

Somatic Psychotherapy Today

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This issue:

- Defining Moments for Therapists
- Healing Developmental Trauma
- A Hellish Place of Angels

Jeffrey M. Miller
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International Positive Psychology Association

Third World Congress on Positive Psychology

June 27-30, 2013

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2013 Highlighted Conference Themes:

- Positive Development across the Lifespan
- Positive Environment, Sustainability, and Conservation
- Healthy Body / Healthy Mind
- Work and Well-Being
- Creativity and Evolution

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- | | |
|------------------------------|-----------------------|
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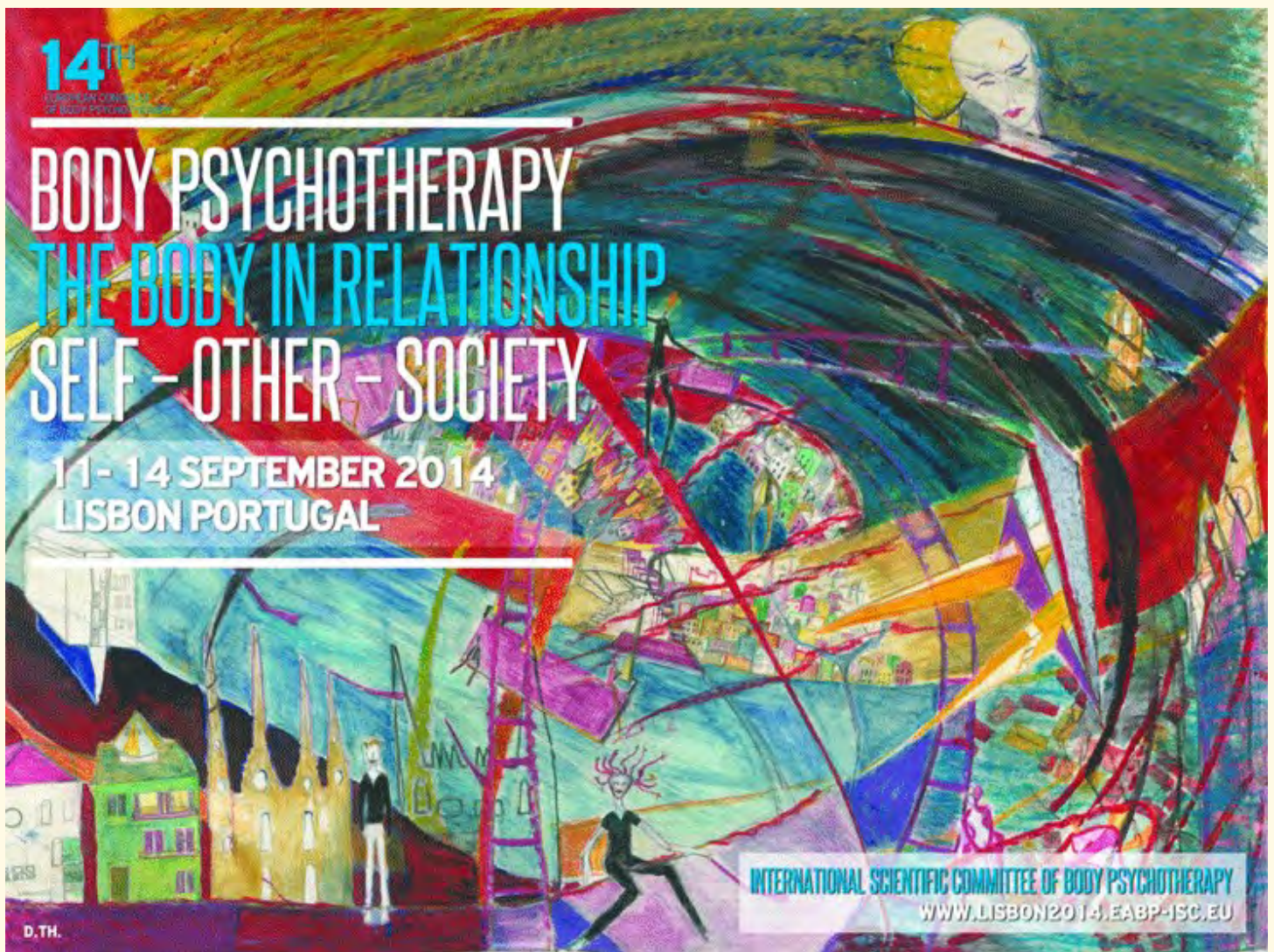
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Somatic Psychotherapy Today

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We invite you to write an article or be interviewed for our upcoming issues. And/or submit your view of Somatic Expression for our 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 writetobe@myfairpoint.net.

Upcoming Themes:

Fall: Attachment

Deadline: July 15, 2013

Winter: Reading the Body: Looking to the body for Diagnosis and Treatment

Deadline: October 15, 2013

Volunteer Magazine Staff

Nancy Eichhorn, M.A., M.Ed, M.A. *Founding Editor, Layout Design*

Diana Houghton Whiting, M.A., BED *Cover Design and layout*

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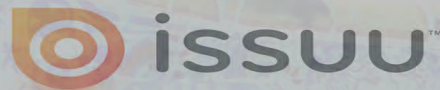
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We are looking for you!

Seeking Contributors: Writers, Interviewees,
Artists, and Photographers.

Look for us **FOUR** times a year, we publish
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From Our Founding Editor

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Greetings from Sunny California,

I grew up with the concept that you always have a plan A and a plan B; my life's experiences also taught me that I'm never blocked, never stuck, if I'm willing to change direction. This philosophy has guided me throughout most of my life's journey. Talking with Ellyme Skove, the 2013 APPPAH Congress Chairperson, about their upcoming Congress, she noted that in life there's also the reality of a plan C—cancer. Cancer enters many of our lives, sometimes more than once. I am thankful to be living with my parents again as my 83-year-old mother goes through chemotherapy for the second time. While there are many blessings that come with living at home, there is also the added benefit of a great copy editor! So I offer this issue with my mother's close critical read helping guide the grammatical presentation.

The contributors in this issue offer us many vantage points for regulation of Self and with Others. From breath work to mindfulness and movement, our writers share their personal experiences and how they influence their work today. Our writers offer introspective views regarding how we find our way into and out of our lives professionally and personally, how the combination of Self and Other twists with the needs and wants that may arise in our relationships. Serge Prengel and Lynn Somerstein's new release, *Defining Moments for Therapists*, reviewed on page 54, offers an insider's perspective into the experiences we are faced to regulate that result in our knowing, or coming to know, who we are in relationship to ourselves and to one another.

There are many resource reviews to explore as well. Books are reviewed throughout this issue; an old mainstay from my classroom teaching days—summer is the time to catch up reading all those books that looked interesting. Our reviewers offer their take on many of the newest books available to enhance your practice and enlighten your knowing.

As always, I offer my sincerest thanks to all who contributed to this issue be it writers, interviewees, photographers, advertisers, Facebook Friends, LinkedIn colleagues, and of course, you, our readers. We write to be read, to be seen and heard, and we invite your response. Every author has an email address at the end of his/her story and all of us welcome and want your feedback. I see the pages of *Somatic Psychotherapy Today* as a jumping off ground for more in-depth conversations via our Facebook page as well as emails directly to one another.



Warmly,
Nancy Eichhorn M.A., M.Ed., M.A.
writetobe@myfairpoint.net



From Our Cover Designer

Finding or making the right art for the cover of a magazine can be a daunting task. I have found more and more talented artist on-line to help me with this, and I want to introduce the artist who is featured on the cover of this issue.



Molly Pepper is a yoga instructor, massage therapist, painter, and seamstress in the San Francisco area. She runs the on-line shop *Yogabee Vintage*, her art and other works can be found here: <http://www.etsy.com/shop/YogaBeeVintage>

I appreciate her openness and willingness to share her art here. If it were not for people like Molly and the other artists we have featured, I would be up a creek without a paddle.

Sincerely,
Diana Houghton Whiting, M.A.

The NeuroAffective Relational Model™
for restoring connection

Healing Developmental Trauma

*How Early Trauma Affects Self-Regulation,
Self-Image, and the Capacity for Relationship*

Laurence Heller, PhD
coauthor of *Crash Course*
and Aline LaPierre, PsyD

Healing Developmental Trauma

By Laurence Heller, PhD and Aline LaPierre, PsyD

Reviewed by Amanda Fisher, New York University

Childhood trauma can generate emotional distress and unsuccessful relationships later in life. Laurence Heller, PhD and Aline LaPierre, PsyD, explain the Neuroaffective Relational Model as an effective solution for restoring connection and healing trauma. Humans have inherent emotional needs, mainly based around connections and attachment; these very connections represent what it means to be human and what it means to be alive. Trauma is any significant disruption in these connections, a detrimental glitch in the need-satisfaction cycle. Normally, when a need emerges, it is satisfied. Early on in development, if this cycle is disrupted, psychological and physiological disease is triggered, leaving the child with an instinctive compulsion to mend this broken sequence and adapt to altered circumstances. Since children's schemas and self-concepts are more fluid and changing, they will not recognize a problem as being either with the environment or with their caretaker but will instead believe the problem to be themselves resulting in adaptation, trauma, and disproportionate psychological and physiological distress.

LaPierre and Heller propose the Neuroaffective Relational Model (NARM) as a compelling solution. NARM implements self-regulation techniques, and questions, "*What is the implicit intention of the emotion?*" Instead of analyzing problems in one's life, NARM focuses on connection and aliveness in the present moment. The NARM healing process is an interaction between somatic mindfulness and mindful awareness. Somatic mindfulness is achieved through procedures such as somatic experiencing, resolving the physiological effects of trauma, i.e. the aroused survival responses. Awareness develops later, as we gain greater distance from trauma and greater emotional regulation. Essentially, this dynamic solution focuses on the individual's core needs, recognition of those that are unmet, and, successively, a connection to the life force with a remedy for both the physical and the mental wounds.

NARM allows individuals to both experience the self and improve relationships with the self. It promotes experiencing arousal and emotion, while simultaneously being mindful and separate from emotion, by taking an observational stance; it is a form of self-reflection and self-appreciation. It is to say, "I am often nervous and anxious, but how is this interesting? How can I explore this characteristic with curiosity? How can I see this characteristic from a different perspective?" Self-awareness is significant in its ability to alter patterns of self-rejection, and move one closer to a strengthened connection with one's personal life force.

2012, Berkeley, CA: North Atlantic Books. ISBN: 978-1-58394-489-9. 303 pages

Editor's Note: Be sure to read our Fall issue as Laurence and Aline write about their Neuroaffective Relational Model (NARM).

Join the Conversation

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



Serge Prengel

The Pause

Each month the ‘Psychotherapy as a process of relational mindfulness’ LinkedIn Group engages in a ‘featured discussion’ in addition to various discussions initiated by members.

This month Serge Prengel offered a question inspired by the work of Mary Hendricks-Gendlin, co-Executive Director of the Focusing Institute. Serge invited group members to explore the “pause” in their personal life and in their therapeutic work and then share their experiences.

Contextualizing the term first, Serge referenced Shunryu Suzuki and the “Beginner’s Mind”. He posed the question, “What does it take to be in “Beginner’s Mind”? Then, he offered this response: “When practicing the “Beginner’s Mind”, you don’t assume you know the answer even when you feel you know the answer, because it is so simple and

obvious, you take a moment to let yourself not know.” Conceptualizing this in a clinical view, Serge added that “therapists intentionally take a pause before reacting, even though it may seem like a no-brainer what the reaction should be.”

“As you’re pausing”, Serge said, “you allow yourself to take in what it feels like. For instance, are you noticing a sense of urgency? If so, is the urgency warranted? Or: are you just complying with a “should”? Let yourself envision, for a moment, what it would feel like if you were doing something different from the obvious course of action. Chances are, more often than not, you will end up doing exactly what you would have done if you hadn’t taken that pause. It makes sense: We navigate on automatic pilot because it works well much of the time. But not always. And, even when you end up doing what you

would have done on automatic pilot, you will probably enjoy seeing it with new eyes.

“For me,” Serge continued, “the ‘pause’ usually follows a moment with a client when I’m stuck and I say to myself, ‘What the hell do I do now?’ After that, there is only silence in my brain as the scurrying to find an answer stops. Then I just sit. (Although I used to be unnerved by this, I’m now comfortable when it happens.) Something usually happens, a movement in the session unfolds without my guidance or manipulation. Some of my best work comes out of those moments.

From Serge’s space of beginning, participants then added their thoughts and their way of being with the “pause”; an enlightening conversation ensued ranging from clinical applications to philosophy and spirituality. With Serge’s



The "Somatic Perspectives" Linked In group (see <http://www.linkedin.somaticperspectives.com>), which started in 2011, now has over 2,000 members. There is also another Linked In group, "Psychotherapy as a process of relational mindfulness" on which this article is based.

<http://www.linkedin.integrativeprocess.com>

permission I borrowed part of the conversation from the LinkedIn forum to share here and encourage our readers to consider how the "pause" fits into their life and professional practice and join the conversation.

The responses started with the profound effect pausing has personally and professionally—pausing, for some, affords more time to sense and feel one's entire psyche: sensations, feelings, images, impulses. Life is much more embodied and meaningful because of the "pause"—it allows for the awareness of the "breath of life" and makes room for soul-to-soul encounters. When in the midst of trauma or activation, it also enables people to calm and resource back into the present moment so teaching clients the power of the "pause" as a tool for self-regulation can be extremely useful.

Throughout the responses, there was a clear sense of departure from the automaticity that arises despite patterned training (educationally speaking) and movement into a space of consciousness and choice, embodying the reality that the "pause" refreshes and reminds us of our capacity to be transformed as well as our innate potential for

adaptation and change. By letting go of the outcome and resting in the moment of what is, we can slow down the interactions in our personal life and professional practice which then allows other people's words to percolate within so that we can respond from a place of awareness—where we listen deeply, feel deeply, and allowed silence to pervade the room. Many clinicians offered that they receive additional (frequently deeper) sharing from their clients when they pause which causes them to pause further, or they have the space to discern what they should offer next.

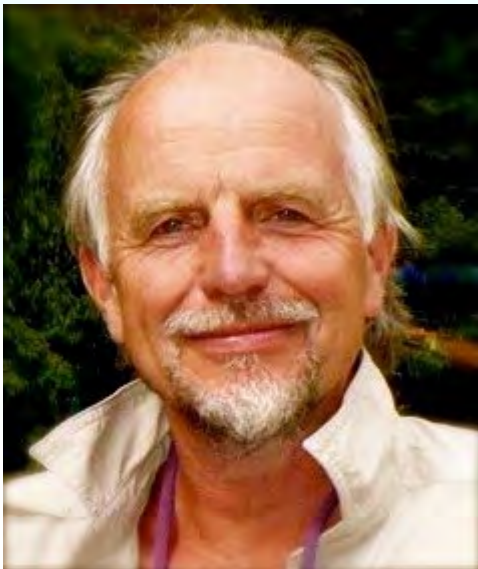
A philosophical stance was offered: "In the mind of the cell we are contained, there is vast stillness, we are also very much alive and available to respond. Here is home. We are embodying the basic level of our life form. As the fluid cell container condenses and expands we take in through the cell membrane what is needed and let go of what is not needed. This could be described as 'the breath underneath the breath'. It is used as a somatic meditation in Qi Gong and other energetic healing practices and is described as cellular breathing by somatic pioneer Bonnie Bainbridge Cohen."

Building on this sense of the embodiment of cellular presence and on this state of awakened cellular consciousness, the discussion centered around the depth of meeting one another with a cellular touch. It was noted that whether there was actual physical touch or not, the act of being deeply touched at the cellular level raised one's quotient for joy.

The "pause" is being integrated into people's lives therapeutically and personally. And the act of pausing, once part of your way of being, creates gaps and within this presence life is lived. Many practitioners are no longer even aware of the pause—it's become an intuitive response and they simply trust and honor whatever comes. As one participant noted, "It is often the conditioned response that needs a fresh new eye, a rebirth in a slightly or vastly different key, tone or even note. The symphony of life in its complexity can be played and experienced differently with simple pauses."

The conversation continues online. How does the "pause" inform/influence your life? Your work? We look forward to hearing from you

www.linkedin.somaticperspectives.com and www.linkedin.integrativeprocess.com



The Right Spoon: Sexual Grounding Therapy Finds Paradise in Reality

by Nick Duffell

Talking about sex

Why should it be so hard to talk meaningfully about sex and gender - even amongst therapists? It is a big puzzle. Is it because the sex act is the last bastion of privacy, the most powerful stimulator and cause of excitement that we know, one which can even bring a president of the most powerful country on earth to his knees? Or is it because it is the primal act, the fount of our very existence, unknowable because it is linked to the mystery of life itself? And why is gender - an everyday reality: we are all men and women - still such a controversial subject?

My supposition is that the chief problem in getting to grips with sex and gender is how we *think* about these subjects. I like to remember the storyteller Michael Meade's warning that talking about gender inevitably evokes trouble: you invariably step on someone's hallowed ground. Gender is about difference, and difference is never easy. You cannot separate gender from the most intrinsic constituents of all life forms, nor from politics, education or society. You cannot have one-size-fits-all approach, and you cannot sidestep the nature-nurture dilemma.

While it is crucial to deconstruct the social inheritance of gender identities—what we in the London-based Centre for Gender Psychology call “unpacking our Image-makers”—it is equally vital to avoid the currently popular traps either of making sex and gender into consumer items of choice or falling into a mainstream/margin dialectic from which there is no resolution. Post-modernism has been crucial in unpacking the power dynamics but it easily becomes a dead-end street, or what contemporary philosopher Ken Wilber calls a ‘flatland’; for excessive relativism offers no values



serious novelists and journalists than almost anything you can find on the psychology shelves. For example, Erica Jong's runaway bestseller, *Fear of Flying* (1973) recounts precisely how a woman's inability to resolve her mother complex affects her sexuality and relationships,

and Nancy Friday's excellent research (1973,1977) speaks volumes about a daughter's identity inheritance and how mothers can bodily support their children as sexual beings.

Unmentionable Organs

Actually, thinking about sex and gender is not so difficult, I propose, if we can 're-member' our body's reality. If we really want to be empowered and authentic we need to *feel* our existence from an embodied starting place. In Western society, our thinking has been so usurped by Cartesian/Victorian dissociation that feeling has

become estranged from thinking, since for feeling we need the body. Our inheritance is the tendency to overvalue mental activity, objectifying our bodies into images while marginalizing our instinctual body reality. Sex and gender, however, arise from the body, and have the function of creating other bodies through activity of different genitals, which we don't really want to acknowledge.

Genitals are unique as bodily organs in how we treat them. In most spheres of life they are *unmentionable*, and while the genitals are still split off, taboo and thereby over-energised, it is hard to be related to as a person with a whole-body reality. We all know that what's repressed ends up running the show, that's how the whole therapeutic adventure started. The genitals remain taboo; and where something is taboo it means, paradoxically, that its function becomes excessively stimulating, exciting, dangerous even.

and thereby no guidance, neither for the young, nor for their teachers.

And Talking About Sex?

Well, one might argue that our society never stops talking about sex, that we are obsessed with it, that sexual imagery dominates our visual space, that children have never been so exposed to sex as they are now. While this may be true, meaningful and informed dialogue about sex is rare: church leaders and legislators founder on the rocky complications of sexual plasticity. Even therapists are confused: good education in sexuality, particularly on most humanistic training courses, has all but disappeared. Gender and sexuality easily get relegated to diversity issues requiring a sociological approach. I think our clients and our children get dropped by this. Many therapists refer clients on when sexual problems are presented, and yet Sexology remains like a dinosaur resting safely in the medical model, split off from the everyday emotional reality that it actually is in every family in the land.

Unhappily, there is very little in print of a didactic nature that makes grounded sense about sexuality. I suggest that you may be in better hands with some



The result is that there is chronic over-excitement about sex and genitals in our world. You only have to see what the internet reveals to those eager to see genitals in vivid video, or consider the ratings of the novel *50 Shades of Gray* to have living proof of this.

It is like a wildfire that needs to be contained, a live current that needs to be earthed; otherwise it leads inexorably towards a heartless void. When I look at the world around me I see our children burning up in this fire, particularly in Britain, which according to UNICEF (2007) has the least happy youngsters and the highest incidents of unwanted teenage pregnancy, to say nothing of the prevalence of child sexual abuse in the developed world. I am not surprised when I look at British culture: I see parental approaches to their adolescent offspring which are very hesitant ; people seem to think that guiding them sexually is either about having a ‘big talk’ or leaving

them well alone. Sex education in schools, in Britain at least, is even worse: it is all about fear and disease. Teenagers don’t know what is right but they do know what is wrong; they recognise such approaches as bogus and do not feel guided, do not feel held. I suspect it will prove a legacy very hard to emerge from, unless therapists take the lead in thinking clearly about sexuality and how to help *grounding* it.

Sexual Mirroring

In the early days of our work with couples and sexuality, my wife, Helena Løvendal-Duffell, and I, influenced by archetypal theorists, also tried to avoid the unmentionable genitals, focusing on gender as a social issue and sex as a psychological one. But it didn’t work. To meet our clients, we had to get more real and more involved bodily. A major turning point for us was finding someone who thought clearly about sex and gender and included genitals in the therapeutic frame. For this we

had to go to Holland to meet Willem Poppeliers, a Dutch developmental psychologist and body-psychotherapist whose somatic work derives from Willem Reich through Bioenergetics, but whose feeling for the body is unique, as is his keen observation of animal behaviour.

Continued on page 13



Willem Poppeliers



Poppeliers' thinking about sexuality made bodily sense and his somatic exercises were designed to promote what he calls "Cellular learning." His *Sexual Grounding Therapy* (SGT) is built around the understanding that our reproductive potential is our prime nature, that sexuality is at the heart of human existence, the ground of our being. Sexuality cannot be understood without a developmental context nor disconnected from its reproductive function. He sees the human body as a field with energetic centres in the brain, the heart and the genitals; living involves both expressing and regulating the energetic flow between centres, intra- and inter-personally, with the heart as the chief mediator.

But what struck me, as an Englishman, as most unique and significant about Poppeliers' work is how he centres his theories around a profound understanding of children's needs. Critical to his vision is his claim that children continue to need mirroring *beyond* infancy. In Britain, Attachment Therapy is currently undergoing a welcome renaissance, but later developmental needs, especially those of puberty, are not well understood, as I know very well from my other speciality: 25 years pioneering therapy with adults who were sent away to boarding schools as children.

Poppeliers has a clear and precise theoretical framework for the ongoing needs of human beings in sexuality. He stresses children need to be recognised, regulated and responded to, so that their own sexual energy and excitement can become integrated and grounded as a source of

fulfilment rather than of disturbance over their entire developmental lifespan. As they develop, children's needs change, and at puberty their development into sexual beings is so important and its understanding so lacking in our post-industrial civilisation that we tend to abandon our young people. Certainly the British case (confirmed by the *UNICEF* report) would seem to bear this out.

Poppeliers' emphasis on the mirroring needs of the four year-old and the child in puberty is, I think, key. According to Theo Royers, who is researching the academic connections between Poppeliers' new body-psychotherapy and classical positions, *mirroring* is exactly the function that the parent who knows how to appropriately respond to her child sexually

employs:

Stern suggests that by mirroring the parent is helping to create something within the child that was only dimly or partially there until his/her reflecting acted somehow to solidify its existence (1985).

In SGT the parental functions in grounding sexuality are identical, but vary at different ages. At the earlier developmental age, 3-5, sometimes called *the Oedipal Period*, children become occupied with being like or unlike Mom or Dad, exploring their gender identity and their genitals, playing games of Mommies and Daddies and doctors and nurses. They have an inbuilt need to be seen in their differences as growing persons with genitals and the parent's response to them is crucial. Frequently, such needs are met with parental shaming. Naming



the preoccupation with genitals as 'dirty' may be a precise repetition of the parents' own experience; it is a sure way of installing life-long insecurity in the child. Poppeliers sees the obstruction or corruption of original innocence and curiosity accounting for the West's obsession and over-excitement with witnessing genitals and sex acts. Here is Willem in his unique style, in his own words:

For me, losing natural sexuality has been the biggest cause of alienation and unhappiness in our world. In Sexual Grounding Therapy, we always put the child at the centre and in its developmental frame. If you look to the outside world, when a child tries to express its sexual nature, people start to look from their own adult perspective and project their thoughts about sexual intercourse. These thoughts are full of their own disappointedness about not being a shame-free sexual person. And most sexual acting-out comes from not having been treated as a whole person right from the beginning with genitals and sexuality, born from intercourse.

The prime unmet need in the West is for a healthy *Sexual or Genital Mirroring*, as Poppeliers calls it, so that children can be guided to naturally evolve into whole sexual beings. The easiest mistake for parents to make is to confuse an adult perspective of sexuality with, or project it onto, a child's context. As adults we need to bear this skillfully in mind, as we must as therapists, when we regress a client. Willem explains:



When the child has to be fed, the mother takes a very small spoon. But when it comes to the genital stage, the mother does not have a small spoon; she has an adult spoon. Why is that possible? Where is the right spoon? So in Sexual Grounding we like to see the child exactly in the stage where it is, and the parents from the outside world have to relate to that stage. Then it's safe and it's normal; genitals are normal, like the mouth, eyes and anus. We are very strict on that because the child has to be safe and to be approached in the stage that it is. To help people return to that safety, that wholeness, we emphasise professional work on the whole body, including genitals, not for enhancing sexual relating for pleasure and ecstasy, but to bring about full genital functioning throughout life, for

becoming whole and mature and fulfilled.

The affective channels along which sexuality flows in the *Revelation Stage* belong to what SGT calls *Relationship Functions*. These include: *Innocence*, as sexuality arises in the polymorphous context of early childhood; *Curiosity*, about difference and the origins of life, which means the reality of the genitals; *Excitement* as the sexual energy begins to flow and express itself. *Regulation* is next, for sexuality needs to be put into context of the relational status between people rather than exploited or repressed. An example would be that a father sees an adolescent daughter as needing his appropriate sexual support and not to be involved in sexual acts with him or avoided.

The Relationship Functions are spontaneous in their arising but require guidance and support for developmental health. This involves the presence of loving and shame-healed adults in their lives, who are able to “put the child in the centre of the frame.” Originally these should be parents, but educators and therapists can “do the job,” as Willem says, including repair work, if they have informed and healed themselves.

Sexual Grounding Therapy in Action

Willem is optimistic that original innocence can be healed and regained through the application of SGT. He is currently exploring scientific and health-care approaches, including a Dutch University with a view to conducting a MRI scanner control programme to monitor results as part of research on Hypersexual Desire Disorder (HSDD) on women.

Clinically, SGT is currently practised as a body-oriented group therapy only. For the sake of safety, there is rigorous application screening, mostly drawing from the therapeutic community, but also parents and teachers. However, it remains extremely controversial since Willem attempts to re-establish the genitals as part of the knowable body, and that jars for many in the therapy world, too. And yet, this is not so disconnected from new approaches to Attachment and Mentalization therapies. Willem suggests:

According to Fonagy, sexual feelings and fantasies mostly are not recognized and mirrored by

the parents. It looks like, out of the perspective of SGT, that adult integration of the genital existence experience in the whole body-system as a total mental image of ourselves did not take place. We now are busy to find possibilities of doing scientific research on this.

Although it is a cutting-edge discipline, both therapeutically and socially, it is practised in Holland, Germany, France, Switzerland, Hungary, Ukraine, and Mexico, where it was known as ‘Inner Condom’. Poppeliers explains this as “an internal attitude change to your own sexual feelings and actions. If we continue to leave relationship out of sexuality, then we don’t protect ourselves, or our children.” However, in the UK and the US, where much more tentative attitudes to sexuality prevail, it is still not well known. Because participants sometimes work without clothes and involve the entire body, Willem has remained shy of publicity, in order to serve discretion and psychological integrity, as he explains:

It is hard to transmit to people that you can work on the body, on the whole body in psychotherapy. In medical healthcare, they can. If you have a disease on your genitals, they don’t say its taboo. I think it’s coming, but it is very slow. It has to be protected; it has to be open, direct, not with a secret agenda. It has to be open and natural in the frame of the developmental stages. And it has to be professional. And there have to be norms, and that’s why Sexual Grounding therapists have to agree to very precise ethical guidelines. The norms for me are

connected with the development stages, the most natural way, and we know that already. When we can really reflect our own sexual development we can feel on the body level what was wrong and what was right. So if we put this whole genital relationship in a fundamental, natural way, there comes laws or rules, natural rules. And it is far more easy for society to transform these rules into more cultivated ones, if based on nature.

Instead, Willem has focused his efforts on training a small group of therapists and establishing a foundation which ensures the highest ethical standards amongst accredited practitioners. In fact, much of what he teaches is adaptable to ‘regular’ therapy: Helena and I, for example, have conducted hundreds of clinical ‘takes’ of sexual ‘re-parenting’ which have been widely applicable and extremely effective. This can involve something as simple as having a parent figure support a participant in the role of an adolescent; perhaps noticing and appropriately approving of their growing sexuality; perhaps standing by his/her role-spouse to show that this is where the parent’s sexuality is anchored, thereby freeing the child to grow up and become a sexual being supported by and seen in their development by parents who believe in sexuality rooted in relationship.

In energetic terms, the embodiment of such a belief in sexuality rooted in relationship can be experienced as a lack of dis-connect and sometimes as a ‘streaming’ (in Reichian terms) between the energetic centres of

the brain, the heart, and the genitals. The heart's involvement in sexuality in SGT is key: as the source of deep affect, of values and meaning, as well as the regulator of the body's own autonomic nervous system, the heart's central position in sexual identity and expression goes beyond the over-stimulation of the consumer culture and changes everything. Here is one brief example of the kind of SGT group work situation that promotes such a 're-remembering', 're-connecting' outcome involving touch and grounding.

After a warm-up, participants work in pairs: worker and helper. The one who wants to work on reconnecting lies down on a mattress and imagines which parent he would need most at this moment. The helper 'becomes' this one. After deep relaxation, the helper/ parent places her hands on the diaphragm of the worker. When the worker is ready, he begins to move the helper's hands towards his heart and his genitals for support. The helper maintains eye contact, relaxed deep breathing and sensitivity to her own internal connectedness as a loving, sexual parent. The worker reflects on all he

wants to ask his 'parent' about the connection between his heart and his genitals and asks her to speak those things he is longing to hear. The helper gently makes these statements, exactly the way the worker always wanted to hear, and the worker allows them to affectively pervade and influence his body system. When the worker is ready, he begins to move the helper's hands away from his heart and his genitals and senses his own internal connectedness and that of the relationship. The exercise will take at least half an hour. The pair thank each other, reflect, make notes and share, then change roles.

Some Inevitable Objections

Some who hear about SGT suggest that it puts too much emphasis on good parenting, whereas traditionally therapy, following 'reality,' has focussed on parental lacks. But, as he nears the age of seventy, Willem is increasingly sure of the value of the deep sources of our sexual information and the gift from our parents.

In Sexual Grounding Therapy the most important direction for

participants is recognising Father and Mother as sexual creatures, as sexual sources. If you can really realise - with your whole body - that father and mother are the source of sexuality for you, and that their genitals play a very important role via intercourse, and the whole emotional range around it, things become different. Then you look to your neighbour and you see that you both come from such intercourse. It is not easy, and we prefer not to do it—to look at someone and realise that this person comes from intercourse. I think it is like seeing through the eyes of Hieronymus Bosch! If we do it, mostly we start to laugh.

But here are our roots, and here is where the distortion comes. Our cells know it, but the cortex, influenced by the outside, denies it, and when you do that your heart goes out. Your heart jumps in again when you start to realise it again and say to yourself, "Wait a minute I have to really look to my life." So then you take all these sources, your cortex, your heart and your genitals. So recognising father and mother as sexual creatures is a very fundamental thing.

Some criticise SGT for its apparent idealism and essentialism, to suggest that for a child to be grounded throughout the Oedipal period and puberty is like "finding paradise in reality." Here is Willem's pragmatic reply:

This is not idealistic, it is reality. It is realistic. It comes from life. If you find paradise in reality, you stop your idealism, because it has no function anymore.



Special thanks to Willem Poppeliers and Theo Royers for their help in the preparation of this article. Quotations from Willem Poppeliers come mostly from an interview Nick did with him in 2006.

Nick Duffell M.A. (Oxon), Dip. Psy. I.P. was born in England in 1949. Leaving Oxford with a degree in Sanskrit, he worked as a teacher in India and then as a carpenter before retraining as a psychotherapist. He holds graduate diplomas in Systemic Family Mediation, Psychosynthesis Psychotherapy and Supervision, and Sexual Grounding Therapy (body-psychotherapy). In the early 90's he was a trainer and supervisor in London and in 1996 he co-founded *The Centre for Gender Psychology* with his wife, Helena. Nick is the author of *The Making of Them, The British Attitude to Children and the Boarding School System*, (Lone Arrow Press 2000), a contributing author to *The Dictionary of Personal Development* (Wiley-Blackwell 2001) and co-author of *Sex, Love & the Dangers of Intimacy*, (Thorsons 2002) and *Das Buch für Paare*, (InneWelt Verlag 2007). He is a frequent writer and broadcaster on matters psychological, and is currently

working on a book entitled *Thinking about Sex*. He is father of two grown up sons, loves to play tennis and saw wood, lives somewhere in France *profonde*, and sees couples and supervises in London and Oslo.

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Program in Human Sexuality

UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

Across the Pond



Jill van der Aa
General Secretary/Vice President



European Association for Body Psychotherapy



Lidy Evertsen
EABP President

Virtual Body Psychotherapy? **By Lidy Evertsen**

This morning I read an article in a Dutch psychological magazine 'Psyche and Brain' (2013). The article was about internet therapy. Various research projects have shown that in different cases of (mild) depression and other complaints internet therapy can bring some improvement.

This gives rise to an interesting two-track picture for the future: on the one side brain research shows how important it is to involve the body when working with trauma; on the other side, a trend is developing to offer therapy via the computer.

There are advantages to this recent development. The article points us to people in Asia who do not have access to therapy because their feelings of shame forbid it. They could receive help anonymously through the internet. Feelings of shame could also be the reason that people from other parts of the world don't dare to lay some subjects on the therapy table. They could also get help earlier for these problems.

Furthermore the article mentions people who are too sick to get out the door.

People with PTSD are also possible candidates for internet therapy. Reading this I begin to get an uncomfortable feeling in my stomach. If I think of the PTSD clients and the clients with dissociative aspects, with whom I am working, I would not like to leave them to the computer alone.

With many of them I also have contact through email, telephone, WhatsApp or SKYPE, if necessary. But having absolutely no more live contact would make an important part of the therapy impossible. Developing safety in the relationship works much better when seeing each other in person. The research that this article is based on shows that also—the fall-out of internet therapy clients is at least three times as high as in face-to-face therapy.

Regulating the physical charge can partly take place through SKYPE but to do the exercises together

helps the client because the mirroring of the therapist by the client also contributes a bit. The therapist herself is also able to pick up much more information in a person-to-person meeting.

Sometimes I do SKYPE sessions with students who are in supervision and live far away. Indeed it is better than nothing, but we both always breathe a sigh of relief when we meet together in person again. As in so many discussions about better ways or different approaches it would seem that inclusiveness offers the most fruitful choice. This implies that within body (somatic) psychotherapy we should find a way to build internet methods into our way of doing therapy. Or not ?

Keeping Pace with Change **By Jill van der Aa**

In our last Across the Pond we said that, "while we are attempting to define body (somatic) psychotherapy, the field rumbles underneath our feet – it is changing, developing, exploding with insights

and new approaches”. Some of the changes are happening so quickly that we sometimes do not know how to react to keep pace or perhaps in some cases to stop the flow or point it in a direction we feel is more attuned to our work. For instance more and more Eastern European countries are training in body psychotherapy but they are small countries with few trainers and the students have limited financial resources. In our membership criteria we ask that applicants have done therapy and supervision with therapists other than their trainers.

Christina Bader (President of the Swiss National Association of EABP – CH-EABP) and Sibylle Huerta Kreffft (from Germany, who completed her Masters degree in supervision) have come up with a plan of finding therapists among our members who are willing and trained to give supervision through SKYPE for a lesser price than they might charge in their own countries. And probably not in the original language of the people to be supervised!

As Lidy points out above, we feel more comfortable with person-to-person therapy where we can feel the client in front of us and in this solution we have to make do with face-to-face through SKYPE. However, with supervision more than personal therapy, we rely on the fact that they have already fulfilled many of our requirements. The alternative, having supervisors go to these countries regularly, is just not possible.

In the same line of thinking, another wave that is difficult for us to hold back is the move towards

university training for psychotherapists. Coming out of a history geared to experiential work, the very idea of an academic course is anathema to many of us. While we wouldn't disagree that a body psychotherapist should have a really good basic knowledge of psychology and have had some solid analytical training—a training to develop ‘a scientific mind’—we would disagree with an academic-only study. After all, “body” implies a whole lot more. We ask of our members that they have at least 150 hours of personal psychotherapy and 75 hours of professional supervision as well as 600 hours of professional practice. It is unclear whether an academic degree would require this. And do we let loose ‘psychotherapists’ who have finished their degree at 21-years-old onto clients! Some countries do not allow people to practice before 28-years-old suggesting that by that time they have added some life experience to their curriculum vitae.

However, we too are moving in this direction; as in Europe, there are body psychotherapy components in the Philipps-University of Marburg, Germany (2-year Masters Program in Motology with study major Body Psychotherapy), Queen Elizabeth College in Edinburgh (the therapeutic use of dance and movement), Naples (2-year Master for Doctors, Psychologists and Psychotherapists), and pending final approval, a masters in Body Psychotherapy at ANGLIA RUSKIN University, Cambridge, United Kingdom. As some of our own members are involved with these developments, we feel a certain amount of trust that the syllabus-

es will include some of the experiential areas that we find particularly important.

In fact in some cases the universities are welcoming therapists with a body (somatic) psychotherapy training first so that they can then progress into the masters or doctorate level.

All of these developments keep us on our feet so to say, and keep our feet firmly on the ground, which in our field is exactly where we want them to be.

For information about the EABP or to comment on this article please contact us at jill.vanderaa@eabp.org

Reference:

‘Psyche en Brein’, issue nr. 2, 2013, 6 – 11 [‘Inloggen op een virtuele therapeut’ author Christiane Gelitz] + page 12 – 15 [‘Psychische bijstand voor onderweg’ author Jana Hauschild].



Michael C. Heller (2012) writes from a clear place of knowing and knowledge. His book, *Body Psychotherapy History, Concepts and Methods*, covers the complete intellectual history that informs psychotherapy practices. It is a well written critique with respect to all modalities housed under the term body psychotherapy. *N. Eichhorn*



Body Wise

By Kamalamani

Mammal Body

"Our bodies are wild. The involuntary quick turn of the head at a shout, the vertigo of looking off a precipice, the heart-in-the-throat in a moment of danger, the catch of the breath, the quiet moments relaxing, staring, reflecting—all universal responses of the mammal body . . . The body does not require the intercession of some conscious intellect to make it breathe, to keep the heart beating. It is to a great extent self-regulating, it is a life of its own" (Snyder, 1990, p.17).

I've been watering the plants in my therapy room. It's rapidly becoming like a jungle. At least a little jungle in suburbia. There's fig, spider plant, butterfly palm, calathea, hypoestes, peace lily, bromeliad, Boston fern, yucca, and a few mystery guests of unknown species. Nearly all of the plants have been adopted from others: my Mum and nearby neighbours who have left them out in the street, a little limp and sad-looking ready for the rubbish collection.

This room is like no other room in our house. It is quite plain, with the main 'decorative' feature being the plants. I love the fact that there are more plant beings than human beings in this room. I love their different colours, heights, and textures. I love the shadows of the plants cast at night by the floor-level lights. I have loved and have sometimes been confused by the process of figuring out what it is that makes each of them thrive and flourish, paralleling work with clients and supervisees.

What I have most appreciated in the time I've been working in this beautiful, simple room, a little over two and a half years, is that which I've learnt about nurturing and care, in particular, returning to a state of nurturing and care when things don't go to plan, which, of course, they often don't. In fact, I plan far less in my own life the older I get. Of course, I've learnt about nurturing and care through my continuing and deepening work with clients, supervisees and trainees in this room. But this morning I've been realising what I've learnt about nurturing and care of myself and my own self-regulation at the beginning of the middle years of my life.

This morning, the plants in my therapy room were powerful symbols of the capacity to attend to the other: human and other-than-human. In the case of the plants: feeling the dryness of the soil, removing dead leaves, misting, feeding, tweaking - *'are you happy there fern?'* A month ago my partner and I became tenants of a

local allotment (community garden) just three minutes walk from home. This feels like part of the same process of attending to other and in doing so, attending to self. For the past two years we've been on the waiting list for an allotment and for nearly two years before that I was trying to convince my partner he actually wanted one (thankfully he came round to the idea). I found I have fallen in love with a little patch of neglected earth. Grubbing around in the soil, sowing seeds, pruning in driving rain and thunder and lightning, and shaping beds have been the highlights of my month. I'm surprised to find that I particularly appreciate the fact that we don't own this land; we are its stewards.

This field has its unique history. Since enclosure, it has been part of a local farm and more recently the field upon which the local funeral director kept the black horses which used to pull the carts carrying coffins before the times of motorised hearses.

I love this equine link (think two editions ago and my singing the praises of 'Wild horses and Olympic dreaming'). Historically these fields have also been used as gardens, orchards and for the site of Sunday-school outings and picnics. The fields overlook East Bristol where some of my paternal ancestors were long-standing market gardeners. For much of the 20th century and now in the 21st century these fields have been carved lovingly into allotments and rented to local people to grow their fruit, veggies and, nowadays, flowers, too.

It is a lovely part of Bristol. For years I have been walking along the lane along the top of the allotments en route to the local common. The allotment lane runs along a high ridge of land running north-east, with views of the suburbs of south-east Bristol, stretching all the way to a line of hills which acts as a natural barrier between Bristol and the neighbouring city of Bath. At one of the highest point sits 'Kelston Roundhill' an enchanting hill weo-

verlook from our bedroom window. On a morning of low mist and rising sunlight it has something of the enchantment of a far distant Vale of Avalon.

It has been fascinating to get to know 'our' patch of land. Fascinating and, at times, a little disquieting. The land has been neglected. At times this has reminded me quite tangibly of neglect I have experienced in my own body and those of my clients. When we were first being shown the three plots on offer 'ours' was by far the most overgrown, dominated by a central patch of wild, overgrown fruit bushes, an apple tree, and a large, rather stagnant pond at the bottom of the land. Given how busy each of us are, this was by far the most demanding and least sensible allotment to take on, and yet, well it just kind of chose us. I looked across at my partner, praying he wouldn't plump for the more realistic not so very overgrown option. He looked at me, smiled, and nodded knowingly, and the decision was made.

There's been lots to do. My surprise is that this doing has been the most therapeutic, practical, hard work I've ever done. It's been a difficult midwinter and early spring. A close friend and work colleague in my family business died suddenly in her sleep before Christmas. She and I shared an office for many years and were intimate in the way workmates become intimate: sharing the bits of life that seem so mundane but pattern our everyday. I have been bewildered by shock and grief and a doubled workload.

My partner and I have taken on the allotment during the phase of the subsiding of shock and the emergence of softer, sadder grief and disbelief. As often happens with grief, my body reminds me of earlier grief and losses, and in parallel, an acknowledgement of where I am and how I am now. What life looks like, what I'm doing with the time available to me, and how I deal with the fact that none of us know how long that time will be. Will I be three score years and 10, three years older than my dear Dad at his death, or 45, like my workmate?

Clearing, weeding, shovelling, pruning and planting have plonked that question into perspective in no uncertain terms. The allotment has got me outside in all weathers, in the thick of the elements, calling me to work. It's been the coldest March since 1962 in England, there's been a lot of weather, internal and external! Working the allotment has been hugely cleansing and reparative. My life has been patterned by a fair amount of grief and loss, as well as losses that have shaped my



Photograph taken and donated by Kamalamani

Continued on page 22



Photograph taken and donated by Kamalamani

close loved ones. In terms of my own self-regulation I can revert easily to early strategies and 'brittle up' around grief. I watch myself withdraw in dread and silent terror, resonating right back to first terrors. This winter I have more often than not been quiet rather than withdrawn and find I am becoming re-acquainted with neglected parts of myself. That re-acquaintance has taken place in surprising ways, with myself, trusted others and this patch of land.

In living this bit of life I have re-experienced something of my 'mammal body' to which Gary Snyder (1990) refers in the opening quote: "The involuntary quick turn of the head at a shout, the vertigo of looking off a precipice, the heart-in-the-throat in a moment of danger, the catch of the breath, the quiet moments relaxing, staring, reflecting". The tsunami of shock through my body this winter has caught me unawares. And I've come back to earth through working with and relating to this little patch of land,

with its own life, history, beauty, neglect and plant knowledge, for don't forget, plants know things too! (Chamovitz, 2012). No wonder, then, that horticultural therapy and ecopsychological practices are increasingly popular.

We have both wanted to follow quite intuitively what we find on this patch of land. We've pruned hard in what we lovingly called the 'fruit forest': clearing so the swamped apple tree avoids being completely choked to death by the tangle of both its own earth-burrowing branches and the wild growth of the gooseberries and red currants. But we've wanted to follow the natural shapes that we find. So the top bed is egg-shaped, quite apt, because we worked on it on Easter Sunday with the goddess Oestra in mind. It follows the curve of the path on one side and curve of the autumn raspberries on the other.

It'll take years to learn what does and doesn't grow here, which other beings live and feed from this earth. Then there's been re-

acquaintance on a community level. I've lived in this neighbourhood for many years but I've had more conversations with fellow allotment holders, also neighbours, than I've ever had in such a short time period. I've put names to faces to whom I've been saying good morning for years. I am struck by generosity: 'borrow my tools', 'have these spare onion sets', and the curiosity in seeing just how differently people approach their relationship with their patch of land, how different yet how similar we humans are in our weird and wonderful styles and strategies in living.

Something goes on in these ". . . quiet moments relaxing, staring, reflecting" between raking and weeding. We slow down, we get our hands dirty, we hear the birds, perhaps we have more time for ourselves and one another.

"The ground that is cultivated in the garden is common ground, shared by many and host to multitudes. Every particle of soil, every atom of earth, is alive with mystery and potential all stirred up together. Every soil is a long winding story, told in the voices of water and inhaled and exhaled air, of the stone-slow cycle of rock itself becoming soil, and in the voices of the swarming masses of microorganisms feeding, breathing and dying on fertile dust, creating new life out of their bodies made from exploded stone."

(Johnson, 2008, p. 88)

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 Counselors 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.
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Founded in 2011 by Dr Rae Johnson





Regulation of Self and Other

By Marjorie L. Rand

Just this morning a former client called because she was having altercations with her pre-adolescent son (11 ½ years old). He was angry, frustrated, and taking it out on her. After explaining that he was differentiating from her (the developmental issue), the important and most helpful part came next. I explained that her son was regulating her levels of emotion, and that she needed to take back her self-regulation and regulate herself, thereby, once again, as the parent, becoming the regulator of the relationship.

I believe that the only person you can regulate is yourself; however, in a relationship (two or more people), there is a system and any time one component of the system changes, it requires the other parts of the system to re-adjust to that change.

But first, what are we regulating? Well, it has been called “affect”, “arousal”, and “energetic”, but what we are really talking about are autonomic nervous system (ANS) states of regulation or dysregulation. The ANS has two branches: the sympathetic (fight/flight) and the parasympathetic (relaxation). These two branches are meant to be in homeostatic balance, so that an optimal state of well-being is energized and relaxed.

On the sympathetic side we can have hyper or hypo arousal—too much or too little sympathetic firing. The same is true for the parasympathetic side. So hyper sympathetic is dysregulated and needs to be down regulated by firing the parasympathetic side.

The most effective way to influence the ANS is through breathing. Our bodies do this unconsciously (autonomically), as in heavy breathing while running or during sex, or slow abdominal breathing during sleep, rest, and states of calm. This is all regulated by neurons in the brain that measure CO2 levels in the blood and when they fire, they tell the diaphragm to move (which causes breathing). However, breathing can be both an unconscious or

conscious function. We can use conscious breathing to self-regulate our level of arousal.

The sympathetic ganglia reside in the thoracic segment; to stimulate sympathetic firing (for depression, for example), we want to breathe into the upper chest, inhale more than exhale, and breathe quickly. The parasympathetic ganglia lie in the lumbar area; to stimulate the parasympathetic (as in anxiety for example), we want to breathe in the lower abdomen, with a longer exhale than inhale, and with long slow breaths.

As I said before, ideally the ANS should be in balance, but when a person is dysregulated, he/she is stuck in one side (sympathetic or

parasympathetic) or the other. So we use conscious breathing to regulate our states of arousal. There are many breathing techniques from ancient yogic pranayama to simply observing the breath (more like mindfulness).



Breathing Exercises Created by Roger Cole Ph.D.

Exercise 1. Observing the Breath

“Take a stable, comfortable sitting position. Set a timer for three minutes and start it running. Close your eyes and simply observe your breathing without judgment. Allow the breath to do whatever it does. Just watch it for the entire three minutes. Do your best to focus on every moment of every breath. If your mind strays, refocus on your breath as soon as possible. Pay attention to details.”

For the next three exercises, Roger notes: “For every breathing exercise below, begin and end by comfortably observing the natural breath without trying to control it in

any particular way. Observing will always change your breathing pattern; that’s OK, just watch how it changes.”

Exercise 2. Primitive Breathing Rhythm

“Lie on your back. Completely cease all effort to breathe. Let your breath stop, but don’t try to stop your breath. Notice that your body inhales all by itself. This is the self-oscillating DRG nerves ramping up and driving the diaphragm to contract. Notice that after a few seconds inhalation ends spontaneously. Do not try to exhale. Notice that the inhalation stops all by itself, the belly falls, and a certain amount of air leaves the body. This means the DRG neurons have stopped firing and are letting the diaphragm relax, so the belly recoils. Still, do not make any effort to breathe. Watch as more inhalations come, abruptly end, and the breath goes out again.”

Exercise 3. Satisfying Breath

“Lie on your back. Notice that you have an appetite for air that feels satisfied when you breathe in and out just the right amount. Allow your breath to flow in and out in whatever way keeps the breath feeling completely comfortable at all times. Make that comfort the highest priority. It does not matter whether your rate of breathing is fast or slow, shallow or deep, continuous or interrupted. It does not matter which parts of your body move in order to breathe, nor whether the breath pauses or changes patterns, just as long as you breathe in a way that satisfies your appetite for breath at every moment. When you do this, it means that you are maintaining your CO2 level at or near the level that your nervous system most prefers. Fine tune your breath to maximize the sense of satisfaction at every instant.”

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Roger Cole’s breathing exercises are reprinted with permission. All rights reserved. Copyright 2007-2013 by Roger Cole Ph.D. www.rogercoleyoga.com. We offer our deepest thanks to Roger for sharing his breathing exercises.

Exercise 4. Isolating the Diaphragm

“Lie on your back. Put one hand on your belly below the navel, the other hand on the lower breastbone. Breathe quietly and keep the breath comfortable at all times, as in the Satisfying Breath exercise. Do not try to change the rate or depth of breathing in any particular way, but allow only the belly to rise and fall with the inhalation and exhalation, with the least possible movement of the breastbone, while maintaining comfort. This breath uses the diaphragm almost exclusively. Note that the diaphragm can also move the ribcage, but for this exercise we avoid ribcage movement to ensure that the accessory muscles are not activated. By remaining comfortable and breathing exclusively with the diaphragm, we demonstrate that the diaphragm alone can provide all the ventilation we need when we are at rest. We also avoid possible stimulating effects on the body and brain that can be caused by using the accessory muscles.”

And last, here is a useful breathing exercise to balance the ANS (particularly good with kids).

The Humming Breath (developed by Leah Kalish) is a great way for children to calm and soothe themselves, giving them that “everything is going to be OK” feeling.

From a seated position, find the points of the collarbones with your fingers, then move down slightly and find the two soft spots above the sternum above your top rib (lung points). With your thumb and forefinger or middle finger gently press or massage those two points. It should make you want to take a breath (because you are massaging near the carotid artery). Put your left hand on your belly just below the navel. Inhale deeply and then exhale slowly with a humming sound as you gently move your eyes from left to right and back again, repeating the slow scan from side to side as you release all of the air in your lungs. Do not move your head, just your eyes.

What It Does

The deep breathing and pressure point massage relaxes, while the eye movement helps cross-motor coordination so children (as well as all ages) can think and feel

better. You can use the Humming Breath when you are feeling tired, cranky, frustrated, or over-stimulated.

Dr. Marjorie L. Rand has been a licensed psychotherapist for 35 years. She was initially a dancer and a dance/movement therapist before she got her PhD. She is a trained Gestalt therapist, and a pioneer in the field of body (somatic) psychotherapy. She developed with Dr. Jack Rosenberg and taught Integrative Body Psychotherapy worldwide and was a founding member of the United States Association for Body Psychotherapy.

Marjorie is a long time student and practitioner of Yoga and is a certified Supported Yoga therapist. She has written four books and published papers on body psychotherapy. The latest in *Defining Moments For Therapists* was published April 19, 2013. They can be found on her website

www.drmarjorie.com or on Amazon.com



Leah Kalish: Many thanks to Leah for the Humming exercise and the graphic. For more Information <http://www.move-with-me.com/>

Body Reading in Constellations

Developmental Trauma & Family Constellations

in Santa Barbara, CA

Monthly Workshops or 6 Month Training

June 1-2 or July 13-14, Sept 7-8, Oct 5-6, Nov 2-3, Nov 31-Dec 1, Jan 4-5
Join anytime

Theme: The Body is the reservoir for somatic-based memories of Trauma that go back many generations. The hidden memories are locked in the fibers of our bodies. This 6 month segment will focus on how we carry historical amnesia in our bodies, how to recognize it & work with it through the Constellation Process.

Themes: Trauma in nervous system, Bonding trauma & Attachment Issues.

This Constellation approach is informed by Somatic Psychology.

Facilitated by Dr. Dyrian Benz-Chartrand and JoAnna Chartrand-Benz.

For more info contact: "Joanne Chartrand" joannachartrand@gmail.com or go to :

www.relationalconstellations.com

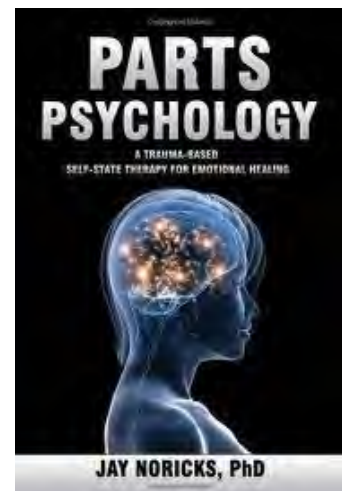
Or www.embodiedpsychology.com



Active Play for Social-Emotional Learning



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 of 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/





Charlie Blowers



Jose Parra

An Interview with Charlie Blowers

By Nancy Eichhorn

Our bodies reveal our unexpressed stories through facial expressions and gestures, through patterned holdings and chronic pains, through gentle nuances and subtleties of movement occurring without conscious thought. To hear the body, one must speak its language. One must understand its consciousness to engage and encourage it to speak without fear and physiological response. Yet, the human body is often bound and gagged. It's only form of expression is to use words for experiences that have no accurate semantic discourse and in the end belies the truer narrative of sensation and impulse.

So, then, how do you support a client's body to both speak aloud and feel heard?

One way, according to Charlie Blowers, founder of Moving Pieces, is to integrate physical theater with arts psychotherapy, creative writing, and body skills designed to stabilize the nervous system. The therapeutic model for Moving Pieces is informed by the theoretical underpinnings of our social engagement system (Stephen Porges' Polyvagal Theory), movement oriented trauma work (Bessel van der Kolk's work with trauma and yoga), titration and response completion (Pat Ogden's Sensorimotor Psychotherapy), and Bodydynamic Analysis with a focus on both hyper and hypo-nervous system responses to stress (Merete Holm Brantjberg's work in Denmark) as well as other body-based work. An

impressive foundation erected from an inherent need to know. As Blowers shared during a recent SKYPE interview from her home in Central London, UK

Blowers trained as an arts psychotherapist 20 years ago. She loved the work yet felt something was missing from the model—the body. Her involvement in theater arts and performance guided her to Physical Theater where she discovered and devised ways to connect with sensation and impulse in the body, and to notice and release patterns of tension in the body. During training groups, she noticed the therapeutic potential in Physical Theater work, particularly preparatory work involving grounding,

centering, finding space in the body, as well as the potential of this practice to regulate the nervous system. “As a performer myself, I also feel there is healing potential in performance for both the performer and those witnessing,” she said. This experiential work in physical theater and exploration of body based psychotherapy served as a launch point for further research and development of the Moving Pieces therapeutic model.

One main thread of thinking guiding Blowers’ work was her primary question: ““How can I combine components to support a healing process that will involve both image and action-based methods with ways of self-regulating at the same time?”

Blowers knew some of the potential hazards in arts-based therapeutic work such as patients getting to unconscious material too quickly before they had a chance to digest it, to be with it. She wanted to support people to learn how to regulate their nervous system, and then use this self-regulation within a safe space to go deeper, to dive into unconsciousness, into implicit memory held via the imagination and bodily sensations.

“At theater school,” Blowers said, “you do so much with the body and imagination that people can fall into crisis; and, vice a versa, just doing body-based work you are not exploring imagination and metaphor. There is such rich material in there, but how do you put it together with safety

mechanisms—ways to put on the brakes—alongside deep exploration?”

“Dysregulation occurs in the body, in the nervous system, as a result of traumatic experiences,” Blowers continued. “I have attended trainings connected to the Trauma Centre in Boston with Bessel van der Kolk and his team (Heather Mason, The Minded Institute) and learned how central nervous system regulation is essential to resolve these traumatic experiences and effectively use other therapeutic supports.”

“Physical Theater helps you to connect deeply to the body, to detect and respond to sensations and impulses in the body. In line with Bessel’s yoga work experiences, Physical Theater offers ways to tolerate sensations and integrate them. The movement is present, here and now, bringing muscles to a more neutral place so the body is energetically more available and able to balance the nervous system. Simultaneously as muscles become more neutral, memories, sensations and impulses previously held in muscle responses begin to circulate.” Blowers said.

A key component of the Moving Pieces model is to connect to these bodily sensations and use them as the basis for creating a story; a narrative which can be shared initially, metaphorically, and then as more direct resonances to life experience, as those experiences move into a more conscious awareness. This process of creating and sharing stories offers a bridge between how implicit

memory is held in the body and how explicit memory, (thoughts, memories and feelings) can be articulated through language.

We are interested in working with both hyper arousal (sympathetic activation) and hypo arousal (parasympathetic activation) in the musculature and nervous system as responses to stress, and how these responses are reflected in the body, in stories, and in our relating with each other.

The Main Components of Moving Pieces

Structure

Moving Pieces is designed for groups of 12 to 16 people. Courses are structured over 8-weekly sessions or longer, week-long courses, and weekends. Participants meet in a refurbished Victorian school building, a dance/theater studio sense with open space and harlequin flooring.

Blowers works with a wide range of mental health challenges as well as therapists and performers interested in devising work from a more personal point of view. There is also a non-theatrical off-shoot of Moving Pieces designed for one-to-one work or smaller groups, working with specific challenges such as anxiety, depression, PTSD. These structured courses offer body based strategies to rebalance the nervous system with facilitated group process. Modules can also be custom made for specific needs such as conferences and training programs.

Continued on page 30

Assessment

Regardless of the group size or focus, an initial in-depth, assessment is always conducted. Blowers and her co-facilitator, Jose Parra, screen participants to determine what they are interested in, why they are coming, and what mental health and physical challenges are present. This information guides the status of the work as they begin to teach/guide participants how to focus on regulating the body. Different movement exercises are used, which are “not too dry,” and are embedded in theatrical and body based work, such as grounding, centering and lifting/ lowering the nervous system.

Social Engagement / Regulation

An early goal is to create the experience of feeling connected with the group dynamic. One exercise comes from a circus skill that involves balancing a peacock feather on the palm of your hand. The process generally makes people laugh as they try something totally outside of their regular experience, Blowers said. Imagine 16 overly large feathers drifting about until the participants learn to keep the feather straight when they release it with the steady hand and keep their focus on the eye of the feather. Once the skill is mastered, participants are directed to engage with others, a dance of sort results as they begin to feel safe within this fun and playful contact. During this playful interlude, executive functioning activities are occurring (prefrontal

cortex activation), proprioceptive awareness, self-regulation, and social engagement, without participants even being aware of it.

Connection to Implicit Memory

As a sense of community and safety evolves, Blowers and Parra begin to use further exercises that combine self-regulation and body awareness. Movements become subtle, connected closely to sensations and impulses in the body. Participants learn how to do a body scan—to notice different sensations and the impulses that naturally arise in the body.

“Implicit memory is stored in the limbic system. The body scan supports people becoming aware of and tolerating different sensations in the body. We then directly convert sensation and impulse into imagery by spontaneously going into creating masks and/or writing a story, either a legend or a fairy tale. We stay with metaphor, with figurative language within the narrative, and this becomes a launch point for people to begin deeper work,” Blowers said.

Enactment

“During our last open group participants created masks and then had the opportunity to do a writing improvisation from the point of view of the mask. They later stepped into their stories giving focus to the most charged part of the story—the part that they were most attracted to or repelled by. We trust the psyche

and where it is drawn. With

support from the group, participants were able to enact charged parts of their story, rehearse alternatives and complete actions that may be habitually stuck. We also invited participants to look for polarities in the story and a potential dialogue that may exist between them. This exploration is deepened by creating masks for each of the polarities and embodying them; finding the masks within the masks. These kinds of activities gradually support a more conscious awareness of and integration of conflicting aspects of experience,” Blowers said.

During the workshop, Blowers said that participants organically arrive at comments such as, “Ah this reminds me of something in my life,” or “this reminds me of something I’m confronting in my life,” and “I couldn’t get it in therapy but this is what’s going on.”



Balancing a peacock feather

Assimilation

“There is an organic moving out of metaphor into a more direct experience as the group process develops. Participants are supported when they do make personal, more literal connections, but there is no pressure to pace with what others are doing,” Blowers said.

Closure

Much time is devoted to reflection at the end, which varies depending on the group that we are working with. One option offered is for participants to use the raw material from their process of exploration and create an improvised presentation to the group. This can range from creating an installation of the work they have generated to devising a theatrical presentation based on the life of their masks, written stories and installations of the landscapes their stories are held in. As part of closing, participants can also relate to installations of their work and make decisions about what they want to take away with them and what they may wish to leave behind.” Blowers said.

Continued Growth

Moving Pieces has been up and running for three years. The research phase took about five years as Blowers explored and experienced possible components. The process has been and continues to be revised. Blowers explained that after each workshop, she and Parra review feedback from participants as well as their own observations. Their goal is to integrate what they are

learning to fine tune the process and support its fluidity and flexibility.

“One thing we learned while working with open groups with a more normalized neurotic sense such as therapists and performers is to resist reflecting in a thought-based way too early on,” Blowers said. We invite participants to allow themselves to get lost; to discover new territory. Participants who are not used to noticing and connecting to sensations may not recognize where they are going at times but are invited to tolerate that just enough to experience some new ground and move a bit further along in their journey.”

“It is quite a different journey, and people often leave with clear insight about their lives. One participant said that she had never felt her nervous system regulated before; she didn’t know what it was like to feel regulated in her body, to digest what was happening in the body at the limbic level.

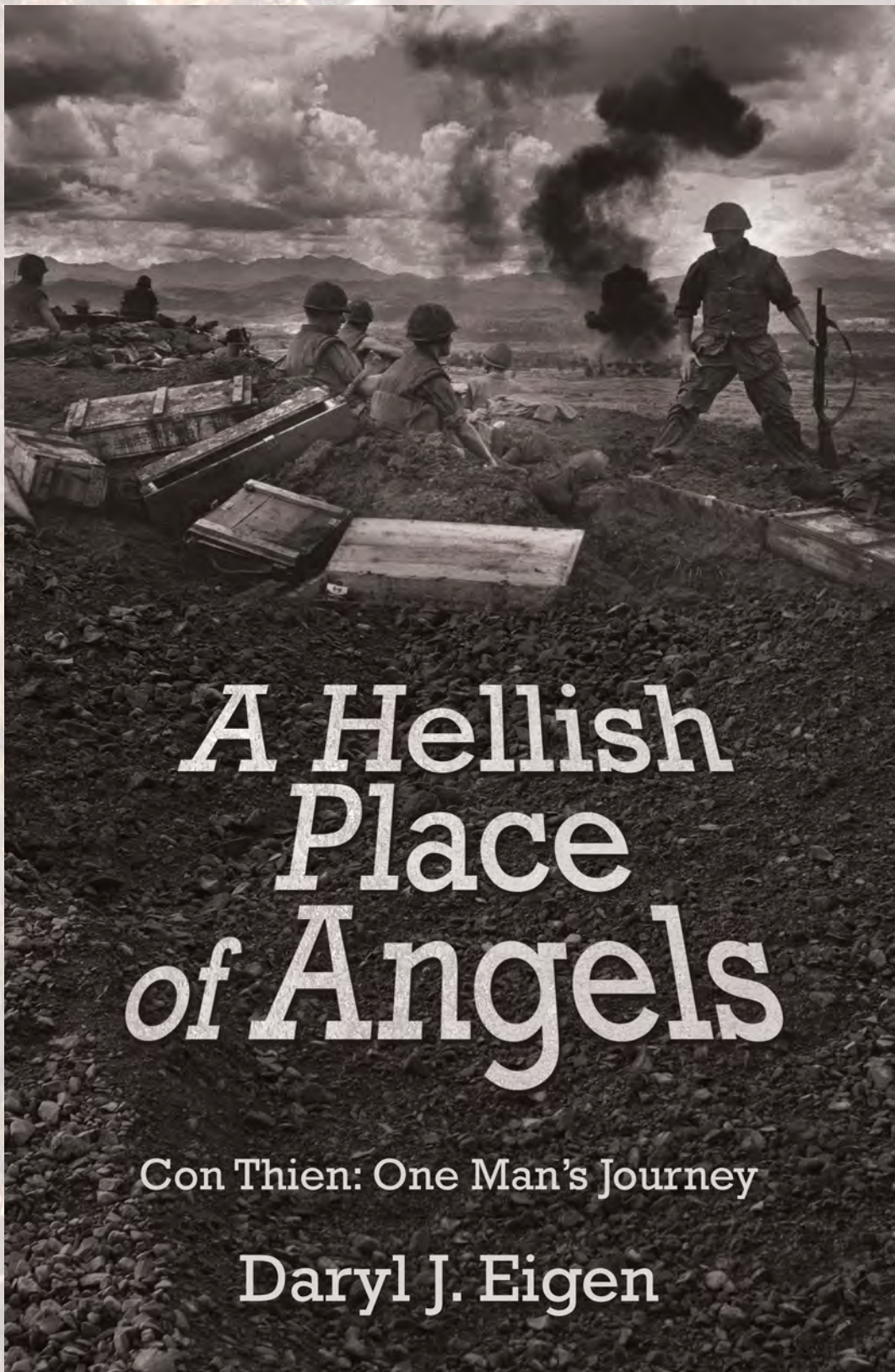
For others, as with other constellation-based work, the process continues on beyond the end of the course, as insights gradually filter down into a more conscious awareness,” Blowers said.

Charlie Blowers trained at I.A.T.E. in 1992 and is a UKCP registered psychotherapist and clinical supervisor with 18 years experience of working with individuals with emotional and behavioral difficulties in the UK and US. Since 2009, she has worked in collaboration with the London International School of Performing Arts developing the Integral Theatre Pedagogy aspect of the school.

Jose Parra studied mime and physical theater at Desmond Jones and the International School of Corporeal Mime. He has devised performances for adults and children for the street and stage in UK, Spain, France, Norway, Kuwait, and Jordan. He also works for the Theodora Children’s Trust as a clown doctor in hospitals in the UK.



Participants at a Moving Pieces workshop



A Hellish Place of Angels

Con Thien: One Man's Journey

Daryl J. Eigen

Cover photograph © David Douglas Duncan Harry Ransom Center (HRC) The University of Texas at Austin



A Hellish Place of Angels A Writer's Journey By Daryl J. Eigen

www.ahellishplaceofangels.com

W

riting my book, *A Hellish Place of Angels*, was a fourteen year journey. It began in 1998 when my Mother gave me letters I had sent home from Vietnam. She had saved the letters all those years. To honor my Mother and her care of these letters, I decided to read them and preserve them somehow. Slowly, day by day and sometimes month by month, I confronted the letters. I had trouble remembering many parts of my time in Vietnam. So I researched my war experience in the library microfiche and archive files of magazines and newspapers of the time. Later I researched the Internet for more material. By that time I had the basis of a book. I forged a unique and compelling narrative arc consisting of my letters home, relevant historical references, and memories. I wanted to capture that time and tell the whole story. I wanted to understand what my family had gone through; I wanted to get well and be whole; and I wanted to help other vets.

But the focus on the past activated my chronic PTSD and drove me to panic. I sought therapy. The VA provided safe, structured, therapeutic sessions to effectuate my lost experiences. Multiple exposures to the recollections of the trauma helped me to fill in the blanks and to reduce the emotional charge of certain memories. The labor of recall and writing was a struggle to rid myself of the demons of war and give voice to the forgotten and the fallen.

Exposure Therapy

We walked in a spread-out column with flanking elements. We walked using extra care and concern as if every one of us was on point. We walked as if it was our last moment on Earth. The air was laden with fear and expectation. It just felt wrong. I heard the crunch of the gravel road under my boot. I tried to hold down the nauseating and persistent idea of what a wrong move it was.

Before getting very far, there was a large explosion at the front of the column. And so it began. The air was filled with yells, screams, and whistles. Pandemonium broke out as the little brown-clad men pierced our column in many places. I saw a stream of NVA—North Vietnamese Army—up the road over-run a portion of the column. One Marine was firing his rifle but was not pointing it. He was just shooting into the ground. I yelled at him to shoot. He went down instead. A Marine ran by me with his hand held high, screaming, “My hand, my hand!” I stopped him and looked through his hand and saw the battlefield through the hole. I told him he would live and wrapped his hand in my last battle dressing.

I was breathing very hard and shaking.

My VA therapist for PTSD said, “You can relax now; take some deep breaths, and slowly open your eyes. We will do more next time.” There was a lot more to do. I had experienced some of the worst Vietnam had to offer and

much is recounted in the book. Continued exposure to the traumatic events is supposed to help. I trust that one day it will.

Return to Vietnam

In 1999, about a year after I received the letters, my wife of a few weeks, Lucy, and I took our honeymoon in Asia. It included a stop in Vietnam. The goal was to visit Con Thien, the northern most Marine firebase just south of the DMZ (the not so Demilitarized Zone). I was there in September of 1967 when Con Thien had experienced the worst of the Vietnam War and perhaps equivalent to the worst of any war. I wanted to somehow find fragments of myself that I seemingly misplaced in the brutal battles of Con Thien.

Soon after we arrived, we hired a guide who was known for his

knowledge of the location of land mines. The Con Thien firebase and the surroundings had been heavily mined by the French, the Vietnamese, and us to secure the perimeters. Many of the mines were still there and active; others had been discovered or accidentally exploded by hapless farmers.

The guide swore that he knew where the land mines were, famous last words. We took a car as far as we could, then we walked. Lucy, who is intuitive and smart, said she could go no further feeling the pain of the many souls that occupy Con Thien, the so called ‘Place of Angels’. The guide and I walked on. I started sweating and getting that bad feeling again. We ended up at a burnt concrete remnant of an old French fort which I did not recall. After surviving Con Thien and the DMZ battles, I was now afraid again.



I looked at the guide, and he had a sick green look of deep visceral fear, and I wanted to go, go anywhere. He was hesitant and looked confused. I got worried and the bile went into my mouth. I nervously said, "You don't know where you are going, do you?" He was silent and kept looking for the path out. I felt like I was in an elevator free-falling. After all I had survived under impossible odds, I was about to be blown to bits in the same place from which I had escaped. The irony was palpable.

Suddenly, when the guide was about to experiment with a new direction, a single bell clanked, then another. It was a cow bell. Over the rise came a little angelic girl herding one cow. She smiled the most beatific smile. The guide asked her how to get safely back to the path. She apparently said she would lead us back. We closely followed the little angel of Con Thien to safety and each clang of the bell reminded me of the fallen. I was grateful to be given another chance to live. I now know another reason why it is called the Place of Angels.

Later, when the magic wore off, my mind and body re-experienced the prickly heat, fungal itching, and crushing weight of the radio I carried on my back when I was at war. This trip reminded me of all I had to live for as well as stirring memories and emotions stored in my body, mind, and soul.

Spiritual Journey

After my return to Vietnam, I did not talk about the war. For decades just the spoken word "Vietnam" would be a conversation

stopper. If the topic came up, people asked me if I killed anyone. The unavoidable, unfortunate fact is that I killed. For this I am filled with deep, profound regret even though it was war.

Beneath this regret there was a fog that covered the horror. Beneath the horror was a sea of tears that I began to access as I read the letters. Beyond the deep sadness, I started to realize I had locked away some of the most powerful experiences and lessons of my life and had failed to integrate them. I pushed down, stuffed, and buried the reality of war and what I had experienced as a young man.

A successful life and career were testimony to my having seemingly recovered from the war, but I had done so at the expense of a very important part of myself. Now I see that I was deeply damaged by the war, and my haunting dreams ruled the day and the night. Except for my children and wife Lucy, the material success of my postwar life now seems of minor significance when compared to what I found out in the war about myself, life, and God. Brotherhood and solidarity with my comrades-in-arms forged under the threat of death, and worse horrible disfigurement, made normal relationships far from adequate. Apparently I was not ready to understand what I'd learned until I began writing the book 30 years later.

With war and violence still a very prominent feature in everyday events, I decided to make the integration of my war experience part of my spiritual quest. With this intention I faced my feelings and memories to wring out the truth—

not the social, political, or historical truth but inner truth. In many ways Vietnam is the perfect war for this endeavor, precisely because it was the wrong war for the wrong reasons, at least for our side or at least for me.

The dark, bleeding suffering of Vietnam provides the essence of what war is because it is not hidden by a noble cause, not shrouded by righteousness, and not cleansed by victory. By exposing my experience in Vietnam to the light of awareness, I hope to help further heal myself and possibly help others heal from the afflictions of violent struggle.

Daryl Eigen Ph.D. was a Combat Marine in an infantry battalion in Vietnam. He was awarded three purple hearts from wounds sustained from three different engagements with the enemy. He participated in over twelve operations against enemy forces. He was honorably discharged in November 1968.

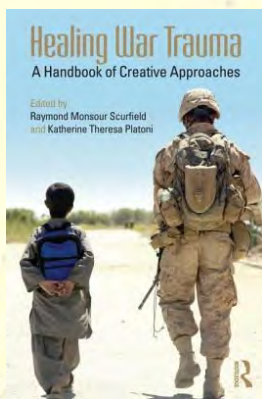
Daryl holds a bachelor's in Psychology and a master's degree in Electrical Engineering from the University of Wisconsin–Milwaukee. He received a Ph.D. in Engineering from Northwestern University under a Bell Labs scholarship. He joined Bell Labs as a Member of Technical Staff, where he created several popular telephone services such as Calling Card Service.

He has authored more than twenty papers in a variety of publications. He enjoyed a corporate career and held a number of senior positions, such as Senior Vice President of the International division of a Fortune 500 company and CEO of several venture-funded high-tech companies.

After his corporate career he obtained a second master's degree in Transpersonal Psychology from Sofia University in Palo Alto, CA, and a 500-hour registered yoga instructor certification from Mount Madonna Center in Watsonville, CA. For several years he contributed his time, training, and efforts as a yoga teacher to DePaul, a low-income alcohol and drug rehabilitation center in Portland, OR that serves

Resources

Jacqueline A. Carleton, PhD and the USABP Interns



Healing War Trauma

Edited by M.R. Scurfield & K. T. Platoni, 2013

New York, NY: Routledge. ISBN: 978-0-415-63777-0. 318 Pages.

Reviewed by: Michael Thomas, New York University

Methods of helping war veterans with psychological trauma have become extremely relevant in recent times. *Healing War Trauma* offers a compilation of new ideas and methods, presenting them in a fashion organized by the type of technique – ranging from technological and web-based approaches to animal assisted and outdoor approaches. Part I opens the book with survival tactics that can be used once a veteran returns home, while parts II-VI list and explain both new and traditional therapeutic approaches for helping veterans with psychological war trauma. The last section, part VII, aims to explore methods that relieve guilt and shame related to war trauma. Both therapists and veterans can benefit from the sectioned layout of *Healing War Trauma* and the

approaches the handbook provides for treatment.



The Oxford Handbook of Traumatic Stress Disorders

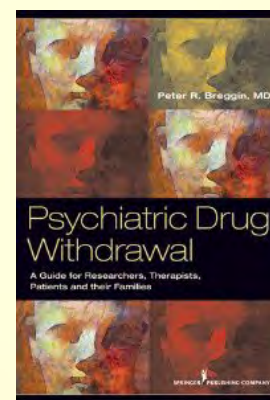
Edited by J. G. Beck & D. M. Sloan, 2012

New York, NY: Oxford University Press ISBN: 0-19539-906-4

Reviewed by: Michael Thomas, New York University

The Oxford Handbook of Traumatic Stress Disorders presents a systematic yet comprehensive overview of the history, theories, evaluation, prevention, and treatment of traumatic stress disorders. As a compilation of the works of various contributors, this guide from the *Oxford Handbooks* series provides a variety of opinions and methods with regard to traumatic stress disorders, allowing the reader ease of access to an orderly and neutral introduction to the topic. The sectioned format of the handbook enables both experts and those with an interest in the field, exposure to concise, yet enlighten-

ing overviews of the various topics. By addressing the latest literature related to traumatic stress disorders, the authors provide a researched outlook, kept understandable by subheadings within chapters and sections. Abstracts before each chapter also aid in the interpretation of the articles by giving a short summary and indicating key words to focus on while reading. By perusing the handbook or reading specific chapters, both professionals and interested readers will find *The Oxford Handbook of Traumatic Stress Disorders* to be useful for gaining understanding of traumatic stress disorders in a well-ordered format.



Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients, and their Families

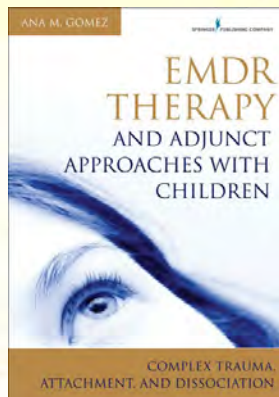
Written by P. Breggin, 2013

Odenton, MD: Gasch Printing. ISBN: 978-8261-0843-2. 310 pages

Reviewed by: Rachel Vitale, New York University

This book was designed to help

children, dependent adults, adults who are emotionally or cognitively impaired, and the elderly who may be going through psychiatric withdrawal. It consists of sections specific to each group listed and how they might go about dealing with psychiatric drug withdrawal. Breggin explains in his Preface that this book was also written for a prescriber audience. There are instances during his practice where he may recommend a dosage reduction or to not use medication at all. Prescribers may not necessarily agree with these strategies, but they can still learn from Breggin's perspective. This book reviews a wide range of topics relative to psychiatric drugs from why psychiatric drug withdrawal occurs to how to wean oneself off the addiction. Statistical facts are provided throughout to describe death rates and support information on specific drugs. It also contains advice for the families of those who may be suffering a withdrawal, as well as the actual individuals.



EMDR Therapy and Adjunct Approaches with Children: Complex Trauma, Attachment, and Dissociation

Written by A. Gomez, 2013

New York, NY: Springer Publishing Company. ISBN: 978-0-8261-0697-1. 344 pages.

Reviewed by: Rachel Vitale, New York University

Ana Gomez was inspired to write this book by her experience working with troubled children, adolescents, and adults. Her patients' pain and suffering drove her to seek further knowledge on the use of EMDR therapy. This book was designed to provide readers with tangible strategies that make EMDR therapy effective with children who possess complex trauma, a key feature being that this is an area that has never been discussed before in EMDR literature. There are real-life cases presented throughout the book to illustrate the appropriate use of strategies given in this volume. One important goal of this book is to draw from other therapeutic approaches, such as play therapy, sandtray therapy, Sensorimotor Psychotherapy, Theraplay, and Internal Family Systems (IFS) and combine them with compatible EMDR treatment to create a comprehensive solution. Gomez believes that EMDR therapy is best used when the EMDR clinician has exceptional knowledge of all its aspects, which is exactly what this book gives to readers.



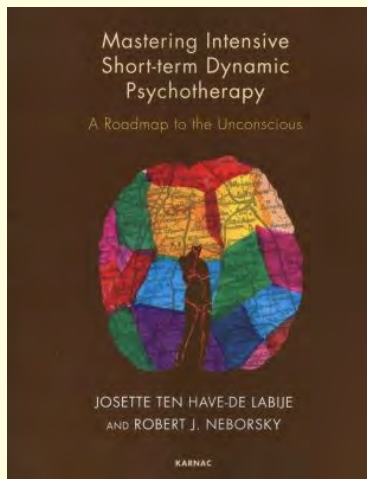
The Attachment Therapy Companion: Key Practices for Treating Children and Families

Written by A. Becker-Weidman, L. Ehrmann, & D. H. LeBow, 2012

New York, NY: W.W. Norton and Company. ISBN: 978-0-393-70748-9. 226 pages.

Reviewed by: Rachel Vitale, New York University

What started out as a project of the Association for Treatment and Training in the Attachment of Children (ATTACH) quickly blossomed into this book. Since its first publication in 2009, there have been a number of advances in the treatment of complex trauma and disorders of attachment. The study guide, or Appendix D, of this version has undergone expansion in order to act more as a teacher to readers. The authors have also included more recent research and materials about complex trauma, the neurodevelopmental treatment implications of trauma, and new treatment information that describes, in attachment theory terms, the phases of treatment within a relational model. This book speaks mainly to mental health professionals, such as social workers, psychologists, mental health counselors, etc., with a framework to assess development, and evaluate treatment plans. Its main goal is to provide readers with the necessary information to feel confident enough to administer treatment in a comprehensive manner. It also contains core principles of attachment-focused therapy, trauma-focused therapy, a synopsis of attachment theory and styles, and also treatment planning and behavior management.



Mastering Intensive Short-term Dynamic Psychotherapy

By J. Ten Have-de Labije & R. Neborsky, 2012

London, England: Karnac Books Ltd. ISBN: 978-1-85575-821-6. 416 pages.

Reviewed by: Amanda Fisher, New York University

In *Mastering Intensive Short-term Dynamic Psychotherapy*, Josette Ten Have-de Labije and Robert J. Neborsky give practical, detailed guidelines for intensive short-term dynamic psychotherapy. One of the main goals in ISTDP is forming an alliance between the conscious and unconscious parts of the mind. Emotional regulation is key. Usually, when patients begin ISTDP, they are struggling with emotional regulation. Addressing previous criticism about the abstract nature of their methodology, the authors offer concrete instructions as well as clinical examples. They provide explanations of necessary basic knowledge (such as neural systems), step-by-step

procedures on how to overcome anxiety, superego resistance, and transference resistance, and describe the significance and details of the emotional dynamics between the therapist and the client.

ISTDP is a joint effort between the therapist and the client, and must be faced with an open and honest mind. Engaging in ISTDP demands moment-to-moment assessments and decisions, the therapist must be intellectually curious and flexible and strive to do his or her best in analyzing the patient, however not aiming for a perfectionist ideal. This type of therapy is fast-paced and requires the therapist's accuracy, acuteness, and insight.

The authors focus on the role, experience, and knowledge of the therapist; they stress that becoming an ISTDP therapist, or any kind of therapist, can take a lifetime of practice. One can always improve from both acquiring knowledge and gaining understanding through experience. What makes therapy such a difficult profession is that every client is unique and has specific needs that must be tailored to. Therapy is not a standardized system, and as a result the therapist needs a lot of experience and good intuition. The therapist is also a person, living in the same world as the client; he needs to balance being able to relate and being professional. This book offers ways to be present with the self and the client making it a good reference for clinicians.

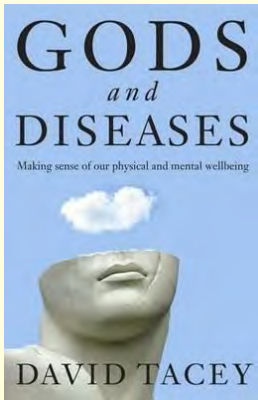
Neurobiology Essentials for Clinicians: What Every Therapist Needs to Know

By A. Montgomery, 2013

New York, NY: W. W. Norton & Company, Inc. ISBN: 978-0-393-70602-4. 332 pages.

Reviewed by: Rachel Vitale, New York University

This book best serves therapists interested in understanding and integrating the neurobiological theory and data relevant to clinical practice. It is composed of a variety of different clinical encounters, which have been broken down into reader-friendly sections explaining neurobiological information in close detail. Montgomery stresses the fact that neurobiology affects every interaction humans have, and how knowledge of the topic can allow therapists to shape clinical interactions and provide a healthy, safe environment for their patients. The book is divided into eight chapters, each of which highlights a specific section of the brain. What makes this book stand out from others of its kind is the clinical dialogue interwoven with neurobiological commentary. This allows readers to be easily guided through complex neurobiological concepts, as well as clinical narrative. Although this book is directed mainly at clinicians, anyone interested in the application of neurobiological principles to psychotherapy will find this useful.



Gods and Diseases: Making Sense of Our Physical and Mental Wellbeing

By David Tacey, 2013

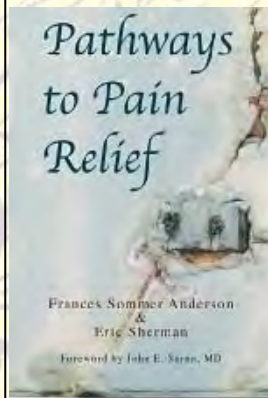
New York, NY: Routledge:
Taylor & Francis Group. ISBN: 978-0-415-52063-8. 260 pages.

Reviewed by: Rachel Vitale, New York University

David Tacey argues that in today's society there are many problems that cannot be solved by the application of reason, logic, or medicine. Alcoholism, suicide, drug addiction, and child abuse are only a few. Many mental health problems are on the rise, such as depression, phobia, and anxiety, with no clear solution in sight. In his book, Tacey explains that by leaving behind the confines of conventional medicine

and instead turning towards spirituality and a term that he has coined "meaning-making", we can make better sense of our mental health issues. Taking a step closer to a god—it does not have to be God, but rather any spiritual figure that one believes in—will bring one a step closer to healing. This book gives a detailed description of the types of mental health issues that he fears are on the increase and also covers different kinds of gods and how one can become spiritually closer to a higher power in order to heal.

Pathways to Pain Relief



By F. Anderson, & E. Sherman, 2013

Publisher: Authors. ISBN: 978-0-615-75785-8. 157 pages.

Reviewed by: Rachel Vitale, New York University

Written and self-published by two incredibly determined psychologists, Frances Sommer Anderson and Eric Sherman, this ebook's main objective is to teach people how to find relief from chronic pain. It is based upon the pioneering work of John E. Sarno, M.D., a retired professor of Rehabilitation Medicine at New York University School of Medicine. Dr. Sarno pioneered the idea that a wide variety of pain disorders are of psychophysiological origin. What sets this ebook apart from others of its kind is that it embraces the position that musculoskeletal pain and other psychophysiological disorders can originate from psychological experiences as a mean to protect individuals from unbearable emotional distress. It is written for readers of all sorts—whether a clinician seeking to help patients or a patient seeking to better help themselves. The ebook contains a full introduction by each author and their own separate sections. Upon finishing this ebook, you will have gained an entire new take on the field of mindbody medicine.

The Way of the 4th Toe into the Feeling Body

By J. Werner, 2011

Bloomington, IN: iUniverse, Inc.
ISBN: 978-1-4620-2780-4. 61 pages.

Reviewed by: Rachel Vitale, New York University

This book is about the art of movement. Wiener, a psychoanalyst, strongly believes in experiencing the body and movement as a form or treatment. He opens with a description of his own journey into movement, including a recollection of his dance history. Dance is what led him to the interplay of muscles, which are

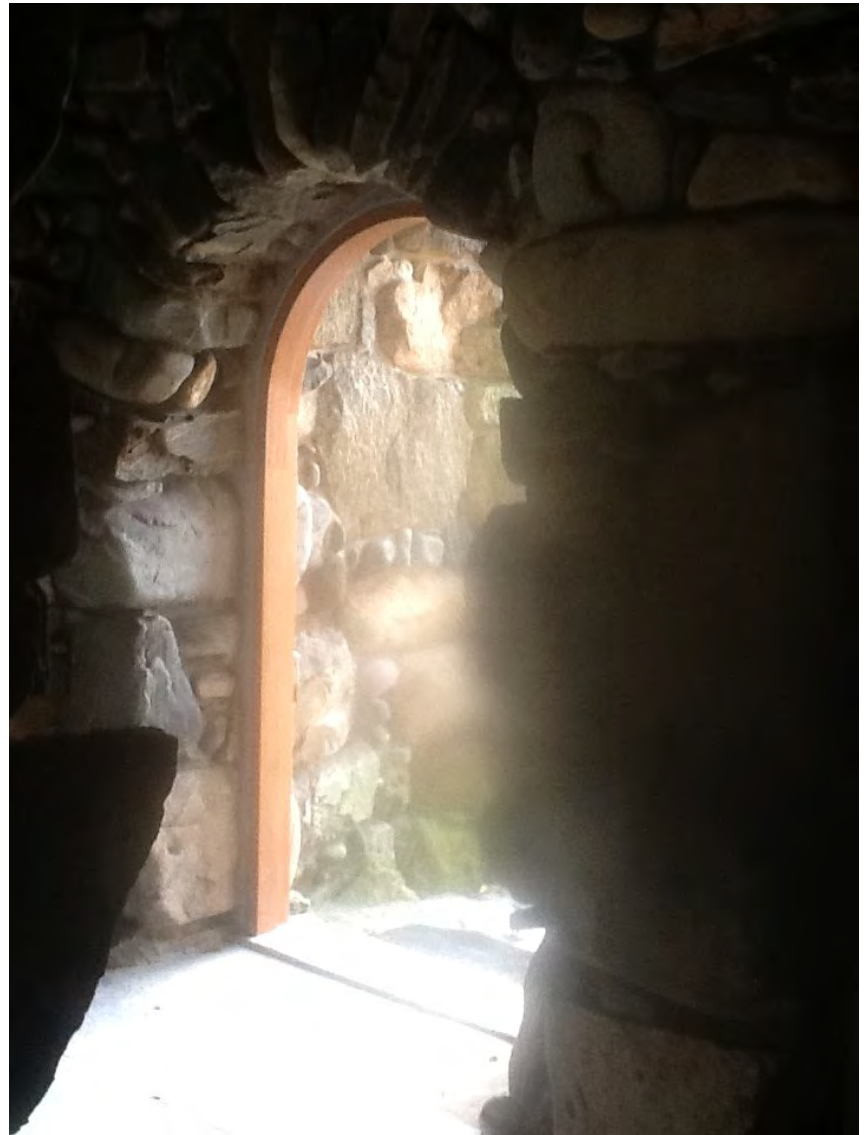
three simple adjustments that anyone is capable of. These adjustments allow one to find the connection between the body and the mind. They can be taken as far as one is willing to commit. Bodily stress can lead to mental stress, and vice versa. By allowing one's most unconscious feelings to emerge, one will also feel the psyche travel through the interplay of muscles. Readers who attempt this method will hopefully be left with a feeling of satisfaction and self-discovery. There are several layers to this manual, which will be helpful to those who are in search of finding and strengthening their own body-mind connection.



Somatic Expressions

Featuring Diane Doheny M.Ed.

DRAWN FROM THE
DARKEST, MOST ISOLATED
SPACE IN MY SOUL ,
BY A LIGHT AND INVISIBLE
PRESENCE THAT EMERGED ,
THROUGH A THRESHOLD OF
HOPE.



Diane Doheny M.Ed. has a private counseling practice called Family Connections. She lives and practices in Exeter, NH. She is working on a meditative, photographic journal to guide readers into the tranquil spaces of spiritual connection, entitled, *Moments Like This*, to be released in the near future.



CONSCIOUS
AWARENESS
IS THE
COMPASS
THAT
DIRECTS OUR
STEPS AND
OPENS OUR
EYES TO THE
EVERYDAY
MIRACLES
FOUND ON
OUR PATH.

THE ONENESS

THE WITH-IN-NESS AND THE SOURCE THAT IS REFLECTED IN OUR BODY,
OUR MIND AND OUR SPIRIT.





An Intimate Portrait of my Journey through Grief: How do I Regulate Through the Turbulence?

By Isabelle Tierney

My brother passed away eight days after my mother died. While her death came as a relief – she struggled with Alzheimer’s for years—his came as a shock, one of my favorite people in the world was stolen away when I least expected it.

I thought I knew about grief’s journey having worked with it as a therapist for almost 20 years. Instead, I learned that the process is unpredictable and humbling, and that I know next to nothing about its meanderings, that I can sometimes skillfully regulate it and sometimes not, and that there are times that I can do nothing to control it, with something beyond my conscious self taking it over and regulating it.

Skillful regulating

There are times when I feel an ocean of grief deep in my body and can expertly regulate, *diving* into it at times and *inhibiting it* when necessary. The ocean fills my torso, spanning the expanse of my heart, solar plexus and abdomen. The mass of energy feels dense, heavy, and oddly alive, as though it holds its own consciousness. I feel it waiting for me, not necessarily impatiently, but definitely firmly. Sometimes I am willing to answer its call. Sometimes I’m not.

When I choose to *dive* into the ocean, I tumble into a wild and stormy ride. I ride wave after wave of sorrow, anger, and helplessness, using only my breath to stay afloat. I don’t know when the ride will end and who I will be when dumped back on shore. Sometimes, I can stay present through every wave, watching each slam against

my edges again and again, forging me into someone new. Sometimes, I can only grip my husband’s hand, waiting for the experience to pass, just as I held onto his hand through the births of my three children.

When I choose to *inhibit* the ocean, I can leave it at the edge of my consciousness, knowing it’s there, but staying away from it so I can function in my daily life. There are times I stay away because of external demands—I have to see six clients or want to go to my son’s basketball game. At other times, I stay away from it because I *know* that I don’t have the resources in that moment to take the plunge. This inhibition is different than resistance. With resistance, I *push* the ocean away. With inhibition, I make a conscious choice to *step away*, not because I am rejecting anything, but because I am being loving to myself. This allows the ocean to trust me and

prevents a destructive acting-out, as it knows that I will relate to it again.

Unskillful regulating

There are times when I also navigate through less successful ways of regulating my emotions. Although I thought that I was “over” those ways, I have sometimes found myself smack-dab in the middle of them, using numbing and distraction as my tools of choice. When I choose to *numb*, I use external substances to push the ocean away. In those moments, I am clear that I’m scared to surrender to my emotions, and I just don’t want to. This is an active rejection of my emotions, an acting out that works temporarily but bites me in the behind soon after. Carbohydrates become my best friends, as does the one lemon drop I make myself at night, right after my last appointment, right before

a few hours of reality TV. The food and the alcohol somehow create an energetic barrier against the ocean mass, a blissful respite from its exhausting demands.

When I choose to *distract* myself, I use my mind's brilliant creativity to focus my thoughts on matters that have nothing to do with the fact that my mother and brother have just died. I worry about my yard, about the woodpecker pecking at my walls. I worry about my car, wondering how much longer it can stay alive (!). I worry about my son's college possibilities. I worry about the weather. The mental distractions shift my attention towards more *mundane* matters, human concerns that somehow feel safer than death.

I wish numbing and distracting worked in the long-run. Unfortunately, choosing not to feel grief also prevents me from feeling love, joy, laughter. When I'm in resistance, I don't want to connect to anyone. I only want to hibernate. And when I do manage to feel something, when a wave manages to rise in spite of my best intent, it shows up in distorted and uncontrollable ways. I burst out crying if one of my kids isn't perfectly kind to me. I want to wail in despair if my husband leaves to the gym without me. I feel anxiety or irritation for no "real" reason.

I Don't Know Who is Regulating

There are times in the grieving process when I'm in control of nothing, regulating nothing, feeling nothing. I'm in a frozen state, a no-man's land, separate from my body, unable to connect to any sensations. My brain doesn't work either, incapable of understanding

what is happening, scrambling painful facts before they can reach my consciousness. My brother is dead, you say? I literally have no clue what that means. It makes no sense.

This state is different than numbing. I'm not DOING anything to get away from feeling. I'm not pushing away, rejecting, actively using behaviors to not feel. This is beyond me. This is my psyche, my deeper body, my unconscious self, regulating my life because I somehow need it to. It is mercifully preventing me from putting together the puzzle pieces of my current reality. It is kindly making me leave my body and mind rather than staying. Where am "I"? I do not know.

I am grateful for this "beyond-me" regulation. I surmise that this is the same place that sheltered me when I experienced abuse as a child, the place that wouldn't let me truly see what was happening in my household because there was *nothing* I could do about it. This is the place that allows so many of us to survive what sometimes seems untenable to the psyche, that protects us from breaking into a million pieces from the pain of it all. It is a brilliant place. I have no control over it. I can only trust that it will wane when it's ready to wane, that I need to be with it until it's not.

Surrendering to Life as a Way to Regulate

As I finish this article on a sunny spring morning, I notice tendrils of pleasurable sensations moving through my body. I feel delight at the bunnies right outside my window. I feel a wave of desire to

engage with others, to laugh, to move my body. This feels good. And though I don't know what the next moment might bring, whether I will move into difficult emotions, active numbing, or frozenness, I trust that I'll be able to be with whatever arises. My only job will be to bring compassionate awareness to it all, knowing that this is the only way I can ever truly regulate anything.

For more information contact Isabelle at www.isabelletierney.com

Isabelle Tierney, M.A., LMFT, CSPT, BHS, is a licensed marriage and family therapist who holds an M.A. from Tufts University in Child Development, and a certificate in Brennan Healing Science. She's been in private practice internationally since 1996 with a strong specialty in eating disorders (including anorexia, bulimia, binge eating) and other painful habits and addictions such as drugs, alcohol, overworking, and compulsive shop-ping. She has created Soul Food, a line of products offering content-rich and digestible lessons for those who struggle with food and body image issues as well as those who struggle with relationship issues. Isabelle works with individuals, couples, families, and groups. She is a certified yoga teacher, and incorporates somatic principles to help clients re-enter their bodies and discover the freedom and joy of being embodied.

Isabelle practices both in her Boulder, CO office and through long-distance programs. Additionally, she travels the country leading workshops and speaking for audiences on topics such as eating disorders, stress, and addiction. Isabelle lives in beautiful Boulder, CO with her husband and three wonderful children.



The Co-Creative Power of Mind in Somatic Regulation and Creative Expression

By Jane E. Latimer

The following is a lesson I give to the emotional eating students who participate in my Nourishing the Hungry Soul 12-week program. The first assignment they receive is basic belly breathing. The idea is to get them trained in slowing their breath and connecting with their bodies. After they have engaged in a week of belly breathing, I introduce the concept of regulating the mind by observing it and choosing to engage in positivity vs. negative self-talk. This practice has been one of the key practices I engaged in to heal my own eating disorder, body image, and scarcity thinking. Over the years, through practicing these two simple tools (belly breathing and gratitude), I've managed to take control of an out-of-control life, heal a raging eating disorder, and engage in friendships and a style of living that had been previously out of reach. The idea of practicing an ongoing ritual of celebration expanded my heart and trained my body to release old stories and patterns of collapse and overwhelm. The following is the lesson I share with my students in their second week of training.

Cultural Mores Impact Our Thoughts

You may have noticed that when you slow down and focus on your breathing or hang out in your Inner Sacred Space, your chatter-mind, small-mind, ego-mind, or negative-mind (four ways of describing the same mind) has less power. The fact that you've focused your awareness on a positive or neutral aspect of yourself has a lot to do with why you feel better when you do these exercises. The mind is powerful—very powerful. In fact, the mind is so powerful that until we become vigilant about observing it, managing it, and creating with it, we will feel like a 'victim' rather than the powerful co-creator of our lives.

We've been brainwashed to revere the small-mind's logic. Our schools tell us to think hard, focus on facts and numbers, calculate and analyze so that we may dominate and conquer our natural world. Raised in an economic system that has skewed sacred values of giving and receiving, of operating in harmony with nature and life's mysterious rhythms, our 'mentalizer'

culture (profoundly wounded) has brainwashed us into believing that to be happy we must place productivity, economic growth, material wealth, and success above all else. As a result, the path of the whole person (which includes the sacred feminine and intuitive subconscious) has been repressed. As a people, we are profoundly unhappy because we have disconnected ourselves from that which gives life real meaning and joy—the creative, communal, and playful alignment with life's mysterious unfoldings.

It is within the realm of the creative that we must learn to dwell to discover and recover the true power of the mind. For, it is within our imagination and dreams that we create our lives. As John Perkins writes in his book, *The World as You Dream It* (1994):

"As infants we enjoy an intimacy with everything around us: tiny stones, butterflies, flowers, birds, animals both stuffed and real. We live in a world of beauty and imagination. Ecstasy comes easily. We feel at

Growing into childhood, we begin to understand the power of the dream, of fairy tales and myths; we know that dreams come true and that many different parallel worlds exist simultaneously. The past, the future, the present: these are meaningless to us, for we have the ability to blend them into one. We can be anything we want at any time. All we have to do is dream it, and it will happen. We can drift into another world and out again whenever we so desire.

Then, at some point in our lives, that awareness changes. Adults convince us that we are not all one. They teach us how to separate and alienate ourselves from one another and from the world around us. To describe our parallel worlds, they spit out phrases such as ‘unhealthy daydreaming’ and ‘crazy flights of fantasy’ as though the very words threaten to contaminate their lips. They warn us that to continue in our old ways will be “immature and impractical” (p. xv).

As adults living in a society that has sacrificed the intuitive right brain in favor of the rational, we suffer all sorts of mind-induced illness. The enormous energetic power that is available to us through the world of the subconscious—our dreams, senses, images, movements and sound—is repressed and held in a variety of mass-induced illnesses, addiction, violence and pornography. Repression of whole-body expression limits our ability to access the fullness of our subconscious truth. Imagine a whole ocean of creative life-force with nowhere to go—all squeezed and scrunched into the tiniest filter of rational thought—and we end up with a vast reservoir of life-energy turned inward on itself in negative self-hatred. When a whole culture is stripped of its life-giving energy to imagine, dream, and create, it has no choice but to follow the narrow dreams of those who are the robotic subjects of an economic system that support it.

“In Java and Egypt, Sulawesi and Mexico, I witnessed time and again the power certain individuals have in altering perceptions and, in so doing, changing people’s lives. These individuals took many forms: tribal chieftains, magicians, dancers, Dalang puppet masters, priests, firewalkers, politicians, and healers. In my own country, the most influential wore business suits, read the Wall Street Journal, and invested billions of dollars each year in advertising. Whatever their appearance or title, they all had one thing in common: their power came from their ability to mold dreams” (Perkins, 1994, p. xiv).

My Story

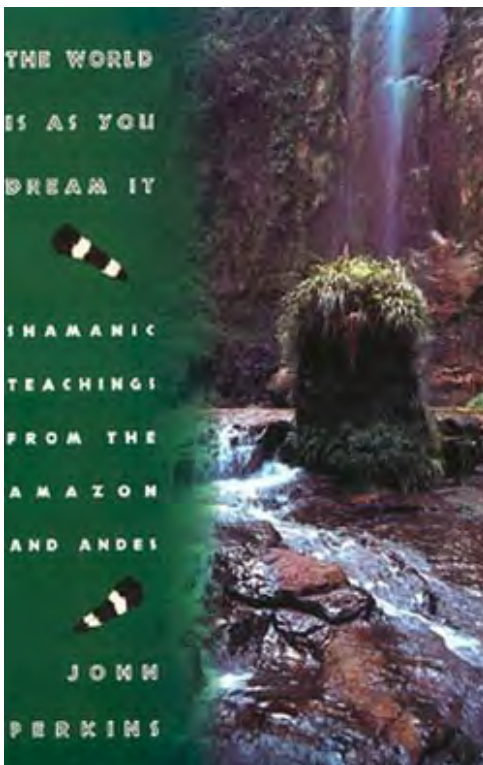
My eating disorder thrived in a culture that creates and ironically supports addiction and eating disorders more than its artists and healers. The world of our glamour magazine, diet food industry and media messages to buy more, eat more, diet more, be more, produce and strive for more, combined with my alienated nuclear family and meaningless school experiences produced a child perfectly equipped to negate her own value as a spiritual being and creative soul. The trauma of being so estranged and disconnected from life’s true purpose and meaning can’t survive without costing all of us.

After many years of struggling, and seeking to find me, to fill the emptiness that was experienced as the core of me—a middle-class product of soul-less glamour and superficial striving—I began to see through the lies that the dreams of our culture channeled through me.

I had much to learn about healing, about the mind and body, and about how to recapture my true Self. My first teachers taught me that “Thought Directs Energy and that Energy Follows Thought.” And although I have come to understand this axiom at deeper and deeper levels, even the simplest level of this truth pointed me in the direction of true power. It was the beginning of my ability to gain some control over my out-of-control life.

First I had to learn to control my negative mind. Through practicing

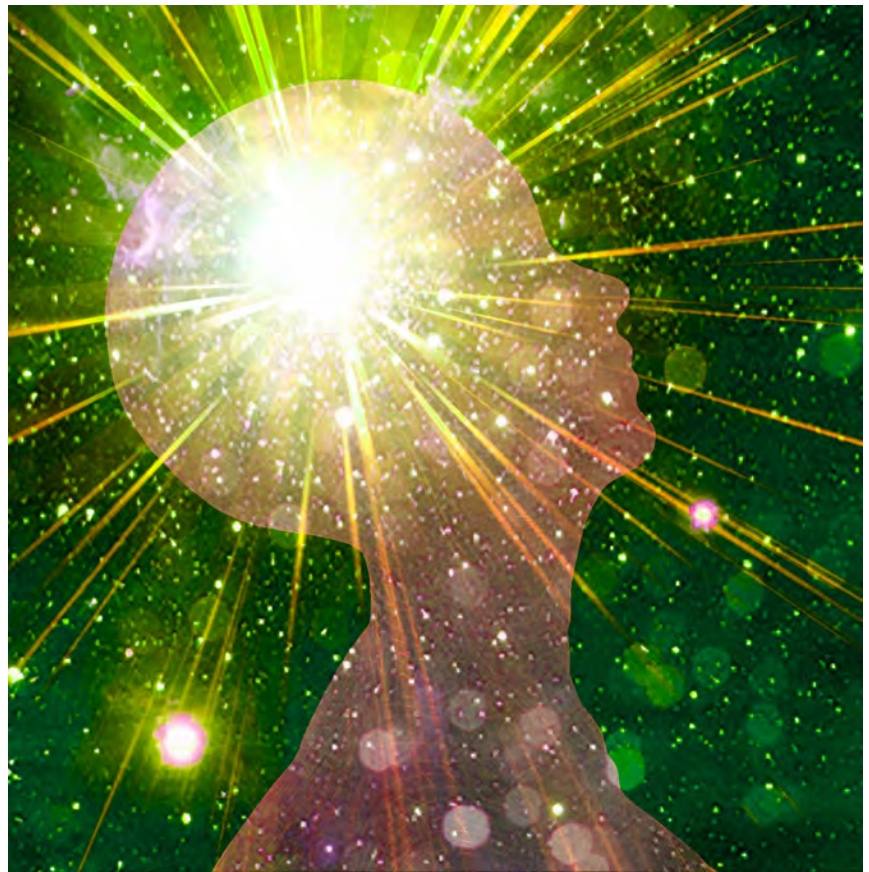
“Thought Directs Energy. Energy Follows Thought.”



observation and detachment, I gained control. As I learned to witness, healing took place, and soon I was able to redirect the power of my mind by aligning it with my heart. As my heart path grew, the liberation of my inner Divine Magical Child brought forth a new dream—a desire to explore the healing powers of creativity.

As I look back on my life, I am amazed at the direct connection my thinking process had on the circumstances of my life. My earliest memory is one of standing in front of the mirror looking at the body I hated. I stared directly at my ugly body and said, “I love you.” My spiritual teacher had told me to do this, so, being the good student I was, I did it. Did I want to do it? No. Did I believe what I was doing was going to work? No. Did I feel like a liar? Yes.

That was it! That is what I did, one time a day for about one year. Then I woke up one morning, and I didn’t hate myself anymore. And through the years, despite the



changes my body has gone through, I love myself and my body more than ever.

Manifestation

Quantum physics and biochemical science now explain this phenomenon we call manifestation. Evidently, when we think something, we summon forth a cluster of photons (the smallest known unit of light) in the brain, which generates an electromagnetic field, which then causes an electromagnetic wave to travel along a neural network. At the end of the neural journey, chemicals called neuropeptides are released and activate biochemical events. So, from thought we create light, which in turn creates electromagnetic waves and then chemicals. With a simple intention, we start this whole process of biological manifestation.

Our physical world, which we perceive as solid, is not. On an atomic level, we’re mostly empty space. To understand just how much space we are, imagine a grain of sand in Carnegie Hall. That grain of sand is the nucleus of the atom and the rest of Carnegie Hall is the space within the atom. Most of the grain of sand is empty also. It is made up of forces of light energy.

As physical beings made up of atoms, which in turn are made up of subatomic particles and space (which at their most fundamental level are photons or light particles), our physical bodies are, in fact, moving at the speed of light, 300,000 kilometers per second, appearing and disappearing at the speed of light, flickering in and out of existence. We perceive 3-D reality as solid because our senses can’t process at the speed of the flickering.

According to Green, E., Green, A, and Walters (1970), on the utilization of biofeedback in the treatment of disease, “Every change in the physiological state is accompanied by an appropriate change in the mental emotional state, conscious or unconscious, and conversely, every change in the mental emotional state, conscious or unconscious, is accompanied by an appropriate change in the physiological state” (p.3).

While Christiane Northrup, MD, in her book, *Women’s Bodies, Women’s Wisdom: Creating Physical and Emotional Health and Healing* (2010), says, “Our entire concept of ‘the mind’ needs to be expanded considerably. The mind can no longer be thought of as being confined to the brain or to the intellect; it exists in every cell of our bodies. Every thought we think has a biochemical equivalent. Every emotion we feel has a biochemical equivalent.”

With that said, let us review the metaphysical and scientific law we will be working with during this module:

Thought directs energy. Energy follows thought.

What this means to us is this . . .

There is a link between our thoughts and feelings and our biochemistry. We can shift all of it by shifting one part of it.

As we change our thoughts and beliefs, we can radically alter our state of health and our so-called known reality.

Mega-Mind

There is an aspect of mind that I like to call the Mega-Mind. This Mega-Mind has the ability to witness, synthesize, and create. It also has the capacity to hook into the Greater Mind or God-Mind that extends beyond the small-, ego-, chatter-, negative-mind self. From its larger perspective, the Mega-Mind has the capacity to observe and witness everything that is occurring. Its capacity for observation, synthesis, and creation is infinite.

As we understand this phenomenon—that what we think of or dream up has a huge impact on that which we create in our lives—it leaves us to ponder this question:

What If We Were To Dream a Different Dream?

Let’s become curious about our minds. Let’s flex the Mega-Mind muscle. And breathe the Mega-Mind into our bodies. As we flex Mega-Mind, breathe Her power, we empower ourselves to access deeper intuitive knowing and greater wisdom, and slowly but surely decrease the power of the small, negative mind that causes our suffering and dis-ease.

Early in my recovery, my sponsor in Overeaters Anonymous had me implement a simple technique that utilized the law of energy to powerfully alter the way I viewed everything—he had me keep a gratitude journal. It’s not easy to stay negative while being grateful for what you have. You don’t have to feel the gratitude, you just have to acknowledge it—the feeling will come later.

As we learn to slow down, observe our thinking, we become more able to be in-charge of our minds. When we add the powerful practice of gratitude to our breathing practice, we have the tools to co-create whole-body positivity for living a life of joy rather than misery.

I offer my students exercises throughout the 12-week course. The following exercise helps to work with the Way of Conscious Observation:

Have a notebook or your journal by your side or on your lap, along with a pencil, pen, or marker. Begin with the Basic Belly Breath. As you breathe, use your journal to jot down your observations of your small-mind. You will know the small-mind by its incessant chatter. As you breathe into your belly, your awareness of breath and presence will expand, and your ability to separate your identification with your thoughts will grow.

Watch for patterns:

Notice if what you are thinking is past-related: i.e., “Why did I eat that piece of chocolate last night? I know I’m not supposed to eat it!” Or, “I shouldn’t have spent that money, I won’t have enough to get me through the month.” Write past on your piece of paper. Or write past food or past money to identify the thought as a memory that is food or money related. (Of course, this can be applied to any issue or life circumstance.)

Notice if your thoughts are a future fantasy: i.e., worry about your financial future or future

money, I better take my money out and put it somewhere else.” Or, “The restaurant may not have things I can eat. Why didn’t I suggest another restaurant?” Write future on your piece of paper. Or write future food or future money to identify the thought as a fantasy that is food or money related. (And, again, this can be applied to any issue. I’ll assume you know this from now on.)

Notice if your thoughts plan to fix a problem: i.e., “Tomorrow I’ll start my diet again.” “I’ll get another job to save for retirement.” Write plan to fix problem.

Notice if your thoughts are a judgment: i.e., “What’s wrong with me that I can’t seem to focus on my breathing more than a minute at a time?” “Can’t make enough money,” “Can’t stay on a diet.” Write judgment.

If your thoughts don’t fall into any of the above categories, create a new category.

The more you practice this form of conscious observation, the greater your identification with Self will become. The greater your identification with Self becomes, the more at peace and joyful life becomes, the less stress you feel, and the less need you have to numb yourself with the objects of your addiction.

Practice observing your mind for at least five minutes a day, and then slowly expand that time to 10 minutes. Soon you will become aware of yourself witnessing your mind throughout your day.

Another exercise I share involves what I call Contemplative Movement. I invite my students to put on some slow meditation music. They begin by sitting still and breathing. Then, slowly they bring their awareness to their body. First they do some slow stretching, eventually standing and moving slowly through the space of the room.

They may walk, jump, swirl, whatever their body feels like. As they move, they become aware of their breath and movement. When they notice their small-mind chattering, I have them bring awareness to the movement again and repeat this process throughout the exercise and slowly incorporate it into their daily lives.

I end every workshop with the following reminders:

Do the best you can. Remember, you are setting the stage for a whole lifestyle change.

Take it easy.

Take small, consistent steps.

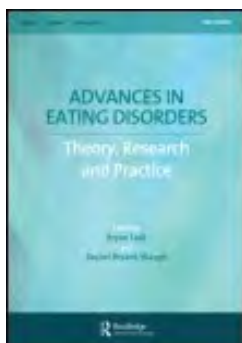
Do only what is do-able in honor of you.

If you are interested in this program as well as other programs Jane offers, please contact her at www.emotionaleating.com and www.janelatimer.com.

Jane E. Latimer, M.A. is an artist, author, and somatic practitioner who is passionate about helping women access their creative force, expand their consciousness and deepen connection to their authentic truths. She has been empowering women with food and body image issues transform negative obsession into a positive force for change for over 25 years. A trained Somatic Experience and IBP practitioner, she incorporates somatic therapies with energetic modalities and creative processes. As president and founder of *BodyWay*, and *Nourishing the Hungry Soul*, her programs have reached hundreds of women throughout the world.

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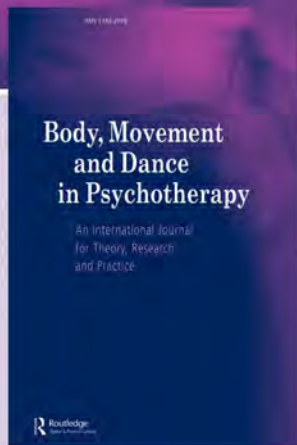
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International Connections

By Asaf Rolef Ben-Shahar

Fairy Wings and the Psychotherapeutic Act: Who's Regulating Whom?

Finding an 'Ok' Foot: Selfobject and Resonance

Biosynthesis Body-psychotherapist Gil Arad (Arad, Askarov, Gihon, Lieblich, & Medina, 2013) described a client who, despite his wish to engage in a meaningful relationship with his girlfriend, could only feel terror and dread whenever their relationship deepened. Even though the client acquired some intellectual understanding of the origin of his anxiety, his bodily and emotional responses were nonetheless paralyzing. Arad described his resonant experience of paralysis and tension, yet he insisted on searching for sensations and feelings other than the terror and paralysis. The client was unable to relate to his therapist's request – nowhere in his body could he sense anything other than pain, tension and sheer panic. But Arad insisted and observed his own resonating body. "After a while, and much weaker than the tension I could sense that my feet were ok," said Arad. Feeding this information back, the client too could acknowledge that his feet felt ok. Slowly and gradually, with the use of somatic resonance and feeding it back to the client, the therapeutic dyad was able to regulate the dread and limit the extent of the panic. The client reclaimed his body with the help of Arad who sensed the generative aspects of the client's body before the client could do so himself.

The concept of selfobject was coined by psychoanalyst Heinz Kohut (Bacal, 1995; Kohut, 1959) to describe relational regulation. When the child is young, he or she is yet unable to contain certain feelings or affect; the mother or father 'hold it on the child's behalf', feeling what the child can not feel, experiencing unformulated and flooding experiences until the child is able to reclaim these as her or his own.

The therapeutic act frequently involves similar processes: we feel for our clients aspects of themselves that they are unable to yet feel, either because these are too much (like fear, anger, pain or neediness), or because these clash with their belief and value system and are in conflict with their defense system, like the example above. Arad's client was unable at first to notice or tolerate the ok sensations – it would have confronted him directly with his avoidance behavior. One of the most common roles of the psychotherapist, and certainly a highly important one, is to serve as selfobject for the client (Lichtenberg, 1991), and the example given by Arad is an excellent one, demonstrating that serving as a selfobject may involve holding generative and resourceful aspects as well as painful ones. Additionally, this task is oftentimes somatic and energetic in its nature and is not symbolized in therapy until the client can respond to and work with the affect.

Letter to the Fairies

A few weeks ago, my daughter Zohar told me with excitement that she wrote a wishing-note to the fairies and threw it out of the window (we live on the third floor of an apartment building). I am embarrassed to say that my first response was getting upset with her throwing things out of the window and cluttering our neighborhood, but I quickly managed to get my bearings together and shared her excitement. "What did you ask for?" I inquired, and Zohar, who is 5 ½ years old, whispered in my ears, "to have wings, so that I could fly." It really moved and excited me.

I guess that being a good father and trying to be a good father are sometimes oppositional forces. I was deeply touched by Zohar's initiative, and wanted to be a good dad, and so went downstairs to the garden to look for the note. It was there, between the grass blades, a shiny note with hearts drawn on it and my daughter's beautiful and naïve handwriting asking the fairies to give her a pair of her very own fairy wings to fly. Wanting to make her happy, I took a piece of paper, glitter, stickers and a flowery envelope and sat with my wife to write down a note.

We wrote: "Dear Zohar, thank you very much for your letter which is attached here. We were very touched to hear your request. While little girls in the world of humans cannot have wings like we do, we wanted you to know that we are keeping a pair of fairy wings here just for you. Every time you visit us in your dreams or your journeys to the fairy-world, these wings will be yours to use as much as you want. With love, Tinkerbell, Ellie and Ruby." Both my wife and I were aching for the sweet hope and dream and were hoping Zohar would be satisfied with this letter.

We brought home the letter and Zohar opened it and read it quickly, excitedly, jumping up and down with joy that the fairies answered her letter. Zohar asked me if I would take her to the land of the fairies that night. We often practiced lucid dreaming together, using trance to open to those magical worlds that were still open for Zohar and that I've managed to reclaim with a lot of therapeutic work – worlds that

became far more accessible for me in Zohar's company.

The evening approached and while hugging Zohar during our nighttime ritual she started crying. At first her tears were soft, barely noticeable, but then it became a heartbreaking sob. I knew what it was about and felt sad for her, discovering what Freud would probably call the tension between the pleasure-principle and the reality-principle. I also felt guilty.

"I think the fairies misunderstood me," said Zohar, "I don't want wings just for fairy-world, I want wings for this world, real flying wings, so that I can fly in the kindergarten and in the playground of our neighborhood." I suggested she stayed in bed with us this night and held her while she cried herself to sleep. It felt like a deep grief over something she had lost. Shuy Grace, our 1 ½ year-old daughter, woke up from Zohar's sobbing and got up. She sat on Zohar's belly and started jumping up and down; "jumping" she said, "jumping up and down". I guess it was hard for all of us to bear witness to Zohar's pain. It's hard to bear witness to the pain of somebody you love.

An Internal Tug to Respond or Narcissistic Disturbance?

Relational psychoanalyst Stuart Pizer (2012) called it an "internal tug to respond", which constituted the analysts "generous involvement." He discussed our internal pull towards responding to another person's suffering. I believe that a common characteristic of the psychotherapeutic profile is this

very urge to respond, to feel this internal tug calling us to attempt and meet the other person, to attempt and alleviate their suffering.

In her seminal book, *The Drama of the Gifted Child*, Alice Miller (1981) related to this phenomenon as "narcissistic disturbance." She wrote: "It is often said that psychoanalysts suffer from a narcissistic disturbance . . . His sensibility, his empathy, his intense and differentiated emotional responsiveness, and his unusually powerful 'antennae' seem to predestine him as a child to be used—if not misused—by people with intense narcissistic needs" (p.22).

Can you identify with Miller's statement and with Pizer's conceptualization? Can you relate to the pain of witnessing my daughter's pain that led me to this regulatory attempt? That my internal tug to respond has narcissistic elements is clear. It is also more than just a narcissistic response, I hope, but the making of me as a father and as a therapist.

I wish to think here, together with you, about the profile of a responsive psychotherapist – one that is able to respond. Following from Miller's understanding and Pizer's somewhat kinder take on this tug, I think about the balance between self and mutual regulation in the psychotherapeutic clinic, and, even more so, about the making of a psychotherapist.

To be a good-enough psychotherapists, we need to be

wounded. The pain of the other has to move us, to mobilize us to want to “do something about it”. Many of us share the basic predisposition for external-attunement as well as hold the two following beliefs, even if unconsciously, that (a) it is my role and/or duty to do something about someone else’s pain and (b) that I *can* do something about somebody else’s pain, that my attempts will make a difference. This predisposition and these beliefs could be seen as narcissistic, as well as understood as empathetic. They are, of course, both. The therapeutic personality and the therapeutic act, I believe, require us to be sufficiently narcissistic to care and think that we can do something about it, while at the same time to have sufficiently worked through our narcissism in order for us to appropriately respond, allowing the other autonomy and self-direction. After all, everyone is entitled to their suffering. Somehow, this very internal tug is the source of the empathetic therapeutic act and at the same time it holds a potential for arresting or disturbing this very therapeutic act, by blocking natural regulatory processes.

I Need You to Let Me Help You, Please

At the time, I thought that my note to Zohar was an attempt to regulate her distress – to support her in the journey of balancing reality and fantasy, in expanding her potential space. It was also that, I do not wish to completely condemn my act, but I was also using Zohar as a selfobject – I was using her to regulate my own anxiety concerning her suffering: I

needed to feel that I could do something to make her feel better, and that something could be done. I am pleased that Zohar was unwilling to serve (at least not fully) as my selfobject.

I argue that for the psychotherapeutic act to be affective, our clients are consciously and (more so) unconsciously required to meet some of our needs as psychotherapists. Mostly they do so simply by suffering and wanting us to help. It is not only us who regulate our clients but also (and sometimes more so), our clients who regulate us. By providing us with opportunities to help, our clients satisfy our ‘narcissistic disturbance’. We receive meaning, we become, we receive a sense of our worth. When my clients let me be meaningful for them, when they let me help them, they give my existence meaning, they regulate my characterological need for attunement. If we insist on adopting a pathological point of view, we might say that the practice of psychotherapy can be a repetition compulsion of our narcissistic disturbance. In other words, as the 12th century Jewish philosopher Moshe Ben-Maimon (Maimonides) has allegedly suggested: if you have an aptitude for blood, become a butcher.

The therapeutic act is thus not merely an altruistic voyage, it also stems, and deeply so, from unresolved and possibly unresolvable narcissistic pathologies whereupon my self-regulation and self-worth is dependent on the capacity to help. At the same time, being a psychotherapist is not simply

sublimation of pathological disturbance, it is also about a true wish (not need) to love and be loved, to regulate and be regulated, to mutually meet and be met. One of the important enterprises of relational psychoanalysis (Balint, Mitchell, & Parsons, 1993; Greenberg & Mitchell, 1983; Mitchell & Aron, 1999) was to conceptualize human connectedness and mutual needs as important aspects of humanity that could not and should not be reduced simply to pathological sublimated drives.

How can we balance the pathological and generative aspects of our inner tug to respond? How can I take ownership of my utilitarian and narcissistic needs on the one hand, while not shaming and acknowledging also the beautiful, empathetic, and loving aspects of my choices, on the other hand?

Bodied Wings and Somatic Regulation

A few days ago, when I came home from work, Zohar approached me. “I’ve been thinking, daddy, and I don’t think that the fairies wrote this letter. I think it was you who’d written it.” I was taken by surprise. Unexpectedly, I felt relieved. “Yes, Zohar, it was me. I wrote the letter from the fairies.” Zohar continued. I know you just wanted to make me happy, but it didn’t help at all.” I apologized to Zohar. She hasn’t let go of wanting to have wings, though, although she told me, yesterday, that “I don’t want to have wings like birds – not to fly to the sky. I want to only fly so that my feet will be above mom’s head, so that we can still



Zohar and Shuy Grace with their Fairy Wings

explicit by psychotherapist Gil Arad (Arad et al., 2013) at the beginning of this paper, and only realized in hindsight by me with Zohar, is that the tug to respond is a resonance phenomenon. To reiterate, the pain of the other as well as the resources of the other are directly experienced by us as if these were our own, that the other is alive in me. I have argued before (Rolef Ben-Shahar, 2012) that resonance is primarily somatic, that our ache is first and foremost bodily. To experience resonance, we have to have an anatomy, a neurology – we experience the other through our bodies and in our bodies

(I would argue that it is not strictly my body, but our shared, intersubjective body, but this is another story).

Perhaps, when we are attentive enough to our own bodies, we stand a greater chance of realizing the extent of regulation that we require in our psychotherapeutic work and can find creative means of having those needs met (or at least addressing them) benevolently – some outside therapy and some within therapy. Simply said, we use our clients as much as they use us; we need our clients too. By cultivating embodied mindfulness of the ways I need my clients (and my daughters), I hope that I can become a better psychotherapist and a better father.

The morning after the sobbing night, Zohar came to me with bodypaint. “Can you draw a pair of wings on my back,” she asked. I drew two pink wings on her back. “It’s not what I really want,” she made sure that I understood, “but

it’s ok for now.” Shuy Grace, my young daughter and Zohar’s young sister, is running in the playground, shouting with glee “I am flying, I am flying, I am flying.”

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

Asaf Rolef Ben-Shahar PhD, has been a psychotherapist, writer, and trainer for about sixteen years. As a psychotherapist, his work is relational body-psychotherapy, integrating trancework and Reichian body-psychotherapy within a relational framework. He enjoys writing and has written dozens of professional papers on psychotherapy, body-psychotherapy, hypnosis, and their integration. He is an international board member for *Body-Psychotherapy Publications* and an associate editor for *Body, Dance and Movement in Psychotherapy*. His first book, *A Therapeutic Anatomy*, about relational body psychotherapy was published in Hebrew, in Israel and will be published in English by Karnac, 2014. His PhD dissertation (*Surrender to Flow*), focused on the moments of surrender in three different fields: relational psychoanalysis, body-psychotherapy and hypnosis, and these three form the axes of his theoretical and clinical curiosity.

References on Page 67



Dr. Asaf Rolef Ben-Shahar announces the publication of his new book: Touching the Relational Edge: Body Psychotherapy, in Israel and his upcoming 2014 English translation to be released through Karnac Publishing.

see each other, not higher than that.”

Perhaps, when we allow ourselves to de-idealize the therapeutic act, and recognize the (sometimes deeply) pathological aspect of the psychotherapeutic-profile we can better appreciate what our clients do for us: they provide us with some of our deepest and oft unmet needs for worth, acknowledgment, and with ample opportunities to matter, to make a difference. We have an opportunity to have some unmet needs on a daily basis thanks to our clients’ generosity. I feel humbled when I can appreciate how much my clients are doing for me, mostly without me realizing.

Perhaps, too, when we can celebrate our pathologies they become more than pathologies—without this internal tug to respond our world will be isolated and lonely.

Furthermore, what was made

Defining Moments for Therapists

Edited by Serge Prenzel
and Lynn Somerstein



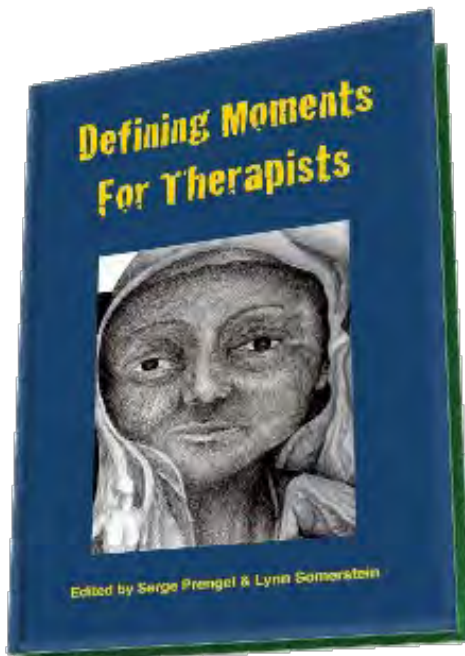
Serge Prenzel



Lynn Somerstein

Reviewed by Nancy Eichhorn

Modern media outlets allow writers to share their thoughts in untold ways, untold—blogs, websites, twitter, Facebook, newsletters, and self-publishing via pdfs and ebooks/kindles/nooks or hardcopy books. Creativity is the source and someone with something to say can reach a larger audience in less time than traditional book publishers can offer.



With this in mind, Serge Prenzel and Lynn Somerstein posted a call for papers for their new book, *Defining Moments For Therapists*. They included 11 articles from therapists representing integrative body psychotherapy, general psychotherapy, creative arts therapy, focusing oriented therapy, dance/movement therapy, supported yoga therapy and meditation, dream analysis, Somatic Experiencing and psychoanalysis. Released in April 2013, the book can be downloaded for free as a PDF, which the editors say is exactly the same as the book itself, at <http://www//LifeSherpa.com/therapists>.

According to Serge and Lynn, “the concept of the book is as follows: If therapy is a relational process, it takes a person on the therapist's end. The goal of the project is to capture the therapist's evolving sense of self as it is shaped by our experiences as active participants in a creative interaction. The essays in this book are first-person accounts, by eleven therapists, of some ‘Aha!’ moments when they got to understand themselves better, and to understand better why they do what they do.”

Being an old school reader/reviewer, I requested a hardcopy which I read in one sitting (160 pages). I recognized the names of several contributors and thought I knew them via emails and shared experiences at conferences and meetings. I was wrong.

Defining Moments For Therapists is not a clinical book per se but rather a gathering of remarkable personal stories—memoirs that reveal, at times, intensely vulnerable experiences that defined their way of being in life and in clinical practice. One author shares her story of discovery as a frightened 16-year-old girl in Boston,

MA, realizes a “raging man could easily overpower her”. She tried to talk her way out of the man’s strangle hold around her neck, only intensifying his grip. Then she “used every bit of diaphragmatic breathing she had learned as a singer” to keep herself alive (p.34). Close to life’s edge, she writes, she felt the possibility of failure. She recounts this event from a reflective stance noting how her faith in God and her decision to embrace life in the moment created a turning point. Drawing on this experience to create the therapeutic approach she uses, she offers that she “realized that the information in our body, and especially in our hearts, is a natural inner guidance system” (p. 37).

Each author offers his or her version of life’s remarkable moments that impacted their personal journey and their professional choices. For me, nuggets from the different stories encapsulate the poignancy of the personal reflection and the power of their collective voices as these writers encourage all therapists to consider who they are, where they came from, and how their presence relationally impacts their patients’ healing process:

“I considered leaving the field. I was worried that I was too weak to listen to the pain and trauma. I wondered if I was inadequate, if there was something missing in me that made me unable to ‘fix’ a hurting person. I had even more questions about why I could not let go of their pain as other therapists seemed to do” (p. 81).

“My own background gave rise to childhood struggles related to

separation and rigid expectations regarding physical attention and ‘perfection’ and social approval. They formed the essence of storylines—the unspoken rules and judgments that could guide my dreams and self-delineations” (p. 55).

“My life has been a search for the right sized space, big enough to safely experience overwhelming emotions, such as deep sorrow or raging anger, and small enough so I can support others and their

“We all have the capacity to live in an ongoing unfolding series of epiphanic moments . . . ‘aha’ is the recognition that we reverberate with each other and with the world.”

feelings, so they can feel safe, too. Right now, I feel constricted, the aftermath of trauma and the lack of physical mobility. Vast uncontained space and too tight boundaries are equally overwhelming” (p. 17).

“Staying attuned in a focusing way and not closing off that initial impulse supported and nourished a core wellspring in me. . . . listening inside and giving attention to all of that in me allowed me to be true to myself, and understand in a deeper way the wordless intricacy of the therapeutic process, and how I bring myself to it” (p.117).

“Listen fully, there is much more to hear and experience than

what at first seems apparent . . . when listening fully to the whole person, subtle relationships and meanings reveal themselves” (pp. 141-142).

“Using mindfulness and somatic tracking, I observed that my patients were more in touch with what they felt; they could go deeper into their emotions and be guided by sensations, images and thoughts that would otherwise be overlooked” (p. 100).

I think Merle Molofsky’s words echo the overall theme of this collection as he writes, “we all have the capacity to live in an ongoing unfolding series of epiphanic moments . . . ‘aha’ is the recognition that we reverberate with each other and with the world” (p. 13).

The authors in this collection, in my mind, braved vulnerability to reveal themselves, and in so doing, I felt a connection with each and every story. I heard their worries and conflicts, I felt their pain and sorrow, their fear and questioning, and then the ‘aha’ as doubt was replaced by knowing and faith in themselves and their presence in other people’s lives. While the text itself isn’t ‘perfect’, the reality is, our lives are not picture perfect and through the misty, muddied experiences that we endure, we come to a clearer view of what it means to be in relationship with ourselves and others, to love and care for ourselves and in turn for others. I offer a note of thanks to the writers and editors for gathering together and offering their truth for free . . . collaboration like this brings us together and strengthens our presence in the field and in one



Defining Moments for Therapists

An Interview with Serge Prenzel

by Nancy Eichhorn

It started simple enough: a conversation between colleagues that spawned a felt sense.

As Lynn Somerstein spoke, Serge Prenzel noted a possible transgression in her story—the antithetical sense of working as a psychoanalyst (where the profession relies on a neutral stance) and as a yoga teacher, where, by nature of the work, she was focused on directedness and attention to the body.

“I imagined all the internalized ancestors and psychoanalytic role models rolling their eyes and saying, ‘Oh my God, what is she doing, this is terrible’, and conversely, the yoga ancestors looking at the neutrality of the human body in psychoanalysis,” Serge said. “I checked in with her, to see if she felt the same, and she did.”

Brainstorming further, Serge realized that conceptually they transgressed but also how people integrate things in life.

“I am interested in integration, but not just in terms of different modalities. I don’t like to think of integration at the level of say applying theories, as if Tool A and Tool B can be put together and used, but rather what happens inter-

nally as we absorb Tool A, not just how to use it but its philosophy, its meaning, and digest it and make it ours, and then we also absorb Tool B, its philosophy, meaning, and uses, and then we integrate the combination of A, B and you—that is integration. It is a personal process,” Serge said.

As Serge and Lynn conversed, they wondered what happens when people face circumstances that force them to find an original response, not a rote maneuver.

“People are trained in certain ways, and we hang on to what’s familiar. Even people who consider themselves creative find comfort in reverting to what they know. But, what happens when we find ourselves in a situation or conflict and we don’t have an auto response? We have to come up with our own way, a different movement which becomes a defining moment,” Serge said.

The book was born. *Defining Moments for Therapists* is an anthology offering a broad range of stories that while diverse all deal

with being confronted and having to improvise—each author’s standard repertoire imprinted from life’s lessons, mentors’ guidance, and professional training gave way to an organic personal integration resulting in new behaviors and unexpected outcomes.

Serge and Lynn reached out to friends and colleagues. They shared their book idea: “to capture the therapist’s evolving sense of self as it is shaped by *their* experiences as active participants in a creative interaction.”

A quick response resulted in a core group of therapist/authors willing to explore and share their “‘Aha!’ moments when they got to understand themselves better, and to understand better why they do what they do.” Serge and Lynn split the Editorial tasks with Lynn covering the more traditional editing/copyediting and Serge working as a developmental editor.

“I was talking with them from the beginning about what they wanted to say,” Serge explained. “It was a mixture at times of talk-

writing, helping them to develop their story. . It is a similar process in therapy—someone comes in with a story, an episode in their life that they want to deepen and explore, to look at in different dimensions, relations/associations and meanings. Only this was different because the authors were not in therapy, and we were not uncovering pathology. But we were using this capacity to go deeper.”

Though many of the authors deal with trauma in their essays, Serge said it is not a book about trauma. The essays share traumatic events that could have been overwhelming, and the person might have been destroyed by it; but, they overcome it and in so doing became a different person and grew from the challenge. When they integrated it, the traumatic experience became the defining moment.

“Like the hero in a story who confronts a challenge, it could be his undoing, but by reorganizing the experience and response, it transforms and defines you,” Serge said. “You are reorganized at a deeper level; through this trauma you discover in yourself resources to overcome it. Looking at this as a process, these authors have a built-in capacity and interest in processing what happens in them; they reflect and process what’s difficult. They’ve been trained to do this, and as good psychotherapists, they help their patients practice this process.”

Kindred Spirits

“A large part for me in doing this book was a sense of connecting with kindred spirits,” Serge shared. “Lynn and I came into this idea and then found a larger group. At that

time, these authors were not in contact with each other; they were willing to explore these moments on their own, and I was able to see them evolve with each other and as a book. I witnessed this community taking shape amid a growing a sense of excitement. There was a degree of earnestness and depth with each author as they found new layers and ways to explore them. I also wanted to find other kindred spirits who would resonate with the book, with certain stories in the book. I think it is wonderful to have it spread, that’s why we offer it for free. They can try it and see if they like it, if it resonates. We are sending it out into the world not as a product but as a vehicle that creates community where other people can find kindred spirits to discuss psychotherapy as a process not a product.”

“Part of the beauty of it is that there are no predetermined outcomes for the book. We will let it evolve organically, let a community develop where people can find that sense of kindred spirit to exchange ideas about therapy as a process,” Serge said.

Whether this community develops into people sharing more defining moments of deeper meanings or find themselves writing in small little bits for online groups or online articles or books, anything is possible. Serge noted the wonderful capacity that results as people observe what is happening and in synchrony also notice where the energy is and then they ride that energy.

“It feels promising to put together a group of people with an earnest, deep interest in exploring their process and willing to share it.

Wonderful things happen in process groups. Perhaps this will expand beyond a gathering of 10-20-30 people and can become virtual. We will wait and see what happens,” Serge said.

Self-publishing books for over 15 years, Serge said that his first book, entitled, *Still a Dad: The Divorced Dad’s Promise*, was printed in an old brick and mortar publishing facility, though he created his own imprint. The pdf was offered for free on his website because he didn’t want people to not read his books due to financial constraints. Ten books later, Serge is still offering his writings for free on his website, with hardcopies also available for a small fee.

Defining Moments for Therapists can be downloaded for free on the website <http://www/LifeSherpa.com/therapists>. The trade paperback is available at online bookstores: Amazon.com and BarnesAndNoble.com.

Serge Prengel, LMHC, is in private practice in New York City. He sees change as a creative process, driven by the depth and immediacy of felt-sense experience. He wrote *Scissors: A Whimsical Fable About Empowerment* as well as other books, and is the editor of *Somatic Perspectives on Psychotherapy*. He has also been leading experiential workshops in a variety of venues.

Lynn Somerstein, PhD, NCPsyA, LP, RYT, is a licensed psychoanalyst in private practice, is Executive Director of the Institute for Expressive Analysis. She is on the editorial board of the *Psychoanalytic Review* and the author of numerous articles about yoga, anxiety, attachment issues and psychotherapy. Lynn is also an international speaker and has presented her work in India, Turkey, China and in the United States. She uses the wisdom she has gained as a yoga teacher, psychologist, and student of Ayurveda to help people reach their inner most goals.



Reflections

By Christine Gindi

The heavy tum tum tum of the bass drum pulsated throughout my body; my breath deepened with each beat. The sounds of music mixed with the quickening pace of my heart and lungs, my body churning to keep pace with my arms and legs. Women circled around me, by me, floral scents mixed with citrus, a flavor of heavy musk seemingly out of place yet not. Women flowing by carried by their own stream of sounds as the music twirled each of us together and alone, as if a practiced dance partner. We moved to the rhythms resonating within our inner being, the energy an eclectic mix of self and other, of music and muse, of feeling and emotion.

I danced through the room feeling a myriad of emotions: gratitude for simply knowing my friends and anger at some of their unthinkable circumstances of dysfunction and abuse. I vividly recalled important people in my life who inspired me with their tenacity and determination to beat the odds. Contemplating their drive to transcend their lives' circumstances and create successful, love filled lives for themselves energized my steps. My heart called out to these friends who persevered through numerous storms; I thanked them for sharing their lives with me through movement. Tears flowed freely. At one

point, my knees buckled and I found myself kneeling on the floor crying.

One of the reasons why this particular dance circle is meaningful to me is because of my difficulty crying in front of other people. For years I felt puzzled by other people's ability to openly share their vulnerability and grief, often times unexpectedly in forums like classrooms and professional meetings. At the same time, I felt a sense of admiration for those who dared to be vulnerable with strangers. I yearned for that kind of permission for myself. Yet, during that dance, I wept uncon-

trollably as a prayer of gratitude poured out of me. Not only did I tolerate intense affect, I felt safe enough to experience it safely with other people possibly witnessing me. Perhaps it was the tender tone of the music playing or the poignant connections dancing with my sisters in this circle that led me to this emotional experience. Perhaps it was the reality that my emotional resilience has expanded so that I am now able to trust feeling intense emotional states moving through me; I wasn't afraid of getting stuck in an abyss of out-of-control feelings, and I didn't dread the backlash of extreme emotion anymore. I had

come a long way thanks to somatic therapy.

Recently I had an initial session with a somatic therapist who helped me notice my shallow breathing pattern. My chest was barely moving and I couldn't sense the lower half of my body either. Most of my attention was focused on the tension in my shoulders, head, and neck. Perhaps I was nervous working with a new therapist and suppressing my breath helped me cope with the anxiety. He taught me how to breathe through my belly. Beginning to breathe this way brought to light some surprisingly intense emotion. Even though I could have easily predicted that breathing would open the door to emotional experiences, it, nevertheless, felt huge and unexpected for me. As my belly expanded and contracted with each breath, my neck started to bend my head forward and my shoulders soon followed.

As I sat on the crisp-brown couch bent over, with my hands on my stomach, I began to cry. There was no story, image, or meaning attached to my weeping. I sat there crying and curious about what was happening to me. My weeping in front of practically a stranger occurred fairly early in the session. I felt safe and comfortable enough with my therapist and more importantly, myself, to allow all of these parts of my experience to emerge. I simply felt the sensations of crying while I breathed. When the therapist asked me if I was feeling sadness or relief, I responded that it was a mixture of both. My crying started to subdue and my neck and shoulders began to rise. When I felt the completion of this collapse –

known as the rebound cycle, I could see things more clearly. The sunlight in the room appeared in noticeably different shades and the kaleidoscope of colors of the artwork stood out at me. In this parasympathetic state, I could “begin to notice and experience sensations besides pain, bracing, and tension” and “realize that there's another universe available” to me (MacNaughton, 2004, p. 384-385). I could breathe easier. I also sensed the totality of my body, especially my legs and spine. I was coming home.

Christine Caldwell (1996) points out that we can accomplish bodily desensitization in two ways: with our breath and with our posture (p. 49). Likewise, Conger (1994) states that “Reich informs us that holding our breath and contracting our diaphragm are early mechanisms we use to suppress sensations of anxiety and pleasure” (p. 82). All of these strategies had a powerful effect on me, and it is only fairly recently that I recognized the depth of my physiological strategies for affect regulation. The pain I buried deep inside me felt too overwhelming to contact so I withdrew from intense emotion through shallow breathing and constriction of my throat and chest. The avoidance of breath, of feeling “the raw force and vitality of life energy,” made me realize the extent of my armoring (Conger, 1994, p. 82). Reich felt that we have armored ourselves physically and psychically from experiencing the deep feelings of connection to that flow of the Life Force through our bodies (MacNaughton, 2004, p. 358). It was revelatory for me to discover that it can be healthy to disconnect from the body, especially in the

face of overwhelming emotions. In fact, it is supremely intelligent. I don't have to feel everything to the fullest extent and that's a relief.

When I learned about Reich's aggressive approach to liberating repressed emotions from the body, I would never have considered his therapy because I feared being overwhelmed. Reich used more active breathing patterns and provocation of muscle to dissolve what he termed *character armor* (MacNaughton, 2004, p. 370). The thought of having a cathartic de-armoring process made me fear being flooded and dissociating since the “reduction or dissolution of an individual's armor can disorganize a person's whole system of adaptation and coping (MacNaughton, 2004, p. 371). In order to make up a graduate class, I agreed to have a session with a neo-Reichian therapist who focused on breathwork. He mentioned that the East Coast tends to be more orthodox in approaches; the West Coast is certainly more relaxed. I mentioned how I wanted to focus on my breath since I tend to hold in my breath, but wasn't ready for a big cathartic experience since this would probably be my only session with him.

Since I wanted a Reichian “experience,” we moved to the mat for some breathing work. He sat by my side and talked about different experiences he and his clients have had with breath work. He also assured me that he would ask my permission before he touched me. As soon as I lied down, I began to feel unexplainable grief. I felt the impulse to cry and shared this with him. He responded that many feelings may emerge and

that we don't have to know the story as to why. I began to breathe and he adjusted my arms next to my sides so the energy could flow more freely through my body. As I breathed, I began to feel tightness in my head and when I named the tightness, he massaged my scalp. My head felt clearer and the tightness moved to my eyes. It's interesting that I felt the tightness in bands. When he adjusted my jaw, by moving it lower and backwards, I instantly felt my legs. I also felt the tightness shifting all over my face.

I also began to smile, I felt happy. With my eyes closed, I saw various shades of lavender, and I felt connected to everything. It's hard to explain that I almost felt altered. My therapist's calming reassurance of everything I was feeling felt nourishing and supportive, especially since I had my eyes closed most of the time. He shared stories with me about his own experiences. He applied pressure to the juncture between my head and neck, and I felt completely relaxed. When the

cycle of relaxation and joy began to shift into tightness, it was thankfully time to end the session. I got up cautiously and slowly and walked around in order to orient to ground. I felt relaxed and simultaneously energized. I never thought a Reichian therapy session could feel like this, gentle and simple. My therapist's physical contact was homeopathic and not demanding at all.

During our conversations, he shared with me that non-Americans are so much more connected to their bodies while Americans are in contact with their bodies enough to whip them into submission. He shared this because he got a call from a European woman who wanted traditional Reichian therapy, and he's working with her in a way he did in the 60's which was wild and exciting. He also shared a part of Reich's biography I never knew. I never knew that Reich probably blamed himself for the deaths of his parents. I felt compassion for him, perhaps he was so adamant about helping restore people to

their basic life pulsation because of the guilt he experienced over his parents' loss of life. I am grateful for this experience and that my therapist was so generous with me sharing all kinds of information about himself as a client and practitioner. His humanity made me feel safer with him and certainly with the sensations and emotions I experienced.

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.

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The Neural Imagination: Aesthetic and Neuroscientific Approaches to the Arts.

By Irvey Massey, 2009

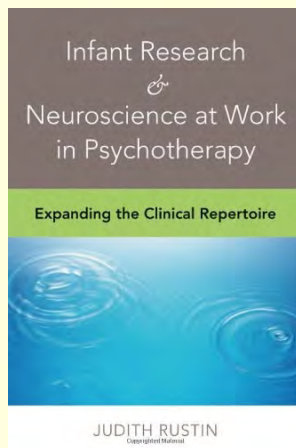
Reviewed by Tabashshum J. Islam, Stony Brook University

To most individuals, neuroscience and art appear to be two completely unrelated fields of study. Irving Massey, author of *The Neural Imagination*, stitches these two fields together via facts and observations allowing fascinating connections between them. These two fields may even have an interdependent relationship within the human mind. Despite these thought-provoking connections and

observations regarding the nature of neuroscience and art, Massey still takes care to distinguish them by emphasizing their unique characteristics – most of which are often seen as enigmas to both artists and scientists alike. He asserts that by taking both an aesthetic and neuro-scientific approach to the arts, there is room for more enlightenment in regarding how the brain may work and what art may be doing to turn it on.

Though there are various limitations in this field of study, the beauty of it all is that as we delve into these subjects deeper in search for answers, even more stirring questions arise. How the body's visual systems react to art is a particularly interesting question Massey takes on as he notes

that various modalities of art can cause distortions in the human mind. This is most familiar to the general public in the form of optical illusions. One of the more interesting findings in this book includes the concept that music is one of the only forms of art that remains undistorted – even in our dreams. Art plays with our sensations, perceptions, and other aspects having to do with our cognition. In this sense, art stimulates our brain in mysterious and significant ways as opposed to other stimuli in our environment. Irving Massey delineates the differences between the two fields yet encourages further studies within neuroscience and art to help us to learn much more in the long run.



Infant Research & Neuroscience at Work in Psychotherapy: Expanding the Clinical Repertoire

By Judith Rustin
2013

New York: W.W. Norton & Co.
211pp.
ISBN: 978-0-393-71719-9

Reviewed by Tabashshum J. Islam, Stony Brook University

With fresh, innovative information regarding human behavior and emotions coming to light every day at such a rapid speed, how should we expect therapists and counselors to go about integrating these findings into the time-tested theories and methods utilized in the clinical setting? Judith Rustin, author of *Infant Research & Neuroscience at Work in Psychotherapy: Expanding the Clinical Repertoire*, is on a quest to answer just that. Rustin allows readers to witness her exploration of these new findings in infant research and neuroscience as she applies them to her own psychotherapeutic clinical sessions.

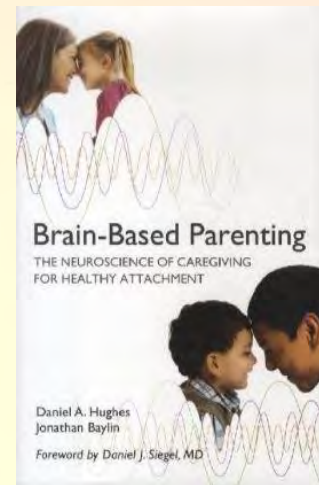
Rustin's application of these concepts and findings give readers a rare treat as they are able to be completely absorbed into the clients as if sitting in front of the patient themselves. What seems to be most useful about this book is the way in which she breaks down seemingly unfamiliar neuroscientific concepts and infant research findings before introducing readers to her patients. As Rustin explores the fear system, memory, mirror neurons, brain circuitry and much more, she attests to the fact that these theories and findings help her to consistently improve as a psychotherapist and psychoanalyst. By weaving together new research with traditional theory Rustin enables readers to find a language and "a way of bringing the subtle subtext" of new findings present in her professional work (Rustin, 2013, pp. 170-171).

Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment.

By Daniel Hughes
and Jonathan Baylin, 2012

New York: W. W. Norton & Co.
252 pp. ISBN: 978-0-393-70728-1

Reviewed by Tabashshum J. Islam, Stony Brook University



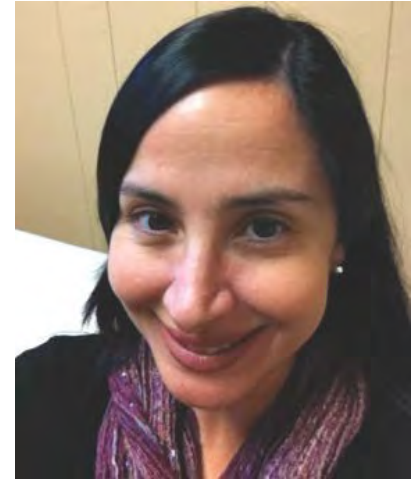
Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment, co-authored by Daniel A. Hughes and Jonathon Baylin helps parents to understand neuroscientific mechanisms vital for healthy parent-child bonding. Following an analysis of the adult brain, the child's brain is investigated, emphasizing the interdependent relationship between the parent and child. Hughes and Baylin explore and explain the various domains of parenting which consist of several systems which help to work through processes that every parent experiences.

Hughes and Baylin supply a plethora of real-life examples and dialogues between the parent and child. This helps to implement and showcase the concepts being discussed allowing for greater clarity and understanding for parents. The authors also present situations in which the child may not cooperate with the parent. By considering the various scenarios that may occur in this special relationship, parents are much more aware of the dos and don'ts of these methods and are given techniques for how to cope when there's a block in the road.

Unlike many other parenting guides, this book acknowledges that the parent is a growing and learning individual whose emotions must be regulated and whose brain must be utilized optimally for proper caregiving. In a special foreword Daniel J. Siegal, MD lauds this book and asserts that Hughes and Baylin "have taken the important step of incorporating what is known from empirical studies of the brain to create a science-based framework for how to understand the neural system underlying the experience of parenting" (Hughes & Baylin, 2012, pp. xii – xiii).

Research in Review

By Dawn Bhat



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.

Affect Regulation in Men: An Integration of Neuroscience and Clinical Practice

As someone whose career started in research and now as a clinician, I am curious about how to apply science, clinically speaking, to my therapeutic practice. I attended an Accelerated Experiential Dynamic Psychotherapy (AEDP) seminar February 22, 2013 at St. Lukes Hospital in New York City. I was thrilled because Diana Fosha, Ph.D., Director of the AEDP institute was presenting. Diana is internationally known for her development of AEDP—an experiential approach to psychotherapy that integrates affective neuroscience, attachment theory, trauma work and body-based work (Fosha, 2000). AEDP is a somatically oriented, bottom-up approach that focuses on attachment and affect regulation. In the therapeutic context, AEDP therapists help clients access the visceral experience of core affects and meta-process (or explore the patient's experience in the session)

about the felt sense (a somatic awareness or bodily sense about a situation) of transformation within the therapeutic relationship.

The AEDP seminar with Diana Fosha was entitled *Men at Work: The Neuroscience of Sex Differences in Affect Regulation: Some Implications for Working with Men in Therapy, especially AEDP*. Diana bridged neuroscience and clinical practice in a fashion that, I think, somatic psychotherapists may be intrigued by. The neurobiology of gender differences is complex and may be attributed to a variety of factors, including social, genetic and epigenetic (the effect experience has on the organism at a cellular or molecular level). Diana's presentation extracted the poignant points of these factors from highly technical neural science research and focused on male ways of thinking, feeling, modulating stress and regulating affect.

Why the Focus on Men in Psychotherapy?

According to Diana, it behooves clinicians to become more effective in treating men—men need to feel invited to do this powerful, transformative work. Furthermore, the current epidemiological data on men presents an alarming picture. In summarizing National Institute of Mental Health data, Diana pointed out some of the following concerns related to men:

- * suicide is the 8th leading cause of death for males
- * male: female suicide ratio is 4:1
- * young and older men are at risk
- * 80% of completed suicides are by men
- * men have more substance abuse

- * men die seven years younger than women
- * 82% of violent crimes are committed by men
- * the ratio of incarcerated males to females is 14:1
- * men seek professional help less frequently than women
- * men make less frequent visits to doctors and ask fewer questions.



Diana Fosha

Diana noted that multiple factors shape the individual who sits in the therapy room as she reviewed the recent literature on the neurobiology of sex differences. In general, Diana found that researchers say sex differences impact affect regulation; research describes how men’s brains differentially process information and respond to stress in comparison with women. Therefore, it makes sense that

therapists would adapt their approach when working with men and women. However, there tends to be a bias, in therapy, towards female ways of being.

Accelerated Dynamic (AEDP) with Men - A Case Vignette

Diana presented case vignettes and one in particular was from the work of a male therapist in the AEDP community with decades of experience in working with men with domestic violence. In this vignette, the male AEDP therapist worked with a newly married twenty-five year old with jealousy and anger issues. The precipitating event leading the male patient to treatment was in the context of his wife’s extramarital affair. During an argument with his wife, he lost his temper and in a rage he punched a hole in the wall.

To illustrate a few central aspects of AEDP, I highlighted moments wherein the therapist accessed the felt sense, utilized attachment as therapy, affirmed transformation, and meta-processed.

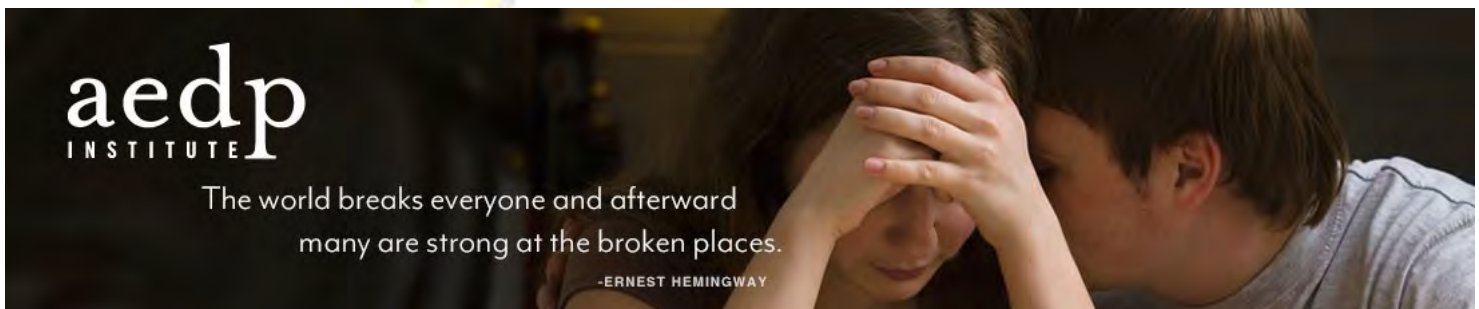
Accessing the felt sense

Imagine standing on the edge of

a cliff. That is how the male patient described his experience when entering into the felt sense. Experiencing feeling and sensation was foreign for him. Yet, he was able to do so within the safety of the therapeutic dyad. When the AEDP therapist asked, “Where do you feel the discomfort?”, the male patient said it was in his chest. When the therapist asked, “What is the sensation?”, the patient said it was a lump. The therapist invited the patient to connect with that experience, with that lump in his chest. In the therapist’s presence, the patient smiled and said the experiential process was awkward, uncomfortable and different.

Attachment as therapy

The AEDP therapist asked the patient if he felt safe in the therapeutic relationship and the male patient replied that he “would never describe himself as feeling safe or unsafe – only when there is physical harm,” which suggested that he did not have an attachment language. In AEDP, the therapist serves as an attachment figure by holding and leading the patient, not only following and attuning. Here, the therapist took the lead in naming and checking and provided psychoeducation in the middle of



Transformation

To transform and process the healing affects, the AEDP therapist asked questions such as, “What’s stirring inside as we explore this? It seems to touch a more emotional side? Is there a difference in your experience?” to assist the patient in further accessing the felt sense and affirming transformation.

Meta-processing

To meta-process, the AEDP therapist asked, “What’s it like to know that?” Other questions used to meta-process were: “What’s that like in the moment as we are talking? What is it like to be seen? What does it physically feel like? Physically, what do you notice? It seems obvious but we can translate it into sensation and experience, what’s that like?” Toward the end of the session, the therapist asked, “What was that like in your body? What does satisfying feel like, physically? What else are you aware of? The patient felt satisfied and said he could feel more air in the atmosphere, which was a pleasant, new experience for him.

Affect Regulation is Different for Men

The clinical application of neuroscientific research may require that the therapist work differently with men. For one, women favor connection (ideal for therapy) but men favor concentration. The structure, organization and function of the brain are different in men. Men have more grey matter, which has more active neurons and drives male intellectual performance. Men

have a thicker right hemisphere associated with negative emotions, mathematics, and spatial reasoning. Men’s issues in therapy are distinct and complex and may include special attention on anger management, addiction and relationship problems. In therapy, men have a greater tendency to intellectualize, problem solve and avoid communicating about feelings.

In men, language/communication is lateralized to the left hemisphere (as opposed to both hemispheres in women). So the level of emotional activation in men may be greater but much less modulated and less linked with language. When asked, “How do you feel?” Men often reply by saying, “I don’t know.”

This response is not necessarily a defense. Some men seem to lack the capacity to articulate emotion while communicating it. Clinically, men may need time alone to process and the therapist may have to help men with the uneasiness of interactive regulation.

In addition, there is a shame factor in working with men. There are gender differences in the issues that provoke shame such that for women it is based on appearance, attractiveness and role conflict. In contrast, for men, shame is associated with achievement, success, dominance, weakness or lack of self-control. Asking men to come forth with talking about emotion may bring them into shame, which may, at least in part, explain why men are not taking advantage of the present array of available psychotherapeutic services.

Without treatment, the male experience of depression, for exam-

ple, may be expressed somatically in somatic distress, somatic symptoms and somatic actions. Knowing that men try to discharge this in action helps to understand the male experience of affect regulation.

A Summary of the Research Today

Diana reviewed the current literature, some of which is highlighted in bullets below. Because of my innate curiosity as a researcher and clinician, I looked at, reflected on and tried to see how this research may inform what goes on in therapy. In so doing, I noticed that trying to understand how to do therapy based on the science is a skill in itself. For me, this brought forward a deeper appreciation for Diana’s presentation and her ability to easily translate technical research in a simplified fashion for clinical effectiveness. Based on Diana’s presentation, here are some sex differences in affect regulation and stress modulation:

women are overly represented on affiliative responses to stress (i.e., tend and befriend), which is regulated and mediated by the limbic system

men are overly represented on neuroendocrine response to stress and more sympathetic nervous system activity (i.e., fight/flight)

in women, the orbitofrontal regions are larger and there is a larger ratio of orbitofrontal cortex to amygdala (i.e., regulation: activation)

stress and increased cortisol improves response to achievement

stressors in men and decreases efficiency in women

stress increases efficiency in men in decision making speed and decreases such effectiveness for women

“interacting with women can impair men’s cognitive functioning” and the more attractive the greater decline, according to Karremans, Verwijmeren, Pronk, & Reitsma (2011)

The Literature

Do men withdraw socially under stress?

Stress promotes social affiliation for women but not for men. Women may seek support under stress while men tend to withdraw. Stress also differentially influences emotional perception in men. As stress increases face recognition in women, it decreases for men (Mather, Lighthall, Nga & Gorlick 2010). Facial recognition is associated with the temporal pole and the fusiform gyrus and stress detection is associated with the amygdala and insula.

When males observe other’s emotions, stress decreases interactions among the amygdala, insula, temporal pole and fusiform gyrus, which together play a role in helping people understand the states of minds of others. This finding explains that males under stress are less capable of processing facial emotional expression, understanding other’s inner state and responding with empathic attunement.

As previously noted, Diana stressed that men may need time alone to process intense emotions

and may not seek out the help of a therapist. Knowing this, clinicians can expect and be sensitive to the resistance men may present with and target this phenomenon explicitly.

Sex-Specific plasticity: Male Ways of Responding to and Regulating Stress

There are phenomenological differences between the way in which men and women respond to stress (Goldstein, Jerram, Abbs, Whitfield-Gabrieli, & Makris, 2011). There is sex-specific plasticity in activation of the stress response circuitry: amygdala, hypothalamus, hippocampus, brainstem, orbito-frontal cortex (OFC), medial pre-frontal cortex (mPFC), and anterior cingulate gyrus (ACG). The role of estrogen in brain attenuation may explain such sex-specific differences. For men, estrogen is present in less amounts than in women.

Women were evaluated twice (early in their cycle and mid-cycle) and were compared with men. During the early follicular menstrual phase, estrogen and progesterone are low. During the mid-cycle phase, estrogen is high and progesterone is low. In females, the increase in estrogen is associated with attenuated brain activity. In the present study, Goldstein and colleagues (2011) tested whether hormonal effects (i.e., estrogen level) explain sex differences in stress response. Early in the menstrual cycle, men and females’ brains responded similarly. However, when compared with mid-cycle females (when estrogen is high), men under stress displayed greater activation of subcortical areas and ventral and medial prefrontal cortices. This brain activation pattern is in-

In therapy, it may be important to help men connect in the therapeutic dyad to down regulate subcortical arousal.

involved in regulation and inhibition of arousal from subcortical (i.e., limbic system) and brainstem (i.e., reptilian brain) regions.

What this may mean clinically for men is that men remain more activated and physiologically aroused but also benefit from naturally employing a top-down inhibitory control. In therapy, it may be important to help men connect in the therapeutic dyad to down regulate subcortical arousal.

Continued on page 66

Men, Sexual Jealousy, and Attachment Style

With regard to jealousy and distress related to sexual or emotional infidelity, not only are there sex differences but there are also within differences associated with attachment styles (Levy & Kelly, 2010). Men are more jealous of sexual infidelity, whereas females are more jealous of emotional infidelity in general. Anxiously attached men or men with a fearful attachment style were five times more likely to report sexual than emotional jealousy than their women counterparts. Avoidantly attached men or men with a dismissing attachment style were 26 times more likely than dismissing women to report greater sexual than emotional jealousy. Levy and Kelly (2010) suggest that there are both an evolutionary (i.e., survival) and an attachment explanation for jealousy.

For clinicians, the attachment explanation can lead to prevention and intervention of male violence associated with jealousy. Clinicians can help reduce sexual jealousy, especially in dismissing (avoidantly attached) men by promoting secure attachment and improving the quality of internal working models of interpersonal relationships.

Conclusion: Ideas for Working with Men in Therapy

Diana elucidated some ideas about working with men in therapy, such as what may be

motivating in therapy— women care about closeness while men care about success and respect. Therapists can develop language that resonates with the male experience from an evolutionary standpoint, namely ally, potency, dominance, combat, sports, achievement and success. Therapists can affirm qualities valued by men such as courage, strength and achievement, and acknowledge that vulnerability may be perceived as a wound. Also, therapists can validate the importance of time alone for organization and regulation.

The therapist can normalize, validate and provide psychoeducation on these differences to counteract shame. According to Diana, men are given a hard time for failing to be like women (we don't expect women to be like men). Therefore, it is important for therapists to process validation and the man's surprise for getting something right with regard to emotions. Men and women will benefit by learning about differences so each may understand, communicate, and be more attuned promoting secure attachments and healthy relationships.

Lastly, the therapist can assume and appreciate intense experience of emotion with men and help with gaining access to emotion. Men tend to use more somatic language, as they are more in touch with bodily sensations than feelings, and may need help developing an attachment language. It is important to

validate the newness and weirdness of the focus on emotion and attachment in the therapeutic process.

In light of the current research, Diana's seminar was timely, cutting-edge and greatly needed in our culture today.

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

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