

Somatic Psychotherapy Today



A PUBLICATION OF THE UNITED STATES ASSOCIATION FOR BODY PSYCHOTHERAPY

FALL 2012



The first issue of the combined USABP/EABP Journal has been launched. A pdf version can be downloaded from their respective websites: <http://www.usabp.org> and <http://www.eabp.org/ibpj-subscribe.php> (and follow the instructions).

Submissions are welcome.

The Journal's mission is to support, promote and stimulate the exchange of ideas, scholarship and research within the field of body psychotherapy as well as encourage an interdisciplinary exchange with related fields of clinical theory and practice through ongoing discussion. The joint publication evolved from the USABP Journal in response to tremendous growth in the field of body psychotherapy worldwide over the past ten years. As the field continues to expand, the Journal's aim will be to broaden its readers' horizons by inviting submissions of original theory, qualitative and quantitative research, experiential data, and case studies, as well as comparative and secondary analysis and literature reviews from clinicians and researchers practicing in all health care fields across the globe.

Editor: Jacqueline A. Carleton, PhD jacarletonphd@gmail.com

Editorial Committee: Robyn Burns robynburns@att.net, Nancy Eichhorn, writetobe@myfairpoint.net, Christine Hayes EABP Secretariat secretariat@eabp.org, Michel Heller, mmaupash@bluewin.ch, Elizabeth Marshall, Elizabeth.Marshall@gmx.de, Katy Swafford katy-swaffordphd@sbcglobal.net, Jill van der Aa jill.vanderaa@eabp.org.

NYU Postdoctoral Program
&
Psychophysiological Disorders Association

PRESENT

WHEN STRESS CAUSES PAIN

Innovative Treatments for Psychophysiological Disorders

Saturday, October 6, 2012
8:30 AM - 5:30 PM

The New York Academy Of Medicine
1216 5th Avenue, New York, NY (at 103rd St.)

Objectives

- To understand the link between psychosocial stress and pain and other physical symptoms
- Learn to assess clients with medically unexplained physical illness
- Learn to use psychotherapy to relieve somatic symptoms
- And more...

Keynote Speaker: Raja Selvam, PhD.

Faculty

- Lewis Aron, PhD, ABPP - Director of NYU Postdoc
- Frances Sommer Anderson, PhD, SEP - NYU Postdoc
- Sharone Bergner, PhD - NYU Postdoc
- David D. Clarke, MD - Oregon Health & Science University
- Mary-Joan Gerson, PhD, ABPP - NYU Postdoc
- Alan Gordon, LCSW - USC
- Spyros Orfanos, PhD, ABPP - NYU Postdoc Clinic Director
- Evelyn Rappaport, PsyD, SEP - NYU Postdoc
- Forest S., MA, MS - Boston U.
- Howard Schubiner, MD - Wayne State University
- Eric Sherman, PsyD - NYU Postdoc
- Peter Zafirides, MD - Ohio State University

Register at

<http://www.ppdassociation.org/events/when-stress-causes-pain>



7th Annual USABP Conference Report by Ann Ladd

The 7th USABP Conference has come, seen and conquered our hearts and minds once again. This year's focus was to discuss and define the impact Body Psychotherapy has in the broader field of psychotherapy. It is an auspicious time to take our informed and experienced presence into the conversation regarding the importance and necessity of including the body in therapeutic healing efforts that is finally capturing the imagination of the world

Conference attendees came for the same reasons they have always come—to find refreshment for their bodies, minds and souls in the company of friends and colleagues. Besides the stimulation of the plenary speakers and afternoon breakout sessions, there were many nooks and crannies in the hotel and gardens to chat and reconnect with friends. Conference planners kept the body engaged with stretches and movement during the plenary programs, with morning tai chi and yoga warm-ups on the lawn beside the river, with the availability of pools and hot tubs, and, of course, with exuberant Saturday night dancing to the music of the Rocky Mountains' best live country/rock contemporary band.

Many present at this conference were here fourteen years ago for the first full USABP Conference. We came then to find a common ground for sharing our work at the daring edges of the mental health field and to engage the important questions that confronted us in our pioneering work. During that conference, we got people out of their chairs and moved the body, we touched the body, we encouraged and supported emotions, and we taught people skills for psycho-physiological self-regulation. We established a validating community of like-minded folks for support and sharing.

The keyword then was “building community”. Through the vision and volunteer efforts of many people over the years, the early goal of forming this organization to provide an umbrella for diverse systems working through the body for psychological healing has been accomplished. We have an organizational structure with a Strategic Plan shepherded through by Elliot Greene and managed by our Executive Director, Robyn Burns; we have an Ethics Code authored by Marcel Duclos. We have a growing body of professional information starting with the professional journal, birthed and developed through the years by

Jacqueline Carleton, PhD, and her interns which is now a joint endeavor with our European colleagues; Serge Prengel initiated and produces a fascinating series of informative interviews with experienced body psychotherapists which are available on the Somatic Psychotherapy website; and most recently we have an attractive, informative magazine from the vision and hard labor of Nancy Eichhorn. We have met many of our early goals.



Robyn Burns at the Saturday luncheon sponsored by the Somatic Experiencing Trauma Institute



		
TRAININGS FOR PROFESSIONALS WORKING WITH TRAUMA...		
UPCOMING TRAININGS 2011/2012	Austin, TX Boulder, CO Laguna Beach, CA NYC, NY	Ocala, FL San Diego, CA Tucson, AZ Warrenville, IL
	For more Info and to Register www.TraumaHealing.com (303) 652-4035 Info@TraumaHealing.com	
CEs AVAILABLE: APA, CBBS, NASW, NBCC, NCBTMB, RISI and more!		
		SOMATIC EXPERIENCING® Somatic Experiencing® (SE®), developed by Peter A. Levine, PhD, and supported by leading-edge neuroscience, is the revolutionary, naturalistic approach to the resolution and prevention of trauma. The SE® Professional Training Program provides healing professionals with a comprehensive of our biological capacity to heal trauma and the skills necessary to facilitate this natural process. By mimicking wild prey animals' innate resilience to stress, SE® helps restore the inherent self-regulating mechanisms of the human nervous system, providing your clients with an enhanced capacity to enjoy a wide spectrum of human experience.

What is Somatic Experiencing® (SE)?

Somatic Experiencing® is a body-awareness approach to trauma being taught throughout the world. It is the result of over forty years of observation, research, and hands-on development by Dr. Levine. Based upon the realization that human beings have an innate ability to overcome the effects of trauma, Somatic Experiencing has touched the lives of many thousands. SE® restores self-regulation, and returns a sense of aliveness, relaxation and wholeness to traumatized individuals who have had these precious gifts taken away. Peter has applied his work to combat veterans, rape survivors, Holocaust survivors, auto accident and post surgical trauma, chronic pain sufferers, and even to infants after suffering traumatic births.

Mission Statement

The Somatic Experiencing® Trauma Institute is a nonprofit educational and research organization dedicated to the worldwide healing and prevention of trauma. We provide professional training in Somatic Experiencing® and outreach to under-served populations and victims of violence, war, and natural disasters.

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Diana Houghton Whiting, BED	<i>Cover Design and layout</i>
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Somatic Psychotherapy

Today

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From Our Founding Editor

Read our webpage version at www.issuu.com/SomaticPsychotherapyToday

I've heard that the field of body psychotherapy inherited its share of splits, divisions, and rivalries. And I am sure that's real and true—any field in psychotherapy houses alliances and loyalties based on one's beliefs, trainings, and practices. Fortunately, I've created a collaborative environ where I'm surrounded by people who appreciate the diversity and richness within our field, who value the various traditions for their contributions to our understanding of the human psyche. As we all assume a more integrative stance and offer a wider embrace of other therapeutic approaches without privileging any particular traditions, we bring an embodied awareness to all of them. The more we reach outward to touch, to connect, to be with one another as we support healing change in ourselves and in our clients/patients the more space we create for all knowledge, for all theories, and for all methodologies within an integrative body-mind-spirit perspective.

Within my sphere of writers, artists, therapists, and publishers, the collaboration that takes place to create each issue of this magazine is a blessing in my life. Writers voice their knowing from all across the United States as well as from across the Atlantic Ocean—our international writers reveal just how entwined our traditions truly are as we realize our founding fathers and mothers stem beyond those who braved exploring a new land to those who braved new territories within in their own studies, theories, and practices—they followed their passions and patients' healed and methodologies were born. I offer this issue, filled with articles, research, resources, publishing opportunities, and embodied artistic expression as one more step toward integration and collaboration.



Warmly,

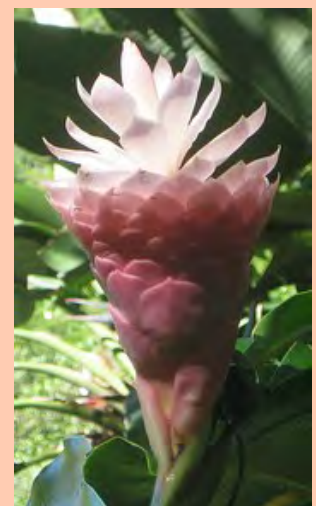
Nancy Eichhorn MA, M.Ed., MA



From Our Cover Designer



My favorite way to approach a problem or project is with collaboration. I enjoy the process of throwing out ideas and building on them, taking inspiration from the teams thoughts.



We invite you to write an article or be interviewed for our upcoming issues. And/or submit your view of Somatic Expression for our new art gallery. All written submissions will be edited, and all writers/interviewees have final approval before publication. We appreciate your knowledge and want to share your story. Please contact Nancy Eichhorn at MagazineEditor@usabp.org

Upcoming Themes:

Winter: Considering Client Compositions
(groups, couples, family, infants and so forth)

Deadline: October 15, 2012

Spring: Healing Touch (physical, spiritual, emotional, relational resonance and so forth)

Deadline: January 15, 2013

7th Annual USABP Conference

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Today, the keywords are “bottom up treatment” and “integrated health care”. Our conversations about the future integration of body psychotherapy into the mainstream differed from 14 years ago aided by new findings in neuroscience and attachment theory. Conference attendees had many opportunities in programmed sessions and informally to directly participate in the conversation.

The central issue of the importance of the therapeutic relationship was powerfully and personally presented through the humor and humanity of the first plenary speaker, Robert Hilton. His message resonated through our hearts, emotions, and body as he openly shared his own healing journey with some of the early leaders in the field. Through a lovely imagined dialogue between Reich and

Lowen, Dr Hilton pointed out how important it is in our clinical work to remember the tension between relationship and intervention techniques.

The Saturday Plenary Panel of ex-

perienced therapists (Susan Aposhyan, Marcel Duclos, Ryan Kennedy, Majorie Rand, and Lynn Turner), moderated by Mark Ludwig, began the discussion of the issues we face in defining body psychotherapy to each other and to our more traditional colleagues. Our rich and robust clinical practice shares much with other psychotherapeutic approaches such as: working with self-awareness; building the therapy alliance; the clinical use of empathy; maintenance of professional ethics; creating emotional safety;

working from a sound conceptual model; serving the client’s needs first; maintaining boundaries; developing the capacity to repair and to relent; and managing counter-transference etc.

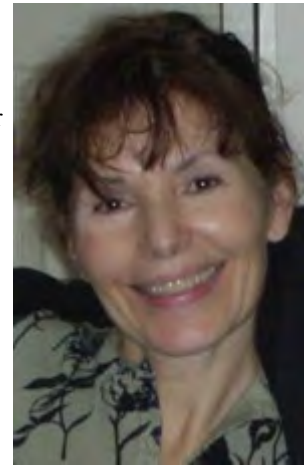
The panel focused on the relatively unique body-focused clinical concepts and practices Body Psychotherapists use to describe the goals and processes of their practice interventions including the following: working in present moment with non-verbal expression and communication; sensing; somatic empathy or resonance; regulation; somato-psychological integration; centering; grounding; movement; emotions and body process. The panel approached questions such as: What do our interventions say about our basic theoretical models? What are we doing and why? What crucial underlying systems involved with the client’s areas of concern are we targeting? And what do our interventions say about how we believe the human life system is organized and how it functions?

The panel conversation was followed by lively table discussions with conference attendees addressing common elements that define us as body psychotherapists. (Watch for a full report in later editions of the magazine.)

The third plenary presenter, psychoanalyst Frances La Barre, mined the wisdom of early theorists to bring together all the elements of bodymind in our theory and clinical interventions. Role playing three clients with very distinct presentations in therapy, La Barre created a visceral understanding of how we need to honor the power of each personality (nature) while attending to the layered effects of their early experience (nurture) in our therapeutic adventure together.

Finally, we acknowledged that the questions we ask and struggle to answer today will bring forth the next understanding and de-

velopments in our field. In that light, it is important to accept our commonalities while valuing our diversity as body psychotherapists—it is this diversity that serves the wide variance



of needs of the people who come to us for help. Can we nurture that diversity through dialogue with each other?

The many gifts of spending time with our community were capped by the delightful acceptance of the Lifetime Achievement Award by Al Pessio. His story of partnership with his wife, Diane Boyden Pessio reminded us to trust the impulses, passions and serendipities that form a life path to meaningful service.

We hope to meet and greet you at the next conference in 2015!



2012 USABP AWARD RECIPIENTS



Daniel James Lewis, M.P.H. receives the Alice K. Ladas Student Research Award from Alice Ladas, Ed.D.



Gary Avram Glickman, PhD, SEP receives the Alice K. Ladas Research Award from Alice Ladas, Ed.D.



Albert Pessa, PhD receives the 7th USABP Lifetime Achievement Award from USABP President Katy Swafford, PhD.

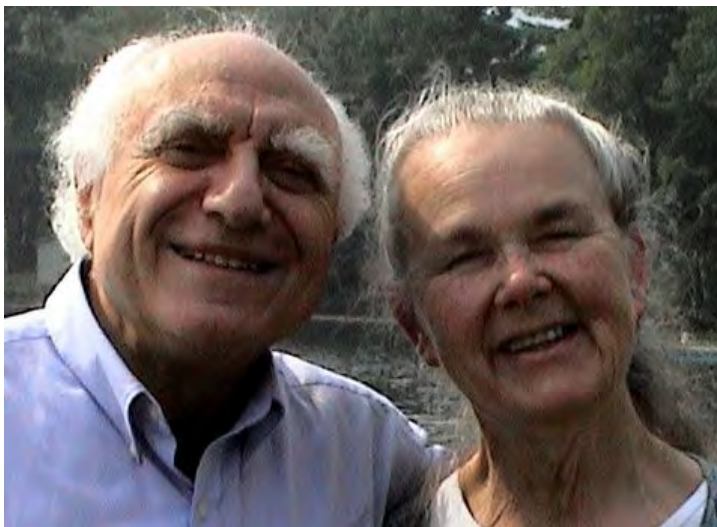
The 7th USABP Lifetime Achievement Award was presented to Albert Pesso on Sunday, August 12, 2012, during the USABP conference in Boulder, Colorado. Al made his way to the podium as the audience was swept to their feet in thunderous applause. Clearly touched, Al bowed in thanks then jokingly said, “You’ve said it all,” in reference to Ann Ladd who introduced him by way of his professional achievements. As the audience quieted, Al accepted the award with the inclusion of his wife and professional partner, Diane Boyden-Pesso, for both co-creating the Pesso Boyden Psychotherapy System and for “tolerating a lifetime” with him.

“We are such partners,” Al said. Tears in his voice echoed the upwelling of love for his life partner, almost overwhelming his speech. “I am fortunate to have met that woman.” (Al noted that Diane was unable to attend the conference due to illness).

He then offered the audience a rare glimpse into his private life—an insider’s view of his movement from the East Flatbush in Brooklyn, NY to Quincy, MA, from an adolescent focused on body building with the Greek Ideal of a strong body and a strong mind to his love affair with dance and his wife

Diane, and his turn to psychotherapy where he and Diane taught first dancers and then clients how to move with the freedom of expression.

Al’s pioneering spirit combined with continual opportunities prodded his process. He



Albert Pesso and Diane Boyden-Pesso

received scholarships early in his dance career allowing him to train with Martha Graham (“a goddess,” Al said, who taught him how to dance to touch the human heart) and then to attend Bennington College, an all girls’ school at the time (“a privilege to go there,” he said). It was said that Al could leap like a salmon going up stream and during one of his classes his teacher, Martha Hill, directed her students to, “look at Al leap.” With the grace of years of training

and a strong, well tuned body, Al leapt but inadvertently landed on a twisted ankle and broke the fifth metatarsal in his foot. Sitting with cast and cane in the common area, Al worked on his assignments when his classmate, Diane Boyden, invited him to study in her room—thus their connection began. Al left school before graduation to work in West Virginia as a dance instructor—he wanted to bring dance to the far out reaches (he noted that he integrated black dancers into the State Forest Festival he was hired to choreograph). During his time apart from Diane, he wrote nine letters a week and shortly asked her to marry him.

They became dance gypsies in New York and joined the Kiss Me Kate dance company. When their first daughter was born, they decided it was time to settle down and landed in Quincy, MA. The move from New York to Massachusetts, from dance to suburbia created a gap in Al’s life and resulted in a bit of a collapse, he said.

“My dream of being a dancer . . . it was a loss . . . but out of that collapse rose the seeds whole new future opened, I never dreamed of being a psychotherapist. Don’t be afraid when you dreams collapse,” he said.

Al’s dreams continued to flourish and at age 83 he continues to leap like a salmon going upstream bringing new ideas to the forefront.

“He could leap like a salmon going upstream.”



Pesso Boyden System Psychomotor
A Mind-Body Approach To Emotional Well-Being & Peak Performance



Jill van der Aa
General Secretary/Vice President



Across the Pond

European Association for Body Psychotherapy



Lidy Evertsen
President

Crossing the Pond sometimes seems like travelling into outer space. On July 20th our Dutch astronaut, Andre Kuipers, returned to the Netherlands after some months in space and a prolonged debriefing.

Lidy Evertsen visited the USABP Congress where she shared developments on this side of the Atlantic. In September USABP President Katy Swafford, USABP Board of Director members Lynn Turner and Paul Briggs, IBPJ Journal Editor Jacquie A. Carleton and *Somatic Psychotherapy Today* Editor Nancy Eichhorn will attend the EABP congress. Christine Caldwell and Rae Johnson will also attend and present in the Science and Research Committee Symposium on September 18th. And USABP member Mark Ludwig will join the congress – as he has done several times in the past. Thank you Mark for your continuing support. So we will have real “live” contact with our sister organisation members. These moments are highlights in our work. We are body psychotherapists – live contact is what we like, what we breathe, what we live for, and no doubt all

will be joyfully debriefed on their return.

Our collaboration on the International Body Psychotherapy Journal has been talked about for

some years but it was out of this live contact at the EABP Congress in 2010 that the cooperation was finally agreed. Now two years later the IBPJ has been launched. The first issue is free and can be downloaded from our respective websites as a pdf version. The online version will continue to be free to members and printed versions will be sold by subscription.

It has been a good exercise to see whether we can collaborate and share resources easily. Particular thanks is due to Jacquie Carleton not just for editing this issue, and the last ten years of the USABP Journal, but also for creating the contact between the two Associations over a number of years, carrying out discussions and waiting patiently for the seeds to germinate.

Committee members, peer reviewers and authors come from both sides of the Atlantic and working together through email and skype have been extremely fruitful and successful. It seems we can do it, this collaboration business. So where do we go next?

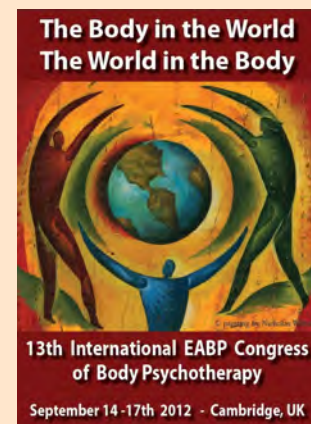
The EABP has established the Science and Research Committee. It has two face-to-face meetings per year in Amsterdam, which makes it a little more difficult for USABP members to participate in person. However, in the first meetings we skyped with Rae Johnson, and now Jennifer Tantia has joined the committee as the USABP Chairman of the Research committee. In Cambridge the committee is running a workshop and the Symposium. And through the presence of several USABP and EABP members our aim is to establish

our collaboration more firmly.

We are also very thankful to Nancy Eichhorn and the USABP for sharing the magazine with us. Allowing us to promote it on our home page News section makes it easier for the EABP to put our publications resources in another direction. This applies also to the work of Serge Prengel who is doing these wonderful interviews with prominent psychotherapists. On our side of the pond our ex-President Courtenay Young has launched his Body Psychotherapy Publications meaning that our history is being recorded.

These are important initiatives. Now perhaps we can take our collaboration to an even deeper level. What that might imply we leave for discussions at the respective conferences – perhaps material for a future edition and something we are all “pondering” on. What is clear is that both our Associations have limited financial resources. We are small and relatively unknown but together we can be more creative, more able to safe guard our profession and bring it to a wider audience.

Crossing the Pond will seem less like a visit to outer space.



Join the Conversation

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

Somatic Perspectives on Psychotherapy is a joint publication of USABP and EABP. It offers a series of free monthly conversations, mostly with clinicians, occasionally featuring leading thinkers in related fields. Stimulating ideas are discussed as well as clinical examples in a conversational manner that helps you get a sense of what it's like to see things through each guest's eyes. The conversations are recorded as mp3 files which you can listen to on the site or download to your computer/player. Printable transcripts are available on request a few weeks after a conversation is published.

Somatic Experiencing® Research Coalition: Expanding the Frontier of Modern Medicine

After over 40 years of development and success in the field, Dr. Peter A Levine's Somatic Experiencing® model of trauma prevention and resolution is finally on course to empirically demonstrate its value within the in scientific and medical communities. As a result of this scientific substantiation, the hope is that hundreds if not thousands more people will have access to the undeniable, healing effects of this powerful therapeutic modality.

THE COMMITTEE

The international Somatic Experiencing® (SE®) Research Coalition, spearheaded by Cornelia Rossi from Sao Paulo, Brazil, is moving forward with intense and devoted energy. The Coalition is a global group of volunteers with the objective to encourage independent and evidence-based research into the functioning of SE® as a modality for the healing of stress, overwhelm, trauma and PTSD. They are exchanging information and ideas while generating support for the new coalition with both the Somatic Experiencing® Trauma Institute and those outside the field.

RESEARCHING FUNDING OPPORTUNITIES

Committees and sub-committees have established and major tasks to be accomplished and developed teams to take action. They will research funding sources --- via private foundation funding, and institutional donors including, but not limited to



the Institutes of Health and Institutes of Mental Health, The Substance Abuse and Mental Health Services Administration, the Department of Defense and other potential donors. One of the Coalitions goals is to have funds available to support groups of researcher's in developing solid, independent research funding, with one of their goals to have funds available to support groups of researchers who are capable of developing solid replicable studies to identify and develop the evidence base for SE®, especially on what measures are useful and credible in establishing efficacy.

ESTABLISHING METICS

Coalition Members will also formulate key research questions and identify research targets help SE ®. They will develop key research questions as well as identify research targets to meet the criteria as an evidence-based treatment for insurance companies. They plan to develop replicable valid methodology (biophysical measures, surveys, web based research, private practice based studies etc). One area of interest deals with which existing psychological functioning scales are appropriate and also how to develop this field through relatively

sophisticated measures, especially ones that will contribute to theorizing how and why SE® works—from a philosophical viewpoint—looking at the nexus of evaluating whether/how well it works, then in accounting for why it works, in both cases in ways designed to engage the interest of those outside the field.

PUBLICATIONS AND RESEARCH

The SE® publications committee will research Peer Reviewed Journal publication requirements for publication and identify in collaboration with Congresses and conventions where research can be presented and published, while another team is focused on how to communicate SE® research beyond the scientific community.

REFERENCE LIBRARY

The library references committee is generating a database of the literature that relates to SE® and associated research and therapies. They envision providing information about the resource, what type of media it is, title, authors, dates, journal or URL (if applicable), publisher, abstract, etc. This resource will allow users to find out what exists and hopefully direct them to a source to acquire the material they need or want. Most important, it will allow coalition team members to begin to understand the scope of research activity that relates to SE ®.

For more information contact Cornelia Rossi at: corneliarossi@corneliarossi.com



Join the Conversation on Somatic Psychotherapy Today's Facebook page. Our goal is to stimulate interactive conversations where all can speak and be heard.





By Linda Marks

Community As Healer

We can agree that it takes a village to raise a child. However, it takes a village to do many other things as well. So much of life today is built around living as "an individual." We are trained to be self-reliant and to figure things out on our own. "Success," as it is modeled for us, is to live a fairly "solo-ed" existence with our own home, driving our own car, spending hours at our personal computer, and filling our own schedule being busy with our own unique collection of projects and endeavors.

Even healing is often seen primarily as an individual pursuit. "Personal growth" is just that, a path we follow on our own, without necessarily requiring the involvement of other people. Sometimes we invite others to facilitate or join us along the way. But the bulk of the work is "self-help" and "self-work."

While it is true that some parts of healing and growth require this kind of personal focus, other levels of healing cannot take place in this "self-help" environment. We cannot do it ALL alone. A key part of our humanity that is too often lost or simply not developed in today's world is the part of us that is interconnected with other people and the larger whole. With loss, trauma, pain, illness, and even joyful events like birth it is hard, if not impossible, to do it all alone. And when loss, trauma, pain, illness, and even success leaves us feeling isolated and disconnected from the larger whole, we often need the company of others to restore our sense of connection and balance.

I will never forget a workshop I led many years ago that made this crystal clear. A woman had come to the workshop with a deep and heavy weight on her heart. She was a divorced mother of two young children. Her husband had remarried and had taken a vacation with his new wife and the two kids. The woman at my workshop, the kids' mom, was away on her first vacation since becoming a single mom, taking a chance to finally have some fun and take care of herself . . . until the phone rang.

The call she received was the kind none of us ever want to experience. The call totally uprooted her life and sent her heart to a place of profound grief, loss, and devastation. A drunk driver had hit the car carrying her ex-husband, his new wife, and the two children. The ex-husband, his new wife and one of the children were dead. The other child had a brain injury and was in the hospital in critical condition.

If a personal experience of trauma is like a wrecker ball crashing through the core of your life, the trauma of having your ex-husband and two children in a car accident, with two loved ones dead and one barely hanging on to life is akin to having your life blown up by a nuclear bomb. The children's mother was beside herself with grief. And despite all her efforts at one-on-one healing, and there were many, she still felt numb, as though she had not even begun to touch the full magnitude of what had happened and the accompanying grief.

A friend of hers brought her to my workshop because she knew it would literally take a village to help this woman heal. Over the course of the day, it became clear that she needed a "turn," what we call the sessions we give "clients" in Emotional-Kinesthetic Psychotherapy (EKP) work done in a group setting. And it would take the collective power of all of our hands and hearts to hold her, hear her, and allow her to descend to the core of her grief. Our collective presence would allow her to feel held, heard, and understood for who she was and what she had lived through in the very deepest ways.



When it came time to give the grieving mom a turn, I asked her to close her eyes and see what she needed to be safe, and it was clear she would need LOTS of physical contact to even begin to ask herself that question. With permission, I asked if someone could sit behind her back-to-back to “get her back.” She said yes, and a member of the circle offered her back as a support. We carefully tuned the contact so it was just right for her. She needed someone to “hold her hand” so I gently asked other group members to come hold her hands; two volunteers came forward. I helped them tune their hand holding to be just right, so the woman could relax into the feeling that “someone was really there.” I placed my own hands on the front and back of her heart, with her permission, and the frozen numbness started to melt into gut wrenching sobs, with wailing sounds and a thrashing body trying to release some of its heavy load. I coached the others who were making physical contact to maintain the contact and “follow” her movements by maintaining the placement of their hands as she moved. It was akin to holding a child as you rock him/her.

I don’t even remember how much time eventually passed or what positions she needed to move through or which hands

eventually made contact with her body and heart. What I do remember is we listened, and we followed her, and we placed hands where they needed to be, with permission always, and we attended fully to her feelings and needs with presence and non-judgment. The result was a release of earth shattering proportion, and an experience of being held in the depths of her pain in her heart and soul. We held her with full presence, attention, compassion, and love. And she felt it.

At the end of the session she was in awe. She commented, “I have been looking for this for months, and I didn’t even know what to ask for and how to find it! Finally I feel like someone has understood me at the depths of my soul, and I have been able to touch upon and release some of my pain.”

It took a village to hold her heart. It took a village to meet her pain. It took a village to provide all the hands and hearts necessary to hear and hold her. It took the energy of our collective heart power to create a deep enough emotional energetic container to help her heal.

This is at the heart of the “community as healer” work I do when bringing a group together to do EKP. There is science at work as well as love. The heart generates

the strongest electromagnetic field in the body. The electrical field generated by the heart is 60 times as powerful as the one generated by the brain. The magnetic field generated by the heart is even more powerful—5000 times as powerful as the brain’s magnetic field. When people are within 8 to 10 feet of each other, their heart waves interact without words. When we come together with the intention of doing EKP healing work in community, we create a space where our collective heart power becomes a safe, deep and respectful container in which deep healing is welcome and possible. We literally draw upon the power of the heart and the collective power of our collective hearts.

Because of the interaction of our hearts, in group EKP work, when anyone has a turn, everyone has a turn. We begin with a heart meditation to help people slow down, ground, settle into the moment, and begin to connect to their felt experience in their bodies and hearts. As we become emotionally, spiritually and physically grounded, it is easier to create a space that is emotionally safe.

Emotional safety is a fundamental building block in this work because it allows for our consciousness to deepen—we connect to more of our inner resources through the

lens of felt experience emotional safety allows. When emotional safety is lacking, we freeze, shut down and feel disconnected, and cannot access these deeper inner layers.

By gathering together and bringing our hearts to the healing task at hand, with no agenda other than to listen, honor and respect the heart and experience of the person doing the work, we “hold a space” that allows the person having a turn to be, feel, do and express whatever is true for them and needed moment by moment over the course of their turn.

In a “community as healer” circle there are four roles to play: “client” (person having turn); “therapist” (facilitator of the turn); “helper” (which can include literally lending a helping hand, with permission if needed, or providing a voice to speak words that need to be heard, a back to support someone’s back or a set of eyes to look into the client’s eyes); and “witness,” who helps hold the space through their presence but may not get actively involved in the session itself.



The facilitator must be trained in the EKP process, which includes the following: heart meditation to center, slow down, connect within and ground; paying attention to both verbal dialogue and non-verbal cues in the client’s process; touch with permission to work through emotional issues at a body level recognizing and working with developmental wounds; holding and working in psychospiritual space; welcoming all layers, parts and levels, while honoring the client’s wholeness; and eventually, bringing the client to a sense of “safe completion for the moment” to close the turn.

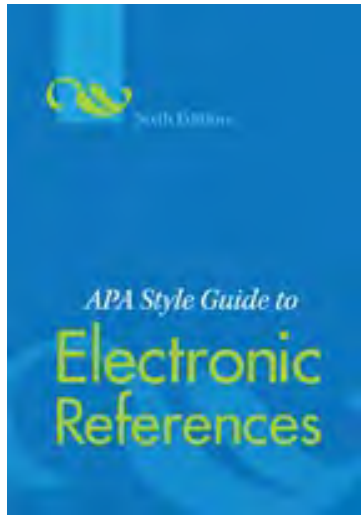
When leading a “community as healer” circle, it is useful to have a couple circle members act as “assistants” and provide a model for newcomers of how to provide support as a “helper” in a turn. What is magical, however, is how seamlessly first timers and relative newcomers find themselves moved to help however they can, and how easily coachable they become in a medium that is often both foreign and perhaps previously unimagined, yet totally human and natural as it unfolds. There is a part of our cellular memory that KNOWS we need each other, and we don’t have to do it all alone. This part of us gets nourished, no matter what role we play.

I find, often, that once a person has experienced the space of a “community as healer” circle, they become aware both of a need they may have within that they may never have had the words for and the possibility of finding a space to get what they need in relationship to other people. I also find people inspired to “lend a helping hand” and to give in some small way. Contributing to another person’s healing process just plain feels good whether you are helping a friend or a stranger. The intimacy that builds through the sacredness and safety of the work melts daily defenses and helps us see that we need one another, and that together, we are whole.

It is no surprise that this work has become a very popular format for a “free care clinic” I have offered at a holistic health Expo for the past five years, or that when I organize “community as healer” circles, I invite people to make a donation to one of several children’s non-profits that I support, rather than paying me a fee. As we see that it is possible to join together and provide deep and sacred healing from the heart to the heart, it is natural to begin to envision a better future for all, and to regain perspective that it is the simplest things in life that truly make us happy, like presence and love.

Linda Marks, MSM, the founder of the Institute for Emotional-Kinesthetic Psychotherapy (EKP) in Newton, MA, has taught and practiced EKP with individuals, couples, groups and families for 27 years. She holds degrees from Yale and MIT, and co-founded the Massachusetts Association of Body Psychotherapists and Counseling Bodyworkers in 1988, the first state professional association in the country. She served on the Ethics Committee for MABOPCB, and helped write a Code of Ethics for the field, including an “ethics of touch” section. Linda is the author of *Living With Vision: Reclaiming the Power of the Heart* (Knowledge Systems, 1988) and *Healing the War Between the Genders: The Power of the Soul-Centered Relationship* (HeartPower Press, 2004) and thousands of articles. She has taught nationally and internationally, served on the Board of the Association for Humanistic Psychology and currently is chairwoman of the Board of Boys to Men New England, an adult-teen mentoring network. Linda serves on the Membership Committee for USABP. She lives in Newton, MA with her 16 year old son, who has apprenticed in EKP and helps staff “community as healer” workshops.

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There is a new book out entitled, *Body Memory, Metaphor and Movement*, which includes DMT research and application as well as related field contributions, edited by Sabine C. Koch, Thomas Fuchs, Michela Summa and Cornelia Müller, University of Heidelberg / European University Viadrina, Frankfurt (Oder)

According to a LinkedIn post dated August 17, 2012: “*Body Memory, Metaphor and Movement* is an interdisciplinary volume with contributions from philosophers, cognitive scientists, and movement therapists. Part one provides the phenomenologically grounded definition of body memory with its different typologies. Part two follows the aim to integrate phenomenology, conceptual metaphor theory, and embodiment approaches from the cognitive sciences for the development of appropriate empirical methods to address body memory. Part three inquires into the forms and effects of therapeutic work with body memory, based on the integration of theory, empirical findings, and clinical applications. It focuses on trauma treatment and the healing power of movement. The book also contributes to metaphor theory, application and research, and therefore addresses metaphor researchers and linguists interested in the embodied grounds of metaphor. Thus, it is of particular interest for researchers from the cognitive sciences, social sciences, and humanities as well as clinical practitioners.”





By Meagan J. Pugh

MOVING INTO JOY: Introducing SOMATIC ART THERAPY An Integrative Model for Healing Trauma

Ted was a talented, gifted, and able man in his early 60's who was challenged by his inability to create the life he wanted. He was trained from childhood to serve the needs of others, so he had difficulty finding the want or the need for anything within himself, either by articulating it or making it happen. He could respond to, but not initiate, any plan for himself. During his therapy he discovered that he had had early trauma, both shock (three eye surgeries at age 3) and developmental (a narcissistic, raging mother), which he survived but which left him struggling to feel his own feelings or respond to his own needs and wants in a conscious way. Not surprisingly, his issues manifested in his inability to speak out and to see himself accurately. His sensations were often located in the lower torso, neck, or eyes corresponding to the 1st, 5th, and 6th chakras, which govern early experiences, self-expression and insight, respectively. When he felt this inability to focus on himself, he became anxious and uncomfortable, often feeling spaced out or foggy.

As Ted and I worked together, I couldn't help but be reminded of my own early physical and emotional traumas and the methodologies and theories I used to transform my early experiences. My healing journey has been a spiraling and non-linear path. I passed again and again through awe and desperation, deaths and rebirths, to claim resources and support that allowed me to write a different story from that into which I was born. On this spiral journey of healing I reconnected to my body and came to understand how it teaches and guides me. I have gained confidence in myself, in my ability to relate to life, and to have compassion for myself and others. I connected deeply with my own imagery and discovered the story that was held in my sensations and imagination. Bringing these together I was able to release old strategies, protections, and rigidities, and discover an inner spaciousness that is filled with joy. This is the path I support clients to traverse in their own inner lives (Pugh, 2010).

Today I refer to this healing journey as Somatic Art Therapy (SAT), an integrative model I developed to heal early shock and developmental traumas. It combines several theories and processes: (1) a focused and mindful awareness of the body-mind; (2) specific somatic and creative art therapy processes designed to embody experience and shift symptomatology; (3) the compassionate stance of the Internal Family Systems Model of Therapy (IFS); and (4) the practice of Somatic Experiencing® (SE), a natural approach to the resolution

of post-traumatic stress injury created by Peter Levine, PhD. Together these modalities allow a person to connect deeply with sensations, images, resources, and an inner witness in order to create a viable container for healing and recover from trauma.

Firstly, it is essential to develop a conscious awareness of the language of the body (sensations like pain, tension, and contractions) in order to shift symptomatology and relieve suffering. Connecting to and staying with body sensations is fundamental in learning to be present and finding clarity within oneself (Levine, 2005; Pugh, 2010).

Secondly, bringing mindfulness, somatic awareness, and personal imagery together using movement, guided visualization, and art process allows the client to discover what imagery is tied to sensation. Creating a "hard copy" of those images allows a client to differentiate and uncouple from sensation, image, and feeling. Bringing imagery, sensation, and feeling into consciousness through dialoging directly with the image deepens the process (Malchiodi, 2003; Pugh, 2010).

Thirdly, it is important for clients to develop compassion for the strategies they developed at an early age in order to cope with the after-effects of trauma. These behaviors, sensations and/or sub-personalities which were resourceful at the time but are now problematic, invite further differentiation or unblending by developing a compassionate relationship with them and allowing them to soften their

stance. This is one of the strengths of the IFS model, developed by Richard Schwartz, which views a person as containing an ecology of relatively discrete minds, each of which has valuable qualities and each of which is designed to—and wants to—play a valuable role within. These parts are forced out of their valuable roles, however, by life experiences that can reorganize the the system in unhealthy ways. These same parts are forced into extreme roles by external traumatic circumstances or a person's family of origin values and interaction patterns that create internal polarizations which escalate over time and are played out in other relationships. Through learned techniques to develop relationships with these parts, they gladly transform into valuable inner family members (Schwartz, 1995).

Fourth and finally, integrating SE into the model helps clients pay attention to five channels of experience (sensation, image, behavior, affect, and meaning) through which they can counteract the immobility and fear of a traumatic event. These channels of experience are used to focus with mindful awareness. Like the fingers on a hand, each channel works independently but connected to the others. After a traumatic event, one or more of the channels may be dissociated so that the client cannot remember, or the channels are over-coupled or blended, where the client is unable to separate present time from triggered memory. Using the technique of “pendulation”, the inherent rhythm of expansion and contraction in the nervous system, we help our nervous system retrieve the flexibility that is frozen in the implicit memory of traumatic events (Levine, 2010).

When we pendulate between the trauma vortex of experience (i.e. terror) and the counter vortex of resources (i.e. feeling loved) we allow the nervous system to expand and find new responses. When we pendulate with physical “hard copy” images created in art process of both the traumatic event and a resource, we expand our client’s ability to regulate and neutralize high levels of survival arousal and find some

options and spaciousness within the autonomic nervous system. In lay terms, we use our imagery and sensations together to relax and calm down our reactivity to a difficult situation we have experienced. Ted and I worked together, and as he was able to feel safe with me and the process, he learned to respect the parts of himself that he disliked and avoided paying attention to. The following example with Ted’s images and words show how the pendulation process with art works to restore and enhance resiliency in the nervous system.

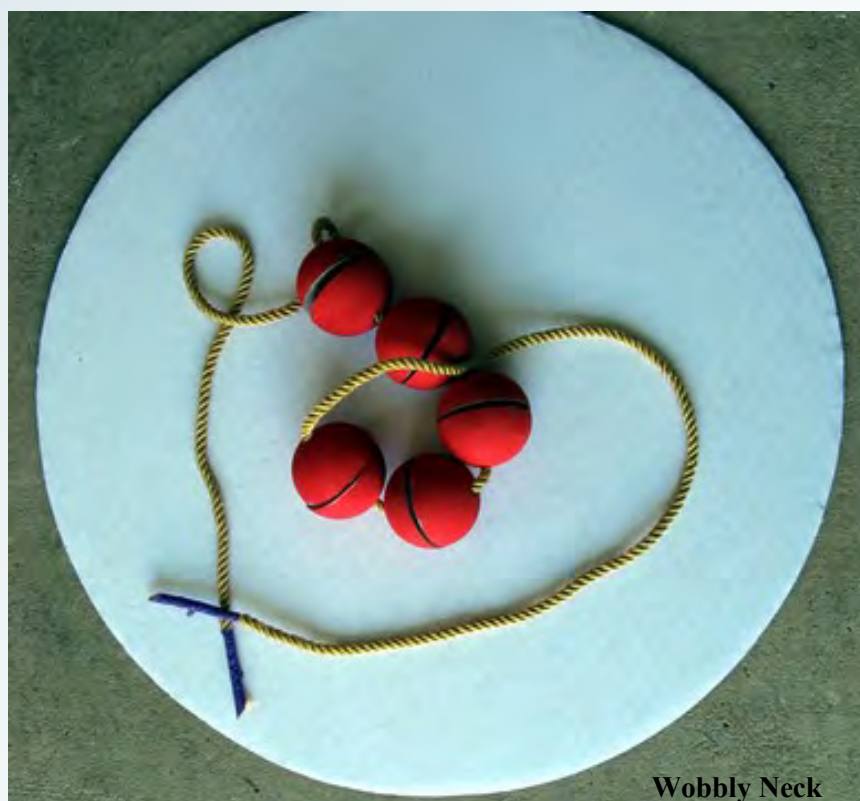
In this instance, Ted was part of a group who was guided to (1) to pay attention to a current issue, sense where it lives in the body and create the issue in art; (2) create the opposite image to the image of the issue; (3) pendulate between them visually, noticing sensations, feelings and thoughts, (4) notice what changes in sensations, feelings and thoughts; (5) either create a new image or change the first one to reflect the changes internally; and (6) write about the experience.

Wobbly Neck

After bringing awareness to his bodymind through a simple movement exercise called “Waking up the body” (Pugh, 2010) where

you shake and wake up each body part, Ted felt lightheaded and spacey and got in touch with his inability to concentrate clearly on his own needs. He discovered certain sensations in his neck area like heaviness and instability. He then created those sensations in hard copy imagery and called it “Wobbly Neck”. The red wooden pieces are the neck vertebrae. Ted wrote, “My loose neck is rolling, writhing, spinning; I feel ungrounded and spacy, out of control, vulnerable, unsafe and weak. When I look at the image I feel wobbly, wobbly, limp, listless, unsure, rotating, rolling around.”

During this first exercise as Ted brought his awareness to his body he identified the above sensations in his neck of writhing, spinning, and spacy. These were coupled or blended with feelings and thoughts like weak and unsafe. In other words, he was unable to feel the sensations without feeling fear and vulnerability. Through this process Ted was accessing a young, wounded, and exiled part of himself that, previous to this exercise, was difficult for him to access and accept. I knew in that moment that he was deepening his process and moving forward on his healing journey to reclaim parts of himself and uncouple physical sensations from feelings.



Wobbly Neck

Stiff Necked

When asked to create the opposite image to “Wobbly Neck”, Ted created “Stiff-Necked”. The wooden pieces were organized and fixed. “The image is one of holding, stillness, quiet. I feel nourished, recharged, directed and focused. It is stiff necked, with limited vision and tension. It looks fixed, absolute, sure, direct, and hardened, locked and limited,” Ted wrote.

With the creation of the opposite image, I began to see some of Ted’s protective strategies appearing. The blending of safety and rigidity, feeling recharged and focused with limited vision and tension reflected these polarities and again showed how his protective parts were trying to work with the five channels of experience. This is a common reaction when one feels exposed and vulnerable for the protective parts of the system to contract or clamp down physical or emotional responses. As they reacted to the first image of the sensations of falling apart, their agenda was safety for the system. They were



Stiff Necked

trying to keep it together.

Then Ted was asked to look at each image separately for a few minutes (out of the sight of the other) in order to feel it in his body with all the accompanying sensations. He was asked to pendulate back and forth between the images several times until he began to feel something changing in either the image or the sensation, and then create a third image which reflected the change.

Grace and Strength

Finally Ted created “Grace and Strength”. This image represented the response in his body which shifted from spacy and wobbly to “. . . holding with supple flexibility, the ability to move and respond with grace and strength.” He was able to find form without rigidity and his entire body and emotions relaxed as his shoulders dropped and his breathing opened. He had found a way to be with his unique feelings without anxiety or rigid holding in his neck and with calmness thus bringing the parasympathetic nervous system back on line. Each of the channels was affected so he could find new ways to respond within himself. He felt more present, grounded, and able to say what he needed and wanted without dissociating (getting spacy), or feeling rigid and locked (constriction).

As I watched Ted complete this process I felt honored and blessed to be doing this work. It was a privilege to support Ted’s own ability to shift his sensations and experience using his own imagery and awareness. As we continued to work together Ted went on to find more creative and somatic opportunities (dance, drumming) to feel more grounded and connected, and to feel rooted in his own experience.



Grace and Strength



Ted's case study is but one example of the power of the integrative model that I call Somatic Art Therapy and the wonder of the human ability to connect with and transform traumatic experiences that are so deeply imbedded in the body mind through this process. The process is natural in how it brings reintegration and resiliency within the human experience. This is accomplished with the compassionate guidance of a therapist or witness, the willingness of the client to become aware of his/her body's language, and specific creative process techniques that deepen connection and enhance creative expression. With Somatic Art Therapy a client can feel empowered to shift his or her own symptomology.

Meagan Pugh, D.Min., ATR-BC, SEP, is a Transpersonal Counselor, Internal Family Systems Therapist, Graduate School Educator and Certified Somatic Experiencing® Practitioner with a private practice in Sebastopol, CA serving individuals, couples and groups.

She is the author of the book and companion CD, *The Spiral of Healing: A Journey Through the Chakras to Awaken Creativity and Body Wisdom*, and offers Somatic Art Therapy trainings for professionals through the Somatic Art Therapy Trauma Institute (SATTI).

She can be reached through her website, www.art-2-heart.com or by email at Meagan@art-2-heart.com.

All artwork courtesy of Meagan Pugh

References

- Levine, P. (2005). *Healing trauma: A pioneering program for restoring the wisdom of your body*. Boulder, CO: Sounds True.
- Levine, P. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Books.
- Malchiodi, C. (Ed.) (2003). *Handbook of Art Therapy*. NY: Guilford Press.
- Pugh, M. (2010). *The spiral of healing: A journey through the chakras to awaken your creativity and body wisdom*. Indianapolis, IN: Xlibris.
- Schwartz, R. (1995). *Internal family systems therapy*. NY: Guilford Press.



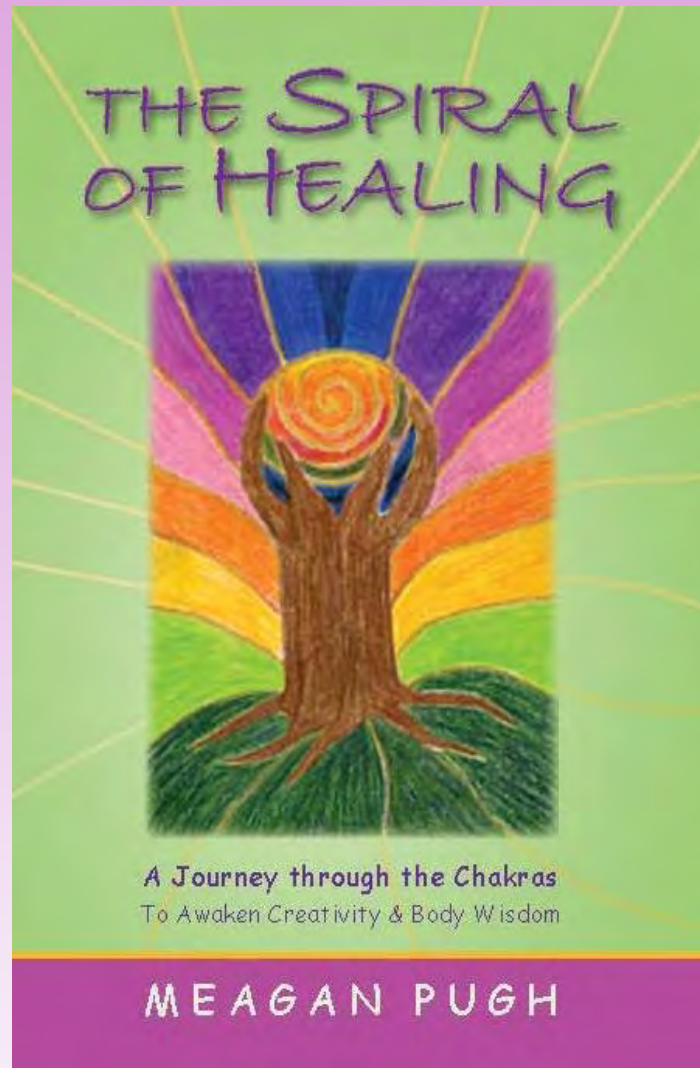
The Spiral of Healing: A Journey Through the Chakras to Awaken Creativity and Body Wisdom

Reviewed By Diana Scime-Sayegh

Meagan Pugh's "The Spiral of Healing: A Journey Through the Chakras to Awaken Creativity and Body Wisdom" (2011) takes the reader through Dr Pugh's personal journey of self discovery, through her own spiral of healing. Dr Pugh considers the word soma to mean "... the sensations, images, movements, thoughts and feelings that make up our 'soma', our awareness from the inside out" (Hanna, 1998) and presents that the chakras are a part of this system. The healing path falls into the form of spirals as concentric circle bring us around to the same experiences but because we are always moving forward our reactions to these same experiences and the tools we utilize are different, we are different.

Details of the chakra system are discussed with sensitivity and detail throughout, with constant integration of tangible ideas. Because of Dr Pugh's offered vulnerability and generosity in sharing her experiences during her spiral of healing with her readers, her sensitivity is acute and her ability to form a bond with her audience is strong.

Dr. Pugh explains that attachment trauma in our childhood can have a great impact on our chakras (resulting in blocked energy) and therefore impacting our soma. For example, she writes that if a child is constantly ignored by the caretaker, he/she will develop closures in the second (or water chakra) which governs emotion and handling of emotion, sexuality, creativity, autonomy within relationships, and feeling. Bringing the chakras into these terms is a wonderful progression for body psychotherapists, yoga teachers, and anybody who



works with the soma for healing as it gives a strong foundation for understanding just what our chakras are as well as solutions for healing. Couples or individuals seeking self-help will also find productive, warm guidance to pass them through their spiral of healing.

The exercises that compose Dr Pugh's spiral of healing combine movement, visualization, art exploration, writing tasks, music, spirituality and cognitive learning. Her aim is to make her book as interactive as possible. I appreciate that Dr Pugh is attempting to bring a proper session into the readers' living room as if she were

there with them so that they may have a proper healing space, even if they do not have the means or opportunity to have a teacher or guide. Spirituality, emotional reflectivity, cognitive knowing, and overall embodiment are interwoven throughout the book beautifully and in an accessible fashion.

Dr Pugh's book is a heartfelt guide to healing, highlighting two vital aspects of ourselves that have been put into the corner by Western society—the body and its segregation from the mind, and the chakra system. Both healers

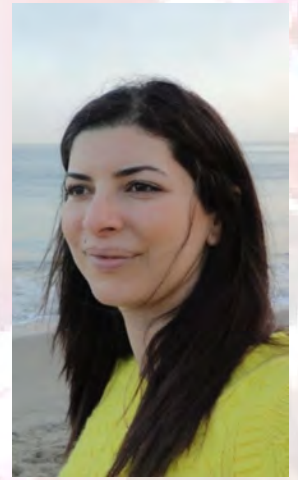
and those who hoped to be healed will find appreciation for Dr Pugh's ability to deliver her message in a concise, sensitive manner and her ability and willingness to share the path she herself has gone down, creating an easier route for the rest of us.

A companion CD is available with guided visualizations of many of the expressive arts process.

References

- Hanna, T (1998). *Somatics*. Menlo Park, CA: Addison-Wesley
- Pugh, M. (2011). *The Spiral of Healing: A Journey Through the Chakras to Awaken Creativity and Body Wisdom*. USA: Xlibris.

Reflections



By Christine Gindi

In the fall of 2002, I began my internship as a hospital chaplain at a cancer outpatient hospital in Boston. I applied for the position because my best friend was just recently diagnosed with breast cancer, and I naively believed that I already had the skill set necessary for pastoral and spiritual counseling with a cancer patient population. Almost immediately I felt timid and shy about introducing myself to patients on the wards. I felt that I was in over my head. Supporting my best friend through her illness was vastly different from the formalized role of a hospital chaplain. I am grateful that my hospital chaplaincy supervisor stepped in and reminded me that I was an important part of a patient's interdisciplinary medical team. I felt so young and inexperienced compared to everyone else, and my supervisor's encouragement and assurance helped build my self-confidence.

Over time, my confidence grew and I found myself consulting with a patient's doctors and nurses. One day I surprised myself when I told a medical team to wait outside the room while I finished praying with a patient. I was startled by my sense of comfort and ease in my role and how I saw the medical staff as colleagues. The medical staff, in addition to the patients, attended my interfaith services in the hospital chapel. I didn't feel the division of "us and them" and was grateful for the collaboration that served the patient's best interests.

My growing curiosity about complementary medicine led me to craniosacral therapy. My craniosacral training began in 2003, and it absolutely captivated me. I remember my first class and feeling awestruck watching how the teacher and a demonstration participant related to each other. Both teacher and participant described their experience out loud in present time. They tracked their sensations, named their energetic experiences, and most importantly expressed themselves in ways I had never experienced before. My teacher talked about being guided by his intuition and what he sensed in his hands. He shifted from one side of the massage table to the other because that's where he felt called.

I had never seen anyone attune to another human being with such sensitivity before and anything felt possible here. It was fascinating just being in the room. I remember looking around and taking in this entirely new culture. People were dressed in yoga pants, and the floor was littered with jars of green power smoothies. I loved the feeling of intimacy, acceptance, and invitation that all these future healers engendered in our space. The room was bubbling with people who had only the best intentions for the greatest and highest good. I couldn't help smiling because I felt like I found my tribe. I was home.

While my craniosacral teacher taught us specific protocols, I am also glad that he

was open to the students discovering and following their intuition when it came time to practice during the training. When I was a hospital chaplain intern, I felt guided by my intuition most of the time. At the end of the day, I would press the elevator button to leave the hospital and I'd get this subtle feeling that my day wasn't over yet. I would leave the elevator and follow that feeling which inevitably took me to a patient's bedside for what proved to be an urgently needed visit. I learned to trust those feelings, and I'm glad that they were validated in a training in which I had no prior technical expertise. It was exciting learning how to listen in a variety of ways, what I could sense tangibly and energetically not just in my hands but in our space. I became more sensitive to the changes in the energy of the room—the room swelled with dynamic conversation and then stillpoints where everyone was silent. I enjoyed participating in the different swells of activity in the room as we all practiced craniosacral therapy on each other.

Some of my classmates had a transpersonal approach to craniosacral therapy. I was fascinated by the visions they had and what they chose to tell their clients and why. This world of images, metaphors, and synchronicities was not taboo amongst my craniosacral classmates.

In fact, I greatly enjoyed these stories. I became interested in energy medicine.

While my classmates were candid with me about their experiences, they could not speak to medical professionals in the same energetic language they shared with me. I understood the value of code switching and how to be speak different languages to different cultures of healers.

As a hospital chaplaincy intern, I spoke in a more formalized way to the medical professionals. Naturally, it took time and trust for me to become more uncensored and feel comfortable enough to share information in a less formalized way. I found when I did, the medical professionals were more candid with me, too. I'll never forget how many medical professionals confided in me, prayed with me, wept with me, and shared a raw vulnerability that I knew was discouraged in their field. I'll never forget a cardiologist sharing how she followed her intuition in an almost confessional, secretive tone. I was honored to hold space for that conversation and normalize what felt like her dark secret.

It was important to me to hold on to these experiences and memories that humanized medical professionals because sometimes my cranio-sacral classmates shared horror stories that demonized allopathic medicine as greedy and destructive. I shared my experiences, and the tide of the conversations shifted. I'll always remember what my hospital chaplaincy supervisor told me: we are all on the same team. It was gratifying for me to witness how my classmates eventually consulted with their clients' health care team. People shared stories of work-

ing with psychotherapists and internists with confidence and acceptance. Allopathic medical professionals weren't mainly seen as the destructive arm of pharmaceutical companies but as genuine healthcare providers who wanted referrals for cranio-sacral therapists. We all wanted the best for our patients.

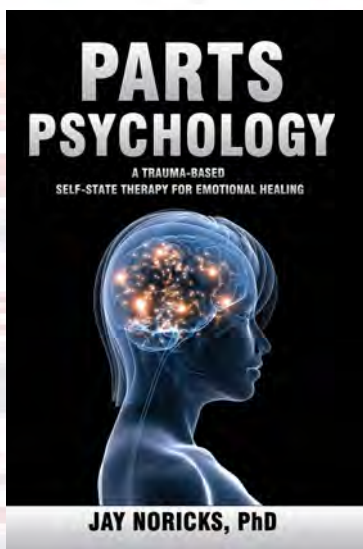
I was reminded of the collaboration between psychotherapists and body workers when I attended a Somatic Experiencing consult a couple of months ago. I was excited to hear from these experts consulting on a client they were both working with. I had no idea that my friend, who's a cranio-sacral therapist, was presenting; I was proud of the expertise they both shared through their different lenses and approaches. During the break time, my friend shared how much she had been learning from working with a psychotherapist. The psychotherapist had been teaching her about the dynamics of splitting and features of the borderline personality of their shared client. Where she might have taken his sudden ridicule of their work together personally, she was now equipped with a clinical viewpoint in which pathology helped her understand her client better. I was excited that this client got a team that deeply cared about his well being and growth.

I wondered what might have happened to my friend if she hadn't been working with her client's therapist. Would she have blamed herself for her client's hostility? I am glad that she felt supported and that her collaboration with the therapist helped her

and the client.

As a somatic therapist in training, I am beginning to learn the value of working in collaborative, interdisciplinary teams. In somatic psychology graduate school, I was fascinated watching what kinds of client populations my friends and classmates were drawn to. I felt like the referral network was already beginning, not only for the different emerging specialties of my friends but also what geographical areas they worked in. Many of us already have a vast network of healthcare providers outside of somatic psychotherapy: holistic physicians, dentists, midwives, doulas, and yoga instructors who are informed in trauma therapy. The network continues to grow. I feel extremely fortunate to live in the Bay Area with a plethora of holistic colleagues from all kinds of disciplines to choose from.

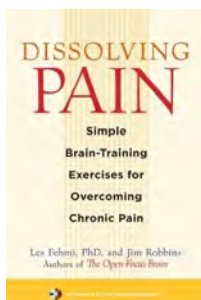
Christine Gindi, MDiv, MA, SEP is a Feminist Womyn of Color. She has professionally trained in body-based therapies which include Somatic Experiencing, Sensorimotor Psychotherapy, Craniosacral and Polarity therapies, and Yoga instruction. She has presented on healing from the trauma of social oppression at JFK University and the Center of Study of World Religions at Harvard University. She is currently training to become a diversity facilitator and licensed somatic psychotherapist. She holds a B.A. in the Study of Religion from UCLA, a MA in Somatic Psychology from JFK University, and a MA of Divinity degree from Harvard University.



Parts Psychology by Jay Noricks, PhD describes a model for therapy through direct work with the parts (self-states) of each client. The book shares many conceptual features with Ego State and IFS therapy. The core of the book contains the healing narratives for 12 patients who, except for the problems that brought them to therapy, lead relatively normal lives. Several chapters describe the treatment process for such problems of emotional intimacy as lost love, low sexual desire, jealousy, and sexual swinging. Others describe issues of compulsion such as binge eating, porn addiction and bulimia. Several chapters detail success stories in the treatment of anger and rage, depression, grief and anxiety. Child abuse appears in the history of a number of patients. Each case narrative begins with the first meeting with the therapist and concludes when the patient graduates from therapy. Order from Amazon.com or see more at newuniversitypress.com/parts-psychology/

Resources With a Technological Twist

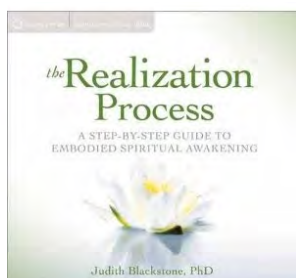
Jacqueline A. Carleton, PhD and the USABP Interns



Fehmi, L., & Robbins, J. (2010). *Dissolving pain: Simple brain-training exercises for overcoming chronic pain*. Boston, MA: Shambhala Publications, Inc. 179 pp. ISBN: 978-1-59030-780-9

Reviewed by: Misha Mehta, Stony Brook University

Dissolving Pain outlines Dr. Fehmi's Open-Focus model to help readers improve the quality of their lives by reducing both physical and emotional pain. Each chapter first explains how the human central nervous system regulates pain and the role attention plays in this regulation. Dr. Fehmi's goal is to show that pain resides in our brains and can be eliminated or greatly reduced by changing how we pay attention to our surroundings and ourselves. The end of each chapter contains an Open-Focus exercise designed by Dr. Fehmi. These exercises consist of guiding questions that help change the reader's attention style, helping them alleviate pain. Included with the book is a 65-minute CD containing audio recordings of two essential exercises for dissolving pain for those readers who prefer to listen to the exercises rather than read them. By the end of the book the reader will have a clear understanding of the Open-Focus model, and through Dr. Fehmi's instruction, will be able to create a personalized program using the techniques and exercises outlined in the book.



Blackstone, J. (2011). *The realization process: A step-by-step guide to embodied spiritual awakening*. Boulder, CO: Sounds True. Disc Set. ISBN: 978-1-

60407-571-7

Reviewed by Diana Scime-Sayegh, Hunter College

The Realization Process contains a tool set for both professionals and people seeking self help. Dr. Judith Blackstone's disc set begins with the story of her path to spirituality and embodied awakening. The work prescribed and the details pertaining to it are split into three sessions each over an hour, with accompanying discs respective to each session that detail breathing and movement exercises.

Dr. Blackstone speaks often of what it truly means to be in communication with body and the idea of oneness, or as she puts it the "fundamental consciousness". She believes that by coming into full body awareness, and recognizing the body and all of its parts as conscious, it is easier for us to see the humanity and therefore oneness in all people we interact with. The exercises and Dr. Blackstone's teachings are meant to bring us to the state of being an "empty vessel for the present moment"-more joyful, more mindful. She believes it is here we will find the feeling of being alive coursing throughout our entire bodies.

Allowing the body/mind segregated Westerner to grasp onto something solid, and of the mind, she explains that the body allows and organizes the habits of the mind. Those experiences that have existed and continue to exist in the soma create the patterns in our thinking that do not allow growth and contentment.

Dr. Blackstone's disc set is highly useful, comforting, and empowering. Each disc is clearly labeled, and the only thing the listener must do is just that, listen. It will act as a catalyst for those in therapy, and a productive healing tool for those who would rather go it alone.

Rytz, T. (2009). *Centered and connected: A therapeutic approach to mind-body awareness*. Berkeley, CA: North Atlantic Books. 203 pp. ISBN 978-1-55643-798-4.

Reviewed by: Diane Cai, Brown University.

Centered and Connected is at once a plea for and a playbook of self-love starting with the body, our long-subjugated "other half." In its very title it bespeaks its own intention: awareness, acceptance and a return to simplicity. Both personal and global physicality have their places in Rytz' text as she outlines the dialectic between our zeitgeist's narrative and the stories we whisper to ourselves which tame and entrap us and which mirror the power paradigms of our Western society.

In line with the book's general evocation of micro/macrocosm duality, Rytz first traces the development of her acquaintance with body-mind awareness while also outlining the expanding shape of the field. Peppered with patient accounts, this first half of the book is a thorough exploration of the theory behind her practice. But the real gold is in the 128 exercises explained, four exercises for each of thirty-two sections which address their own body part or area of concern (pain and taking time are notable examples), each page accompanied by their own evocative images. These earnest exercises aim in various ways to bring gentle, mindful attention to the body, something that is usually observed as a rogue piece of self and kept denigrated at arm's length. Ultimately, the therapy seeks to reunite mind and body, divorced long ago by Descartes' denunciation that "I think therefore I am" (because, well, I feel, too, so what then am I?), and encourage self-love. And while *Centered and Connected* is first and foremost a therapy guide for the self, it does not forget to remind us humbly of our attunement with the greater world. Once we accept the image of our bodies in the mirror, we may embrace ourselves and our identities as a whole (which heretofore may have been composed only of fragments), and once we nurture ourselves, we may look to the world at large.

Continued on page 44

Thea Rytz



Centered and Connected
A Therapeutic Approach to Mind-Body Awareness



By Dawn Bhat

Research in Brief: Collaboration in the Psychotherapy

By integrating brief reviews of research relevant to somatic psychotherapy today, my objective of this column is to keep world wide readers aware of current scientific investigations into a variety of subjects advancing our field.

How Collaboration in Therapy Becomes Therapeutic

Ribeiro, E., Ribeiro, A. P., Gonçalves, M. M., Horvath, A. O., & Stiles, W. B. (2012). How collaboration in therapy becomes therapeutic: The therapeutic collaboration coding system. *Psychology and Psychotherapy: Theory, Research and Practice*. doi:10.1111/j.2044-8341.2012.02066.x

Moment-by-moment analysis of the psychotherapeutic process

Therapeutic collaboration forms the core of therapeutic alliance. Positive quality and strength of this collaboration is associated with better outcomes. With this in mind, a team of international researchers from Portugal, Canada, and the USA, report their proposal for a conceptual framework of how collaboration in psychotherapy becomes therapeutic in the journal, *Psychology and Psychotherapy: Theory, Research and Practice*. Ribeiro and colleagues constructed the therapeutic collaboration coding system (TCCS), which was designed to analyze and track moment-by-moment interactions during the therapy process. This coding system evaluates how therapists are working in the 'zone of proximal development'. In this examination of five cases, the helpfulness of the TCCS was determined. TCCS can help guide researchers to better understand and promote therapeutic collaboration, to facilitate regulation of the therapeutic relationship, and to facilitate therapeutic change.

The Physiological Connection Revealed between Therapist and Client

Stratford, T., Lal, S., & Meara, A. (2012). Neuroanalysis of Therapeutic Alliance in the Symptomatically Anxious: The Physiological Connection Revealed between Therapist and Client. *American Journal of Psychotherapy*, 66(1), 1–21.

A neurophysiological perspective on sympathetic nervous system activation in the psychotherapy process

Researchers from Australia, lead by Trisha Stratford, examined neurophysiological associations of therapeutic alliance, which was published recently in the *American Journal of Psychotherapy*. Thirty clients with a mean age of 44 engaged in six weekly one hour sessions. In clients presenting as anxious, this study measured electroencephalography (EEG) activity during high therapeutic alliance in the prefrontal, temporal, parietal, and occipital sites during sessions. Therapeutic alliance was assessed by the Working Alliance Inventory and increased with sessions. Skin conductance resonance measurements were obtained for therapists and patients. State and Trait anxiety were compared pre-session and post-session. This study found that prefrontal, parietal, and occipital sites were associated with therapeutic alliance. These research findings have implications for understanding empathy and the therapeutic alliance from a neurophysiological perspective.

Dawn Bhat's MA is in General Psychology from Queens College, NY. She has experience in neuropsychology and is working on a MS in Mental Health Counseling at a CACREP program and is a counseling intern in psychiatric rehabilitation at the Zucker Hillside Hospital, NY. She is a researcher with Dr. Jacqueline A. Carleton. Dawn is a registered yoga teacher (RYT-500), and sees clients privately for therapeutic yoga sessions. She has published in scholarly journals, presented at professional conferences, and has contributed to research in the subjects of neurology, cognitive neuroscience, emotion and interpersonal relationships. Feel free to reach Dawn: dawn.bhat@gmail.com



International Connections

By Asaf Rolef Ben-Shahar

Money, Jewishness, and Terror

Or contextual integration in relational body-psychotherapy

"Without context, there is no communication."

Gregory Bateson (1972, p.408)

My first thought about integration concerned involving other professional practices. Preparing to write this column, I started to think about interesting vignettes of working alongside psychiatrists, psychoanalysts, Chinese doctors, Rabbis or Pastors. I then considered different techniques that have been integrated into body-psychotherapy from the fields of psychology, psychoanalysis, physiology, and bodywork. That would provide me with a solid opportunity to speak about relational body-psychotherapy, I thought, and its integration of attachment theory, object relations and self-psychology.

But still, I thought, the wider platform for integration and collaboration is about context, and since we work with people, context includes gender and sexual differences, race and age, cultural and societal factors. Often these contexts catch us by surprise, and the therapeutic encounter offers a real possibility for contextual healing and integration for clinician and client alike. But can we attain integration without going through disintegration, can repair take place without rupture?

Lake Naivasha, Kenya, Africa

Fourteen years ago, my wife and I visited Kenya for our twenty-fifth birthday, and we took a short holiday in walking safaris, bird watching and sightseeing in the beautiful African landscapes. We spent a few nights in a wonderful place by Lake Naivasha, run by an old colonialist couple. "Where are you from?" asked the woman as we entered the gate.

"Israel," we replied.

"Funny," she told my wife, "your husband does, but you don't look Jewish. Anyways, I am just doing my accounts and you can probably help me with that . . ."

We ignored her racist onslaught only to discover it kept showing up in different contexts – the way she related to her workers, to the "boys" and "girls" who worked for her, the way she talked about tourists from Germany, US, Scandinavia, about poor people and more. Perhaps it was an act of rebellion, I am not too sure today,

but my wife and I went into the kitchen and asked the workers if they would let us cook lunch for everybody that day. The act was not for the workers, but for us – we needed to reclaim their humanity and equality (and our own) because we found the racism intolerable.

Money and my Jewishness

When we moved to the UK I made a real effort to avoid dealing with anything that seemed too Jewish . . . I wanted to assimilate, to belong. I possibly feared anti-Semitism but most probably just didn't want to be labelled. But, can I engage with "typically Jewish topics" without immediately labelling myself and being labelled? Moreover, can I afford to avoid it simply in order to save myself from such labels?

Last year, after great deliberation and hesitation, I gave a two-day workshop in London about our relationship as psychotherapists with Money. The guilt, fear, hesitance, and apologetic aspects of the therapy-money connection have always struck me as worth exploring, but I dared not go there when I lived in the UK. I was particularly interested in shared exploration of our positioning – whether we can remain in relationship while negotiating money – and further, if we can engage with money while remaining embodied. After all, money is a transitional object – both concrete and symbolic. Even for therapists who do not work with embodied practices, money brings a body (matter) into the therapeutic dialogue.

Disturbance in the Field

I was really excited by the topic and keen to begin but not everybody has arrived, even though it was time. There is something very exciting for me about therapeutic workshops in London, more so since we moved back to live in Israel. London is such an international city, attracting highly diverse and heterogenic audience, and indeed the clinicians in the room were originally from England, Australia, Scandinavia, German, Belgium, Israel and Lebanon.

Two of the participants got up to look through the window. Police sirens were heard, and the street was evacuated. One person went

outside to ask the policemen what was happening and was told there was a suspected object. People were not allowed to freely move into the building. Twenty minutes later, when everybody has arrived, I was already impatient. "Let's start," I said. But only a handful of the participants were ready to begin the day. The rest were still preoccupied with what happened outside.

"Let go of what's happening out there," I requested, "there's nothing we can do about it." Some of the people got upset with me and my communication, others were generally agitated and hypervigilant. I felt calm and centred but was asked by the group to give space to what took place outside of the group and inside of the group. I had to drop my plans and come to the here-and-now, although I could genuinely not understand what all this fuss was around. "Are you upset with the bomb scare?" I asked the Lebanese therapist. "Not at all, let's start the workshop," she replied. The Israeli therapist felt similarly. But most other people were clearly anxious and one was crying.

And then it dawned on me – I have normalised and neutralised this situation, which was by no means ok or normal. Threat of terror felt natural, nothing to get nervous about; I dissociated. The superior positioning I had secretly occupied towards the other participants was replaced with fear – us three (the Lebanese and Israelis) felt at home in threatening places. Funny, I thought, I have extensively written about national dissociation and threat (e.g. 2009, 2010) and one of my most quoted papers is the beautiful series by Sandra Bloom (2006) about the impact of fear on individuals and societies. Still, I had lost therapeutic positioning and the multinational context ever so easily.

As a group, we needed to make the space safe before further engaging with money, and unlike what I believed to be the case (I felt safer, they were all neurotic), I realised that I needed more safety than most of them to bridge the dissociated state and re-embodiment. Talking about it helped. Sitting next to people who felt safe enough to be scared helped too. I could not have built those bridges on my own. Gosh, without the group, I would not have even become aware of my dissociation. During the morning of the workshop the group served as my

self-object (Kohut, 1959; 1977), holding for me (and the other two) aspects of myself I could not yet tolerate.

Can we be said to have a mind of our own?

In relational psychotherapy, a person is no longer understood as a separate disconnected system. The mind (or, if we expand it to somatic thinking, the bodymind) is neither personal nor an object but instead a **process of potential configurations which is only realized in interpersonal exchanges** (see Mitchell, 1988, for example). Stated simply, the fantasy that we can "do something" to the other without being affected is highly criticised. As a therapist, my main therapeutic tool is me, my own bodymind, and willingness to submit it into the relationship. Susie Orbach (2003) demonstrates this in her beautiful argument: "there is no such thing as a body," meaning, there are only bodies in relationship with other bodies.

Through the eyes of relational body-psychotherapy, the psychotherapist does not only apply her skills, techniques, knowledge and understanding – she furthermore lends herself to a relationship, willingly surrenders to a bodymind bigger than her skin-boundaried-self. I am partially giving up my body to become a part of a relational-body (a field). When we leave an affect-laden relationship – and a therapeutic relationship is first and foremost such a relationship – we, too, are thus changed from the inside not just our client. I am, therefore, paid for my willingness to take the risk of changing myself together with my clients and students.

Appropriately, Douglas Flemons (1996) compared psychotherapy to jazz improvisation, encouraging "freedom within form" (p.236). Approaching the same phenomenon from a different angle, Wilhelm Reich saw the goal of therapy as attaining the capacity to fully give in to the involuntary pulsation of breath (Gilbert, 1999). To this, relational body-psychotherapy adds the freedom to move in and between selves, in and between bodyminds. Paraphrasing Reich, we are giving in to the involuntary tug of bodymind connectedness.

When my students in London insisted that we stayed in the here-and-now and processed the bomb-scare, they were the ones who brought us together into connection. At the time, I wasn't at all bothered by the police threat, but for them it was intolerable. And since they insisted, I was invited to recognise the very intolerable space inside of me, and I then yielded to this pain and fear, and reconnected with myself and with the group; once more it was possible to breathe. Connecting to the group connected me to myself.

This is not mere cognitive exercise. We are not just made of atoms but of connections, of bridges that resonate and vibrate our connection. This column was written with you in mind, and so you get to carry a piece of me with you, and I, in the knowledge of your reading, carry a piece of you. Sometimes it may be you who regulates us (and me) and at others, it will be me. Yet at all times, as long as we move from self-regulation to mutual-regulation, from willingness to submit to this embodied dance to insisting on our separate individuated self, we form the basic relational dance. This is a dance of individuation and connection, of expression and protection, of being a part of and remaining apart from; in short, we participate in the erotic dance of love.

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

References

- Bateson, G. (1972). *Steps to an Ecology of Mind*. Chicago: The University of Chicago Press.
- Bloom, S. L. (2006). Neither Liberty Nor Safety: The Impact of Fear on Individuals, Institutions, And Society, Part IV. *Psychotherapy and Politics International*, 4(1), 4-23.
- Flemons, D. (1996). Therapist as Novelist and/or Jazz Improviser, (pp. 235-236). B. Duncan & J. Sparks (Eds.). *Heroic Clients, Heroic Agencies: Partners for Change*. Retrieved from <http://www.heroicagencies.org/Buymanual.htm>
- Gilbert, C. (1999). Breathing: The legacy of Wilhelm Reich. *Journal of Bodywork & Movement Therapies*, 3(2), 97-106.

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By Dawn Bhat

Current Research Reviewed

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

Integrative Somatic Psychotherapy: Does it Exist?

Research in somatic psychotherapy is limited in comparison with mainstream psychotherapies. Does this mean that body psychotherapy is perceived as an unsound practice? Yes and no. Most mental health practitioners have not heard of many of the various modalities of body psychotherapy. Yet, body psychotherapy seems to improve psychological functioning and life satisfaction (May, 2005).

Psychotherapy Integration: Theory and Technique

Integrative psychotherapists, on the other hand, have validated psychotherapy effectiveness and have moved towards theoretical integration of evidenced-based treatments. The Society for the Exploration of Psychotherapy Integration formed in the 1980s moving psychotherapy integration forward as a field. Integrative psychotherapy looks beyond singular approaches to see what can be learned from other perspectives (Stricker, 2001). There are three approaches to psychotherapy integration: common factors and assimilative and theoretical integration.

Common factors is a collection of common and effective techniques in most approaches to psychotherapy. Some common factors that have been identified are therapeutic alliance, corrective emotional experiences, therapist and client expectations for positive change, and therapist qualities such as attention, empathy and positive regard (Stricker, 2001).

Assimilative integration is the second approach to psychotherapy integration in

which there is a grounding in one theory with an openness to incorporate techniques from other theoretical approaches to psychotherapy (Stricker, 2001). Within this approach is technical eclecticism, which is what many practitioners refer to when they call themselves eclectic. In technical eclecticism, the practitioner has a limited understanding of the theory supporting the techniques. Clients generally are unaware of the integration, as the practitioner utilizes techniques seamlessly.

Theoretical integration is an attempt to bring together diverse theories into what physicists call a grand unified theory (Stricker, 2001). Theorists posit that theoretical integration is difficult to achieve when integrating approaches with different world views, and it has not been achieved within psychotherapy integration, at this time.

Finally, the field of psychotherapy integration and its practitioners, integrative psychotherapists, focus on the relationship between theory and technique. In similar vein, researchers in somatic psychotherapy may want to explore this integrative perspective on psychotherapy.

Attachment in Integrative Psychotherapy

In a special issue of the *Journal for Psychotherapy Integration* published in September 2011, the focus was on attachment theory as a foundation for psychotherapy integration. Former editor of the journal, Jerry Gold, in his introductory article, reviewed the employment of attachment

theory by integrative theorists and clinicians over the course of the past forty years. Attachment theory is integrative synthesizing elements of psychoanalysis, developmental psychology, social psychology, ethology, and biology (Gold, 2011) and influences many approaches to psychotherapy.

Attachment theory has been influential in the psychotherapy integration movement in general. One integral role is as a descriptor of the ideal psychotherapeutic relationship (Gold, 2011). The therapeutic relationship is a secure base to explore painful and frightening aspects of life. The safety and security in the therapeutic alliance is often a precursor to change in psychotherapy (Gold, 2011). Integrative psychotherapists today have expanded Bowlby's original work to develop and integrate techniques to establish a secure attachment relationship within the context of the therapy relationship contributing to the common factors previously noted.

Somatic Psychotherapy and the Integrative Movement

The psychotherapy integration movement along with attachment as a foundation is comparable to the developments within somatic psychotherapy. The field of psychotherapy integration may be informative for mind-body practitioners and researchers alike. Techniques from somatic psychotherapies can be utilized within assimilative psychotherapy frameworks to work with the body. Theories of early attachment and self-regulation have been at the heart of somatic psychotherapy since its inception.

Integrative Concepts in Somatic Psychotherapy: A Brief Background

Wilhelm Reich and his followers were integrationists who did not separate the mind from the body. At the core of

many modalities of body psychotherapy is self-regulation and the regulatory functions of the autonomic nervous system. Techniques have been developed to work with the body, which differentiate somatic psychotherapy from other verbal psychotherapies.

A fundamental theoretical concept in the field of body psychotherapy is the functional unity of body and mind, the non-duality of the soma and psyche. The historical basis of body psychotherapy originated with Pierre Janet, who was especially interested in the integration of the development of cognitive functions out of sensory, motor, and emotional foundations (Boadella, 2011). It was Janet who influenced the great works of Jean Piaget, Sigmund Freud, and Wilhelm Reich, who integrated the body in psychotherapy (Boadella, 2011). Reich put forth the theoretical concept of mother-child attachment as the origin of self-regulation (Carleton & Padolsky, 2011).

According to Carleton and Padolsky's recent article published in *Body, Movement and Dance in Psychotherapy* in July 2011, infancy is a critical period for the formation of self-regulatory mechanisms, which was noted by Reich and is now being verified through the lens of neurophysiology. The mother-infant bond is the foundation for emotional health, physical function, and self-regulation. Self-regulation refers to managing arousal, maintaining alertness, and inhibiting maladaptive responses. The role of the autonomic nervous system is a regulator of energy, involuntary functions, and is involved in the expansions and contractions within the body.

Self-regulated children become resilient, self-reliant and self-assured (Carleton & Padolsky, 2011). Reich believed that individuals who are somatically regulated will be regulated psychologically. Reich's concept of the self regulated child is similar to Bowlby's concept of securely attached children.

While attachment theory is foundational in integrative psychotherapy, the concepts of secure attachment and self regulation are foundational in somatic psychotherapy.

Towards an Integrative Theory of Somatic Psychotherapy

To bring somatic psychotherapies into the research arena is to look toward fields that have undergone similar movements. The



field of psychotherapy integration can offer body psychotherapy researchers and practitioners innovative ways to achieve an integrative theory of somatic psychotherapy. In moving towards an integrative theory, many modalities have similarities in theory and tech-

nique. Yet, others can novelly contribute to an integrative perspective on somatic psychotherapy.

Presently, there is a push for body psychotherapy to be more evidence-based. There is a research symposium at the upcoming EABP Congress that will explore the interface of research and practice. Three sessions scheduled at this symposium include the science of body psychotherapy, evaluating the therapeutic process in body psychotherapy, and other scientific projects and developments within body psychotherapy. In addition, the USABP formed a newly energized committee that will be meeting at the USABP conference. One goal in mind is to focus on research to substantiate somatic psychotherapy and support its presence in the allied health field.

For more information on the 13th International European Congress of Body Psychotherapy see:

<http://www.eabpcongress2012.co.uk/en/the-body-in-the-world.html>

References

- Boadella, D. (2011). Psycho-physical synthesis at the foundations of Body Psychotherapy: the 100-year legacy of Pierre Janet (1859-1947) in Young, C. *The Historical Basis of Body Psychotherapy*.
- Carleton, J. A., & Padolsky, I. (2011). Wilhelm Reich's theoretical concept of mother-infant attachment as the origin of self-regulation: a neurophysiological perspective. *Body, Movement and Dance in Psychotherapy*, 7(2), 1-12. doi:10.1080/17432979.2011.592395
- Gold, J. (2011). Special Issue: Attachment theory as a foundation for psychotherapy integration-attachment theory and psychotherapy integration: An introduction and review of the literature. *Journal of Psychotherapy Integration*, 21(3), 221.
- May, J. (2005). The Outcome of Body Psychotherapy Research. *USABP Journal*, 4(2), pp. 93-11.
- Stricker, G. (2001). An introduction to psychotherapy integration. *Psychiatric Times*, 28(7).



Debra Greene

Energy Healing: A Synthesis of Modalities, Techniques, and Beliefs An Interview with Debra Greene

By Nancy Eichhorn

Energy surrounds us, envelops us, embraces us. It moves through us, with us, as us, is us. We are energy. Energy is the essence of our being. Without it, we are nothing.

The stark reality of energy and its healing properties lies at the heart of energy medicine. Also known, in a general sense, as energy healing or energy therapy, these umbrella terms include different methods of hands-on, hands-off, and distant healing practices such as energy psychology, energy kinesiology, spiritual healing, contact healing, Healing Touch, Therapeutic Touch, Reiki, Qigong and other biofield therapies. Each modality has its own beliefs about energy and its use in the healing process.

Debra Greene, PhD, an energy health specialist, founder of Inner Clarity (IC), and author of *Endless Energy: The Essential Guide to Energy Health*, explains that energy medicine, while challenging to narrow down to a single definition, represents an approach that understands human beings as multiple frequency domains. Energy medicine has been around for thousands of years using ancient techniques within the wisdom traditions, she says. More recently it has been shown to be scientifically legitimate. Key players have been William Tiller, PhD, professor emeritus of Material Science and Engineering at Stanford University who worked with subtle energies before pursuing esoteric concepts in psychoenergetic science, Richard Gerber M.D., whose landmark publication involving vibrational healing bridged science and esoteric healing by way of hundreds of scientific studies, and Charles Krebs PhD, whose background in biology and physiology helped him use energy kinesiology to recover from paraly-

sis after a scuba diving accident (he has since written extensively and lectures about energy's healing properties).

Within an energy-based model, we are understood to be energy beings with various vibrational domains that comprise our system, each with distinct, overlapping frequencies. Four primary dimensions have been identified: the physical/vital body; the emotional body; the mental body; and the universal body (Greene does not use the word spiritual to avoid confusion with religious inferences). Our energy constitution then includes energy bodies that are formed upon each of these planes of experience. This is the equipment that we live our lives with.

Somatics and body oriented practices work with the vital body, Dr Greene says. The vital body is a big component—it's the energy body, the main body. The vital body is unique because it does not just occupy its plane of experience, it is actually woven

into the physical body through the chakras (energy centers), the meridians (energy distribution lines) and the nadi system (tiny energy capillaries), which are the three main components of the vital body. The interface effect with the vital body affords healing. When you work with the vital body, it impacts our emotional, mental, and universal states of being, Dr Greene says.

"Components of each body can have disturbances, distortions, tendencies, predispositions," she says. "I work with the vital body to impact the other planes of experience. The vital body is the go-between of the dense physical body and the higher planes of experience. I can work with the chakras and effect emotional and mental states of being. People can even have spiritual break-throughs. Body psychotherapy also works with the vital body because it's oriented to work with movement—the vital body is responsible for the movements."

I don't actually know of a single definition



the field of Energy Medicine. The home of energy is the ‘soma’.”

Deeply influenced by Thomas Hanna—his cosmology and philosophy of somatics—Dr. Greene uses the term ‘soma’ to mean, ‘me the bodily being’. Her background in communication and somatics drew her to study how the bodymind system communicates within itself and how people can communicate with it, impacting the direction of her work with energy.

Rather than approaching a client looking for what’s wrong, Dr. Greene approaches clients from the perspective of communication, affording a non-

work with a client’s energy system using the feedback of energy testing to pinpoint core limiting beliefs. The firing of a muscle involves a biochemical-electrical-energetic impulse, Dr. Greene explains, and she can feel when the impulse is more or less pronounced. She can feel when energy flow is there or not. Hanna, she notes, did talk about energy, and for Dr. Greene, “You can’t talk about somatics without talking about energy.”

“Much of my work is about helping people identify limiting beliefs, many of which may be outside of conscious awareness. Using energy testing I can feel the presence or absence of resonance—resonance is an energetic principle, a physics term. When energy is aligned, there is harmonic agreement when things are vibrating at the same frequency. When you encounter a limiting belief, resonance is happening; you can feel the energetic agreement between the body and the belief,” she says.

Using a sailboat mast to explain resonance, Dr. Greene shared that when the mast is up on a boat and the wind reaches a certain resonance with the mast, the mast can instantly snap off. It isn’t about the wind speed, it’s not about velocity, it’s not about force. Often times the wind is at a low level, a low velocity, it has nothing to do with force, it has strictly to do with resonance. That’s the power of it, she says.

“Although it can be done remotely, the important thing in energy testing is that the client needs to feel it, too,” she adds. “If they cannot feel it, then it is just me telling them something. They need to feel it in their body and experience that kinesthetic verification.”

for energy medicine,” Dr. Greene says. She prefers to use the term energy health. The word medicine, she explains, denotes a hierarchical structure—there is an expert, a doctor, who is an outside authority on what’s going on inside our bodies. “I’m not into the external authority thing. Medicine belongs to the elite but health belongs to everyone; we have the right to be healthy. It brings it to the people.”

Subtle energies don’t lend themselves to measurement and “when you start talking about nonphysical energies it puts you in the direction of La-la land, except with somaticists,” she says and laughs noting her comfort in the field of somatics and body psychotherapy. “Somatics is what started me on this whole path, from Somatics to

pathological approach.

“When you use a communication framework there is no such thing as pathology,” she says. “It’s all about how the energy and information flows.”

“In graduate school I got into energy kinesiology (manual energy testing), an offshoot of kinesiology muscle testing, a derivative,” she says. “Instead of testing and having to isolate specific muscles, you tune into the energy impulse that fires the muscles. It involves a lighter touch.”

While energy kinesiology is controversial, even within the energy medicine community there is no agreement on precisely how this form of communication works, the results are impressive. Dr. Green is able to



BODY PSYCHOTHERAPY PUBLICATIONS

Using a multidimensional model offers the most potent approach to healing as well as the most legitimacy behind it, according to Dr Greene. Having just returned from an energy psychology conference, she notes that current research is legitimizing energy work such as the Emotional Freedom Technique (EFT). The Association for Comprehensive Energy Psychology (ACEP) is focusing a lot of effort on research to legitimize EFT to get it recognized by the APA, Dr Greene says, including longitudinal studies involving one or two sessions that produce lasting results.

“In my opinion, the multidimensional model is a much more elegant way of understanding how somatics works than trying to conjure up neurons and a brain as doing all this. I find the energy based model to be so elegant,” she says. “I am biased in my perspective of subtle energies because within this framework energy creates matter. Energy created the brain; the brain did not create the energy.”

“I’m a synthesizer, my nature is to synthesize, to find connections and put pieces together,” she adds. “My practice is very synthesized. Energy is the common denominator. I combine a vast array of tools and techniques all into one. I believe I have the best job on the planet. I work with all these amazing modalities and techniques, and help people heal. I teach people about their energies and how to care for them. Taking care of your energy is the Mother Lode because energy, or lack of energy, impacts every aspect of your life.”

Debra Greene, PhD, Energy Health Specialist, maintains a private practice on the island of Maui (Hawaii). She is a frequently quoted expert in the field of energy medicine and mind-body integration as well as a lecturer, facilitator, teacher, and avid writer. She is author of *Endless Energy: The Essential Guide to Energy Health* and a contributing author to: *Goddess Shift: Women Leading for Change*. Visit her online at www.YourEnergyMatters.com

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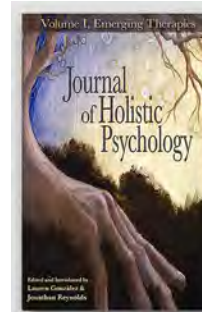
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Endless Energy: The Essential Guide to Energy Health

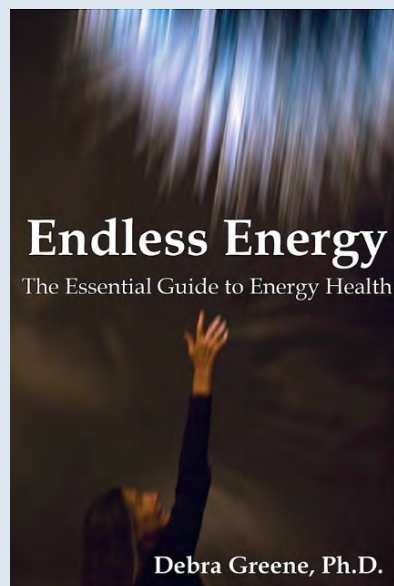
Reviewed by Tabashum J. Islam

Renowned energy specialist, Debra Greene, introduces readers to the many faces of energy in her book, *Endless Energy: The Essential Guide to Energy Health*. Greene serves as a personal guide for readers as they embark on a profound journey through the world that is energy healing. In doing so, she allows for a seamless shift of paradigms as she distinguishes the energy referenced in mainstream science with lesser-known aspects of energy found in the field of energy medicine. Though energy is often assumed to be derived from food, sleep, and exercise, Greene confronts this myth by asserting that the aforementioned matters are in actuality second-hand sources. She proclaims that energy is of its own source; in other words, energy comes from energy.

In introductory chapters, Greene explores the basics of the human energy system and how it allows for improved mindfulness and attentiveness to emotions. Taking a diligent step away from mainstream science, her operational definition of energy, better known as “inergy,” illustrates that the roots of energy are nonphysical in nature and come to us in a plethora of forms. As such, the energy system functions to process and interpret these numerous forms of energy. This enables an exchange of information between the energy system and its sources. She emphasizes that not only do humans wholly embody this energy but this energy also defines us and is our being. Greene integrates the various aspects of energy into what is recognized as the internal being. The four major energy bodies discussed are the physical, emotional, mental, and the Universal bodies. As a side note, though spiritual connotations are often misunderstood, it should be known that the Universal body holds these facets of energy.

Greene approaches the energy in which we embody in quite the literal and physical sense. The human energy system is not

unlike any other functioning system in the body. Like all systems, it entails maintenance for smooth operation in order for it to be deemed healthy and fit. This notion is especially applicable to the state of our being, also known as the emotional body. As such, we must uphold our emotional body hygiene while taking care to “keep it at a healthy weight.” Greene provides vari-



ous exercises which cleanse and de-toxify the body and which also serve to strengthen the immune system. With these methods, individuals are able to sustain a healthy emotional body and be satisfied with the state of their being.

With the introduction of the mental body she offers useful techniques to utilize the power of perspective and the mind by exploring the many ways in which energy can be integrated and become an active part of our life. Because we cannot take control of the various situations life may throw at us, we can instead learn to manipulate the way in which these situations are perceived and thus, control how we feel about it. Consequently, this allows for more direction over our own actions and enables more control over the situation.

Following the mental body, Greene al-

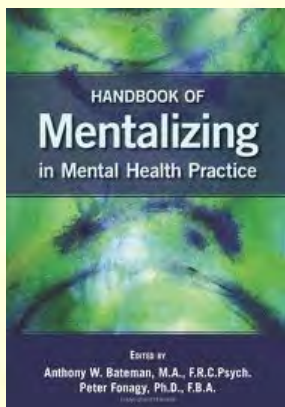
lows us to explore the Universal body in which we learn to fully understand and utilize our consciousness and trust our inner-most intuitions. Additionally, she provides insight into achieving and practicing mindfulness as a healing tool. With the amalgamation of the literal and the not-so-literal, Greene uses powerful imagery which allows for us to attain and maintain the endless energy of our bodies. She emphasizes that everyone is capable of being aware of, utilizing, and consistently generating energy through recalibration. This recalibration is a result of practicing mindfulness techniques in which the interpretation of information from energy sources is consistently adjusted according to one's situation, environment, and mindset.

In subsequent chapters, readers are provided with additional simple and effective supplementary tools which outline ways to sense, access, and experience the energy of our four bodies. These methods and exercises are categorized and range from the beginner to advanced level. Furthermore, Greene delivers valuable advice to those that are raising children or are pregnant by offering words of caution regarding everyday household items which prove detrimental to overall energy health such as cell phones, sunblock lotion, artificial sweeteners, etc.

Debra Greene does not serve as an instructor but as a guide, implying that “inergy” is something all human beings have and are capable of honing. Through providing readers with appropriate tools, she encourages the conscious awareness of our different energy bodies and advises how to shift from one body to another in hopes of integrating the physical, emotional, mental, and Universal body. In taking a practical approach to a unique concept she helps to ease the transition to our endless energy from the commonplace notions of energy found in mainstream medicine and science.

Resources

Jacqueline A. Carleton, PhD and the USABP Interns



Bateman, A.W. & Fonagy, P. (Eds.). (2012). *Handbook of mentalizing in mental health practice*. Arlington, VA: American Psychiatric Publishing. ISBN: 978-1-58562-372-3

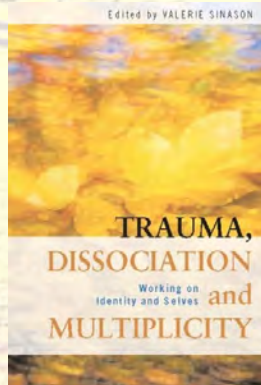
Reviewed by: Malorie Mella, New York University

With the help of many contributors, Anthony W. Bateman's and Peter Fonagy's *Handbook of Mentalizing in Mental Health Practice* offers a comprehensive guide to mentalization and its various applications in clinical settings and therapy treatments. Mentalization is the process in which one understands his/her own feelings as well as the behavior of others in terms of their own feelings and mental processes. In the Introduction and Overview of the *Handbook*, contributed by Fonagy, Bateman, and Patrick Luyten, they list a number of arguments consistently found in previous mentalization discussions such as the following: mentalization capacity is dependent on the quality of attachment relationships; disruptions of early attachment and trauma can alter one's capacity to mentalize; and the failure to mentalize may account for core features of borderline personality functioning.

The *Handbook* is divided into two parts. The first part of the book takes a clinical focus as it encourages practitioners to take on a mentalizing perspective when exploring treatment options for patients. The *Handbook* provides a comprehensive review of ways that mentalization-based therapy, or MBT, can be effective across different psychotherapy contexts and not just mentalization-based disorders. The authors do not argue that MBT should be the preferred approach, but rather that enhancing mentalization capacity can supplement further treatment. Furthermore, in the first part of the book, there is a

focus on technique and how mentalization-based treatment can be applied to different psychotherapy frameworks and settings such as outpatient and inpatient environments, or group and family work. And lastly, the authors guide practitioners on how to assess mentalizing capacities. Before any MBT approach can be taken, the therapist must know the patient's mentalizing capacity and be able to analyze it effectively.

In the second part of the book, the authors take the patient's perspective and different diagnostic categories to discuss more specific mentalizing problems within each group. Discussions include but are not limited to clarifying and developing the original treatment of bi-polar disorder by providing ideas about the role of the therapist; innovative mentalizing-based approach to adults with antisocial problems, and aspects of eating disorders. This is a great manual for both therapists who are trying to evolve methods of treatment, and patients who are trying to understand a related situation better.



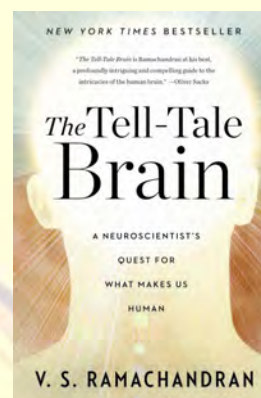
Sinason, V. (2012). *Trauma, dissociation, and multiplicity: Working on identity and selves*. New York: Taylor and Francis Group.

Reviewed by: Alla Malovichko

In this work, Valerie Sinason bridges both examples from clinical practice and the latest research to form a updated and dynamic look at dissociation as it significantly relates to trauma and multiplicity. Dissociation is a topic that needs a lot of clarification and understanding. Sinason handles this issue by including a diverse array of contributions and input from American and European psychotherapists and other mental health professionals. This work seeks to help readers under-

stand themselves as well as others, making it not only useful for mental health professionals but also for anyone who wants to gain more perspective on their identity, self, and dissociation.

After pointing out how little is known about dissociation in relation to trauma and multiplicity, Sinason goes on to explain the verbal language of this topic and how it is used in psychoanalysis. By introducing case studies and monologues, Sinason allows to reader to gain perspective not just from the professional but also the client dealing with dissociation and trauma. Taking a more neurological perspective on relational trauma, Sinason expresses how individual unique dyadic histories and dissociative processes can be communicated through children's art and drawings of people. She continues talking about treatment of dissociative defense and Dissociative Identity Disorder by introducing new theoretical concepts of multiple bodies and includes the latest findings by top researchers in the field of dissociation and trauma. Sinason's work illustrates the contemporary theoretical innovation on dissociation and trauma, from a clinical as well as a research perspective.



Ramachandran, V.S. (2011). *The tell-tale brain: A neuroscientist's quest for what makes us human*. New York: W.W. Norton & Company, Inc. 357 pages. ISBN: 978-0-393-34062

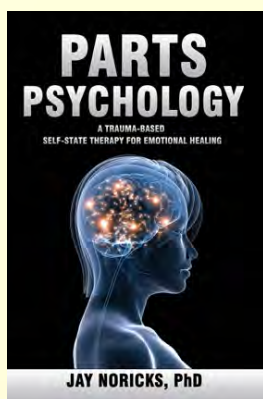
Reviewed by: Misha Mehta, Stony Brook University

In *The Tell-Tale Brain*, V.S. Ramachandran has created an insightful and enjoyable read. He uses a simple conversational style to discuss his own ideas about the brain that have been developed through years of extensive research and experience with patients who have brain damage. The book is organized

Index. Each chapter tackles a different process in the brain, ranging from fairly simple (such as phantom limbs) to more complex (such as questioning what makes humans human). Each process is explained and exemplified with case studies of patients that may hold the key to the myriad of questions Ramachandran is seeking the answers to.

In keeping with the conversational style employed in this book, Ramachandran also interjects his theories and explanations with personal anecdotes and other amusing stories. Rather than just regurgitating facts, he explains why he is interested in a particular idea and what motivated him to seek out the answers. This allows the reader to connect with him as more than just a researcher, through which he is able to bring a sense of ease for those readers who have no familiarity with the topics, as well as create greater insights for more advanced researchers.

Ramachandran covers a wide range of topics, from synesthesia and autism, to the ability of humans to introspect. The epilogue connects all the chapters to each other through one common thread, and Ramachandran explains how he was able to compile all of his findings and organize them to create this book.



Noricks J. (2011). *Parts psychology: A trauma-based self-state therapy for emotional healing*. Los Angeles, CA: New University Press. ISBN: 978-0-982-92198-2

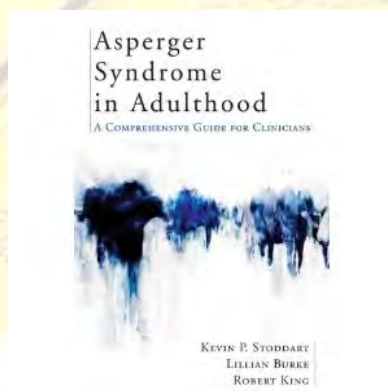
Reviewed by: Misha Mehta, Stony Brook University

In *Parts Psychology: A trauma-based self-state therapy for emotional healing*, Noricks aims to entertain as well as provide a step-by-step description of his therapeutic techniques based on the model of parts psychology through the art of storytelling. Out of a total of fifteen chapters, Noricks devotes thirteen of them to describe success stories of previously troubled psychotherapy clients as a means to provide both professional psychotherapists and those simply interested in psychology with a greater understanding of parts psychology and therapeutic techniques.

Noricks explains the theory behind parts psychology and emphasizes that a person is not unitary—every personality consists of multiple parts that blend seamlessly together. These parts appear as we continue to grow and develop whenever our existing parts cannot easily deal with a new challenge and become subpersonalities. According to Noricks, the goal of psychotherapy is the integrated functioning of these parts. That is, a person should be able to understand each of their parts and interact and consult with them to create a stable internal world.

In this book, Noricks provides the step-by-step treatment plan he employs with his clients beginning with a basic four step outline. He then describes the most important elements of each step and explains the measures he employs during his treatments and what should be done in differing situations. Next come detailed accounts of his work with his clients, with each chapter focusing on a specific client and a different set of therapeutic issues so that professionals can learn how to apply these techniques to almost any situation. The stories are entertaining as well as informative, and Noricks tries to answer a plethora of possible technical questions that may arise for professionals.

The final chapter includes a summary of Noricks's objectives in writing this book, along with a more in-depth description of the definition and creation of parts. He concludes by summarizing the steps in the treatment protocol, this time using specific examples from the stories in the previous chapters. This book could be a helpful tool for a psychotherapist interested in employing parts work as well as a good read for anyone interested in the field of psychology.



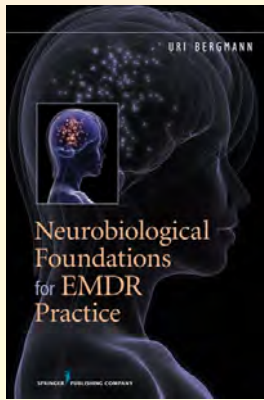
Stoddart, K.P., Burke, L., & King, R. (2012). *Asperger syndrome in adulthood: A comprehensive guide for clinicians*. New York, NY: W.W. Norton & Company. ISBN: 978-0-393-70550-8.

Reviewed by Kavita Bommasamudram, Stony Brook University

This volume is an integrated compilation of clinical experiences and the most recent published research on Asperger Syndrome (AS) from the last fifteen years. Since much of the professional literature from this time period focused on the diagnosis and treatment of children, the authors wrote this guide for adults who are at the “higher functioning” end of the autism spectrum. This has also been referred to as, “the borderlands of autism”. Even Hans Asperger observed in 1944 that AS exhibits, “persistence over time” in individuals into adulthood. This corresponds with the increasing number of adults receiving an AS diagnosis in their early twenties and above, as well as undiagnosed individuals in their forties, fifties, and even sixties seeking help as a commonality. For these adults, this help is sought out from the need to understand and explain their social and behavioral differences and poor quality of life. A lack of clinical knowledge, appropriate community support services and systems, and expertise accounts for the missed diagnoses earlier in life.

The authors review the latest applicable theories related to the contributing factors of AS such as genetic theories, environmental theories, cognitive theories, and controversies in diagnosis of AS in relation to other autism spectrum disorders. In accordance with specific diagnosis criteria in the DSM-IV-TR, AS is categorized under pervasive developmental disorders which includes communicative, social, and behavioral symptoms (American Psychiatric Association, 2000).

Since most clinicians and professionals have expressed concerns and confusion regarding the differentiation between AS and autism, current DSM criteria have identified two characteristics to distinguish each: (1) delayed language development in autism, but not in AS, and (2) at least average/near-average intellectual abilities necessary in AS but not in autism (Stoddart, Burke, & King, 2012). For differentiating AS from “high functioning” autism, there are three diagnostic protocols utilized with detailed clinical observations, interview conduct, scales, and questionnaires to use in each of these approaches. These measures for assessment make this guide ideal for clinicians to gain further insight into every aspect of Asperger Syndrome, ranging from the neurodevelopmental, medical issues, psychosocial issues, effects of psychotherapy and psychopharmacology, and other complementary interventions.



Bergmann, U. (2012). *Neurobiological foundations for EMDR practice*. New York, NY: Springer Publishing Company. ISBN: 978-0-8261-0937-8

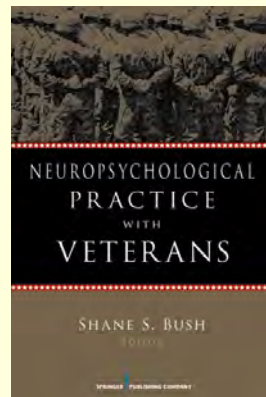
Reviewed by: Brian Tam, New York University

Uri Bergmann focuses on the most contemporary research about the neural factors involved in Eye Movement Desensitization and Reprocessing (EMDR) in regard to attachment, traumatic stress and dissociation. EMDR is a therapeutic approach guided by the adaptive information processing (AIP) model. The theory behind AIP is that a traumatic memory stored in a person's brain was inadequately processed and overwhelmed the coping mechanisms during the time of inception. EMDR is a form of psychotherapy that attempts to help patients consciously remember distressing memories, including the physical and emotional states, (the analogy often offered is that patients watch the scenes as if watching a television screen) in order to reduce any chronic influence.

Bergmann first presents basic research in neuroscience relevant to how we process information. He includes basic facts about how information is processed in the brain including sensation, perception, cognition, memory, emotion, language and motor function. He then goes on to examine disorders of consciousness that might best be influenced by EMDR including anesthesia, comas, various personality disorders and complex/dissociative PTSD. The link between many of these diseases is a disruption during the information processing stages. Bergmann then moves on to an explanation of medically unexplained symptoms, such as fibromyalgia and chronic fatigue syndrome and explains the symptoms in a way that integrates neurology as well as psychology in order to resolve the phenomena medicine alone can't explain.

The final chapters of the book integrate the generalized information about how we process information and various diseases with approaches to EMDR. Based on the AIP model, EMDR uses the person's own rhythmic eye movements in order to experience from a distance the traumatic memory and dampen the effect of the traumatic event.

PTSD was the typical example used. Negative emotions were lessened by having a therapist guide the patient through the negative thoughts and transform them into positive thoughts by use of bilateral movements (some kind of sensory input—sound, touch, visual—given in such a way that information from one's memory goes to both sides of the brain in an alternating sequence. One hypothesis is that bilateral stimulation promotes dual awareness such that the mind is in the present moment while at the same time it goes elsewhere. Scientifically, EMDR and bilateral stimulation help reorganize neural circuitry linked to a traumatic event in order to change a patient's thought process and experience.



Bush, S.S. (2012). *Neuropsychological practice with veterans*. New York, NY: Springer Publishing Company. ISBN: 978-0-8261-0805-0

Reviewed by: Brian Tam, New York University

In *Neuropsychological Practice with Veterans*, Dr. Shane S. Bush provides a multifaceted overview of neuropsychological assessments and treatments associated with war veterans who have suffered from traumatic brain injury (TBI) during their service. Divided into three parts, the book is a collection of works written by many clinicians and researchers experienced in working with veterans.

Part I explains methods of assessment and treatment using a neuropsychological approach. Neuropsychological assessments are used to gauge the extent of impairment to a particular ability and to determine which area of the brain may have been damaged. The book affirms that Veteran Affairs psychologists need to be aware of the neurological manifestations of these various traumatic disorders in conjunction with psychiatric factors in order to make a valid diagnosis and affective treatment.

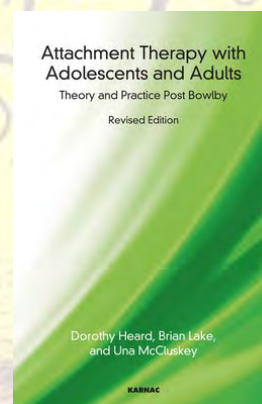
The best practices in the neuropsychological treatment of veterans consist of treating symptoms regardless of their etiology, focusing on the problems associated with the damaged part of the brain. Treatments include generalized cognitive rehabilitation, behavior management, health management

and alternative medicine in addition to direct clinical services to the patients and their families.

Part II explains the various injuries, illnesses, and disorders associated with such brain trauma. The uniqueness of trauma in veterans is its high causation by poly-trauma, a multifaceted combination of physical, emotional and brain damage. The framework for veteran treatment typically constitutes a "whole person" approach. Dr. Bush singles out explosive blast related injuries (e.g. "shell-shock") as the main cause of TBI, especially because of our current technology and its ability to effect all three aspects of poly-trauma simultaneously.

As veteran populations age, we begin to see even more symptoms, including dementia, cognitive impairment, an increased risk of HIV and hepatitis, substance abuse and neuropsychological symptoms caused by physical stress.

The last part of the book (part III) discusses training, ethics and trends. As the awareness of such trauma increases, the Department of Veterans Affairs has begun to increase facilities for graduate level research/training as well as immediate support to soldiers on the field.



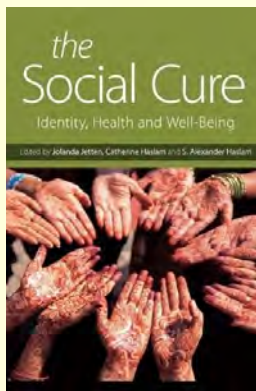
Heard, D., Lake, B., & McCluskey, U. (2012). *Attachment therapy with adolescents and adults*. London, England: Karnac Books. ISBN-13: 978-1-78049-042-7

Reviewed by Raina U. Patel, New York University.

The book *Attachment Therapy with Adolescents and Adults* by Dorothy Heard, Brian Lake, and Una McCluskey illustrates a model that extends and alters the work done by Bowlby/Ainsworth on attachment theory. It describes a new type of therapy designed for working with adults and adolescents. It focuses on this pre-programmed process that comes into play whenever people perceive themselves to be in danger. This process is broken down into seven separate systems that all work together as a whole to allow people to adapt appropriately and effectively to changing

circumstances. They include Bowlby's two behavioral systems, attachment and caregiving, as well as the defensive self, the care-seeking self, the exploratory interest sharing self, the sexual self, and the self under threat and alone.

The book is split up into three separate sections. The first section is a "theoretical background for an autonomous self that is immersed in the dynamics of attachment and interest sharing," the second section is a "therapy guided by the new attachment paradigm," and the third section includes appendices that cover Bowlby's attachment theory, the strange situation test, the importance of the Adult Attachment Investigation, and comparisons between Lichtenberg's motivational systems and Heard and Lake's goal corrected systems. It also includes a glossary that highlights major concepts.



Jetten, J., Haslam, C., & Haslam, S.A. (2012). *The social cure: Identity, health and well-being*. New York, NY: Psychology Press. ISBN: 978-1-84872-021-3.

Reviewed by Patrycja Klimek, Hunter College

In *The Social Cure: Identity, Health and Well-Being*, researchers from health, social science, and economic fields communicate their empirical knowledge regarding the importance of social factors in mental and physical health. The book emphasizes the need to consider the influence of people's social worlds when studying individual health and well-being and to urge further research on the subject. Researchers argue that social group involvement can shape an individual's sense of self and minimize, or as the title suggests, "cure" the detrimental effects of stressful life events. The book discusses the groups that people belong to, for example gender or religion, as shared identities. As we identify with others, we form the basis of social support, which in turn has positive effects on health and well-being. Evidence suggests that the strength of our relationships with family, colleagues, or other groups, impacts our physical health as well as our level of satisfaction in life. Throughout the book we learn how social factors affect people's behaviors and emotions in a variety of conditions

from work stress to illnesses to mass panics. The authors explore how our social identity plays a role in how we cope with illness, as well as how this social identity acts as a buffer against the emergence of physical and mental illnesses. Yet the book does not overlook that our social environment can shape our behavior in both positive and negative ways. For example, social influence, which inevitably accompanies group membership, can lead to maladaptive health behaviors such as drug use but can alternatively lead to beneficial behaviors such as healthy eating. Overall, the book helps us progress from focusing solely on individual traits to fusing them with social factors when trying to understand behaviors. We begin to comprehend the immense role that social contact plays in our daily lives and well-being, and how we can use this knowledge to improve our lives.

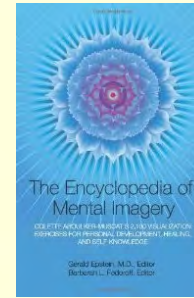


Barry, L. (2002). *One hundred demons*. Seattle, WA: Sasquatch Books. 218 pp. ISBN: 1-57061-459-8.

Reviewed by: Tabashshum Islam, Stony Brook University.

This therapeutic exercise turned graphic novel is presented to readers as an introspective "autobifictionalography" by author and illustrator Lynda Barry. After stumbling upon an ancient art therapy by a Buddhist monk that calls for a painter to practice techniques by drawing one hundred little demons, Barry decidedly releases her own onto paper and tackles her personal demons. In her individual short stories Barry uses collages and ink painting as she creatively explores the origins of her personal and social issues and the insecurities that have inevitably come with them. Each demon she encounters embodies a chapter in her life that has left a formidable mark. These encounters result in a powerful reflection of her past and her psyche accompanied with underlying tones of regret, trauma, and dark humor.

As a bonus, Barry concludes her novel by encouraging readers to paint and tackle their own demons by providing direction to aspiring writers and illustrators.



Epstein, G. & Fedoroff, B.L. (2012). *The encyclopedia of mental imagery: Colette Aboulker-Muscat's 2,100 visualization exercises for personal development, healing, and self-knowledge*. New York, NY: ACMI Press. 243 pp.

ISBN: 978-1-883148-10-2

Reviewed by: Misha Mehta, Stony Brook University

The Encyclopedia of Mental Imagery contains thousands of exercises in mental imagery to help readers develop a closer bond with their inner worlds. Each exercise has been created by Colette Aboulker-Muscat, a psychologist and healer (and Dr. Gerald Epstein's mentor) who has helped bring peace and clarity to countless people throughout the years. The book is fairly simple and starts with a brief introduction to mental imagery followed by a guide to doing imagery for beginners. The exercises are organized in healing themes which each contain subheadings. There are step-by-step instructions for following the exercises so that absolutely anyone can do mental imagery. This encyclopedia is for those looking for healing and spiritual growth, and it is also a resource for therapists and other professionals who use imagery in their fields.



Healing Gestures of the Soul

“...all real living is meeting” Martin Buber(1)

By Judith Sarah Schmidt

In moments of real and creative living, in which therapist and client meet, there is a felt sense of “so much depends on this moment.” A client may be alive with anger, with tears, with laughter, with silence. The moment may not be peaceful but, as Stanley Keleman, founder of Formative Psychology, said in one of his talks, it will be peaceable because what is sitting in the heart feels real and true, alive even if very painful. In such meetings, client and therapist may be lit with a touch of wholeness, of healing, and even holiness. This moment of meeting will never be repeated. Like this moment’s breath, the next breath will never be the same as the last. So much depends on this breath. So much depends on the practice of presence in each I-Thou moment.

Why does so much depend upon this moment? Because this moment, the Buddhists tell us, is fleeting. Because so much depends upon this moment which is alive for just this moment, waiting to shine forth.

What so much depends upon is the act of giving our presence to the radiant aliveness of this fleeting now, to meeting this moment as it opens and as we open to it, as it finds a place within us, calling forth our response.

*So much depends upon
a red wheel-barrow
glazed with rain water
beside the white chickens (2)*

The first line of the William Carlos Williams’ poem whispers in my ear like a Zen koan—a story or question used to provoke a student’s great doubt, Willam’s line prompts my own doubt and searching. I wonder: why does so much depend upon a red wheel-barrow, with rain-water, beside the white chickens?

I enter the landscape of this poem/koan, as if it were a dream told by a client.

Here is what the client might say as she reports her dream: “I’m standing there, outside a barn.”

I, the therapist, am moved to open the world of the image: “What do you see, what do you hear, what do you feel and sense?”

The dreamer responds: “It is hushed, the beginning of day, no one stirs. Just the red wheel barrow, glazed with rain water, beside the white chickens.”

Listening receptively, I breathe my way into the dream’s space and time, breathe into this moment, red with life made to shine with the sweet rainwater that has fallen on the wagon.

Like a child, with beginner’s mind, I wonder: “And the chickens?”

“There are the white chickens, their heads are bobbing up and down.”

I see them. I am there with the dreamer. We are there together in this unique world that has spontaneously opened from deep within the dreamer. We are in real living, in dialogue with one another and with dreamtime. Poets and dreamers capture moments of time in a cameo of images, their presence innately embodied in the I-Thou encounter.

Martin Buber, Jewish humanist philosopher, talks about the difference between the I- Thou and the I-It. In an I-It relationship, I look upon the other as an object, as if under a microscope, to be acted upon by my techniques. A 'Thou', on the other hand, is seen as wholly other, an unfolding mystery to be met and discovered in the wide-open field of the meeting moment. (4)

Writing just after WWI, Williams says, "So much depends upon the red wheel barrow and the glistening rain and the white chickens." I hear him telling us that everything and everyone has a face waiting to receive our face, our presence. In this way, we are humanized to all being in a world woven as a web of interconnection.

Here is what Donald Winnicott, the British pediatrician and psychiatrist tells us: What the infant finds of himself in the mirror of his mother's face tells him who he is. (3) Is he good and is there goodness in the world? With our presence, we give the energetic resonance of our face to our clients and, finding themselves held in our seeing, they find ground for new possibilities within. Together, we sit in an emergent field, waiting to witness whatever of the real arises between and within us.

A Therapeutic Encounter

In a healing encounter, we are challenged to be what the phenomenological philosopher Martin Heidegger calls "Shepherds of Being" (5). Winnicott tells us that he uses this technique: he says a lot, listens little, is even very smart, only when he is tired. (6) Indeed, for the therapist, the Practice of Presence for Being's unfolding is an austere spiritual practice of not knowing, of 'beginner's mind'. (7)

Let me share with you one such encounter

Meg is a writer. Five years ago, her husband died of a sudden heart attack while they were jogging in Central Park. He turned around to smile at her and then dropped dead. That moment reverberates in her as "lightening striking my life".

Meg enters the office, her face pale, her breathing labored, head and shoulders tight

and bent. While we sit together in silence, I breathe quietly, feeling my way toward her wheezing breath. Meg tells me that she is having severe asthma after a respiratory infection and that it is difficult to write. She is writing a memoir about the traumatic loss of her husband.

I suggest that we sit long enough to let her lungs know we feel them and sense what is happening for them. "What do you see and sense when you are with your lungs?"

"My lungs are like dry spaces out on some prairie, endlessly empty, silent. Every once in a while, you can hear a lone wolf cry."

"Can your lungs feel us? Do they know we are feeling their emptiness, their grief, their wolf cries?"

She bends her head, listens, and nods, 'yes.'

So much depends on this moment, on the arising of this image of the prairie, on our being together with it all, on Meg's sense of being held by me, on the spacious possibilities of imagination opening to her attention and to my attuned questions.

As Meg and I sit together with life struggling in her lungs, I let her know that I can hear the cry of the lone wolf in the rasp of her breath. Meg begins to weep.

"Stay with the tears, be with them, see where they are coming from."

"My lungs are grief rooms filled with so many silent black tears."

Meg's tears begin to flow softly, releasing congealed grief and still more grief. She takes a first deep sigh. She looks at me and finds herself in my face. Her breath is less effortful, although not yet in her belly. So much depends upon this moment of meeting. Meg's breathing depends upon it. It is not peaceful but it is peaceable.

So much depends upon our presence to the smallest sacred moments of emerging life to the single tear now in the corner of Meg's eye, to the slight shadow of sadness on her mouth, to her hand reaching out into space. I call her attention to her extended

hand which seems to have a life of its own and which she does not seem aware of.

"Meg, what is your hand doing?"

She slowly looks at her hand gesturing, "It seems to be reaching into the void, asking 'How is this possible!'"

"Who is making this gesture?"

After some time, "A dark dazed woman inside of me; her hand reaches that way forever."

We sit together with this gesture that has risen out of a deep grief place frozen and shut off from knowing, from speech, waiting to be witnessed. We sit with the paradox of her impossible loss and with the life moving through her hand to express what is unimaginable.

What helps is the quiet space in which Meg can face her inner life in the presence of an outer and inner witness. What also helps Meg is the presence of the images that arise as spontaneous gestures from beneath her consciousness. With these holding images, Meg knows that there is more inside than just a disorganizing shortness of breath. Her images offer themselves to her as containers of meaning to carry the unformulated bits and pieces of traumatic grief. The images speak the frozen tears stored in her lungs.

These are not pretty images but they are in some way beautiful because of their truth and poignant portrayal of Meg's psychosomatic state. The images bring her unthinkable and as yet unspeakable experience into some imaginable form that can be reflected upon. Stephen Porges PhD, who proposed the Polyvagal Theory, tells us that asthma is the outcome of dorsal vagal shut down by way of the parasympathetic nervous system in an attempt to survive overwhelming feelings. (8) Meg's writing about the sudden loss of her husband has reactivated her traumatic grief; her asthma speaks the too-muchness of her experience. Both our sitting together and the images that arise give Meg a felt sense of cohering ground and offer soothing to her feeling endangered from within.

We sit together with this gesture that has risen out of a deep grief place frozen and shut off from knowing, from speech, waiting to be witnessed. We sit with the paradox of her impossible loss and with the life moving through her hand to express what is unimaginable.

I ask Meg to be with her lungs, to hear from them what they need in this moment. I convey my trust that her lungs, these grief rooms, carry the somatic wisdom to know what healing wants to emerge.

Meg lies down on the couch, places the blanket over her. I ask her, “Where shall I place my hands?” My hands rest gently over her chest, rising and falling with her breathing. Her eyes are closed. It is very quiet, except for the sound of Meg’s breathing and of mine in resonance with hers. In the space where my hands meet Meg’s chest, there is a felt sense of the melding of hand and chest into healing vibration.

Meg’s breathing slowly becomes quiet and rhythmic; the wheezing is faint. My hands are on her belly, which is rising and falling evenly. The atmosphere is both peaceful and peaceable.

After some time, Meg opens her eyes. Where there was pallor, there is now color in her face and a small smile on her mouth. Slowly, she looks around, gazes at me, then closes her eyes again and tells me, “I am on a Greek Island, in a white-washed house. The windows are open, the sunlight gently streaming in. It is utterly quiet. Not a frightening quiet. A sacred quiet.”

“Where is the house? What is it like?”

“The house is at the ocean. The ocean is a deep swaying breathing calm. There is a writing table there.”

“Be there, Meg. Breathe with the ocean, the calm, the stillness.”

Her belly begins to breathe with ease, her whole front rising and falling in rhythmic waves.

“The house says to me, ‘Come in Meg, come into me and write.’” Another long

pause and then, “I am that house. I am quiet and filled with light.”

“Be still for as long as you need to. Be there Meg. Allow all that is happening here to move through. Let the energies of this place move through your every cell. Let your lungs breathe in the clear quiet air of this white washed house, warmed by the sun light, moving in and out with the calm breathing ocean.”

All that is happening now on the couch is taking place in what the Jungian Ann Ulanov calls liminal space, (9) a space of pause between what is known and what is not yet known out of which new life may arise. It is important for me to sit quietly, to be witness to this space so that Meg feels safely supported as she moves deep within to receive the healing as it enters from beyond her trauma body.

Healing flows into the quiet of liminal space, the healing of the warming sun, of the breathing ocean, the healing silence of the white washed house in Greece, carrying Meg far from the empty prairie. Over and over again, I come to see how every image carries powerful transformative energies. When therapist and client are present for the images that open from within, when we hold space for them to circulate and flow through the breath and body, the image releases its powerful healing vibrations into the senses, the body and the breath calms and rebalances the autonomic nervous system and lays down new possibilities in the neural pathways of the brain.

As the therapist sensitively feels her way into the world of the image, an energetic dialogue emerges between therapist and client. Right-brain to right-brain presence opens imaginal space and releases its healing potentials. The voice of the therapist attunes to that of the journeyer, much in the way that a mother’s voice attunes to her

child, or a lover to a beloved. In this right-to-right brain dialogue, the music of the words is as important as the words themselves. The right brain receives the music of contact more than the words and receives the image as a somatically sensed wholeness. At a certain point all words cease and a long period of silence opens. The client is now entering her own deep world of imagination. And so is the therapist. We have reached the threshold into the mystery of Being, where everything is possible.

This is the same space out of which the images of the prairie and the grief rooms arose. Staying present to these initial disturbing images makes space for their mournful energies to move and release the healing of the white washed house, which is also Meg’s breathing body. This image touches Meg with a sense of wholeness, providing a new ground of self-regulating space for Meg to actively take refuge in, always there for her to come to.

Whenever I am witness to this open and spacious quiet, waiting for what of wholeness will pour into it, I experience a sense of wonder. The client’s eyes may close in reverie, she may look out the window into a far distance for a long while, she may appear to doze with eyelids fluttering in REM movements, the deepest part of sleep where dreams occur. Everything is hushed, pulsating with potential. We have moved beyond ego, beyond knowing, and beyond doing.

We are at the threshold of Mystery that opens to all time and all space, where everything is possible. Winnicott called this the ‘incommunicado self’, (7) known to no one, not even ourselves. The Kabbalists—Jewish mystics— call this space “Ayin”, the silent womb out of which all of life flows, if only body and soul become still to receive. These images are sparks of life force flowing through us with new life with which to create our existence.



Jung tells us that the psyche and soma carry within them a self-balancing wisdom. (8) We see this happen for Meg as the energies of the images once released follow their own course and move her to psychic balance and open her breathing. It is my task as therapist to shepherd this process by lending my presence, by knowing when to hold space in silence and

when to ask the questions that open the journey into imagination, staying closely attuned to the healing that wants to vibrate out of the movement of the images. And when what wants to come comes, I find myself lifting my hands, whispering “thank you” to that invisible realm from which the healing images of wholeness flow as gestures of the soul.

Judith Sarah Schmidt, PhD. I am a New York licensed clinical psychologist and co-director of the Center for Intentional Living (intentionalliving.com). I did post-doctoral studies in object relations, studied and taught Core Energetics and Pathwork Studies, and learned Waking Dream Therapy with Mme. Collette Muscat in Jerusalem. As an imagery, dream and trauma therapist, my work is inspired by Winnicott, Jung, Buddhist and Jewish spirituality and integrates depth and imaginal psychotherapy and the restorative language of the body. You can contact Judith at jschmruach@aol.com

References:

1. Buber, M. (1923). *I and Thou*. London: Hoblan.
2. Williams, W.C. (1962). *Spring and All*. New York: New Directions.
3. Winnicott, D.W. (1971). *Playing and Reality*. London: Tavistock.
4. Buber, M. (1923). *I and Thou*. London: Hoblan.
5. Heidegger, M. (1977). *Letter on Humanism in Basic Writings*. NY: Harper Collins.
6. Winnicott, D.W. (1971). *Playing and Reality*. London: Tavistock.
7. Suzuki R. (2008). *Zen Mind Beginner's Mind*. New York: J. Weatherhill.
8. Porges, S. (2011). *Polyvagal Theory*. New York: W.W. Norton.
9. Ulanov, A (2001). *Finding Space*. Louisville KY: Westminster Wm Knox Press.
10. Winnicott, D.W. (1971). *Playing and Reality*. London: Tavistock.
11. Jung, C. (1964). *Structure and Dynamics of the Psyche*. CW8. NJ: Princeton. University Press



Bodywise

Tara's Apprentice

By Kamalamani

S

n reflecting upon my current life and work the enchanting image of Green Tara comes to mind. Green Tara is a well known 'bodhisattva' from the Tibetan Buddhist tradition. A bodhisattva is a being who vows to gain enlightenment for the sake of all sentient beings. Tara embodies the altruistic dimension of my Buddhist practice and has been an inspiration since the first retreat I attended in 1995.

What most fascinates me about Green Tara at present is her posture of one leg up and one leg down. Her left leg is in meditation posture, her right leg is stepping down in compassionate action, serving all beings. She is the embodiment of poised, perfect balance, integrating all those polarities of dualistic thinking: inner and outer, self and other, being and doing, spirit and matter, heaven and earth, enlightened and unenlightened. She is said to sit with royal ease in a fully awakened, 'bodhi' state of relaxed yet alert responsiveness.

"The green form of Tara is especially associated with fearlessness and spontaneous helpfulness - like a mother instantly and unthinkingly leaping into danger if her child is threatened, Green Tara steps down at once to give aid and protection to any being who calls on her" (Vessantara, 1993, 177).

I find inspiration in contemplating Green Tara's posture, with one leg up in deep meditation and the other taking swift action. I work as a body psychotherapist, facilitator and writer based in Bristol, England. Green Tara's compassion and balance of her posture are a constant reminder of the balance I need in my work-life. Finding the still point through the integration of being and doing, stillness and action, keeping quiet and making a noise. This works at the subtlest of levels—when do I stay quiet in witnessing the process of a client and when do I intervene, even with the most gentle and smallest of interventions? That balance is quite an art. Tara makes it look easy . . .

Of course this integration is only possible through a continual deepening of my own awareness of my body-mind. As I invite the conditions for this process of integration in and with my clients so I echo this process in my own experience and in the quality of my presence and attunement. I say 'continual' which runs the risk of sounding rather linear, chronological, neat and tidy. My experience of deepening embodiment both personally and as witness is that it is often more uncertain and unknown than that. Like the elements—well we are made of the elements—our body-minds have their own texture, timing, rhythms and impulses. And what a relief when surrender or a dissolving of stuck energy happens, like a sudden flash of lightening or a spring storm.

Thinking of my facilitation and training work what I value most in co-facilitating 'Wild therapy' is seeing people drop into their experience of being incarnate (human-animal) and part of an interconnected, breathing world. Being in wilder places with no set schedule and inviting an awareness of the sometimes dance, sometimes tussle between the wilder and tamer dimensions of ourselves is simple, profound work supported by the sky above and the solid earth beneath our feet and bums. It is also invaluable work given the times we are living through. The grief work of seeing the harm we have inflicted upon the planet and its species contrasted with the simple, jaw-dropping beauty and awesomeness of nature. The task of staying open and engaged in facing uncertain futures.



We live more closely to the elements during Wild Therapy and in doing so have time and space for a keener awareness and greater intimacy of our own elemental nature. We live more closely with one another in simple conditions co-creating community and feeling the bonds of our kinship through love and conflict. We witness each other. Edges soften and hardened fears subside.

Living and practising in wilder spots I am reminded of Tara as forest and wind goddess. The Green form of Tara is particularly associated with the earth, plant life and the wind or air element. The form of Tara known as Khadiravani often wears lotus flowers in her hair, rather than a jewelled tiara and lives in a wild pureland (Purna, 1997, 135). Perhaps Khadiravani is the perfect being to represent Ecopsychology and Ecodharma in her enlightened wildness and reminder of the importance of the breath of life.

I feel a depth of gratitude in having 'met' Tara and other Buddha and bodhisattva figures in the course of my Buddhist life and training. I particularly appreciate being introduced to what's known as 'sadhana practice' at the point of ordination as a Buddhist. A focal point of sadhana practice is visualising—from the heart—a particular Buddha or bodhisattva figure with which you develop a bond for the rest of your life. In a sense sadhana practice is akin to committing to any other long-term (including client) relationship, in that it requires clarity, commitment, mindfulness, and devotion. A useful and unexpected aspect of sadhana is that it is very useful preparation for entering into depth body psychotherapy work with clients. Cultivating receptivity, being with—without expectations—and taking in as fully as possible the life of another.

It's only now that I realise what a radical and transformative practice sadhana is in a broader societal sense. In our contemporary mainstream culture bodies are viewed with many intentions in mind—fashion-following, lust, envy, pleasure or whatever—but perhaps not so often with the intention of dwelling on the sublime qualities and embodiment (gestures, symbolism, colour) of a particular enlightened quality, be it compassion, wisdom or fearlessness. These qualities resonate with the very same qualities, nascent or well-established, within us.

Dwelling upon the embodiment of the enlightened 'other' feels very significant in the current zeitgeist. In a world seemingly obsessed with celebrity culture and reality TV, contemplating enlightening qualities or even beauty in whatever form that takes is, regrettably, less common. On an even simpler level there is something precious about visualising the body of another being whilst staying in connection with our own form and felt senses, further dissolving the splits between our notions of body and mind, self and other. Body awareness and our own sense of embodied knowing have never felt more important with global record levels of social alienation, depression and disconnection from ourselves, others and our relationship with the planet, the body of the earth.

Of course this is old news for readers of this publication, and I have no doubt that I'm talking to the converted. But I'm saying it again because it's worth saying, and to remind myself! Also because techniques to encourage body awareness seem to be on the increase. Well, techniques to fix most things seem to be on the increase and affirmed by the status quo. As body psychotherapy seems to have experienced something of a renaissance and renewal so have techniques for greater body awareness.

Some of these are really good techniques of course, but they're still techniques in a world which is besotted with quick fixes and short CPD (CEUs) courses with clear learning outcomes. Amongst other things I'm thinking of the rise in popularity of 'mindfulness' approaches to therapy. On one hand I think it's absolutely great that mindfulness is gaining popularity and having positive results. It seems brilliant that a teaching from an ancient Buddhist 'sutra' (teaching, literally translated as 'thread') from more than two thousand years ago helps individuals to achieve peace of mind in the 21st century. Yet, knowing how easy it is to get the wrong end of the stick in practising the Dharma from my own hard-worn experience, I'm left with some unanswered questions. How effective is it to lift one aspect of a practice out of a tradition of interrelated practices (mindfulness is often taught hand in hand with loving-kindness and the ethical precepts, for example.) What will be the consequences of this? Who knows.

Likewise, I think we need to revisit over and over the importance of approach



ing our process and that of our clients and like-minded colleagues with the recognition that we are bodies integrating body-mind processes in the here and now. Our body isn't a separate object to be done to, nor are we our body or ultimately defined by our body. I think it's hard to hold these thoughts, *play* with these thoughts even, given the overwhelming tendencies of our cultural conditioning and the dualistic nature of our minds in wanting to fix, label, name. And in the area of embodiment words start to fall short.

I like to recall the words of the Zen master Suzuki and his poetic insightfulness in this quote about the body-mind:

“Our body and mind are not two and not one. If you think your body and mind are two, that is wrong; if you think that they are one, that is also wrong. Our body and mind are both two *and* one.” (Suzuki, 1970, 25).

We are a body, and we are not our bodies in any ultimate sense. Our body isn't a well-oiled machine but an inherent part of our incarnation. When I die I shall leave this skin, these bones, this flesh and these organs behind, even this "I". I don't know when this will be. Perhaps I'll be more wrinkled with thinning skin, perhaps not. Perhaps I have days to go. This area is complex touching upon the most mysterious questions about consciousness, bringing in questions from fields at first as seemingly diverse as Eastern religion and neuroscience and can be challenging, given that our bodies are a wonderfully mirror-like reminder of old age, sickness, and death.

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At the same time the realm of embodiment is very simple, when we remember to remember. Am I aware of my breath here and now? Am I present to my experience or recollecting last week or jumping ahead to tomorrow? Can I feel my whole body, or am I more akin to a head on a stick swishing my fingers across the laptop keys? Do I have a broad brush of awareness, or am I aligning myself with a particular story or habit in this moment?

“The human body at peace with itself
Is more precious than the rarest gem.”
Tsongkapa

So I come full circle in exploring Tara and her symbolism. In rounding off I am reminded afresh of Tara's left leg in meditation posture. I am reminded to take to my meditation cushion. I meditate because I want to see and relate to myself, others and the world with kinder, wiser eyes. Meditation helps me to digest and assimilate and provides the space for knowing my own body-mind and dwelling with qualities of the enlightened body-mind in the form of Tara and her friends. In the words of the great 14th century sage, Tsongkapa, I want to be a human body at peace with itself.

Kamalamani is an Embodied-Relational therapist, supervisor, facilitator and writer living and working in Bristol, UK. She has been a practicing Buddhist since her early 20s and loves seeing how age-old teachings and practices are relevant to contemporary life. She works at the interface of body psychotherapy, ecopsychology and ecodharma, drawing upon her experiences of being a development worker in sub-Saharan Africa, a lecturer in International Development at the University of Bristol, her current meditation practice and being a child lost - and found - in nature. Her first book 'Meditating with Character', published in 2012, explores engaging with meditation through the lens of post-Reichian character positions. She is a steering group member of the UK-based Psychotherapists and Counsellors for Social Responsibility (PCSR) and editor of its in-house journal, 'Transformations'. She co-facilitates Wild Therapy workshops with Nick Totton and meditation workshops based on her book.

www.kamalamani.co.uk

References:

- Purna. (1997). 'Tara - Her Origins and Development'. *The Western Buddhist Review*, 2, pp 125-141. Windhorse Publications
- Suzuki, S. (1970). *Zen Mind, Beginner's Mind*. Weatherhill.
- Tsongkapa – see below
- Vessantara. (1994). *Meeting the Buddhas: A guide to Buddhas, Bodhisattvas and Tantric Deities*. Windhorse Publications.

The Full Tsongkapa Verse is as Follows:

This body of leisure's more valuable than a jewel that gives any wish,
And now is the only time you will ever find a one like this.
It's hard to find, and easily dies, like lightening in the sky.
Think this over carefully, and come to realize
That every action of the world is like the chaff of grain,
And so you must strive night and day to make the most of life.
I, the master meditator, put this into practice;
You, who seek for freedom, must conduct yourselves this way.

This verse is from the very brief version of Lord Tsongkapa's 'Steps on the Path of Buddhahood' which can be found in 'Tsongkapa: The Principal Teachings of Buddhism' by J.E. Tongkapa (author) Geshe Lobsang Tharchin and Michael Roach (Translators) published in 2000.

International Connections
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Kohut, H. (1959). Introspection, empathy, and psychoanalysis - An examination of the relationship between mode of observation and theory. *Journal of the American Psychoanalytic Association*, 7, 459-483.

Kohut, H. (1977). *The Restoration of the Self*. New-York: International Universities Press.

Mitchell, S. A. (1988). *Relational Concepts in Psychoanalysis*. Harvard: Harvard University Press.

Orbach, S. (2003). The John Bowlby memorial lecture: The body in clinical practice. Part I: There is no such thing as a body. *British Journal of Psychotherapy*, 20(1), 3-16.

Rolef Ben-Shahar, A. (2009). Trees in shades of grey: Trauma, attachment and dissociation in the personal, clinical and socio-political settings. *Attachment: New Directions in Psychotherapy and Relational Psychoanalysis*, 3(2), 121-143.

Rolef Ben-Shahar, A. (2010). Letter to the editor: Documents from the front line. *Psychotherapy and Politics International*, 8(1), 86-87.

Resources with a Technological Twist Continued from page 27

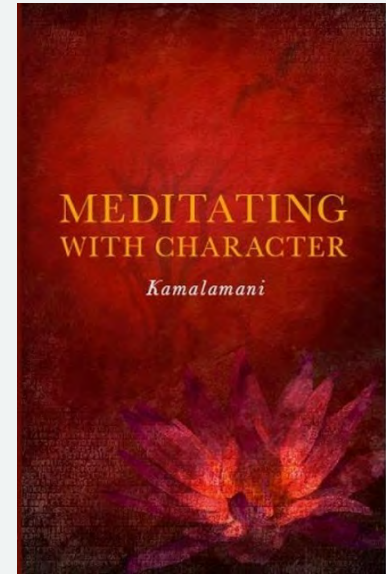
Rytz in her private practice focuses mainly on sufferers of eating disorders (an ailment, she claims, very much of our times), but anybody whose emotions escape them or whose body alienates them, anybody who thinks “too much” or at least more than s/he would like, can find solace, not to speak of agency, within these pages.



Meditating With Character

By Kamalamani

Reviewed by Tabashshum J. Islam



Meditating with Character is an insightful amalgamation of Buddhist meditation practices and body psychotherapy. By stressing the importance of character theory, Kamalamani takes readers on an introspective journey through the “mindbody” and teaches readers to embrace the strengths and weaknesses that come with being human. Character positions, an element of post-Reichian body psychotherapy, are unique for each individual and determine response to life situations. Kamalamani applies character theory while drawing on the teachings of Buddhism encouraging readers to become more aware of the human embodiment and disembodiment experienced throughout the process of meditation.

These body awareness meditations create harmony between the body and mind and act as a gateway to self-knowledge and self-awareness. By applying the findings of embodied-relational therapy, Kamalamani offers practical tools, reflection exercises, and life strategies which allow for the integration of the body and soul. Introductory chapters explore our place in life in terms of emotions, awareness, and the “mindbody.” Kamalamani offers numerous techniques to prepare readers for the journey to come. Though she lights the way, readers must work with their own individual purpose in meditation. The road may be long, perhaps even confusing at times, but the rewards are reaped in the form of awareness and deep personal reflection. In subsequent chapters, Kamalamani translates elements of Buddhism into meditation by embracing the Buddha, the Dharma, and the Sangha. By integrating the essence of Siddhartha Gautama (the Buddha), his teachings, and the spiritual aspects of Buddhism respectively, she establishes its relevancy in the modern world where we are seldom

given a moment to truly experience the self.

Kalamani notes that “we are a body with a mind and a mind with a body”. In other words, the two are interconnected and acknowledging this is embracing embodiment. In turn, this embodiment allows for the utmost awareness and enlightenment. The six character positions in meditation are the boundary, oral, control, holding, thrusting and crisis character positions. Understanding the individual’s position, which is characterized by life history, provides understanding of how meditation affects their practice as well as day to day life.

The Boundary character position encourages the embodied experience. This position stresses grounding which asks for awareness of the environment and the senses during practice. Subsequently, the Oral character position focuses individuals that enter mindfulness practice with this character have a strong appetite for life and learning due to their deep sense of inner need.

The Control character position involves individuals that change and influence their environments and yet, are strangers to the changes found in their own inner self. Due to their desire to be in constant control, Kamalamani notes that they are unwilling to confront their inner emotions and vulnerabilities. Meditation allows these individuals to catch a break and stop this pattern of constant control. The Holding character positions illustrates qualities in which the individual is in a state of perpetual stuck-ness and are most uncomfortable with their inner feelings and senses. This lack of self-acceptance surprisingly allows them to be easily grounded in practice. Meditation lets these individuals enjoy their body and its many inner feelings.

There are many individuals who are doubtful and skeptical of meditation. Inevitably, high blood pressure or heart-related diseases have led their physicians to recommend mindfulness practice due to its effectiveness. This is known as the Thrusting character position. Kamalamani notes that these individuals are characterized by their desire to win and conquer, which pervades into meditation. Practice allows these individuals to leave this world of uprightness.

Lastly, the Crisis character position personifies individuals that use meditation as an escape from their muddled up life of panic and drama. These people are often so caught up with other individuals that there is seldom any focus on the self. Meditation allows for embodiment on one’s own terms rather than the constant fulfilling of others’ desires and needs. Kamalamani’s book explores meditation in a thoroughly unique and creative lens. This implementation of Post-Reichian character positions while honing both Buddhist elements and embodied-relational therapy allows for an approach catered to the individual. Her in-depth analysis highlights that the emphasis is on the experience rather than the end result. Readers do not merely practice given techniques; they explore an awareness never felt before. These discoveries of the inner self pervade into all aspects of life which allow for positive changes and a refreshing outlook on life.



By Rahel Kühne

The Treasure Inside

Imagine you can live anywhere in the world.
Imagine you can do anything in the world.
Imagine you can be anyone you want to be.
Imagine you can have anything you would like to have.

In my workshops, freeing yourself from limiting behavior patterns is the first jump into vitality, success, and healthy relationships. True freedom and happiness can only be, if we free ourselves from old traumas and limiting concepts of our mind and become bold enough to face our full power. There are thousands of different ways to become whole and healthy, from nutrition, exercises to spirituality. Forty thousand years ago we did not have such diversity to heal our mind, body, and soul. Our ancestors relied on two very simple and energizing ways of healing: through dance and spiritual journeys.

Dancing is one of the greatest joys in life. If you understand to dance from the center

of your heart you instantly are in a state of bliss, setting free tremendous energy. Our shamanic ancestors knew about its spontaneous healing power and celebrated the connection to a greater wisdom. In many cultures all over the world people are still dancing in this original way, called Trance Dance, Dance of Life or Dance of Immortality.

A Journey

I was twenty-four years old and filled with a passion for adventure. I traveled to India with nothing but a little backpack. My journey led me through temples and caves to hugging gurus and trains filled to the brim with colorful people. On my travels I

met a new friend, Lisa, and for a while we traveled together. We were free, on vacation; there was no destination other than to explore the world.

One night we were sitting crammed in an overfilled bus, seats as small as children's seats, filled with woman in beautiful colored saris, kids of all ages, and older men holding on to their goats, chickens, and sacks. After sunset I said to Lisa, "Let's get off at the next bus stop." There was nothing special to see in this tiny village, but adventure was everywhere so we jumped off the bus. After we found a kind local person who let us stay for the night, we went for a stroll on the main dirt road.

I heard some far away drumming. I tugged Lisa on the shirt and said, “It’s coming from that temple over there, let’s go inside.” She was hesitant because we were not Hindus. But I was thirsty for wisdom and life and nothing could stop me. My saying at that time was: everything is possible. So we went past the temple into a courtyard where a beautiful elephant announced our arrival. The elephant was behind a wall, and we did not see anyone else. So we followed the drumming sound, which was already getting louder. A little further we saw a fantastic 80 foot high Tamarind tree with a wide canopy, bulging flora, and a strong, broad, stem. This tree was growing into a flat open shelter where men passionately played their drums and women danced. Families and children filled the room as well. It seemed they supported the dancing women. Filled with this amazing rhythm and caring people, I told Lisa I had to dance as well. I could not resist the immensely powerful beat of the drums. My feet moved by themselves, and I just let go of all control of life and danced or to better describe it, I became the dance. There is no mind to explain what happened.

Awakening after the dance a Hindu Indian gave me some rose-like substance, assisting me into this physical reality again.



An immense change happened to me while staying there for three days. I walked and prayed with the community of about 50



Hindu Indians and the elephant around the temple, joyfully got sprayed with holy water, and without understanding a word was totally accepted by those wonderful strangers who had never seen a white person in their temple before. After dancing for three days I have never felt so clear in my life. I felt unbelievably pure and cleansed. On the last day, we met someone who spoke a little English. He told us that patients came here with their families as a last resort—patients who were given up by doctors and hospitals because no cure could be found. He told us about patients who were paralyzed. After half a year of dancing, eating only plain rice, and praying, they slowly but surely walked up stairs, walking further distances day by day.

Amazed by this incredible experience, I returned to my work as a Registered Nurse in Berlin, Germany. Looking for a healing dance similar to the one in India, I spotted the Trance Dance Ritual. Filled with enthusiasm I participated in a 5-day intensive dance training and became a Trance Dance Presenter.

Trance Dance

Trance dance dates back over 40,000 years and still plays a significant role in many cultures all over the world. It is mostly known in East-Europe, Asia and south of the Sahara in Africa. You will also find it within the tribes of the Eskimos of North America, the Sioux, the West African Yeruba, Brazilian Umbanda, Siberian Sha-

mans, Haitian Vodun, Shango in Trinidad and Salish in Canada. They continue to dance in the ancient way to explore life and beyond and cleanse the body and mind.

Even within early Christianity, Trance Dancing played a significant role in restoring religious secrets to spiritual wholeness. Monks were dancing on the Mosaic- labyrinths in their churches until it was forbidden during the Middle Ages.

Lately it has become popular in our modern dance scene. The young people yearn to connect with their roots and spirituality again, creating Rave parties and Festivals. The meaning of the dance got lost, but the experience is similar to the original Trance Dance. For thousands of years, dance has been a natural, healthy expression of our vitality and passion in life. When we dance, we feel present, connected and alive.

What is the first association when you hear the word ‘Trance’?

Hearing the word ‘trance’ you might think of weird people being totally spaced out. What it actually means is to be in two places at once.

To give you an example: When you are sitting in your office thinking of what you might cook for dinner tonight and imagine yourself in the kitchen, you are in trance. The Trance Dancer is fully present, aware of his/her movement, place and the others in the room while consciously traveling through time and space at the same time.

The Music

Depending on the area you are living in the music varies from rural live drumming to recorded world music to techno trance in industrial cities. Waves of ecstatic music that opens the mind (120 beat/min rhythm) to beautiful moving music that opens the heart, often entailing flutes or violins, into a basic native powerful rhythm that keeps the dancer down to earth are an ideal combination of a Trance Dance event. The rhythm of the music helps our analytical brain to balance (left brain side). We then have an easier access to our memory and intuitive side of our brain (right). Our ancestors would say: While our body dances our soul travels. Those journeys might go into long forgotten experiences of our life. By following them as an observer without resistance they can heal.

The Healing Power

In Trance Dance the body moves not only to the rhythm of the music, it becomes the rhythm, the music, the dance, free of our mind to control our movement. Our body then begins to heal by unwinding jammed or distorted bones and muscles, letting go of tensions and painful areas.

As a Cranio-Sacral therapist, I became aware that a third rhythm exists in our body, next to the rhythm of our heart beat and our breathing rhythm, called the cranial rhythm. It originates from our cranial fluid receding and expanding in our skull and spine. This rhythm can be felt all over the body as a

very slow flexion and expansion.

If there is any area in the body where this rhythm vibrates differently or stops altogether, it is a sign of abnormal caught-up energy, usually referring to trauma.

Trauma happens to all of us whether through physical illness or injury or by emotional suffering. Many traumas solve in a natural way. However, not all of our traumas unravel easily. An example for the physical trauma is when we fall down in an angle. The force of that extra energy cannot physiologically escape in a straight line and gets stuck in the body and cells. Over the years this may cause damage in our body. This might become visible in an unbalanced gait, perceived through pain or an organ dysfunction, which impacts our overall well being.

I once had a client who stated before her Cranial-Sacral session that she had not

experienced any serious trauma in her life. As I worked with her, she suddenly had an image of a major car accident flashing through her mind. She said, "Oh, I remember my car turned over several times in Mexico." The cells kept the memory of this trauma. By touching the area of stored energy, she saw the accident again. Every body/tissue wants to heal and tries to move into a direction to free itself. By following the movement of the tissue with gentle pressure, the extra energy finally can be released out of the body. Sometimes tears of release or a deep sigh follow. Signs that the emotional trauma is released as well. This is not coming from our intellect. Tears or other emotional releases happen without understanding why. The talking mind usually likes to analyze what happened after the Cranio-Sacral session, wanting to understand how the healing happened.

It is wonderful to have a therapist work with us solving sometimes 20, 30 or 40 year old physical diseases and pain or emotional suffering like depression and anger.

Freeing the physical and emotional body from old trauma can also be induced by letting our body move the way it wants to move. Our body knows what to do. It has its own intelligence to heal itself, not coming from our controlling mind. Liberating our body from old trauma and restrictions awakens tremendous energy.





by Rahel Kühne

Change of Consciousness

Through ancient breath patterns, movement and rhythms we alter our consciousness, and enter a non-ordinary reality. A world beyond time and space where everything is possible.

If there is no change of our state of consciousness we only re-create versions of the same reality again and again.

Have you ever experienced the same difficulties in different relationships? Did you find yourself in repeated frustrating situations at work? Or have you reoccurring pain or other diseases for the X time? They are the external reflections of our limited view of life. We mostly see life through the glasses of convictions, expectations and learned behavior patterns, our Ego. The absence of those limitations awakens an enormous potential within us. When we dance from the center of our heart and open to a greater wisdom, visions filled with nature, animals, extra-ordinary times and places reveal themselves.

The Intention

Intention is the most powerful instrument of any ritual. A ritual simply indicates a procedure with a purpose. With it we give the journey a direction of what we want to heal (relationship, disease, or really any problem we face to that time). Sending out a clear and powerful intention, as if sending an arrow to a target will present us a clear answer. We then trust the process. Opening to unlimited possibilities and experiences exhibits solutions, spontaneous healing and a deeper wisdom of life.

We carry the whole evolutions within us

Given that we have the whole evolution in our brain, the 500 to 250 million year old Reptilian Brain, the 150 million year old Mammalian Brain, and the two to three million year old Neo-cortex, it is no wonder that we can not only explore nature and animals of long forgotten times. We can also see with their eyes, hear, smell and move gracefully with their bodies while we

tap into the older parts of our brain. A whole new world is opening once we let go off the control of our limited Neo-cortex mind. Visions of nature, familiar or unfamiliar places and people of all times may reveal in our inner journeys. They can be deep and moving or brief, astounding and joyful experiences.

Here are two short examples of my own experience

During one Trance Dance I saw a Native American chief sitting on top of a mountain. Nothing special in that scene you might say, but the next second I suddenly became this chief and there was no boundary to the mountain either. It may be unbelievable to any realistic thinking being, but it was absolutely real to me. The next instant I was experiencing wisdom and a connectedness I had never experienced before—being one with this chief, connected with him and at the same time being the mountain.



In the second experience I saw a gorgeous looking puma. I looked into her powerful yellow eyes and in the next instant I was this puma. Suddenly my moving changed. I felt every bone, every muscle of her body, and I saw with totally different eyes. And when I saw a gazelle, I went hunting. It is hard to describe, but the movement almost felt like flying. It was incredible gentle and graceful. There were no thoughts, just this experience. And it was absolutely real. At the same time, I was conscious of being in the room, of the movement of my body, and of the people dancing around me.

This dance is not rationally explainable because we cannot grab it with our mind of learned convictions and opinions (Ego). We need to experience it to understand what I am talking about. It is absolutely amazing. I have danced with thousands of people again and again in different parts of the world, and they all have had similar “unique” experiences of nature and animals, and other times and places. And yet every dance is a new experience and adventure. Feeling fully present energized, clear, and deeply connected is a common result of this dance.

Rahel Kühne, RN, is a Cranio-Sacral Therapist, Certified Professional Coach, Presenter of Ancient Healing Arts since 1994, and the director & founder of the Adventure Life Source.

To respond to this article please can contact Rahel at

rahel.kuhne@gmail.com.

To learn more about her work please visit Adventure Live Source Seminars website: <http://rahelkuhne.wix.com/art-de-rahel#>



by Rahel Kühne

Somatic Expressions

A Gallery for Artistic Expressions of Bodily Impressions

Holy Rage



I have had many different conversations with this piece over time, but am currently struck by how it expresses the feeling of allowing my ancient and holy rage to be real in me and to move out of my being through breath. I love feeling the aliveness in this movement.

Untitled



Where does this doorway go in this moment? How many places can it take you if you let it? What opens in your being when you really receive its offering? What would you call it?

Yonti Kristan, MA, OM, Somatic Minister, Evolutionary Catalyst, Vessel of Love. As an artist I am called to make Portals that expand our heart-vision and offer opportunities for seeing, sensing, and knowing beyond mind.



Worlds open when we engage what is before us immediately, wordlessly, directly, **courageously - literally "with heart"**. That is the state of grace and surrender in which deep healing and shift is possible. I paint to access that state for myself and I offer these images to you as doorways to that presence and release. If you would like to have a Portal for your home or office please contact me at the-glowingheart@gmail.com. I am especially delighted to make them available to other seekers and healers. More Portals on display at www.kristanwillits.com. (I offer other doorways to deep presence through music: free downloads at www.yontikristan.bandcamp.com. Feel free to enjoy and share.) Many Blessings, ~Yonti Kristan

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