is almost impossible to put the book down once you start reading it; it feels disdainful to do so. Bueno explains the lack of resources available to women struggling as she did and the vigor with which she wanted to build a network to support these women.

The book outlines multiple stories of fearless women who had to go through 'trials by fire' to be able to bring life into this world. She outlines stories that seemed to have a wonderful start and those that were traumatic to begin with, all the while emphasizing the lack of support provided by society and sometimes even unintentional loved ones. Bueno ties every woman's testimony back to distinct issues within the umbrella of miscarriage.

One of the hardships that stuck with me was the insensitivity medical practitioners displayed towards women who delivered stillborn premature babies. Many didn't allow the mother to even see the child describing them as a "monster" (pg.96). I wonder how people find it in themselves to describe someone's child in that manner. Just because they are not alive anymore does that not make them a child? She explains the lack of awareness in the medical profession of miscarriage being not just a physical condition but an emotional, mental and psychological one as well. What we call "bedside manner" is sometimes so lacking in this profession due to their obligatory focus on the number of people serviced rather than the quality of service being provided.

The Brink of Being highlights a mother's intuition, relating how professionals sometimes turn a deaf ear to a mother's pleas when she says something is wrong, choosing instead to place their faith in science and medicine. Progress in science seems like a double-edged sword sometimes, you rely on it because you know it works but other times its booming presence drowns out the little voice in your head alerting you to danger. An example of this is Lucy's story where she attempts to alert the nurse to her premonition but is instantly mollified without being heard. Lucy ends up losing her child much to her and her partner's dismay; her story being one of thousands.

The book ends on a hopeful note. Bueno talks about the movements and changes taking place in miscarriage care in the U.K and the provisions that are being made for mothers and families that have lived through this loss. One of the most exciting and joyous changes is the formulation of a comprehensive set of recommendations for healthcare professionals "who deal with a patient (a woman, a mother) losing a baby- or pregnancy- under their care as well as her partner and family" (pg.250). These recommendations include topics such as compassionate

communication, the appropriate use of language, delivering difficult news, decisions around postmortems, emotional after care and the like. This will hopefully ensure that not only the mother's physical needs but her emotional ones are met as well.

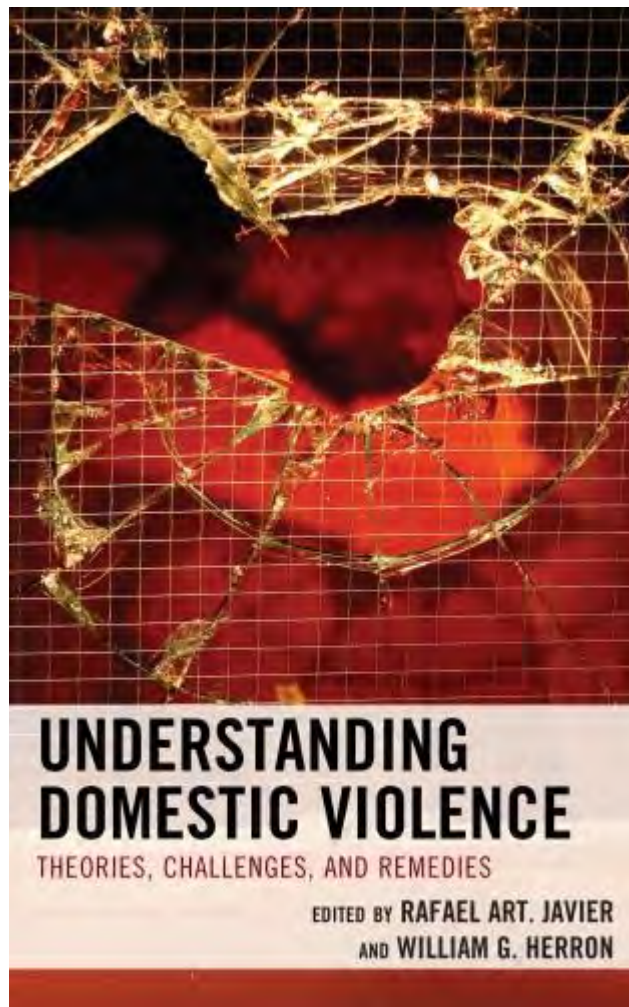
The Brink of Being arouses deep empathy not just for the author but for the countless women whose stories are left untold. It attempts to explain each struggle that a woman and/or couple goes through during this period and offers suggestions on how to begin a dialogue amongst ourselves about the same. Bueno encourages people to not shy away from the topic of miscarriages, brushing it under the carpet like a dirty secret, but to instead ask questions and more importantly acknowledge: the child's existence, the parent's pain and finally that there is still more to learn.

Julie Bueno is a psychotherapist who specializes in working with women who have experienced pregnancy loss or struggled to conceive. Her writing has been published in *The Times (London)*, *Express*, *Therapy Today* and welldoing.org, among others.



Akanksha Anand is an international student from India who received her Masters in Forensic Mental Health Counseling from John Jay College of Criminal Justice. She is also a recipient of the Pinkerton Graduate Community Fellowship

through which she had the opportunity to work closely in a therapeutic capacity with individuals struggling with severe mental illnesses, substance use and the unfairness of the criminal justice system.



Reviewed by Yifan Zhang

Images flash when we talk about domestic violence—stereotypical scenes of minority women bearing brutal slaps falling on their fragile bodies. However, these images only represent one of many forms of domestic violence and its victims. The content of ‘violence’ exceeds what we might imagine. Aiming to give readers a more holistic understanding of domestic violence as well as suggestions for professional interventions, Herron and Javier define domestic violence comprehensively, offer models of aggression, and include accurate data and truthful narrative stories to back up their arguments. With a clear four-part structure, the book starts with an understanding of the fundamental models behind the phenomena of domestic violence then progresses to the limitations of interventions. This book may be useful for practitioners as it includes practice questions following each chapter.



Image by Alexas_Fotos
from Pixabay

Understanding Domestic Violence explores the multifaceted aspects of domestic violence (DV). This is one of my favorite aspects of the book—the complexity it discovers. After witnessing instances of domestic violence, myself, I ended up inscribing that temporary image so deeply in my heart that whenever I discuss domestic violence with others, I remember only this scene and generalize DV with just this one case. However, as the book expanded my knowledge, I realized there are different types of victims such as males, and that females can also be the perpetrators. Moreover, how we define aggression limits what can be counted as DV. Mentally ignoring an intimate partner thus causing distress, stalking a significant other due to deep love, coercively controlling the partner to prevent them from forming other social relationships—all these seemingly signs of love can be defined as forms of domestic violence, according to the book. This is an eye-opening concept that pulled an alarm in my mind. Many times, we might strive to stay positive and explain these minor details as “they might just have had a bad time” or “it’s just that he loves me too much.” We forgive once, then we do it twice, then the 50th time

arrives until we find out the physical pain cannot be explained away any longer. However, it is just ignorance that allures victims into continuous affliction. The most shocking complexity of the issue to me is the fact that perpetrators might once have been victims. Some perpetrators feared abandonment from their loved ones because they were abandoned in their earlier lives; thus, they felt they had no choice but to exert control over their intimate partners in order to protect themselves from being abandoned again. We often stereotype perpetrators as violent and heartless; however, we forget the complexity of human emotions and experiences. Should we forgive or not? All these questions yield different answers once you consider all these complexities.

Besides the complexity, I admire the book for its professionalism. I remember going to feminism conferences: endless yet rigorous discussions on domestic violence were induced. However, looking back now, what we really did was just discuss our subjective feelings, experiences, or hatred towards this issue. We never really elaborated on the

objective basics of domestic violence itself. We didn't then, and still don't have a comprehensive understanding about the definition; nor do we have specific models around the topic. This book provides readers with detailed models to help explain how domestic violence occurred, giving us deep understandings towards this issue. For example, the authors present the General Aggression Model, which is composed of five smaller sub theories. This is a structuralized model that connects the input and output of domestic aggressions, with inputs including personal and situational factors and output including the different types of violence (physical or psychological). This model may help predict the probability of occurrence of domestic violence. Therefore, by modeling domestic violence, readers are encouraged to treat this issue in a more organized fashion.

However, there's one aspect of the book that I personally can't resonate with. This book is inclusive in its way of talking about how different interventions might be deployed when the subjects are from different racial groups. In particular they discussed cases including Latinos, African Americans, and Arabs. However, there are few traces of advice regarding Asian populations. As a matter of fact, similar to the Latino situation, in which the wife is not able to escape from her husband due to immigration documentation logistics, many immigrated Asian families in America faced similar struggles yet few studies are conducted around them because of their lack of English skills or their tendencies to stay silent as their cultural norms habituated them to do so. But staying silent doesn't mean Asians are not willing to speak up about domestic violence. There are approximately 18.2 million Asian Americans residing in America. Because of the stereotypes of Asian wives, many victims of domestic violence may lie in this population, yet few research studies are designed for this large group. I think this is inconsiderate and needs further improvements.

In conclusion, *Understanding Domestic Violence* is a valid, educational text to help readers understand the topics presented more professionally. It also offers a comprehensive way to reflect on the multifaceted reality of the issue. Though this book doesn't include many studies involving Asians in America suffering from domestic violence, it is still a valuable source for people who wish to wash away the stereotypical image when we talk about domestic violence.

William G. Herron, PhD, ABPP taught in St. John' University for over 35 years. Being the director of both the School of Psychology and Clinical Psychology Programs, he is experienced in clinical and theoretical I psychology. He has published 12 books.

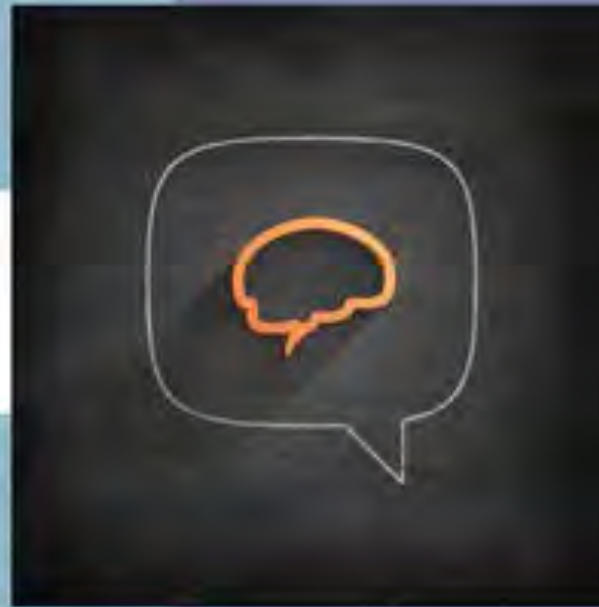
Rafael Art. Javier, PhD, ABPP is a professor and the director of the Postdoctoral Certificate Programs in Forensic Psychology at St. John' University, as well as the director of Inter-Agencies Training and Research Initiatives. His current research focuses on moral developments and violence, suicides in adolescents and young adults as well as bilingualism.

Yifan Zhang currently studies psychology at New York University as a sophomore. She interned as a clinical assistant in Zhang Shu Sheng Clinic of Neurology last summer. As a mentor for high school girls of color in NYC as well as a mentor for first-generation international students at NYU, she strives for equality and justice for all. She is passionate about music technology and social psychology, hoping to use music as a way to improve social relationships between people.

Javier, R & Herron, W. (2018). *Understanding Domestic Violence: Theories, Challenges, and Remedies*. Lanham, MD: Rowman & Littlefield Publishing Group. ISBN 9780765709530. Available in hardcover and eBook. Hardcover. 389 pages. Includes references and index.

Neuro-Narrative Therapy

NEW POSSIBILITIES FOR
EMOTION-FILLED CONVERSATIONS



Jeffrey Zimmerman

FOREWORD BY KARL TOMM

Reviewed by Yifan Zhang



For some time, most narrative therapists focused their style of treatment on an externalized way of objective story telling. However, few of the treatment guidelines in the narrative realm focused on the importance of emotions. Jeffery Zimmerman, a pioneer in connecting neuroscience with narrative therapy, thus used this book to raise awareness of the importance of privileging affect in narrative treatments. The main premise is that emotion is a powerful source to make narrative therapies more efficient; emotions, he explains, can be aroused during treatments through background knowledge of neuroscience because our brain's right hemisphere controls our perceptions of colors, smells, and affects.

Zimmerman introduced many novel theories to back up his focus on emotion, including Interpersonal Neurobiology (IPNB) as developed by Dan Siegel and Allan Schore and post-structural practices. In short, IPNB introduces the innovative idea that the connections between people's minds and brains can be understood through a mixed lens of different subjects in sciences.

In a nutshell, this book's main argument contends that we need to privilege emotions in narrative therapies using neuro practices such as IPNB. Surprisingly, the book's structure offers concise and clear guidance for readers to understand the intricate ideas discussed. The book is divided into six chapters, starting with an introduction of how we ended up with only a few therapists using narrative therapy today focused on the Neuro sides of the treatments. It then goes on to specifically discuss brain theories and connection with emotions, including discussions of Interpersonal Neurobiology. Later chapters incorporate transcripts from psychotherapy sessions with clients to further show us how can we incorporate emotions in narrative therapies.



My favorite aspect of the book is the concise explanations of the brain. Instead of drowning us with scientific facts, Zimmerman used metaphors that make it easy for readers to picture the abstract ideas. For example, he used three eras of animal evolution to present the different hierarchies of brain parts and their functions. The brainstem/cerebellum is considered 'reptilian' because it's responsible for the basic instinctive functions of humans. The amygdala/limbic system is 'mammalian', operating on a slightly higher level of function because it is in charge of more responses beyond instincts. Finally, the neocortex is seen as the 'modern' one because it goes beyond the two above and is responsive to many complex human actions including communications. The three layers not only give us a basic idea about the grouping of different parts of the brain, they also summarize the differences and hierarchy among these parts. It's a clear, enlightening, and lively way of expression even for readers who have only a basic understanding about brain structures.

Besides great explanations of brain functions, Zimmerman's argumentation layout is also consistent. He is good at dividing a topic into differentiated smaller parts, discussing them individually, then integrating all parts back again to understand the entity as a whole. This structure of discussion is reflected in the general organization of the book. When discussing neuro-narrative therapy as the center topic of this book, he used the first three chapters to explain what narrative therapies are and how they ended up in styles of treatment that focus less on emotions but more on the objective storytelling—the 'narrative' part. Then, he continued to discuss the brain structure, as well as the connection between neuro and affects—the 'neuro' part. At the end, he started to connect the two differentiated parts by discussing how interpersonal neurobiology can be used to better narrative therapy practices. Speaking of IPNB, I think this book did a great job in promoting its existence and importance. At least, it's new to my understandings of science, interactions and therapies.

One weakness of this book is a lack of explanation of references to other authors. Zimmerman quoted Dr. Dan Siegel and Michael White often. When I read, I got confused about who these people were and why they were important to the content being presented. For amateur readers like me, I think it's important to research these authors while reading the book; otherwise, it is hard to fully understand the author's discussions as he referred to these other authors often. Also, I think the author needs to elaborate on his analysis of the transcripts he incorporated. Sometimes, he commented that this specific clip of conversation reflected how the counselor's guidance transformed the patients' attention from problems to other places. But it's too implicit for readers to understand what he meant. He definitely needs to elaborate more, going into details about every action performed by clients or counselors, and how those resonate with his points.

In conclusion, *Neuro-Narrative Therapy* is an eye-opening book with its innovative approach to bring neurological aspects under the spotlight of narrative therapies. Despite its implicit references to other authors, this book in general is easy to understand, clear, and consistent in its structure. I definitely

recommend it to those interested in narrative therapies and who want to improve the efficiency of this type of treatment.

Jeffrey Zimmerman, PHD, is the director of the Bay Area Family Therapy Training Associates and uses this book to encourage his students and colleagues to incorporate neuroscience into narrative treatments. He has been a licensed psychotherapist in CT and NY for over 35 years.



Yifan Zhang currently studies psychology at New York University as a sophomore. She interned as a clinical assistant in Zhang Shu Sheng Clinic of Neurology last summer. As a mentor for high school girls of color in NYC as

well as a mentor for first-generation international students at NYU, she strives for equality and justice for all. She is passionate about music technology and social psychology, hoping to use music as a way to improve social relationships between people.

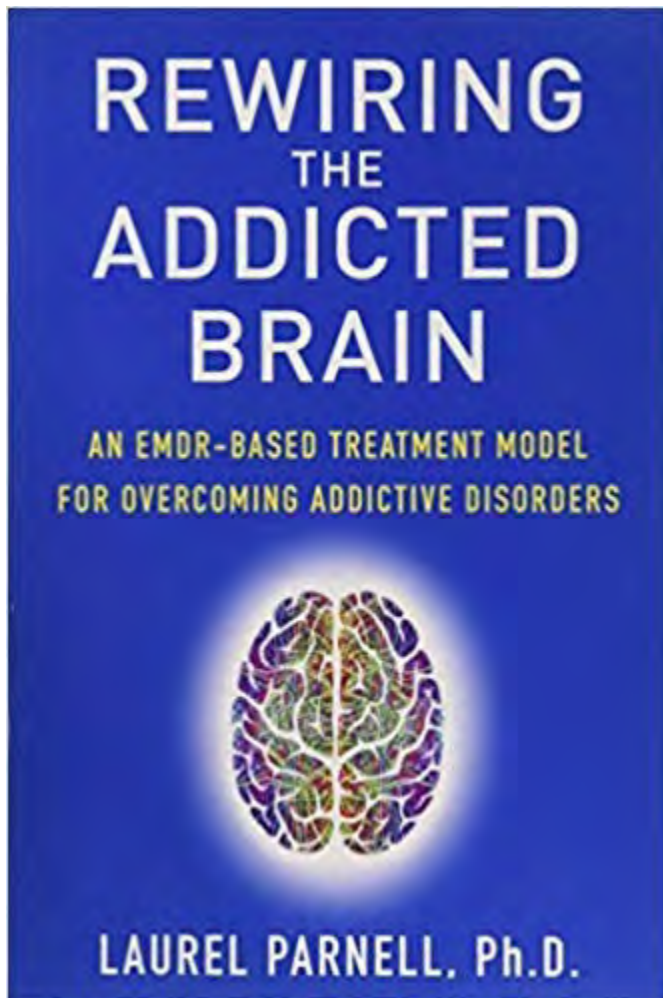
Zimmerman, J. (2018). *Neuro-Narrative Therapy: New Possibilities for Emotion-Filled Conversations*. New York, NY: W.W. Norton & Company. ISBN 978-0-393-71137-0

Available in hardcover. Hardcover. 220 pages. Includes references and index.

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Triune Brain: Photo by [Robina Weermeijer](#) on [Unsplash](#)



Reviewed by Akanksha Anand

Rewiring the Addicted Brain with EMDR - Based Treatment is a handbook written for “therapists, substance use counselors, and lay people seeking user-friendly tools to help support themselves in recovery” (pg. x). Parnell offers a descriptive introduction that informs the reader what to expect from the book, how it is organized and a brief summary of each part of the book. One of the unique aspects of the book is that it does not need to be read in order. The author instead suggests finding the chapter that would be most beneficial to the client depending on what they are currently struggling with and equip them with the necessary tools found in that chapter. It is important to note that the author explicitly cautions that EMDR therapy can and should only be practiced by licensed mental health counselors or clinicians who have been trained in this modality. In addition to her attachment focus EMDR approach, Parnell also includes aspects from an EMDR-based technique called Resource Tapping. *Tapping in* are exercises based on the Resource Tapping technique that non-EMDR therapists and lay people can put into use.

The book is divided into five parts, each of which comprehensively describes what to expect from each section. The crux of the book, in this writer's opinion, lies in the second part where Parnell elucidates the four fundamental resources that aid in creating "an internal structure that helps clients feel more secure and stable" (pg.39). The first of the four resources, called "Peaceful Place", is an imagery exercise that helps clients calm their agitated body and mind by picturing an ever-present safe haven. This allows clients to separate themselves from the current internal chaos and bring their focus to the image that allows them a semblance of peace. The other resources similarly ask clients to imagine a sacred place, a figure (either real or imaginary) who was nurturing and one that was protective. The section goes on to provide tools that would be helpful in managing and overcoming anxiety, depression and feeling a sense of inertia.

The final part of the book includes transcripts of cases that allow the reader to have a more in-depth understanding of how the tools included in the book might be incorporated into therapy. Parnell offers an introduction into the client's life, their presenting problem, traumas, and the like. She then includes the dialogue that took place during the session and offers explanations of why she chose to go a certain route or focus on a particular skill with the client.

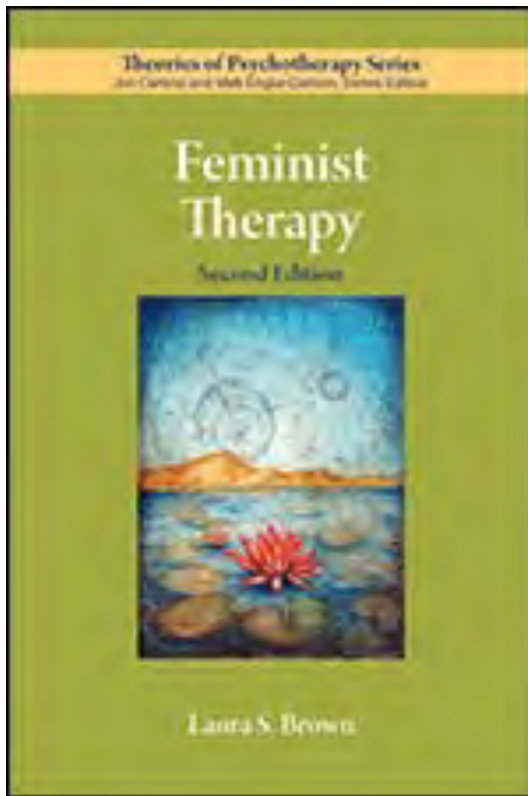
Rewiring the Addicted Brain with EMDR-Based Treatment also includes sections that could be used verbatim to guide the client into *tapping in* and utilizing their internal resources. The book is meticulously written, attempting to answer all possible questions the reader may have in the introduction. She covers how the book is to be used and read, how it is organized, the need for the book and basic terminology used throughout. The book is kind towards readers of all scholastic levels because of its straight-forward and effortless construction. Parnell's writing is

compassionate and free flowing, with the absence of unnecessary jargon (that hasn't already been explained) that make for a light and easy read. The segments of the book that are more instructional contain clear directives that elucidate the reasoning behind the technique being utilized. Overall, the book is an intensely informative piece of work that will supplement one's knowledge and possibly add greater value to their collection of clinical gold.

Dr. Laurel Parnell is an internationally recognized clinical psychologist, author, consultant and EMDR trainer. She is the author of five books on EMDR and has trained thousands of clinicians in EMDR both nationally and internationally. She has taught at the California Institute of Integral Studies in San Francisco and was core faculty at John F. Kennedy University.



Akanksha Anand is an international student from India who received her Masters in Forensic Mental Health Counseling from John Jay College of Criminal Justice. She is also a recipient of the Pinkerton Graduate Community Fellowship through which she had the opportunity to work closely in a therapeutic capacity with individuals struggling with severe mental illnesses, substance use and the unfairness of the criminal justice system.



Reviewed by Akanksha Anand

“What is inherent in feminist therapy is the radical notion that silenced voices of marginalized people are potentially the sources of great wisdom.” (pg.4)

Feminist Therapy: Second Edition offers some insight into the beginnings of the feminist movement, educating the reader about the various political uprisings that spurred it into motion. Interestingly, there is no one founder of feminist therapy. Similar to a democracy, where the government is formed by and for the people, feminist therapy struggled with defining its boundaries and was left to the interpretation of the clinician practicing it. In recent years, certain ideals and practices have gained consensus support allowing this diverse field of therapy to retain its distinguishing qualities but rather expand into multiple trajectories where each clinician holds true to their version of the theory.

One of the most endearing parts of *Feminist Therapy* is its inclusion of not just women in its representation but of other minority and underrepresented groups. It is refreshing to read literature on feminism that does not just include a cisgendered perspective. The book begins with a chapter explaining and detailing why feminist therapy is not only restricted to cisgendered females from the Western part of the world but also includes folks of color, gay and bisexual individuals, gender-variant people and many other groups that usually are relegated to the margins. Brown is not shy in her writing and calls out the lack of representation in earlier works, bringing to light the fact that “therapy operating in the absence of an analysis of gender and power... can enable systemic forms of oppression” (pg.7).

Feminist Therapy focuses on actual therapeutic techniques as well. A chapter explains how the relationship begins with the process of “egalitarian consent”. The client is provided with a document to sign and review, which outlines the basic framework of feminist practice, the rights of the client and the responsibilities of the therapist. It also identifies the four axes of power: somatic, interpersonal, contextual and spiritual, and discusses strategies for the feminist empowerment model for each. Towards the end of the chapter a synthesis of the axes of power is presented via a case study entitled, Heidi.

Chapter 7 analyzes potential future developments (in this field) and how different groups of people may contribute effectively to this field. One of the most interesting topics in this chapter involves men. Brown explains that “feminists who are men are in the position to theorize patriarchy and its dangers from the center” (pg. 143), which is a novel outlook. In addition to this, men who experience a form of intersectional identity, such as men with disabilities, men who identify as a part of the LGBTQIA community also bring with them unique experiences of belonging not fully but partially to the dominant group membership of being a male. The chapter ends with a word of cautionary encouragement to all those men and women who carry the mantle of feminist politics and activism, advising them to be vigilant, to never lose this passion.

It is always a pleasure to read works by authors who are transparent about their knowledge in the field and are crystal clear on what the book offers. The text from start to finish is succinct, without any literary embellishments allowing the reader to focus on understanding the information, using their cognitive capacity to absorb the counsel given with a cogent sense of reasoning.

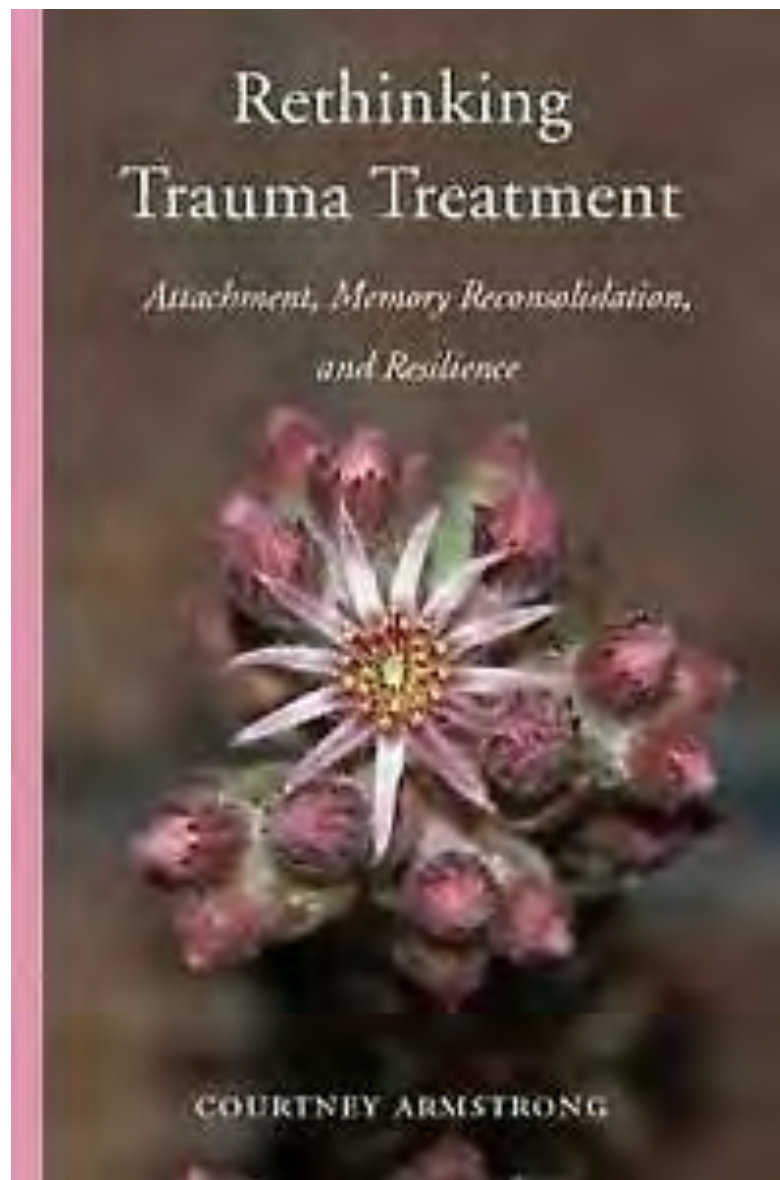
The book is like a well-made salad. It includes nuggets of wisdom, tossed expertly with a wholesome understanding of the concept at large, making for a perfect mouthful of intellectual postulation.

Laura S. Brown, PhD, received her doctoral degree in clinical psychology in 1977 from Southern Illinois University at Carbondale and has been in practice as a clinician and forensic psychologist in Seattle since 1979. A Diplomate in Clinical Psychology and a Fellow of 10 American Psychological Association (APA) divisions, Dr. Brown’s work in the fields of feminist therapy theory and trauma treatment has received numerous awards.



Akanksha Anand is an international student from India who received her Master’s in Forensic Mental Health Counseling from John Jay College of Criminal Justice. She is also a recipient of the Pinkerton Graduate Community Fellowship through which she had the opportunity to work closely in a therapeutic capacity with individuals struggling with severe mental illnesses, substance use and the unfairness of the criminal justice system.

Brown, L.S. (1994). *Feminist Therapy: Second Edition*. Washington, DC: American Psychological Association. ISBN: 78-1-4338-0461-8. Paperback: Includes references and index.



Reviewed by Akanksha Anand

Armstrong's compassion and astuteness in *Rethinking Trauma Treatment* sets this scholastic work apart from the current literature on trauma treatment. Armstrong is a stellar writer, both in an academic and a narrative sense, educating the reader while simultaneously arousing feelings of empathy towards the individuals she describes. She presents essential facts in a comprehensive manner; because of her compendious writing style, readers can focus on the book's content rather than thoughts wandering in their mind.

Armstrong effectively divided the book into three sections to parallel her three phases of trauma treatment. Phase I includes seven chapters covering what trauma is, how safety and hope can be instilled in the individual, and the therapist's responsibilities in building the therapeutic alliance. The second section deals with Phase II (chapters 8-13): transforming traumatic memories.

Armstrong discusses various types of trauma and how they can be effectively reframed. Resolving implicit memories, she writes, is key to reducing PTSD symptoms and triggers. The last section involves Phase III (chapters 14-16). The information illustrates how one can facilitate post traumatic growth. The chapters flow well into each other offering a smooth transition from the synthezation of one concept to the other. Armstrong also offers exercises for readers to try or for therapists to use with their clients. These exercises coach individuals into changing the state of their nervous system, whether it be in hypoarousal or hyperarousal, to one that feels more comfortable and fulfilling to the person. There are also anecdotes and case studies of individuals who flourished in new and exciting relationships throughout each section.

The book begins with an introduction into the evolutionary model of understanding of the brain by neuroscientist Paul D. MacLean. Armstrong describes the theory of the triune brain and further goes on to explain the divisions: the reptilian brain, the mammalian brain, and the thinking brain. The reptilian brain controls the body's vital functions such as heart rate, body temperature, balance and breathing. The mammalian brain includes the limbic system, which is responsible for motivation, procedural learning and memory. The thinking brain "gives us the ability to use abstract thought, plan, make conscious decisions, regulate emotions, and use verbal reasoning" (pg. 8). Armstrong concludes this introduction by describing how our triune brain functions when it is traumatized.

Chapter one begins with a case study involving a client with extreme road rage. Armstrong's use of clinical examples to illustrate her content is one of the many reasons why this book may potentially become an indispensable part of psychology literature. She introduces attachment styles and writes descriptively about Bowlby's contribution to the understanding of the same. She effectively lays out why timing

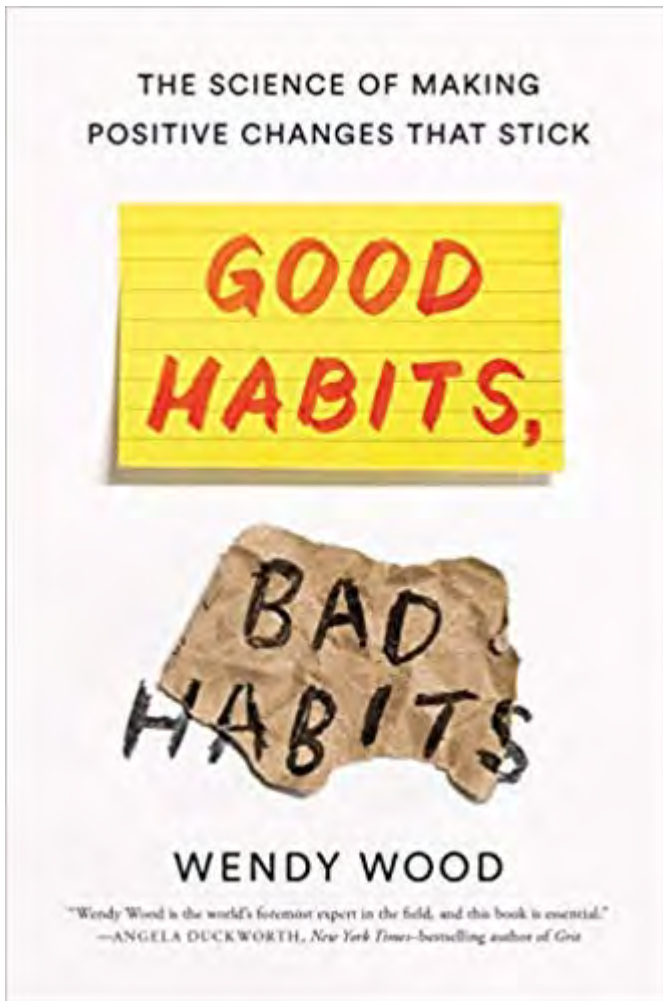
and secure attachment are two of the most important aspects to take into consideration while working through trauma. The bottom line is simple: one cannot work through trauma if they are still in the throes of it.

Armstrong shares one last story that validates and reinforces all the phases detailed in the book. The story is about Vanessa, an occupational therapist who was watching a movie in the theater next to the one where the 2012 massacre in Aurora, Colorado occurred. Armstrong shares how Vanessa experienced immense survivor's guilt and how she felt incapable of helping another women who had been shot in her leg; she could only bring herself to hold her hand, offering comfort. Upon meeting the same woman a few months later at a hearing during the court trial, Vanessa laments to her, "I have post-traumatic stress, and I wasn't even shot. I can't imagine how you're doing." The woman with tears in her eyes responded, "The kindness of a stranger who held my hand through all that horror. That's what stands out for me, Vanessa" (pg. 225). As Armstrong simply states, "People heal through feeling cared for by others" (pg. 223).

Courtney Armstrong, LPC, is a clinician who has specialized in trauma treatment for over 20 years in Chattanooga, Tennessee. Known for her relatable teaching style, she trains mental health professionals worldwide in user-friendly, brain-based strategies that promote resilience and enjoys creating helpful resources for therapists.



Akanksha Anand is an international student from India who received her Master's in Forensic Mental Health Counseling from John Jay College of Criminal Justice. She is also a recipient of the Pinkerton Graduate Community Fellowship through which she had the opportunity to work closely in a therapeutic capacity with individuals struggling with severe mental illnesses, substance use and the unfairness of the criminal justice system.



Reviewed by Amal Rohail

Wendy Wood's *Good Habits, Bad Habits* reflects her explanation of the subject of habit formation. Integrating her own research along with other scientific studies, Wood attempts to explain why bad habits are so hard to break and why good habits are so hard to sustain. Wood provides readers with an understanding of both the evolution of research regarding behavior change along with a look into how they can implement habit changing strategies in their own lives.

Wood segments the text into three parts with a total of fifteen chapters that guide the reader through the science of habit formation. The first segment explains the state of human behavior as it currently exists. Wood posits that the complexity of human decision-making is not yet fully understood, as it follows mechanisms that would sometimes seem self-sabotaging. As a result, those interested in making meaningful life change must do so via habit formation. Part II is titled "The Three Bases of Habit Formation" which are: reorganizing your context; practicing repetition; and allowing for rewards. Each basis is supposed to contribute to a "habit-friendly" environment that will make it easier to incorporate good habits in daily life. The third segment applies this framework to the real world where additional challenges and disrupters to habit formation are likely to appear.

According to Wood, the main reason why so many of us fail to make significant changes in our lives is due to the overwhelming force of our unconscious mind. Sheer motivation and desire are not enough to overcome this force. Many of our daily actions are governed by our unconscious habits so when we try to make changes and utilize our cognition we often fail. Therefore, Wood proposes that we must use our conscious understanding of our goals to orient our habitual selves (13). We naturally follow our unconscious habits; thus, we should try to “establish good habits so that the habitual choice is the right choice” (188). She underscores how difficult it can be to kick resilient habits and establish new ones, thus encouraging readers to avoid feelings of failure and despair. The continued emphasis on this point reassures readers of the difficulty of the task and urges them not to give up on trying to make positive change in their lives.

Another strong point of the book is Wood’s acknowledgement of the context of addiction in relation to habit formation and breakage. This section emphasizes that not all habits can be viewed the same. Specifically, substance use disorders are a habit with much broader implications than habits such as nail biting. Wood insists that addiction is unlike a habit because while habits settle into our unconscious, addiction has the power to take over one’s life (190). This distinction is important: addiction should not be treated the same way that a simple bad habit is treated. Wood supports a model of substance use treatment that focuses on the context of drug abuse rather than the medicalization of it (199). It is very easy to misattribute someone else’s addiction to their own bad choices and lack of willpower instead of acknowledging the surrounding social and economic environment that may have led them to that point. Changing or even just learning how to navigate contexts can be a powerful point of intervention that has

the potential to help people implement lifelong positive change.

Wood’s *Good Habits, Bad Habits* is an engaging account of the science behind habit formation that gives readers the tools to understand their own behavior a little bit better. Anyone who is looking to achieve personal goals or make lasting change in their life would benefit from reading this and would come out with a different perspective into everyday human behavior.

Wendy Wood, PhD, is Provost Professor of Psychology and Business at the University of Southern California. She has written for *The Washington Post* and the *Los Angeles Times*, and her work has been featured in *The New York Times*, the *Chicago Tribune*, *Time* magazine, and *USA Today*, and on NPR. She lectures widely, and she recently launched the website www.goodhabitsbadhabits.org to convey scientific insight on habit to the general public.

Amal Rohail studies Global Public Health and anthropology with a focus on chemistry and Chinese at New York University, where she is expected to graduate in May 2020. She is on the premed track and has conducted research regarding hepatic encephalopathy and hepatitis C. In addition to working for SPT, she writes reviews for *International Journal of Psychotherapy*.

Wood, W. (2019). *Good Habits, Bad Habits*. New York, NY: Farrar, Straus and Giroux. ISBN: 978-1-2501-5907-6

"An elegantly conceived, powerfully written, and far-reaching book that will change the conversation around cancer for decades to come."
—SIDHARTHA MUKHERJEE, author of *The Emperor of All Maladies*

THE FIRST CELL

AND THE HUMAN COSTS OF
PURSUING **CANCER** TO THE LAST



A Z R A R A Z A

Reviewed by Amal Rohail



Oncologist Azra Raza's *The First Cell: And the Human Costs of Pursuing Cancer to the Last* presents an innovative perspective on the ongoing war on cancer. Drawing from both personal narrative and cutting-edge research, Dr. Raza underlines the importance of early detection and lends an empowering voice to the suffering of cancer patients.

Early on, Raza challenges the societal and medical mistreatment of cancer, emphasizing that cancer research should focus on improving early detection of cancer cells. *The First Cell* is then segmented according to stories told by Raza of her experiences as a medical practitioner, friend, and partner, with the titles of chapters named after important people in her life, all of whom battled cancer. The experiences, afflictions, and included pictures of each person are particularly resonant for readers, as they breathe reality into cancer suffering. Throughout each chapter, Raza also integrates explanations of cancer research development, and the biological basis of cancer, as well as her own devastating experience with her husband Harvey, an oncologist who also developed cancer. This amalgamation of information allows readers to gain a comprehensive understanding of cancer from multiple viewpoints.

A strong point of *The First Cell* is Raza's challenging of the status quo on cancer treatment unwillingness to deny the failure of the current system. Throughout the text she questions, "Recognizing the complexity of cancer as a system . . . isn't it better to turn to strategies that actually deal with complex systems?" (144). This serves as the crux of Raza's push for better early detection. Raza continues to ask tough questions, each time pointing out problems within different aspects of the cancer treatment system. On systemic and individual levels, she asks, "Why is 70 percent of the budget funding research that concentrates [on] clinical trials with a failure rate of practically 90 percent? . . . How many Omars, how many Andrews, will it take?" (230). Raza's frequent use of pointed inquiry is incredibly powerful because her questions seem obvious while the answers are actually quite complicated. The reference to Omar and Andrew here – actual cancer patients discussed in the book – represents the suffering of millions of people. This weaving of fact and narrative brings

cancer patients back to the forefront of the discussion. Although *The First Cell* lacks a definitive structure, Raza proves her ability to seamlessly transition from big picture questions to individual experience to everything in between, which not only solidifies her argument but makes it much more compelling.

***The First Cell* offers a fresh yet evidence-based perspective on the cancer epidemic** that emboldens readers to question the integrity of the institutions built around them. Raza's perspective is reflected in her unconventional writing style, which is just as complex as the system that she wishes to reform. However, it is exactly this expressive writing that draws readers in and will convert them to her side.

Azra Raza is the Chan Soon-Shiong professor of medicine and the director of the MDS Center at Columbia University. In addition to publishing widely in basic and clinical cancer research, Raza is also the coeditor of the highly acclaimed website 3QuarksDaily.com. She lives in New York City.

Amal Rohail studies Global Public Health and anthropology with a focus on chemistry and Chinese at New York University, where she is expected to graduate in May 2020. She is on the premed track and has conducted research regarding hepatic encephalopathy and hepatitis C. In addition to working for IJP, she writes reviews for *Somatic Psychotherapy Today*.

Raza, A. (2019). *The First Cell: And the Human Costs of Pursuing Cancer to the Last*. New York, NY: Basic Books. ISBNs: 978-1-5416-9952-6 (hardcover); 978-1-5416-9950-2 (eBook). Available in hardcover and eBook. Hardcover. 347 pages. Includes references, credits, and index.

EDITED BY DEBORAH A. LEE AND EMMA PALMER

#MeToo

Counsellors and
psychotherapists
speak about sexual
violence and abuse



Reflections on the completion of *#MeToo: Counsellors and psychotherapists speak about sexual violence and abuse*

By Emma Palmer

It was reassuring hearing the title of Babette Rothschild's (2000) book all those years ago, recommended to me by my core process psychotherapist. 'The body remembers'. Yes, it does, my body, turning towards me, nodding - suddenly engaging - a door opening inside.



The body remembers. This body remembers, and what a journey it's been – so far – in my body stepping through that door and in deepening my understanding of trauma and working with trauma in myself, with clients, with supervisees, and with trainees.

That feels like a lifetime ago. What did my body remember then? I was nearly 20 years younger, in my very early thirties. I was training as a therapist. I knew I wanted to go on and train in a body or somatic-oriented therapy, but I didn't then know what or when. The body remembers how I was in the process of letting go of my father who had a chronic form of leukaemia – a dis-ease of slow sadness, fading, and withering. The body remembers the quiet moments noticing his skin suddenly papery, his waistbands loosening, wisps of his hair left behind on the cushions of the sofa. The body remembers this quiet intimacy punctuated by the busy times of oncology visits, gloved nurses and, afterwards, nights driving home gazing at the people on the Gloucester road, a busy thoroughfare in North Bristol: laughing, drinking, chatting, feasting, walking. Living.

The body remembers how stretched, re-arranged, scared, fascinated, confused and enthralled I was in training as a therapist. I'm so glad I did it then, cos I'm not sure I have the energy to do it now, working so hard on all fronts: experientially and in the moment, intellectually, reflectively, relationally, whilst working hard to raise the cash.

The body remembers my Dad's death, a few weeks before I finished my therapy training. One -minute sitting quietly in the garden, sipping cranberry juice next to the blood-red crocosmia flowers, the next, the horror of being gripped by septic shock. The body remembers his heating, contorting body and gasping for breath. The body remembers the sudden stillness after his last, long outbreath a few hours later, his body unwinding. The body remembers the sudden blossom of blood on the starched white sheets as they pull out a line in his groin. It is shocking in its stark beauty (so red and alive).



My meditating body remembers the relief, amidst the grief, of the moments when I could sit still, wanting and waiting for nothing. Awash with my own grief the day after my Dad died, I wandered around the beautiful garden surrounding my Nan's nursing home – we had just broken to her the news. I felt united with all the other daughters around the world grieving for their fathers that day. We're all born, we live, we die. It's so ordinary, yet extraordinary when it happens to us. I listened to Puccini arias wherever I went, something I had discovered after my other Nana's death a few years earlier, helping my heart to stay moist and open.

The lover body remembers. A couple of years earlier I'd fallen in love with Justin, the tall man I still live with, whom I'm marrying this autumn/fall. The body remembers the heart leap the first time we spoke 25 years ago, a faint stirring in my body memory - have we met before? A quarter century of friendship, two decades of sharing our lives, our plans, our bodies, arguments, a garden, friends, families, travels, a faith – if a Buddhism is one – I'm never too sure. The body remembers too many things to name. Today it is gratitude; cupped palms filled with warm liquid gold.

The body remembers – though we haven't been here before, have we, body? – how it's so true that midlife, this year approaching 50, is as much about undoing and unlearning

things I so enthusiastically sought in my 20s and 30s as I continue to create, listening to this new-old body entering late summer. Today golden light, abundance, gentle harvesting, tears, unbecoming, and poignancy. Other days angry hot flashes, sleepless nights and shocks of blood so red and alive, but today, let the softening golden light be there.

The body remembers that I'm old enough now. I never felt old enough, I was always so damned eager to be older, hating being a child, wanting to leave home from the age of seven, even though I was deeply suspicious of the world of 'grown-ups'. I realise I am happy to be the age I am. I am glad I reached here.

The body remembers that I felt old enough to say '#MeToo' back in the October of 2017, at 46. 'Enough of this shilly-shallying!' - my Nan is suddenly inside my head and I need to google shilly shallying, but I know she means something like 'move it on' 'let it go' etcetera, and in her mind's eyes she's waving a tea towel to emphasis her impatience. Maybe I said #MeToo because I felt old enough – am old enough – to stand tall, stand together, make a noise in saying #MeToo and in finding ways to ensure that #TimesUp.

The body remembers the bolt of terror that shot through me a little over two years ago as I read an email from my colleague, Deborah, inviting me to co-edit a book for counselling and psychotherapy in the wake of the #MeToo movement. I knew I'd say yes, a gut yes, deep down, red, getting ready to glow, like the 'on air' light outside a recording studio. Do I have anything useful to say about this myself? In an hour I wrote words, enough words to form a chapter, words which are true, words which weave together all the suffering – sexual abuse, war, ecocide, all the mess in our over-simplified, still victim-blaming patriarchal culture, brutalising everyone and everything.



Pull one thread and you have a 'victim', pull another and you have a perpetrator. The words turned into a chapter 'Dirty secret, ecocide and the specialness of the world all around'.

The body remembers the relief to see those words on the page. There is comfort in that they remind me of the words I often wrote in my 'Bodywise' pieces for *Somatic Psychotherapy Today*. Spontaneous, experiential, visceral. Sometimes more theoretical and slower in their reflection. I say yes to Deborah the co-editor. Off we go.

The body remembers the moment of realising the mountain-like size of the task ahead. There's always a moment like that for me, with books, and yet this time we're including more than 23 other voices! I'm up for the challenge as we start to hike. The body remembers the appreciation, joy, horror, confusion, love in reading those voices saying #MeToo as the chapters started rolling in. The body remembers – a lot and often – the awe of how we not only 'survived' but thrived enough to be here, writing this book, in good company, people doing so many good things in the world. The body remembers and carries the shadow

through this whole writing and editing phase - how so many people don't make it, don't have the good company, the support, the care they need to literally survive. The body remembers the times when I nearly didn't make it – pushing off rocks into the sea, an oceanic oblivion. As I write and co-edit this book I feel the depth, the height and the density of the shadows around us, collectively failing to face up to how sexual abuse and violence are 'normalised', shrouded in a conspiracy of silence, and stifling the lives of those who 'survive'.

The body remembers the newly found strength of standing together, safety in numbers, on more solid ground. I'm not alone. It isn't my shame. I didn't get it wrong. I couldn't have done any more than I did. I didn't betray her, he did, they did. I am not wrong; I am not dirty. The body remembers. Fragments, sobs, night terrors, comfort-eating. I start to look, to look out. To breathe more deeply. I can see, I can feel. It's dizzy making at first – we've reached the top of the mountain, the air is cleaner, I can see the horizon. I can gradually take in the view in this looser, more receptive phase of unbecoming and unlearning.

The body remembers my early hopes for this book. That it adds nuance and depth to the #MeToo movement, particularly since it went viral in 2017. Adding to what Tarana Burke [originated](#) in 2006, raising awareness of the sexual violence and abuse inflicted on those at the margins. I long for more of us to stand together – beyond Hollywood actresses - and more of the time, in creating cultures and conversations in which dialogues happen, learning happens, new channels of communication open up, reconciliation happens, justice is found that doesn't further traumatise the already abused and violated. I long for us to do the collective cultural work, healing collective traumas of colonisation, war, and the ongoing, socially acceptable forms of violence and abuse embedded in our culture in terms of racism, victim-blaming, ecocide, and militarism, to name just a few.

The body remembers the feeling of nearing an end and meeting a beginning. The two years of writing and editing has been intensely creative, intensely harrowing, intensely soul-searching, and intensely bonding to life. The process is almost complete. The undoing and unbecoming, it's exhilarating, on this mountain top, feet firmly planted on the earth. The body remembers this strange bardo, familiar, yet not experienced for some while, of this shared book- baby leaving my hands, on the cusp of crossing a threshold and becoming everyone else's book – or, at least, the 'everyone else' who care to read, to learn, to heal, and to act.



Emma Palmer has been practising as a therapist since 2003. She works as a BACP accredited counsellor, a relational body psychotherapist, supervisor, and ecopsychologist. She is

drawn to working at the meeting place of therapy, social justice, ecopsychology, climate emergency and the wisdom of contemplative traditions. Previously a steering group member of Psychotherapist and Counsellors for Social Responsibility (PCSR) and editor of its *Transformations* journal, she has been an educator since she was 24, teaching postgraduate international development studies at Bristol University, working with NGOs in Africa, and more recently offering wild therapy, ecopsychology public talks and workshops and leading retreats. She has authored three books under her former name, Kamalamani and is widely published. She has been a student of Buddhism since 1995. www.kalamamani.co.uk

NB – #MeToo book details:

#MeToo: Counsellors and psychotherapists speak about sexual violence and abuse will be published on PCCS books on 14th May 2020. Available to pre-order from 1st April 2020 – ISBN 978 1 910919 53 8 www.pccs-books.co.uk

Reference:

Rothschild, B. (2000). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*. Norton Professional Books.

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Take a Tool and Run With Dr Heather Corwin

Dr. Heather Corwin's *Take a Tool and Run* is a monthly vlog that offers quick and effective tools to share somatic centering practices.

In her March 2020 "Take a Tool and Run!", she explored sensations to increase awareness, an emotional cuing tool. Body sensations have a direct relationship with emotions, so beginning with basic noticing is a terrific beginning for many of our clients to identify sensations. This can grow to then investigate how those sensations translate into emotions. There is debate about whether emotional mapping originates from cognitive or psychophysiological (Keysers & Gazzola, 2009), but the somatic marker theory contends the sensations become how we map our emotions (Bechara, H. Damasio, & A. R. Damasio, 2000; Damasio, 1994). In 2014, Nummenmaa, Glerean, Hari, & Hietanen conducted a cross-cultural study that identified areas of the body hold sensations that translate to specific emotions, which tells us that this sensation to emotion understanding is a human way of being. Let's help our clients explore their inner world through sensation to translate and make more clear their individual experience.

-Dr. Heather Corwin www.CorwinCounseling.com and www.BodybyHeather.com.



Reviewed by Nancy Eichhorn



***"When you change the way you look at things,
the things you look at change."***

“I don’t care, I’m just gonna do it.”

“It feels good to break the rules.”

“Now it’s me time.”

I’ve heard this definite inner voice utter these statements more than once; typically involving food and wine. According to Howard Farkas, these sentiments align with his transgressive model of emotional eating: feeling driven to engage in behaviors that feel subversive and doing them despite negative consequences or guilt (p.94). Emotional eaters, he says, live with a recurrent pattern of having an unwanted urge to eat; they are preoccupied and conflicted about it; yet, they act on it anyway.



I’ve read more books that I care to count dealing with disordered eating and drinking. The information at times insightful but never provided the answer I needed. I hesitated to read Farkas book, *8 Keys to End Emotional Eating* assuming it was one in the same. I was going to skim it to write a short review. And, being me, I started to read. Farkas nailed it. I finally found my missing piece, the crux of my self-destructive behavioral motivation. It makes sense. It feels right.

According to Farkas, unwanted/overeating is a behavior caused by an emotional response to experiences that are interpreted as controlling (pg. 136). Reading *8 Keys to End Emotional Eating*, I learned that unwanted eating/emotional eating is a form of *psychological reactance*: the tendency to react against any outside control over our behavior; an instinctive reaction to any unsolicited influence that feels like a limitation to our freedom (94).

After reading this book, I see how my history of unwanted/emotional eating and, in my perspective unwanted drinking, has been a defiant response to feeling controlled (p.3). There’s a deep-seated feeling in my being, a result from a lifetime of feeling controlled that triggers an internalized conflict between the need to feel accepted and the need for autonomy.



Farkas' intention is to help readers stop emotional eating and establish a healthy mental attitude toward food. He includes unwanted overeating as well as binge eating disorder and bulimia in his discussions.

Farkas describes what emotional eating is and what drives it. He explains how you can stop, and how you can adopt a more normal and enjoyable pattern of eating. Point on data is supported by case examples—composites of narratives shared by Farkas' clients over the past 15 years. At the end of each Key (chapter), there are questions to consider, space to write the answers.

Just to be clear, this is not a diet book nor nutritional guide. There are no eating plans, no good foods or bad foods. According to Babette Rothschild, the Series Editor for the *8 Keys to Mental Health* series, and author of *The Body Remembers, Volumes 1 and 2*, this is a "life book" written to help readers change their relationship with food and with themselves (xiii).

Per the series guidelines, there are eight keys to address the given issue. I offer a brief glimpse into each.

Key 1: Get a Fix on Emotional Eating. This section explains what emotional eating is, the different terms used throughout the book, and the types of behaviors and thinking patterns emotional eaters engage in. Farkas

outlines four typical personality profiles then aligns them with case examples. There's a self-assessment at the end of this Key to determine where you fit.

I appreciate his take on four typical personalities, and I found it more useful when he discussed the commonalities between them because I resonated with parts of all four. The commonalities all spoke to me: the need to restrict what they eat (dieting or not); attempting to control some feared behavior or emotion they believe will threaten their status or relationships; view their emotional state as a ticking time bomb that must be defused or disabled; failing that they detonate in a controlled implosion (i.e. overeating) to release the pent up energy (p. 37).

Key 2: Break the Diet Mentality. Farkas explains how our bodies are adapted to determine what, when, and how much we want to eat. His intention here is to help readers learn how to regain their judgement and intuition about eating and how to stop trying to manage their body via dieting and food selection. Diets, he says, are counterproductive. Normal eating is about moderation through self-regulation (mindful control) not self-restraint (whether by portion control, hunger control) (p. 69).



Key 3: Be Strategic About Control. This key offers strategies to affect our eating routines and food choices. Behavioral and mental habits are discussed and exercises to modify them are offered.

Key 4: Understand the Motive. Here, Farkas discusses motives for emotional eating and obstacles that get in the way of stopping. He explains the Transgressive Model and then adds that in many instances we pressure our ourselves. While we think we're pushing back against feeling controlled, we're often the ones who are pushing to excel, to succeed, to lose the weight, to be perfect, to be loved, to be enough.

Farkas notes that having to cope with all the different stressors in our lives can create a sense of being captured, contained, restrained beyond our control. Eventually the intensity is going to move beyond what we can manage. Unrestrained behaviors result as a counterweight to the impending or recently concluded period where we felt our personal freedom curtailed, felt controlled and powerless, trapped in ways that limited our ability to direct our own choices (p. 92).

To stop any unwanted behavior, Farkas explains, we must understand what it brings into our life in the first place. Binge eating may not rank high on our conscious behavior scale, but there's some part of us that we're not fully aware of but it's there nudging, offering, compelling . . . if we listen to this side's point of view, we can work from a place of united efforts rather than be in an antagonistic no-win war.



Key 5: Resolve the Conflict. This key focuses on how to resolve this internalized conflict. Rather than try to win the war, Farkas offers ways to negotiate with both sides, first by accepting that at one point both were offering to help in their own way. With negotiation, Farkas says we can reduce the conflict and restore internal balance thus the defiant eating is no longer necessary.

Key 6: Boost Your Coping Skills. Farkas discusses the three types of psychological coping: emotion focused, problem-solving (i.e. challenging your assumptions about the cause of the problem, examine underlying causes, take a cooperative approach to finding a solution), and reappraisal or cognitive reframing and flexibility (first you need to recognize and question automatic assumptions about how perceiving events then consider possibilities, other ways of looking at it that might eliminate or reduce stress). He highlights quick-fix coping strategies that often make the matter worse. According to Farkas, focusing on short term relief can intensify the need for emotional eating. Binge eating often starts as a way to seek immediate relief from feeling stuck or restricted with limited solutions that turn into severe problems (p. 127).

Per Farkas, learning how to cope is more helpful than avoidance and abstinence (p. 143).

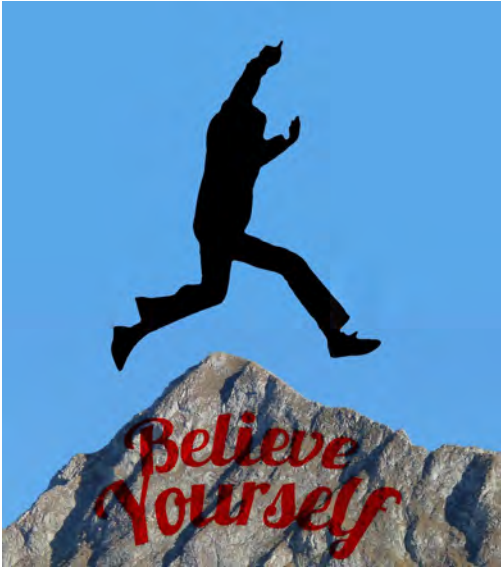
Key 7: Cue Your Reasoning. This section looks at perceptions and how they are distorted by the way we filter our experiences. Farkas offers readers a chance to look at filters that trigger them, to slow down, be mindful to choose other ways of interpreting events in their lives.

Key 8: Accept Yourself and Thrive. The final key provides ideas that can help readers put the changes offered in this book into action and make them practical and sustainable for the rest of their lives. He writes about four areas of acceptance: yourself, your own authority, the change process, the urge.

Two take away statements from this Key:

The ultimate source of conflict is your own belief that you're not acceptable as you are and that you need to change (p. 153).

Meet in the middle zone of moderation; normal eating requires recognizing the space between all and nothing (p. 154).



8 Keys to Ending Emotional Eating offers insights into emotional eating that I have not read/heard before. The information is easy to read, a personable, engaging writing style. The content detailed, well informed, and supported with clinical examples. I appreciated the exercises and the space in the book to write responses. And I also think, having lived with multiple forms of disordered eating most of my life, that no one can make the necessary changes alone on the pages of a book. I see this book as part of a healthy therapeutic relationship with a therapist who resonates with you, who feels into, senses into your struggle and offers the support you need to both come to awareness of and appreciate your past and then take the next steps to make changes for a healthier relationship with food and with yourself.

Howard Farkas, PhD, is a clinical psychologist specializing in the treatment of emotional eating. He is the founder and president of Chicago Behavioral Health, LLC, and Clinical Instructor of Psychiatry and Behavioral Sciences at Northwestern University's School of Medicine. He is a member of the Academy of Eating Disorders and of the International Association of Eating Disorders Professionals.



Nancy Eichhorn, PhD is an accredited educator with a doctorate in clinical psychology, specializing in somatic psychology. Her current projects include publishing *Somatic Psychotherapy Today*, work as a writing mentor, workshop facilitator, freelance writer, and editor. Her writing resume includes over 5,000 newspaper and magazine articles, chapters in professional anthologies, including *About Relational Body Psychotherapy* and *The Body in Relationship: Self-Other-Society*. She is an avid hiker, kayaker, and overall outdoor enthusiast. Nature is her place of solace and inner expression.

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From an embodied place of experiencing, and through the lens of Polyvagal Theory, we can understand addictive behaviors as the body's attempt to keep us alive when being in the present moment is too overwhelming. Shifting to a bottom up approach allows us to experience both the wisdom of the body, and the wisdom of addictive responses.

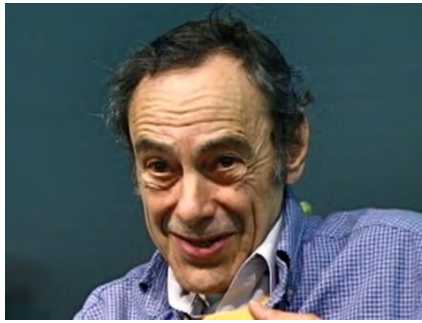


To create the FSPM, I drew from Stephen W. Porges' Polyvagal Theory (2011), which offered a new understanding of the autonomic nervous system. As I began to learn about Polyvagal Theory, I realized that it enhanced my understanding of what I knew intuitively: Clients were using addictive behaviors to propel themselves from a state of sympathetic arousal to a dorsal vagal response of numbing, and vice versa. Through the lens of the autonomic nervous system (ANS), we see these behaviors as adaptive. While they may look bizarre, they have a logic of their own that is oriented towards survival. This understanding is key to appreciating the vital importance of Porges' discovery.

Why is this so? Because it validates these behaviors as adaptive, and the folks who rely on them as, in a sense, normal. Polyvagal Theory teaches us that we respond to threat in a very elegant and systematic way, first by activating the ventral branch of the vagus nerve, our 'smart' vagus. If the situation cannot be resolved in this way, the sympathetic branch kicks in to empower us to mobilize. If mobilizing is not possible, we have a third option available to maximize our potential for survival, the dorsal branch of the vagus nerve that shuts us down, helping us to dissociate, to bear the unbearable.

This is vitally important because we then see traumatic responses in a new light. A paradigm shift is demanded of this new light. A shift that honours the body's inherent knowing, healing shame and blame, and putting new and more body- informed healing practices into the forefront.

Many other cultures and movements never lost their appreciation for the wisdom of the body. Our culture lost its way post Descarte. We have much to learn and unlearn. My own understanding came from the Feminist movement. We embraced body wisdom, and intuitively understood traumatic responses, including addiction, as inherently helpful. But our female voices were not respected, and we didn't have a significant piece that Polyvagal Theory provides. That is, a sophisticated understanding of the autonomic nervous system that provides a neurophysiological explanation for traumatic/addictive responses, and the power of a scientific language that speaks to, and challenges, our post Descarte era. Porges' capacity to integrate top down and bottom up ways of knowing is making him a powerful contributor, a change agent in our currently desperate culture of global trauma.



My work is also influenced by Eugene Gendlin (1978), who coined the term *felt sense* based on a contemplative practice called Focusing. Focusing is a six-step process that helps us find our implicit embodied knowing about an issue in our life. A knowing that is at first vague. Turning attention inwards and listening with compassion allows a felt sense, a whole sense of the situation, to form.

Thoughts, feelings, physical sensations, and memories are different aspects of experience that create a pathway into the Felt Sense. In asking questions about these aspects we help the client to deepen their embodied knowing of the issue. As the felt sense forms we pause and stay with the fullness of experiencing. Sometimes a Felt Shift, a physical release happens as the client integrates a new knowing. This shift is the bodies' knowing and pointing in the direction of growth and healing. The client feels a relief, a settling. Focusing is a natural process that happens all the time. Gendlin found that clients who were doing well in therapy were connected to their bodies. They had access to a Felt Sense. However, because we live in such a disembodied culture, many clients needed help to connect, so Gendlin created the steps.



I also incorporated Marc Lewis' s learning model of addiction. Lewis, a neuroscientist, reinterpreted the neuroscientific data on addiction from what he called a disease-free bias. He reframed addiction as the development of coping habits within a social matrix. "According to Lewis, addiction is an extreme outcome of a normally functioning brain" (Snoek and Matthews, 2017).

In addition, I've brought an anti-oppressive lens to the understanding of the root causes of addiction. It is from this lens that we have seen the profound impact that oppression has on the development and increasing incidence of addictive behaviors. Experiences of oppression lead to trauma, and trauma is the underbelly of addiction. Consequently, marginalized groups are much more vulnerable.



Staci Haines, author of *The Politics of Trauma*, (2019) puts it so well when she says that trauma robs us of safety, belonging and dignity. Without these basic needs being met, we seek out quick and dirty ways of soothing to help us survive.

My objective was to provide a teaching/clinical model of addiction that offered a radical paradigm shift, challenging our current pathologizing approach. I integrated new neurobiological findings in brain research, supported by an alternative learning model of addiction, as well as subsequent clinical approaches that address embodied trauma therapies.

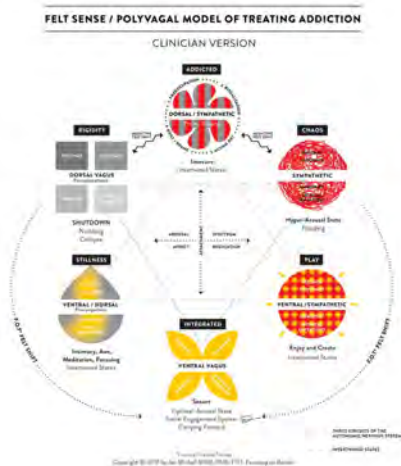
My goal was for therapists to understand addiction using a sophisticated theoretical framework and treatment strategies that challenged old, disembodied approaches. The model is adaptable to any school of psychotherapy or healing practice.

The Felt Sense/Polyvagal Model

To support FSPM, I created two graphic models. One for clinicians and one for client use. [Looking at the graphic depiction of the FSPM Clinician version](#) we can see the overlap with Porges' work.

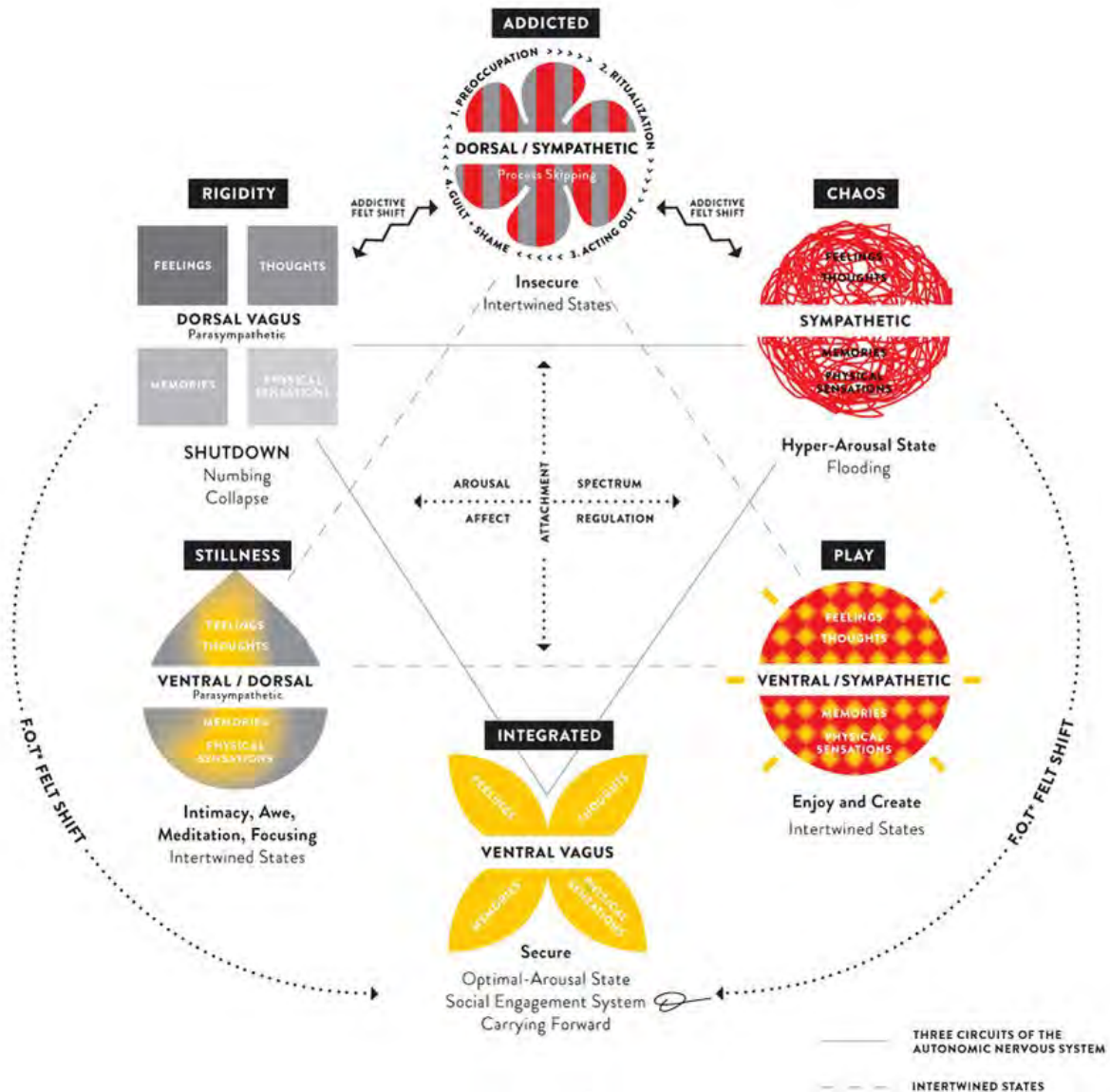
First are the three circuits of the ANS, connected via a solid lined, inverted triangular

- A) the ventral vagus is in yellow at the bottom of the page,
- B) the sympathetic in red on the right, and
- C) the dorsal vagus is in grey on the left.



FELT SENSE / POLYVAGAL MODEL OF TREATING ADDICTION

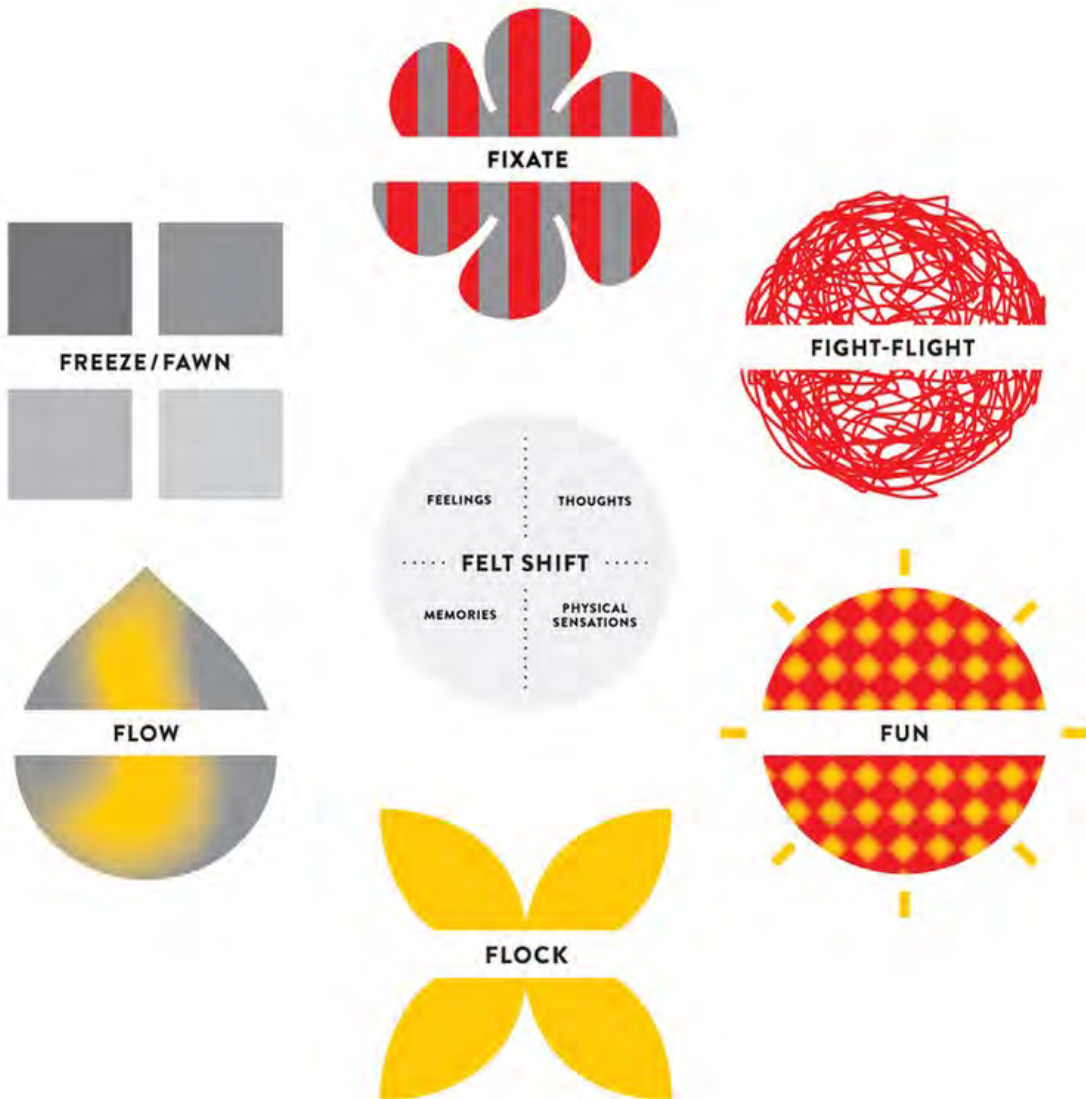
CLINICIAN VERSION



*Focusing Oriented Therapy
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FELT SENSE / POLYVAGAL MODEL OF TREATING ADDICTION

THE 6 F'S CLIENT VERSION



*Focusing Oriented Therapy
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Next are the Intertwining States, connected by the dotted line triangle.

Intertwining states are states in the system that utilize two pathways. The ANS has the capacity to blend states creating a greater range of experiences. The intertwining states are represented in the model in mixed colors.

- (1) Play is on the bottom right in yellow/red.
- (2) Stillness is bottom left yellow/grey.
- (3) And the FSPM proposes a third intertwining state of Addiction, which is at the top of the model, red/grey.

As a state, Addiction is a blending of sympathetic and dorsal. Without the presence of the ventral vagus, the Social Engagement System is offline. When trauma and other states of emotional dis-regulation occur, the capacity to regulate through the ventral vagus are compromised. The ANS shifts into survival mode. People then employ addictive behaviors to seek relief from suffering.

In addition to providing a new map for clinical applications, I created a simple version for clients that uses what I call the 'Six F's' to define the states of the autonomic nervous system: Flight/Fight, Fawn/Freeze, Fixate, Flow, Fun, Flock (see image on page 67).

1. Sympathetic Response: Flight is a state of fear and anxiety. In this state the body mobilizes to run and escape. Fight is a mobilizing state of anger.
2. Dorsal Response: Fawn is a state of surrendering to someone with power over you. Freeze is a collapse of the ANS into a dissociative state when sympathetic response is ineffective.
3. Fixate is the intertwining state of addiction that acts as a propeller between Flight/Fight and Fawn/Freeze.
4. Flow is an intertwining state between ventral and dorsal. A state of safety with stillness.
5. Fun is an intertwining state between ventral and sympathetic, a state of playfulness.
6. Flock is the ventral state of grounding and safety.

With time our clients learn how to identify and track the state they are in and to use the tools that we teach them to move more into the ventral vagal state.

Applying the Model

I offer an example starting with Focusing. A client comes in with anxious feelings and a tightening in her throat. She says that she doesn't know why she feels this way. We begin the process of quietly turning attention inwards, down into the centre of the body. Tears come as she connects the physical sensations with the feelings of sadness and anger. A beginning of the Felt Sense starts to form. I ask, "Can you welcome both feelings?" She pauses and explores where there are no words. She puts a hand on her throat.



“I don’t know how to be with anger,” she says. More sensing into the body.

More tears flow as she feels the physical sensations of the Felt Sense flooding into her throat and now down into her chest. A whole Felt Sense of her situation forms: thoughts, feelings, physical sensations, and memories.

“This goes way back for me. Little girl afraid to be angry, so I cry instead. And”, she stops, hesitating to say the next sentence, “I eat. A lot. And then I make myself sick to get rid of it. This needs to stop. I need my anger.”

Her whole body moves and relaxes with a Felt Shift. She feels her throat loosening, a new piece has come for her. An explicit knowing that has great meaning for her. A need to connect with her anger. Her Felt Sense carries this meaning forward into her life as she welcomes what came in her Focusing practice session.

Next, we can map the felt sense onto the Felt Sense Polyvagal Model to integrate the autonomic nervous system states. This gives us more information about the client’s journey. In the Clinician version she moves back and forth from chaos/sympathetic meme, over to rigid/dorsal (fawn), a shutting down of anger and surrender of power, then down to Integrated/Ventral meme in her Focusing Oriented Psychotherapy session. Together we look at the Client Version of the model as she maps her journey from Flight/Fight to Fawn to Flock.



In Conclusion: A Call to Action

Polyvagal theory teaches us that we are not safe until all of us are safe, feel a sense of belonging, and have dignity in our lives. Because we coregulate each other, we are designed to live in community. We thrive when we are taking good care of the most vulnerable folks in our culture. Addiction is created and prolonged by states of vulnerability.

At a time like this, with a global pandemic upon us, we need more than ever to learn the lessons of a Polyvagal informed society. We need to learn from folks suffering from addiction. They tell us where we are failing as a culture, and what we must do to bring safety to each and every one of us. If we all need to go home and practice social distancing, then we better make sure that all of us have a safe home to go to. Otherwise, none of us are going to be safe.

"Addiction is our teacher," says Bruce Alexander (2010), a researcher and author. In his documentary, *Addiction: The View from Rat Park*, he shows us how we have lost connection with each other and with the natural world. In our disconnected state, we, as a culture, can't know how to feel into the problem or the solution. We cling to our top down explanations of demon drugs to avoid feeling into the embodied cultural trauma of our times. Like the addicted soul, we delude ourselves. We have lost our way. But only in our heads. The body knows the answer.

Addiction is a political problem, and I invite you to join me in standing up and speaking up to make a difference!



Jan Winhall, M.S.W. R.S.W. F.O.T.T. Toronto, Canada. Jan is a psychotherapist in private practice and Director of Focusing on Borden, a centre for teaching Focusing and Focusing-Oriented Therapy. Jan is the author of *Understanding and Treating Addiction with the Felt Sense Experience Model*. In *Emerging Practice in FOT*. Jan teaches internationally and is a lecturer in the Faculty of Social Work at the University of Toronto. She is currently writing a book about her new Felt Sense/Polyvagal Model for treating addiction.

I am currently writing a book about the FSPM model. For information and questions please visit my website: <http://www.focusingonborden.com/>

References

- Alexander, B. K. (2010). *The globalization of addiction: A study in poverty of spirit*. Oxford, United Kingdom: Oxford University Press.
- Gendlin, E. (1978). *Focusing*. New York, NY: Everest House Publishing.
- Haines, S. (2019). *The Politics of Trauma*. Berkeley, California: North Atlantic Books.
- Lewis, M. (2015). *The Biology of Desire*. Canada: Penguin Random House Doubleday Canada
- Porges, S. W. (2011). *The Polyvagal Theory: Neurophysiological foundations of emotions, attachment, communication, self regulation*. New York, NY: W. W. Norton and Company.
- Snoek, A., & Matthews, S. (2017). Introduction: Testing and refining Marc Lewis's critique of the brain disease model of addiction. *Neuroethics* 10(1): 1-6. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5486510/>
- Winhall, J. (2014). *Understanding and Treating Addiction with the Felt Sense Experience Model*. In Greg Madison (ED), *Emerging Practice In Focusing-Oriented Psychotherapy, Innovative Theory and Applications* (178-193). London: Jessica Kinsley Publishers.

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Active Pause® Part 3: The Pause as a Redefining Moment

By Serge Prengel

This article is part 3 of a continuing series about Active Pause. In part 2, I showed how the pause is part and parcel of the process of integrating our experience. Here, I will be describing it as a redefining moment. It is a perspective I like to share with clients, to put our work in context.

As a concrete example, I will use a situation described by Mary Hendricks Gendlin. A first-time mother is in the hospital shortly after giving birth to her daughter. Her husband had to leave right after birth, so she is by herself when the hospital staff tells her that the baby has jaundice. They want to give the baby a shot. It doesn't feel quite right to her, so she does not rush into it and questions the staff. Their arguments do not convince her. However, the hospital staff is persistent. The mother experiences herself as alone against the weight of medical wisdom and authority. It is against such pressure that she decides against the shot.



Later, the mother finds out that her decision made sense medically. However, she does not have that information at the time she is in the hospital. In this article, what matters is to understand why she does with the limited information she has, in the context of unrelenting pressure from the medical staff.

What she does is take a pause. At a gut level, she feels a deep sense of uneasiness. Deep, but fuzzy: she's not yet able to articulate what it is. All she knows from previous experience is that it makes sense to take a pause when she starts sensing something like that.

Taking a pause allows her to give more attention to what is still murky and faint. It enables her to notice the pressure. To you, the reader, this may seem evident. It had not been apparent to her before. Think about it from her perspective. You're in the hospital, people are taking care of you, and telling you what to do is part of taking care of you. What could be more reasonable?

As she pauses, she starts to experience things differently. She no longer takes it for granted that she has to follow instructions. Now, she perceives the situation as a confrontation, with an overhanging sense of threat. The risk is significant: we're talking about the health of a newborn child. The mother is alone against the medical staff.

"I" exist and "I want." This is not an abstract notion but a deeply felt experience.

This mother was Mary Hendricks Gendlin herself. In her retelling of the story, she emphasized how the new mother was alone against the staff, the hospital, the medical world. She was alone against what felt like the weight of collective wisdom: trust medicine. So, Mary called what she did "the revolutionary pause." She saw such moments as an opportunity for individuals to stand up for themselves against societal norms that are all the more oppressive because the oppression is hidden.

Emphasizing the social and political dimensions does not mean that Mary was oblivious to the psychological aspect. To the contrary. As a psychologist and a Focuser, Mary was aware of the complexities of inner experience. She wanted to put the psychological within a broader context. The struggle to be oneself is not just intrapersonal or interpersonal. It also has to do with the society we live in and the pressures this imposes on us. These pressures affect our individual experience, whether we are conscious of them or not.

Let us go now back to re-examine what happens in the story told by Mary, from the perspective of it being a redefining moment.

In the beginning, she is emotionally flooded. This is understandable. It feels excruciating to go against accepted wisdom when the stakes are high. Pressure and fear prevent us from seeing that there may be an opportunity to make a choice. We tend to be reactive rather than develop a thoughtful response to the challenge. Responding, as opposed to reacting, requires taking some time to gain a broader perspective and consider options.

The Emerging Self

As the saying goes, what doesn't kill you makes you stronger. If you don't collapse in the face of unrelenting pressure, you experience yourself as having agency.

The mother decides that she does not have to rush into giving the baby a shot for jaundice. As she stands up against the pressure, she experiences a strong sense of self. She describes it as a revolutionary resistance to oppression. Politically, this is what happened when the American colonies resisted English oppression and emerged as a country. This concept can just as well be described in psychological terms. It involves the sense that "I" exist and "I want." This is not an abstract notion but a deeply felt experience.

The stakes in this example are high. So, we have no trouble thinking of it as a "defining moment." It is a moment the mother will remember long afterward, as the moment where she stood up against authority. She took a risk to do what she felt was best for her daughter, as opposed to doing what she was told.

In this case, the sense of self coalesced around the experience of saying no to the shot. What makes it defining is not a specific decision. If the mother had eventually decided to yield to medical advice after pausing, it would still be a defining moment. Her experience would have been that of feeling overwhelmed by the risk, not wanting to take that responsibility, wanting to be sheltered by the voice of authority. That too would be a deeply felt defining moment, anything but an abstraction.

It comes to us more naturally to call 'defining moments' those moments when we break from the mold. But it is equally defining, in the sense of helping us know who we are, to have experiences where we realize that we do not have the stuff it takes to break from the mold.

Such moments are a breakthrough, a rupture, a paradigm shift. Compared to dramatic moments such as the one Mary described, most of what happens after we pause in our everyday life is relatively trivial. Yet, I like to think of what happens after any pause as a "redefining moment." Not because it changes your whole outlook on life. But because it makes you reconsider your relationship with what is happening to you.

In the flow of moment-by-moment experience, a mindful pause is a rupture of continuity. At this moment, there is a reassessment, a conscious reorientation. No matter how small the shift, and even if there is no actual change, it is an opportunity to have the felt experience of "I am" and "I decide what to do." Or: "I face the situation; therefore, I am."

I also want to clarify that, when I talk about "sense of self" and "defining moment," I do not mean that there was no sense of self before. I am talking about the unfolding of our experience of "self," as we redefine ourselves based on how we respond to our circumstances.

These Are Not Abstractions

Words such as meaning, purpose, self, or defining moments are not philosophical abstractions. They refer to deeply felt experiences that we notice when we pay attention to our experience moment by moment.

The sense of intense pressure that the young mother feels in the story is not an abstract concept. We are talking about genuine fear. It is the crucible of intense emotions that shapes the emerging sense of self.

Mindful engagement with life entails experiencing painful feelings, as opposed to being dissociated from them. It involves experiencing the "fight or flight" reaction that comes naturally to us when we face significant threats. Millions of years of evolution have deeply ingrained "fight or flight" in our direct ancestors, as well as in the more primitive animals that preceded them. The ability to confront danger, or run away from it if it is overwhelming, has enormous survival value. So, it is part of our genetic heritage, something that is difficult to override.

I also want to clarify that, when I talk about "sense of self" and "defining moment," I do not mean that there was no sense of self before. I am talking about the unfolding of our experience of "self," as we redefine ourselves based on how we respond to our circumstances.



The situation depicted in the story is a significant threat. We are talking about the health of a precious newborn child. Under intense danger, our nervous system goes into emergency mode. Knee-jerk reactivity comes from the "rapid response" part of our nervous system, as opposed to the circuits that process more complex information. Think about it this way. Imagine you are in antelope, and you smell a lion. It is much more useful for you to automatically run away than to start exploring whether or not this smell might be misleading. Otherwise, you might get killed and eaten before you have found an answer to the issue.

Reactivity is a great advantage when there is a real danger. However, in our ordinary lives, the threats we face are often not situations that require this kind of hair-trigger reactivity. More often than not, it works better for us to take a moment to assess the situation. Doing this means being proactive rather than reactive.

Overriding the Reactive Mode

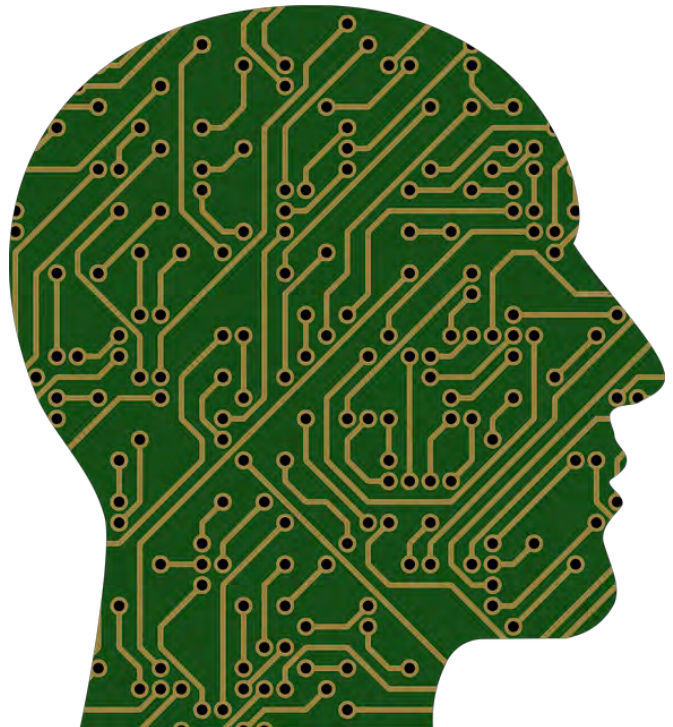
What is it that enables us to avail ourselves of this great resource, pausing, in times when we experience threat?

There has to be a part of us, even a tiny part, that can step back: "Wait a minute!" It is necessary to interrupt the circuit of

reactivity to give ourselves a chance to elaborate a potentially better response.

In Mary's story, what made it possible for the young mother to override her reactivity? She had developed the ability to be mindful. In her case, it came from the practice of Focusing. Over time, she had developed the ability to pay attention to her felt sense, very subtle information coming from inside. Thus, when she was talking to the hospital staff, she was able to experience a subtle felt sense, the sense that something didn't quite feel right. It's a subtle sense that most of us don't pay attention to because it doesn't come with the loudness and the clarity of an explicit warning.

It is hard to ignore flashing red lights and loudspeakers blaring: "Watch it! Danger!" It is much more difficult to notice some kind of a subtle queasy feeling in your stomach. Especially when the situation is so intense that paying attention to subtle sensations might feel like wasting precious time. The natural urge then is to concentrate on the threat, not the inner experience.



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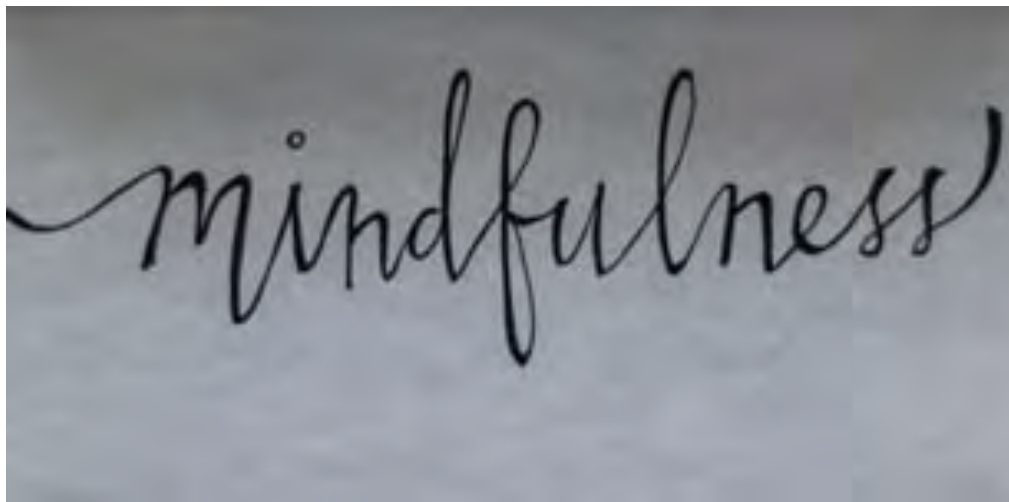
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But Mary was accustomed to paying attention to this kind of felt sense. She knew, at a gut level, that attending to a felt sense improved her ability to respond to the situation. She knew from repeated experience that the pause didn't have to last very long for it to be effective. It is impressive how fast you get information from the felt sense once you stop ignoring it and pay attention to it.

You take a moment to be attentive to that queasy feeling in your stomach. Right away, you get some sense that "something's not right here." You don't know what is not right, but you know it's good to attend to it.

It's a "Wait a minute!" moment. You feel: "Something's not quite right. I need a moment to sense into it." It's not that you know the specifics of what is not right. Not yet. All you know is that it's okay to take a moment. It's more than okay. You need to take a moment. So, you push back against internal pressure or pressure from others. Firmly. Gently if you can, more forcefully when needed. You are not doing this to be negative, rebellious, rejecting other people's suggestions. You simply need to make a space to hear yourself sense and feel and think.

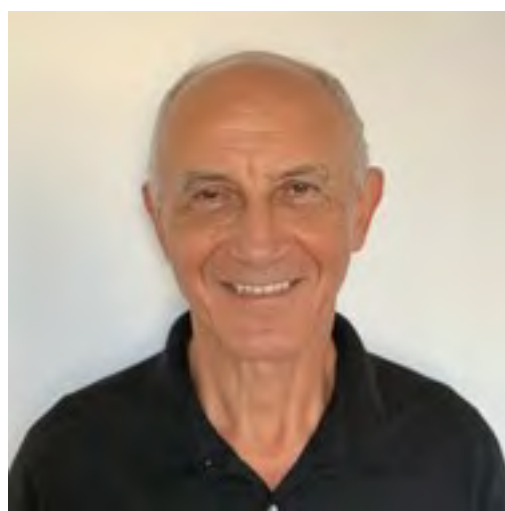


In Practice

The theory is straightforward: All you have to remember is that you need to take a mindful pause when there is a threat or pressure. In practice, it is not so easy to do when the situation is intense. What makes it difficult is that it takes overwriting the potent reactive mechanism that millions of years of evolution have honed to perfection. Therefore, the pause is something that you have to train for so that it is available to you as a resource when you need it most.

In the story, what helped the mother was her previous training in Focusing. Practicing mindfulness is an excellent way to train our nervous system to override reactivity. Essentially, the practice of mindfulness enables us to notice our reactivity and to shift our attention.

Practicing mindfulness develops our ability to engage the nervous system circuits that can assess information in a more sophisticated way than the reactive circuits. Mindfulness practice, in general, is beneficial to help override reactivity. Focusing is especially helpful in developing our capacity to be mindful in everyday life.



Serge Prengel, LMHC, is in private practice in New York City. He has been exploring creative approaches to mindfulness in therapy and in everyday life: how to live with an embodied sense of meaning and purpose. Serge is a graduate of France's Sorbonne University and HEC School. He is certified in Focusing, Core Energetics and Somatic Experiencing, and also draws from Systems-Centered theory. Serge is the editor of the Relational Implicit podcast.

My next article will discuss getting in touch with experience as an embodied, mindful process.

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Coming Attractions

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During this time of uncertainty, may we find peace and tranquility in moments of quiet contemplation as well as in moments of loving connection.



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