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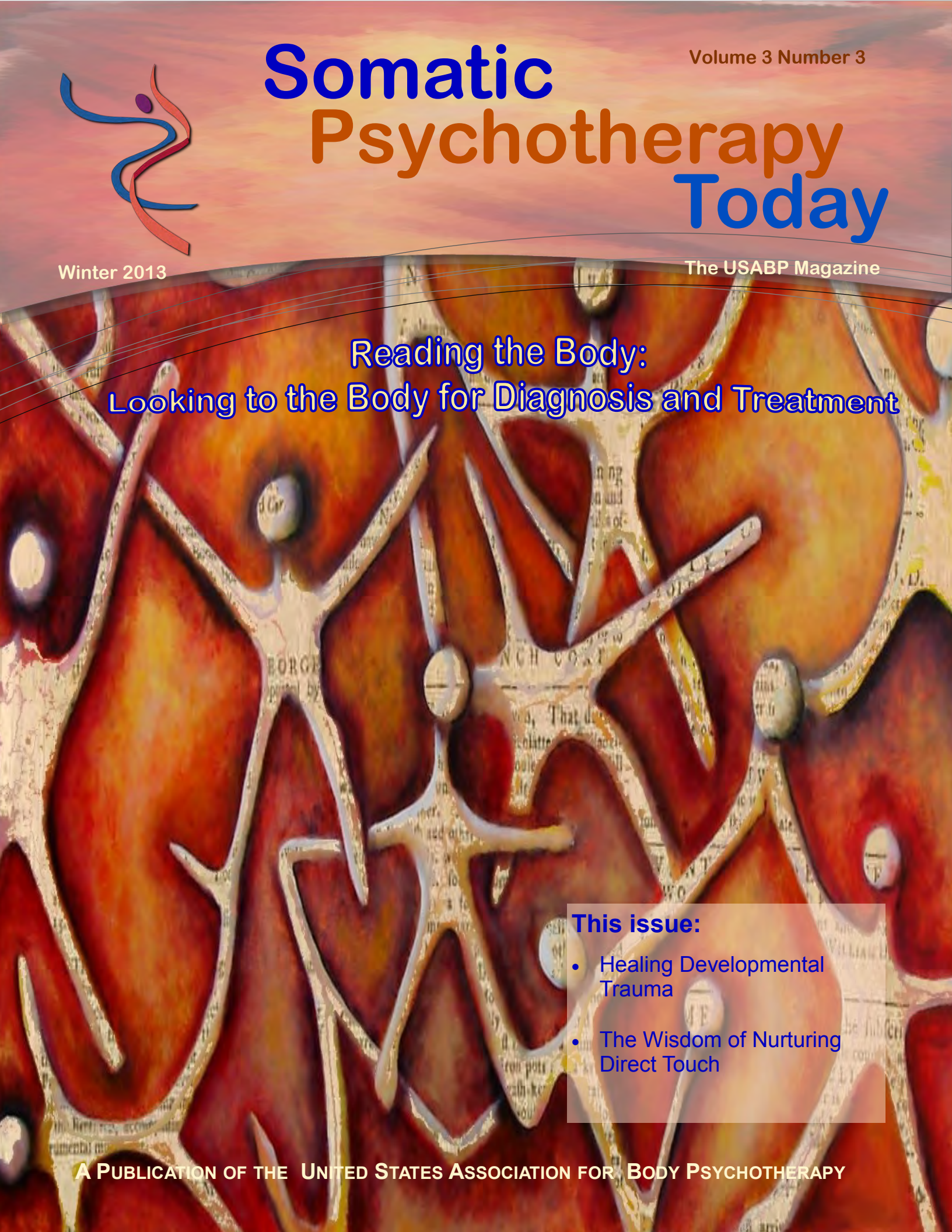
The USABP Magazine

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



This issue:

- Healing Developmental Trauma
- The Wisdom of Nurturing Direct Touch

A Publication of the United States Association for Body Psychotherapy

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

By Marjorie L. Rand

I follow a combination Reichian/Yogic/Eastern Energetic Model of working with the body. Reich's seven segments seem to correspond with the seven Hindu chakras. Although we do not know if Reich ever visited India or ever heard of the chakras, we are all looking at the same energetic system of energy flow so it is not surprising that they seem to correspond so well.

The seven segments are generally opened from top down. The Reichian segments contain physiological, emotional, and energetic aspects. Rigidities, muscular armoring, and energetic blocks can be reported and observed through awareness, breathing, or movement, and by self-reporting through body awareness by client, and/or therapist observation. These can be seen in any position, sitting, standing, or lying down.

The following Reichian segmental information was excerpted from the book entitled, *Body, Self and Soul: Sustaining Integration,* written by Jack Rosenberg with Marjorie Rand (1985) and a workbook created by Marjorie Rand for a workshop they were presenting.

The Ocular Segment

"Included in this uppermost section are the entire scalp, temples, and occipital area. A fascial sheath connects the forehead muscles (frontalis) with the muscle at the back of the head (occipitalis). Thus, the frontalis and occipitalis are one muscle, running across the front and around the top to the back of the head. It is very useful for the therapist to observe the forehead since it reveals tension at the back of the head and the base of the skull. Mental states associated with the contraction of the forehead include: wondering, worrying, perplexity, despair, any intense form of thinking, and feelings of suffocation" (Rosenberg, 1985, p122).

"The eyes are probably the most exciting place to work because this is where the sense of aliveness, soul, and being shine through. Even before a client is able to cry, or to smile fully, we can make some contact with the person that we're seeking in his eyes. There are two levels of working with the eyes. First: contact: a softening of the intrinsic muscles of the eyes to allow the person to see you. Second, expression: allowing the aliveness to come through" (Rosenberg, 1985, p.123).

"There are two levels of ocular blocking. One is superficial, and the other is deeper. Blockage of the intrinsic muscles will cause a deadness of the eyes. In this case there is no expression or affect coming through; it is as if no one is there. A glazed look in the eye is more superficial, and when removed, the deeper level of blockage must be worked with as well. In the deeper block there is 'no one home'; this is symptomatic of the split-off personality" (Rosenberg, 1985, p. 123).

"The most obvious place to see that a client is split off (out of contact) is in his eyes. *Continued on page 53*

Somatic Psychotherapy Today

Our Feature Stories

We invite you to write an article or be interviewed for our upcoming issues. 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:
The Body in Relationship: Self-Other-Society
First Deadline: January 15, 2014
Eating Psychology
First Deadline: March 15, 2014

We are looking for you!

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

Look for us *Three* times a year, we publish the 15th of May, September, and January

Volunteer Magazine Staff

Nancy Eichhorn, PhD	*Founding Editor, Layout Design*
Diana Houghton Whiting, M.A., BED	*Cover Design, Layout*

Our Usual Fare

UNITED STATES ASSOCIATION FOR BODY PSYCHOTHERAPY

APA ACTION COMMITTEE

The USABP is forming a committee whose purpose will be to create a *Somatic Psychology* division of APA. The goals are: to determine the necessary steps involved in creating a division of APA and to take those steps in order to make a strong application to APA. If you are interested in being part of this important work, please be a member of this committee! Contact the President of USABP, Beth Haessig, Psy.D. at President@usabp.org

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From Our Founding Editor

Welcome to our Winter Issue and Our First LinkedIn Conversation,

This issue marks a collaboration between Somatic Psychotherapy Today and Somatic Perspectives facilitated by Serge Prengel.

Our theme focuses on reading the body for diagnosis and treatment—reflections on Reich's system of character analysis that he created to assess observable, chronic neuro-muscular holding patterns in patients that resulted in what he called "body armour" —with a challenge to the status quo. Our contributors offer their insights into the efficacy of Reich's system in today's psychotherapeutic climate. Malcolm Brown, PhD offers his challenge based on over 50 years in the field with personal and professional insights. He writes: "I think now that the Reichian-Lowenian typologies are too stilted and medically therapist-centered and somehow too omnisciently self-righteous to do justice to describing the twisted quiet complexity of psychologically incapacitated human beings. They are also too fixated upon the body." Dr. Asaf Rolef Ben Shahar notes that, "The question of therapeutic value in regards to body reading is, of course, a part of a much more comprehensive question concerning the advantages and disadvantages of subjectivity and relationality." While Shai Epstein, PhD writes, "In my opinion, diagnosis - including body reading - becomes a limiting jail when it is not done for the purpose of increasing our capacity to connect, to better relate to the person in front of us by deepening our understanding of him or her and of what happens in us in relation to them."

All of our contributors offer their understanding of Reich's work, the pros and cons as experienced in their clinical work. As always, we offer our truths, our vulnerabilities, and our realities with the intention of starting a conversation. We invite you to read our articles and join the conversation at http://linkedin.somaticperspectives.com

This issue also marks a potential shift from four issues to three issues a year. We are trying to find the right balance in our lives to create this publication and create space and time for our work and our personal lives.

And this issue marks a title change—my dissertation is done, the doctorate complete. It feels good to be finished with this part of my professional process.

We welcome your response.

Warmly,
Nancy Eichhorn, PhD
writetobe@myfairpoint.net

From Our Cover Designer

Sometimes a cover idea comes to me quickly and other times I have to find sixteen other things to do while the idea works itself out somewhere in the back of my mind. These days it has been easy to find those other things. One of them is trying to figure out how to read my newborn's needs not only from her cries and vocalizations but also from what her body is telling me. Learning to read her has been and is a humbling experience. It has taken being around my mom and other mothers to get some of what my daughter is trying to communicate. Everyday is a new experience, what her movements are like when she is happy, dirty, hungry, or has gas pain. Her pre-verbal state has helped me to practice reading a body and to remember that it is not always a straight forward proposition.

Sincerely,
Diana Houghton Whiting, M.A., BED

Letter from the USABP President

Somatic Psychotherapy Today
Welcomes
Beth L. Haessig, Psy.D.
USABP's new President

"It's not always easy and sometimes life can be deceiving. I'll tell you one thing, its always better when we're together." (Jack Johnson)

Dear *Somatic Psychotherapy Today* Readers,

I am thrilled that we are both reading this great magazine together. This means we have a lot in common. As President of the United States Association for Body Psychotherapy, I am happy to be practicing at a time when there is an ever-growing understanding, respect, and interest in our "somatic perspective" than ever before.

Bodymind therapies and practices are on the rise—verging on acceptance by mainstream institutions such as hospitals and schools. However, what is often missing in those alternative medical departments or businesses is *psychology—**the mind-body interventions from the mental health professional.*** I want to change that. We are not Reiki masters, we are not massage therapists, we are not rolfers; rather, *we are body-centered practitioners, or somatic psychologists, social workers, psychoanalysts, or counselors.*

As a licensed psychologist, I work in a hospital in Newark, NJ, providing for the morbidly obese, a science-based, psychological- yogic intervention infused with mindfulness, Core Energetics, and cognitive-behavioral therapy for the morbidly obese. I am honored to be given the opportunity to bring the art and science of somatic psychology into the forefront of obesity treatment. But I didn't do this alone. By partnering with Kripalu Institute and benefiting from their grant, I was able to launch this *body-based, psychological intervention.*

Who do you need to start partnering with, in order to make a bigger splash in the world? Just maybe it's the United States Association for Body Psychotherapy! We are reorganizing our structure, our vision, and our operations in order to bring support and partnership opportunities to our practitioners in the trenches . . . and you! My primary mission as President is to get the word out about what we offer schools, hospitals, families, organizations, and society. **So join us** as we do the important work of getting somatic psychology and bodymind therapies to be commonplace in everyday conversations within mainstream settings, research institutions, educational systems, and health centers. Because truly "it's better when we're together." Happy reading.

Beth L. Haessig, Psy.D.
President, USABP
Licensed psychologist; Core Energetic practitioner; school psychologist; Kripalu certified yoga teacher

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.

Many authors and publishers now offer their research articles and published books for free—open access is the new thing with some organizations providing free posting and distribution and others charging authors' thousands of dollars to post through their online sites. Open Access Week (2013) in Washington, D.C., hosted by the Scholarly Publishing and Academic Resources Coalition (SPARC), highlighted current growth in the move to offer research and academic writing based on the author's merits versus the name of an academic Journal. Peer-reviewed academic articles and published manuscripts are finding their way into readers' hands within days of completion creating a wider scope for international sharing.

For instance Routledge Journals is offering free access to a selection of articles from their Psychoanalysis collection and other related titles available to read and download until December 31, 2013. To view the full list of articles available, visit: **www.tandf.co.uk/journals/access/Psychoanalysis2013.pdf**.

And IPI eBooks, a project of the International Psychotherapy Institute, offer FREE eBooks relevant to the field of psychotherapy because the authors (practicing therapists) contribute their work.

Lawrence E. Hedges, PhD., Psy.D., ABPP, has written numerous papers and books on the practice of psychoanalytic psychotherapy. Currently, he's offering his recent publication, *Overcoming our Relationship Fears*, and its companion workbook, free through IPI's eBook website. The full text is available online at http://freepsychotherapybooks.org/component/hikashop/product/17-overcoming-our-relationship-fears

When asked why he donates his books to IPI eBooks when he's widely published, Dr. Hedges replied:

The publishing industry has undergone a sea-change over the last two decades. To begin with, six mega publishers in the world have bought up virtually all other small labels and publishers except a few remaining boutique publishers. With this has come the demand that any book that goes for trade publication must first be submitted through an expensive agent and then be subjected to extraordinary competition. When the recession came along, author advances for books virtually dried-up; as well, the number of books published was radically reduced because each book is published based on a speculation loan from a bank and the banks began refusing publishing loans.

Beyond industry economic crises, this year, sales in electronic books sold over the Internet has vastly surpassed sales in hardcover and paperback books. The predictions are that book publishing will basically come to a radical halt in the next few years so the only books that will continue to be published will be very specialized boutique books that will

be quite costly. Professional publishing houses are all but out of business. Meanwhile, electronic publishing is flourishing – either self-publishing or publishing through a brokering agency like Amazon. However, since the prices are significantly lower there's very little money to be made on electronic publishing unless you're a best selling author.

I have published eighteen books – eleven with Aronson, one with Routledge, and six free download electronic books with the International Psychotherapy Institute. Jason Aronson, in his retirement, has voluntarily taken over the publishing at IPI.

The traditional way of publishing professional books, which is rapidly coming to a close, has been to send the manuscript to the publisher, work hard with an editor, and then make very little money because the cost of publishing is so high. This procedure has been time-consuming and tedious whereas electronic publishing is streamlined over the net and by comparison quite easy.

Additionally, hard copy publishing requires a series of complex parameters regarding size, content, form, color, etc., whereas electronic publishing has few constraints. But if an author feels that she has a national best seller then by all means she should try the traditional routes and see how far she gets. Otherwise, let's face it, we're in a new age!

It turns out that what professional authors want the most is not so much money—because there isn't much — as a wide distribution. Electronic publishing offers an amazing answer to our needs. In the year that I have been publishing my six electronic books, the distribution has reached the tens of thousands throughout the world which far exceeds the distribution of all of the rest of my books put together over a 30 year period! I am now getting more requests to speak at conferences and to have my works translated into other languages.

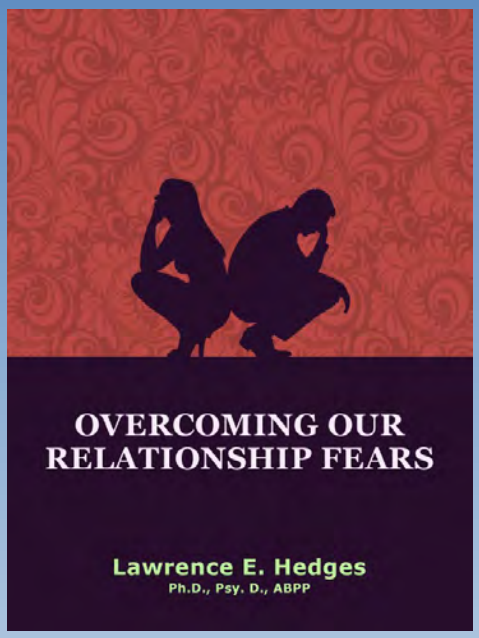
We are in a new era of free Internet sharing. To be able to reach other people with ideas is a vast new possibility. I'm excited about the results of electronic publishing and do not at all mind that the old system which was so laborious and yielded so little money has collapsed. I would encourage young authors to consider the freepsychotherapybook.org website or other free websites that will be developing as the future unfolds. It is much easier and less expensive to work with electronic publishing through the editing and publication process. I suggest setting up a non-exclusive electronic publishing contract so that if later you choose to self publish or sell to a publisher you can still do it. I have found Jason Aronson and the IPI editor Melonie Bell a delight to work with, and I am extremely satisfied with the magnificent results.

Lawrence E. Hedges, Ph.D., Psy.D., ABPP is a psychologist-psychoanalyst in private practice in Orange, CA. He specializes in training psychotherapists and psychoanalysts. He is director of the Listening Perspectives Study Center and the founding director of the Newport Psychoanalytic Institute. He holds faculty appointments at the California Graduate Institute and the University of California, Irvine, Department of Psychiatry. Dr. Hedges holds Diplomas from The American Board of Professional Psychology and The American Board of Forensic Examiners. He has authored numerous papers and books on the practice of psychoanalytic psychotherapy including Listening Perspectives in Psychotherapy (1983 & 2003), Terrifying Transferences: Aftershocks of Childhood Trauma (2000), and Sex in Psychotherapy (Routledge 2010).

To connect with Dr. Hedges:
www.listeningperspectives.com

Dr. Hedges offers online continuing education courses for mental health professionals:
www.sfranklegroup.com

It turns out that what professional authors want the most is not so much money— because there isn't much —as a wide distribution.



Overcoming Our Relationship Fears

Written by Lawrence E. Hedges

Reviewed by Julie Y. A. Cachia

As we know, the original function of fear was an adaptive one—it prevented us from recklessly entering dangerous situations, thereby increasing our chances of survival. Lawrence E. Hedges' *Overcoming Our Relationship Fears* revolves around the idea that fear can also be maladaptive and emotionally unhealthy. According to Hedges, unresolved trauma or negative experiences in our childhood emerge in the form of fear within the individual's mind, which then manifests itself through the body.

Since most individuals subconsciously choose not to confront these fears, the fears often remain ingrained within the individual's thought patterns, perceptions, and body. As long as the fear is allowed to reside within the individual, it feeds and controls various negative patterns. With 40 years of experience as a psychotherapist, Hedges comprehensively describes and lays out the seven most common fears that individuals' experience, allowing readers to gain awareness of their fears before taking the necessary steps to understand and confront them. As explained by Hedges, the "Seven Deadly Fears" are as follows: the Fear of Being Alone, the Fear of Connecting, the Fear of Being Abandoned, the Fear of Self-Assertion, the Fear of Lack of Recognition, the Fear of Failure and Success, and the Fear of Being Fully Alive.

The book also comes with a voluminous workbook full of detailed explanations and exercises for each of the "Seven Deadly Fears." Readers are encouraged to use the Aliveness Journal, through which they can further explore their body-mind-relationship connection. The journal includes prompts such as, "Recall experiences of being devalued," and "Experience having your real self acknowledged." At the end of each section are affirming passages that are read aloud. Again, these exercises are specific to the individual's specific fear(s), allowing for an individually relevant strategy.

Hedges moves slowly through the concepts, making sure that the reader is adequately informed and prepared for the techniques. An abundance of anecdotal accounts are provided in order to clearly illustrate the different fears, making them easily identifiable. Moreover, the book's user-friendly organization allows easy navigation across the various concepts and fear types. At its core, the book encourages readers to engage in regular reflection of their current relationships and how these relationships in turn affect the body in meaningful ways. I recommend this book for those who are interested in exploring the mind-body connection and are seeking to locate, understand, and ultimately release unresolved fears that they may not have been aware of previously.

Julia Y. A. Cachia is a junior at New York University, majoring in psychology and comparative literature. Working for Dr. Jacqueline Carleton has allowed her to gain valuable insight into the somatic aspect of psychotherapy. She has also worked for the National Eating Disorders Association as a helpline intern, through which she has received training for Motivational Interviewing. She is currently studying abroad in Paris for the semester, where she is focusing on French and art history.

IPI E·Books

According to their website, IPI eBooks is a project of the International Psychotherapy Institute. As a non-profit organization, IPI is dedicated to quality training in psychodynamic psychotherapy and psychoanalysis. Through IPI resources, along with voluntary contributions from practicing therapists, they are able to provide eBooks relevant to the field of psychotherapy at no cost to consumers. They offer that if you like what you find on their website and would like to help them offer free eBooks, to consider a donation either by downloading a book or by clicking on the PayPal logo on their homepage.

Their "desire is to provide access to quality texts on the practice of psychotherapy in as wide a manner as possible." Visitors to their website are free to share their books with others as long as the book's contents are not altered.

IPI is always looking for authors in psychotherapy, psychoanalysis, and psychiatry. Because their books are available for FREE, they do not offer royalties; however, people who donate their eBooks will receive worldwide distribution to students and practitioners of psychotherapy.

For information: http://freepsychotherapybooks.org

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This group includes subscribers to SomaticPerspectives.com, members of the US Association for Body Psychotherapy (USABP), members of the European Association for Body Psychotherapy (EABP), as well as people who are simply interested in joining our conversations.

Healing Developmental Trauma

By Laurence Heller

and Aline LaPierre

No matter how withdrawn and isolated we have become, or how serious the trauma we have experienced, on the deepest level, just as a plant spontaneously moves toward sunlight, there is in each of us an impulse moving toward connection and healing.

There are continual loops of information going from the body to the brain bottom-up, and from the brain to the body, top-down. There are similar loops between lower and higher structures within the brain. Top-down therapies emphasize cognitions and emotions. Bottom-up therapies focus on the body, the felt sense, and the instinctive responses as they are mediated in the brain stem and move toward higher levels of limbic and cortical organization.

The NeuroAffective Relational Model (NARM) is an integrated top-down and bottom-up approach. Using both orientations greatly expands our therapeutic options. Working bottom-up, NARM uses techniques that address the subtle shifts in the nervous system in order to disrupt the predictive tendencies of the brain thus adding significant effectiveness to the therapeutic process. Working top-down, NARM focuses on identity, ideations, and emotions in a relational model that supports a client's increasing capacity for connection with self and others. This complements the bottom-up work with the nervous system to create a unified model.

A central core NARM principle is that the capacity for connection, both with ourselves and with others, is a marker of emotional health and fulfills the deep longing we all have to feel fully engaged and alive. Unfortunately, we are often unaware of the internal conflicts that keep us from the experience of the connection and aliveness we yearn for. When we do not recognize our internal conflicts, we tend to blame external circumstances.

Five Adaptive Survival Styles

Originally, it is because of internal conflicts that we developed the coping strategies that allowed us to manage early developmental/relational and shock trauma—what in NARM we call adaptive survival styles.

Human beings are born with an essential adaptive ability: the capacity to disconnect from painful internal and external experience; this includes the pain and anxiety that accompany the lack of fulfillment of their primary needs. To the degree that any core need is chronically unfulfilled, children are faced with a crucial choice: adapt or perish. Any core need that remains consistently unsatisfied threatens children's physiological and psychological integrity and prevents them from fully moving to the next stage of their development. Adaptive survival styles are the survival strategies children adopt as adaptations to the chronic lack of fulfillment of one or more of the following biologically based needs: connection, attunement, trust, autonomy, and love-sexuality.

Initially, survival styles are adaptive, not pathological. However, because the brain uses the past to predict the future, survival styles become fixed in our nervous system and come to form what we believe to be our identity. It is the persistence of survival styles appropriate to the past that distorts our present experience and creates ongoing nervous system dysregulation and identity distortion. Survival styles, once having outlived their usefulness, become the source of present difficulties and symptoms. Using the first two basic needs as examples, when children do not get the connection they need, they grow up both seeking and fearing connection. When children do not get the necessary early attunement to their needs, they do not learn to recognize what they need, are unable to express their needs, and often feel undeserving of having their needs met. When a biologically-based core need is not met, predictable psychological and physiological symptoms result—self-regulation, identity, self-esteem and health are compromised.

When our biologically-based core needs are met in childhood, core capacities develop that allow us, as adults, to recognize and satisfy our core needs for ourselves and in healthy relationship. To the degree that the capacity to tend to our own core needs develops, we experience internal organization, expansion, connection, and aliveness—all attributes of physiological and psychological well-being.

Protecting the Attachment Relationship

Children develop survival styles as adaptive strategies to protect the attachment and love relationship with their parents or caregivers. Children can sense the parts of themselves their parents accept and value, and they can also sense the parts of themselves their parents reject. In order to maintain and maximize the attachment and love relationship, children adapt their behavior to please their parents and avoid rejection. Each adaptive survival style reflects the foreclosure of some aspect of self in order to maintain parental love and approval.

Foreclosure of the Self to Maintain Parental Love

Core Need	Survival Adaptation	Strategy Used to Protect The Attachment Relationship
Connection	Foreclosing connection Disconnect from body and social engagement	Children give up their very sense of existence, disconnect, and attempt to become invisible
Attunement	Foreclosing the awareness and expression of personal needs	Children give up their own needs in order to focus on the needs of others, particularly the needs of the parents
Trust	Foreclosing trust and healthy independence	Children give up their authenticity in order to be who the parents want them to be: best friend, sport star, confidante, etc.
Autonomy	Foreclosing authentic expression, responding with what they think is expected of them	Children give up direct expressions of independence in order not to feel abandoned or crushed
Love-Sexuality	Foreclosing love and heart connection Foreclosing sexuality Foreclosing integration of love and sexuality	Children try to avoid rejection by perfecting themselves, hoping that they can win love through looks or performance

NARM Clinical Work

In NARM, we work clinically with the functional unity between biological and psychological development by using the following four primary organizing principles to integrate a relational, psychodynamically based approach with a nervous system based orientation:

- Supporting connection and organization
- Exploring identity
- Working in present time
- Helping regulate the nervous system

Our resource-oriented, non-regressive model emphasizes helping clients establish connection to the parts of self that are organized, coherent and functional. It also brings into awareness the parts of self that are disorganized and dysfunctional without making these elements the primary focus of therapy.

Continued on page 14

Heller & LaPierre continued from pg. 13

Somatic Mindfulness and Distortions of Identity

The NARM process uses mindfulness but adds two new refinements to its traditional practice:

Somatic mindfulness which includes the detailed moment-by-moment tracking of sensation and emotion, as well as the titration and pendulation of internal experience in order to mitigate overwhelming states.

Mindful awareness of the organizing principles of our adaptive survival styles and how they impact our identity.

We use somatic mindfulness to work simultaneously with nervous system dysregulation and distortions of identity. Using somatic mindfulness together with the mindful awareness of survival styles allows a therapist to work with a person's life story from a perspective that is deeper and broader than the story itself. Tracking the process of connection/disconnection, regulation/dysregulation in present time helps clients connect with their sense of agency and feel less like victims of their past; it brings an active process of inquiry to their relational and survival styles, building on their strengths and helping them to experience agency in the difficulties of their current life. Using an awareness that is anchored in the present moment, clients becomes mindful of cognitive, emotional, and physiological patterns that began in the past while not falling into the trap of making the past more important than the present.

An Example of Working in Present Time with a Client's Survival Style

Bringing a client's attention to what is happening in the here and now starts in the first session and is ongoing throughout therapy. NARM explores, on the level of both body and identity, how individuals have incorporated the environmental failures that they have experienced. Over time, it helps them to see how they continue to recreate their history in the here and now. The focus is less on intellectual insights or speculations about how the past is influencing the present (why clients are the way they are) and more on how clients distort their experience in present time.

The following clinical vignette from Larry's practice illustrates NARM's orientation toward process rather than content and to the here and now rather than over-focusing on personal history:

Linda came to my office following the breakup of a relationship. Feeling betrayed by her ex-partner, she was bitter and cynical about ever finding love with men who she described as "commitment phobic." From previous therapies, she was aware of her dysfunctional choices in men and she explained that she picked men who were like her father. She berated herself for "doing it again," for perpetuating her "dysfunctional relationship patterns" by choosing a man who was intellectual, emotionally cold, and who in the course of the relationship became increasingly withdrawn. She was concerned that since the breakup, she was overeating, not sleeping well, and fighting the impulse to smoke, although she had given up the habit ten years earlier. When I asked her, at different times during the session, "What are you experiencing right now as you're talking about this?" she answered by telling me what she was thinking: "I think this has to do with my father. He could never be there for me either." Although I could see that she was visibly upset, when I asked her directly what she was experiencing emotionally, she drew a blank.

As clients learn to listen to themselves, their nervous systems become more regulated. As their nervous systems become more regulated, it is easier to listen to themselves.

As Linda sat with her arms tightly wrapped around her thin torso, I noticed that her voice sounded strained, that she avoided eye contact, and that she seemed quite disconnected. The content of her narrative revealed consistent difficulties with relationship, and I noticed that these same difficulties were present in the therapeutic relationship with me. Her insights about her difficult relationship with her father did not address the here-and-now difficulty she was having in knowing her current emotional and sensate experience, and they did not help her to be present with me.

Linda's cognitive understanding of the sources of her problems did not address her current ambivalent and compromised capacity for connection. From a NARM perspective, as we focused on her current ambivalence with contact, the unresolved relational themes with her parents organically surface. As much as Linda longed for connection, she did not realize how frightened she was of it. This insight came much later. She also did not realize until later that choosing men who were unavailable was her way of managing her fear of connection.

Distortions in Time

Attending to the therapeutic process in the present moment is fundamental when working with early shock and developmental trauma. Developmental and shock trauma trap our consciousness, effectively keeping part of us stuck in past time. In cases of developmental trauma, we continue to see the world through the eyes of a child. When we filter the present moment through our past experience, we live through our memories, identifications, and old object relations.

It is possible to come home to oneself only in the present moment. In our minds, we can anticipate the future or remember the past, but the body exists only in the present moment. Even when working with personal history, NARM maintains a present-moment focus, always supporting the dual awareness of what was then and what is now. A NARM therapist might say:

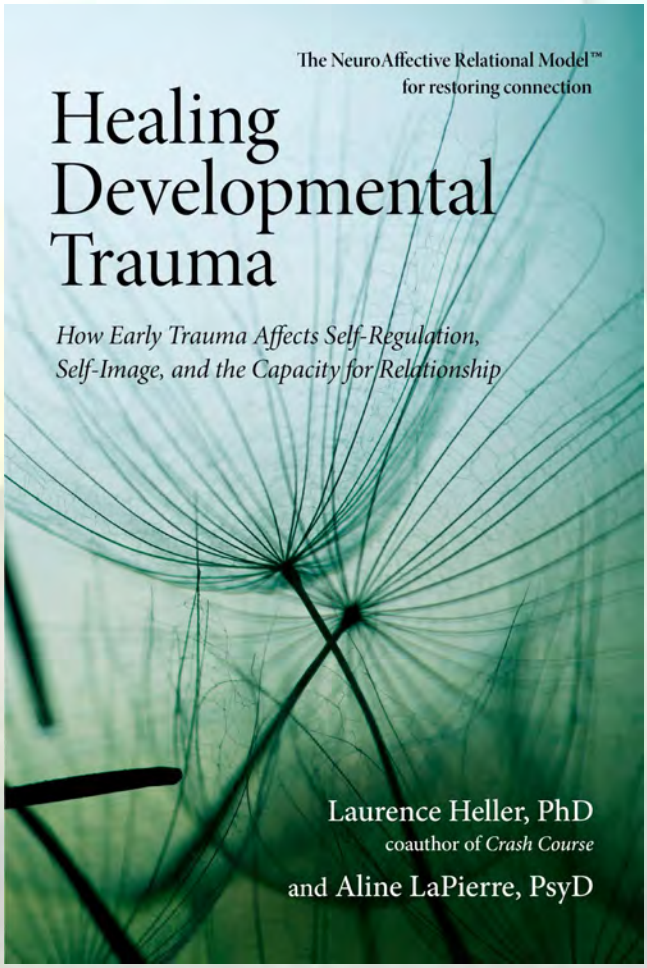
"As you're talking about your relationship with your father, what are you noticing in your body right now?"

Over time, as therapy continued with Linda, I repeatedly brought her awareness back to her experience in the present moment; by separating how things were for her as a child from who she was right now, her beliefs that there were no good men out there and that she herself was a failure greatly diminished. By learning to listen to what she was feeling in the present moment on an emotional and on a sensate level, she reconnected to her emotions and her body.

As clients learn to listen to themselves, their nervous systems become more regulated. As their nervous systems become more regulated, it is easier to listen to themselves. As the nervous system regulates and as painful identifications resolve, clients progressively move into the here and now. The reverse is also true: as clients move progressively into the here and now, the nervous system re-regulates and old identifications become more obvious and resolve. In this process, Linda's impulse to overeat diminished, her sleeping returned to normal, and she no longer experienced the impulse to smoke. As she shifted her focus away from what had happened to her in the past, blaming her father and blaming herself, and as she was able to identify and own her current fears about intimacy, her agency and sense of empowerment increased, and she came to see herself less as a victim of what she called her "childhood programming".

Conclusion

The goal of the NARM approach is to help clients experience and live their original core expression and recover their right to life and their capacity for pleasure. Growth and change happen as connection to our core resources are reestablished and strengthened. In the process of therapy, clients learn how, in order to survive, they have incorporated and perpetuated the original environmental failure into their



identity, their body, and their behavior.

Overall

Connection types learn to see how isolating and life-denying they have become. They learn to acknowledge their feelings, particularly their anger and aggression, as well as their sense of existence. They begin to live more fully in their body.

Attunement types learn how they deny and reject their own needs, give to others what they want for themselves and, in the process, abandon themselves. They learn to attune to, express, and allow the fulfillment of their needs.

Trust types experience how they betray not only others but also themselves. They give up their need for control, learn to ask for help and support, and allow themselves to experience healthy interdependency with others.

Autonomy types learn to see how they pressure and judge themselves. Through an increasing capacity to self-reference, they learn to develop their own personal sense of authority and set appropriate limits with others.

Love–Sexuality types experience how conditional on looks and performance their self-acceptance has been. They learn to open their hearts and integrate love with a vital sexuality.

This article is adapted from *Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship* by Laurence Heller, PhD and Aline LaPierre, PsyD, published by North Atlantic Books, 2012.

Laurence Heller, Ph.D., is the originator of the *NeuroAffective Relational Model*™ (NARM), an integrated system for working with developmental, attachment, and shock trauma. He is a senior faculty member for the Somatic Experiencing® Training Institute and currently teaches NARM and Somatic Experiencing in the United States and throughout Europe. For information visit www.DrLaurenceHeller.com.

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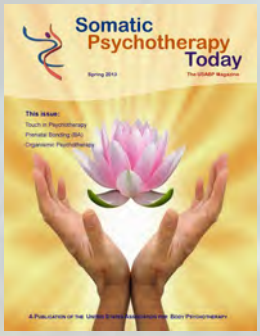

For more information regarding Prenatal Bonding see

Somatic Psychotherapy Today
Spring 2013

http://issuu.com/somaticpsychotherapytoday/docs/spring_2013

The Soul's Cord: A Method for Encountering the Unborn

The 14th Congress of the *European Association for Body Psychotherapy (EABP),* organized together with the International Scientific Committee of Body Psychotherapy, brings to Portugal, prominent professionals of this field. We welcome you to this exchange and to a celebration of the many methodological approaches and cultural stances in the understanding of human beings that Body Psychotherapy represents.

The Congress focuses on body psychotherapy in its current richness, bringing together professionals from many European countries, Latin America, and the United States. It covers theory, clinical practice, and the embeddedness of our work in society as well as the cultural diversity of the movement.

It starts with an overview on the State of the Art of our profession, exploring its basic assumptions and general intervention principles. Ulfried Geuter (Germany) and Michael Heller (Switzerland) will situate our modality among the mainstreams of psychotherapy: psychodynamics, CBT, humanistic and systemic, covering what is common and what is specific to body psychotherapy. Presentations and workshops with an experiential character are the main features over the weekend. Workshops will run concurrently with larger discussions including: the Science and Research Symposium, a reflection on gender issues and embodiment as well as aspects of representation of the female in the field of psychotherapy and onstage supervision where we have a critical look at how supervision is handled in our profession.

Sunday offers a wider look on the societies we live in, its structures and tendencies, how and to what extent they determine the clinical issues we treat in our every day clinical work. Are we only at the receiving end of a neurotic society, or can we psychotherapy professionals influence the direction in which that society is going? More specifically, they will look at trauma at the scale of societies in three continents and experiences with therapeutic interventions.

Across the Pond

European Association for Body Psychotherapy

Jill van der Aa
General Secretary/Vice President

Lidy Evertsen
EABP President

What is the face we wish to present to the outside world?

Mark Ludwig (a USABP/EABP member) recently sent us an article from the New York Times that suggests psychotherapy has an image problem!

"PSYCHOTHERAPY is in decline. In the United States, from 1998 to 2007, the number of patients in outpatient mental health facilities receiving psychotherapy alone fell by 34 percent, while the number receiving medication alone increased by 23 percent."

If psychotherapy has an image problem, we might ask ourselves if body psychotherapy has any image at all.

We, Lidy Evertsen, President EABP, and Jill van der Aa, General Secretary/Vice-President EABP, visited our German female colleagues at a symposium in Marburg, Germany (September 2013). The symposium, that focused on the female aspect in body psychotherapy, was called *Das andere Wissen / The Other Knowledge.* The group that organized the event was inspired by an initiative taken by Bettina Schroeter two years previously in Berlin at the DGK (German National Association) Congress. They call themselves *Neue Rosen/ New Roses.* Read it out loud and you know why it is such a good name – in German as well as in English!

During the symposium, mention was made of the huge number of women who have plastic surgery these days. And on Dutch TV our (rather beautiful) Minister of Health (also judged the most powerful woman in the Netherlands) appeared on a talk program with two women who had had corrective facial surgery. The surgery had gone wrong! What had been two really beautiful young women had become two disfigured women of indeterminate age.

That got us thinking. When we talk about a face to the outside world, what are we talking about? Are we talking about presenting an image to cover up the fact that we think we are not good enough, not beautiful enough; a face that needs physical corrections by the men in white coats, knives and injection needles in hand, ready to deliver us lots of corrective chemicals – all to create something we don't think we have, or are?

Somehow we don't think so. We are firstly talking about strengthening the inner qualities of our respective Associations. We work in a young emerging field and have something quite special and meaningful to offer: our expertise in working with the body in psychotherapy. Through practice and research we continue to deepen our knowledge.

In the last twenty years we have grown from a grey, unwanted, ugly duckling into a beautiful swan desired by professionals in many related fields, although still relatively unknown. We aim to enjoy the characteristics of youth—curiosity and excitement. We already create many opportunities to contact and interact with each other, to gain inspiration, and to develop the critical mind of our members. We work to

ensure that our associations are financially, ethically, and administratively healthy so that we can support the further growth and development of our profession.

Through all of this we are beginning to see and appreciate our own beauty and trust it; trust that these inner qualities will lead us to an image that is appropriate and communicative. We may have wrinkles, sunspots – and even scars – but the inner spirit IS the image. An empty face is never beautiful – one with character and integrity, however ugly according to modern media standards, shines with an inner beauty – and wisdom.

And currently, yes it is true to say we are busy (but not preoccupied) with our face – our websites, this magazine, the International Body Psychotherapy Journal and presentations in many external conferences and Journals in order to explain to other professionals, to clients, and to the general public what it is we have to offer. The liveliness, inspiration and cooperation during the New Roses symposium was a glowing example of good contact and fruitful exchange that is nourishing and helping us to develop our vision. We are constantly busy outlining our vision and policy, planning a strategy and conceptualizing projects for the coming years. We want to support what is happening within our association, give it a face to the outside world and to firmly establish our relationship to society. We have been working on an elaborate vision and policy document for nearly three years now. It is a working document that is being gradually expanded. Many projects are already running and others need more discussion, molding, and tasting within the whole organization before we can put them forward as concrete projects.

In April 2014 we are organizing a meeting in Strasbourg with members of the board as well as FORUM (of Training Organizations and Professional Associations) and COUNCIL (of National Associations and Committees) of EABP. The meeting is being hosted by one of our bigger Training Institutes IFCC. The FORUM and Council will exchange ideas and members of the Board will streamline our vision and policy with them to ensure that throughout the association we are all working together in the same direction.

Body Psychotherapy: The Self in Relationship: Self – Other – Society

The title of our next Congress, taking place September 11-14, 2014 in Lisbon, applies equally to processes happening within the EABP. For instance, have you caught up on the work done by the EABP **Science and Research Committee**? *The Journal of Affective Disorders* recently published a research report: *An exploratory randomized controlled trial of body psychotherapy for patients with chronic depression,* which has been conducted by Professor Frank Röhricht, Nina Papadopoulos and Professor Stefan Priebe. Read more! Röhricht reported at the recent Science and Research committee meeting that his submission of a short paper *BP Research on Anxiety* to the *Journal of Alternative and Complimentary Medicine* has been accepted for publication as one of 5 out of 40 applications.

Plans are developing for the next Scientific & Research Symposium to be held in Lisbon, Saturday, September 13, 2014 (9:30 am to 12:30 pm) within the EABP/ISC conference. *Research Perspectives for Body Psychotherapy: Social & Emotional Isolation*

For more information please visit our website www.eabp.org and join our Research Network to learn more.

The Wisdom of Nurturing Direct Touch

By Malcolm Brown

PART I: WHO SHOULD NOT USE NURTURING DIRECT TOUCH METHODS.

There are some practicing body psychotherapists who I think should be encouraged not to use direct touch methods. They are those who have in common that they are at least sixty percent still too armored at the bodily level. None of us become ever totally dearmored it must quickly be acknowledged. However, a professional body psychotherapist who is more than sixty percent armored will tend to exacerbate the armoring that is present in the client without being aware of it. It is usually males far more frequently than women who have this obtuseness of awareness when offering direct touch. An armored male body psychotherapist is often incapable of sensing how he is increasing the clients' armoring rather than melting it, and hence he is far more dangerous than the female body psychotherapist who has far more ease at offering healing touch because she is usually more naturally regulated by her core endodermal blood flow.

Women's biology and physiology is very different from men's, and they are far better equipped by mother nature to administer soft nurturing touch than men. It is only the relatively unarmored body psychotherapist who can sense and feel how his direct touch affects simultaneously the endodermal, mesodermal, and ectodermal layers of the client's body after he or she has been giving nurturing touch for at least seven minutes or more. This responsiveness to all three layers presupposes an unarmored fluid blood flow that moves unimpededly and longitudinally throughout the endodermal core layer of the psychotherapist's whole organism.

Without this underlying network of fluid blood flow moving in the core endodermal layer the therapist cannot give to the client from his own body the kind of nurturing direct touch that is truly healing. This has to do with how much healing direct touch is a conjoint endeavor and essentially a mutual natural adaptation between the blood endodermal flow of the therapist and the blood endodermal flow of the client. A psychotherapist with a good blood endodermal flow will have definite sensations of the mutual adaptation process going on throughout the touching. This means that his blood flow will pick up whether or not the client's endodermal blood flow is registering some degree of equalization between his blood flow and the therapist's blood flow. There must also be discernible a certain matching of sympathetic and parasympathetic models of interaction in all three layers when the direct touch is healing. A sympathetic matching is characterized by an overcharged, jagged, and erratic interaction and is not healing but quite disturbing whereas a parasympathetic matching is always healing and is characterized by a quieter, more concentrated, harmonious and evenly distributed interaction. The over-armored body psychotherapist does not sense this difference and tends to extend his direct touch longer when a sympathetic matching is present, and he should definitely cease to touch when it is.

The healing happens with maximum effects in a two-way simultaneous resonance between the two energy networks that amounts to a co-equalization of each other, or a kind of homeostatic parallel duplication of each other. In the parasympathetic matching there is no charging up or discharging of quantities of stasis energy outwards or inwards, but there is a mutual equalization of a certain sameness in the pace and rhythm of the energy flow throughout the endodermal, mesodermal, and ectodermal layers. Usually, alas, there is a mixed matching between parasympathetic and sympathetic for the psychotherapist to determine what is happening with the endodermal flow. Then it is probably advisable to cease the direct touch shortly, but resume it again soon. Neither is there any form of fusion of the two blood networks, that of the client and that of the therapist. Such a fusion can be approached but never consummated during fulfilling sex but not while giving and receiving soft nurturing touch. Even then it is by no means a total fusing or commingling of two blood streams. Usually it is only the therapist and not the client who senses when a sympathetic, a mixed, or a parasympathetic pattern prevails at the endodermal level.

The big difference between my and Kurt Goldstein's common understanding of mind/body healing and the Reichian-Lowenian understanding is that as growth and dearmoring occur the former involves an energy movement towards greater homeostatic unity of functioning whereas in the latter, using the activation of phallic sexuality as the preferred paradigm, there is involved a building up of a conflict-engendered quantitative charge-discharge release reaction as an expression of further growth and dearmoring. I regard the Reichian-Lowenian model as a gross misunderstanding if not distortion of healthy energy processes far more than the Goldsteinian one because it depicts growth as always being akin to a peak like buildup and breakthrough of a higher energy charge and discharge at the surface of the body. Such a model is worthy of an overadrenalinized extroverted life style in the American mode.

According to Goldstein, such a drive centered release and discharge of excess tension in the body is a type of response characteristic of psychopathology. I quote him from his book, *Human Nature in the Light of Psychopathology*, page 140, Shocken Paperbacks, 1940:

"What can we learn from the observation of patients with brain injuries in connection with a theory of drives?

First, that the tendency to release tension is a characteristic phenomenon of pathological life. In pathology abnormal tensions occur relatively often in single fields, because reactions tend to take place in isolated parts and because the process of equalization is disturbed. Through abnormal tensions with which the organism cannot cope, catastrophic situations are favored. The sick person has the tendency to avoid catastrophic reactions, and therefore has a special tendency to remove abnormal tensions. This gives the impression that he is governed by a drive to do this. For example, the sick who suffer from a tension in the sex sphere seem to be forced to release this tension. From this observation the idea has arisen that it is the real goal of all drives to lift and discharge tension, and to bring the organism into a state of non-tension."

Goldstein rejects the existence of such an independent entity as a sexual drive in humans and animals. There is an instinctual need for sex to be sure but it cannot be isolated from the rest of the organism as a self-sufficient biological mechanism because it: "hinges upon a specific kind of 'coming to terms' of the organism with the environment. This has to take place in such a fashion that each change of the organism, caused by environmental stimuli, is equalized after a definite time, so that the organism regains that 'average' state which corresponds to its nature, which is 'adequate' to it. Only when this is the case is it possible that the same environmental events can produce the same experiences. Only under this condition can the organism maintain its constancy and identity" (The Organism, Beacon Paperback, 1963, p. 112).

Here we see how important it is for Goldstein to accentuate organismic and environmental continuity and constancy of existence in organismic functioning in preference to high peak like states of explosive orgastic charging up and discharge as the preferred paradigm for healthy organismic functioning. It affirms the conservative priority for an ongoing orderliness and quietude of functioning as the essence of healthy human behavior as well as a self-protective avoidance of the chaos and anxiety of catastrophic reactions. Embodied boundaries rather than shattering resurgences against them explain how we continue as core selves at the metabolic levels and keep our personality structure fully intact.

The dearmoring process is centered around a constant and unpredictable rhythmical alternation between sympathetic and parasympathetic patterns of energy equalization, between relaxation towards no mind and a concentration of forces towards subject-world engagement that bring in the end a movement towards a higher unity of functioning and closure of contact. It has also to do with the loss of high tonicity in the voluntary muscles and nerves as Wilhelm Reich believed, but this loss is a secondary result of what dearmoring really is about.

Continued on page 22

It is my personal opinion that Reich was in error to believe and teach that it is the voluntary muscles and nerves and their tightening from repression that are the fundamental agents of building and maintaining chronic armoring in the body. They are far more just a mere after effect of other physiological developments.

Brown continued from page 21

It is my personal opinion that Reich was in error to believe and teach that it is the voluntary muscles and nerves and their tightening from repression that are the fundamental agents of building and maintaining chronic armoring in the body. They are far more just a mere aftereffect of other physiological developments. The actual agents and causes of armoring are a biochemical overbuilding of tension within the glandular networks of the viscera that produces a high adrenalinized level of chronic overcharge in the blood flow. The agencies of physiological transmission in the body of this chronic overcharge can be partly the voluntary muscles and nerves, but more accurately stated the principal physiological agency is the blood flow when pressured by excessive chronic tension in all the visceral organs. The chronic high overstimulation prevents a homeostatic return to a preferred low average mean of energy stimulation due to chronic anxiety and the absence of a nerve and muscle centering process that permits a fuller equalization. The two models under examination are at opposite poles as explanations for the existence of armoring. The Reichian-Lowenian model proclaims the capacity for the highest stimulation of the involuntary muscles and nerves in the midst of sexual lovemaking as the best criterion of armor-free functioning, and the Goldsteinian model affirms an energetic figure-background excitation process that completes itself by returning the whole body to a low average homeostatic mean of ongoing bioenergetic stimulation.

The higher becomes the overloaded glandular networks with chronic tension the greater becomes the formation of excess boundaries and isolated organs inside the metabolism. These greater boundaries facilitating greater isolation prevent the organism from ever responding as a single unitary whole because the boundaries also tend to over-differentiate and to over isolate the bodily organs required to perform from participating. I am arguing here alongwith Goldstein for a holistic portrayal of armoring that includes the whole spontaneous functioning of the body including the endodermal regions and is not confined only to the high tonicity of the voluntary muscles and nerves in the mesodermal layer as Reich and Lowen would have us believe. Reich never realized how muscle pushing and stretching never constitute the essence of true dearmoring but just the superficial appearance of it. It is the ease of moving and its harmonious absence of conflict throughout the metabolism that distinguishes true dearmoring.

The most well-known research upon the autonomic nervous system and how it maintains an inbuilt capacity for correct social behavior and a complicated intervention strategy for reinforcing it is the polyvagal theory of Stephen W. Porges, an American psychophysiologist. In his own words, which can be found in the *International Journal of Psychophysiology* number 42, page 129, there emerges with advanced phylogenetic cortical development neural pathways between the motor cortex and the motor nerves of the brainstem a capacity to regulate one's instinctual impulses.

"These phylogenetic principles provide a basis for speculations regarding the behavioral and physiological responses associated with mammalian social and emotional behavior, which is neurophysiologically and behaviorally linked to adaptive stress and coping strategies. In general, phylogenetic development results in increased neural control of the heart via the myelinated mammalian vagal system, which can promote transitory mobilization and the expression of sympathetic tone without requiring sympathetic or adrenal activation. . . . . Paralleling this change in neural control of the heart is an enhanced neural control of the face, larynx, and pharynx that enables complex facial gestures and vocalizations. This phylogenetic course results in greater central nervous system regulation of behavior, especially behaviors needed to engage and disengage with environmental challenges."

In other words, recent scientific research indicates how the autonomic nervous system does indeed provide an internal self-sufficient intervention strategy for appropriate social behavior. One of the functions of the vagus nerve is to limit and preserve a more balanced function of the sympathetic division and as such amounts to an internal regulator and balancing mechanism that prevents excesses in either sympathetic or parasympathetic directions. It is the guardian of the equalization process as Goldstein formulates it as well as the autonomic regulator of an integrated social engagement system between the organism and the outer world.

The constant shifting between the sympathetic and parasympathetic patterns of the energy flow within the endodermal layer that occur in healthy bodies are far more difficult to identify except as rising and falling currents of blood flow moving between the surface and the periphery in either a centrifugal or a centripetal formation. We can best discern these changing currents through softly nurturing direct touch. Having said this, I want to propose that with the observations of Porges' polyvagal theory we now do know what are the most relevant physiological organs and prototypical alternations of the organs that define the essence of chronic armoring.

The severely armored body psychotherapist is unable to administer a truly nurturing style of healing touch because his toleration for a centrifugal current of endodermal blood flow being extended to the receiving client often evokes pain and discontent in his own voluntary muscles and nerves after a brief period of execution. He must preserve his hyped up, over-adrenalinized position of sympathetic overload at any cost and consequently he must withdraw his hands. This is unlike the unarmored person who has much greater fluidity and resiliency when responding to the mutual equalization process going on between two energy networks. Unfortunately the armored psychotherapist usually senses this pain and bodily discontent too obtusely and never immediately withdraws as he should. He will sense it better as he or she begins to further dissolve his chronic armoring, but while he remains seriously armored he cannot. This is partly because his ego-centered consciousness is too overloaded and isolated by excessive cerebral nerve currents and high quantities of muscular tension generated by his own willed efforts. Consequently, there are too many interferences with figure background formations and subsequent equalizations of fluid blood flow to permit any awareness of one's immediate blood flow in the fingers and the palms of the hands.

Unarmored awareness of one's endodermal blood flow is regulated by the primitive brain stem and the visceral effector organ network and this is a sphere of activity that remains more primary process and preverbal in nature rather than verbal or secondary process. I mean by this that we can sense our natural blood flow dimly and only in the concretistic sphere of sensory-motor-affective immediacy of subject-world contact. We can not perceive or structure it logically or rationally unless we are as highly evolved in our consciousness of our involuntary muscles as East Indian gurus. We usually sense it from one moment to the next in the background of consciousness in the form of vague but still slightly differentiated sensations of fluidity, pace, and freedom from cloggage. Nevertheless, a disciplined and unarmored body psychotherapist knows how to largely dedifferentiate his mental focus and to confine it to receiving concretistic bodily sensations devoid of cerebral or mental structures. He lives in a creative void of diffuse and changing sensations involved with the two-way resonance between the two blood flow networks, so to speak. He becomes mindlessly Zen-like in his psychic receptivity. When such a psychotherapist administers healing touch he listens with the viscera of his effector organ network to what his touching hand and fingers are sensing from the preverbal messages received from the body of the client. Usually the messages are communications of tissue conflict and energy tensions and blockages between the three layers of the client's body or they are communications of conflictless blood streamings at a very low level of energy charge. It is the latter communications that accompany the more transparent patterns of energy equalization, and it is the former communications that accompany chronic armoring.

In other words the dearmoring process tends to occur for the most part deep within the core metabolism where the Goldsteinian principle of progressive homeostasis and more and more complete equalizations throughout the total organism are regularly occurring during those periods of low level stimulation of no active engagement with outer realities or stimuli of any kind. This particular rendering of armoring I am proposing is utterly contrary to the Reichian Lowenian model of dearmoring in which it is a maximum, peak like discharge release of energy flow at the surface of the body that characterizes personal health and growth. I adhere firmly to the position that dearmoring is more likely to occur during periods of parasympathetic quietude and non-doing rather than during sympathetic dominant periods of actively confronting outer world challenges when active gross action is everything. During periods of no subject-world interaction and no calling upon our rational emergency resources of confrontation the organism has a far better likelihood to find its inner self-healing resources through a profound Hara-guided letting go and an affirming of a self-regulative unitary whole than in the midst of novel subject-world revolutionary conquests.

It is Goldstein's observation that whenever the need to discharge excess quantities of energy is present this is, in itself, a precise definition of a psychopathological condition of armored functioning. Earlier I have cited two passages from his writings to this effect. This has certainly been my own observation when working with clients over the past 45 years. Emotional catharsis and externalized discharge at the surface outwards can be helpful, but it does not describe or explain how people become more unified and soul centered within their totality of Beingness. I believe that the Goldstein portrayal of healing is allied to a unitary introverted life style of the embodied soul and the Reichian-Lowenian portrayal of healing is allied to an extroverted action-centered lifestyle of subject-world conquest. The latter life style is typical of what is required in the modern world of action-centered egoic functioning. In other words, our modern lifestyle depends greatly upon the existence of armored functioning and a chronic kind of sympathetic visceral hyperinnervation.

If one believes that inner subjective feeling is what matters and not adaptive outer action towards outer realities, most forms of emotional outbursts or breakthroughs in the localized muscles and nerves of the client or in the repressed consciousness involve only small parts of the whole organism. It certainly starts changes to occur and releases one from the status quo to be sure, but only if there continues a more decelerated change in the pace of the energized blood flow between the primitive brain stem and the innermost vegetative regions of the metabolism does authentic healing begin to occur it has been my clinical experience. Such a decelerated change is an expression of a more inclusive and evenly centered equalization process of figure-background stimulation throughout the mind/body totality. Although Goldstein confines this figure background process to the nerves of the central nervous system, I believe it is more accurate to say that it is occurring within the confines of the endodermal blood flow when we are losing our armoring.

It is during extended periods when there are no outer crises pressing upon one that the healing of one's inner splits and blockages occurs according to the principles of core endodermal vegetative self-regulation. It is then a continuing automatic alternation between the more adrenalinized sympathetic dominant modes of being and the quietude of the parasympathetic modes of being that generates and preserves healing. Such an alternation represents an ongoing continuity and stability of core self-functioning at all levels because it is accompanied by a deepening in one's capacities to become fully unified within. For the same reason, we believe that during sessions of Organismic Psychotherapy it is never grossly active body movements that heal but periods of no outer observable activity of the client's muscles and limbs and an immobile receptivity to nurturing touch given by the psychotherapist for at least ten to fifteen minutes that has more healing potential. A naturally spontaneous self-regulatory vital balancing between these two modes of response, the sympathetic and the parasympathetic, defines the essence of psychorganismic healthy continuity. If this is true, we do well to respect the principle of how it is the unlocking and unfreezing of chronic armoring from the inside out rather than from the outside in that should prevail in our work. Inside out refers explicitly to the awakening of the endodermal longitudinal blood flow. We should never force or bully or pressure the client from the outside during our clinical practice to change his body or his psyche with our diagnosis of where they are armored or how they are armored and what they must do in the form of energy mobilization exercises. I did this for eleven years while relying closely upon Lowen's guidance but with seldom stopping

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during a session to notice much impact upon whether the client's armoring may have diminished or not. No, we would do well instead to find ways of affirming the self-healing resources locked and frozen away inside the armored body and the most portent way is to administer nurturing direct touch with certain intuitive restraints guiding us.

The best and surest way is the middle in mode way, which is to offer nurturing direct touch that never threatens the armoring directly but can subtly strengthen the fluid blood flow at the endodermal core of the metabolism when applied correctly. We deliberately go around the regions of armored muscle and nerve tissue and we avoid any kind of direct provocative confrontation with these loaded areas. They are themselves the products of excessive frozen conflict between warring parts of the psyche, and most usually between the superego and id parts of the psyche. It follows that their natural reaction is an immense inclination to fight back in order to defend their rigid boundaries. If we do not go around these armored muscles and nerves we risk provoking even a greater war of conflicting metabolic forces which further armors the organism.

However, if we focus our clinical efforts upon strengthening the endodermal blood flow through pure nurturing touch this will lead towards subsequent homeostatic equalizations of whatever imbalances exist between the higher soul needs of the psyche and the other kinds of needs. I no longer recommend that we use what I have previously called catalytic direct touch out of respect for the aforementioned restraints because such touches invariably awaken the armoring in the joints with a spirit of self-defense.

PART TWO: BEING COGNITION AND THE UNARMORED CORE SELF.

The competent psychotherapist who trusts his intuitive capacities for discerning which higher spiritual needs of the client are the most satisfied and which are the least satisfied can be said to be capable of Being Cognition. This is an idea coined by Abraham Maslow in his attempt to describe what describes self-actualizing individuals. For me there are four higher spiritual needs of self-actualizing individuals. Without satisfying all of them in some kind of ongoing continuing balance there can be no happiness. They are: (1) the need for exploring greater understanding and knowledge that goes beyond what is already well-known, or logos, (2) the need to find one's long term work commitment, or the Spiritual Warrior, (3) the need for how to give and receive fulfilling love from others that continues to endure, or Eros, (4) and Hara, the need for finding and cultivating greater harmony and peace of mind and body within. These four needs form the foundations of the human embodied soul when it has arrived at the advanced stage of self-actualizing one's higher spiritual needs. They are to be distinguished from the desperation of the survival needs of the human animal, the primary but unconscious needs of early childhood that makes one dependent upon others and the defensive needs of neurotic functioning that keep people in emotional distance. They are the needs that define the pursuit of higher individuation.

I have made a fundamental error in the past regarding my metaphysical indebtedness to others. The biggest error is while following in the footsteps of D.H. Lawrence, the British novelist, I attempted to localize the four higher beingness needs in four specific regions of the body's energy flow. This has been a bad violation of human physiological functioning, placing metaphysical theory before biological functioning. I used to localize and associate the Eros need with the chest and face, the Logos need with the head and upper back, the Spiritual Warrior need with the lower back, and the Hara need with the abdominal cavity. Whereas these needs can to some extent be localized in terms of body parts, I now think Lawrence has badly overdone it. One cannot carve up the body into four precise compartments that can then be assigned the creation of different spiritual needs of the embodied soul. The embodied soul inhabits the total organism and core self and is defined by the constant dialectical interconnections between the four Beingness needs as they

One cannot carve up the body into four precise compartments that can then be assigned the creation of different spiritual needs of the embodied soul.

I now believe in my later years that these typologies are designed to protect the therapist's persona from over-identifying with the client's psychopathological functioning. They remain too stuck in the mud of the human psyche and classical chronic malfunctioning and lose any credibility as reliable indicators of how normal people with normal creative potentials live their daily lives.

interpenetrate one another to form constantly changing patterns. They still have some moderate validity, however, when using nurturing direct touch methods. For example, the vertically over grounded character types, or those types that are too attached to their back half will capacities, such as hysterics, phallic narcissists, and rigids, ought to receive during the earlier stages of treatment a lot of very soft nurturing touch in their front halves where they are most self-neglectful in satisfying their Eros and Hara needs. The vertically undergrounded character types, or those types that are too identified with their front half Eros and Hara capacities, such as oral depressives, some schizoids, some borderlines, and some masochists, ought to receive a lot of nurturing direct touch in their back halves and far less touch in their front halves. They need, furthermore, the tenderest nurturing touch, the males as well as the females, given their overcharged and over-adrenalinized responsiveness to direct touch.

Each of these needs I now see to be expressions of the core self constantly in dialogue and active interconnected dialectical balance with the other three Beingness needs. This gives us a better explanation for Beingness Perception which enables the seasoned psychotherapist to perceive during the first ten sessions into the unconscious depths of the client and to identify which Beingness need is the most satisfied and which is the least satisfied, and to a lesser degree which of the other three kinds of needs are satisfied. One should affirm the already most satisfied higher needs if one works humanistically and avoid the least satisfied needs and just give them ample space to emerge when they are fully ripe to be faced in consciousness.

Organismic Psychotherapy has perhaps been more focused on the cultivation of these four higher spiritual Beingness needs than the other three category of needs just mentioned because the majority of our trainees who have been our predominant clients are usually older, more inwardly centered spiritually, and all are practicing professional psychotherapists who still suffer from armoring. Jung has been correct to say that the spiritual forces of higher individuation appear in one's life as significant psychic guides from the age of fifty onwards and not earlier. People plagued by psychopathology in the form of chronically unsatisfied primary needs of childhood, the twisted neurotic needs that are always false substitutes for the higher needs and the needs of the defended ego and its penchant for unlimited self-aggrandizement, remain unconcerned and uninvolved with the existence and the importance of satisfying the higher inner Beingness needs.

There is another reason that these higher Beingness needs have become important for Organismic Psychotherapy and that is their reflection of the more positive instinctual potentialities and spiritual interests of humans. They are not reflections of psycho- pathology but the exact opposite, namely, the transcending of all forms of psychopathology as one becomes fully centered within. This relates to my basic disenchantment with the importance of the character-muscular typologies as originally formulated by Wilhelm Reich and Alexander Lowen. They are, in my opinion, cerebrally bogged down in the mud and shit of psychopathology. They are brilliant constructions in the minds of Reich and Lowen that can be useful to some extent as packaged maps for the conscientious, over-compulsive clinician who works with excessive diagnostic foreground focus and probing aggressiveness at figuring out his clients' hidden armoring pattern. Such a clinician has little trust in his own embodied visceral responses to the client and remains alienated from his own intuitive sensibilities in response to the immediate body and soul responses of the client and too inspired as well by a scientific-measurements-happy medical orientation.

I now believe in my later years that these typologies are designed to protect the therapist's persona from over-identifying with the client's psychopathological functioning. They remain too stuck in the mud of the human psyche and classical chronic malfunctioning and lose any credibility as reliable indicators of how normal people with normal creative potentials live their daily lives. They present usually some neatly packaged formulas and oversimplified analyses of what happens to some people who are crushed and twisted in their development by their family circumstances during their early years. They typify the Freudian intellectual approach to clinical phenomena that exists more in the minds of the professional clinician than in objective reality and consequently inflate the ego of the clinician more than penetrate any objective understanding of where the client is. They ignore completely how life is much deeper than logic and how the origins of religious experience and the respect for truth, beauty, and goodness are mysteriously instinctual and primary process as much as spiritual. They provide no understanding whatsoever of how people can dissolve their warped perceptions and defenses and grow out beyond and past them to full healthy functioning. In this sense they leave out more than they include regarding normal growth processes in the human personality. I distrust all typologies of the psyche, the soul, or the body, particularly those that emphasize psychopathological developments to the exclusion and neglect of man's inner self-healing resources.

We all have the inner potential to evolve our higher needs into an authentic sense of a core self that transcends Freudian and Reichian and Lowenian medical diagnoses in our daily interpersonal relationships. We must do so or else we fail to cultivate original, totally unique human friendships and novel experiences of living feeling contact.

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International Connections

By Asaf Rolef Ben-Shahar

Diagnosis in the Service of Metta

Dedicated to the loving memory of Kath, whose equal measures of fierceness and tenderness deeply reverberate in all who knew her and loved her. May you continue to know how much you were loved, even from the other side.

> *The eyes you're longing for*
> *listen now*
> *the eyes you see yourself in*
> *are eyes because they see you.*
>
> Antonio Machado (1983, p.149)

1. Mirror mirror on the wall

The traditional take on body reading portrays a scientific act of expert observation: the therapist witnesses the client, wisely noting her or his body posture, muscular tonus, and organisation. These were traditionally seen as such unobjectionable facts that it was possible to record body structures in pictures and videos and analyse these independently of the context and the observer. However, as different people have noted (Appel-Opper, 2008, 2010; Epstein, 2013; Totton, 2000) even the somatic aspects of character are highly dependent on and relative to cultural and societal contexts.

Perhaps my resistance to objectivity, and within it to objectified body reading, stems from my complete inability to follow such a discipline, but as far as body reading goes, I believe that objectivity is far overrated. The image reflected in the mirror every morning changes according to my mood, my feelings, and my thinking. I can hate the person who stands there looking at me; I sometimes form violent opinions regarding his body in one day, only to truly like him and feel softly kind to him and the way he looks the following day. My body has not changed so much in a course of a day, but my self-image and body-image certainly can: these are reflections of my self-relations, which fluctuate according to the changing environment. To be honest, these oscillatory movements are not as extreme as they were in my teens, but they still change. My eyes change when I look at others, too. Their beauty and ugliness, symmetry and asymmetry, holding patterns and potential strengths, all these change not only following ***their*** moods, feelings, thoughts, and sensations but also with the shifting waves of my own subjectivity and of our meeting.

In his beautiful novel, *All the Names,* Nobel laureate José Saramago (1997) wrote: "Even though the clock would like to convince us otherwise, time is not the same for everyone" (p. 33). If time itself changes according to

Names have been changed and permission granted to use the material

the observer, how can we seriously vouch for body reading as an objective discipline? Can we still hold on to this objectivist position as body psychotherapists and perform character analysis independent of the therapist's contribution? But what does subjective body reading look like?

It is not only the observed client's body which is contextual, nor merely the therapist's state—the relational configuration between client and therapist creates a different setting of body reading. You can get a different perspective on this claim in Shai Epstein's (2013) paper in this issue.

Using Donnel Stern's (2010) conceptualisation of dissociation and his own introspection, Epstein recognises that the very diagnostic position could be a defensive one – a position which protects the therapist from the need for (and fear of) connection. But if we don't want to completely dismiss decades of research and wisdom collected by Reich and his followers, how can we seriously consider such knowledge without losing contextual positioning, relational, and intersubjective considerations?

The question of therapeutic value in regards to body reading is, of course, a part of a much more comprehensive question concerning the advantages and disadvantages of subjectivity and relationality. I am reminded of Don Schiltz's song (made famous by Kenny Rogers), The Gambler, and in particular of the following verse:

"Now every gambler knows
The secret to survivin'
Is knowin' what to throw away
And knowin' what to keep
'Cause every hand's a winner
And every hand's a loser
And the best you can hope for
Is to die in your sleep"

Let's look at our hand: at what we lose and what we gain when becoming involved in the relational position.

2. From objectivity to love

Metta is a Pali word, often translated into English as Loving-Kindness. It is a position of benevolent commitment to kindness and one which is worthy of cultivation both in relation to self and to others.

Sometimes, during initial consultations, I feel like a fraud. People who don't know me come for a session gauging whether they would like to work together. Psychotherapy is a big commitment of time, energy, and money. During the first session I tend to be perceptive, intelligent, and spot on. Most of the people who attend a first session want to continue working with me; they don't know that something terrible will happen soon – many of the qualities they were attracted to will soon be gone and their therapeutic work would turn to be something completely different.

"Why am I still alone?" asks Rosie. And all I can think is, I have no clue. You are lovely, beautiful, and funny; anybody who doesn't want to be with you is a jerk.

Some weird mutation takes place in me when I am in relationships (therapeutic ones included). Mostly, I fall in love. And then much of my cleverness goes out the window; a great deal of the objective ability to sharply discern this from that, what was from what will be is simply not there anymore. Oftentimes I just want to be with him or her, hang out if you will, do nothing.

I don't want to change you, Rosie, why change anything as perfect? Love seems to ruin some of my

The question of therapeutic value in regards to body reading is, of course, a part of a much more comprehensive question concerning the advantages and disadvantages of subjectivity and relationality.

"Therapists affect the systems they are treating whether they intend to or not. On the other side of the relationship, the systems treated always affect the therapist."

therapeutic acuity, my objective witnessing skills. A couple of clients even confronted me with this over the years, "Where is this therapist from the beginning of our work who was willing to confront me ruthlessly to not compromise my growth and integrity?"

"He is gone," I want to tell them, "and he is not coming back, sorry, I have no control over this." I want to apologise.

A few months into therapy many of my clients become sexually attractive to me, even those whom I did not initially find attractive. Some come with me into my dreams. Some I wish I could have been friends with. With many, to different degrees, I fall in love. They get a therapist they did not sign up for, one who is a fierce warrior for kindness and connection but who lacks some of the skills they opted for in the first place.

One day, Dvorah started the session with an angry burst: "At the end of our last session," she said, "you asked how I was, just before we completed the session. I replied that I was feeling slightly better. I remember leaving the clinic and getting angry both with myself and with you. It felt that I had conjured this answer for you, that you wanted me to feel a little bit better, and I obliged and provided the desired answer."

As far as my psychotherapeutic mind was concerned, this was evidence of a strong transferential tide. Dvorah wasn't dialoguing with me; she was conversing with someone who needed her to be so and so. But I have to admit that, as a person, she has a point. When I started loving Dvorah, and as my love for her began to grow, I became personally invested in her happiness. While I could still tolerate her suffering and confusion, I did sincerely want her to be happy, to be fulfilled, to love herself and prosper.

My investment clearly tainted our relationship; it is no longer clean. My agenda has become visible and palpable. Freud's (1912) recommendation for the analyst to adopt an "evenly hovering attention" (p.111), cannot be followed when the objective witness is lost. I recognise that when conflicting moments occur in my clients' lives and they ask me to view these situations from a distance I am at loss. The therapeutic endeavour to provide clients with a non-involved yet kind other is lost when the therapist is unable to maintain an objective position. Body reading loses its clear diagnostic and interventionist shape and becomes saturated with interests, agendas, feelings, and other relational constellations.

Deep emotional involvement with clients makes us predisposed to transferential collusions, to getting lost in our countertransference, and to taking longer to come back to our center thus to enactment and impasse.

But is it ever truly possible to avoid this?

In the words of systemic therapist Bradford Keeney (1983): "Therapists affect the systems they are treating whether they intend to or not. On the other side of the relationship, the systems treated always affect the therapist" (p.129). And even if it was possible to avoid such an impact, is it really desirable? It is therapeutically advisable?

3. Every hand's a winner.

Antonio Machado was a Spanish poet, whose writing I find inspirational and touching, and particularly relevant to contemporary relational thinking. In 1912, three years after Antonio married Leonor, she died of tuberculosis. The following poem (Machado, 1983, p.147), wonderfully translated by Robert Bly, was written after her death:

Rolef Ben-Shahar continued from pg. 28

In my solitude
I have seen things very clearly
that were not true.

When Dvorah and I spoke of her anger, and I admitted to wanting her to feel better, I asked: "Would you rather have me as a less involved therapist? Would you have preferred me to be more of a witness, and less invested in you? It would clearly give you far greater freedom to be yourself."

After some thought, Dvorah replied: "No. I need your love, and it is this love that makes the greatest difference in our work together, even if it makes it sometimes more difficult to find my own voice and wanting."

I believe that the individual, when disconnected from his or her societal and relational context, is not more objective but instead disembodied. Embodiment, for me, includes that bigger body – the body to which we belong: society, family, cultural context. As far as people are concerned, what may be perceived as objective information is simply disconnected data. Let me reiterate: the individual body, without its relational context, can only provide us with partial and often misconstrued data. The notion of kindness, for me, is about reclaiming context. I find it cruel to look at a person objectively; it is cruel to look at someone's body without considering my own thoughts and feelings toward them and to myself, as well as our relationship. It is cruel because it misses a real opportunity to practice love and connection.

Going back to the two poems by Machado, the one above and the one that opened this paper, the true eyes are therefore eyes that have been seen kindly by another pair of eyes. And then, body reading transcends the traditional set of tools it had once been and can become a vehicle for translating love and kindness in a more appropriate way.

4. Diagnosis in the service of metta

In this issue, Epstein (2013) asks: How can I examine and acknowledge my habitual position as a therapist while seeking a dynamic shift from such position into a less defined and less diagnosed fields – into places where finding a solution is not the goal but instead the deepening of our capacity to tolerate the living, vibrating tension.

This question echoes another question for me, one which was asked by Carlos Castaneda (1968) of his teacher the Yaqui sorcerer Don Juan. Castaneda asked for guidance and Don Juan replied:

Does this path have a heart? If it does, the path is good; if it doesn't, it is of no use. Both paths lead nowhere; but one has a heart, the other doesn't. One makes for a joyful journey; as long as you follow it, you are one with it. The other will make you curse your life. One makes you strong; the other weakens you. (p.106).

The body of knowledge accumulated in the many decades of research and practice of body psychotherapy is immense. Character structure and body reading are among the most interesting theoretical and clinical pieces of information therein. Allow me to make a dramatic argument regarding this knowledge: it's useless. Without love and heartfelt connection all this knowledge is irrelevant and useless, and is moreover dangerous.

Unless we first and foremost arrive to a meeting as people (not therapists and meet the other as persons (not clients, character structures, cases), unless our engagement is led not only from our minds and bodies but is also informed and led from our hearts then body reading is a dangerous method. Body reading which proclaims objectivity can be easily used and abused to objectify, segregate, dissociate and otherwise de-humanise the other and ourselves.

However, when we approach therapy and body reading (like any other diagnostic knowledge) with true curiosity, contextual doubt, and with the purpose of helping us and our clients to better connect,

understand, and heal, then body reading becomes a worthy vehicle.

I propose that our guide in exercising any therapeutic tool, much like Shai Epstein's argument and Don Juan's advice to Castaneda, is choosing a path with a heart. I propose that diagnosis is only practiced in the service of metta, of loving-kindness, and not as a disconnected skill. We will, at times, use body reading defensively and disconnectedly. When we notice that we label, diagnose to dissociate, to separate, to clearly define ourselves as different from the other, we can appreciate this as valuable information indeed. It may provide us with information about our client, but equally so – it certainly provides us with information about ourselves, our fears and dissociations, our unmet needs, and the unravelling relationship which awaits our courageous loosening of our hearts. And when we falter and disconnect, since we will falter and disconnect, and when we see the other as pathology, as a wound, as defences, as pain and suffering, as not me, may we be able to kindly and lovingly attend to ourselves before attempting to use the information we just gathered therapeutically.

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.

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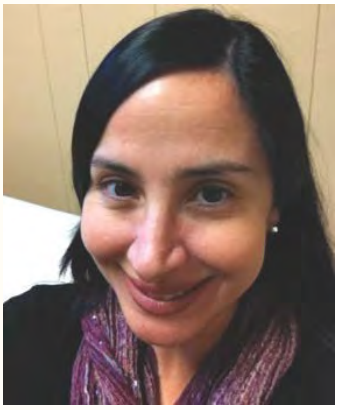
Research in Review: A Brief Look at Current Studies in the Literature



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.

Recent Studies on Reading the Body in Psychopaths and in Forensic Decision

Gao, Y., Raine, A., & Schug, R. A. (2012). Somatic aphasia: Mismatch of body sensations with autonomic stress reactivity in psychopathy. *Biological Psychology*, *90*(3), 228–233.

Do psychopaths show a fundamental impairment in appropriately recognizing their own body sensations during an emotion-inducing task? In the present study, Gao, Raine & Schug (2012) measured skin conductance and heart rate in 138 males during a social stressor. In addition, body sensations were self-reported. To assess psychopathic traits researchers utilized the Psychopathy Checklist-Revised (PCL-R) 2nd edition. The authors found that controls reported higher body sensations while showing higher heart rate reactivity. However, this verbal-autonomic consistency was not present in individuals with psychopathy. The authors note that the disconnection between mind-body in psychopaths may be explained by the interpersonal-affective factor of psychopathy. This study is the first to reveal a mismatch between reading subjective body sensation and measurement of objective autonomic reactivity in psychopaths. Furthermore, the findings in this study suggest that within the interpersonal-affective features of psychopathy may lie somatic aphasia (the inaccurate identification and recognition of one's own somatic states).

Ten Brinke, L., MacDonald, S., Porter, S., & O'Connor, B. (2012). Crocodile tears: Facial, verbal and body language behaviours associated with genuine and fabricated remorse. *Law and Human Behavior*, *36*(1), 51.

Expressed remorse and its sincerity may influence important legal decisions, such as sentencing. In the present study, the nature of true and falsified remorse were investigated. Emotional deception was examined by analysis of facial, verbal and body language. In falsified remorse compared with true remorse, negative emotions were commonly followed by other emotions rather than a return to neutral emotion. In addition, speech hesitations were associated with deceptive remorse. In sum, the authors suggest that the nature of falsified remorse found in this study is relevant for judges and parole board members. As such, reading the body for genuine remorse may be an important factor in forensic decision making.

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.

Body Wise

By Kamalamani

This winter edition of 'Somatic Psychotherapy Today' has got me digging deep in looking at diagnosis: how I understand the term, how I read the body and what I do in the place of diagnosis, at least in terms of the more normative and medicalized usage of the term. I'm glad that medics are experts in diagnosis, but for me it's not a term that makes much sense to me in my work. When I was in training as an integrative counselor I first heard the words 'diagnosis' and 'treatment plan' being used with reference to a client. I was taken aback at the strength of my response, wanting nothing to do with this way of conceiving of clients. It didn't resonate with me then in terms of how I work and it still doesn't.

Curiously, in the years that have passed, a significant proportion of my clients have come to me with the expressed wish of wanting to escape the medical model, to go beyond the label of their former diagnosis. I am struck by their often complex relationship with their diagnostic label. On the one hand it seems to give comfort in its familiarity, somehow giving the individual a pigeon-holed identity and, in parallel, something of a ball and chain in terms of their freedom to be who they are in the present day, having 'recovered'.

My clients aren't here to be fixed, but they certainly want to change - including changing the bit that don't want to change, even though that's the hardest work. My job is to work attentively in a relational and embodied way: gathering information about them and their patterns, noticing and working with symptoms and embodied metaphors in terms of understanding the creativity and constraints of their particular character and context.

original artwork© by Kate O'Halloran, Embodied-Relational Therapist, reprinted with permission, http://listeningtothebody.wordpress.com/2012/07/26/welcome/

Artwork donated by Allison Priestman, Stroud, UK. She leads the three year, post qualification course in Embodied-Relational Therapy with Nick Totton, Stephen Tame, Kamalamani and Jayne Johnson. For information: www.allisonpriestman.co.uk

In mulling the whole area of diagnosis the universe helped out in a very timely way. Whilst I was watching a historical television documentary, I was reminded by the narrator of the origins of the word 'diagnosis'. The original Greek definition of diagnosis relates, in part, to the word 'gnosis' and the understanding of spiritual mysteries. This was a relief. I could definitely overcome my reactivity and write 1,500 words about knowing deeply my clients and their preferred patterns and strategies, knowing the evolving shape of our therapeutic relationship and having a keen interest in spiritual mysteries! The way I think about my clients before, during, and post my work with them seems to me more akin to being a psycho-spiritual detective than a health worker with a drug cabinet.

The therapeutic process begins well before the client walks into my therapy room. Do they phone, email or stop me having heard me give a talk? Or perhaps they've been given my name by a friend. Do they phone simply to hear my voice and feel assured that my website has given them all the information they need? Do they email, attempting to avoid voice contact at all costs until meeting in person?

Is their contact casual or urgent? Specific or vague? Ingratiating or hasty? Do they show up or disappear into the ether, perhaps re-surfacing a year later? Are they eager to pay before we start or do they nearly forget?

This is all, potentially, vital relational information. The way I respond or react is of equal importance, sometimes telling me of differences in habit and etiquette, sometimes hints of possible transferences to come, sometimes that I'm simply feeling grumpy. My task is to note this information carefully, whilst holding it lightly, doing my best to meet the person in front of me as fully as possible, without preconceived pictures, idea and assumptions.

I watch carefully as clients enter the hallway, make first contact, take off their shoes, climb the stairs, find the right door, notice what – if anything – they notice about the room, negotiate which chair to sit in, how they hold themselves and breathe once they are seated. I'm noticing their shape: physical and energetic, the flow or staccato-nature of their walk, their pace. I try and watch without watching, not wanting to be invasive even on a subtle, level, given that I attract sensitive souls and know how I feel if I know someone's scrutinizing me too closely without that having been somehow negotiated, albeit in a non-verbal way. I'm not too bad at this, being an inveterate people-watcher, but it calls for sensitivity and kind eyes.

As the client's world unfolds in the initial session – I always see clients for an initial session before we both decide to work together – I watch for what's not being said. What's flickering at the edges of my awareness? If I feel inexplicably distracted, I attend even more fully to what's going on in the room—maybe muffled emotion or distracted energy—and let words wash over me as only one channel of information. I notice how my body wants to be present with this person. Bolt upright, a little slumped, or somewhere between? Or perhaps my feet would rather be pacing the floor? What's the story of this body?

And so I begin the process of learning how to make contact with this person. I get fairly early indications as to whether making contact is going to occupy the whole of the therapeutic process, or whether contactful rapport is more likely to come quite easily with this particular client. Then I start information-gathering. I've seen how this being arrives, now what are the words that bring them here? What was the trigger? Why now? Why me? I hope not to ask too many questions and generally manage to find out what matters to the client without interfering with their flow.

With diagnosis in mind, I've racked my brain in the past few weeks, asking myself whether I do something akin to diagnosis and devising a plan of treatment. I don't, although I obviously think and reflect upon my work with clients and with my supervisor. Whilst I have a clear sense of the stated concerns of the

Continued on page 34

the client - if they've articulated them - these can soon change and a lot of life can happen in the week between therapy sessions. My job, as per two of the definitions of diagnosis from our well-thumbed shorter Oxford English dictionary, is to know distinctly and to know deeply the person in front of me - including their spiritual mysteries! We may contract carefully and review regularly but a vital therapeutic ingredient is keeping space open so the client can inhabit the spontaneous, fresh, and unexpected, whilst being in a safe enough, confidential space where they are free to experiment with different thoughts, ideas, voices, movements, and behaviors.

With some clients I work in a way which is closely informed by post-Reichian character structures, which I find invaluable. I'll explain character structure to some clients if I think they will find it useful, whilst with others I use it as an aid to my own understanding and in supervision. I find character structure interesting in terms of the debate about the extent to which it's some sort of type theory. I've two dear colleagues, one an existentialist psychotherapist and the other a phenomenological psychotherapist, who have no time for character structure at all, feeling that it pigeon-holes people. We agree to disagree!

Their perception is in contrast to my own experience of working with character, in terms of both my deepening self-awareness and in providing a vital model for working with some clients, some of the time. Character structure can throw light on our engrained patterns, give us some useful insights into our strategies and deepest, blind spot defenses and yet those defenses can change. How liberating. . . .

I also feel indebted to Reich for bringing in the importance of the cultural conditions which shape us at conception, birth, and in our early, growing years. We are social beings, relational beings, conditioned beings. It's always a useful reminder to me to remember the wider webs of which clients are a part. I am of late saddened to see how an increasing number of clients and supervisees are extremely negatively impacted by economic, political, and ecological problems. Scarcity borne of policies of austerity, loss of income, and fear for our collective future and the world we're leaving our children. The clients sitting in front of us are products of their culture. We, as therapists, are also the product of our cultures and subcultures. So as we 'diagnose' or 'read' our clients, in whatever way we personally choose to do that, we are simultaneously taking the temperature of the wider culture.

As we 'diagnose' or 'read' our clients, in whatever way we personally choose to do that, we are simultaneously taking the temperature of the wider culture.

Institute for Embodiment Studies

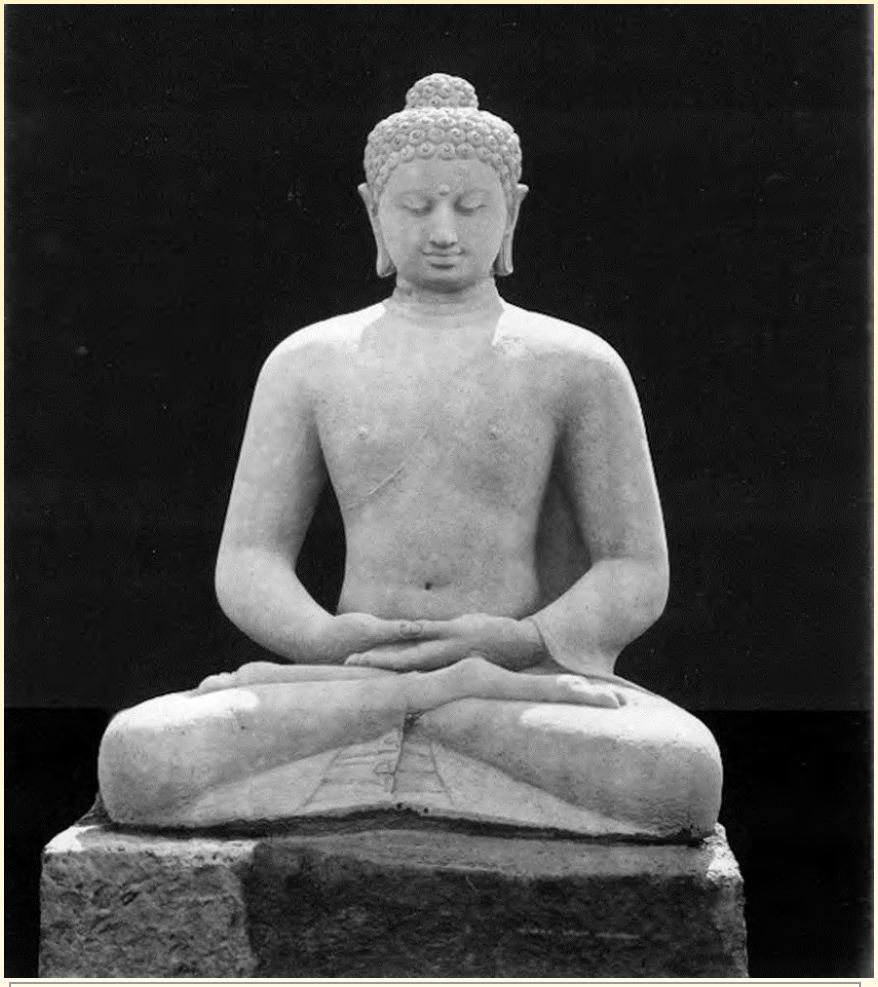
http://www.embodimentstudies.org/

The Institute for Embodiment Studies is a non-profit educational organization dedicated to advancing interdisciplinary scholarship in the field of embodiment studies. Through education, research, and community engagement, the Institute provides an international forum for academics, practitioners, and community leaders to share knowledge about the role of the body in human experience.

Founded in 2011 by Dr. Rae Johnson

Reading the body of my client and being as present as possible in my own body is a foundation of practising Embodied-Relational therapy. I'm a therapist and in parallel, I'm a midwife, witness, confident, mentor, teacher, sounding board, and, as the transference develops, provisional mother, father, brother, sister, daughter, son, lover, and fairy God mother and enlightened being (gulp). To know the particularity of someone, and to know them deeply, is a process, rather than a defined treatment plan.

On rainy autumn days when therapy work feels hard I draw upon the inspiration of Amitabha, a Buddha figure with whom I have cultivated a bond through meditation and everyday practice for the past decade. Amitabha, well-known in the Mahayana school of Buddhism, abides in the mythical western quarter and is associated with infinite light and boundless compassion. His particular wisdom, given that each Buddha is associated with a different facet of enlightened wisdom, is that of discriminating wisdom. He sees the particularity and the uniqueness of all things, which puts me in mind of the definition of diagnosis as being distinguishing and discerning. Amitabha cherishes and delights in the uniqueness of each moment, every individual, of a single flower in the grass. His is a wisdom that sees the beauty and uniqueness of everything and every moment, at the same time seeing their unity. May wisdom pervade my therapy work.



Seated Buddha Amitabha statue, west side of Borobudur, ca. 1863-1866. Image from Wikimedia Commons.

Reading the body of my client and being as present as possible in my own body is a foundation of practicing Embodied-Relational therapy.

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. www.kamalamani.co.uk

War is a Crying Thing[1]

About Manhood, War and the Paradox of Diagnosis

By Shai Epstein

Editor's note: The original article was written in Hebrew and co-translated by Shai Epstein and Dr Asaf Rolef Ben-Shahar.

On October 6th 1973 the Yom Kippur war broke. At the time, Israel was still deeply immersed with its winner's euphoria which was expressed, among other ways, in a patronizing and arrogant conduct of its leaders following the decisive waves of victory of the 1967's Six-Day war. The entire state of Israel was shocked and surprised when the armies of Egypt and Syria initiated their respective battle fronts. The vaunted Israeli Defense Force was caught off guard. A cease-fire agreement was signed on October 24th, but battling itself – on all fronts – ended only in May 1974, costing bloodshed of about 18,000 dead from the armed forces of Israel, Egypt and Syria. For further hundreds of thousands this war was still alive in their bodyminds, and would continue to haunt their minds and bodies for the rest of their lives. Lately, new witness testimonies shed a far more complex narrative regarding the bloody Yom Kippur war, and the already blurred fine line between winners and losers dissolves even further.

Between generals, politicians, and warriors

I am sitting in the audience at a book launch event, for a book recently published by a family member (Epstein-Avital, 2013). The book is about war, the Yom Kippur war – which took place exactly forty years ago. The country is churning and gushing about the forty years anniversary "celebrations" and my relative has completed a book over which he labored for ten years (his doctoral dissertation became the book). This impressive volume examines the ways in which the Yom Kippur war manifested in the Israeli culture and influenced it since 1973. While the author also discusses the events and occurrences of the war itself, it mainly explores how the war has shaped and influenced the Israeli reality in the last forty years, while turning a scrutinizing eye to the collective post-traumatic stress disorder (CPTSD) which developed in Israel thereafter as it is expressed in literature, poetry, cinema, children stories, theatre, journalism, and in fact, in any public, social and personal

[1] *The name of the paper is taken from poet Tirza Atar's book (Atar, 1975).*

I am sitting in the audience uncomfortable in my own body; I sense my body tensing and hardening, armoring – mainly in my shoulders and jaws— and in my stomach I feel a dull pain. I try to make myself comfortable, in vein.

space in Israeli culture. Many of Israel's contemporary leaders and rein-holders both in politics and security services were warriors in the Yom Kippur war, and therefore this respectable book launch attracted hundreds of military generals, ministers who once upon a time were generals or ministers who consider themselves as generals.

I am sitting in the audience, absorbing the celebratory yet painful atmosphere, an atmosphere of polarities and splits, since the book emphasizes just how wounded contemporary Israeli society is, how sick, how much the war contributed to a collective post trauma, which we only now begin to recognize. Only recently are we able to acknowledge the long term ramifications of the war on the way Israel is structured and organized. In the biography of Israel, a young life full of wars and battles, the Yom Kippur war has a special place. On the other hand, all these post-traumatized people, shell-shocked on one level or another, are the people who run the state of Israel, these are the people who assume leading positions in all sectors, and the thought of that terrifies me.

I am sitting in the audience uncomfortable in my own body; I sense my body tensing and hardening, armoring – mainly in my shoulders and jaws— and in my stomach I feel a dull pain. I try to make myself comfortable, in vein. I am sitting in the audience breathing in this charged climate, which is present in this big hall, completely full to its capacity; the majority of the people are in their sixties, they are the Yom Kippur generation.

I notice that I am split; feeling pride from personally knowing the author and acknowledging the long journey he has gone through in his writing process. If it hasn't been clear, he was a soldier in Yom Kippur war. The pride and empathy spread within my body, expanding me from inside, filling me up. Yet at the same time, all these military personnel, these security services people filling up every space in the hall; they threaten me, and I feel a need to hide, to keep to myself, to remain unseen. These two movements collide within me leaving me confused and restless. I want to smoke, to use something external to better regulate myself.

The hall is darkened; I feel relieved with this welcomed darkness. After some introductory words and praise, a highly senior person[2] from the security services steps on the podium to speak about the book. I am looking at him: his body structure becomes clearer like a contour – defining his body against the white background. His stance is rigid, his knees are locked, his buttocks tightly held in and forward making his genital and pelvic area stand out under his solid belly. His shoulders are heavy, strong, his chest is big yet held inside, and his neck is short and thick. His face is red, and there is something dangerous about it, about him, which brings up deep fears in me, reminding me of a bull. I cannot see his eyes well, but his voice is clearly heard in the space, articulate and precise; he is used to being listened to and followed. His entire posture oozes with power, authority, knowledge, self-control and emotional-holding. He passionately lectures, cramming the audience with information, analyses, military and financial interpretations about the war. He particularly focuses on witty and uncompromising criticism of all those who ran and managed the war and the state of Israel at the time; referring to the thinning of manhood, the depletion of courage, bravery and the capacity to act and assume command of contemporary soldiers and commanders in the army today. It is as if he is saying to his audience, there are no longer brave and courageous men like us today.

I find it difficult to listen to this man, not because of the arrogant quality of his speech or because the information is uninteresting. Quite the contrary, it is very interesting. He has impressive command over his material – he is still living it. Since that war within which he fought, he never left security services: military and war are his profession of choice and he seems to wear this profession proudly. It feels as if he brings us listeners into secret hearings of security committees and the top secret and the *Continued on page 38*

[2]I have referred to the speakers at the event based on my personal experience combined with my professional knowledge of body reading. I have used this information to illustrate and emphasize some points, but would like to note that I do not know these people and their story might be very different from the one I tell here. A reliable diagnosis should not be done without deep knowledge of the client and as this paper will demonstrate, such under-informed diagnosis might prove very illusive.

confidential conclusions they draw, but for me, his voice and his words are cut off and dissociated; I cannot feel him. He is not present; I see a figure speaking without any emotional element about killing, fighting, and loss in terms of mobilizing forces, numbers, and quantities. And he, who fought that war, like most of the people in the audience, perpetuates the split in his lecture: the cost of emotional repression which seems to inevitably result from killing and fighting, ongoing witnessing of death, and turning fighting into a profession. It seems that his body faithfully represents this man's solution to trauma: hardening, thickening, condensing, controlled, and measured breathing, holding and controlling, all of which, according to body psychotherapy, serve to create an almost complete severance from the capacity to feel. Notwithstanding all that, he is clearly loyal to the idea of the state of Israel and despite his emotional dissociation the audience seems to be captivated by his radiating authoritative spirit. In spite of the inspiring information and his undeniable charisma, I cannot connect with this man, I struggle to listen to him, finding myself thinking of a dear client, who I shall call Chaim (meaning life), who I had to cancel this week's appointment in order to come to this book launch.

Original artwork donated by Carmella Keet. www.facebook.com/Carmella.Keet

Chaim grew up with a father paralyzed from the neck below following a car accident he had when Chaim was merely a few months old, and his role – from infancy and until the day his father passed away when Chaim was in his twenties – was to be of service.

Chaim's life revolved around his father's meticulous daily routine. His father needed constant nursing care. Chaim bore the burden and served his father's every whim. From lighting a cigarette, feeding and cleaning him, through administrating medicine and hospitalizations which were part of their lives. Chaim and his father were tightly connected in an unbreakable bond of control-controlled, victim-abuser, savor-saved, or perhaps, a father-son if you will.

My client's body-structure dialogues well with the body-structure of this lecturing general. Both the general and Chaim radiate strength and stamina, capacity to endure infinite weight on their strong shoulders alongside severe emotional disconnection, highly active and dominant mind, and difficulty to remain still.

Chaim came to see me following panic attacks he experienced every time his children were ill, and his real struggle to communicate emotions to those dearest and closest to him. However, his main trigger to see me was a strong panic attack which he suffered upon receiving the brown envelope in the post during the Israeli -Defense-Force's latest military operation; this is the brown envelop which many Israeli men know, ordering them to come to their periodic reserve military service.

The sense of flooding and loss of control which often accompanies a panic attack is difficult for every person, but particularly to a man with this psycho-physical structure. Chaim experienced such sensations as destroying his world. The utter control was taken from him, sensations and feelings were expressed outwardly with huge, tantalizing, and raging force. The defenses, holding 'everything' inside, broke, and the fear, loneliness, and pain were pouring out; it was like watching the collapse of a mighty and stable mountain.

A short theoretical intermission

When a client comes to see me with a body structure like Chaim's, I know it must be really hard for him – otherwise there is no way he would have come for psychotherapy. Upon meeting Chaim, I struggle not to quickly label him under Stanley Keleman's (1985) rigid/dense category or the psychopath-schizoid character structure in the Reichian

(1933) and Lowenian (1958) system. I can sense the almost immediate urge to diagnose the situation – to interpret it, to give it a clearer form and in so doing to reduce my own anxiety from leaving it open for a little while longer. It is an inner struggle between diagnosing and not diagnosing, giving things their name and defining them and tolerating the lack of form and not knowing which exists in the human encounter. In my own clinic, in my familiar and safe space, it is easier for me to suspend judgment and wait, to calm my need for organization and remain open a little bit longer in this undiagnosed, undifferentiated, and unformulated space.

I believe that thanks to my ability to see and meet Chaim beyond his character structure / pathological diagnosis, we were able to imbue a different atmosphere in the room, and Chaim – who arrived highly reserved to therapy (naturally, he had never been to psychotherapy before)— remained in therapy. We might say that the lack of diagnosis with Chaim saved therapy, that I would have easily missed him if the initial body-reading and diagnosis of his structure were to guide me in my work with him, taking over the here-and-now quality of meeting; if I were positioned in relation to him immersed with my prior knowledge of his diagnosis and 'form', I would have become limited in my capacity to remain curious and creative, as I now feel in relation to this general who is speaking in front of me.

Another interesting angle to look at concerns the transferential effect taking place in me when faced with such a structure. I tend to respond to such powerful and forceful characters with a certain defensiveness, near these people I can feel small and not knowing, reacting to the resonant message which makes me smaller and makes them bigger, and since I am uncomfortable in this position I hasten to regain my power position through pathologically defining the client. I guess this is part of what is happening in me with this security service general as he lectures, impacting me and my capacity to feel empathy towards him or connect to him. I guess that this habitual diagnosis in response to his body, his voice, and his psychological organisation also originated from my own defence and difficulty to tolerate our encounter, as if I converted my bodily anxiety through almost unseen capillaries into a knowing therapeutic position, allowing the anxiety to express itself.

The described rigid/psychopathic/ narcissistic character structure which is seasoned with masochistic traits stems from the knowledge accumulated for the last eighty years in body psychotherapy, from the days of Wilhelm Reich till modern body psychotherapy (Totton & Jacobs, 2001). For nearly thirty years, Reich (1933, 1948, 1973, 1979) rigorously and meticulously explored different facets of body-mind interactions in general, and particularly in psychotherapy. Following his unconventional research, his colourful personality, and the theories he created which were different from the mainstream thinking of the time, Reich was expelled from the psychoanalytic circles in Vienna and Europe until he left to the US (Sharaf, 1984). Reich paid the price of ground-breaking pioneers for insisting to reclaim the place of the body in psychoanalysis.

Despite Reich's tragic life, it was he who started the stream, laying down and carving the roadblocks for a theory of mind, which like any psychological theory was inclusive of developmental stages and typology. In Reich's theory, and in many of the theories of his followers, these typological structures became embodied, embedded in an archetype of a representative physical form – an anatomic, somatic organisation, which manifested these

In Reich's theory, and in many of the theories of his followers, these typological structures became embodied, embedded in an archetype of a representative physical form – an anatomic, somatic organisation, which manifested these developmental processes primarily through the musculature and skeletal system.

Epstein continued from page 39

developmental processes primarily through the musculature and skeletal system. This is indicative of the centrality of somatic processes in body psychotherapy, claiming that people express developmental processes, developmental difficulties, and traumatic events through and in their body. This claim challenges the psychoanalytic exclusion of the body from the therapeutic practice, and the Cartesian split characterising Western civilisation. Instead, we hold on to the argument that body and mind are functionally identical (Reich, 1933; Totton & Jacobs, 2001).
There are a few models in body psychotherapy which portray a roadmap of this body-mind interaction and connection, between feeling and emotional form. These models relate to three fields:

Developmental aspects: natural and organic developmental processes during our formative years.

Character rigidities (or fixation): the places where these natural developmental processes were either arrested or significantly disturbed.

Character style: relating to developmental processes across our lifespan. Our structural rigidities and structural creativity manifests throughout our lives (Rolef Ben-Shahar, 2014)

Relational body psychotherapist Asaf Rolef Ben-Shahar (2014) writes:

In our bodies we assumed the forms which our developing organism perceived as necessary for our survival: "this body will make me more agreeable and acceptable, more loveable, this body will help me belong; this body will shelter me."

Our muscular forms portrayed the unarticulated endeavour to balance the intrapsychic with the interpersonal: to shape ourselves so that we may survive and belong.

The argument I am raising here relates to the spirit of R.D Laing in his seminal book *The Divided Self* (1960), which is guiding me in the effort to create a human encounter, one where the clinician looks beyond the diagnosis, a meeting between people regardless of the pathological diagnosis of the person in front of me. I am finding this a very big challenge: managing to establish and maintain a human encounter when diagnosis is dynamic and destabilized; where the word diagnosis or body-reading might no longer be appropriate. Perhaps we are called to use a slightly different definition – possibly ***awareness to the connection***, the field of relationship, **awareness of the wider mind** (Rolef Ben-Shahar, 2014)

Back to the book launch

I am back in the hall as the audience applauds, and my eyes search for the first person to step up to the podium.

The next speaker is a highly distinguished academic. It takes a good few moments to read out loud all his degrees, accomplishments, writings in the fields of education, history and sociology – both in Israel and worldwide. The host seems to describe a titan. While the host presents the man, describing his multifaceted and long-termed academic and field achievements, a lean and thin man nears the podium; his clothes seem to hang on his body, his walking is awkward, somewhat angular; he wears glasses on a head that seems incredibly dominant in comparison to the rest of his weird-looking body. At first I wonder whether this man is paralyzed. His hands, mainly his right hand, hang down, floppy and lifeless; his neck is sharply tilted forward, and his shoulders are strongly pulled up, toward his ears. The cervical and thoracic segments are pulled inwards and upwards, and from the shoulders down all hangs loose, lifeless, seeming fragile and helpless. It is this extreme dichotomy between an active and dominant head and a dissociated lifeless body that sparks the curiosity in me regarding his paralysis. He takes a few moments to organize himself, and he is evidently excited and nervous. He begins talking in a somewhat tentative voice, his tone oscillates up and down, as if he is one moment here and the next one not; he is speaking to the audience and then to himself.

He has never before spoken about the war, he shares, forty years have passed and now, for the first time he chooses to speak! He begins talking, sharing with us frames and scenes of his memories of the days of inferno, the battles he fought when he was twenty-two. The audience is still and a vibration of gathering and excitement ripples through the people like a wave; I am touched and hurting as I listen to his voice, sharing the temporary nature of life and the contemptuous belittling of life in battlefield. In contrast with the security-services man speaking before him, who coherently and meticulously reviewed the war and its military, political and financial consequences for the state of Israel, the academic professor shares a much more personal and much less organized experience: an experience of a soldier at war. It is a reality of complete dissociation, moving from one place to another; complete lack of control or understanding of what is taking place around him and pure luck saving his life time and again. He manages to touch me with the simplicity and honesty of his words, with the authenticity of his experience – I can see how this situation is both difficult and significant for him. He manages to convey the helplessness

of a soldier in battle, the huge confusion and disappearance of the capacity to feel, since everything around you explodes and dies.

In his case too, I think to myself, his body faithfully represents his cultivated coping mechanism, which he further developed to survive when all was over – the head is alive, yet the body has died. I can see the war trauma clearly alive and visible in front of me; it lives in his words but moreover in the severe split between his body and his head, between the soldier who left the battlefield and the man who entered academia with everything he was left with, determined to leave the war far behind him. He dealt with his post trauma through academic achievement and incessant learning while his body was left behind, in the battlefield: split, dead, repressed. Reading the body of the professor can easily lead to an almost archetypal schizoid character by Reich (1933) and Lowen (1958) and collapsed structure in Keleman's terminology (1985). Yet once more we are faced with the danger and illusion brought up by educated diagnostic labels: should I have simply rested on body reading, on diagnosing this man's body, I would have never believed he could make such an emotional, touching and inspirational speech in front of hundreds of people.

The paradox of diagnosis

In my opinion, diagnosis - including body reading - becomes a limiting jail when it is not done for the purpose of increasing our capacity to connect, to better relate to the person in front of us by deepening our understanding of him or her and of what happens in us in relation to them. Diagnosis is harmful and limiting when it focuses on the lack and emphasizes pathological aspects as if these were the whole truth and nothing but the truth. This is my difficulty with any fully-organized theoretical typologies which follow aesthetically organized models of development and diagnosis. Such models make me deeply doubtful. Life is not aesthetically simple and reality can be so much more creative and varied in the ways people manage to cross life's challenging rivers. Nevertheless, it is ever so comforting to know that I am able to give label and form to what I see and feel, and even more than the comfort , diagnosing and analysing a given situation is necessary for me in order to understand the reality within which I operate.

Body reading as a diagnostic tool is one of the fields which signify and differentiate body psychotherapy from other therapeutic models. There are various purposes for body reading: it may allow the therapist to foresee challenges which may arise in different stages of therapy, to fine-tune and calibrate his positioning in relation to such challenges, and to guide the types of interventions he chooses to use. This is the orthodox body psychotherapeutic position. I find it important but also boring: it provides us with order and form, yet following it too closely holds great dangers. The obvious one is rigidity: pigeon-holing the client and relating to the client as pathology – an illness, a problem, a difficulty to be fixed. We can easily miss out on a crucial aspect of our magical and organismic capacity to find creative solutions, oftentimes paradoxical, to life's changing events and challenges. Faith in the psyche's capacity to heal, to become generative, might be easily lost, and the illusion of really knowing what is true for the other could be strengthened.

Relational psychoanalyst Donnell Stern (2010) expresses this point astutely. In discussing dissociation he seems to relate to the rigidity which lies at the heart of the diagnostic act. Something highly important is lost when I lose my curiosity and my capacity to imagine. Stern argues that dissociation acts by preventing the necessary effort needed to formulate the unformulated, thus limiting and strangling our desire to remain open to questions – a desire which we could simply define as curiosity (Samana, 2013). In other words, dissociation is, for Stern, our unconscious refusal to remain curious, to see beyond. Curiosity, on the other hand, is the active position of openness to be surprised by what we are expecting to see, a position which allows us to dispute our preconceptions and change these with new meanings (Samana, 2013; Stern, 2010).

In reviewing Stern's lectures in Israel, psychologist Roy Samana (2013) poetically summarised: "We may conclude that one of the most significant triumphs of a successful treatment is, to paraphrase Freud[3], where dissociation was, imagination shall be."

As clinicians, the most important point Stern argues for is that uncertainty about our preconceptions, and the subsequent ability to perceive things in fresh ways can only be created when one person's projections can meet the other person's attempts to respond to these, to dialogue with these. That is, according to Stern, truth could only be formulated within an interpersonal context. Furthermore, the interpersonal (and intersubjective) field largely determines the exact form such unformulated experiences will take or whether these would at all be formulated (Samana, 2013; Stern, 2010). As we can see, Stern perceives curiosity as a highly important therapeutic position – remaining curious, letting go of rigidifying diagnosis, staying open to the wider mind unravelled within the therapeutic encounter. This position expresses, in my opinion, a clear anti-diagnostic position.

[3]Where id was ego shall be (Freud, 1933)

Conclusion

Together with my friends and partners of the Relational Body Psychotherapy programme, Elad Hadad, and Asaf Rolef Ben-Shahar, I have been struggling with the gifts and curses of diagnosis. We call our endeavour NoSynthesis, and we attempt to embody paradoxes similar to the one I discussed and explored in this paper.

How can we tolerate the tension which exists in paradoxical fields eminent in everyday life and particularly in psychotherapy? How can I examine and acknowledge my habitual position as a therapist while seeking a dynamic shift from such position into a less defined and less diagnosed fields – into places where finding a solution is not the goal but instead the deepening of our capacity to tolerate the living, vibrating tension. This is the tension of creativity, where no single truth rules above all but instead many possibilities live; where creativity and imagination inhabit the space.

And so, as a clinician and body psychotherapist I do not ignore our diagnosing forefathers, I wish to give them their respectful place and to study their diagnostic theory, and I truly value their contribution to the field and to me. There are times where I use this knowledge clinically as well. Yet at the same time I sense a deep recognition that the movement has continued and that relational thinking and conceptualisations represent my future more faithfully.

Back to the war

Yochai's dad

did not come home.

Yochai's dad

will not come home.

But Yochai's dad

shall always be

Yochai's dad

so told me,

Nan.

And once in the playground, the

children asked Yochai:

"Where is your dad?"

and they seemed so loud and big…

Yochai was quiet, he was looking,

looking for the words . . .

he held his head high . . .

and bent his head low . . .

(Yochai is only three years old) . . .

And finally, he, like, closed his eyes

and said with a soft magical voice:

My dad is gone now

I

am

my father.

I would delight in opening a dialogue with you concerning the paradox of diagnosis. If you were touched by this paper or aggravated by it, moved or angered, I would like to hear from you. You can email me at shai.e76@gmail.com

Shai Epstein is a relational oriented body psychotherapist, group facilitator, and training professional therapists in aspects of bodywork and body-psychotherapy. He is a full EABP accredited Body-psychotherapist and one of the founders of the post-graduate Relational Body-Psychotherapy programme at the Israeli Centre for Body-Mind medicine in Ramat Hasharon, Israel. He started his way as a body worker, practicing for many years deep tissue massage and shiatsu and then continued to training in body psychotherapy, group facilitation, and Somatic Experiencing. His therapeutic orientation is based on humanistic psychology, integrating within it principles and training from a few therapeutic modalities, including trauma work (SE), psychodynamic psychotherapy, character analysis, and relational psychotherapy. I maintain a private practice in individual psychotherapy both in Tel Aviv and qiryat Tivon, working with clients presenting with psychopathology as well as those seeking therapy as personal development and those in between.

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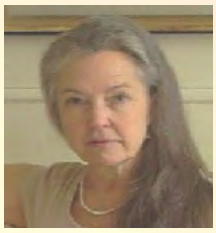
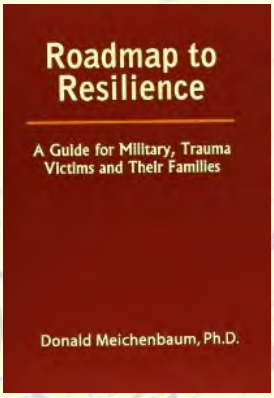
Tirza Atar (1975), Yochai's dad translated from Hebrew by Asaf Rolef Ben-Shahar

Resources

Jacqueline A. Carleton, PhD and the USABP Interns





Getting Past Your Past- Take Control of Roadmap to Resilience: A Guide for Military, Trauma Victims and Their Families Meichenbaum, D. (2012). Clearwater, FL: Institute Press. ISBN: 978-096988402-6. 207 pages.

Reviewed by: Julie Y. A. Cachia, New York University.

In *Roadmap to Resilience: A Guide for Military, Trauma Victims and Their Families* by Donald Meichenbaum, resilience is defined as "the capacity to adapt successfully in the presence of risk and adversity." With over 40 years of experience as a clinical psychologist, Meichenbaum has accumulated a profound understanding of how trauma can affect individuals and their families. This book emphasizes the fact that, in the aftermath of trauma, it is possible for people to heal and build closer connections with themselves and those around them.

The majority of the book examines resilience and fitness in six major areas: Physical Fitness, Interpersonal Fitness, Emotional Fitness, Thinking (or Cognitive) Fitness, Behavioral Fitness, and Spiritual Fitness. Evidently, the book explores a wide range of topics in relation to "fitness," resulting in a comprehensive guide for a wide trauma-affected audience.

Each chapter includes *Quotable Quotes* from returning service members and civilians illustrating the extent to which an action can change people's lives. There are also *Hinge Questions* that promote self-understanding, personal growth, and well-being. Finally, chapters also come with *Useful information*; the sections provide explanations as to why certain actions or behavioral changes can boost resilience. They also provide resources such as relevant websites, agencies, and hotline telephone numbers.

The steps outlined in this book are also practical in that they can be implemented immediately, which helps quickly effectuate the change that readers seek. At the same time, however, readers are allowed to take the necessary amount of time in processing their negative memories and experiences, thereby engaging in constructive grieving. It is evident that Meichenbaum recognizes the importance of processing these unresolved emotions in order to arrive to a healthier state of being.

By far, the book's greatest strength lies in its organization, rendering it easy to use and navigate. Moreover, it is exhaustive in that it explores a vast number of techniques, from meditation and mindfulness to healthy food choices and exercise. However, this very asset may prove to be a hindrance for those who are interested in delving deeper into the specific techniques. In this case, readers would have to turn to a different source in order to explore specific concepts in greater depth. All in all, *Roadmap to Resilience* is a great foundation for individuals who are lost in their traumatic experience, and in this sense, it truly is a "Roadmap to Resilience."

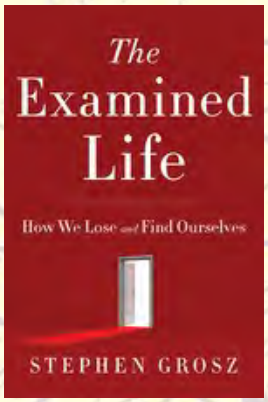
Executive Function and Child Development Yeager, D., & Yeager, M. (2013). New York, NY: W. W. Norton & Company. ISBN: 978-0-393-70764-9. 250 pages.

Reviewed by: Rachel Vitale, New York University

At their child and family counseling practice, Daniel and Marcie Yeager often run into clients who suffer from issues of self-regulation. Self-regulation, as explained in the Preface, is the inability to bring one's behavior in line with the expectations that others, and even oneself, have over how he or she should behave. While this behavior is baffling to parents, teachers, and even the children suffering, the Yeagers have gained an understanding of the disorder from three different sources of information. These three sources: theories of executive function, theories of child development, and the field of play therapy, are discussed in-depth in the couple's book, *Executive Function and Child Development*.

The book is divided into three parts: Understanding Executive Function: A Developmental Perspective: and Interventions That Support Executive Function. Theories of executive function, mostly from the writings of Russell Barkley, are the authors' primary focus. Executive functions involve several mental processes, some of which include: working memory; response inhibition; cognitive flexibility; self-monitoring; and goal orientation. All of these processes involve the ability to understand one's behavior in terms of how it may affect his or her actions, as well as the actions of those surrounding. Poor self-regulation can lead to a chain reaction of unfortunate developments. The Yeagers explain that lack of self-regulation can lead to behavioral problems in school that can lessen chances of academic success, which can, in turn, lower social competence. All of these can ultimately result in utter frustration and stress.

The book is well-organized with sources to back up any theories, such as citations from developmental psychologist Lev Vygotsky. It includes scenarios in each chapter that act as examples to clarify all explanations of executive function and child development. The writers have written this book ideally to serve as an informational guide to other mental health professionals but also hope it can serve a purpose in the lives of concerned parents, teachers, and pediatricians.



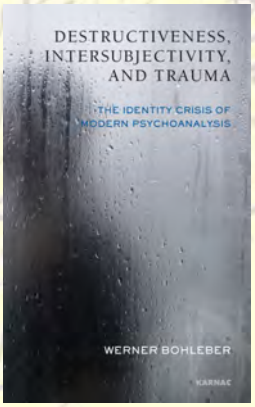
The Examined Life: How We Lose and Find Ourselves Grosz, S. (2013). New York, NY: W. W. Norton & Company. ISBN: 978-0-393-07954-8. 225 pages.

Reviewed by: Rachel Vitale, New York University

'I want to change, but not if it means changing.'

Change is precisely what Stephen Grosz aims to teach in his first book, *The Examined Life*. It is safe to assume that after 25 years as a psychotherapist, Grosz has stories to tell. He has treated patients in psychiatric hospitals, outpatient-psychotherapy settings, forensic psychotherapy clinics child and adolescent units, and private practice. While he has seen children, adolescents and adults for consultation, the majority of his work has been with adults in psychoanalysis. That is, one person for fifty minutes, four or five times a week, over several years, as he explains in his Preface. Grosz extracted his most memorable sessions from over 50,000 patient hours to compile a series of vignettes on how to manage both losing and finding oneself. His stories are proof that change, although difficult, is sometimes necessary in order to move forward.

The book is divided into five sections: Beginnings, Telling Lies, Loving, Changing, and Leaving, each of which touch upon the concepts of loss and revival. While each tale is unique, the underlying message throughout the book is that the most complicated of problems can be resolved through a three-step process: talking, listening, and understanding. The book reads like fiction, which gives insight to the analyst's point of view, rather than just focusing on the clients' perspective. This book makes apparent the fact that a fifty-minute session can reveal as much to the patient as it does to the analyst.



Destructiveness, Intersubjectivity, and Trauma: The Identity Crisis of Modern Psychoanalysis.

Bohleber, W. (2010 London, Great Britain: Karnac. ISBN: 978-85575-672-4. 236 pages.

Reviewed by: Rachel Vitale, New York University

Peter Fonagy, who wrote the Forward to *Destructiveness, Intersubjectivity, and Trauma: The Identity Crisis of Modern Psychoanalysis*, describes its author as, "one of a handful of major intellectual figures in psychoanalysis" and claims that, "we owe a debt of gratitude" to the author for conjuring this volume.

The Bohleber's book is divided into three parts: The Intersubjective Paradigm in Psychoanalysis and Late Modernity; Trauma, Memory, and Historical Context; and Psychoanalysis of Ideological Destructivity. In the first part, developments in psychoanalytic theories are discussed, as well as attempts to conceptualize them against social change, with reference to approaches taken from both the social sciences and philosophy.

Part Two engages with how psychoanalytic trauma theory has evolved over time and problems that it has encountered. In addition to this theory, an entire chapter is devoted to a discussion of dissociation. The third part of the book explores cultural differences within psychoanalysis, specifically the interdependence between nationalism and anti-Semitism, along with a comparison between Islamic fundamentalism and its negative aspects.

Bohleber addresses the impact of the intersubjective field on both clinical theory development and clinical practice. By covering the concept of identity in social, cultural, developmental, and psychoanalytic clinical settings, he demonstrates the pertinent, most recent change in psychoanalytic approach. His thought process throughout the book is clean-cut, which makes his writing easy to follow, despite the dense content. His knowledge on trauma is a powerful factor in this book. He brings about much controversy involving memories of trauma and recovered memories, but does so in a mature, even-handed manner. He uses the final part of the book to tie together the thoughts previously covered in the other two parts. Even if a reader doesn't necessarily agree with Bohleber's ideas, one will certainly respect his opinion based on his exceptional knowledge on all topics covered in his book.

Destructiveness, Intersubjectivity, and Trauma: The Identity Crisis of Modern Psychoanalysis is equipped with an acknowledgement section to commend all of those who helped translate certain portions of the book and also contributed excerpts of their own work, plus detailed References and Index sections to guide readers. The book is well-organized, from a knowledgeable perspective, and most importantly, gives psychoanalysts hope for the future of discipline.

The Primacy of Movement. Expanded second edition
Sheets-Johnstone, Maxine (2011). Philadelphia, PA/Amsterdam, Netherlands: John Benjamins Publishing Company. ISBN: 9789027252197. 574 pages.

Reviewed by: Larissa Lai, New York University

Human movement, the mind, and the body — these are all intricately linked with each other and often contemplated by scholars with interests spanning the humanities to the physio-biological sciences. Arguably, studies in psychology stand somewhere in between these fields, but regardless of whether the focus is on neuroscientific research or clinical therapy, this question is central to a psychologist's engagements — in trying to understand the human psyche, its relevancies, and more. In *The Primacy of Movement,* Sheets-Johnstone gives us a comprehensive trans-disciplinary examination of human movement and the long withstanding mind-body debate. A philosopher herself, Sheets-Johnstone uses her analytic ability to tackle the question in a deeply critical and precise manner.

From a philosophical perspective, , Sheets-Johnstone presents ideas from the classics — the Aristotelian school — to contemporary ideas in philosophy of mind, covering phenomenology, metaphysics, and epistemology. With these tools, Sheets-Johnstone goes through a variety of material to investigate the body-mind issue in the animate form as it relates to body-awareness and consciousness. She covers findings in evolutionary biology, the primitive humanoid, archeology, anthropology, then explores the significance of modern neuroscientific brain-imaging technology toward our understanding of the problem.

A good way to sum up the discussion of *The Primacy of Movement* is to borrow from its Chapter 10 header: "Why the mind is not a brain and a brain is not a body." The book is a precise argument surrounding this idea. While this statement may sound "unscientific" on the surface, and one may automatically link the idea to religiosity or point it out as outright "illogical", Sheets-Johnstone argues in a most analytical and intelligent manner as she does throughout, drawing evidence and inspiration from a variety of reputable sources and distinctive areas. She directs us to think about the question in a new way: while science can explain how movement occurred, the correct question to ask is why. This provokes us to think beyond our usual comfort zones and to explore the possibilities of the mind-body as we have never before. Sheets-Johnstone's book, as cliché as it might sound, merits a reiteration of Aristotle's famous quote: "The whole is greater than the sum of parts." Any scholar, scientist, researcher, or therapist might find it helpful to keep this in mind as they become flooded with daily routines and papers of studies that might numb the senses to the vastness of the body-mind. A reminder that the body-mind is way beyond a mechanical mass of mere figures and brain-scanners is refreshing and useful for all of those who are actively contemplating and intrigued by the body-mind question.

The Dream and Its Amplification [The Fisher King Review, vol.2]
Shalit, E. & Furlotti, N. (Eds.) (2013). Skiatook, OK: Fisher King Press. ISBN: 978-1-926715-89-6. 232 pages.

Reviewed by: Rachel Vitale, New York University

Shalit and Furlotti have taken a single topic—the dream—and broken it down into fifteen chapters of pure detail. In *The Dream and Its Amplification*, potentially every angle of a dream and how it affects the human psyche is discussed by 14 Jungian analysts from around the world. While the amount of analysis displayed throughout the book is impressive, the aspects that the editors chose to highlight are fascinating. They chose to accentuate certain aspects that magnify the function of a dream that most people might have never thought to be relevant.

C.G. Jung's work is heavily utilized in each chapter. He is quoted often and excerpts of his work are analyzed. In the first chapter, Shalit and Furlotti discuss Jung's views on the dream and its relationship with the unconscious. In Jung's opinion, the unconscious mind cannot be fully understood, even by one's own conscious. According to the authors, he also believes that the unconscious is the source of both the conscious mind and dreams.

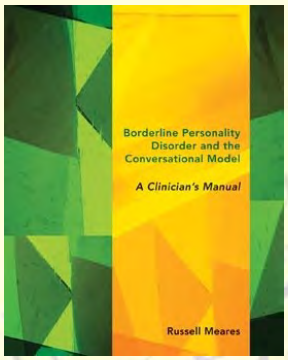
Certain chapters were quite unique. In Chapter Five, *Wild Cats and Crowned Snakes: Archetypal Agents of Feminine Initiation*, Furlotti describes dreams specific to women. She discusses two dreams of wild cats and two dreams of snakes, both specific to important transitions in a woman's life. In Chapter Six, *A Dream in Arcadia*, author Christian Gaillard does not discuss his own dreams, but instead takes readers on a journey through a dream that he paints. The dream is a complex topic, which is why readers can appreciate the unique angle these two chapters take. It is always easier to understand a concept that is relatable. By dedicating a chapter to the effect dreams have had specific to women, Furlotti has made this book all the more appealing to the female gender. The creative strategy that Gaillard used to draw readers into his chapter can also be highly appreciated.

The book is comprised of different voices spinning different tales, all on the same subject. Although the book is successful as a whole, two chapters stand out in particular. In Chapter Twelve, Kathryn Madden analyzes C.G. Jung's *The Archetypes and the Collective Unconsciousness*, while in Chapter Fifteen Gilda Frantz speaks of the dream and sudden death based on her own experiences. In both situations, dreams play a very dark role that many people may not be aware of. Both Madden and Frantz explain the dark impression that dreams have given them.

Dreams are often times considered far more complex than comprehensible—there is more to them than just vague, odd

scenarios that we can barely remember the next morning. Shalit and Furlotti do a fine job of expressing that in their book, *The Dream and Its Amplification*.

Borderline Personality Disorder and the Conversational Model: A



Clinician's Manual
Meares, R. (2012). New York, NY: W.W. Norton

Reviewed by: Nataliya Rubinchik, Hunter College

Russell Meares publicizes how the conversational model of therapy can help patients overcome many of the symptoms associated with borderline personality disorder (BPD). The conversational model aims to correct "distortions of habitual maladaptive forms of relatedness," or the disturbance in their "sense of personal existence." Both therapeutic content in and form of conversation between a patient and a therapist are required in order to hope to reconnect the patient's *self*.

Meares wrote *Borderline Personality Disorder and the Conversational Model* as a companion book to *A Dissociation Model of Borderline Personality Disorder*, a manual available for physicians to use to treat BPD. It is intended to be read by clinicians, psychologists, and other professionals in healthcare and psychology. With its numerous examples and well-organized chapters, this book is easy to understand even for someone who is only beginning his or her career in psychology.

Meares breakdowns the major factors of the conversational model: helping the patient identity his or her *self*; a "reflective awareness of inner events;" and helping the patient work through trauma that most patients with BPD tend to have experienced without pushing him or her over the edge. Creating a sanctuary for intimate and therapeutic conversation to take place is how patients begin to reestablish a connection between the self, the patient, and the outside world. The existing disconnection is what Meares believes is the main cause of borderline personality disorder. Studies recoded in this book support the idea that the conversational model works to significantly decrease the symptoms of BPD.

This book serves as a general guide for how the conversation model can be used to treat patients with borderline personality disorder. It includes examples from therapy sessions with various patients and addresses general and individual issues that therapists can encounter while working with various patients. It is written in an organized fashion.

Each chapter is broken down to describe the role of the conversational model in treating BPD. Individual studies add substance and explain further how symptoms of BPD can be treated and what hindrances can exist in treating individual cases. Transcripts help the reader put him or herself in the shoes of both the patient and the clinician and case studies help to support the authors' argument that the conversational model is successful in treating many symptoms of BPD.

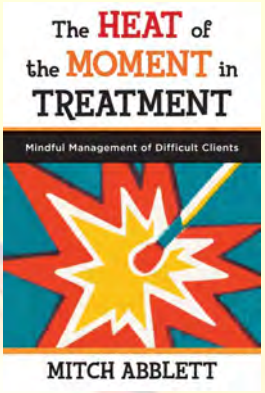
Cranio-Sacral Integration: Foundation
Attlee, Thomas. (2012). London: Singing Dragon. IBSN: 978-1-84819-098-6. 464 pages.

Reviewed by: Jazmine Russell, New York University

The first of five volumes, Cranio-Sacral Integration: Foundation, by Thomas Attlee, is a comprehensive guide to the cranio-sacral system and the therapeutic processes associated with it. This holistic therapy treats the physical, mental, emotional, and spiritual self by accessing the energy flowing through and beyond one's body. The book includes explanations of the different systems of the body, including physiological descriptions and pictures of the anatomy making it quite easy to follow. However, the book centers around the inner energetic flow of the individual, how this flow or stillness may affect the body, and how that energy connects to the world around it. Attlee aims to provide an overall theoretical and physiological approach to cranio-sacral treatment but at the same time emphasizes the individual and varying physical and emotional needs.

Cranio-sacral integration, according to Attlee, is relevant for people of all ages, from infants to the elderly, with different kinds of symptoms, including chronic and/or incurable diseases. He gives detailed explanations for therapists on how to proceed with a patient, how different energetic patterns may feel different to the therapist, and what skills therapists need in order to interact effectively in the therapeutic setting. However, Attlee also switches to the perspective of the patient by describing the theoretical process one may undergo in this therapy and what one can expect from this treatment. It is clear he treats his own patients with a gentle and caring hand, as many of his descriptions are thoughtful approaches to making the patient more comfortable, including which positions are better for their body and how to be mindful of your own internal state while interacting with the patient. This therapeutic approach is "not a matter of reading a book, nor a matter of technique or method" (p. 446) but rather a personal journey for those willing to spend the time and practice.

Attlee's aim to provide a "fundamental understanding and an overall treatment approach" (p. 446) is well met in this book. It is a beneficial guide for those interested in this energetic and holistic approach or those seeking guidance for a deeper engagement with patients and a further understanding of the physical as well as spiritual self.



The Heat of the Moment in Treatment: Mindful Management of Difficult Clients. Abblett, M. (2013). NY. W.W. Norton. 331 pages

Reviewed by: Nataliya Rubinchik, Hunter College

Written for experienced clinicians in the form of a workbook, *The Heat of the Moment in Treatment: Mindful Management of Difficult Clients* is "looking to explore, reassess, and transform the way they treat their most difficult clients." Mitch Abblett begins with a personal story to reel the therapist in through empathy, reassuring him or her that it is normal to have felt defeated with difficult patients in the past. However his goal for the next 300 pages is to take the reader on a journey that will end with him or her looking "beyond the client and the challenges they present."

Various exercises labeled "Lean In" are included for the clinician to work on analyzing his or her own behaviors, then amending them to fit difficult situations all the while working to get rid of the negative thoughts that are associated with these situations and with oneself. Abblett warns that in order to experience the full impact of this journey, the therapist has to not only read the words but to really apply the material to oneself and to one's work, even when it might feel uncomfortable at first.

The Heat of the Moment in Treatment is organized in such a way that every chapter teaches the clinician a lesson. Personal stories, interactive activities, and thought-provoking questions move the reader along his or her journey. No matter what activity, through the interaction of writing thoughts and experiences in a first-person workbook, the clinician has the ability to really dig deep into him or herself and learn to manage his or her behaviors.

This book has the potential to be a powerful tool for clinicians to connect with their clients, both challenging and not, on a level they never have before by teaching the clinician how to set limits while still keeping a compassionate and constructive relationship. If the clinician does as Abblett suggests in the beginning of the workbook and really applies him or herself to the material, the exercises can be useful to learn something new about oneself and to learn to control the negative emotions that are associated with challenging clients. Therapy is a give-and-take relationship, which through "perspective and emotional presence" can be one of "lasting meaning."

Treating Traumatic Stress Injuries in Military Personnel: An EMDR Practitioner's Guide. Mark C. Russell & Charles R. Figley. (2013). New York, NY: Routledge. 285 pages. ISBN: 978-0-415-88977-3 (hbk).

Reviewed by: Tina Lee, New York University

Treating Traumatic Stress Injuries in Military Personnel by Mark C. Russell and Charles R. Figley is a comprehensive guide on the practice of Eye Movement Desensitization Reprocessing (EMDR) within the structure of operational settings and medically-focused treatment centers for active military and combat veterans. Russell and Figley provide an overview of Medically Unexplained Symptoms (MUS) in the application of EMDR with in-depth analysis and case studies.

EMDR may be of particular interest to body psychotherapists in explaining how rapid eye movements are able to remove or reduce the emotional stigma attached to the victim's trauma. According to Russell and Figley, it is exceedingly common for military personnel to seek out and receive medical treatment for multiple unexplained somatic complaints for years, without any consideration of connecting the mind and body. Body psychotherapy is in tune with EMDR's goal of focusing on the client's autonomy along with the support of the therapist. The treatment focuses on obtaining harmony of the whole individual - mind and body as well as past and present life.

To that end, the guide looks at the individual as a whole, analyzing past childhood trauma that may still have an effect within military life. Combat and Operational Stress Reaction (COSR) is the adverse reaction military personnel may experience when exposed to combat, deployment-related stress, or other operational stressors. Examples include chills, hyper vigilance and even increased alcohol consumption. Rather than being limited to a handful of neuropsychiatric diagnoses, EMDR has paved the way to address and treat the full spectrum of war stress injuries. This guide is one of the first to fully address and encourage further EMDR studies.

Scarcity: Why Having Too Little Means So Much. Mullainaithan, S. & Shafir, E. (2013). New York, NY: Henry Holt and Co. ISBN: 978-0-8050-2964-6. 288 pages.

Reviewed by: Nataliya Rubinchik, Hunter College

The first lesson of every Economics 101 class is "scarcity," having to make choices because of finite resources. Sendhil Mullainathan and Eldar Shafir wrote *Scarcity: Why Having Too Little Means So Much* for the purpose of relating the biggest lesson in economics to this one universal problem that persists in society. Mullainathan and Shafir begin their lesson with the words, "We wrote this book because we were too busy not to."

Whether we're wishing we had more time, more food, or more money, the object of our desire becomes our only priority, forcing us to orient our lives around our obsessions. The authors explain just how scarcity captures the mind, sometimes focusing it to help us make good decisions yet other times burdening it, taking attention away from other important things. "It costs us: we neglect other concerns, and we become less effective in the rest of life."

Constraints force us to act quickly and make the best decisions possible with what we have. The problem is that when facing a scarcity, we focus entirely on the issue at hand, which may result in not seeing outside the box and expecting repercussions. This book, written by a cognitive psychologist and a behavioral economist, reinterprets an economic idea in a psychological way to then use it to further understand human behavior. The purpose of behavioral economics is to bring life back to consumer choices,

making economic analysis more realistic rather than based solely on theories. Psychology and economics go hand in hand, allowing us to observe how economic ideas factor into daily life and how it affects all choices, not just financial.

Scarcity is written in language that is understandable to those who have no previous knowledge of economics or psychology but are just interested in learning a little bit more about human nature and about how to focus on the positive of the scarcities we face. After all, we're too busy not to.

Each chapter is divided into subsections, every one of which includes at least one example explaining clearly what they mean. Studies and anecdotes are used throughout to illustrate the authors' point and apply it to real life add to the point, rather than steer readers away.

Soul and Spirit in Dance Movement Psychotherapy.

Hayes, J. (2013). London, UK: Jessica Kingsley Publications. ISBN: 978-1-84905-308-2. 224 pages.

Reviewed by: Nataliya Rubinchik, Hunter College

Dance movement psychotherapy was developed to create a bridge between the body and the soul. Established with Jungian ideas in mind, it views archetypes as part of who a person is. The belief that underlay this therapy was that people are not whole if all parts of them, body and soul, do not coexist. Hayes identifies the "spirit" as the coexistence of the body and soul. Body represents the modern cognition human beings share. Soul represents wild ambitions and instincts.

Without a whole spirit, there can be no true health. Hayes explains the flow that occurs between body and soul while one dances, repairing connections lost and pushing the dancer through issues on both a mental and physical level. She shows several ways a person can heal, relating all ideas to natural beings. Like a flower, one must first grow down, create a healthy body, and establish oneself in one's surroundings. Only then can he or she grow up, creating a healthy soul, and experiencing those surroundings.

Dance movement therapy is offered as one way to fix our outward conflicts by first creating peace inside. We must bridge our physical body/soul and our spirit; to recreate the connection that once existed. Once there is peace and harmony between all parts of our inner self it is possible to peel back the shields and begin healing wounds, usually those caused by loss or separation.

Hayes begins her book with definitions. She gives meaning to previously only imaginable ideas. As we begin to understand what she means, she pulls us in further with case studies and her own propositions. *Soul and Spirit in Dance Movement Psychotherapy* was written as a framework for how dance movement can be applied to psychotherapy. Examples of situations and case studies allow for readers to experience different potential situations. Potential readers can range from experienced therapists to the everyday person interested in dance movement. Most jargon is defined in the beginning, which makes it easier for readers to stay on point. Because most ideas are only conceptualized, the beginning of the book is tedious to get through; however, Hayes makes our journey as easy as possible with illustrations, explanations, and clear language.

Cultural Variations in Psychopathology: From Research to Practice.

Barnow, Sven & Balkir, Nazli. (Eds.) (2013). Cambridge, MA: Hogrefe Publishing. 286 pages.

Reviewed by: Jazmine Russell, New York University

Cultural Variations in Psychopathology: From Research to Practice is a must have for any researcher, clinician, student or therapist working with ethnically diverse populations or with an interest in the way cultural differences can affect their practice and study. The book was a result of an international workshop titled "Cultural Variations in Emotion Regulation and the Treatment of Psychiatric Patients" at the Institute of Psychology in Heidelberg, Germany. The workshop was intended for participants to share their culturally-oriented perspectives and techniques for both research and practice. This idea translates directly to the book, as it is a well-organized collection of articles discussing research, diagnosis, and treatment that takes cultural diversity into account in order to provide better mental health services to immigrant and minority communities.

Editors Barnow and Balkir begin by explaining "globalization" and the sharp increase in immigration around the world. Not only are immigrants in general at higher risk for certain mental health issues, but because of the different ethno-cultural backgrounds they bring to different countries, particularly in Europe, these immigrants will also have varied perceptions of mental illness and the appropriate treatment plan to follow. This creates a greater need for culturally sensitive research to promote a better understanding of these populations, as well as more informed clinical practices and mental health services to meet their specific needs, which is precisely what this book strives to encourage.

The book includes different articles that integrate and connect different subfields in psychology including neuropsychology (how culture shapes our brain), developmental psychology (how self-other relations develop in different cultures across the lifespan), social and emotional development (how different cultural expectations shape to emotion regulation), addiction, depression, and even psychotherapy. Touching upon everything from research to the DSM, specific disorders, psychotherapy, and treatment plans, this book provides a wide array of information contributing to an increasing push towards "cultural competence" within all fields of psychology. Because "culture dictates expressions of illness as well as our understanding," (Dinesh Bhugra, in Foreword) it is all the more important to expand our knowledge so we can be sensitive to the mental health care needs of people from all different backgrounds and cultures. Cultural Variations in Psychopathology: From Research to Practice reveals the true importance of interdisciplinary research and understanding the "interplay between migration, culture, and psychopathology" (p.4) in order to provide better health care services across the globe.

Her
Parravani, C. (2013). New York, NY: Henry Hold and Co. 308 pages. ISBN: 978-0-8050-9653-8.

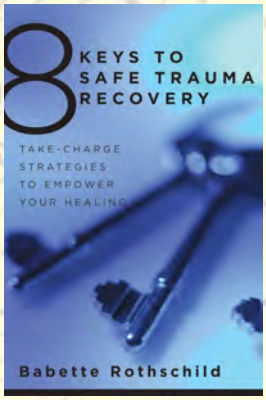
Reviewed by: Nataliya Rubinchik, Hunter College

Her, a memoir by Christa Parravani, tells a story of a twin who lost her sister and herself and yet managed to come out the other side alive. This narrative of the life and loss of twins is a important addition to psychological literature. After Cara died from an overdose , Christa felt obligated to follow in her sister's footsteps and somehow become her. "One twin goes and the other must follow. The big temptation after my sister died was to overdose or shoot myself. I got ready to die . . . I turned myself into Cara. I wanted to chase my sister into the afterlife." Despite this desire, she lived and went on to tell her through writing, beginning with this novel. "Cara had begun her own memoir. No one can finish it . . . With my findings, I've patched together our tale."

There is a fifty-fifty chance that a twin will die within two years of their sibling's death. Christa survived, carrying with her the memories of her sister, which she created into a truly inspirational novel worth reading. *Her* gives readers the ability to see deep into the relationship between twins and to feel the happiness and pain that comes from such intimacy.

Christa tells the story of the twin's childhood and adolescence with the help of Cara's journals. When pieced together, every sentence of every chapter, even when it does not come from the same person, makes perfect sense. We read about Cara's rape, the turning point of their lives, in Cara's own words straight from her journal. She addresses herself in third person, seemingly wishing to separate the girl who was assaulted from herself, which in turn allows the reader to connect with her on a deeper level.

Her addresses a variety of psychological issues: how an identical twin lives in respect to the other; how one can survive having lost his or her half; loss; grief; drugs; survival. The loss of a twin, while not the same, can be related to losing a family member or a friend. As Christa says, "It was difficult to appreciate the ocean without my twin; to see the world apart from her was to be there only by half."



8 Keys to Safe Trauma Recovery
Rothschild, Babette. (2010). New York, NY: W.W. Norton & Company. IBSN:978-0-393-70605-5 . 174 pages.

Reviewed by: Jazmine Russell, New York University.

Often times in trauma treatment, re-remembering the incidences or events of the past which caused the distress is believed to be integral to one's recovery; however, Babette Rothschild challenges this idea with what she calls the principle of "common sense". To Rothschild, no two individuals are completely alike, and it makes sense that with different experiences they will have different roads to recovery. Because of this, re-remembering and experiencing the past may be useful for one person but not the next. Therefore, she promotes above all a "safe" recovery, which does not mean it is painless. However, she believes it is possible to heal without intensifying or provoking suffering. She emphasizes the idea that one's quality of life should be of utmost priority, and it is around this idea that she develops her guidebook: 8 Keys to Safe Trauma Recovery.

Outlining her strategies, beliefs, and concerns from the start, Rothschild also gives a small "disclaimer" at the beginning of her book. Her intent is to give the reader control or to put them "in the driver's seat" (p.2) of their own recovery. She leaves it up to individual clients to decide what feels right to them, which goals seem achievable, and which steps seem unnecessary. Therefore, because the main readers will most likely be non-professionals who are also consumers of research and theories set forth in this book, Rothschild makes sure to explain that everything she writes is on the basis of hypothesis and speculation. There are no hard facts, and consequently the reader must "chew on" the material at their own discretion and pace.

Rothschild's ability to meet the reader at an honest and humble level, I believe is her biggest strength. She makes her role clear and that is to be a provider of information and act as a guide in building the capacity to listen to one's own inner thoughts, sensations and feelings in the recovery process.

Providing relevant theory in bite-sized portions, giving clear and inspiring real-life examples, and supplying the reader with the power to "direct their own healing," (p.1) Rothschild successfully creates a guide to trauma recovery which emphasizes manageable and safe healing.

The Heart and Soul of Psychotherapy: A Transpersonal Approach through Theater Arts. Linden, S. B. (Ed.). (2013). USA: Trafford Publishing. 511 pages.

Reviewed by: Maria Nomani, Stony Brook University

The Heart and Soul of Psychotherapy: A Transpersonal Approach through Theater Arts, edited by Saphira Barbara Linden, introduces the intriguing application of transpersonal drama therapies to confront physical and mental illness. Her approach centers on the identification of one's soul and achievement of human consciousness, out of which wholeness is reached and health is regained. *Please visit the USABP website for the full review.*

Reflections

By Christine Gindi

I was brimming with excitement. Upon arriving at Logan International Airport, I dashed into my rental car for my trek to the Seaport World Trade Center where Bessel van der Kolk's Trauma Center was holding its 18th Annual International Trauma Conference. Driving to the venue on a sunny Boston freeway, I smiled and already felt that this trip was well worth the red-eye flight from Southern California. The lineup of conference presenters, as well as the topics covered, spanned an impressive array of neuroscience and attachment subjects and various therapeutic interventions. I was hungry to learn.

The field of trauma healing through the multiple lenses of neuroscience and psychology still felt very new to me at that time. In 2007 I worked as a craniosacral and polarity therapist with no formal training in psychology. I gladly stumbled into this clinical world through my own accidental healing and my curiosity and fascination continued to grow and expand. Learning the lexicon of trauma negotiation proved engaging as one principle built on top of the next. I was just beginning to connect the dots, from decoding formal psychobiological jargon to understanding the physiological subtext underlining people's everyday lives. I studied the work of some of the presenters and was excited about hearing them speak for the first time. It can be a magical experience connecting with someone first through their written words and then meeting them in person.

I was particularly excited about Dr. Gendlin's presentation because he authored the seminal book *Focusing* which helps people be attentive to the development of their felt sense with curiosity and non-judgment. Learning this skill had a profound impact on me in my Somatic Experiencing and Sensorimotor Psychotherapy trainings. Over time I began to trust that my body could shift between pleasurable and uncomfortable sensations and that it was natural to expand and contract. My internal experience of safety and pleasure reassured me that I wouldn't be stuck in an abyss of fear and discomfort forever. As my growing visceral reference point of enjoyment and secureness grew stronger, I began to titrate how pain could move and transform through me if I allowed. In the past I braced against discomfort, which would predictably cause more suffering. By relating to my bodily awareness as a neutral observer, I was able to experience the emerging pieces of implicit, procedural memory from a standpoint of open attention rather than a rush to create a cohesive narrative. I am deeply grateful to Dr. Gendlin for what Focusing has taught me and how his approach to access implicit bodily knowing informs somatic psychotherapy.

Amidst conference presentations that concentrated on neurobiology, brain MRI's, and therapeutic approaches to trauma treatment, I found Dr. Eugene Gendlin's lyrical presentation unique and intellectually haunting. What made his lecture so memorable was how he played with language and concepts from a philosophical perspective. He discussed how we are not only human, but we are also animals, plants, tissue-process, and cultural stories (Gendlin, 2007). Some of his ideas baffled me while others felt intuitively true. I slowed down and gently lay my notebook filled with copious notes on the floor. His explanation of how there is no "is" left me delightfully bewildered. After the conference, I read the transcript of his talk repeatedly in order to try and understand parts of what he was saying. Instead, I felt a lingering koan of what "is." What is the body? What is the psyche? What is the self? Freud (1923) said that the

self was first and foremost a "bodily self" because individuals gain an initial sense of themselves in the world through their awareness of sensations in their body (p. 26). Perhaps in an attempt to find some answers, I return to the quiet simplicity of my internal felt sense in the present moment.

I smile at how my mind whirled to meet Gendlin's abstract linguistic dance of meaning that ultimately originates and concludes in bodily processes. His concept of the body's generative ability through living interaction intrigued me. According to Dr. Gendlin there is "no body" as a thing set in time but always a "body and environment" where the body is a relational organism generating itself in different contexts. He stated, "But the body is *not* a structure that just "is" in the environment, in space, like you see me sit here. The body is where I am out here talking to you, where I'm all the way out there, and without this, (*he gestures*) my body wouldn't be the way it is right now" (Gendlin, 2007, p. 2). The body as an animate living organism included in the cosmos and continually redefining itself and the environment fascinated me.

Years later, I connected Dr. Gendlin's "body and environment" concept to some of the tenets of Object Relations theory in a graduate, somatic developmental course. While Gendlin proposes that the body, like the human being, does not exist in a vacuum, "Object relations theorists maintain that there is no self without an other" (Hughes & Wells, 1997, p. 4). In fact, "Object Relations places relationship at the heart of what it means to be human (Gomez, 1997, p.1). Certainly, Dr. Gendlin's "body and environment" concept is imbedded in relationship. In addition, Dr. Gendlin attempts to strengthen a person's ability to be with all their sensory guests by cultivating a strong observing ego, a consistent body ego. In Object Relations theory, there is an important construct related to the self called "self constancy" (Hughes & Wells, 1997, p. 3). Self constancy is the coherent experience of the self having continuity in time and space (Hughes & Wells, 1997, p. 5). People who lack self-constancy experienced environmental failure during their development where a lack of attunement caused an erratic experience of themself. In Object Relations psychotherapy, "emphasis is placed on the importance of the internalization of relationships with others that become enduring structures in people's minds, influencing their perception of self and others as well as their behavior (Hughes & Wells, 1997, p.56). The intrapsychic template of relationships becomes transformed through a positive important relationship with the therapist. According to Dr. Gendlin's Focusing approach, the therapist guides the client to a positive relationship with themselves by tapping into their body's inner wisdom through a curious, inviting attitude towards bodily awareness.

What helped me develop a stronger sense of self was to choose how to relate to my felt sense. In other words, I didn't treat my negative internal experiences as the authentic source of my identity but as temporary physiological states, as guests in my house. I also increased my attention on positive sensations and pleasure since for so long I only attuned to my body when I was experiencing negativity. Dr. Gendlin described Focusing as inviting the guest of a particular experience into greater bodily awareness. He stated, "That's a *different* thing. Inviting the 'guest.' Inviting the 'that.' And then *it comes*. The person is still actively interrogating this 'that.' 'What *are* you?' Thereby the person is a much larger person, and the space is a much larger space" (Gendlin, 2007, p. 2). The process of inquiry around my physical sensations creates a healthy distance for me where I do not overly identify with my physiology in the moment. My environment and I feel more spacious through the capacity to observe, reflect and not grasp my experiences with rigid self-identification. I appreciate how my growing resilience and self-regulation impact my own identity in the world; I feel stronger and more capable to thrive in the face of stressors that would have been debilitating in the past.

I worried about some of the stressors that I perceived in some of the therapists at the conference. I felt sad and concerned because some of them walked with a collapse like they were carrying the burden of the world on their shoulders. I was scared of becoming a psychotherapist for that reason; I didn't want to suffer from what I believed was their vicarious traumatization from their clients. I felt compassion for the depressed therapists I saw and thought to myself, *If only they could sense their bodies with their clients and let all of those sensations move through*. Somatic psychology held the promise for me that my body mattered as a therapist and that I could hold dual awareness of both my client and myself. I wanted to bring my whole self to the future practice of psychotherapy, not just experience myself as an analytical talking head. I wanted to participate in the animated and alive "body and environment" that Gendlin referenced. As a future clinician, I wanted to track my sensations and let them move through me instead of splitting off from my body in a hyper-intellectual attempt to analyze my client. The somatic experience of the therapist was just as important to me as the somatic inquiry of the client.

As somatic therapists, we have greater permission in our field to access our own bodily felt sense as tools for psychotherapy and our own self care. We may make decisions about what interventions to make based not only what we see but what

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we feel. It is important for us to be aware of not only what points of awareness we keep revisiting but why we may be revisiting them in the first place.

I brought practically the same set of questions to my psychotherapy training that I had in my touch therapy training, specifically around what I felt as a therapist. How much of what I'm sensing is mine and how much is directly related to my client? It was my study of Object Relations that addressed different types of countertransference that helped answer my questions. In *Object Relations Psychotherapy*, authors Hughes and Wells (1997) offer a distinction between subjective and objective countertransference. "Idiosyncratic responses of therapists -to-patients based on therapists' personal history" are referred to as subjective countertransference while "objective countertransference feelings are more reality-based experiences that usually result from the patient's behavior" (Hughes & Wells, 1997, p. vxi). It's important for therapists to wrestle with this important difference. While it may be important for therapists to be aware of their own bodily felt sense during psychotherapy, it's also important for therapists not to infer that their bodily experience is *always* the barometer of truth in a clinical setting. Some traditions of psychotherapy offer that a therapist's bodily counter-transference automatically gives them important information about their client; this is in marked contrast to object relations theory that differentiates between objective and subjective counter-transference.

One of my dearest friends from the Somatic Experiencing community happens to be gifted when it comes to objective somatic counter-transference. He is one of the most exquisitely resonant and sensitive people I know. When we watched videos of Dr. Peter Levine doing Somatic Experiencing sessions together, we would pause the DVD and discuss what we were observing in Peter and his client; we shared our interpretations of Peter's interventions and talked about what we would do next if we were the practitioners. What impressed me about my friend watching the DVD was that he was tracking sensations in his body based on what he was seeing in the client's body. His responses felt grounded, to me, because of his direct perception of the client's physiology rather than overly interpreting his own physical feelings based on the verbal content of the session. He also knew himself well enough to sense when his own subjective somatic counter-transference was occurring. He's also shared with me that he can sense in his body where the shifts in the client's physiology are heading.

I had a similar experience with a client where I was sensing things happening in my body immediately before my client sensed and named it out loud. Some of my sensations provided a template for specific questions to ask her. When I started to feel a warm sensation running down my legs that I didn't ordinarily experience, I felt prompted to ask her what she noticed in her legs. When she reported the same sensation, I felt affirmed that I was moving in the right direction in regards to where to bring her awareness. Reclaiming her sense of self in the lower part of her body, specifically her legs, became an important theme that guided the session. I'm glad I listened to my body because it helped guide me along the way.

I never regarded myself as someone who was prompted by somatic objective counter-transference as a tool for specific therapeutic interventions. I didn't feel that I could connect that strongly to my body for that kind of information; I've found that it just happens organically. The more I connected with bodily awareness that stabilized me, the more I developed self-constancy on a physical level. My coherent self was emerging which meant I could serve my clients with a stronger container. While there is a rich dialogue about how a psychotherapist can best facilitate the client's healing, it is important for the somatic psychology community to acknowledge the power and limitations of somatic counter-transference in psychotherapeutic settings.

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We watch for a change in pupil size to indicate intellectual or emotional activity, which signifies interruptions of the charge, and we ask the client what he is experiencing. If the client has a blank or glassy stare, this indicates splitting off, and the first task is to get the client present. We ask him to look around the room and name the colors of objects and so on. When a client seems to be withdrawing from contact by not looking at the therapist, we ask him to make this behavior explicit by stating his refusal to make contact or by closing his eyes and actually withdrawing from contact" (Rosenberg, 1985, p.124).

"The eyes have both expressive and retentive functions. As the window to the soul, the eyes are always expressing, even when they appear blank. The eyes are a very private place, and much emotion is held in them. The predominant emotions manifested or suppressed in the eyes are love, joy, shame, anger, fear, and sadness. Anger is often shown by a wide-open glaring look, or a contracted look, while fear looks similar, but without the glare. With sadness we see misty, red, moist constricted eyes, and with shame we see moist downturned eyes" (Rosenberg, 1985, p123).

The Oral Segment

"The mouth is an extremely important aspect of our whole being. This is the part of the body that has the most and the earliest contact with the world. A baby gets his first nourishment and nurturing from the mother with his mouth. Later he puts everything he can into his mouth to test. The mouth has many functions: expression, aggression, nourishment, respiration, sexuality. The mouth is a very vulnerable area, so it is important to be aware that much emotion can be released when a block here is opened. Some of the expressive functions connected with the mouth are talking, crying, laughing, and smiling. It's also used for biting, spitting, gagging, swallowing, and sucking. Some of the related attitudes are: aggression, helplessness, dependency, holding on, and sexual feelings" (Rosenberg, 1985, p. 125).

"The mouth and jaw can also contain repressed anger and rage, due to withheld aggression. The development of teeth causes the interruption of the pleasurable activity of sucking at the mother's breast. The infant must withhold his aggression (biting) in order to receive nourishment. This causes enormous frustration and rage. If a person represses his aggression and is stuck at the earlier stage of sucking, he will tend to swallow whole ideas and attitudes without really chewing (assimilating) them and making them his own. This aggression is often turned back on the individual as in fingernail-biting. Many people exhibit, as adults, infantile oral patterns such as lip biting and sucking, tongue thrusting, as well as the more obvious activities associated with the mouth, such as overeating, smoking, and alcoholism. Fixed patterns of the jaw are often associated with the characteristics of holding on and of repressed anger and may have to do with maintaining control. When a person is clenching the jaw, the therapist may suspect the person is repressing expression of this anger" (Rosenberg, 1985, p. 126).

The Cervical Segment

"In the throat and neck there are many vital and sensitive structures: the jugular vein, the thyroid and parathyroid glands, the carotid arteries, and the carotid sinus (which regulates blood pressure). It is better to use acupressure and movement with this area than to massage it directly. Muscular release can be done at the back of the neck" (Rosenberg, 1985, p. 128).

"The functions of the throat include: swallowing, speaking, crying, screaming, and so on. There are a number of ways to release the throat: gagging, hanging the head backward over the edge of a bed or pillow, or by protruding the tongue on inhalation. An important diagnostic factor in locating a throat block is to listen carefully to the quality of the breath, especially the exhalation. Notice where the breath is catching (making a rasping sound), and this will show where the throat block is located. Screaming, yelling, coughing, and crying will also release the throat and are valuable if done for release and not just for the sake of venting" (Rosenberg, 1985, p. 128).

"There are a number of deep muscles in the throat and neck segment, but we center our attention on two of them: the trapezius, a very large muscle that runs from the back of the neck across the shoulders to the center of the spine; and the sterno-cleido-mastoid, extending from the mastoid bone (behind the ear) to the sternum and the clavicle. Stretching the trapezius is really the best way to release the neck. Rolling the head from side to side will often also loosen the neck" (Rosenberg, 1985, p. 128).

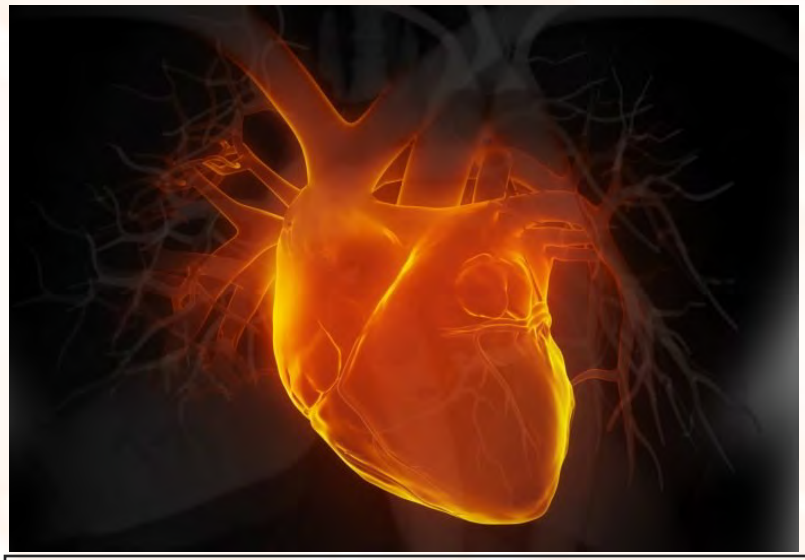
"The intrinsic muscles of the throat are important because a reciprocal relationship exists between a throat block and a pelvic block. Removal of either of these blocks may intensify blockage in the other area. That is, if the neck loosens, the pelvis tightens, and vice versa. This relationship between the throat and the pelvis will be discussed more fully in the pelvic segment. It is not merely a theoretical relationship, but an anatomical, functional and energetic one as well, and this relationship can be found as a concept in all body systems" (Rosenberg, 1985, p. 128).

The Thoracic

"Besides its function of breathing, the thoracic area is important as the home of the heart, doorway to the sense of Self, well-being and compassion. Opening the eyes is the first task of therapy, but opening the heart is of equal importance. When this is done, a connection is made between therapist and client that is often the start of the trusting relationship. Never consider opening other segments (especially the pelvis) before the heart center is opened. This creates a softening and releasing that allows the work to proceed. When we move to the pelvis, there may be a separation between the feelings of the two segments (love vs. sex, for example) so we will have to open the thoracic segment again" (Rosenberg, 1985, p. 129).

"Once the person has opened his chest and felt the concomitant sense of well-being, it is always possible to return to

that area and to reestablish the connection between client and therapist in order to continue further opening of the rest of the body. Building the sense of Self in the body is important because it becomes the support for doing the psychological work. Splitting off will often occur with the opening of the chest as well as with the eyes. Here is where we will see a connection between the eyes and the chest. This is a withdrawal of the Self from the world, in a protective mode. Opening the chest will reduce splitting off and will further the relationship between the client and therapist"
(Rosenberg, 1985, p. 129).



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"The thoracic segment extends from the diaphragm to the clavicle and consists of the rib cage, lungs, heart, arms and hands. Remember that the arms and hands are extensions of the chest and are used for reaching out and for protection" (Rosenberg, 1985, p. 129).

"This segment is, of course, concerned with breathing. Psychologically, because the chest contains the heart, it is the seat of interpersonal, passionate, soft, yielding, trusting, joyful, compassionate, affectionate, and loving emotions. An injured or broken heart may also harbor sadness, longing, pity, pain, and sorrow. The chest, hands, and arms express these emotions. The individual who holds tension in the chest shows a protective attitude that guards against injury but also keeps out warmth and nourishment. This protective attitude can be seen in a concave chest with shoulders rounded forward or raised in fear. This tension develops into fixed muscular patterns that limit expression, cause pain, and affect breathing, thereby affecting health. These fixed muscular patterns also reduce the flow of energy and feeling to the area" (Rosenberg, 1985, p. 129).

The Diaphragmatic Segment

"The diaphragm is directly related to breathing, so It IS a very important segment and extremely resistant to change. The diaphragm itself is a broad, flat, sheet-like muscle that attaches directly under the rib cage and extends through the body to the spinal column. It rests below the lungs and just above the abdominal organs" (Rosenberg, 1985, p. 132).

"The diaphragm functionally separates the two halves of the body. Deep diaphragmatic blocks are very common and certain activities may lead to diaphragmatic rigidity. Many practitioners of certain types of yoga, for instance, have learned a breathing technique as part of their training that effectively immobilizes the diaphragm by locking it in one position. Wind instrument players and singers also often have diaphragmatic blocks (Rosenberg, 1985, p.132).

"Because the diaphragm controls breathing, any tightness and rigidity restricts feeling as well. Because of its position as a "1id"over the abdominal cavity, the diaphragm can hold down 'gut'feelings in the belly and sexual feelings in the pelvis. When it moves freely, the energy from the lower half of the body is allowed to flow to the upper portion of the body (chest, arms, throat, eyes) for expression.
The diaphragm plays a central role in the breathing process. It is the place where the autonomic and central nervous systems come together, meaning that breathing can be either unconsciously or consciously controlled. It is extremely important to the whole organism that the diaphragm be healthy and move freely. The interrelatedness of the belly, diaphragm, and lungs becomes very apparent when we understand the functioning of the diaphragm. The healthy functioning of the thoracic and abdominal segments depends upon unrestricted movement of the diaphragm"
(Rosenberg, 1985, p.132).

The Abdominal Segment

"This segment begins at the diaphragm and ends at the top of the pelvis. Although this is the most unprotected and vulnerable area of the body, many vital organs are contained here. So it is understandable that many people contract their abdomen during times of stress. The abdomen constitutes the core of the body in most Asian systems. Many emotions originate here, and people often tighten the abdomen in an effort to control them" (Rosenberg, 1985, p. 133).

"The primary muscle in the abdominal segment is the rectus abdominus, which attaches to the sternum and the pubic bone, and shields the abdominal organs. Caution should be used if the client has a history of digestive disorders, back problems or injury. Weakness and lack of tone of the abdominal muscles will stress the lower back and cause pain in the muscles in the lower back (Rosenberg, 1985, p. 133).

"The most important thing that occurs in releasing the abdomen is a flooding of withheld emotions, usually expressed by sobbing and deep infant-like crying. When this happens, the abdomen will move convulsively. Release of the diaphragmatic and abdominal segments can be assisted by teaching the client how to breathe into these areas. Abdominal breathing stimulates the parasympathetic response so it has a calming effect" (Rosenberg, 1985, p.133).

The Pelvic Segment

"Work with the pelvic segment is probably the most important and the most difficult of all. Opening the pelvis can be very invasive. The pelvis should not be opened early in therapy. Even clients who have experienced some degree of physical and emotional opening in the therapy may begin to close up and block again at the onset of pelvic release work. For example, the eyes may begin to block again (splitting off). Since pelvic blocks are reciprocally related to neck, throat, mouth, and shoulder blocks, freeing one area may be associated with increased blockage in the other. Therefore, we pay close attention to the upper body while opening the pelvis" (Rosenberg, 1985, p. 134).

"The important part to remember is that the holding in the pelvis is there for a reason, and we don't want to work in the pelvis without paying attention to the reason that a person has blocked off that area. We want to remember to respect his defenses. This is particularly true for working with someone whose defense mechanism is one of splitting off from sexual feelings" (Rosenberg, 1985, p. 134).

"Often people believe that they're splitting off, but what they're actually doing is cutting off their feelings in their pelvis and in their body. Remember that as we start working directly with the body, we begin with the least invasive technique first. So, in opening the pelvis, we start at the verbal level, and we address the mouth, throat, and neck area before we begin actual work in the pelvis itself" (Rosenberg, 1985, p.134).

"Pelvic blocking may be indicated by a general unawareness of the pelvic region, or a sense of deadness. As the work begins, the person may often report no sensation. The first step in opening the pelvis, therefore, is to bring awareness to the area" (Rosenberg, 1985, p. 134).

My approach is to gently open the body by expanding the container with supported yoga poses and parasympathetic breathing to increase energy flow. As the contracted muscles relax, the energy bound in the contraction is released into the system. If you pour water into a glass vase it will eventually spill over as the glass can only contain a limited amount of water. If you fill a water balloon with water it will stretch and contain more water. Likewise, a relaxed body will expand and contain more energy. My goal is to keep the client present and grounded, and in contact with me. It is only then, when the client can be in contact with her embodied sense of self and with me in the room, can we begin to explore the psychological material buried beneath the muscular holding patterns and energetic blocks, often for a lifetime and perhaps even before.

One client of mine had a twenty-year addiction to marijuana and even after being clean for another twenty years remained quite dissociated and ungrounded. He discovered in a body oriented session that his mother had been given general anesthesia during his birth and that he too, had been anesthetized during his birth, which had lead to a lifetime of anesthizing himself.

Most of our early traumas are deeply buried because they occurred as early as conception or before (epigenetics) so they existed well before the development of the prefrontal cortex. Epigenetics is the study of multigenerational environmental issues that influence whether certain genes turn on or off in future generations. These memories are cellular and can never be recovered at the cognitive level. These injuries to the emerging sense of self developed in a relational context and can only be healed in a relationship. Hence the popular term these days: interpersonal neurobiology.

As Kohut (1982) said, "hopefully the Selfobject will be a positively reflecting mature one," meaning hopefully those who reflect us will do so in supportive manner. One doesn't do all this simply by observation and awareness alone. Somatic psychotherapy is not non-verbal, although it could be. I use a thorough multigenerational history questionnaire with my clients. This gives us a map of the territory (body) so we may avoid cliffs or detours ahead. For example, if I know of birth trauma involving the umbilical cord and there is a holding pattern in the throat, I may suspect that there is an association to the cord trauma. People with cord trauma often can't wear turtle necks or scarves, or have difficulty swallowing or have fear of vomiting or suffocation or have inhibited gag reflexes (Rand, 2013).

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 of 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 many published papers on body psychotherapy. The latest entitled, *Defining Moments For Therapists,* was published April 19, 2013. They can be found on her website www.drrandbodymindtherapy.com and on Amazon.com

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The orthodox psychiatric perspective is dedicated to a highly biased and selective experiences of living feeling contact. The orthodox psychiatric perspective is dedicated to a highly biased and selective diagnosing of psychological weaknesses and impairments in humans and utterly ignores the strengths and virtues and awesome beauty and potential of human functioning. Embracing a kind and gentle humanism as Ron Kurtz suggests as a proper psychotherapeutic attitude towards clients that is unconcerned with classifying them into psychopathological typologies, encourages a greater feeling acceptance of the client just as he is from moment to moment without relying upon thickly prefabricated mental constructions of psychopathplogy.

One can take the same attitude towards the use of bodywork. We should give up our mercilessly perfectionistic standards of teaching the doing of Bioenergetic Stress exercises correctly that the male followers of Lowen and Lowen himself have given excessive emphasis to. Organismic Psychotherapy has experimented with a broad range of exercises too numerous to ever describe that give the client the spontaneous freedom of choice to create his or her own energy mobilizations and to change them as their feelings and impulses in the moment prompt them. The practice of regularly superimposing the high stress exercises during sessions as Lowen does because he believes that the execution of these exercises and their prolongation expresses that the client is shedding his armoring successfully is a deceptive falsehood. His whole bioenergetic superstructure is built around a faith and an erroneous belief that the more stress the client can endure the less armored he is becoming. The actual contrary is closer to the truth, namely, the more stress the client can endure the more his hyperadrenalinized voluntary muscles become the chief foundation of the client's healthy functioning. Such a belief is the blind prejudice of too much domination by the back half will centers and big ego formation of vertically over-grounded people. Lowen was himself the slave of such a one-sided domination.

This latter observation was strongly brought home to me when I once worked with a Englishman in London who was very schizoid and whom we shall call Robert who had been a chief engineer with IBM in the USA until nostalgia for his own culture brought him back to London where he still worked for IBM as one of their most valued high paid employees. Most importantly, this man had been featured in one of Lowen's books as a sterling example of how he had been thoroughly healed by Bioenergetics. I was truly impressed our first six months together with how magnificently he could do all the stress positions recommended by Lowen and produce a tremendous shaking of his whole body as he lowered his torso and bent his knees and upper legs extremely forward until at one point his knees nearly touched the ground while he remained standing. He was a walking bundle of bulging, well coordinated muscles. However, every time I asked him what he was feeling while doing his remarkable calisthenics he could never tell me. He liked to tremor, he said, and he obviously believed Lowen who told him that his capacity to execute such tremor filled stress positions with so much shaking and for such a long time meant that he had largely dearmored and was healed.

Many months later I learned that while doing his standard stress positions as taught him by Lowen he was feeling nothing more beyond seeing a kind of hollow emptiness around and outside of him. He kept seeing a blank screen with black and white geometrical forms that remained meaningless but this too had the aura of an empty kind of vacuum for him. There were no human or animal figures visible and nothing ever changed in his psyche from one session to the next when performing his advanced stress positions so perfectly.

After many months of weekly sessions I started asking him intrusively what he was feeling or thinking while he performed his stress positions. His standard reply was "Nothing." Later he changed it to "I feel like nothing," or "I feel like an empty vacuum inside," or "I feel like I am a machine without feelings." When I shocked him one day by telling him that I personally found him for real to be just like a machine without feelings, he felt quite destroyed by my observation. It was not easy to tell such a depersonalized man that he had no unique identity as a person. Then I started to intrude myself more aggressively and I asked him to describe his present relationships that he has with others whom he cares for. He confessed that he had no such relationships. He said that he never had needed them. The fact that he was given complete freedom during working hours at IBM to do whatever he wanted that facilitated him producing new ideas for new products might have encouraged his denial of the need for close personal relationships. He claimed that he could do this best when he was completely alone for hour after hour while at his private desk in his large private office high up over the whole region of the city.

He then told me for the first time that he had the title of "Director of the New Products Division at IBM London." When I asked him who among his fellow engineers he held dear, he said no one. Finally I asked him to relate his sexual history. He said he went to the same prostitutes once every two weeks both in New York and now in London and had no interest in courting women personally. Lowen describes this man as healed. In fact he is so afraid of other people that he is moderately comfortable only in the presence of his psychotherapist.

I forbade him during our second year together to do any kind of do-it-yourself exercises during our sessions. He had to lie out on the mattress and be touched by me nurturingly week after week. After he failed to show any evidence for any surface bodily or psychological changes for the better after nine months, I told him that it appeared to me that my nurturing direct touch was not helping him. I then proposed that he has the choice to terminate with me doing individual sessions and instead he could join my weekly therapy group meetings. He suddenly became very adamant about refusing to join the therapy group but he could not tell me why, but he also became equally adamant that he did not want to terminate with me. Thereafter in my growing feelings of impotence I

forced him at some point during each session to sit upright in a chair and face towards me and with his eyes open tell me what he had done during the whole past week. He retreated into silence and then felt he could not keep his eyes open and he had to involuntarily close them.
We sat there in silence and he failed to remember what had happened to him during the past week. Finally he remembered how he had been racing his own stock car with other professional car racers on the weekend but this past weekend he had won the race. When I asked him how he felt, he was unable to reply spontaneously and instead manifested a face of enormous diffidence. I knew he had not felt very excited or emotionally satisfied that he had won. All he said rather flatly was: "I won again for the tenth time."

When I terminated with him when I left London and returned to the USA several months later, I felt like I had not helped him at all. I regarded myself as a failure. I decided to tell him this on our last session. He became very aroused emotionally and protested strongly, even with some emotion when he said: "I don't agree with you. I have found our sessions to be a very great help. You have been very understanding and patient with me and I have relied upon the quietude and the contact with you of my weekly sessions as being indispensable to my continuing stability. Please do not think that you have not helped me."

I had to believe that what he said was true, and I knew that it would have been wrong of me to contradict him. I could never be deeply honest with him about anything since the beginning of our treatment. This in itself told me how much my treatment had been an almost complete failure. He remained a walking robot in all probability for the rest of his life and probably continued at IBM and eventually became a senior executive. Although he had a beautiful, powerfully muscled body, he remained an empty walking robot and completely devoid of any semblance of a feeling-centered core self.

Let us now go on to talk about a few specific places of the body that when touched yield specific information about the person. We will start with the back of the neck. When clients show little resistance to such touch but like it enormously for its feeling containment effects they are usually vertically undergrounded or else completely armor free and they remain accessible to further softening of their neck muscles through tender styles of subtle palpation or else an extension in time of enduring immobile touch. If, however, the soft nurturing touch rapidly engenders a rapidly growing intolerance for it and the client must shrug off the contact altogether, they are usually vertically over-grounded. They usually have a big split between their mind and their body, and if they have little patience to continue it, then they are neurotically rigid, but if they can endure it endlessly and show no outer signs of resistance then they are schizoid.

In terms of which Beingness need has been most satisfied and which has been least satisfied, with vertically over-grounded clients they rely excessively on their back Being centers to carry them through all crises. These are people who have learned how to harden themselves against adversity and use their ego-driven will to conquer whatever challenge that the outer world may present. They form the majority of persons who pride themselves on being tough and strong egoed and who always manage to meet outer stress situations adequately. Their reliance upon heartfelt relationships is distrusted as well as any probing of one's inner feelings for solace and comfort. With vertically undergrounded clients surrender of one's will and resignation to outer circumstances is the preferred way to go plus a penchant for withdrawing excessively while feeling victimized by others. Their need for egoic self-assertiveness is sadly missing in their lives and they run away from all forms of subject-world confrontation.

With the early wounded or schizoid and many borderline clients these people lack boundaries other than those psychopathologically defended ones they erected early in life just to survive. There is never any real engagement with others stemming from their core selves or their endodermal blood flow because these two psychic forces are largely non-existent and often require a lifetime of adventures and warm relationships to build a minimal proximity to a full core self that is integral to the personality structure.

When we administer nurturing touch to the abdominal cavity and place one hand softly over the umbilical chord and leave it there for five to ten minutes there can emerge a broad range of different dramatic reactions. The vertically undergrounded patient will enjoy it and welcome its extended continuance, but the vertically over-grounded types will become quickly disturbed by it and will actively move their bodies against it and shake off the touch as soon as they can risk offending the therapist. However, most impressively, if someone is either schizoid or what we call early wounded, they greatly welcome the touch. At first the welcome will be muted and possibly so covered up that it will be difficult for the clinician to discern. Fascinatingly, nevertheless, the longer the nurturing touch is applied the more the receiver will want it and after a period of initial adjustment will want a much larger increase in the catalytic pressure of the touch. If the touch continues, they will want so much more pressure to the outside of their belly regions that to an observer it appears as if they are being tortured with abnormal amounts of weight being pressed upon them by the hands of the therapist. Even the entire body weight of the giver when the latter stands and still presses downwards into the belly with the hands becomes not enough. There then gradually forms a hardened resistance to the touch in the middle of the belly and still the receiver wants more pressure.

We can speculate from this touch to the abdomen how needy for nurturing touch the early wounded are in contrast to the rigid neurotic. They suffer from a non-existent endodermal energy flow and an overdeveloped ectodermal flow that becomes a substitute for a mesodermal flow and they quickly feel inner release in their ectoderm akin to a kind of nameless relief from receiving an enormous nurturement to their bodies' vulnerable and starved front half regions. Their starvation started in early childhood or even in the womb and consequently they easily get extremely aroused to get some low grade affirmation of their deadened parts throughout their ectodermal and

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endodermal layers from the nurturing touch because maybe it is like a first awakening from a long and severe desensitivized and neutralized condition. When I was working with Robert, Lowen's former example of a successful treatment, I did not know enough about how to apply nurturing touch to schizoids and consequently I did not realize that gradually increased pressure to the center of the belly marked the beginning of a fruitful core self building process for schizoids in particular. The rigids, on the other hand, can not stand too much nurturing touch to either their bellies, their chests, or especially their faces because they are already too overcharged in their ectodermal and mesodermal musculature and have formed a barrier against Eros coming into full flower within their endodermal flow. They are therefore terrified of ever opening themselves to real heart feelings of caring for others or being cared for by others. Paradoxically, they give the false appearance of being warmly involved with others emotionally, but it is an ego-controlled appearance that hides an underlying mask of distrust and non-committal elusiveness.

With a person who is not especially incapacitated by his armoring, nurturing direct touch will also reveal the degree of inner unity and dialectical interaction or its absence between the four higher spiritual needs of Beingness. It will also reveal the basic patterns of the deeper energy currents and rhythms which mediate the central compensatory balancing and equalization process of the four Beingness needs. Which needs are the most under-connected and under-satisfied by the core self and which poles are the most over-connected and over-satisfied by the core self will manifest themselves from the kind of integrated coordination manifested. This is revealed best from the rhythms of energy flow, the amount of interference of the rhythms, and the pace of the heart's vascular pulsations felt directly in the palms of the hands of the giving clinician.

In vertically over-grounded types there is registered in the palm of the giver's hands a cacophony of noisy interruptions and erratic secondary reflex reactions within the mesoderm layer that usually signify an absence of harmonious equalization between the clinician's synergizing touch from his endodermal energy flow to the endodermal energy flow of the client. There is almost always an excess of energy charging and discharging and high muscle tonicity throughout both the voluntary musculature and the central nervous system of vertically over-grounded people. Most American males who are neurotically armored are characterized by a vertically over-grounded restlessness and nervous egoic dominance and as a result are unable to let go of their head and will dominance long or deep enough to become identified with their front half receptive Being centers of Hara and Eros. The latter centers work at a far slower rhythm of functioning than the will centers of the back because they are closer to a self-regulative internal environment in which the blood is the more important agency of communication than the voluntary muscles and nerves. Instead they remain locked inside their non-receptive, constantly superimposing Will Centers of the back half.

Organismic Psychotherapy believes that one can and should identify the shadow parts of the psyche during the earlier stages of the treatment, but rather than get tangled up in their unraveling, the therapist should resonate to the less wounded body parts that need affirmation for providing the greatest counterbalances to the psychopathological patterns. These shadow parts are those that contain the greatest amount of psychopathology and tend to be governed by egoically defensive avoidances of interpersonal contact. I have found that it has often been bad to use one's egoic strength and to become overly preoccupied or focused upon the psychopathological mechanisms and games of the psyche at any time during the treatment. This is especially true for males, who usually have too much ego generally, even when practicing as psychotherapists. The Lowenians have been very guilty of this, myself included.

It is like getting sucked into an endless labyrinth of complications that becomes further reinforced by simply being dwelled upon. This is precisely what is most wrong with the practice of psychotherapy generally, namely a tendency to over-dwell upon psychopathology to the neglect of affirming the potentially healthy parts of the client's psyche. In fact the healthier parts of the psyche should be stroked and warmly affirmed especially in the beginning if the therapist truly believes that his or her capacity to love and accept the client just as he or she is will eventually become the primary healing soul power. Actually, a balancing between more attention to the healthy parts and lesser attention to the unhealthy parts of the client's psyche would be the best formula with most clinical cases throughout the treatment.

The shadow is synonymous with the most unbalanced parts of the embodied soul and none of the soul needs can be satisfied in isolation without changing all the other higher needs. It usually takes years before they can find their full satisfaction within the galaxy of a balanced core self's daily experiences over time. The psychotherapist must always keep in mind all four Beingness Centers throughout the treatment and affirm them uncompromisingly without ever becoming bogged down in the armored parts themselves or the shadow

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and its repressive influences. During the advanced stages of dearmoring the healing process becomes self-perpetuating. Although we are dealing with soul imbalances and reciprocal equalizations of the energy flow far more than with blocked muscle complexes and inadequate behavioral performances we must never forget how there are these three categories of deficiency needs we are always dealing with, namely, the primary unsatisfied needs of early childhood, the secondary neurotic needs of adult games-playing lumped with the more insidiously repressed egoic needs for defendedness, and finally the higher growth needs of spiritual Beingness.

PART III: WHY THERE IS NO SUBSTITUTE FOR NURTURING DIRECT TOUCH.

If one's conception of what armoring is in terms of the body's physiology is related primarily to the blood flow in the endodermal layer one will of necessity use soft nurturing touch sustained over many minutes to one place on the body as being the preferred method of direct touch. One can not jump around all over the surface of the body with brief touches, nor can one hope to obtain positive results from the weekly execution of regimentally structured stress positions. Lowen was a gymnastics instructor for years before he met Reich and went to medical school. For Organismic Psychotherapy it is the increasing rebalancing between the sympathetic and parasympathetic networks and the fluid interchange between them constantly unfolding that constitutes the nucleus of the dearmoring process. It has little to do with discovering a satisfying sex life. The latter is the natural and inevitable vegetative outcome of a dearmored human being and its relative absence is not the cause for armoring as Freud taught and Reich believed but more one of its many results. The attitude towards sex on the part of Freud, Reich, and Lowen I have always found to be is extremely confused and verging on the chronically adolescent American point of view because they remain so fixated to an energy model of outward observable performance, including a charge / discharge driven excitation explosion in the form of orgasm. To say that explosive orgasms provide our most reliable paradigm for how we maintain a stable, healthy organismic functioning is stretching our rational credibility. Freud, Reich, and Lowen also remain divided between extremely contradictory opposite perceptions of sex as being on the one side a cure-all for everything and on the other side too dangerous and barbaric an enterprise unworthy of rational civilized living. Chapter seven of my published book, *Primordial Regression and Fulfilling Sex*, contains a section entitled: "The Incest Taboo Reexamined" that further elaborates upon this topic.

We all have yet to understand, more than we presently do, what armoring really is at both the bodily and psychic levels. I submit that there exists no consensual certitude about what it is and this is one of the greatest weaknesses in our thinking. It should be apparent by now that in this article I am questioning some of the fundamental tenets of the orthodox thinking of both Reich and Lowen. What they call armoring I believe to be merely some of the observable secondary after effects of what is happening inside the body. Whereas it would be too antipathetic to call their thinking erroneous, it is no accident that they were both misled by Freud's total estrangement from what sex is all about and consequently how overblown has been the importance they have given to the model of the orgasm as providing the best model of healthy psychorganismic functioning. I have always found ridiculous their basic idea that armoring is the result of having insufficient sexual orgasms.

They have never been able to explain why with the diminishing of armoring in the body there is an invariable underlying changeover from a muscle and nerve centered organismic self regulation to a blood flow centered organismic self regulation. Armoring always pressures and constricts the muscles and nerves to overmobilize energetic forces that emerge to meet a crisis situation whereas loss of armoring opens up a far smoother, steadier, and slower core adaptation to outer reality that remains endodermally centered in the blood flow. The more we mobilize the muscles and nerves to tolerate higher stress situations as is regularly practiced in Bioenergetic Therapy the further removed we become from the continuous unconscious formation of spontaneous figure-background excitation gestalts that equalize and integrate the organism as a whole.

I personally predict that the whole body psychotherapy movement will slowly fade away and become extinct unless we come to some agreement regarding what armoring is and is not. There is still unresolved much agreement about what precise physiological phenomena best describe dearmoring. Is it a matter of having more sexual orgasms? Or, is it a matter of having a regular, fully integrated homeostatic distribution of the endodermal energy flow that endures throughout all peak energy situations, including during satisfying sex?

PART IV: HOW IMPORTANT ARE ENERGY-MOBILIZATION DO-IT-YOURSELF METHODS ?

I have been questioning increasingly for the past 20 years why it is so imperative for the therapist to propose to the client the importance of doing do-it-yourself stress level energy mobilization exercises as indispensable to the dearmoring process. I have noticed for years how with all vertically over-grounded clients, that is, clients whose mode of relating towards others is dominantly back half centered, the doing of the classical bioenergetic exercises can quickly reinforce the tonicity and rigidity of the musculature rather than reduce it when it is practiced during each session, given the propensity of the dominant will of these types of people to force themselves to the edge of exhaustion, especially when they are encouraged by gung-ho male psychotherapists. When I witnessed

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Lowen himself encouraging clients to a breaking point of sheer emotional collapse at a workshop we were co-leading in Reading, Pennsylvania back in 1969 and I saw the psychologically deteriorating effects upon the clients of first deliberately filling them with anxiety and organismic stress by bullying them to go further as a means to arrive at peak discharge levels of catharsis I was so disenchanted with his calculated tactics that it made me decide to give up calling myself a Lowenian practitioner of Bioenergetics. I felt similarly when I witnessed John Pierrakos many years later force one participant after another in the presence of the whole group confess to the existence of their lower self after exhausting them with severe stress exercises and deliberate belittlement by his two female assistants. It took this single revelation of Lowen's persistent bullying and subtle intimidation of the client to force an existence of their lower self after exhausting them with severe stress exercises and deliberate belittlement by his two female assistants.

And it took this single revelation of Lowen's persistent bullying and subtle intimidation of the client to force an explosive cathartic discharge of sound at any price in the client and a single session of myself receiving the soft nurturing direct touch by the Norwegian psychotherapist Gerda Boyesen to convince me of how there is no substitute for nurturing direct touch. During my sessions with Gerda I had no needs to discharge anything and yet as a result of lying still for an hour while receiving her masterful direct touch back in the 1970ties I felt so unbelievably liberated from my chronic armoring after each one of the sessions I received from her. I had never felt my armoring so clearly before she had touched me, both its intact presence in my body at first and then later in the session its unmistakable weakening that it made me seriously rethink what I had been doing myself for the past eleven years as a loyal follower of Lowen. It was only after these two episodes that I became newly re-interested in the thinking of Carl Rogers, with whom I had written my doctoral thesis in Psychology from the University of London many years previously.

Rogers thinking and Gerda Boyesen's nurturing feminine touch launched me upon a new style of how to practice body psychotherapy. It took another ten years of living and practicing before I could fully shake off Lowen's intimidating style. Rogers was everything else than intimidating or pushy. He was a man with the empathic sensibility of a woman who believed in the healing power of empathic understanding and unconditional acceptance of the client just as he or she was from the time he started the treatment until the treatment had finished. Rogers believed that a wise and detached but transparently empathic love for the client was sufficient for healing. I needed his conviction renewed in me many different times while I was dearmoring before I could allow my Hara spiritual need to emerge with sufficient strength to believe the truth of Rogers' conviction.

His clinical orientation to the client provided a middle in mode East-West style of detached but compassionate love for the client that never demanded anything in return except a transparency and a radical honesty of self disclosure expressed from the core depths of the client. In the flesh he came across as an introvertively centered, slow thinking father figure that combined the best elements of Eastern religious wisdom with Christian moral values. His inner spiritual centeredness was thoroughly authentic as I personally experienced him when I moved from Berkeley, California to the Madison, Wisconsin region back in the 1980s. He kept himself well-centered in his boundaries and remained a man who never was inclined to emotional extremes like I was. I gravitated to him over the years first from what he had written and later in Madison while in his embodied presence he spontaneously became my chosen ideal father figure the more my own armoring continued to diminish. Then I was the better able to perceive objectively how huge-souled, unpretentious, and spiritually aware he was. In contrast to my relationship to Lowen it was not just his writings that inspired me so positively but his embodied soul and presence as well.

The challenge to the new style of body psychotherapy I felt compelled to work out was how to reconcile a Rogerian, client-centered, somewhat passive-feminine clinical orientation to the client with the frequent use of nurturing direct touch and the occasional use of soft energy mobilization exercises. This would require many years of further clinical experimentation. I was never able to remain so consistently passive and non-committal as to continuously reflect back to the client like a mirror what he had already just said. I could never embrace the clinical orientation of a rigidly conforming orthodox Rogerian, so I knew there were limits to my embracing of the practice of client-centered psychotherapy. I did embrace its metaphysics in its entirety. *Continued on page 61*

From time to time during sessions I have felt compelled to express my logos intuitive faculty in the form of slightly wry and skeptical and even sometimes provocative observations that communicated my non acceptance of the specific way the client manifested his habitual contact-avoiding egoic defenses. Given the power of the transference in which the patient idolizes the psychotherapist I had to be very careful not to become over provocative. I frequently have had as well to put questions to the client designed to make the client think about himself in a new more self-critical way. Rarely sometimes I might even share explicit criticisms to the client of his behavior that pointed up how he disowned and denied and continued to repress many truths about himself.

In any event, if I were only a classic Rogerian I could not hold these freedoms to express myself as precious in the role of the body psychotherapist. Rogers was almost too cautious to ever permit his masculine logos faculty to fully express itself even when practicing psychotherapy. However, his cautiousness was religiously derived I have no doubt and not an act of the calculated ego.

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I think now that the Reichian-Lowenian typologies are too stilted and medically therapist-centered and somehow too omnisciently self righteous to do justice to describing the twisted quiet complexity of psychologically incapacitated human beings. They are also too fixated upon the body. The Rogerian philosophy of non-interference with the natural self-healing processes of the organism underlies our quiet administration of nurturing direct touch.

There are several conclusions to be drawn from my long history of exposure to the nurturing direct touch of our trainees. The first conclusion is that one's inner core self, the heart leading the way, must be invested in the administration of the touch and not just the mind/brain and skin of the therapists's hands. This is because it is the individuated core vegetative flow of the therapist that awakens the same flow within the client. The second conclusion is that one must know how to correctly administer nurturing touch devoid of personal unfinished business. The toucher must be able to sense when the touch is having some impact, however distant, upon the endodermal region of the client without disturbing the rigid armoring in the ectodermal and mesodermal layers. The cues for sensing the effects upon the endodermal region are very subtle. The touch has to be light but also firm, constant, continuous, low level stimulated, and free from any persisting conflicts or disequilibriums within the therapist's vegetative blood flow. The scars of the past have to have healed and closed. This requires a high degree of centeredness and quietude within the body of the giver, and must be totally ego free.

The use of a diagnostic typology of various character-muscular categories is very much a protective screen for the therapist and quite speculative when compared with trusting a primarily phenomenological perception of the client's condition as based upon what his fingers and palms tell him when touching the body of the client.

There seems to be no escape for the egoically ambitious psychotherapist from his own neurotic problems as soon as he or she offers nurturing direct touch. Unless he has worked through his major inner psychic conflicts, the unconscious ones as much as the conscious, his touch will invariably be blemished by uneven vegetative tensions and interferences and disharmonies within the currents of the blood flow emanating from his hands as he touches the skin of the receiver. This will serve to neuter if not disrupt the receiver's capacity to completely let go and to surrender at the bodily levels in response to the therapist's touch.

I learned this the hard way after forty years of choosing to receive the nurturing direct touch of some of our professionals in training with us. During each training workshop I would deliberately pair up in dyads with members of the workshop I had never received direct touch from. It was an amazing revelation over a period of all forty years to find out how the majority who touched me were unable to generate enough trust within my body to permit me to completely relax and to let go of my organism's subtler vigilances and tendencies to hyperactive adrenalinized restlessness. They were perhaps also too afraid for the most part to be touching their teacher. Unless the origin of their energy arose from their unimpeded endodermal core flow under the guidance of their agape-guided heart my body could not completely relax.

I used to be a highly charged vertically over-grounded masochist until my advanced fifties and capable of sustaining enormous amounts of continually shifting internal pressures in my muscles generated within an over-adrenalinized body. Then when one of our trainees was truly disarmored and his or her heart was fully integrated and evenly balanced in his or her feelings towards me and gave me some very soft nurturing touch I was able to let go completely and even regress to having pleasureful sensations in all parts of the body simultaneously. These particular trainees were usually free from their former repressions and were emotionally mature enough to have discovered the clinical satisfaction of offering nurturing direct touch to their own clients.

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PART V: SEX AND NURTURING TOUCH

There is much talk nowadays about how it is best to dispense with direct touch altogether as a practicing body psychotherapist because it is too dangerous for sexual reasons, whether affecting the receiving client or the giving therapist. Such talk in my opinion expresses maximum cowardice and ignorance of the healing potential of direct touch. The primary reason for assuming such a clinical position is that the therapists who have never been adequately taught how to administer soft nurturing touch. Consequently they have easily become disillusioned and afraid to touch or else when they do they cannot offer their endodermal blood flow and usually without knowing it give up altogether trying further to use any form of nurturing touch. It amounts to a serious failure of the psychotherapist to continue to experiment long enough with actually administering direct touch to any single client until the healing effects within the client begin to manifest themselves as the potential healers they are. If the therapist is truly unarmored, relatively speaking, he will quickly discover the magic-like power of healing direct touch. He or she will then feel morally obligated to the actual results already obtained with the clients to continue to use it fruitfully and productively.

For all those practicing psychotherapists who are too afraid of direct touch or are too armored to be able to administer nurturing direct touch with immediate total involvement I advise them earnestly to stop touching their clients until their armoring has significantly diminished. If your four intuitive faculties of Hara, Eros, the Spiritual Warrior, and Logos are not actively participating in it you should not touch. However, if they are participating, you become obligated not only to the client but also to yourself to administer nurturing direct touch in terms of its amazing healing impact upon your own armoring.

However, anyone who is not armored will receive and sense kinesthetically in their own energy circuits quite quickly how the client is beginning to relax more deeply when receiving healing touch properly. Their own vegetative networks will resonate with the body of the client in the form of what seem to me to be a two-way flow of energy equalization going in both directions, one going toward the client and the other being received from the client. This two way movement eradicates any further conflicts and resistances to the touch within the client. This can be definitely felt by the therapist, and it usually brings a certain satisfaction to the therapist to sense it.

Sexual stimulation between therapist and client is a non-existing hazard if the therapist's intention and interest towards the client is primarily one of soul-building. One must have the moral integrity and detachment of the priest, religious minister, or rabbi to administer nurturing direct touch when working alone in one's consulting room with a member of the opposite sex who is physically beautiful. There seems in my mind to be too much adolescent fear floating around inside many circles of American professional body psychotherapists that one must be cautious and on one's guard when providing nurturing direct touch to a client of the opposite sex, especially when the client possesses a beautiful body. Hollywood has become too persuasive in building the myth to make we males think we will invariably react like primitive animals with licentious instincts in the presence of a beautiful woman. It has deeply impressed me that Hollywood's depiction has never penetrated the unconscious of European body psychotherapists the way it has American body psychotherapists. Never once did I meet a European trainee who had difficulties giving nurturing touch to attractive or unattractive women.

This reflects what I have always perceived to be one of America's most outstanding examples of chronic adolescent immaturity in its males. I refer to Hollywood's poisonous belief that attractive women must be irresistibly sexy when one is completely alone with them and consequently one must fulfill one's macho role and want to enjoy them sexually. The American culture is still attempting to bamboozle and indoctrinate American males into believing that they are essentially animals who must satisfy their sexual drive at every opportunity when they are alone with a beautiful woman. The raw truth, however, is that sexual attraction is primarily more a spiritual matter of I-Thou adoration between mature adult males even when the woman is physically attractive. Americans tend to over-animalize human beings generally, believing them to consist basically of drives and instincts and not much else. European males, in contrast to Americans, know that until a spark of fire arising from the front half Eros and Hara spiritual centers mobilizes a reciprocity of continuous verbalized exchanges guided by Logos between both partners extended over many days and weeks there will never evolve a deep moral commitment between the lovers. No self respecting professional psychotherapist is ever going to deliberately cultivate such a spark.

If the touch is intended to heal the armoring of the recipient by subtly stimulating the blood flow of the endodermal layer there should be no confusion in the psyche of the client what the purpose of the therapist's touch indeed is. This is because the therapist conveys quite unmistakably from the way he touches that he has not the slightest sexual interest in the client

regardless of how attractive she is.

Sexualized touch is designed to awaken libidinal fire in the blood of the receiver and such touch requires a special kind of libido inspired charging up and enhanced expansion of fire within the blood of the therapist generated by the latter's libidinal desire. Any therapist committed to the facilitation of the higher spiritual needs of the client knows that they are too important to risk confusing the client into believing that they could contain devious libidinal vibrations. Such detached or non-attached professional psychotherapists have no inner conflicts with remaining always quietly nurturing and detached and ego free when administering direct touch methods.

The ethically conscious psychotherapist knows perfectly well that his orientation to the client is primarily soul-building and that any kind of sexual interaction in the relationship would amount to a catastrophic failure to further soul-building. The soul rhythms between the psychotherapist and the client would be invaded and torn to pieces by the uncontrollable instinctual forces of the libido whenever any kind of sexual games were introduced. The transference established between the healer and the wounded would be destroyed forever by a single brief collapse in the therapist's intentions when he or she touches. It follows that it is entirely the responsibility of the psychotherapist to see to it that there is no sexual games-playing.

If there is, the responsible therapist should abruptly terminate the nurturing direct touch altogether and not return to it until many weeks or months have passed and there has unfolded a frank and radically honest verbal exchange between the therapist and the client regarding the future forbiddenness of any kind of sexual excitation between them. If the client contends that he or she has no control over their sexual excitation, as hysterics can easily do and thereby believe that they have no responsibility for its happening, the therapist must assume a firm authoritative stand and cease to engage in further direct touch altogether. The neurotically scheming client will not remain much longer in treatment once this happens.

It took me many years to get used to offering nurturing touch to members of the opposite sex, given my many unresolved neurotic uncertainties around sex. The Lowenians discouraged me from ever touching women hysterics; I think has been a clinical mistake.

Without my third wife Katherine's presence, I might never have managed it. She had worked as a medical masseur in Atlanta for years before she met me and consequently she had great skill and self-confidence in her capacity for administering healing direct touch with men, and she was in fact also quite unarmored. I, on the other hand, had been unable to touch softly and calmly enough to reassure the client non-verbally that it was safe to let go of all controls until I had reached my late forties or early fifties when the dearmoring process was making significant progress in my clinical orientation to the client.

I tended to interject my ego and constantly active brain into the touching too much without knowing it, and I had no sense of any endodermal blood flow pouring out of my palms into the body of the receiver. When I would have different sensations of fleeting pains in my hands shortly after I started I would be forced to withdraw them altogether from touching the client's body. Therefore, I could never even touch for more than five minutes before I would have pains. I lived too much in my mind/brain, and I was still too alienated from my endodermal blood flow to be able to administer fully nurturing direct touch. This is now no longer true and for at least the past fifteen to twenty years there has been no resistance to offering nurturing touch for ten to fifteen minutes or even longer.

Malcolm Brown, PhD, age 85, co-founded Organismic Psychotherapy with his deceased wife, Katherine Ennis Brown, which was inspired by the thinking and practice of Wilhelm Reich, Alexander Lowen, and Carl Rogers. He has been a practicing psychotherapist for over 50 years in London, Berkeley, Corfu, Northern Italy, Atlanta and Switzerland. He is a founding member of the EABP. Brown has authored numerous articles and books including: *Why An American Body Psychotherapist Preferred Europe*, *The Healing Touch: An Introduction to Organismic Psychotherapy*, and *Primordial Regression and Fulfilling Sex: An Autobiographical Account* .

The American culture is still attempting to bamboozle and indoctrinate American males into believing that they are essentially animals who must satisfy their sexual drive at every opportunity when they are alone with a beautiful woman.

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PANTA REI
The image on the cover is an oil painting by Eugène Brands, entitled 'Everything Streams'. It refers to 'Panta rei', the principle that everything moves, changes and transforms all the time (Heraclitus, Plato, Aristotle).

EUROPEAN ASSOCIATION FOR BODY-PSYCHOTHERAPY

EABP

United States Association for Body Psychotherapy