

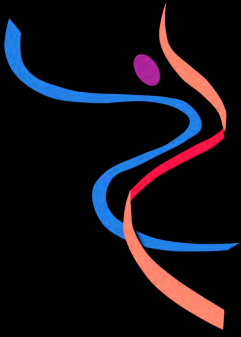
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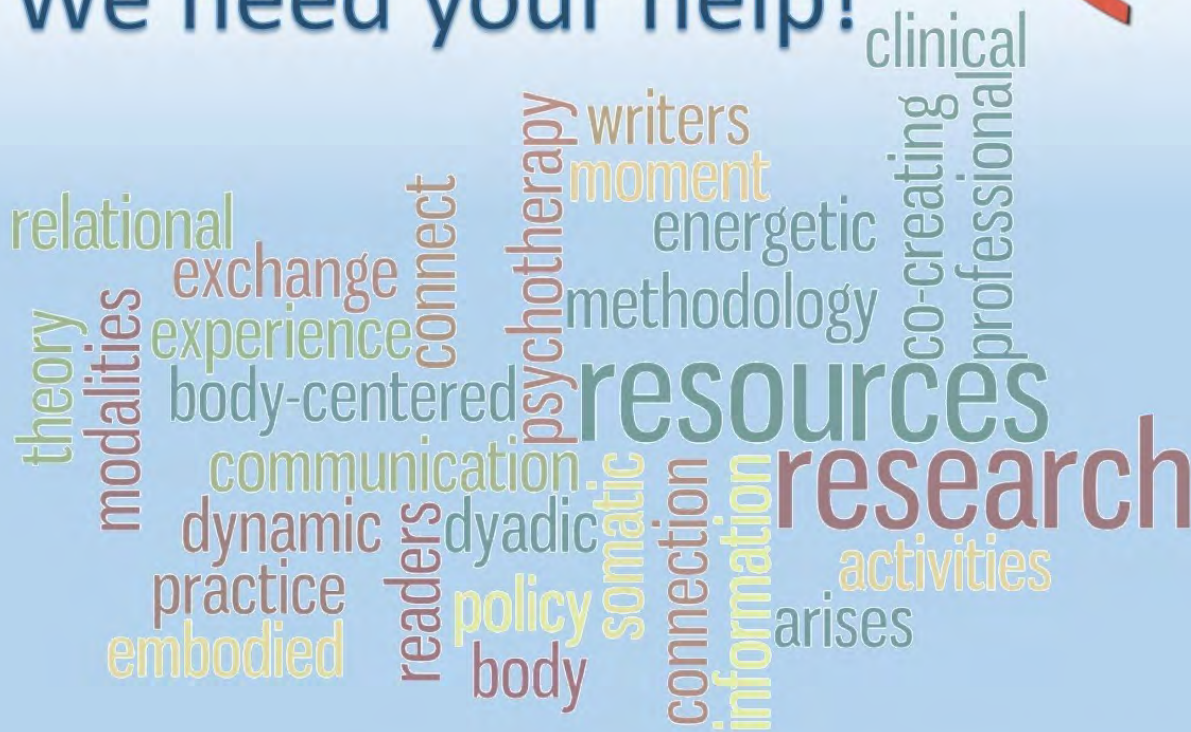
Today



Somatic Psychotherapy Today



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For information and to contribute please visit our website:

www.SomaticPsychotherapyToday.com or contact our Editor-in-Chief, Nancy Eichhorn, PhD at Nancy@nancyeichhorn.com.



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Cover Design

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From Our Editor



Just saying the word 'trauma' aloud sounds harsh. The realities associated with the word are even harder to conceptualize. How can people inflict pain and suffering on one another? How can life's accidents and unexpected catastrophic experiences be reconciled? Why do some people react to bad situations differently than others? What creates the lasting changes in our being when adverse situations occur and how can we shift from being stuck in dark, scary places, repetitively reliving the explosion, the crash, the slaughter, the rape in every moment of our lives to a peaceful place of release, surrender, even joy?

Trauma, in my mind, is unexpected, unavoidable. Bad things happen in life despite our best intentions. But, we can alter the impact, we can lessen the degree of suffering with awareness and mediation. Finding the right person, the right approach, the resonance and fit between you and the practitioner matters. There is no one way to heal yet healing can and does occur.

Our contributors share their insights into trauma and possible ways to mediate its effects, to move beyond the fear and behavioral responses, the bodily holding, to achieve a restorative and healthy quality of life. The methods differ, the foundational theories are accepted and at times contested, the purpose and motivation for the intervention may be questioned; yet, the relationship remains paramount in the process.

We invite you to share our stories, to hear from leaders in our field as they discuss trauma from a global perspective, from practitioners researching intervention options here and abroad, from **therapists making a difference in individual's, couples', families', and communities' lives. We also** offer in-depth reviews and interviews with colleagues writing about trauma and their approaches to support the body, allowing it to move, to flow, and to let go.

If something resonates with you, please let us know. Our contributors offer their email addresses and invite your response. We write to reach out and connect, to create a supportive dialogue so we can learn more about ourselves, our profession, and our clinical practice.

Warmly,

Nancy Eichhorn, PhD

Nancy@nancyeichhorn.com

From Our Cover Designer



Dear Reader,

I would like to thank artist Dr. Yavishtha Kaushik for permission to use his artwork for the magazine cover. This piece spoke to me in regards to this issue's theme, and I wanted to share it with everyone. Trauma can leave a person feeling off balance, alone, afraid, and uncertain. Hopefully this is conveyed in the cover. You can also see more of Dr. Yavishtha Kaushik's work here: <https://yavishtha.wordpress.com/about/>

Sincerely,

Diana Houghton Whiting, M.A., BEd

The 1001 Critical Days

The Importance of the Conception to Age Two Period



Our goal is for every baby to receive sensitive and responsive care from their main caregivers in the first years of life. Parents need to feel confident to raise their children in a loving and supportive environment.

Why is the Conception to Age 2 period so critical?

Pregnancy, birth and the first 24 months can be tough for every mother and father, and some parents may find it hard to provide the care and attention their baby needs. But it can also be a chance to affect great change, as pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support.

Ensuring that the brain achieves its optimum development and nurturing during this peak period of growth is therefore vitally important, and enables babies to achieve the best start in life.

From birth to age 18 months, connections in the brain are created at a rate of one million per second! The earliest experiences shape a baby's brain development, and have a lifelong impact on that baby's mental and emotional health.

The best chance to turn this around is during the 1001 critical days. At least one loving, sensitive and responsive relationship with an adult caregiver teaches the baby to believe that the world is a good place and reduces the risk of them facing disruptive issues in later life.

To learn more and participate, please read the official 1001 Critical Days Manifesto, [click here](#).

From the USABP President



Dear *Somatic Psychotherapy Today* Readers,

Our 2016 Conference is coming together. The stage is set for next July in Providence, Rhode Island. See the line-up of keynotes and workshops we have for you at www.USABP.org.

To encourage you to attend this exciting event, **we have slashed membership costs in half.** Members receive significant discounts to our conference.

THIS IS THE TIME TO JOIN.

Please help us get YOU more visibility for the work you do. Member events are posted in "The Hub" on our homepage. Monthly webinars from experts around the country are yours for free.

Be part of our work to get more people knowing about our field of Somatic Psychology— **NOW.**



A handwritten signature in black ink that reads 'Beth L. Haessig'.

Beth L. Haessig, Psy.D.

President, USABP
Licensed Psychologist
Certified Core Energetic Practitioner
President@usabp.org

Contact Us At:

**United States
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Psychotherapy**

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USABP is a nonprofit membership association dedicated to developing and advancing the art, science, and practice of Body Psychotherapy.

The United States Association for Body Psychotherapy knows that integration of the body and mind is essential to effective psychotherapeutic health.

Our mission is to develop and advance the art, science, and practice of body psychotherapy and somatic psychology in a professional, ethical, and caring manner in order to support our membership as they promote the health and welfare of their clients.

From the IBPJ Managing Editor



Jill van der Aa

**Honoring Jacqueline A. Carleton
Founding Editor
International Body Psychotherapy Journal**

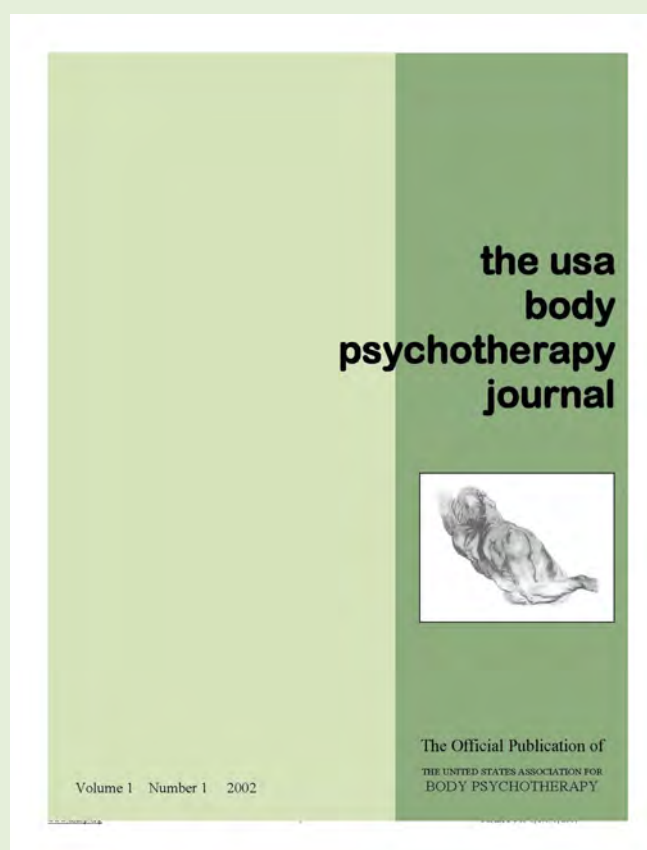


Jacqueline A. Carleton

The 15/2 issue of the Journal coming out in October 2015 marks the end of the Editorship of Jacqueline A. Carleton, PhD. Dr. Carleton founded the United States Association of Body Psychotherapy Journal in 2001, which ran twenty issues until in 2010 negotiations with the European Association for Body Psychotherapy brought about the creation of the International Body Psychotherapy Journal – a collaborative publication of the two sister body psychotherapy organisations, USABP and EABP. Dr Carleton continued on as the Editor-in-Chief for the next eight issues.

This is the end of her fourteenth year. Thankfully she will remain as the Founding Editor and has brought in a new young team to ensure the continuity of the Journal.

What an achievement!



INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS



EUROPEAN
ASSOCIATION FOR
BODY -
PSYCHOTHERAPY



The very effort of delivering two issues

a year, each containing 4-8 articles, is a feat in itself. Her major achievement however, is her deep knowledge of the field, understanding how it is developing – in some senses leading growth by bringing to the readers the work of the people who are making a difference and introducing her audience to new ideas and approaches. Her **aim of “stimulating the exchange of ideas, scholarship and research within the field of body psychotherapy as well as encouraging an interdisciplinary exchange with related fields of clinical theory and practice,”** has been well fulfilled.

The Journal has covered the work of

people working with various methods and written on diverse topics. A few articles include:

Dance Movement Therapy, Biosynthesis, Bioenergetic Analysis, Body Awareness, Ethical use of Touch, Breath work, Research in body psychotherapy, Transference and Resistance, Neuroscience, Pre and Perinatal Psychology, Bulimia Nervosa, Continuum Movement, Clinical Applications of Singing, Body Psychotherapy Modalities, Biosynthesis, A Somatic Approach to Recovering from Sexual Abuse, Pulsation, Emotions, When the Therapist is Aroused, Yoga Body Based the Clinical Theory of Lowen, Gratitude, the Work of Alice Kahn Ladas, Oppression Embodied, The Changing Face of Age, Relational Body Psychotherapy, Trauma Psychotherapy, Grounding, The Experience of Shame, Mindfulness, Psychotherapy, Integrating Psychodynamic and Body-Centered Therapies, Helping the Body Grieve and many more topics. Special editions have been presented on the work of Charlotte Silver, David Boadella and Stanley Keleman and also on Research in Body Psychotherapy.

Jacquie’s contribution has been

enormous, quietly working behind the scenes over the years, stimulating and inspiring more than 150 psychotherapists to write about their special contributions, in some cases encouraging them to take the leap into an unknown world of academic

Contributors 2001-2015 include:

Barbara Goodrich-Dunn, Elliot Greene, Pamela M. Pettinati, Kerstin E. White, Diane Poole Heller, Laurence Heller, Christa D. Ventling, Patrizia Pallaro, Angela Fischlein-Rupp, Douglas Radandt, Jiffy Phillips, Margot S. Biestman, Alexis A. Johnson, Penelope A. Best, Peter S. Fernald, Cynthia Price, Peter Levine, Elizabeth Rablen, Katherine Brown, Marcel A. Duclos, Aline LaPierre, Scott Baum, Charles Schick, Judyth O. Weaver, Majorie L. Rand, Terry Ray, Barbara Cabbot, Richard Lowe, Connie Smith Siegel, Susan Kilkus, Ernest Lawrence Rossie, Christine Caldwell, Anna Maria Bononcini, Mauro Pini, John May, Emilie Conrad, Ron Panvini, Alice K. Ladas, Margit Koemeda-Lutz, Soeder, Amelia H. Kaplan, Laurie F. Schwartz, Colleen Campbell Barshop, Harold Ladas, Esther Frankel, David Boadella, Milton Corrêa, Jane R. Wheatley-Crosbie, Robert Lewis, Michael Coster Heller, Cedar Barstow, Stanley Keleman, Andrew Gootnick, Sylvia Adler, Clifford Goldenberg, Gerhard Zimmermann, Leila Cohn, Peter Loliger, Hubert Mossmann, Gine Dijkers-Lotgering, Isobel Cosgrove, Tim Davis, Danielle Chauvelot, Maggie McKenzie, Christine Hickey, Martha Knobler, Josephine Dahler, Carola Butscheid, Irene Kummer, Terry Cooper, continues . . .

writing. She has had to cajole, mentor, encourage and inspire a more disciplined, rigorous approach to writing and over the 15 years has produced a body of work of great quality. Her thoughtful and insightful editorials have also made a great contribution to the field.

The New Team

As Jacquie comes to the end of her editorship a new team is already working on a transition. Asaf Rolef Ben-Shahar, PhD, Nancy Eichhorn, PhD and Debbie Cotton all have a wide knowledge of the field and are in touch with the writers and psychotherapists.

Asaf is an Israeli-born psychotherapist, who teaches and lectures in clinical and academic settings in Israel and Europe. He has published in the IBPJ and is the author of [*Touching the Relational Edge*](#) published first in Hebrew and then in the English language in 2014 by Karnac.

Asaf comments: *It is my personal preference to balance improvement of quality – by encouraging more rigorous writing, by sponsoring clinicians, creating both intra and inter-disciplinary debate, initiating theme-issues, mentoring writers and generally increasing clinical and academic writing.*

Nancy is well known as the creator, editor, writer, layout designer and marketer for *Somatic Psychotherapy Today*. The interviews and shorter articles in this wonderful, colourful magazine complements the IBPJ while reaching a very wide and different readership.

Debbie is a naturopath and a relational body psychotherapist with a broad background in the field.

In the meantime, issue 15/2 will be out soon. It will feature articles by:

Terry Marks-Tarlow on *Embodied Clinical Truths*

Ulrich Sollmann with *A Transcultural case study*

Contributors 2001-2015 include:

Fernando Ortiz Lachica, Antonio Pribaz, Judith Blackstone, Maria Irene Crespo Gonçalves, Maria Amélia Pereira, Anita J. Ribeiro, Ana Maria G. Rios, Lisbeth Marcher, Erik Jarlnaes, Kirstine Münster, Ria van Dijke, Ofer Zur, James Elniski, Robert Hilton, Philip M. Helfaer, Odila Weigand, Laurie Ure, Frank Hladky, Carol Gaskin Ladas, Jeanne M. Denney, Morgani Lazzaro-Smith, Anastasia D. McRae, M. Laurie Leitch, Erica J. Kelley, Erica Goodstone, Rae Johnson, Kate Wood, Lore Reich Rubin, William F. Cornell, Courtenay Young, Ronald A. Alexander, Judith Deborah Harkin, Katy Swafford, Leslie Ann Costello, Asaf Rolef Ben-Shahar, Julianne Appel-Opper, Jerome Liss, Sharon A. Stanley, Vivialn Gay Gratton, Philip M. Helfaer, Joan Klagsbrun, Susan L. Lennox, Lauren Summers, Jennifer Bruha, Mary Abrams, Robert LoPresti, Bernadette St. George, A. Anya Hricko, Jennifer Frank Tantia, Gregory J. Johanson, Yudit Mariah Moser, Stefan Deutsch, Daniel Hoffmann, Maurizio Stupiggia, Genovino Ferri, Luigi Corsi, Merete Holm Brantbjerg, Ralf Vogt, Gill Westland, Eric Wolterstorff, Herbert Grassmann, Manfred Thielen, Will Davis, Akira Ikemi, Nick Totton, Chrstian Gottwald, Dyana Reisen, Olga Brani, Kate Hefferon, Tim Lomas, Itai Ivtzan, Joan Painter, Stephanie Pollock, Bernhard Schlage, Dana Houghton Whiting, Albert Pessa, Christina Bader, Sibylla Huerta Krefft, continues . . .

Rae Johnson and Christine Caldwell on
Research 101

Aline LaPierre on *Relational Body
Psychotherapy*

Danielle Tanner, *Let's face the Music and
Dance*

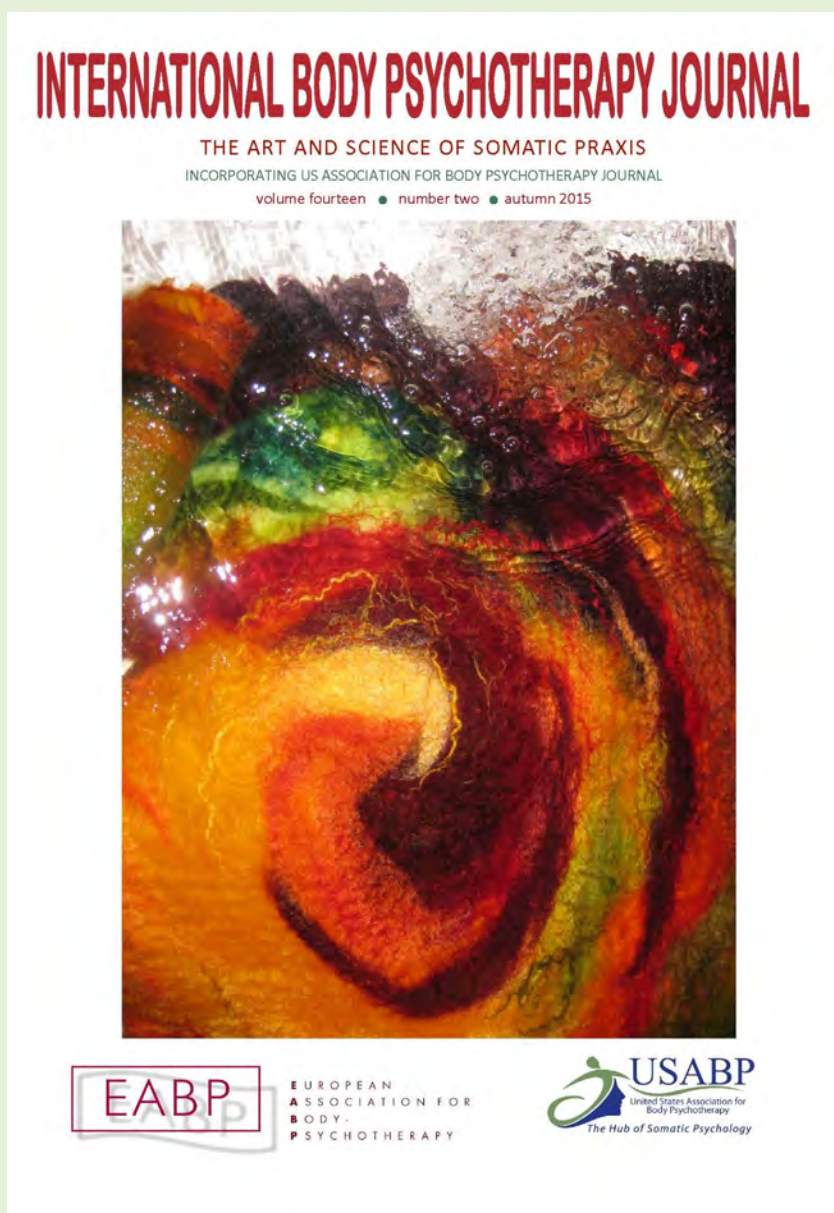
and **Will Davis** with *The Return to the Self*.

**As well as the last editorial from your
Editor-in-Chief, Jacqueline A. Carleton.**

Contributors 2001-2015 include:

Claire Hayman, Salita S. Bryant, Morit
Heitzler, Livia Shapiro, Debra Greene, P.
József Vas, Noémi Császár, Rachel Shalit,
Gary Glickman, Daniel J. Lewis, George
Downing, Lidy Evertsen, Joop Valstar, Terry
Marks-Tarlow.

To access the complete archive for the USABP Journal and the IBPJ, simple [Click Here](#)



Across the Pond



Lidy Evertsen
EABP President



European Association for Body Psychotherapy



Jill van der Aa
General Secretary/Vice President

TRAUMATIC

It's mid-July as I am writing this column. It is my summer holidays. I am seeing no clients for eight weeks. At least, that is the idea.

But having a lot of clients with a traumatic history, I usually do not succeed fully. And I am happy that the clients who really need it are not afraid to ask for help.

Especially in clients with dissociative personality traits—their younger memory systems can become afraid of what seems an endless period without regular sessions. WhatsApp, E-mail contact, a Skype session or sometimes a live session serve the goal of helping them remember it is 2015 and how to separate that from 1979 or some other date that is in reality already behind us.

With the help of physical resourcing exercises the client has learned during the sessions we, the client and I together, always succeed to get her or him back in this reality sooner or later.

Of course we also do a lot of talking, but the

physical activity or contact is essential to **bring the client back in the 'now'.**

Nevertheless I still have a lot of time to read. This morning I started on a detective novel that is very popular here at the **moment: 'The girl on the train', by Paula Hawkins. I don't know how it will end, but it** describes certainly a lot of unhappy and traumatized persons.

Even a psychotherapist, who at the moment seems to have fallen for his client and to have started a relationship. Although I am not sure whether this is for real, whether it happened in the imagination of one of the protagonists, or whether I am misinterpreting what I am reading.

The therapist himself had a traumatic background as well.

I guess this is the case for many psychotherapists. What touches us deeply personally will hold our attention the longest and will make us look for more knowledge and resources. So we become professionals.

Subsequently, the challenge lies in developing the capacity to become a professional without losing the ability to feel touched at the same time. To be involved, yet not dragged in. Our boundaries like a solid, though permeable membrane.

Our clients, in particular our traumatized clients, are true artists in detecting whether our reactions as a therapist are true and bounded at the same time.

In the afore-mentioned novel we see relationships becoming affected by the traumatic memories and reactions of the protagonists. This is what I often encounter in relational therapy sessions: patterns of dealing with trauma intervene in the daily communication and the partners cease to understand each other, they start to become mistrustful and defensive.

I wonder how this plays a part in the relationship between Greece and the other EU countries. These partners seem to misunderstand each other. They seem to live in two different universes. And most of all, they seem to mistrust each other deeply.

I hope this marriage will be saved, because

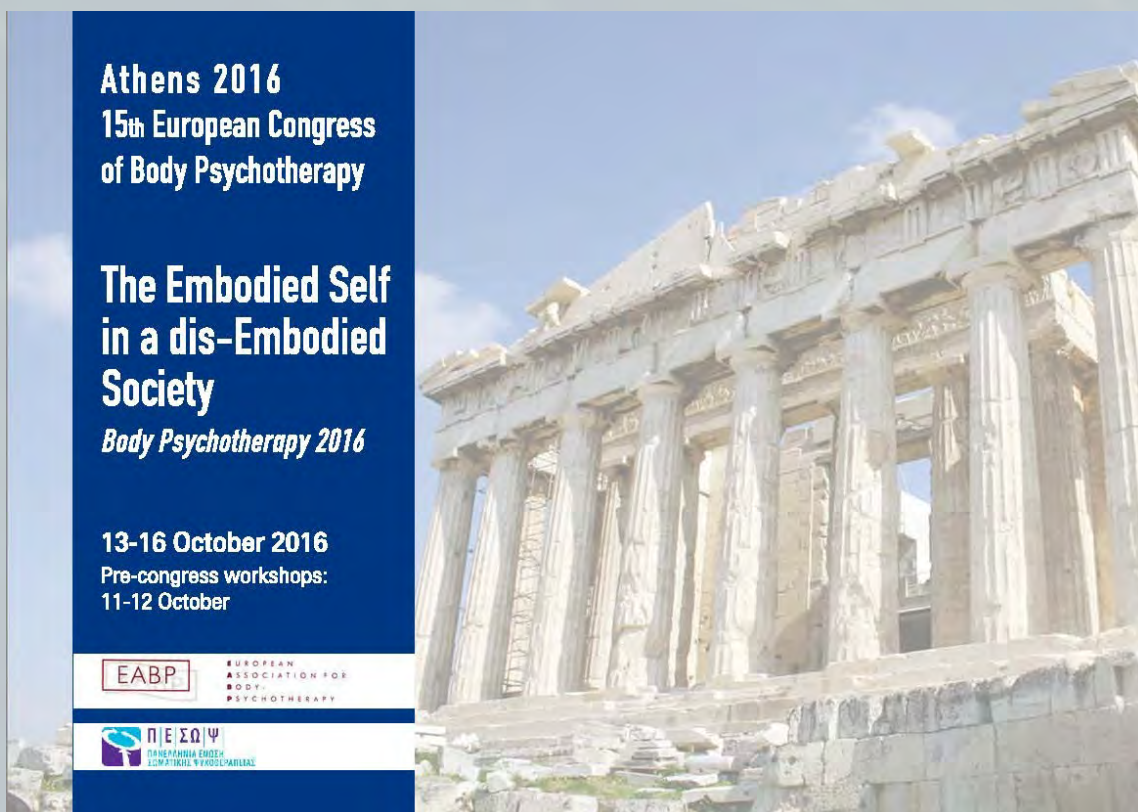
the EU needs Greece and vice versa.

Within the EABP, the relationship between our Greek colleagues and the other nationalities is fortunately of a better quality. As we have written before, the **EABP's 15th** congress will be in Athens, October 13-16, 2016. Our Greek National Association PESOPS and EABP cooperate in organizing this event.

The title is: The Embodied Self in a Dis-embodied Society.

We body psychotherapists see a person as a complex whole of experiencing, thinking and expressing him- or herself. This provides us with an access to areas that normally lie outside of conscious experience, like early childhood or traumatic events. By engaging the body we gain the benefit of a large toolkit for resourcing ourselves and our clients.

Experiencing oneself through sensations and movement is crucial in overcoming the influence of traumatic events and in the working through of traumatic memories to such an extent that the survival mode can be switched off and normal living can begin.



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.

Ruth M. Buczynski, PhD is a licensed psychologist and president of The National Institute for the Clinical Application of Behavioral Medicine <http://www.nicabm.com>.

She has created an educational system via online webinars, videos, handbooks, pdfs, and more to promote major topics in our field including: Brain Science, Trauma Treatment, Mindfulness Practice and other Mind-Body Medicine topics.

Her current focus is entitled, Rethinking Trauma: The Right Interventions can Make Trauma Treatment Faster and More Effective. This 6-webinar series features Bessel van der Kolk, MD, Peter Levine, PhD, Stephen Porges, PhD, Pat Ogden, PhD, Daniel Siegel, MD and Sebern Fisher, MA (CE/CMEs are available).

To promote her series, Ruth offered free video segments with each presenter, and for the time it takes to fill out a form and offer a response to the segment, you receive a free PDF of the conversation. She invites all listeners to JOIN the conversation, to participate with people worldwide who respond to their experience of the material presented and then extend the discussion by adding their own background and knowing.

SPT has been sharing these segments via our Facebook page, linking Ruth's videos to spread the word, to invite our readers to join her listeners and add to this global conversation on trauma treatment.

Peter Levine on trauma treatment

"When a person has experienced trauma, almost nothing feels safe," Levine said during his recent video cast with Ruth. He shared his thoughts about our role as therapists when working with trauma. **"We want to be able to convey, at least in the smallest amount, an island of safety—that there is a way to feel safe. Something has happened to you and you survived it. Now we're going to go back and I'm going to pick up some of those pieces that you left behind, so you can be whole again. The other thing that is important in trauma therapy is that, as soon as possible, the therapist needs to provide tools."**

"It is important is to help clients learn tools that they can use to help them feel relatively safe. If the only



place they feel safe is with you, the therapist, then when they leave and they start feeling horrible, terrified, helpless, **very frequently they'll shame themselves into what Fritz Perls called 'the top dog.'** They'll feel . . . **completely dependent on the therapist. We can help if we can give them even the smallest tools for self-soothing and self-regulation."**

The first tool Peter shared:

"Take your right hand and put it under your left arm on the side of the heart. Put the other hand on the shoulder. The body is the container of all our sensations and feelings, it's all in our body. Yet the container of the body is the outside of our body—our shoulders, the sides of our thorax. When we can feel our body as the container, then the emotions, and the sensations do not feel as overwhelming—they are being contained."

A second quick tool Peter offered was to have clients put their hand on their forehead and the other hand on their upper chest. They can do it with their eyes open or closed depending on how safe they feel he said. The idea is to feel what goes on between the hands and the body.

Sometimes, he said, they will feel an energy flow or a change in temperature. Peter suggested that clients keep their hands there for a few minutes, maybe five to ten minutes until they feel some kind of a shift. Then have them move their upper hand to their the belly (keeping the one hand on the

chest) and wait until there's some sort of shift or flow.

He also offered tools such as tapping (*Emotive Freedom Technique*) as well as just tapping the skin all over, or squeezing muscles in different parts of the body to get a sense of the body as a container.

To hear Peter, [click here](#).

Ruth also shared a video cast with Daniel Siegel, MD about the brain and integration. According to Ruth, trauma disrupts healthy **brain integration and when a person's brain is not integrated, he/she tends to be more rigid, emotionally reactive, and unhappy. "So if a well-integrated brain is important for our patients," she asked, "how do we help them get there? How should we think about integrating the brain?"**

Dan offered Nine States of Integration:

- Integration of Consciousness
- Bilateral (Horizontal) Integration
- Vertical Integration
- Integration of Memory
- Narrative Integration
- State Integration
- Interpersonal Integration
- Temporal Integration
- Transpirational Integration

To learn more about these states be sure to **check out Ruth's upcoming webinar.**



Trauma Treatment from a Global Perspective

A conversation

with



Bessel van der Kolk, PhD



Stephen Porges, PhD



Joseph LeDoux, PhD



Ian Macnaughton, PhD

“To feel the presence of others, our brain has to feel our body.”

Stephen W. Porges, personal communication, August 5, 2015

By Nancy Eichhorn, PhD

We sluffed off our backpacks and pitched our tents in a grassy meadow along Bubbs River in Kings Canyon National Park. Several deer stopped to graze just beyond our campsite. A black bear and two cubs strolled by, unalarmed by our presence (though my



breath momentarily clutched even as our cameras flashed). Animals and humans together without fear. Later that day another deer skittered into our camp wearing a thick leather collar with an antenna projecting off the right side. It inadvertently found itself between myself and another hiker. The deer tried to dart one way then another, perhaps it felt cornered, trapped. It froze. I backed away, created an escape path. Seconds passed before it fled. I felt fear permeated this creature's existence: it was palpable, undeniable, real.

What happens in a traumatizing instant that creates lasting change?

Was it a memory of restraint, of human beings that triggered immobilization? Do I need to know what, if any, thoughts **crossed this animal's mind during its restraint** or is the reality that its brain and body registered a connection between humans and a behavioral response that in my mind indicated fear enough? (A note: Joseph LeDoux states that behavior is not a reliable indicator of such feelings in animals **or human beings; yet, for me, the deer's movements appeared to be fear-filled.**)

Fear: A Biological Response to Trauma

The biological nature of trauma (defined as a life threat in the face of helplessness) is on the forefront of therapeutic conversations. Proponents of body-based approaches accept that trauma is stored in the body and in the limbic system. It is noted as the major center for emotion formation and processing and for learning. The amygdala, located within the temporal lobe of the brain, is said to be a limbic

system structure (though this is debated) that is involved in emotions related to survival—fear, anger, and pleasure. It is also responsible to determine which memories are stored and where they are stored in the brain. The amygdala shifts when we encounter a life-or-death threatening event (associated with fear conditioning).

Of all of the brain's parts, the amygdala has received most of the attention in regards to trauma. It is said to be directly related to the cascade of responses that activate the sympathetic nervous system (SNS) and the flight/fight response. Thus, the autonomic nervous system (ANS)—the vegetative unconscious system that runs our body—is critical to trauma. Our defense systems, located in the lower brain levels, determine whether we fight, take flight or disappear and shut down (immobilize).

According to a recent blog post written by Joseph LeDoux, PhD the amygdala's circuits are "directly responsible for detecting threats and the resultant behavioral/physiological responses elicited by threats that alter information processing in diverse regions of the brain." One important response that he noted was "the secretion of chemicals throughout the brain (norepinephrine, acetylcholine, dopamine, serotonin) and body (hormones such as adrenalin and cortisol). In situations of danger, these chemicals alert us that something important is happening. As a result, attention systems in the neocortex guide the perceptual search of the environment for an explanation of the **aroused state.**" (Blog quotes retrieved August 17, 2015 from <https://www.Psychologicaltoday.com/blog/i-got-mind-tell-you>)

Stephen Porges, PhD coined the term 'neuroception' to describe the nervous system process to monitor the environment for safety, danger, and life threat. Neuroception evaluates risk to negotiate, navigate, or trigger neural components that regulate autonomic state to fit the environmental context or the particular risk factor in question. It also connects risk



evaluation with social behavior, specifically facial expression, and tone of voice (prosody), gestures and body posture that implicitly and explicitly communicate messages of safety or threat to others. These signals impact what Porges calls the "brain-heart-face circuit" that exists outside our conscious awareness. It functions to control our range of emotional expression, our quality of communication and accompanying bodily states, including stress related responses (expression of and recovery from). In potentially threatening situations, our social engagement system has the ability to trump the sympathetic nervous system's arousal and the fight or flight response. Similarly, under threatening situations, in which the social engagement system is already offline, the sympathetic nervous system's support for fight or flight responses trump immobilization.

LeDoux also wrote that the meaning of present environmental stimuli was augmented by the retrieval of memories. He asserts that "a key part" of his "argument" is that "the amygdala is not directly involved in making feelings of

fear” (personal communication, 09.04.2015). **“If the stimuli are known sources of danger, ‘fear’ schema are retrieved from memory. The feeling of fear then, results when the outcome of these various processes (attention, perception, memory, arousal) coalesce in consciousness and compel one to feel fear.”** (Retrieved August 17, 2015 from <https://www.Psychologicaltoday.com/blog/i-got-mind-tell-you>)

He stated that the feeling of fear can only happen in brains equipped with the cognitive ability of auto-noetic consciousness—the ability to mentally place ourselves in past, present and future situations and analyze our own thoughts. As well, Porges added that while neuroception detects threats, transgenerational messages, genetics, culture, childhood experiences and society convey the notion of what is dangerous.

Looking at treatment approaches then, perhaps it’s not the feeling of fear that needs to be addressed as much as what happens in the brain.

“Our survival brain is not created by culture; there probably are few cross cultural variations,” Bessel van der Kolk, PhD said. **“Brain development, and the core processes involved in threat detection and survival, evolved in humans, as it has in all mammals. Trauma changes the brain—and the rational mind, the frontal lobe loses control over the more primitive limbic brain. The brain circuits change, the fear system changes, and the self system is changed.”**

“While the capacity to manage our emotions resides in the cortex. The limbic system primarily processes intense emotional experiences,” he continued. **“Faced with trauma our brain automatically activates unconscious mechanisms to survive the experience. When these survival**

“Trauma changes the brain—and the rational mind, the frontal lobe loses control over the more primitive limbic brain. The brain circuits change, the fear system changes, and the self system is changed.”

systems get stuck, as happens when people develop PTSD, the changes in our physiology and nervous system create profound changes in the ability to adapt to the world. When we cannot actively fight back or escape a traumatizing situation, or, alternatively, find outside protection, the overwhelming experience may result in a system wide shut down. The result is often distrust (constant vigilance) and difficulties creating supportive relationships, including tolerating people to get close, one of the principal components of healing.”

If we look at trauma’s impact on the human brain from a global perspective, then, as Ian Macnaughton said, **“The old adage that ‘it takes a village to raise a child’**

is apt in the sense that from the global perspective there needs to be community awareness through education as well as both individual and group processes that can bring more healing to the traumatic imprints in the nervous system.”

As Porges pointed out, our brain is integrated within a nervous system that regulates our entire body. And while the brain is an important regulator of the body, the brain stem is actually the pivot point between the body and the upper brain structures.

“Within the brain stem there are major intersections of neural pathways sending signals downstream to the body and upstream to the cortex. Early



“In fact through war, malnutrition, violence etc. we are damaging the brains of the younger generation, which can only lead to a less evolved human being and one that has experienced trauma.”

experiences can actually turn on and off genes and disrupt or bias the neural pathways that travel through the brainstem and communicate between body and brain **structures,” Porges said, then he added that our personality structure has the potential to take on the trauma of those who came before us.**

“We are a flexible species, there is not one idealized way of being,” Porges explained. “If culture demands more warriors, we modify to become more vigilant and aggressive. In a sense cultural demands turn genes on and off in response to threats to society. How is the genotype of the wounded Self relevant to that current society? In terms of trauma and trauma response, we need to look both at the stimulus and the neural state and resilience of the individual. This enables us to understand the interaction between the cues that effectively trigger physiological responses, which are capable of incapacitating social connection in some individuals, while others seem buffered and resilient to the same challenges.”

“We are bombing countries and creating unsafe environments, we escalated terror to convince “victims” to be our friends, and we are changing their biology,” he continued. “Creating volatile trauma responses makes them physiologically unsafe and lowers their threshold for shut down. They have to mobilize; they have to be aggressive or face immobility and death.”

Macnaughton agreed, and extended Porges’ statement adding that, “In fact through war, malnutrition, violence etc. we are damaging the brains of the younger generation, which can only lead to a less evolved human being and one that has experienced trauma. The affluent and

wealthy individuals and nations try to maintain their steady-state, fending off depletion of any of their assets or their lifestyles to assist in the global suffering that is being created by trauma. That can **only last so long.”**

“In global situations,” he continued, “I think what we see is this vast systemic wave of past traumatic experiences being attempted to be worked out through wars, attempting to stabilize through different religions, different ethnicities, different languages, forgetting the effect of how all of these were generated from geographical contexts.”

“A friend of mine recently had an extensive genetic report on his history,” he added. “In that history he said that of course it all went back to Africa, as well that at one time in the world there were only 2000 human beings that we all came from. When we see the landslide destruction of our environment and the creatures within it, it’s only logical that there is a probability that we, as one of the creatures, will face at least the possible reduction in population if not destruction as a race in centuries to come, perhaps sooner if something is not done. I believe much of all of this is rooted in the lack of development of our brains and our capacity to be more human than animal, as well as the effect on our common sense, our executive functioning, of past and current, individual and collective, trauma.”

Trauma is pervasive. Trauma is embedded.

And, if we define trauma as the disruption of our ability to regulate our affective and physiological state, then is it safe to say that treatment must revolve around state regulation?

Self-Regulation

"A number of techniques are likely to be helpful in self-regulation," Van der Kolk said. He shared examples from his book, *The Body Keeps the Score* (see review on page XX), such as practicing mindfulness to access the medial prefrontal cortex, using interoception to notice what is going on inside and re-interpret danger, moving together, synchronizing our voices and respiratory systems by singing and breathing together- that is, by activating the bi-directional communication system between the nervous systems of different people. Moving, sensing what's happening in the body, allows the self to know what you know, he said. Sensing the inner experience is a gigantic part of healing.

"In South Africa," Van der Kolk shared, **"I noticed their approach was very different** than in the US. Everywhere around the world people use singing, moving, synchronous activities to deal with traumatic stress. This is not common in formal therapeutic programs in the US, though these methods are continually re-discovered in school systems, prisons, and rehabilitation programs."

Thinking versus Feeling

"What if we misinterpreted the statement, I think therefore I am? It should be, I feel therefore I am. I feel my body, myself, with "feel" as a reflexive verb," Porges said. "French distinguishes between feeling an object and feeling into the body whereas English uses the same word for feeling a physical object and feeling our body or emotions. Yet the meaning of the words are not the same."

"All therapies have a common theme," he continued. "We have implicit memories and explicit experiences. Trauma experience is implicit, the body holds the story; we do not have the vocabulary to discuss it. We have to go in and move those memories to the explicit level so we can deal with them. You have to go back and re-experience it so it can be defined in the implicit, the unknown needs to be defined, contained,



and brought forward into explicit thoughts and words, so you can resolve it. The therapist's job is to provide the tools to experience and contain, to describe and defuse."

As therapists then, we can help our clients understand what happened to them from a neurophysiological and bio-behavioral view. For instance, a young woman comes in because she was raped. She has all these bodily feelings that she doesn't understand as well as feelings such as embarrassment and shame because she didn't fight back (immobilization). As therapists, Porges said we can give clients a vocabulary to deal with implicit memories. But, he stressed, it is not so much the event that matters.

For example, in the case of our rape survivor, Porges explained that it's crucial to find out her initial response to the trauma, what happened in the moment-where did she go (pass out, dissociate, fantasize), what happened then, step-by-step. From this case history, we can then create a healing intervention that supports the nervous system, where we can navigate or negotiate with her sense of safety so she is not working within her defense system (either shutting down or pushing to mobilize).

"As long as features of the social engagement system are on board through the use of modulated prosodic voice or safe

environments, then you might be able to **discuss or get the person out of that state,**" Porges said. "Our social engagement system enables us to change our physiological state. The most successful trauma therapists are those who enable their clients to negotiate and navigate in a state of **safety.**"

"I agree with what Steve has said, of course," Macnaughton added. "However, I would say that people do not always need to actually recall, certainly not relive all of the traumatic incident details. The treatment should allow for the person to respond to what traumatic events have happened so that the persons system can restore to its innate optimal functioning. The trauma pattern rests within the blocked responses that the individual and the group were not able to manifest in order to take appropriate action so that they were not traumatized."

"Trauma certainly has the effect of destabilizing the optimal human and societal functioning," he continued. "And once destabilized the organization of consciousness is shifted so that it cannot, as effectively, be able to realistically ascertain what is truly dangerous on the outside and what thinking and personal experience is skewed on the inside in ways that result in reinforcing behavior that keeps the traumatic patterns inside oneself as well as societally to maintain a new so-called 'functional steady-state', usually a reactive and less considered state of consciousness."

Offering concrete steps to address trauma, Van der Kolk listed several critical components for any treatment approach. The first involves self-regulation. Effective treatment, Van der Kolk said, means **learning ways to change one's arousal system.** This needs to be front and center in any treatment.

"We have in-born self-regulatory systems that need to be activated. This involves moving, taking action, and being in sync with others. You can establish internal sensory integration with methods such as Qi gong, drumming, dancing. It's more than

tolerating feelings and sensations, it's about learning how you can change your own physiology," Van der Kolk said.

Another component involves, "Learning to tolerate knowing what you know, and feeling what you feel. Finding a language for internal self-experience," and, "Finally, taking action to re-engage frozen engagement systems and overcoming the legacy of inescapable shock," he said.

The importance of trauma interventions rests in body-based approaches—language alone has limitations including the lack of a clear vocabulary to capture a sensation as it is occurring—to describe the experience of the sensation takes you out of the moment (out of the midbrain) and places you back in the neocortex—you are responding from the thinking brain, not the feeling brain.

As Van der Kolk notes, you cannot treat a traumatic event but you can treat the imprints of trauma on the body, mind, and soul. **The rational brain can't simply abolish** our emotions, sensations or thoughts—



“understanding why you feel a certain way does not change how you feel,” Van der Kolk writes. Using the phrase, “Limbic System Therapy”, Van der Kolk explains that one goal of trauma interventions is to restore balance between the rational brain and the emotional brain—you have to repair faulty alarm systems dysregulated by traumatic events so that the brain is no longer automatically (and unconsciously) responding to triggers/cues as if the traumatic event (a past reality) is experienced as live and present in the here and now.

As LeDoux pointed out, we can only consciously access our emotional brain through self-awareness. So, interventions need to provide tools that support self-regulation techniques/emotional regulation techniques such as using the breath to calm the SNS and stave off the fight or flight response and mindfulness practices that teach clients how to notice the interplay between their thoughts and physical sensations. As Van der Kolk writes, trauma often results in the fear of being overwhelmed by uncomfortable sensations such that the body is frozen and the mind is shut. (See Join the Conversation in this issue for two easy self-regulation tools shared by Peter Levine, PhD).

There are many treatment approaches available to work with trauma including but not limited to: Somatic Experiencing, sensorimotor psychotherapy, Eye Movement Integration (EMI), Eye Movement Desensitization and Reprocessing (EMDR), Emotive Freedom Technique (EFT), Hakomi therapy, hypnotherapy and neurofeedback. Macnaughton also added group and subgroup work such as developed by Yvonne Agazarian's in her Systems-Centered Therapy for Groups. And Dr. **Marvin Westwood's work with soldiers who** experienced trauma. Westwood teaches veterans how to self-govern their own healing processes, which appear to parallel **Van der Kolks' four precepts.**

However, in the larger scheme of global awareness, Macnaughton said, “We need more than just trauma teams going in to different countries, notwithstanding the great benefit of them doing so and especially when they teach other people in the communities and countries how to assist individuals, families, communities to work with storytelling and connection. I'm not up to date on some of those global initiatives, more a sense of it has to go beyond just working with crash teams and just individual one-on-one work. I do believe that the power of stories, being listened to, attuned to, specially shared in groups that are well contained, is probably the way to go but really we need awareness and a larger global sense of what type of world we are creating for the future. I lose hope when I see that even in our individual countries and communities we don't know or are blind to how to work with the trauma of our children.”

Fortunately Van der Kolk dedicated a considerable amount of space in his recent book, *The Body Keeps the Score*, to discuss children and trauma from a variety of perspectives: attunement, attachment, brain development in relationship, and brain impacts in situations of abuse and trauma. He explored the overall question: Is it possible to help the minds and brains of brutalized children to redraw their inner maps and incorporate a sense of trust and confidence in the future? He noted that early attachment patterns create inner maps that chart our relationships throughout life, not only in terms of what we expect from others but also in terms of how much comfort and pleasure we can experience in their presence. The map is implicit, etched into the emotional brain. It is not reversible simply by understanding how it was created. Children who experience early abuse, neglect, violence, misattunement, abandonment, sexual assault, incest and other forms of trauma **have no internal sense of security; it's** difficult for them to distinguish between

safety and danger. The staff at Van der Kolk's Trauma Center (www.traumacenter.org located in Boston, Massachusetts)) have developed programs to help parents attune and connect with their children, to help heal damaged attunement systems through training in rhythmicity and reciprocity.

Coming to a Place of Closure

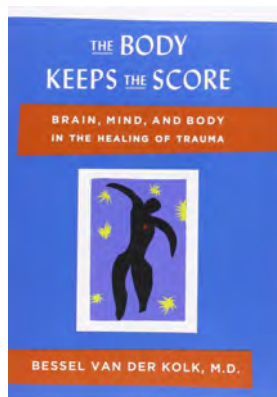
Looking at trauma treatment from a global perspective, the overall sense I gathered is that we have to step back and look at what is going on in social, political, and environmental systems. As Macnaughton said, "They are all in a way trying to self-organize within their domains yet not quite sufficiently interdisciplinary. I think part of that, as I mentioned, is the evolutionary state of us as human beings: where will we have evolved to so far? I think the other is that we have tended to think more linearly rather than systemically."

"I find trauma narrows down a person's

and society's scope of consciousness—their story of what is true, when actually there are multiple perspectives often polarized into two main ones. Yet, between the two exists a 'third story'. When working with families, couples, individuals, businesses, I am looking for the 'third story'," he continued.

"The most flexible element in any system is the one that will survive," Macnaughton said.

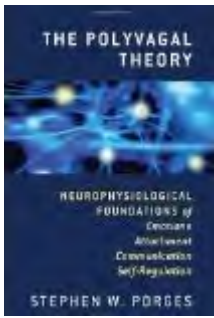
"If we look at the pattern of what happens worldwide we can see that nature itself has many traumatic patterns—fire, wind, water, for instance—and with huge changes many species have survived, including human beings who are the consensual highest level of functioning species," Macnaughton said. "So it seems to me that if the latter is true that we are actually the most evolved, then we need to really address how global traumatic patterns are not being studied systemically, and neither are the solutions."



Bessel A. van der Kolk M.D. is the Medical Director of the Trauma Center in Brookline, MA, and professor of psychiatry at Boston University School of Medicine who has taught in

hospitals and universities all over the world. His work integrates developmental, biological, psychodynamic and interpersonal aspects of the impact of trauma and its treatment. Funded by the National Institutes of Health, The National Center for Complementary and Alternative Medicine, the Centers for Disease Control and private foundations, he has extensively researched the impact of trauma on development, such as dissociative problems, borderline personality and self-mutilation, cognitive development in traumatized children and adults, and the psychobiology of trauma, as

well as a variety of treatments for PTSD, including medications, EMDR, yoga and neurofeedback. His recent 2014 New York Times bestseller, [The Body Keeps the Score: Brain, Mind, and Body in the Treatment of Trauma](#), (see [page 28 for review](#)) transformed the understanding of traumatic stress, spelling out how it literally rearranges the **brain's wiring**—specifically areas dedicated to pleasure, engagement, control, and trust. He shows how these areas can be reactivated through innovative treatments including neurofeedback, mindfulness techniques, play, yoga, and other therapies.

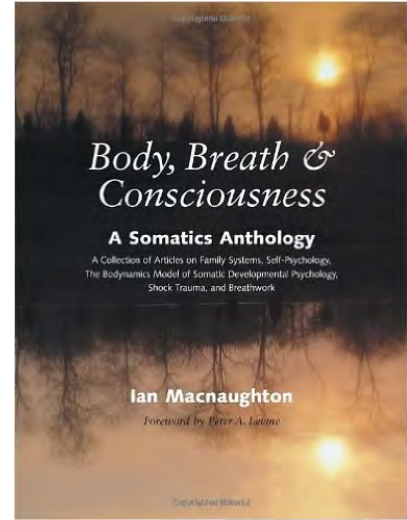


Stephen W. Porges PhD is Distinguished University Scientist at Indiana University Bloomington, where he is creating a trauma

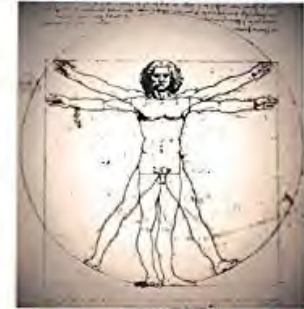
research center within the Kinsey Institute. His wife, C. Sue Carter is the Director of the Kinsey Institute. Dr. Carter is known for her discovery linking oxytocin to social behavior. Dr. Porges is also a Professor in the Department of Psychiatry at the University of North Carolina in Chapel Hill, North Carolina. He formerly directed the Brain-Body Center in the Department of Psychiatry at the University of Illinois at Chicago, where he also held appointments in the Departments of Psychology, BioEngineering, and the Program in Neuroscience. He is a neuroscientist with particular interests in understanding the [neurobiology](#) of social behavior. In 1994 he proposed the [Polyvagal Theory](#), a theory that links the [evolution](#) of the [autonomic nervous system](#) to the emergence of social behavior. The theory, summarized in his 2011 book, *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment,*

Communication, and Self-Regulation, provides insights into the mechanisms mediating symptoms observed in several behavioral, psychiatric, and physical disorders.

Ian Macnaughton, MBA, PhD, is a psychotherapist and trauma specialist as well as the principal of TransitionPoint Coaching, a consulting company that works with business owners and their families. Recognized as one of **Canada's most qualified and trusted business family coaches**, Ian has more than 35 years of experience as a family systems consultant and as a change management and organizational consultant. He advises a number of family businesses and maintains a practice as an executive coach for leadership development. Ian is also the former owner and CEO of a second-generation family enterprise. Ian has an MBA and a PhD in human sciences. In addition to being a certified Family Enterprise Advisor, he has multiple certifications in Family Firm Advising and is a Registered Clinical Counsellor. He is a long-time volunteer with PACE Children and Family Centre in Vancouver, an early intervention and education center for preschool-aged



Embodying the Mind

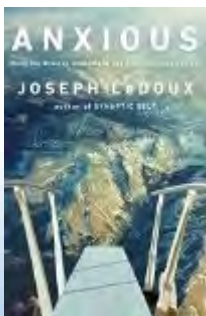


& Minding the Body

A COLLECTION OF ARTICLES ON FAMILY SYSTEMS, BODYDYNAMICS SOMATIC DEVELOPMENTAL PSYCHOLOGY, SHOCK TRAUMA, AND SPIRITUALITY

Ian Macnaughton, Ph.D.
EDITOR

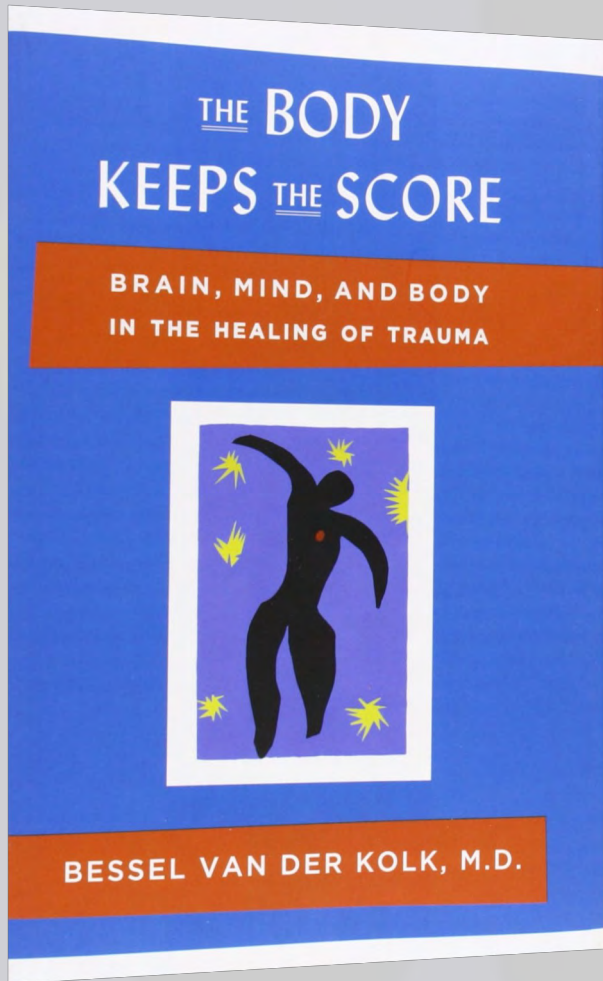
children and their families. He also edited two anthologies: *Embodying the Mind and Minding the Body*, and *Body, Breath, and Consciousness*.



Joseph LeDoux, PhD is the Henry and Lucy Moses Professor of Science at NYU in the Center for Neural Science. He directs the Emotional Brain Institute of NYU and the Nathan Kline Institute. His work is focused on the brain mechanisms of memory and emotion. He writes a blog for Psychology Today called, *I Got A Mind To Tell You*. He recently authored, *Anxious: Using the Brain to Understand and Treat Fear and Anxiety*. LeDoux is a Fellow of the American Academy of Arts and Sciences, the New York Academy of Sciences, and the American Association for the Advancement of Science, and a member of the National Academy of Sciences. He is also the lead singer and songwriter in the rock band, The Amygdaloids.

Joseph's blog material is derived from his new text: *Anxious: Using the Brain to Understand and Treat Fear and Anxiety*.

This best selling book on traumatic stress—on the charts for over 52 weeks in a row—has reviewers noting how beautifully it is written and how easily accessible Van der Kolk makes complex material—scientific findings are presented in a personable writing style that opens doors to understanding for all readers.



Bessel van der Kolk, MD

Translated in 15 languages

Reviewed by Michael Fiorini

Bessel van der Kolk's *The Body Keeps The Score: Brain, Mind, and Body in the Healing of Trauma* takes a detailed, well-researched, and multidisciplinary approach to discussing trauma and how it can be treated clinically. The book approaches the topic with an emphasis on detailed therapy outcome data, firsthand clinical examples, new and compelling neuroscientific findings, and a framework that looks at the long clinical and

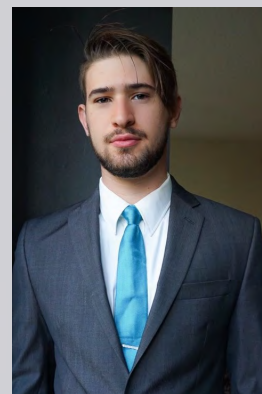
theoretical history of trauma treatment. Although there is a definite slant toward a non-pharmacological approach to psychotherapy, the psychiatric background of the author informs his discussion frequently. The cases covered throughout the book illustrate severe forms of trauma; however, the forms of treatment are not exclusive to that population. More severe cases are shown here to exemplify that the

included methods have wide-reaching clinical efficacy. The methods draw from a wide array of past and contemporary clinical work, and can be thought of as a look into the most current approaches to and ideas regarding trauma work. It also brings specific emphasis to the ways the body changes in reaction to early and prolonged traumatic experiences coming from a neuroscience perspective. It is because of this that the book is highly recommended for those professionals who commonly encounter patients with varying degrees of trauma in their practice.

Beginning with insight into the author's initiation into trauma work in his clinical practice, *The Body Keeps The Score* starts by framing for us how the dialogue about PTSD has changed over the years. The structure of the book is broken down into five parts, each covering a different important dimension of trauma necessary to grasp for a more effective understanding of it. Part One, *The Rediscovery of Trauma*, covers the aforementioned historical progression of trauma treatment examining how new research in neuroscience is again revolutionizing the clinical approach to this dimension of therapy. The second part, *This Is Your Brain On Trauma*, looks at the specific brain regions associated with trauma. The book discusses these along with tangentially related neurological areas in order to give readers a practical understanding of the biological impact that trauma has over the lifespan and in specific circumstances. Part Three, *The Minds of Children*, focuses primarily on trauma effects and dynamics among adolescents. Part Four, *The Imprint of Trauma*, examines the act of recalling and remembering past and hidden traumatic memories. Part Five, *Paths to Recovery*, is the largest section. This portion of the book deals with the many treatments and approaches used and studied by the author to treat trauma. EMDR, yoga, neuro-feedback, and aspects of language among other treatment forms are discussed.

The product of over thirty years of clinical experience and research, *The Body Keeps The Score* presents readers with up to date findings, a largely objective and effective psychiatric narrative, and a solid platform to further additional research and improve therapeutic practice. Drawing from relevant new findings in neuroscience for the biological and psychological impact of trauma, the book can bring readers up to speed on what is known about and helps to treat trauma. Relating outcome variance among differing schools of thought and bringing to light the efficacy of treatments like, for example, EMDR that would otherwise not have widespread clinical **attention is an important part of the book's** significance for the international psychotherapy community. In giving a biological basis for its claims and clinical suggestions, it additionally adds a degree of medical and psychiatric legitimacy to its findings and conclusions. The book presents its data alongside a thorough walkthrough of many different forms of trauma and how they can affect therapy dynamics. Contemporary and concise, the book is essential for understanding new trends in trauma treatment and its biological effects.

Michael Fiorini graduated from NYU's psychology and sociology departments with honors last May, and is currently in the process of looking for and applying to doctoral programs in clinical psychology. As a student, he has written two theses and conducted a qualitative sociological survey analyzing comparative perceptions of discrimination. He has worked in numerous psychology laboratories, and studied drug efficacy for treatment of schizophrenics, early childhood education intervention, and the cognitive influences on morality. Michael is an avid writer as well, and regularly participates in writers workshops across New York City. In addition to writing for SPT, he volunteers at the Samaritans crisis hotline for suicide prevention.



What Language Does Your Body Speak: Some Thoughts on Somatic Psychotherapies in International Contexts

Somatic Psychotherapy Beyond Borders



Amber Elizabeth Gray

Trauma, by definition, is a body experience. A cascade of physiological and biological changes that become the imprint of suffering begins the moment of exposure in those who go on to be traumatized. **This is the universal. Culture is the component that “dresses up”, and layers in, how a person demonstrates or expresses his/her state(s) of traumatization.**

The body may potentially be a dual-experience as both refuge and minefield for anyone who is truly traumatized, and we now have greater understanding of the mechanisms behind this dual reality. Recent discoveries in neuroscience, and more specifically arising from research in the field of interpersonal neurobiology (Siegel, 2012) and neuroplasticity, and perhaps most importantly, social engagement (Porges, 2011), are guiding the increased endorsement of mindfulness, somatic, and movement based approaches, therapies and practices for health and well-being. Increasingly, neuroscience endorses somatic, and/or non-verbal, therapies as promising (and perhaps best practice) for trauma

survivors. The majority of somatic approaches, frameworks, programs and training opportunities remain in the **“developed” world, and more specifically in the west or north**, where mainstream psychotherapy has existed and been utilized far longer than in non-western, **“developing”** countries.

Internationally, the inclusion of psychosocial interventions in humanitarian response work is a fairly new phenomenon. Only recently is there some openness in Western, mainstream mental health to recognize **“alternative” practices such as somatic and creative arts therapies**; similarly, cross cultural, humanitarian applications tend to

lean on “evidenced-based” or “best practice” approaches, and the burgeoning field of somatics is still more an item of interest than it is consistently included in these response programs. Simultaneously, some of the somatically-based trauma training programs are outreaching their trainings into post disaster and complex humanitarian contexts, with unclear impact and little evident attention to social/cultural integration. An assumption seems to be made that these approaches are helpful and meaningful in these cultures, because working through the body or the creative process is more universal.

An important consideration is that many (but not all) of the recent crises and disasters have occurred in more sociocentric cultures. The US is a particularly egocentric culture, and one in which many of the somatic approaches that are rooted there, are still framed in a traditionally western psychotherapeutic paradigm. Many of the non-white dominant or western/northern cultures have never

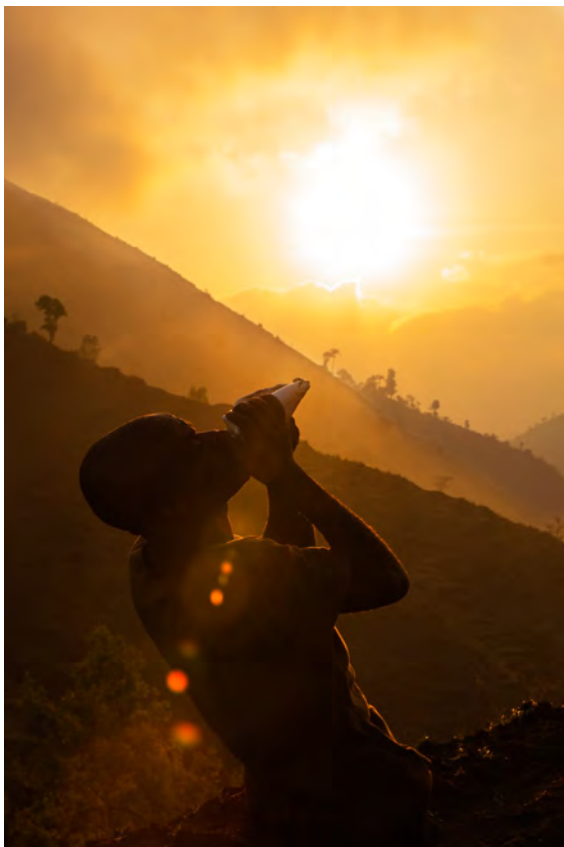


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subjected themselves to the mind-body split of the post-Cartesian era (Damasio, 2005).

In sociocentric cultures, a history of healing through embodied and creative rituals and practices may actually mitigate the need for “discovering” new treatments. In fact, one might argue that in these places, the historically intact socio-cultural processes that serve as ritual, rite of passage, healing, celebration, mourning and marking may be more relevant than “new” somatic approaches (Harris, 2002). It is worth considering that what science is now endorsing through its studies of memory and trauma, and the essential role the body places in the restorative process after trauma, has always been central to indigenous healing practices and processes. This is notwithstanding the fact that in many large-scale disasters and emergencies, these important social structures are undermined, distressed, and sometimes destroyed, and may therefore not be as accessible. That topic is beyond the scope of this article.

There isn't a right or wrong here; however, the fundamental principle upon which psychosocial programs in humanitarian response contexts are offered is **Do No Harm**. The IASC Guidelines (2007) framework of guiding principles for psychosocial work across borders and cultures, with **Do No Harm** the foundation. As a long time humanitarian worker who now also trains health and mental health professionals, as well as allied health professionals and paraprofessionals in the integration of dance, movement, body and arts-based therapies into their work, I am aware of the need to constantly reconsider my intention in offering this work, as well as my methods and style of delivery. I have begun to ask myself an orienting question that serves more as an ongoing inquiry to assist me to re-organize the work, as needed, versus a question that always has a clear answer: What language does my body speak?

The Language of Compassion

Body language is a pedestrian term for non-verbal communication. Having participated in many training, relief, and development programs that introduce, promote, or bring somatic therapies to other countries and cultures recently exposed to mass trauma, I now realize that the truth of what we communicate reflects from a deeper, more introspective place, and may be “heard” through our non-verbal messaging. What we say may be less important than how we carry or “are” the message. And a source of the message may reside in our worldview on a continuum that is marked by many things; among them, and central to the imprints we may leave when we take our work (direct services, trainings, programs) overseas, especially in times of collective distress, are sympathy, empathy and compassion.

The question “what language does my body speak” is central to this introspection. I am proposing that important feedback to guide our work relates to an understanding of the strength, and challenge, of empathy, long considered the key ingredient of successful psychotherapeutic and humanitarian connection and rapport. Empathy is indeed essential to our connection with others. However, it is a term that is often confused with compassion, and sometimes, though less frequently, with sympathy (Brown, 2013).

I invite you to take the type of “quiz” that you may have taken when you were a child. Below is a table with three terms (Sympathy, Empathy, and Compassion) in the first column (left-hand side), and three definitions in the second column (right-hand side). The task is to connect the word with its correct definition.

SYMPATHY

A human response based on feeling sad about/ sorry for another person’s pain.

“ I feel sorry for you.”

EMPATHY

The ability to recognize pain and suffering in another human, because we recognize and know our own pain and suffering. In this recognition, we know this pain in self and other is not the same. **“I recognize your pain because I have known my own.”**

COMPASSION

An interpersonal skill/human response based on identification with another person’s pain. **“I feel your pain.”**

Here are the correct answers:

Sympathy is: A human response based on feeling sad about/sorry for another person’s pain.

Empathy is: An interpersonal skill/human response based on identification with another person's pain.

Compassion is: The ability to recognize pain and suffering in another human, because we recognize and know our own pain and suffering. In this recognition, we know this pain in self and other is not the same.

What I am proposing is that a key ingredient in our own understanding of both how and what we communicate is our self awareness of how we feel toward those we are in a helping, teaching, or supervisory relationship with, especially across borders and cultures. There are emergent ideas and even theories about the legacy of colonialism and its ongoing effects in both the international development and humanitarian sectors. When we show up to help, we are automatically in a power differential; we have the power by virtue of the fact that we can leave. Unless we are immediate victims of the same earthquake, tsunami, war or disease outbreak, we almost always have the power to enter, and to leave. And whenever any of us is disempowered by life events, we need to rely on others for services and supports we may usually provide to ourselves. This is especially true in situations where entire populations have been subjected to the destructive nature of disaster or war. We literally may be (actually or perceived) life-savers.

Sympathy, empathy and compassion are inter-related; I would describe them as possibly existing on a continuum. Sympathy may perhaps be considered a core ingredient of empathy, and empathy an ingredient of compassion. Our ability to connect to others, to care about them and what they are feeling, is certainly important to all these human responses to another human being.

Lets start with sympathy, which I have observed as a common response from many of those who

respond to humanitarian disasters (especially those who respond on their own, outside of official systems of response). Many people **show up because they feel sorry for "the poor victims" or "the poor impoverished survivors"**. **Airplanes traveling to Haiti** after the devastating earthquake of January 12, 2010 began to fill with teams of people with **"Jesus saves Haiti" t-shirts** (in fact, this continues today). Feeling sorry for another person has its time and place, and it only reinforces the power differential. Sympathy may not be as helpful if one is suffering due to abuse of power, which is often the case in complex humanitarian emergencies, or in clinical (or other) work with survivors of human rights abuses. Our ability to sympathize is certainly related to our ability to empathize, but sympathy alone may



Photo retrieved from: <http://www.whatsyourgrief.com/how-to-write-a-sympathy-card/>

Empathy is perhaps the most widely cited emotion endorsed in psychotherapy. It is a human emotion that enables us to connect **to another person's emotions, or feelings**, and as such is widely lauded as a primary and essential tool for positive psychological, therapeutic and healing work. In 2010, **Jeremy Rifkin's TED talk, The Empathic Civilization** (2010) based on his book by the same name, was placed on You Tube. In this talk he argues that the discovery that we **are "soft wired for empathy" (2010)** may promote a healthier, saner and friendlier civilization. I propose a flaw in this theory, and a new consideration towards the place and potency of compassion as the pathway to individual, collective and global health, equanimity and civilization.

Recognizing the role of empathy in our social and relational capacity, and also as a risk factor for burn-out and vicarious traumatization (Saakvitne & Pearlman, 1996), my inquiry into embodied compassion as both a therapeutic tool to more deeply engage with, and help, clients (from individual trauma survivors to communities affected by large scale violence and/or natural disaster) has contributed to the thesis that compassion is a possible direction of the evolutionary pathway the human species is currently treading. In other words, research into mirror neurons (Winerman, 2005) seems to prove that humans truly are soft wired for empathy, which is both a relational virtue in that it promotes our ability to connect to others and, a risk factor for the many facets of vicarious traumatization that encounters with trauma stories, histories, and experiences expose us to. The question is: How are empathy and compassion different, despite their frequent use as interchangeable concepts? And how do they affect our helping relationships with others?

Dr. Henry Tobey (clinician and theorist) (1999, personal communication) and Dr. Tania Singer (clinician researcher) (2013) are among the first to differentiate these terms and to recognize the unique qualities

of compassion as a healthier, more holistic means of creating interconnectivity with clients (and others), and a protective factor for therapists working with and therefore exposed to difficult histories of suffering and abuse. A premise in all my work is that we human beings gain meaning for our lives, and offer services and teachings that are truly relevant, respectful, and in service to others, when we are in service of evolution. As journeyers on the road of evolution, with unknown possibilities and potential for our own individual and collective advancement, **as well as the planetary community's well-being**, practices that promote compassion **may serve not only our selves' and our clients' well-being** as we work with survivors of trauma; we may also contribute to the phylogenetic enhancement of our species. Compassion as a practice and an emotional response that may benefit from our empathic connection, but that also serves to distinguish mine from yours, might promote levels of regard and respect that communicate more equanimity in our helping interactions and interventions.

Central to this idea is this: Empathy, while clearly a core ingredient in compassion, is also a core ingredient in cruelty. Cruelty is not possible when we practice compassion. Therefore, the very same emotion that offers us connection to others is also a **useful tool to increase another's suffering. The origins of this idea are in Anna Salter's book *Transforming Trauma* (1995, p. 250-251).** The most sadistic perpetrators can utilize their empathic abilities to increase the suffering and pain of their victims. Consider this idea on a global level: Could the human species, if we moved beyond our current biological, physiological, psychological and **emotional/mental state of "soft wired for empathy"**, enhance the possibility we inherently embodied to become beings who are soft (or, perhaps even hard) wired for compassion? And if we can do this, would we more consistently relate to one another in ways that promote equanimity, especially when we are in a helping relationship? What would our embodiment and practice of



compassion communicate to others? How would we see, and be seen?

As someone who has traveled to Haiti to work since 1998, I have provided program start-up and management, training, and clinical services in the post-embargo years, during the violence of 2004-8, and after the massive earthquake of 2010. It is questionable how much any of the aid, especially post-earthquake, has really helped Haiti advance as the independent nation state it fought to be in the 1700's and early 1800's. In fact, many humanitarian responders and Haitians say that the massive influx of aid after the earthquake only made things worse. An inflated economy and sparkly clean new villages that are located where no-one wants to live are signs of well-intentioned aid workers leaving behind the remains of top-down sympathetically driven projects and interventions. After the earthquake, I received many phone calls from would be aid workers, with no prior experience in humanitarian work, but who claimed to have "the perfect somatic approach to trauma healing", asking if they could join my non-profit's work there. My first questions was: Who are you going for? I also asked: Did anyone from Haiti invite you? How is your approach specifically appropriate for Haiti? And so on.

I suspect many of those who inquired went on to find other ways to go to Haiti not realizing that they were really going for themselves. I question if compassionate response would allow this. A few reflected long enough to recognize that their interest was perhaps more self serving (sympathetic) or based on their need for some sort of vicarious experience (empathic), rather than compassionate (with active regard for self and other). Of course, there were and are many helpers and would-be helpers who do come from a place of compassion. It might improve both humanitarian responders work conditions and longevity, as well as the programs and services they offer or "plant" for the survivors of humanitarian emergencies, if

If it's compassion that allows us to act on behalf of self and other, it may well be compassion that supports our somatically-based (and other) initiatives overseas to be truly meaningful and relevant to the countries and cultures we bring them to.

we could somehow screen, or measure, for compassion.

How does this discourse relate to somatic psychotherapy in international contexts? I think another way to ask this question is: how do I show up to help, whether help be direct service, trainings and teaching, or creating programs? Am I relating to others, individually or collectively, mostly with sympathy, empathy, or compassion? Do I access and use this continuum of human response appropriately; do I reflect them at the right time, and context, with balance and clarity?

I believe that the answer to these questions are related to understanding what language our body speaks when we are in these contexts.

There is an increased surge of attention to humanitarian responses such as burn-out, secondary trauma, vicarious trauma and compassion fatigue, because the risks to humanitarian workers are higher (Rogers, 2015). While sympathy may not be beneficial because it reinforces power differentials, empathy may not as helpful to or our clients because we can become exhausted and therefore less effective (which can also be a security risk) when we are so affected by another's feelings that they dominate our own. Roshi Joan Halifax described compassion as "empathy with action" (personal communication, 2013). If it's compassion that allows us to act on behalf of self and other, it may well be compassion that supports our somatically-based (and other) initiatives overseas to be truly meaningful and relevant to the countries and cultures we bring them to. Perhaps compassion creates the place for those we help to take action, and ultimately serves restoration and recovery—be it individual or large scale, communal—in a more sustainable and globally meaningful way.

Amber Elizabeth Gray provides training and consultation nationally and internationally on clinical treatment and program development for

survivors of trauma secondary to torture, war, combat, trafficking, organized violence and natural disaster. She has almost thirty years of experience in human service work, and in the past fifteen years has focused on clinical services and programs for those displaced by war, violence and human rights abuses. She trains health and mental health professionals, and paraprofessionals, on such topics as working with traumatized children, models for the cross-cultural application of psychotherapy, innovative approaches to trauma recovery that integrate local, individual and community resources and traditions, clinical issues in work with survivors of combat, war and political violence, staff care. She is the originator of restorative movement psychotherapy, a somatic and creative arts based approach for work with survivors of trauma. She is the 2010 recipient of The American Dance Therapy Associations "Outstanding Achievement Award".

www.restorativeresources.net

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ECHOs in Bosnia and Beyond

By Elizabeth Boath and Caroline Rolling



Elizabeth Boath, PhD



Caroline Rolling

As the twentieth anniversary of war in Bosnia—Herzegovina looms, many civilian survivors remain traumatised by the events they experienced and/or witnessed. Following the end of the war, the ensuing social and political upheaval and lack of resources have resulted in chronic emotional issues and mental health problems within the civilian population.

Ongoing help has come from a British-based charitable organization—Healing Hands Network—which, since 1996, has provided hands-on therapies in and around Sarajevo to clients referred by local organizations, including the Association of Concentration Camp Victims, the Association of Civil War Victims, Women Victims of War and Mothers of Srebrenica. Some clients have received treatments for many years and the Charity has been looking into how the current or perhaps new interventions might help these clients move on.



<http://www.healinghandsnetwork.org.uk/>

An answer came in 2010 in the form of a new and evolving therapeutic intervention, developed by Karl Dawson, called Matrix Reimprinting (Dawson & Allenby, 2010). Matrix Reimprinting is an energy psychology technique that incorporates Emotional Freedom Techniques (EFT), where acupressure points are tapped while voicing specific statements. Imagined inner parts/child work and understandings from quantum and epigenetic science are also a key feature of Matrix Reimprinting. Clients **work with the 'part', called Energy Conscious Holograms or ECHOs**, to release the trauma. They imagine talking to and supporting the ECHO to revise or overcome the traumatic event. A new and positive picture is then created and used to reprogram the mind, indicating the trauma is over and changing self-beliefs formed at the time of the trauma to something more helpful.

Imagine how it might feel to safely voice all you wished you had been able to say at the time of the trauma, to quickly release feelings of fear, shame, guilt, pain and replace them with something more supportive instead? This is what was done in a pilot study of Matrix Reimprinting for



civilian survivors of the 1992-1995 war in Bosnia– Herzegovina (Boath, Steward, & Rolling, 2014).

The pilot study (a mixed-study design) investigated the feasibility and effectiveness of Matrix Reimprinting (MR) in treating posttraumatic stress symptoms in civilian survivors of the war in Bosnia. Two Healing Hands Network Centres in Bosnia (Sarajevo and Hadzici) participated. Clients accessing these centres were invited to take part. Participants completed a modified version of the PTSD Checklist-Civilian Checklist (PCL-C) at baseline, immediately after the two-week intervention, and then at a 4-week follow-up. Fourteen civilian survivors completed the study. Four were aged 30 – 40 aged (1 man, 3 women), seven 40-60 years (3 men, 4 women) with the remaining three participants were all women aged over 60.

Before individual Matrix Reimprinting sessions occurred, everyone involved in the pilot study, including translators, were introduced to the basic EFT protocol (an easy-to-use method for stress-relief) and a simple breathing technique. Developed by the Heartmath Institute, the technique

involves breathing for a count of five into and out of the heart directly through the chest. This breathing uses the electromagnetic field of the heart to regulate the autonomic nervous system and the brain allowing it to come out of the fight/flight/freeze response.

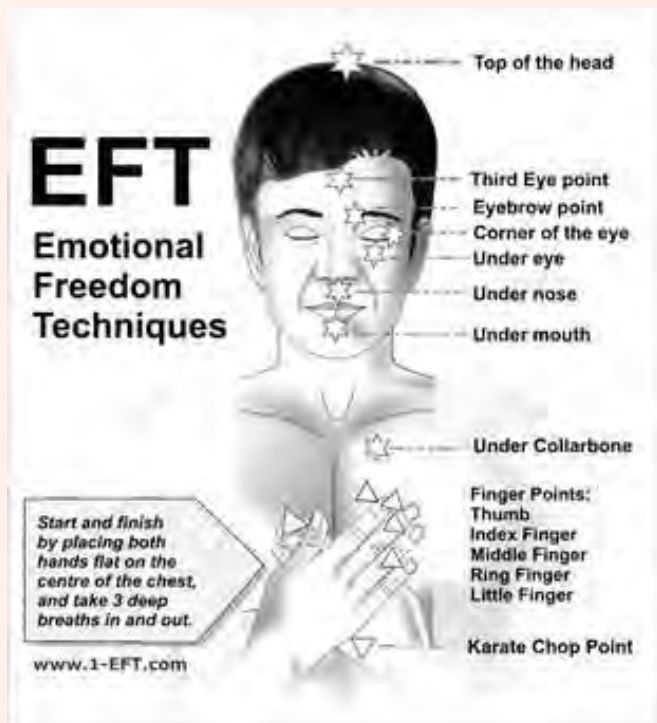
Following the initial group sessions, each participant received four, one-hour, one-to-one Matrix Reimprinting sessions with the same practitioner and interpreter. Each person was also given a written copy of the basic EFT protocol, including suggestions for using EFT to aid sleep, and were instructed that they could continue to use EFT on themselves any time they wished. Though it was suggested they did not use Matrix Reimprinting by themselves.

Measured outcomes were positive. “There was a significant reduction in the mean scores from baseline to immediately post intervention ($p = 0.009$) and again at the 4 week follow-up ($p = 0.005$). The size of the immediate effect was sustained at follow-up ($p = 0.65$).” And

phenomenological results were positive as well: the qualitative analysis (via. an evaluation form at four week follow-up) **identified the following four themes:** “Theme 1: Physical and psychological changes; Theme 2: The strength to move on and to self-care; Theme 3: Rapport with the MR Practitioners; Theme 4: Recommending it for others. Despite the limited sample size, significant improvements were shown. The qualitative and quantitative results support the potential of MR as an effective treatment **for posttraumatic stress symptoms**” (Boath, Stewart, & Rolling, 2014). Furthermore, all of the participants reported that they continued to use EFT at home.

On a return visit to Bosnia in 2014, Caroline met with two of the women from the original study, which was conducted in 2010. One lovely lady had maintained her outgoing confident character that grew over those initial two weeks in 2010. It is perhaps significant that she had continued to use EFT and heart breathing whenever she felt under stress, saying she goes into her garden to tap whenever she finds things





are stressful. Another reported that she finds EFT helpful and uses it sometimes. Some of the other participants may still have some way to go to recovery, but verbal reports from representatives of the Healing Hands Network suggest that, overall, longer term results have held well.

In more recent research, Stewart and colleagues (2013) concluded that most people require eight sessions of EFT/Matrix Reimprinting in order to make more lasting change. It's perhaps not surprising then that the four available sessions the pilot study may not have been enough for people who had lived through complex traumatic experiences. That some people from the study gained significant change in a short time makes further study of Matrix Reimprinting of interest.

The results that couldn't be shown in the study (observed bodily changes) perhaps tell more. We wish it was also possible to portray the physical changes in the participants at the time—at the end of sessions their whole bodies relaxed, there were smiles and happy tears of release, there were big bear hugs at the end of the two weeks and joyous laughter in the closing group sessions.

To sum up in the word of the survivors:

"I have changed for the better. I feel a lot better, and other people say that about me as well..."

"I managed to achieve so much within the past ten days. Five days after the first session I felt great and relaxed."

"I feel like I've achieved so much both physically and psychologically. I am more cheerful, calmer and happier. During the treatment I have had a nice feeling of calmness and positive emotion as if blood circulation improves in my entire body."

"This therapy has had a positive effect on me most definitely. I would love to be able to get this kind of treatment again and I would recommend this treatment to anyone . . . I personally experienced the benefits of it."

As the evidence for the effectiveness of trauma interventions such as Matrix Reimprinting, EFT and breathing techniques continue to grow, it is envisaged that the use of energy psychology therapies will expand and their influence will have a key role in the recovery from trauma.

Dr. Elizabeth Boath is Chair of the AAMET (Association for the Advancement of Meridian Energy Therapies) Research Committee. As an advanced EFT and Matrix Reimprinting practitioner and Matrix Reimprinting trainer, Elizabeth has a keen interest in energy psychology. She is also a clinical hypnotherapist, Emotion Code and Reiki practitioner.

Continued on page 126

Caroline Rolling has been a practitioner and trainer in Energy Psychologies since 2008 and was among the first people trained in Matrix Reimprinting. Caroline grew up in and married into a Service family and has a special interest in the effects of trauma and stress on communities. She has a long background in the voluntary sector in Youth and Community Development and helping combat social isolation in older people in local neighborhoods experiencing

Continued on page 126

Using Emotional Freedom Technique To Treat Veterans with PTSD



By Tom Porpiglia, LMHC

Veterans hold a special place in my heart. As a non-combat Vietnam Veteran, I had no idea how my tour of duty had affected me until the Persian Gulf War started in August of 1990. That brief military action brought up layers of fear I had stuffed just to get through my year in country.

Traditional therapy had been helpful, but it was slow and incomplete. Some aspects of my memories like guilt and anger never went away. The sight or **sound of "Huey" helicopters triggered me as well as news stories on TV, especially at Christmas or Thanksgiving.** I had delayed onset posttraumatic stress disorder **(PTSD).** **Monson's (2006) research demonstrated that traditional methods of counseling FAIL 60% of our veterans, meaning that they did not achieve sub-clinical PTSD levels.** The research also demonstrated that 50% of the veterans experienced no improvement at all.

Treatment proved elusive until I experienced Emotional Freedom Technique (EFT) after a 1998 snorkeling incident in Jamaica. Up to that point I had been on a silent quest to find a better treatment approach for trauma and PTSD, for myself and my clients. My quest was fulfilled when I learned about EFT and experienced a profound healing effect.

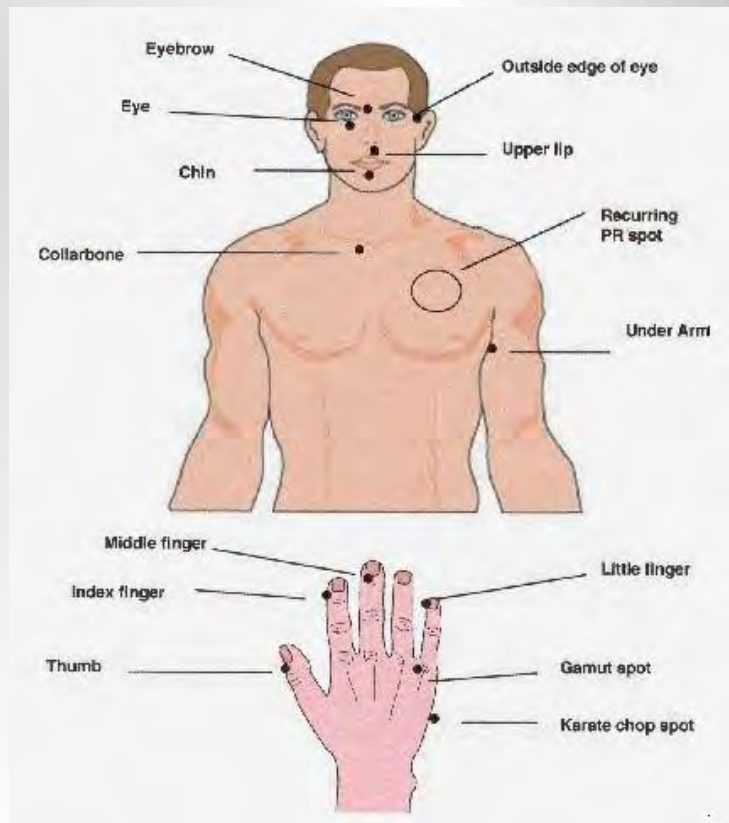
What is EFT?

EFT or tapping, developed by Gary Craig, is a simplified version of Dr. Roger Callahan's Thought Field Therapy. EFT is based in acupuncture and is often referred to as acupuncture for the emotions without needles. We have the client recall a distressing memory (exposure therapy) (Lane 2009; Wolpe & Wolpe, 1981), rate the intensity, (SUDs or Subjective Units of Distress) of the issue and then start tapping on the acupoints (specific points on acupuncture paths or meridians) shown in the chart (somatic therapy) while repeating a phrase related to the memory (cognitive therapy) to reduce the emotional intensity of the issue. Our goal is to get the SUDS level to zero.

How Does EFT Work?

EFT works by down regulating the fight, flight, freeze response governed by the amygdala. Research suggests that the tapping stimulates the production of endogenous opioids, serotonin and gamma-aminobutyric acid (GABBA) and regulates cortisol, the main stress hormone (Akimoto et al., 2003; Lane, 2009; Lee, Yin, Lee, Tsai & Sim, 1982; Napadow et al., 2007; Ulett, 1992). **Together, all of these "chemical" changes create "counterconditioning or desensitization" (Feinstein 2008a, 2009).** This reduces the fear/distress response of the amygdala and the limbic system (Feinstein, 2010). Lane (2009) goes into an in-depth explanation of the mechanisms as does Ruden (2005), which are beyond the purpose of this article.

My personal interest extended into my educational pursuits. While writing my final paper on PTSD in veterans for my bachelor's degree (1996), I discovered veterans as a whole and individually do not want to open up about their experiences and pain. This supports a major concern in the EFT/energy psychology community, because of neuroplasticity, that talk therapy may reinforce the existing neural networks connected to the traumatic memories or re-traumatize the veteran.



I certainly did not want to talk about my experience, and my research into the situation explained why. Society socializes men to be tough and strong and not to feel. Many men buy into the stigma that it is weak to be emotional. The military reinforces this, and then there is the combat experience on top of that. There appears to be an unspoken code that says, one does not talk about these experiences because nobody wants to hear about it, they will not be able to understand it or deal with it. Not to mention, talking about the war and their experiences brings up the pain they have tried to avoid all along.

Nobody wants to re-experience those painful memories, they just want to put them behind themselves. Unfortunately, it does not work that way.

For my own part, I discounted all the fear and pain I had experienced until another veteran who was also a therapist informed me that as long as I discounted my experience, I would not heal. I got it in that instant that I needed to acknowledge and feel the pain. Again, this provided limited healing.

Our research demonstrated that EFT could create significant, sustainable outcomes.

The Veterans Stress Project

In 2008, I became involved with the Veterans Stress Project. The purpose of the project was to document outcomes using EFT on PTSD symptomology. One advantage of EFT is that we can teach it to veterans and encourage them to use it between sessions. During sessions, veterans tap on specific treatment points while telling their story, to reduce the emotional content of the memory and therefore reducing their distress level of the memory. It is also quite possible that EFT is unwiring existing neural networks related to the traumas. We do know from other research that EFT facilitates changes in brain waves from states of high arousal to states of calmer, more peaceful brain wave activity (Feinstein, 2012; Groesbeck & Bach, 2011).

The project recruited qualified, EFT coaches/practitioners across the United States to offer veterans six free sessions lasting one hour each, so we could gather data, have it analyzed by our lead researcher Dawson Church, PhD, then peer reviewed and published. Each Coach had to fill out a professional background profile, contractually agree to follow standards and procedures set forth by the primary investigating organization, agree to follow the Association of Comprehensive Energy Psychology Code of Ethics, and pass the

CITI Ethics exam to qualify as a coach. The research was also governed by an IRB. We were given a standard tapping protocol to follow which we also gave to the veterans for their own use.

Fifty-nine veterans were recruited in a number of ways: word of mouth, personal contact, brochures, press releases, and a web site. We evaluated each veteran at the beginning of treatment (see table one). Thirty veterans started treatment immediately and we randomly placed 29 veterans on a 30-day wait list to provide a control group. We reevaluated the control group after 30 days to determine if their intake scores had changed. Invariably, the changes were insignificant; time does not heal these types of wounds.

Once veterans started treatment, we re-evaluated them after three and six sessions, and then stopped treatment. We evaluated them again after three and six months. After six months, they were allowed to return for treatment if they wanted. We tracked some study participants for up to one year after treatment. Our research demonstrated that EFT could create significant, sustainable outcomes. All study data can be reviewed in this paper: Church et al., Psychological trauma in veterans using EFT (Emotional Freedom Techniques): A randomized controlled trial.



Table One: Evaluation Tools Used

Evaluation Tool	Min. Score	Max Score	
PTSD Check List -Military PCL-M	17	85	>50 = Clinical PTSD
Symptoms Assessment – 45 questions- SA-45	45	225	Higher = more symptoms
Insomnia Severity Index - ISI	0	28	>15 = Clinical Insomnia
Confidential Health History - Physical Symptoms – 27 total	Never	Occasional	Frequent
	Higher is better	Lower is better	Lower is better

The PCL-M is a 17-question, military version, symptoms assessment check list. The SA-45 is a 45 question check list that assesses a variety of psychological symptoms. The ISI a 5 question symptoms assessment about the quality of sleep.

The confidential health history assessed a number of physiological symptoms, including symptoms of Traumatic Brain Injury, on the basis of how often they were experienced: never, occasional, or frequent. Symptoms assessed were stomach pain, back pain, pain in arms legs and joints, headaches, chest pain, feeling the heart pound or race, shortness of breath, constipation, loose bowels or diarrhea, nausea, gas or indigestion in the past four weeks.

The health history also asked about recurrent headaches, high blood pressure, seizures, head injuries, concussion injuries, bleeding from the nose, mouth or ears, dizziness, memory loss, loss of consciousness under 30 minutes, loss of consciousness over 30 minutes, full or partial loss of vision, difficulty reading or writing, decrease or loss of hearing, tinnitus, inability to tolerate light, diminished sense of taste or smell and fainting spells. These were also rated on the basis of never, occasional or frequent.

I worked with 32 veterans. Thirteen completed the program. I worked with some of veterans in person, some over the phone, and some via Skype. This was done to prove

that the medium of delivery did not matter and that EFT was effective provided in a variety of methods. One veteran felt so much relief that he dropped out after four phone sessions because there were no more traumatic memories to process. Several were combat veterans and others were non-combat veterans who developed PTSD as the result of their jobs in the military. Many of the combat veterans had been in traditional therapy in the VA for years without significant relief.

Two cases stand out in my mind, and I will share some the details here without disclosing specific memories or incidents. Instead, I will offer observations and outcome scores based on the tools used.

Number 8

One of the early vets I worked with was a Vietnam Veteran who had witnessed the death of his friend during a firefight. The friend died right next to him and he was unaware of it until he reached over to his friend for more ammunition. I will call him #8 as that was his anonymous number in the program.

When #8 arrived, I thought that he had Tourette's Syndrome. He was experiencing significant body twitches. These twitches also showed up in his speech, similar to stuttering and not quite the same. He was on 12 medications. He was fed up with the VA and wanted relief. He had a history of

being addicted to oxycodone, using it to manage pain; however, he was currently free from that addiction.

Table Four

#8 Evaluation Scores

Evaluation Tool	Intake Score	6 th Session Score	
PTSD Check List - PCL-M	74	64	>50 = Clinical PTSD
Symptoms Assessment - SA-45	165	139	
Insomnia Severity Index - ISI	10	10	>15 = Clinical Insomnia

Table Five

#8 Physical Symptoms Inventory

Physical Symptoms – 27 total	Never	Occasional	Frequent
Intake	10	13	8
Post 6 th Session	15	6	6

The most obvious visual outcome at the end of six sessions with EFT was that as we tapped through his traumatic memories, the physical and vocal twitches diminished almost to the point of not existing. This appeared to be somewhat strange as his PCL-M score only dropped 10 points, and yet there was a significant change in how his body was handling the traumatic memories. He also went from using alcohol up to three times a month to not using alcohol at all. Unfortunately, he died from other physical illnesses, and was not able to return for more help after a 6-month hiatus.

Number 22

The second case is significant to me. I have full permission of disclosure, as a local TV station did three segments about this work (<http://www.lifescrptcounseling.com/veterans.htm>).

Participant #22 was a sniper in the Army for 12 years. He had serious PTSD, family troubles in many forms, attempted "suicide by cop", meaning that he attempted to provoke a police officer into shooting him. On the anniversary of 9/11, he got drunk, passed out in his driveway with a saber in his hand, and came to with a police officer standing over him with a weapon pointed at him. Because of his inebriation, he thought he was still in combat and had an altercation with the officer. He ended up in jail.

When #22 arrived in my office, both he and his wife were desperate for answers and relief. He had been through NINE different treatment modalities without significant relief. He had been through 1) cognitive behavioral therapy; 2) cognitive processing therapy; 3) meditation in a monastery; 4) massage therapy; 5) Reiki; 6) nutritional counseling; 7) hypnosis; 8) medications; and 9) exposure therapy. This is an unusual

number of treatment modalities, which goes to show how desperate this man and his wife were to achieve relief for him and his family.

He said that in the past when he started **“therapy” with a new clinician of any type**, he ended up in the hospital. That did not happen this time. He reported that there was a lack of rage, irritability, and nightmares after the session.

Table Six

#22 Evaluation Scores

Evaluation Tool	Intake Score	6 th Session Score	6 Month Score
PTSD Check List - PCL-M	70	24	28
Symptoms Assessment - SA-45	130	59	66
Insomnia Severity Index - ISI	17	5	13

Table Seven

#22 Physical Symptoms Inventory

Physical Symptoms – 27 total	Never	Occasional	Frequent
Intake	5	10	9
Post 6 th Session	9	15	1
6 Month Follow-up	7	15	3

He was also using recreational drugs over 10 times per month. He was on 6 mg of Abilify, an anti-psychotic often combined with anti-depressants to treat major depressive disorder, three times a day along with 50 mg of Citalopram, a Selective Serotonin Reuptake Inhibitor (SSRI) daily for depression.

The TV interview consumed forty-five minutes of our first meeting, and we then spent 15 minutes tapping on a disturbing memory of a tow bar on a truck breaking loose and swinging into an oncoming vehicle, cutting the driver in half at the waist. Children were somehow involved and he did not know what happened to them. His SUDs level (Subjective Unit of Distress) when we started was a 9. When we finished it was a ZERO.

When #22 came back nine days later for his first full hour session, he reported something that I found profound and brings tears to my eyes when I relate the story.

Over the next five hours, we continued to work on distressing memories with EFT. Memories about children used as human shields, the killing of children, being ambushed in a market where weapons were being sold, feeling as if he was a coward because he dropped his weapon and more. He remembered exactly when and where he **turned into a “monster,” becoming a tool** doing a job and human life did not mean anything anymore. That was an 8 (SUDS) when we started and we got it down to a 1, **along with collapsing his “reputation for being dangerous.” Some of the traumatic memories were about his superiors treating him “like shit” for doing his job.**

His medication had also changed from 18 mg of Abilify a day to 6 mg per day. He was taken off the Citalopram and placed on the tricyclic Clomipramine, 50 mg per day indicating both a decrease in depressive symptoms; therefore, he need less medication as well as the need for a

different medication to manage the existing symptoms. Sometimes, certain medications become ineffective over time depending on the individual and the severity of symptoms.

At the end of six months, he had ceased using recreational drugs. His physical symptoms did not change significantly from his sixth session evaluation. He was no longer on prescription medications, instead **using St. John's Wort and Valerian Root** to manage any depression and anxiety he was experiencing. Again, these changes are significant compared to what traditional methods of treating PTSD can accomplish.

The Reality of Combat for Veterans

Many veterans have a mistrust of the VA or are dissatisfied with the outcomes. Some live in areas where they do not have access to VA services. Others will not go to the VA because they do not want the diagnosis on their record. I have been told that in some instances, a diagnosis of PTSD can affect their ability to carry firearms as a police officer in civilian life or lose a security clearance. I have been unable to verify the accuracy of these statements. There is still the stigma that this normal response to highly abnormal experiences is a sign of weakness, especially in men.

Compounding this problem is the fact that many veterans end up in law enforcement, fire departments, and other first responder positions. Most people do not realize that the effects of trauma are cumulative. The more traumas one experiences, the more the body reacts in various ways, attempting to heal or at least get ones attention that something is wrong and needs to be attended to. There are also veterans who believe they cannot be helped and that there is no way out of the quagmire; consequently, 22 veterans commit suicide each day (<http://www.va.gov/opa/docs/suicide-data-report-2012-final.pdf>).

Now that the military employs women in more positions than ever before and there is an open policy about being gay, there is another level of trauma happening that in many cases does not have to do with

combat: Military Sexual Trauma, or MST, and statistics say that it is higher among men than in women.

Those of us who have used EFT for at least two years or more were well aware of how effective EFT is on PTSD. Until this study, we had no scientific data to back up the anecdotal reports of people becoming free from the effects of trauma. Additionally, even though EFT is considered a benign, harmless technique that does not require a prescription, the VA would not consider it without traditional, scientific research data. Unfortunately, for veterans, the VA still does not employ EFT.

To find out more about the Veterans Stress Project, visit <http://www.stressproject.org>. To read more about EFT visit <http://www.eftuniverse.com> or visit my web site listed below.

Tom Porpiglia, LMHC is in private practice in Webster, NY. He specializes in using Emotional Freedom Technique on traumas of any type. His website is www.lifescryptcounseling.com and he may be contacted at info@lifescryptcounseling.com or 585-704-0376.

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Continued on page 50

“Another case stands out in my mind, a client I worked with outside of the study using the same protocol.”

Tom Porpiglia shares another experience using EFT, although the data was not part of the study:

“She was stationed in Oman at a hospital supply depot and perceived that she was in a combat zone. This is important to understand because that perception whether accurate or not caused her to be in fear and experience events as traumatic when they may not have been. Trauma is a personal experience, and what one person considers traumatic may not be considered traumatic by another.

When she came back stateside, the VA diagnosed her with bipolar disorder; there was no such diagnosis before her deployment. The VA placed her on medications that caused her to present with a flat affect. Carrying on a conversation was difficult at best. As an experiment, I had her fill out the forms as if she were not on medications. She reported that if she was not on medications she could not do the paperwork; however, she was able to do it “AS IF” she was not on meds. Table Two shows intake scores and initial “AS IF” scores.

**Table Two
TPE1 Evaluation Scores**

Evaluation Tool	Intake Score	Intake “AS IF”	6 th Session Score	
PTSD Check List PCL-M	33	79	25	>50= = Clinical PTSD
Symptoms Assessment SA-45	104	183	61	
Insomnia Severity Index - ISI	15	28	15	>15 = Clinical Insomnia

**Table Three
TPE1 Physical Symptoms Inventory**

Physical Symptoms – 27 total	Never	Occasional	Frequent
Intake	10	14	2
Post 6 th Session	20	7	0

However, "as if" evaluations are not considered valid measures. I chose to work with her because I wanted to determine if EFT could cut through the medication and restore her affect. It did and I was elated. As we approached the third session, her face started to come alive, she was able to converse better and offer more clarity about her experiences. There was actually a glimmer of a smile emerging.

Interestingly enough, her PCL-M score after the third session went up to 40. Her explanation was that she was remembering more stuff that had happened. I did not do an "as if" measure to determine what her scores would have been at this point. I have had occasional public contact with her and she always reports that she is doing well and looks alive.

Porpiglia References continued from page 48

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Deep Play: Exploring the Use of Depth Psychotherapy with Children



Edited by Dennis McCarthy, LMHC

Reviewed by Nancy Eichhorn, PhD

I interned with children ages 5 to 18 in a traditional cognitive behavioral-based community mental health clinic. **I instinctively brought in boxes of “stuff”.** Clients created sock puppets who then told elaborate stories, acted out dramatic scenes. Building blocks, Legos, small plastic figurines, paper, pens, Crayolas, paints, clay and sand brought life to wordless experiences. Perhaps 14 years teaching in elementary school systems influenced my desire to play with clients not sit and talk with them. And when the time felt right, we stopped to watch our sensations, to see what arose in our bodies when stories happened, slowing the process down when appropriate. Mostly, **I followed the children’s lead.**

Honestly, I love to play, though my definition of play may not exactly match yours. For me, **there’s joy in creating new pathways in clay, in sand, in words on a blank page,** as well as in snow, or dirt or mud. The material used is not as important as the journey, innately trusting the story that arises as I follow new routes into the **unconscious, into the unknown fueling my creation. There’s satisfaction in simply doing** and then looking back to witness what I have done.

EDITED BY
DENNIS MCCARTHY



Deep Play

*Exploring the Use of Depth in
Psychotherapy with Children*

FOREWORD BY SHAUN MCNIFF

When I received Dennis McCarthy's book on *Deep Play: Exploring the Use of Depth in Psychotherapy in Children*, my mind of course went back to my definition of play, to the deeper resonance I felt within myself as I left the stress of my "real" life and submerged myself in other character's worlds. Play has always been a part of my life, a way to sink into mystery and imagination, to leave reality behind. Doodles of creatures to converse with, mazes to conquer, and scenes I envisioned myself experiencing fill the pages of notebooks. I have fond memories snuggling with special stuffed animals and sharing adventures with Skipper (Barbie's younger friend) and as we rode our horses across foreign lands; together she and I faced body image issues, dating fears (my friend across the street had 'Ken' who regularly

came to visit with his Jeep. He wasn't into riding horses, which of course Skipper loved). There were Tinker Toys, Lincoln logs and Legos. Erector sets. Hammers, nails, cast off wood scrapes, old rags and bits of this's and that's in the garage. I crafted many a vessel to chart the unknown seas after heavy rains flooded our gutters and overran the small stream running through a neighbor's property. As I grew older I immersed myself in the artistry of chemistry sets, sand sculpting, and ceramics then moved into outdoor pursuits. Trail running along the river, writing in my journal beside the river, laying in the sun telling myself stories based on the cloud formations overhead. Nature became my solace, my connection to self and something greater than me.

I opened McCarthy's book with a sense of play and freedom. I was unprepared for the level of depth the contributors experienced with their clients, the immense traumas lived through and enacted within sand boxes. The monsters these young children endured and then explored within the safety of sand: deep sand affording deep tunnels, deep holes, floods and fights between good and evil with mass destruction and annihilation initially the typical outcome. I felt mesmerized by the truth of the case histories and anger's heat as I read about the complete lack of adult compassion and love that many of these children experienced from conception onward, the outright abuse and abandonment, the overwhelm and fear. I read scene after scene enacted in the therapists' sand boxes with plastic figurines, with clay sculptures and hammers to smash them, with swords and other accoutrements to accent the storyline, the movement from stuck to flowing, from dissociation to connection, from isolation to attunement. I felt the wonder and the magic of the work being shared.

The Book Itself

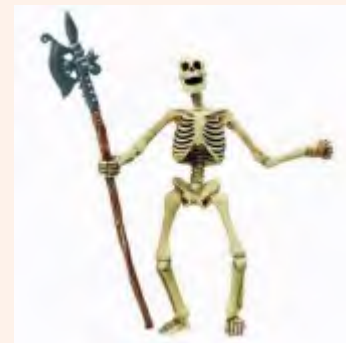
There are ten chapters in this anthology, including one by the editor, Dennis McCarthy. All provide detailed case studies.

All provide extensive citations, grounding the work in peer reviewed literature. There are pictures portraying the creatures clients created, the worlds they constructed to face their foes. One contributor's initial meeting with a young male client prompted him to meet with his supervisor (McCarthy) for guidance, for direction. Most are written in an embodied style that bring the reader into the moment, into the feelings and sensations explored and exposed during the sessions. Some chapters pulled me deeper into the play than others, the writing more personal, more poignant, perhaps more attuned to some of my professional experiences, perhaps resonating with strains of personal childhood wounds.

Dr. Sue Jennings' chapter begins the collection with an anthropological offering of play in the form of trance and séance within the Senoi Temiar people. Timothy Rodier writes about the power of tunnels and cave imagery to access the inner imaginative world while Julie Lyon Rose shares stories of revolution and epiphany in deep sand. **Michelle Rhodes's story depicts the changing imagery she witnessed with an 8-year-old male client she called Pete, who was diagnosed with a social anxiety disorder. His behavior interfered with normal family life. She depicts his work with water and sand and the detailed narratives he created to eventually bring "structure into contact with chaos". In one scene he buries a skeleton**



then resurrects it only to shove it into a corner and immobilize it again. The young boy moves from sand to clay to drawings, from figurines and representations that



continually disintegrate into chaos to three main characters that returned each week in his 'play'. As Rhode writes, "While it is a human struggle to find balance between the forces of order and chaos, it is a core issue for those such as Pete whose neurological wiring makes them particularly vulnerable to obsessive-compulsive behaviors. . . ." (pg. 72). She also offers a discussion on the use of deep imagery and symbolism, whether it be Jungian archetypes or Freudian drive theory. Taking a phenomenological approach, she writes that we can attempt to see and describe the image itself in detail. . . . we can rely on specific information coming from the client, with no association from the therapist. "Regardless of the approach taken," she writes, "there is no way of knowing exactly what any image really means inside of Pete's psyche. I cannot tell him or his parents, or you the reader, what it all means. It was my experience that my own observations and reverie helped me to be attuned to Pete's process . . ." (pg. 74).

Tim Woodhouse writes about "the most toxic boy in the world's search for mum", Therese Bimka shares two case studies about female clients who come from a deeply soul-filled, creative space to invite the essential Self to come out and play yet are disappointed by the real world's constrictive requirement to conform: "In essence, the energetic power of these big and active imaginations is often in conflict

“ . . . I often felt quiet anxious as they created worlds of sand and clay, paper and ink. Was my role just to watch or could I be more active? . . . ”

with the need to function in this world” (pg. 105). She depicts her use of Jungian sandplay therapy, Soulcollage, expressive arts, and a variety of mindfulness based practices to work on the body-mind-spirit level via guided visualizations and meditation. Dennis McCarthy, Neal Brodsky, Alan Spivack (who had a stroke in 2013 and continued to write his chapter as he healed), and Rob Greene share case studies detailing the need for long term therapy, for deepening and improving family connections, and body-centered, imaginative play as well as the integration of Core Energetics (pioneered by John Pierrakos, MD, who blended body psychotherapy with spiritual development).

Brodsky’s chapter offered an insightful look into a therapist authentically struggling with how to work with two clients, one young man he called Victor and another named Kenny (*all identifying information in this anthology has been changed to protect the clients’ identities*). Brodsky writes, “This chapter focuses on two cases where a combination of body-centered Core Energetics including expressive arts and sandplay allowed two boys to find their own channels for concrete achievement and growing independence in the context of complex and often challenging family lives.” (pg. 143).

I was fascinated by the adaptation of Core Energetics (CE) for use with children and adolescents. The use of bodily movements such as standing with the knees unlocked and softening to create a posture known as the bow in CE to increase grounding and presence. Bringing the body in, taking time to connect and sense and feel what is happening during the play. “The goal,” Brodsky writes, “was to complement the ‘big energy work’ he’d just done

through an energetic ‘pulsation’ or ‘vibration’ he could feel through his entire body, as the partially exhausted musculature of his legs shook and vibrated gently” (pg. 161).

I appreciated Brodsky’s honesty when he writes about connecting with his supervisor, (Dennis McCarthy) for assistance. It felt gratifying to know that a practiced therapist easily reached out for help, didn’t have to take on the process in isolation, letting community—colleagues—offer insight into the current situation and thoughts about where to go next.

Brodsky also offered his outlet for dealing with the intensity of the deep play. As he writes, “Helping ‘depth work’ to happen with children like Victor was not easy for me at first, especially in the arena of expressive arts that went beyond words. I often felt quiet anxious as they created worlds of sand and clay, paper and ink. Was my role just to watch or could I be more active? To soothe my own restlessness, I had taken on a parallel practice where I wrote my responses in poetry as children expressed themselves through images and structure, reaching for my own inner depth in service of the children who were sharing their worlds with me” (pg.148).

He then shared the poems he wrote as Victor delved into his own process. For instance, when Victor filled a globe with water to dump into a sandtray world, Brodsky wrote (pg. 148):

“Water contained in layers of multi-colored sand.

*Deep box smoothing the creative urge,
magnifying my own clear growth.*

Lights dance in crystal round-ness.

My own hands pressing into the mountain.”

The chapter is an interesting interweave of these two boys' individual work, with family therapy (Brodsky's wife is a therapist and they offer couples and family therapy), with Brodsky's poetry, and interestingly enough, the boys interactions indirectly with one another through interventions used in the therapy room as they completed with one another—Brodsky had created a hitting contest to see who could pound on a large foam cube with a bataka to build up and discharge energy. He had printed and hung a chart on the wall displaying the individual's first initial of his/her name and the number of whacks).

The Most Toxic Boy in the World's Search for Mum

The most compelling chapter for me was Woodhouse's case study of a young boy he called Oliver. He opened the chapter with a discussion about disorganized attachment patterns, about histories with unresolved loss and trauma that remain unprocessed and unmetabolized and therefore untamed that are thus destined to return again and again . . . and how these experiences block the child (or adult) from linking his care receiving experiences, emotions and bodily reactions or actions together. Fragmentation and dissociation lead to feelings of helplessness and hopelessness that any family will ever be able to contain the child.

Then he starts Oliver's story.

Oliver, age 5, felt extremely anxious.

He lived in temporary foster care having been removed from his parent's home two years prior due to "domestic violence, physical abuse, and grinding neglect that he was exposed to during his formative years." Despite being in a 'safe' place, Oliver wasn't safe. "Every fiber of his body almost screamed at him, warning him that if relaxed, relented, yielded, even just for a moment, he would be in danger and perhaps even die" (pg. 83). Citing Cozolino (2006) on the nature of deep trauma, Woodhouse writes, "The depth of harm caused by neglect, abuse, and inadequate nurturance rests on the fact that the human

brain is a social organ. Relationships that cause pain teach children that their role in the group is tenuous, their existence unnecessary, and their future survival is in question" (pg. 83). Woodhouse depicts the physical nature of this place of anxious unrest as well as the behavioral outcomes.

"This boy was not afraid," Woodhouse writes, "he was terrified." Over the course of therapy, Oliver worked through his intensity. Woodhouse and Oliver developed resourcing activities allowing Oliver to stay in the 'here and now' while looking back on the 'there and then.' The storylines traversed a long span of hurt and suffering that ended with release and freedom from the pain that bound him. At the end of the chapter we see a young boy able to sink into a new foster mother's arms, to welcome the playfulness of a game of hide and seek knowing he would be found. I still feel chills rewriting bits of this child's story. The incredible depth of his trauma, the incredible depth of his play, the incredible ability Woodhouse portrayed to stay with this client, to accept and love and contain, to help him move out of his dramatic place of being into a calm compassionate reality touched me deeply.





Bringing it together

McCarthy begins the Epilogue with a quote from Nishida, 1990: "Love is the deepest knowledge of things. We can reach reality only through love."

His writing is eloquent as he captured the essence of experience editing this book:

" . . . The innate desire to speak our lives through images, and to attempt to connect with 'the other' and to ourselves through these connection, is always a revelation. Even when we fail in these efforts, the impulse to do so is moving. . . . If we see, **feel, hear, and sense with Nishida's** comment on love kept in in mind, then the **way forward is possible.**"

"What good is this knowledge in a war torn, violent world?" he asks.

"Love," he writes, "can in fact show us the way forward through the labyrinth. Then the heartaches we hear about and the wounds we see revealed in the play become intertwined with moments of joy that arise from the creative process. The deeply

wounded child sits by the sand box and makes a world in which the forces of evil battle with the forces of good. Beneath it all lies a powerful treasure, named alternately 'the spark of life' or 'the goblet of light that dispels darkness' or simply 'the one'. It is this capacity that can make an impasse a portal, a seemingly hopeless situation have potential. In the shadow of an unraveling world. It offers some glimmer of hope for each or us and for all of us."

For those who work with children, the case studies in conjunction with the reflective analysis offer insight into ways to delve deeper into therapeutic encounters. Ways to integrate materials such as sand, clay, drawing into each session. For those who work with wounded children inside adult bodies, the experiences and the content shed light onto ways early abuse/trauma lingers in the unreachable areas in our brain and offer ways to bring play, the imaginative symbolisms aching to speak, back in to the lexicon of psychotherapeutic interventions.



The Deep Play Project

By Dennis McCarthy

I set out wanting to compile and edit a book called “Deep Sand – Exploring a Body Centered Approach to Psychotherapy with Children”, with chapters by various therapists who used a deep sandbox as part of their work with children and that embraced some version of a somatic oriented approach, not necessarily mine. This immediately became a problem as there were very few therapists I could find who used a deep box. (Why this is so could be the subject of another book.) So I modified the book’s theme to that of considering the idea of depth in general, i.e. the idea of embracing body, mind, psyche, instincts, all in the context of play. I wanted psychotherapists to contribute who valued descent, eschewing the linear for the vertical and the labyrinthine in their thinking. I wanted those contributing to have their own views on this process and hoped these would be compatible with my own. A few of the therapists were fairly new to working with children, while others had done so for decades. I also didn’t want my contribution via the introduction to be too focused on negating the shallow box and shallow theoretical approach to play (but here I am again tempted to do so!)



witness to many, many thousands of sand worlds, monster drawings and play configurations made by young children with a vast variety of problems. And I am struck continually by both the complexity and paradox of children's play. "Whatever you think it's more than that, more than that..." are the words to an old folk rock song I do not have permission to quote more fully. And this feels like a constant guide for me.

I have a profound faith in the possibility that a child sitting by a deep sandbox and digging into its depths might encounter a wellspring of healing there. The awkward but genuine encounter of two souls playing, dancing, sculpting with clay, drawing improvisationally, exploring a dream, or exploring the creative expression of emotion may allow for a freeing up of new energies that affect the child, a new way of being in their bodies, a new and more functional way of experiencing and expressing themselves.

The chapters were a challenge to edit for two reasons. The editing rules regarding citing and/or quoting other authors are very complex and confusing today. For example, I wanted to begin with a poem by Pablo Neruda and received permission to do so from the Neruda Society in Spain but not from the American translator of this poem. Each author had to negotiate these rules. **Secondly, I had to weigh using the author's ideas and language even when I didn't fully agree with them.**

There is an ongoing urge toward the formulaic and simplistic in most contemporary psychotherapy. Many of the more recent techniques are exciting but they often disregard the complexity of the human organism in what feels like a reductionist view of life. I have been

Hopefully the book communicates the enthusiasm all the contributors feel about this version of the psychotherapeutic process.

Dennis McCarthy, LMHC, trained initially as a dancer and dance therapist and went on to train in Bioenergetic Analysis and Jungian Analysis, and was in treatment in all three modalities. With 40 years of experience, he created his own approach to play therapy that is body-centered and imagination-drive. He has authored many articles and several books on his work. He trains and supervises many therapists and maintains a large private practice in Kingston, NY. He also leads a biannual workshop for **personal growth in the Greek islands called "The Heart Leaps Up . . ."** that explores the overlap of personal process and mythic story.

**A Reflection on the Writing of
Subcutaneous, Subcortical, Subconscious and
Subterranean:
The Most Toxic Boy in the World's Search for Mum.**



By Tim Woodhouse

When Dennis first approached me to write a chapter on 'Deep Play', I experienced a gamut of emotions from my initial feelings of delight and I must admit some pride, which very quickly gave way to apprehension and concern that my writing style may give me away as being neither an academic, nor a story-teller. Once I managed to recognise these feelings as my own childhood scripts I was able to harness them and regulate my growing unease, which allowed the feelings to abate; this was old-stuff. Relieved of these constraints I set about the task for which I had been assigned; to consider the notion of 'Deep Play'.

As my body relaxed my mind freed up.

With my higher cortex back on-line my mind opened up and two boys swam into my consciousness. The two boys were separated by 25 years in my career but shared the same backgrounds, articulated their pain both in their symptomatic behaviours and in their cognitive verbalisations. The first child I described was Elliott, who had a worker that was neither a therapist, nor experienced (I know this for I was that social worker described in the chapter). The only tools I had available in my therapeutic tool box was a desire to help and a craving for knowledge. The second child, Oliver was referred to me when my therapeutic tool-box had become somewhat fuller and my knowledge had expanded over the intervening period and had gained an ability to offer greater depth.

The process I went through was a mild form of the children's experience. It was the recognition that our development affects how we see and interact with the world, how it impacts on those we work with and how owning our strengths and needs is the only way of enabling ourselves and therefore others, be they the hurt children we see or the readers of our work. We have to face our own pain before we can help others face theirs.

I then had to overcome how to give a true and honest account of Oliver's journey without compromising his privacy and right to confidentiality, this is a tall task as it seemed that with every sentence more of the child was in danger of being exposed. However, once I learned how to effectively conceal identities the chapter itself was written relatively quickly, I had lived their experiences and thus it felt real.

Finally, the question of what is 'Deep Play'?

As can be seen from the book, the notion varies considerably from author to author, but for me, it is creating an environment that is not pain averse, that enables and supports the child to get down to the source of his pain, to stay alongside

him as he looks back from the here and now to the there and then, and make sense of that old experience. How the child reaches this place can vary but will invariably utilise using the medium that enables him to feel contained be it metaphor, symbolism, play or bodily action, reaction or somatised feelings. Then, here in the depths, when the pain has subsided, transformation can finally emerge allowing the child to celebrate his survival and move on with his life.

Tim Woodhouse is a registered non-directive play and filial therapist, EMDR practitioner, sensorimotor psychotherapist and ABE-approved social worker who has worked therapeutically with children since 1991. He was a tutor on the Liverpool Hope MA and PG dip course in play therapy and a visiting lecturer to Manchester University's Second Year MA social work program. He worked for the UK national children's charity NSPCC for 15 years and was a founding member of St Mary's SARC children's assault referral center in Manchester. He is the founder and director of Tiptoes Child Therapy Service—a provision that provides assessment and therapeutic services for children affected by sexual trauma, for children who have sexually harmed others, and children with disrupted and insecure or disorganized attachment patterns.



A Reflection on the Writing of “Emergence: A Tale of Two Boys”

By Neal H. Brodsky



The narrative that plays out in my chapter includes a powerful range of challenges within the families of the two boys profiled – adoption, problems with alcohol, separation and divorce, and issues of multi-cultural identity. I have been affected personally by all of these within my own family system and so the emergence of these boys into their own power and agency within the course of the sessions was something that deeply touched me.

When emotions such as grief or terror are present, when the possibility of pleasure is present, we harm ourselves as humans when we turn away from their exploration and expression. Both boys desperately needed to feel what was really inside them, to step away in the therapy room from the **“looking good” mentality that plagues most** of us culturally and contributes to the formation of bodily defenses against breathing, movement, emotion and healing.

How does it feel to be “yelled at” by a parent or teacher you need and also distrust? What is it like to be in a body that looks and feels, in part, a different color, or a different culture? Or have a creative mind that is so quick it can hurt as you focus, laser-like, on fear, loneliness and possible rejection? Such experiences beg for exploration of the underlying primitive emotional responses that sometimes first occurred before a child had words. This is



why I am so passionate as are other contributors to “Deep Play,” that therapy for children contain words but not be ruled by them. This is also why therapeutic work that combines attention to bodily experience, movement and dynamic play with various media is so magical and effective with children.

On a surface level, I am dealing as a therapist with difficult family dynamics and children effected by them. At the next level, I am aware and focused, when a young person is in the room, on the emergence of character structure before musculature has been patterned, molded and congealed to create the illusion of safety while effectively but sadly holding back essential life force. This patterning along with difficult life events and accompanying painful narratives is what usually brings adult clients into my practice. With children, I am working to see what can be accomplished by stepping in at an earlier stage before deeper “damage” is done.

My work is driven by awareness of what can happen at its worst when a child “falls through the cracks” since I live 20 miles from Newtown, Connecticut, the place where so many children were violently murdered by a young person, undoubtedly in deep

pain himself. I learned how to “dive deep” to the source of pain from my mentors and teachers in the Core Energetics community, from Dennis McCarthy through his practice of dynamic play and from my wife, Judy Gotlieb, who continues to support me and other colleagues with the adaptation of body-centered methods to heal children and help families. Ultimately, the broader vision that propels me is the hope that through this work clients can access life with fuller energy, clarity, purpose and peace – and that a few more will come to feel the deliciousness of just being on this earth. And yes, I am graced with possibilities for healing my own inner children along the way.

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International Connections

By Dr. Asaf Rolef Ben-Shahar

The opposite of trauma

I rested in the arms of my arms

Dora Maar (1942-1943)

I rested in the arms of my arms
I no longer slept
It was night in the summer, winter in the day
An eternal shivering of thoughts
Fear love Fear love
Close the window open the window
You'll see you'll see
The hummingbird motionless as a star

I've been thinking about death lately.

I experience myself more fragile than before. The last year brought exciting transformation alongside with quite a lot of pain, and big life decisions, which will influence the rest of my life.

What I notice most, perhaps, is how

frightened I am, and how much I have allowed this fear to shape and steer my direction. I remember Alex, a client of mine, telling me once, in one of our last sessions

how she realized that: "The opposite of love is not hate, it is fear; the opposite of sadness, happiness, joy and anger – fear is **the opposite of all these emotions.**" I thought I understood her then; today I can say there is much more for me to learn about fear and love.

I can see now how fear has controlled me in

numerous ways. Perhaps it has controlled many of us. Alex grew up in an abusive family; her parents were both poor

I want to write here about the opposite of trauma. For me, it is not safety, but love. Safety and security exist on the same dimension of trauma, they attempt to balance it, to repair those deep ruptures of our history. Love does something else; it reminds us that we are more than trauma. It reminds us of the reason we chose to embody.

had little education and no prospect of making money and supporting themselves or their families. This is not an excuse, of course, but it's a background against which Alex's life was set.

Poverty, class, war, racism, isolation, organised religion, crime, death, loss . . . even though the people who arrive at our clinic are mostly individuals, suffering is not an individual business. It takes place in political contexts, familial and societal ones, and these contexts call for our attention. Arguably, psychotherapy that doesn't take these factors into consideration is at risk of cooperating with the same isolating powers and global inducement of trauma. Reich understood these powers, particularly in *The Mass Psychology of Fascism* (1933), as well as other psychotherapists and analysts, like Julia Kristeva (1982), Nick Totton (1997; 2006) and Peter Schmid (2012), who went as far as claiming that psychotherapy *has* to be political in order to be considered therapeutic.

As psychotherapists, we are accustomed to search deep into the person's biographical traumas, yet the traumas we hold, even those held in our bodies, are not ours alone.

For example, Adina was 58 when she came to therapy. Growing up with two holocaust survivors, the fear of poverty and catastrophe was deeply rooted in her body and psyche. Her cupboard was always full with food, canned food. Nobody should get too close. Can such trauma be healed? Can we convince the body that the war is over?

I don't know. Really, I once believed that if something is still alive it can be healed; today I am not too sure. So what is there to speak of? In the face of infectious trauma, what is there to be done? I want to write here about the opposite of trauma. For me, it is not safety, but love. Safety and security exist on the same dimension of trauma, they attempt to balance it, to repair those deep ruptures of our history. Love does something else; it reminds us that we are more than trauma. It reminds us of the reason we chose to embody.

I wish to speak with you briefly about love. In fact, I would like my heart to speak in my stead because it is asking to do so. My heart doesn't write academically, nor does it seek reason. When I remain soft, my heart exclaims, hurt goes more deeply inside but also doesn't leave as many marks. Alex told me how, when she learned to love, it did not change the fear—it was always still there, but it paved a new path into her life. *This is what I do*, the heart says, *I pave paths to newness, I pave paths to connection, and connection expands the container so that trauma no longer rests in the limited person, it rests in a wider context.* And pain, which is always created in a larger context, cannot be healed inside a person; it needs a community, even a community of two would do.

You were my first love, Alex told me, and then I learned to love my children and myself, and my friends.

Keeping the heart soft (not always

open, but engaging) is a difficult practice. It leaves us vulnerable. And it is a disciplined practice, as Erich Fromm wisely noted (1957). I often wish it could be easier. Being angry, for example, comes more easily. Blaming myself and others is easier too. But it is not as gratifying.

I have often wondered, both in therapy

and more widely, if healing trauma should focus more on love than on reparative practices of safety and security (which are, of course, also necessary). What if the main focus of psychotherapy with individuals, couples, families, societies, was to cultivate the capacity to love, to let our bodies soften even in the presence of fear? Is it possible that the journey to recovery need not always be linear, moving from terror through security into love? Can love remind us of its presence even when we are, allegedly, not ready for it? I hope so. Love can give me solace where security cannot, it enlivens me, thrills me, reminds me of all that I can become and retains my mystery – and that of the other.

“Farewell,” said the fox. “Here is my secret. It is very simple: It is with our heart alone that we see rightly. The essential is invisible to the eye.”

Antoine de Saint-Exupéry, *Le Petit Prince* (1943, p. 72)

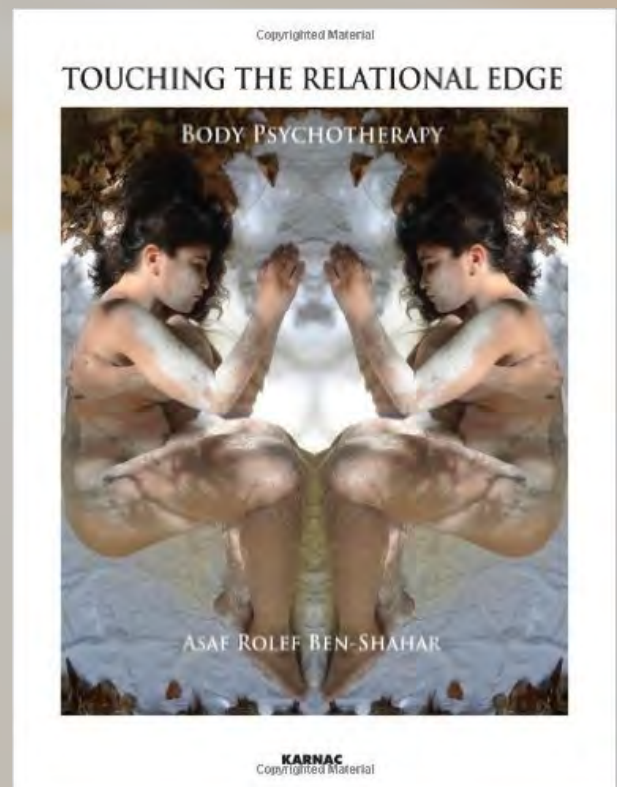
I hope that we can share some interests and dialogue, and I welcome your feedback, comments, questions and challenges. You can email me at asaf@imt.co.il

Asaf Rolef Ben-Shahar, PhD, Israeli psychotherapist, teacher and writer. He founded two relational body psychotherapy programmes in Israel (Psychosoma) and the UK, and is regularly teaching worldwide. Asaf authored two books (*A Therapeutic Anatomy*, Pardes 2013; *Touching the Relational Edge*, Karnac 2014) and co-edited with Liron Lipkies and Noa Oster *Speaking of Bodies* (Karnac, 2016) and *When Hurt Remains – Relational Perspectives on Therapeutic Failure* (with Rachel Shalit, Karnac,

2016). He is the Editor-in-Chief of the International *Body Psychotherapy Journal* and an editor in *Self & Society*, *Body Dance and Movement in Psychotherapy* and *Psychotherapy and Politics International*. Asaf is a father to two girls, a novice DJ, bird watcher and loves dancing and hiking.

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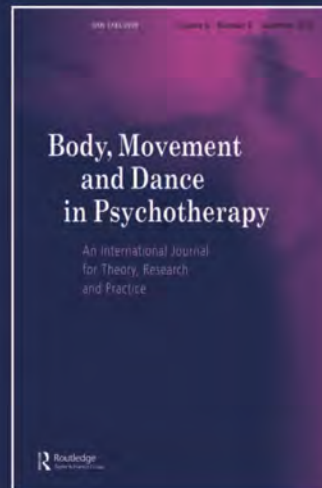
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Connecting to the 'Primary Couple Personality': Couples Therapy with Body Psychotherapy

By Gabriel Shiraz



Some 40 years ago, my teacher, Gerda Boyesen, wrote an article about the 'Primary Personality' with which we are born. Within it are all the qualities, potential, essence, flow of energy and sexuality in the body, the power of vitality, and the fundamental love inherent within us. As we mature, our emotions, senses, powers, and sexuality develop and express themselves. We overcome our fears and our primary personality develops and grows stronger. In contrast, according to Boyesen, the 'Secondary Personality' develops over time, influenced by external agents of oppression like our parents, education, early traumas, and the failure to express emotions. It takes shape around our inner core, creating an 'armour'. Sometimes this armour also hides our Primary Personality, our original potential and qualities, and even makes them disappear.

Through observation when conducting therapeutic work with couples over the past decade, I noticed that just as we each have an inner essence and a Primary Personality that is vital for us to connect to so we can grow and flourish, in exactly the same way every couple has a 'Primary Couple Personality' generated with the encounter of the two halves of a couple, an encounter between qualities, emotions, patterns of thought and behaviour; an encounter between shared life-stories that create the couple relationship. As the relationship initially takes shape between the couple, there is a place of authentic connection, without words and thoughts. A spiritual encounter between two people, a meeting of one Primary Personality with another. Potentially it is an encounter for profound **connection and love. An encounter that's** able to intensify and grow stronger as the relationship deepens in all strata, and as the family grows. Naturally, the more difficulties, crises, poor communication, and growing apart occur, and when the couple fails to invest in their relationship, the result is a distancing from the individual **Primary Personality and the couple's Primary Personality.**



When Idit and Daniel entered my clinic for their first therapy session, Idit's slumped way of walking and Daniel's hunched back and impaired breathing were obvious—a heavy and blocked energy, that reminded me of armor, in this case, the 'armor of a couple'. I couldn't sense any energy, closeness, or connection to vitality in each **one of them, and not as a couple. I couldn't**

feel that they were connected to each other's Primary Couple Personality, and not to their mutual couple relationship.

Wilhelm Reich, the father of body

psychotherapy, called for couples to perform a 'joint creative endeavour'—a shared effort of the body, energy, emotions, mind, spirit, breath, and soul. I believe that Reich's words reflect the creative work of the Primary Couple Personality.

A couple's primary relationship

comprises, among others, love, communication, intimacy, sexuality, containment, confidence, acceptance, and giving. Just as each of us has the capacity to be connected individually to our Primary Personality and to be happy and in balance most of the time, so too a couple relationship has the potential to be structured by all that richness. It is the richness of the Primary Couple Personality.

Some couples connect directly to the

Primary Couple Personality in the midst of falling in love, with its euphoria, butterflies in the stomach, tremendous excitement, temporary blindness, and the desire to be constantly together. But when couples are building a relationship, friendship and intimacy also begin— a connection that flourishes into love, and as their emotional relationship deepens, a profound link is created to their inner core, to their qualities, the love within them, and to their personal and couple primary personality.



Frequently, at the very start of a relationship, or after the falling-in-love period ends (a matter of a few months), we see that difficulties crop up, such as disappointments, frustrations, and impaired confidence, stemming from the meeting between wounds, between the couple's differing life-stories. In other words, the Secondary Personality of each of them has created a shared Secondary Couple Personality, which places obstacles, triggers off

crises, and bars access to the essence of the Primary Couple Personality.

An Example

I offer an example from therapy, concerning a couple that underwent a process of 'dissolving the couple's armour' and, in the course of therapy, connected to their Primary Couple Personality.

Daniel (52) and Idit (50) came to couple therapy following a marital crisis that led them to feel they were living 'in parallel' to each other, but not together. They have been married for 27 years and have four children. They married out of love. Over the years they drifted apart and the relationship soured. Daniel is an impressive man, self-controlled, and tough. He seemed emotionally insensitive, as if his wife had 'dragged' him to therapy. Idit is sensitive, creative and brimming with softness. She initiated the idea of therapy, since the family and their mutual relationship are very dear to her; she strongly hoped to save their relationship and restore their lost intimacy.

Currently, they are both successful in their work, both are self-employed. They reached this point after a crisis some years previously. Idit had gone through a difficult time with much anxiety after a professional change that was compounded by her mother's death. He became depressive



because of problems in his business. Following his personal crisis and their unravelling marriage, Daniel went abroad some years ago and remained there for several months. After he returned to the family, the emotional detachment between the two persisted, and in fact intensified.

In most cases, like Idit and Daniel, couples seek couples therapy after encountering difficulties in the relationship, and following a range of crises: a crisis in trust, burnout, poor communication, problems with sexuality, damaged intimacy, anger, cumulative anger and violence, a personal crisis of one of the couple, problems with children, economic straits, and so on. Crises like these build-up armour around the body and the breath, impelled by the need to protect the Primary Personality of each member of the couple. Adding to this is the load of everyday life—anger, frustration, exhausting routine, and difficulties vis-à-vis the partner. All of these together create the 'couple armour' which contains emotions like disappointment, frustration, bitterness, and in tandem builds up a Secondary Couple Personality with its own patterns and defences. In this way, a sort of 'lack of oxygen' is created in the relationship itself that can be fatal for the couple, in which the relationship cannot breathe or even exist.

In many cases, the desire to dismantle the relationship and to divorce stems from a strong detachment that persists over years between the Primary and the Secondary Couple Personality. As long as some connection is retained with the Primary Personality in the couple's relationship, some hope and desire exists to return there because of the fond and encouraging memories from good periods of shared life. Thus, the main thrust of working with couples is maintaining the ties with that place. Once detachment occurs, the crisis between the couple becomes a crisis that threatens the very relationship.

Gerda Boyesen termed a situation of total detachment between the Primary and the Secondary personality as a 'kind of schizophrenia'. In the same way that schizophrenics have a complete detachment between the two personalities, which causes severance from the life force and inability to function, so too in a couple relationship: when detachment occurs between the Primary and Secondary Personality, that is, between the potential and love inherent in the relationship, and the defences, anger, and armour, the result is a situation in **which the couple 'suffocates', the soul of the**

couple relationship is lost, and the road to separation is short.

One of the main trajectories in couple therapy is regaining the relationship with each one's Primary Personality; to the qualities, the core, the potential, and love within us. From that personal connection, there may also be a return to the qualities of the relationship and a process of couple development—to the love, communication, and intimacy that typify the Primary Couple Personality. After discussing with the couple the reasons that led them to embark on therapy, what their expectations and needs are from the partner and from the couple relationship, I lead them back to the start of **their relationship and ask: "How did you meet? What happened at the beginning? What did you like? What attracted you? When were the best times in your relationship? During the relationship, did you feel that you were falling in love with, and loved, your partner?" In most cases,** when the early relationship was healthy, characterised by giving, acceptance and love, one can help the couple elucidate what happened along the relationship, how the burdens of life affected them, how the personal changes in each of them left their



The therapeutic process enables the couple to look inward at their most profound wishes, to observe how the relationship was worn down by routine, by removing intimacy and sexuality from the relationship. It also makes possible an examination of personal wounds and a shared encounter with the childhood wounds that structured certain patterns and defenses.

traces on the relationship, and what baggage it created, and the wounds it sustained. That joint process of discovery lets them observe the process in which the couple armour started accumulating, as well as the process of holding their breath and blocking the inner flow of oxygen. In other words, they examine the process which created the Secondary Couple Personality' in which both of them are partners and are responsible for.

Idit worked through a deep personal process after the crisis she underwent. Because of it, she connected to her qualities and strengths. In the couple therapy process, she reconnected to the emotions and feelings of her first home, where she grew up—a loving, warm, and enfolding home. In tandem, she returned to her memories of falling in love, how the relationship with Daniel started and developed, and what impelled her to dissolve her armour. In the therapeutic process, it was visible how her body and breathing softened in the course of reviving communication and the rapprochement process with her husband. Daniel, who had **ostensibly 'been dragged' to therapy, went through a process of plugging into his strengths and qualities as an individual and a man.** In his childhood home, there was a sense of survival and emotional chill, which explained his difficulty in voicing his emotions to his wife. During therapy, he learned how to express his feelings in words, and this allowed him to make a connection with his Primary Personality. Once they had each revitalised their Primary Personality, after many years of attrition in their relationship, the result was a powerful and vibrant 'Primary Couple Personality'.

Regaining the 'Primary Couple Personality' is not always an option, particularly in cases where the wounds are too deep and trust cannot be restored. In the case of Idit and Daniel, it was possible. Through couple therapy, they recognised and regained the qualities of their original relationship—falling in love, and feeling love that was full of emotion, unconditional, and without defenses. The process required each of them to think back and answer questions such as “Why did you fall in love with him?”, “Why did you fall in love with her?”, **to pay each other compliments as 'homework', to say things that the other one likes hearing, to identify with the other's individual qualities and their shared qualities, as a couple.** Another therapeutic tool that I used was role-reversal; here they managed to **identify with their partner's difficulties and pain.** The modelling process, when I sat next to him or her, and spoke instead of them, touched their heart, increased empathy towards the partner, and awoke the connection to the intensity of their mutual relationship.

The therapeutic process enables the couple to look inward at their most profound wishes, to observe how the relationship was worn down by routine, by removing intimacy and sexuality from the relationship. It also makes possible an examination of personal wounds and a shared encounter with the childhood wounds which structured certain **patterns and defences. It's also important to spark-off empathy and containment towards the other partner—** improving mutual communication and reviving the healthy relationship. The process of observing, talking, venting, expressing feelings and articulating wishes, generates a situation in

which the Secondary Couple Personality dissolves and allows the couple to experience once again the Primary Couple Personality and to form ties with it. Throughout that process of communication, expressing emotions, and restoring intimacy and sexuality to the relationship, something magical happens to the couple . . . they fall in love again, and their love revives the magic of reconnecting to the Primary Couple Personality.

Through therapy, Daniel and Idit were able to recall why they fell in love. And following the process they resumed talking, communicating, complimenting, and enjoying each other, breathing life into their Primary Couple Personality.

The potential of a couple is vast. It is a great challenge, but one that can be achieved: rebuilding the relationship and restoring a family, grounded on connection at the emotional, physical, and spiritual level, while handing down the power of the Primary Couple Personality to the next generation. The more successful a couple is in making a deep connection to their personal qualities, to the core, the desires and love within them, to the Primary Couple Personality, the stronger the resonance that impacts so powerfully and thrillingly on the partner. In turn, this can lead to healthy development, a relationship that's stable, loving, respecting, and exciting, that can **withstand life's trials and engender the** sense that $1 + 1 = 3$, where the whole is greater than the sum of its parts. The creation of a Primary Couple Personality.

The more successful a couple is in making a deep connection to their personal qualities, to the core, the desires and love within them, to the Primary Couple Personality, the stronger the resonance that impacts so powerfully and thrillingly on the partner.



Gabriel Shiraz is 50 years old, married with four children, two boys and two girls. Upon his return from studying Biodynamic psychotherapy with the late Gerda Boyesen in London in the 90's, for the past 18 years, Gabriel Shiraz is practicing as Biodynamic Body-psychotherapist. He is a trainer, lecturer, supervisor and psychotherapist for individuals, couples, therapists and groups. In 2001-2008 he founded and was a director of the body psychotherapy program in Israel at Reidman College. Currently, he is a senior trainer at the college; he has taught various courses for 15 years, supervised and trained about 10 years in hospitals for mental health in Israel. Gabriel is a senior teacher in the field with extensive experience in Israel and Europe. He is a qualified member of the EABP. He teaches for the third year, couples therapy for trained psychotherapists who want to develop and become couple body-psychotherapists in the field. He runs workshops for couples, focusing on improving their communication and relationships. His vision is that every experienced body psychotherapist can progress and expand to work also with couples.



Body Wise

By Kamalamani

The Burning House

Once upon a time, many years ago, there was a wealthy man living in a huge old house. He lived in this house with hundreds of his children, and many other beings of all shapes and sizes. The house was vast, but it only had one front door. And although he was a wealthy man, this huge house was rather tumble down; decaying in parts. Now one day the man was sitting in the garden when he noticed that a fire had broken out in the house. The man was, understandably, very concerned for his children playing inside. 'Flee', 'flee!' he yelled. But, of course, being kids, they were completely absorbed in their games and toys and they ignored him – I'm sure that's a very familiar feeling for many of you parents. All the while, the house was being consumed by dancing flames and the crackling and falling of beams and wreckage.

The wealthy man thought on his feet, coming up with the perfect way of luring the children from the burning house so that they would come to no harm. Knowing that they were fond of interesting playthings, he called out to them, "Listen! Outside the gate are the carts that you have always wanted: carts pulled by goats, carts pulled by deer, and carts pulled by oxen. Come out and play with them!" The wealthy man knew that these things would be irresistible to his children.

The children, eager to play with these new toys, rushed out of the house excitedly. Instead of the carts that he had promised, the father gave them a cart much better than anything he had described - a cart draped with precious stones and pulled by white bullocks. The children were so happy, and the man was so glad the children were safe, as the house burned to the ground.

This parable of the burning house

is from a traditional Buddhist text called the 'White Lotus Sutra'. It is all about the human predicament, and may well be familiar to some of you. The burning house represents the 'burning' of the fires of old age, sickness and death (**known traditionally as the first 'three sights' in Buddhism. The kindly father** represents the teachings of the Buddha; encouraging the children to leave the pleasures of playing with their toys for the greater pleasure of enlightenment; being fully awake, being the complete embodiment and quintessence of wisdom and kindness. (These days, of course, the tempting toys might have to be iPads, Barbie dolls, play stations and the like, but hopefully you get my drift!) The father is very skilful in how he lures the children from the house. He doesn't nag them, or shout at them, or get in a complete flap so he's unable to take care of them. He stays calm and realises what will attract and fascinate the children based on what they love. In Buddhist jargon, he uses 'skilful means' in helping his children leave the house safely and without panic.

This parable leapt out at me when I realised I wanted to write about the trauma of everyday life in 2015. Not only is it one of my favourite parables, but it seems particularly fitting in the challenges we face in the world at present. From a Buddhist point of view, the world is always 'on fire', as it were. Those of us who are the metaphorical children—in that we are not yet enlightened—are habitually caught up in the 'games' of everyday life, tending to act more readily from greed, hatred and delusion, than contentment, metta, and wisdom. We tend to live as if things are permanent, substantial and satisfactory, **how: 'it would all be alright, if only I had** could built that extension so I could have a dedicated therapy room in the garden, or once I've done that trauma training with so and so' etc etc.

This parable is clever in using the image of a house as its main image. Our houses,



our homes, are, quite understandably, sought after places of peace and security. In fact, our homes, too, are on fire! Hopefully they are places of sanctuary and rest. They also decay, need work and aren't immune from tornadoes, subsidence, burglars, and, in some countries, bombing. These things which we imagine which will offer us security in some fixed, unchanging sense, can, in fact, be a source of great suffering exacerbated by our delusional views about what makes us happy and a notion of lasting security in life.

There's a huge amount we could talk about around this parable and its different meanings. I would like to draw the metaphor of the house as the world at present; a world in which global temperatures are rising, climate chaos is upon us, sea ice is melting, and environmental degradation is a sad fact of life. We are inflicting an unprecedented degree of harm upon other-than-human life, with us being in what's known as the sixth extinction crisis, with the United Nations Environment Programme estimating that 150-200 species of plant, insect, bird and mammal become extinct every 24 hours (Vidal, 2010).

So the human predicament causes great harm, not only to our personal well being, but in terms of causing harm to the planet, our home, which ultimately causes harm to us, given the interrelationship of ecosystem. And, all the while, the majority of the world's population are carrying on as if nothing's happening, as if it's business as normal. It's fairly common place for us to live our lives as if there are two, three, four, or five planets, rather than the one we've got. In fact, it's a challenge to live a life as if there's only one planet, even if you give up flying and recycle, given the carbon footprint assigned to each of us on behalf of the carbon footprint of the government on our behalf (the military, health, infrastructure etc.)

Still, it's worth trying to clean up our individual acts. I've had the recent good fortune to train as a 'carbon conversations' facilitator, holding a space for anyone concerned about climate change and carbon reduction to come along and understand their own powerful and ambivalent responses to the subject, supporting them to make practical changes, and understand the need for political and social change (Randall & Brown, 2015, iv). It was great, supportive, inspiring, and sobering. Great to take action in the face of themes that can be over-whelming and provoke horrified anxiety. Supportive to work with such an interesting and engaged group of people with similar interests in common. Inspiring to see that others care about the world and you're not the only one holding this seemingly dirty secret that the world's on fire and yet the majority of folk are carrying on as normal (the famous 'keep calm and carry on' motivational poster comes to mind, from World War Two). And sobering to see the size of the task in hand for all of us.

When I heard that this fall edition was to be about trauma approaches what was upper most in my mind - a recurring theme for me - was how can we, as body psychotherapists, make our mark here? I know I'm not alone in having clients who are becoming more and more affected by the reality of, and denial, of climate change. These clients aren't necessarily all that environmentally aware - some are and some aren't. But they're affected anyway. How can we not be affected by what's going on, when we are part of a system which is condoning loss and destruction? Where can we voice our fear, pessimism, as well as cultivate 'active hope' (Macy & Johnstone, 2012)? I am reminded of the words of Stephanie Mills:

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

Personally I long to be part of a body of therapists who do their bit in embodying the father in the 'burning house' parable. We can recognise that the house is on fire (rather than stay in the house, playing, tempting though that is, with all the play things on offer in our lifestyles...) and we can offer the support, awareness and challenge to others to leave the burning house. As body psychotherapists we are well placed to do this, aren't we? So many of us understand intimately the nature of trauma.

'Carbon Conversations' originated in work pioneered by Rosemary Randall, Andy Brown and Shilpa Shah during 2005-7 for the Akashi project and for the charity Cambridge Carbon Footprint. It arose from the conjunction of Rosemary's work as a psychotherapist and her prior background in creating distance learning materials for the Open University in the UK. Carbon Conversations developed into a programme of six, fortnightly, friendly, practical groups that help participants to face climate change. See: <http://www.carbonconversations.org/home>

Intimately in our own experience, and in the hundreds and thousands of hours we have spent with clients and supervisees in working with, talking about, and reflecting on trauma. Working ourselves in therapy and offering that holding to our clients in visiting those out-of-reach places of terror in facing the un-faceable, feeling what's been frozen, speaking the forbidden, so we can live now in a body which is more alive and more present.

Perhaps one reason why more of us aren't more vocal in sharing what we know and making our mark far beyond the therapy room is because we are, in the words of Jungian Analyst Jerome Bernstein: 'borderlander personalities'. We are in touch with what he calls 'transrational reality'. He defines that as:

"objective nonpersonal, nonrational phenomena occurring in the natural universe, information and experience that does not readily fit into standard cause and effect logical structure" (Bernstein, 2005: xv).

Bernstein points out how many of us wouldn't be able to function without this connection, and yet, in parallel, feel forced to conceal that dimension of our experience, even from our closest people, through fear of being ostracized and seeming odd. Add to that the size of the grief in many of our hearts, as we begin the process of acknowledging the harm we're causing as a species, and it's understandable that's it very challenging to contemplate 'making our mark' given that it means dwelling in and being with the most difficult of emotions.

If we are able to adopt the skilful means represented by the father in the burning house, not only do we ourselves stop sleep walking towards catastrophe, but also carefully encourage others to look at their strategies of choice in the face of climate change, which may include hedonism, immense terror, overwhelm, freeze, disavowal, and, of course, denial is deeply counter-cultural and challenging. It's far from easy work, but then, neither is

practising as body psychotherapists, so we're used to a challenge. Added to that, our brains are hardwired to ignore climate change (see Marshall's excellent book on this theme: Marshall, 2014).

I guess we can 'keep calm and carry on' in the burning house, playing the game of business as normal. Or we can 'keep calm and carry on' knowing that whether or not climate change is reversible, whether or not the destructive ways of our species has already gone too far, we are living a simple life as fully as possible - for life is surely what this is all about! - and doing what we can in raising awareness, making changes and remembering that humans are but one life form on planet earth. In our therapy work, I wonder what would happen if we all held in mind the earth and other-than-human life, whether we work in a high rise block or in a converted shed in the wilds? Can we dare to make our mark, having the difficult conversations with family and friends about our own decisions to curb our carbon footprint? Can we bear to check out how the anthropocentrism of our world seeps into our therapy work and to bring more of a whole earth perspective?

Kamalmani is an Embodied-Relational therapist, Wild therapist, supervisor, facilitator, and writer, living and working in Bristol, England. She's been a practicing Buddhist since her early 20s and loves seeing how age-old teachings and practices are relevant to contemporary life. She works at the interface of body psychotherapy, ecopsychology and ecodharma, drawing upon her experiences of being a development worker in sub-Saharan Africa, a lecturer in International Development at the University of Bristol, her current meditation practice and being a child lost and found in nature. She is currently finishing her second book 'Other than Mother: Choosing Childlessness with Life in mind'.

www.kalamamani.co.uk

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Continued on page 50

What is Didgeridoo Sound Therapy?

By Joseph Carringer

Over 10 years ago I began my journey into the world of didgeridoo sound therapy and sound healing. During that time I have had the opportunity to collaborate with a long list of holistic health and medical providers whose enthusiasm for the sounds of the didgeridoo have helped myself and other didgeridoo players have a greater understanding of the powerful holistic applications of its sound.



Joseph Carringer

There are many forms of sound therapy, also known as vibrational medicine, that allow people to entrain (synchronize and resonate at the same frequency) their energetic being back to a healthy vibrational level. Essentially, everything that exists in the physical, mental, emotional, and spiritual realms does so on a vibratory basis—electrons are always moving and vibrating. When we talk, sing, chant, listen to music, our ears catch the vibration of sound waves. Our bodies, which are composed of 60% water, contain fluid-filled cells that vibrate continuously at their own unique resonate frequency. It is through our ears that we perceive and process sounds and maintain our physical equilibrium as sound waves travel through the ear canal to the eardrum causing it to vibrate. The ear translates these vibrations into nerve impulses, which are translated by the brain. Sound has been shown to penetrate through the skin, through bone and viscera to encourage cellular reorganization, mood enhancement, psychology wellbeing and optimal physical health.

In my form of sound therapy work the primary tool is the didgeridoo. Much like the use of a tuning fork or singing bowl, the didgeridoo can help a person release energetic and emotional stagnation. The didgeridoo produces a broad range of harmonics in an ancient and universal tone that has a profound effect on an individual through the production of ultra sound, energetic clearing and the ease with which it guides people into meditative states. Vibrations can lower heart rate variability, relax brain wave patterns, and reduce respiratory rates all impacting our physical health. Also, through its unique production of ultra sound, it has the ability to help people release muscle knotting and bone trauma.

1: Ultra (Infra) Sound - The didgeridoo produces ultra/infra sound frequencies similar to the frequencies used by medical

practitioners for a wide range of muscular skeletal therapies. The low frequency producing characteristic of the didgeridoo creates a no-touch "sound massage" and has been reported to provide similar results as conventional ultra/infra sound treatments and relieve a wide range of joint, muscular and skeletal related pain. It can also be used post operatively on people who have received both metal and non-metal implants.

Ultra Sound Massage can also be used to relieve: osteoarthritis, arthritis, joint stiffness, muscle spasm, headache, migraine, bone growth stimulation, surgery (postoperative)

In addition to all of the no-touch relief benefits the didgeridoo offers, when you work in conjunction with a massage **therapist and follow the therapist's hands**, the vibrations the didgeridoo creates enhances the muscular release and allows the therapist to go deeper in a session than he/she normally would be able to.

2: Clearing of Emotional and Energetic Stagnation - The didgeridoo's sound is an effective tool to release stored negative energy and/or emotional stagnation. This natural characteristic of the didgeridoo combined with the sophisticated systems of subtle energy medicine theory from both traditional Chinese medicine (meridian theory) and Ayurveda (chakra theory) provide a high level of qi/pranic clearing and balancing. The most basic description one could give for the energetic clearing power of the didgeridoo is "it is like a Reiki or qi gong power washer." It has been reported that the energetic clearing effects are similar to traditional five-element acupuncture.

Energetic/emotional clearing can also be used to relieve: PTSD, chronic fatigue, fibromyalgia, cancer (treatment support), stress, anxiety, anger management, phantom pain, insomnia, surgery (pre & postoperative).

When using didgeridoo sound therapy and acupuncture together, it can provide an environment to help break through deep blockages or plateaus in therapy.

3: Meditation and Mind Body Healing -

Meditation is the foundation of mind-body health. The didgeridoo's unique sound enables listeners to achieve deep meditative brainwave states of theta and delta, quickly and easily. It is in these brainwave states that we achieve our highest healing potential for both physical and mental health by re-engaging our mind body connection.

It is the didgeridoo's ability to help a person enter deep meditative states that is the route of its power as a holistic health tool. Meditation induced by a didgeridoo allows a person to enter a vibrational space of a single sound wave that blocks out any outside disharmonious rhythms and brings him into a state where he can work with his own intentions on a quantum level—from a level which is not manifest at a sensory level. Quantum healing involves healing one mode of consciousness—the mind— to bring about changes in another mode of consciousness—the body. When you take an opportunity to block out the outside world, your mind recovers control of the body and can begin to perform basic subconscious activities.

All the energetic and emotional clearing in the world is absolutely useless if a person cannot continue supporting or promoting his/her own healing. This is what we gain when we mediate and set our intention toward quantum healing—the belief that the mind can heal the body— and quantum co-creating.

Meditation also gives us an opportunity to connect with the world of quantum manifestation. I tell my clients to include their wishes in their meditations. People pray to a god for things they desire and then wonder why that god does not listen. In quantum meditation you accept that you are made up of that same energy or life force

that has always been and always will be (or "god"). **When you set your manifestation** intention, you are not speaking to a god or Universe outside but instead are connecting and speaking through the god and Universe inside of you. This principle of self-empowerment also places accountability for our world squarely in the hands of the individual. Each individual is responsible for their health, wealth and world around them. Once that has been accepted, then they can work on change.

Meditation can also be used to quantum manifest healing and the co-creation of our universe. When combined with yoga, the sound and vibrations from the didgeridoo enhances ones relaxation, breathing and flexibility, helping further assist with mind-body healing.

Meditation and mind-body healing can also be used to achieve: meditation/mind-body connection, personal healing (physical), personal healing (mental), personal healing (spiritual), cancer (treatment support), creativity, manifestation (healing), manifestation (general), stress, anxiety, insomnia.



In Conclusion

When people take the time to bring balance, calm, clarity and healing into their being, they bring it into the world around them. If you are in a more balanced state, you are less likely to have a negative interaction with that person who cut you off on the highway, thus breaking the cycle of negativity and effectively changing the world we live in one experience at a time. Begin your day in gratitude and end your day in gratitude and you will bring about lasting transformation for yourself and the world around you.

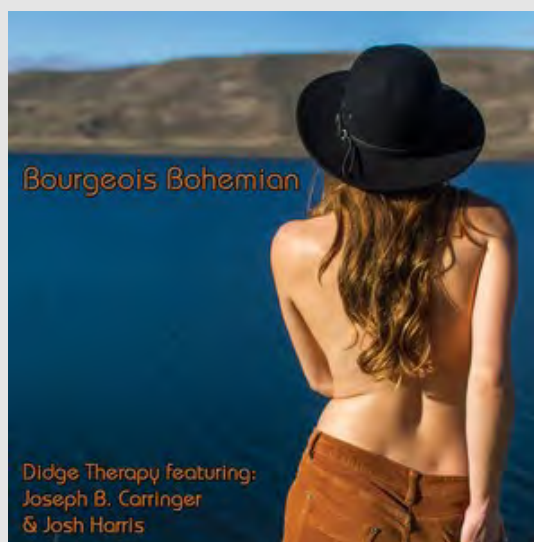
Joseph Carringer is a professional didgeridoo musician and sound therapist. In his sound therapy practice he uses concert class didgeridoos, combining Traditional Chinese unique and powerful therapeutic sound healing medicine meridian and organ theory with Ayurvedic Chakra philosophies creating a experience. Joseph has been playing an Australian Aboriginal didgeridoo for over 15 years, using it as a deep meditative tool in his personal shamanic journey as well as a therapeutic instrument for his clients.

Joseph presents and performs both nationally and internationally on mind/body connection and the effects of didgeridoo sound therapy for the purposes of clearing energetic and emotional stagnation within the energetic body to wellness and healthy life style seekers, as well as to medical and holistic professionals.

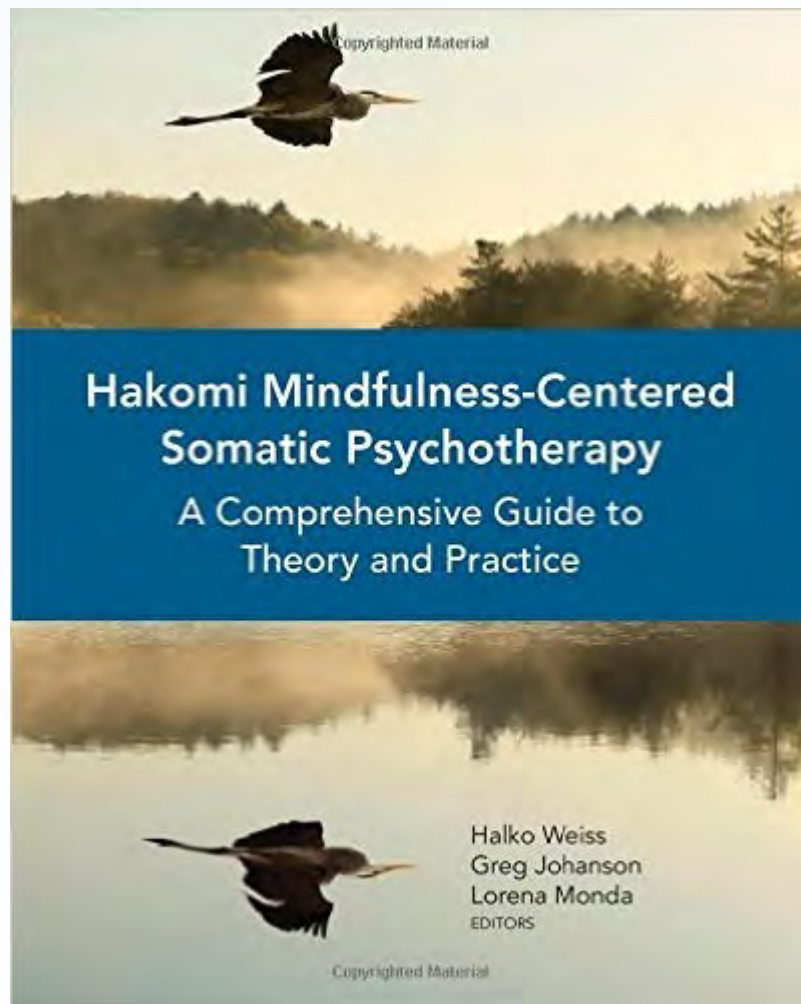


After doing extensive research, Joseph opened his harmonic therapy practice to the New England Seacoast communities in January of 2004. Since the fall of 2005, Joseph has offered yearly classes for the Maine Medical CAM programs and the University of Southern **Maine's CAM programs, and presents at the** University of New Hampshire and New England College. Joseph also volunteered at Maine Medical Center, Portland, ME on R-1 (cardiac) and Pediatric floor.

<http://didgetherapy.com> <http://tablesyndicate.com>
Available on iTunes and Amazon



To listen to Joseph's music, please [click here](#) and [here](#).



Hakomi Mindfulness-Centered Somatic Psychotherapy: A Comprehensive Guide to Theory and Practice

Edited by Halko Weiss PhD, Greg Johanson, PhD
and Lorena Monda, MS, DOM, LPCC

Reviewed by Nancy Eichhorn, PhD

Editor's Note: I offer, for transparency's sake, that I know two of the three editors. I interviewed Halko for a previous article in Somatic Psychotherapy Today, (SPT) and have attended his workshops at professional conferences. I met Greg through our mutual affiliation with the United States Association for Body Psychotherapy—we both participated on the board at one point and he has been supportive of SPT since its inception.

The trouble with textbooks is that they are required. No matter what the reason or educational pursuit (undergrad, graduate, professional training, CEUS, a review), the book is mandatory. It is assigned with the expectation that the reader will demonstrate an acceptable level of proficiency regarding the subject matter.

To make matters worse, many text books are written with a heady, dense tone. The materials are offered with extensive footnotes and endnotes, with references and citations clogging the page to an **uncomfortable degree.** And then there's the language—glossaries are required to understand the content and are returned to again and again during the reading assignment.

But, what if the experience was different?

When I first flipped through *Hakomi Mindfulness-Centered Somatic Psychotherapy: A Comprehensive Guide to Theory and Practice*, edited by Halko Weiss, PhD, Greg Johanson, PhD and Lorena Monda, MS, DOM, LPCC, I noticed that the editors, who are also contributors, clearly had a view of where they wanted to begin—the characteristics and essence of Hakomi—and end—appendices, references, contributors and the requisite index. The middle—the body of the book—discussed theory, methodology and therapeutic strategy, and technique and intervention. Having experienced Hakomi first hand in trainings and workshops, as well as personally with Ron Kurtz, the originator of Hakomi therapy, I had a preconceived notion of what the book would be about. I like how Hakomi works, and still, that **undercurrent of dread flowed: it's a textbook, it is summer after all, and I have to read a textbook and perform.**

But something magical happened.

Perhaps it's because the contributors and editors are all Hakomi specialists, perhaps **it's because they are not just practitioners** of this methodology but have sincerely **immersed themselves in Hakomi's**

foundational precepts personally and professionally: mindfulness, presence, loving kindness, and nonviolence.

I felt as if the material was written according to the core essence of Hakomi—**"assisted self-study done in a state of mindfulness"** (p. 49). **From the forward,** written by Richard C. Schwartz—a therapist who developed a model of psychotherapy that he called internal family systems, and his personal connection with Greg Johanson and Ron Kurtz—to the end with Uta **Gunther's chapter on the strengths and limitations of the Hakomi method,** I felt a connection with the person behind the words, the presence and spirit within the content. I was not reading a typical textbook. I was in fact participating relationally with the contributors, having an in-depth conversation as I explored what each had to offer, experimented with the ideas offered to see how they felt inside of me, to see what responses were triggered, and what stayed with me.

And to make matters even better, each chapter is relatively short! I fell into the writing without worry of getting lost in a quagmire of data. The writing was clean and crisp, case studies and links to current research kept things moving between information and description with just enough relevant, up-to-date citations, and then immersion into the present moment with clients and reflections. Truly a mind body experience.

A Closer Look Inside

Hakomi practitioners integrated mindfulness practices into the therapeutic relationship long before the current mindfulness explosion fueled by Jon Cabot Zin, Jack Kornfield, Jaak Panksepp, Dan Siegel and more.

In Hakomi, mindfulness is considered "the most effective tool to study the organization of the human experience and begin to **relate to it in healing ways"** (p. 48). It is the core principle, method, and practice because cultivating mindfulness in order to

witness what our mind has created is said to enable clients to move beyond the limitations of their ordinary consciousness, which are based on habitual reactions, to observe their implicit memory at work in the present-moment organization of experience (p.48).

In Hakomi, mindfulness is used in two central ways: (1) the therapist enters mindfulness and loving awareness before the session and approaches the work from this state; (2) clients are invited into a state of mindful self-reflection where they do the work each session. Mindfulness thus **supports 'awareness of unity' as the** therapist remains conscious of her own bodily states and thoughts while also tracking those of her client. Being mindful, the therapist and client can notice clues **about the mind from the body's posture,** position, tension, movement and habits. The client learns how to connect with her internal observer and from there learns the art of nonjudgmental self-observation with curiosity.

Mindfulness then is the basis for loving presence, which is considered the state that carries the fundamental qualities a Hakomi therapist brings to the therapeutic relationship. Within the relationship is the foundational belief of nonviolence or a sense

of 'nondoing'. **Clients must feel safe in the** relationship to enter into a mindful state, to explore their experience and participate in the experiments that lead to conscious awareness of the unconscious patterns and behaviors impacting their lives—those core **organizing beliefs known as "the** fundamental beliefs that structure a **person's experience of himself in relation to the world and vice versa" (p. 66).**

"When nonviolence, mindfulness, and compassion meet to create a healing space, a certain economy of therapy arises" (p.51).

The function of mindfulness in Hakomi is to cultivate the ability to stay with the present experience and notice what is actually happening in the moment. Four foundations of mindfulness are discussed: (1) simple intimacy with the body itself; (2) awareness of the flux of sensations in the body; (3) observing thoughts and feelings as they arise together and come to know their interdependent nature; (4) turning the mind back on itself to witness how the entire spectrum of consciousness, sensation, reaction, emotion, and thought all arise and interact with each other (p.63).

Mindfulness is showcased in several chapters covering the more general and philosophical use in the psychodynamic



The function of mindfulness in Hakomi is to cultivate the ability to stay with the present experience and notice what is actually happening in the moment.

context, specific Hakomi interventions embedded in mindfulness, the special benefits of working with mindfulness as means for transformation, and using mindfulness with trauma states.

Mindfulness plays an important part in Hakomi and is prominent in this book **because the intention is to study a client's behavior for sources of what Ron termed, "experiments" designed to trigger reactions that bring the unconscious, adaptive processes driving behavior into the client's awareness, not to look for symptoms of disease.** These experiments are said to reveal connections between beliefs, memories and habitual behaviors that keep the client stuck.

Breaking the Book into Sections

The book is comprised of 25 chapters and three appendices: the Glossary of Hakomi Terms; Praxis: Annotated Case illustrations; and Hakomi in Context: The Large Picture in History and Research. The book can be read in sequence as well as in any order. The content is consistent enough and repetitive enough to allow readers to jump in and out and maintain and/or gain understanding. I found myself accessing the material more readily while deepening into my relationship with the techniques used during a Hakomi session. These include, along with mindfulness: an experimental attitude; following and leading; tracking and contact; working through core beliefs; transformation; and character informed interventions.

Before reading the book, I didn't know that Hakomi's original character map evolved from the theories of Wilhelm Reich, Alexander Lowen, David Shapir, and John Pierrakos. I learned that while some processes use character structure as a set

guideline for client patterning (bodily and cognitively), **Hakomi sees character as "a creative attempt to assert one's organicity"**—to find personal empowerment in untenable situations (pg. 77). The chapter on Hakomi Character Theory is one for me to reread along with the chapter on Hakomi Character-Informed Interventions. There is much to assimilate.

Methodology and Therapeutic Strategy

The chapters in this section move deeper into the Hakomi process. While the first two sections offer readers a basic understanding of Hakomi's foundational precepts, **section three delves into Hakomi in action.** There's discussion about the therapeutic relationship with attunement, resonance and the use of insight that are necessary to attune with the client. Along with the techniques of contact and tracking, Hakomi therapists also focus on **"creating the bubble". "The bubble is a metaphor for a palpable connection between client and therapist that is infused with warmth, presence, awareness and attention" (p. 101).** Because the therapeutic relationship directly impacts the **'cooperation of the unconscious', "Kurtz used this term to describe the goal and primary outcome of a well-working therapeutic relationship" (pg. 105).** Loving presence, empathy and understanding, listening and safety are highlighted within this primary relationship.

Mindfulness is revisited as a tool in use followed by the ways to employ the experimental attitude—curiosity in action. Following and leading is followed by ethical considerations in terms of the right use of **power: "Right use of power and influence is understood as the heart of ethics" (pg. 139).**

Technique and Intervention

This section includes a discussion on resistance and defense and how to approach these attitudes in client sessions. Early on, Ron had renamed habitual defense patterns as barriers. When working with Ron, I experienced his direct approach to what he interpreted as my barriers. He used verbal statements to confront what he saw as my resistance to his offer to help and with further interaction he employed a technique he called “jumping out of the system” (JOOTS). The process is designed to allow the client to gain distance from the system while staying with it and appreciating it, studying it a bit to understand how it has functioned in the past and what it has been good for (pg. 244). The chapters here bring Hakomi into the therapeutic context via a more hands on sense—the ideas can be taken from book to client, from reading to experimenting during client sessions.

In Conclusion

As with any review, there comes a point when you have to say, “If you are fascinated by and/or interested in learning more about Hakomi therapy, read this book.”

I found myself rereading several chapters and sensing how to integrate it with my

work. I also found myself challenged at times to experience relationships anew. For instance, I was fascinated by the statements that: (a) it is erroneous to think we are separate from one another and, (b) that it was detrimental to think we are all one and the same—a belief I have held for some time considering the interweave of cellular and energetic histories. Yet, from the Hakomi vantage, we, human beings, are **viewed as an “interconnected diversity”**. In this place I sense a connection while validating of our uniqueness.

To bring my thoughts to a sense of closure, I offer Jon Eisman’s opening paragraph (pg. 76), which I think offers the best summary of the Hakomi approach:

“ . . . Hakomi focuses on the way somatic, emotional, and cognitive experiences form from deeply held beliefs, which in turn generate habituated behavior and perceptual patterns. These behaviors and perceptions may then be processed utilizing mindfulness and the careful study of the present experience to uncover the underlying formative ‘core material’. These operational precepts of the body—mindfulness, present experience and neurologically held belief patterns—form the cornerstones of the Hakomi method.”

An Overview from Norton Publishing:

“Hakomi is an integrative method that combines Western psychology and body-centered techniques with mindfulness principles from Eastern psychology.

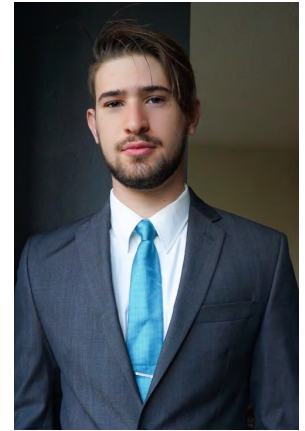
This book, written and edited by members of the Hakomi Institute—the world’s leading professional training program for Hakomi practitioners—and by practitioners and



teachers from across the globe, introduces all the processes and practices that therapists need in order to begin to use this method with clients. The authors detail Hakomi’s unique integration of body psychotherapy, mindfulness, and the Eastern philosophical

principle of non-violence, grounding leading-edge therapeutic technique in an attentiveness to the whole person and their capacity for transformation.”

Hakomi Mindfulness-Centered Somatic Psychotherapy: A Comprehensive Guide to Theory and Practice



Reviewed by Michael Fiorini

Hakomi Mindfulness-Centered Somatic Psychotherapy: A Comprehensive Guide to Theory and Practice describes Hakomi psychotherapy, its theoretical framework, history, clinical models, and practical use. **The book describes itself as being “the authoritative text on the history, methods, theory, and practice of Hakomi therapy today.” Hakomi therapy is an amalgamation of many different theories and practices.** It draws heavily from body psychotherapy, bioenergetics, far eastern philosophy, and mindfulness practices. A number of the foundational theories come from work by Alexander Lowen and Wilhelm Reich. In this way, Hakomi therapy is presented as both an independent treatment modality, as well as one that can be integrated into existing mindfulness-based and somatic therapies. Given the contemporary popularity of mindfulness therapies, the framework used in Hakomi psychotherapy is extremely useful for those professionals looking to diversify their existing and related treatment techniques.

Designed to serve as a central educational tool and reference for practitioners and students of Hakomi psychotherapy, the book is written so that those without any experience and those already familiar with the framework and concepts will find it equally accessible. Broken down into four sections, it covers an overview of the therapy, the theories behind it, the methodology and therapeutic strategy

undertaken, and specific techniques and interventions used. The book begins by covering a history of the founding, creation, and inspiration for Hakomi, as well as the essential approach and defining characteristics of the treatment. The central role of the body, systems approaches within Hakomi, understanding the organization of personal experience, the organization of beliefs, and character theory are all discussed following the introductory section. The therapeutic relationship, mindfulness as a therapy tool, curiosity and experimentation in therapy, following and leading through awareness, and the ethics involved in touch and power dynamics then become the focus of the book. The numerous specific techniques used in Hakomi are also discussed at **length, representing the bulk of the book’s** content. The end of the book includes several case illustrations to demonstrate how these techniques are used, as well as a glossary and some future avenues of research for Hakomi.

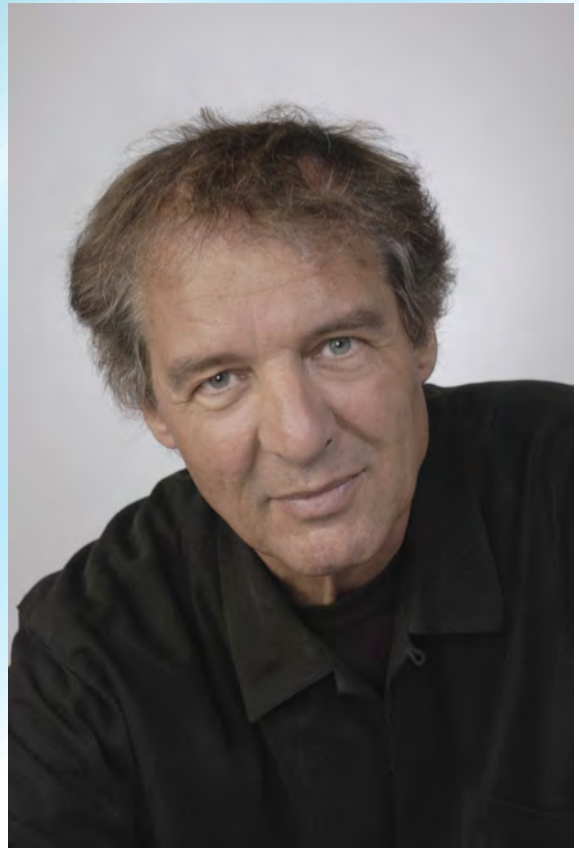
Professional psychotherapists and students alike will find the book highly informative and helpful for learning about and practicing Hakomi psychotherapy. For those who are already interested in the intersection of eastern philosophy, psychology, self construction, meditation, and awareness, it is a highly relevant integrative framework to work with.

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Hakomi Mindfulness-Centered Somatic Psychotherapy: A Comprehensive Guide to Theory and Practice

An Interview with Halko Weiss, PhD

By Nancy Eichhorn, PhD



As I began to read *Hakomi Mindfulness-Centered Somatic Psychotherapy: A Comprehensive Guide to Theory and Practice*, my writer's brain worried with the underlying process—how difficult was to structure an in-depth review of a psychotherapeutic methodology adding in history and theory?

Meanwhile my inner editor wondered—what does it take to shepherd multiple authors to one final resting place that fits your initial vision and how do several editors create a working relationship that is satisfying, personally and professionally?

The task filled me with a sense of overwhelm. It's one thing to write what you want as you want, it's another to collaborate and bring a shared vision to fruition. According to Halko Weiss, PhD, one of the three editors responsible for the creation of this book, it was a long time coming and well worth the work and the wait.

"It is hard to believe for me, but I started the project in 2005, 10 years ago!" Weiss shared. "Finding the right team was very difficult for me in the beginning, and it took years until I finally found my team. But it is really my fault that it took so long to realize that Gregory Johanson and Lorena Monda were the ones that I should have asked from the beginning. Once we got working as a team it was fantastic. Gregory is such an in-depth scholar, and so devoted to our work, and Lorena has been the steadying force who has put a huge amount of work into fine-tuning the overall language and the balance of the book. For an editing team it is essential to find just the right people, but if you have them it is very satisfying."

Why this book? Why now?

The book was written to address a perceived gap in the Hakomi literature that caused concern. There were multiple books written, including those authored by Ron Kurtz. However, his books, though beautifully written with a general appeal, lacked the depth of the professional know-how that the Hakomi Institute and Kurtz had fleshed out in their work over many years. Nor, according to Weiss, did the **current materials reflect the clarity of Ron's scientific mind.**

"Ron wrote profusely, but he had a hard time spelling out what we understand and **do, in a systematic way," Weiss said. "For decades we wanted a really professional book, and a textbook for our students to represent our work accurately. That has been a major obstacle for our development as a training provider."**

"Eventually I felt that that problem became so big that I took it upon myself to start this book project as a collaborative effort of the whole faculty, and as an expression of the diversity of voices that **make up the Institute today."**

"The vision was to not only have a comprehensive text on the Hakomi method for our students, but also one that would show our professional peers of all the different heritages and the depth of our approach, and how we are linked into the **larger discourse."**

The Process

"When I started in 2005, I began with developing an overall structure, an inventory of chapters, their sequence, and an outline of content for each of them. The outline was meant to show the depth of understanding that we have about the current state of knowledge within our field, as well as how we feel we have something major to contribute. Gregory and Lorena really helped in honing those aspects and emphasized that we offer a highly interesting and powerful method when looked at from the current state of affairs in

our professional environment."

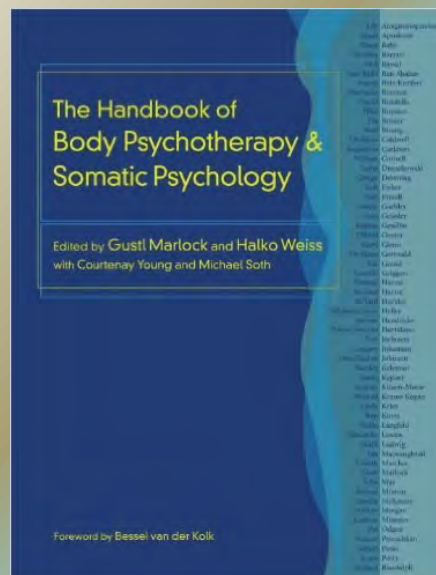
"I tried to persuade even those of our trainers who are not experienced writers to contribute certain content, informed them about the style and other requirements I felt were essential to create a coherent text that would meet the standards of a professional book, and that would show how well we are connected to the discourse **in our field."**

"As the book evolved, there were many changes of course. And when Greg, and later Lorena, joined the effort, their contributions helped further shaping the overall structure, and the quality of writing. As I am not a native English speaker, they really moved the process along as the book reached the stage where their skill at **English was crucial."**

Putting it all Together

Pulling pieces together from a worldwide puzzle was not easy. But in the end, the **'whole' reflected the 'individuality' of each contributor with a sense of cohesion, a feel of, this is what we what are about and why.**

"It is probably hard to understand by someone who has never done such a project how extensive and time consuming the work on such a book is. I had an even larger effort with the *Handbook of Body Psychotherapy and Somatic Psychology*, which included about 60 authors, many of whom are leaders in the field.





“If there are many authors, there are questions of balancing the content, dealing with redundancies, style of writing, etc., that sometimes end up as 10 or 12 consecutive versions of a single chapter that have to be reviewed and worked on by three editors, who have to communicate among each other across continents. There are delays, misunderstandings, personal sensitivities, and so on that can take months and months to work out. Then there are unforeseen events that create major breaks, like the untimely and shocking death of Greg’s wife in the middle of the process.”

“There were many moments where it felt too big a stone to haul up the mountain, and some periods where nothing seemed to happen at all. I certainly went through times of many frustrations, but eventually we could really count on those who contributed, and they were really gracious in allowing us editors to work with them and even mess with their writing in major ways. We felt blessed with much understanding and support from all of them.”

Writing with Readers in Mind

While reading the text, I noticed that all the chapters were rather short, which as a reader was nice for me—I felt safe to immerse myself in the chapter and absorb

key points while not fearing I’d be reading one chapter all day with some heady vernacular and the need to research terms and situations to truly understand what I was reading and why. Weiss explained that just as in his previous project - the Handbook already mentioned - the editorial team asked the contributing authors to limit themselves to some volume of text, each weighed to balance the book according to the weight of the issue to be covered. He **shared that it was “extremely difficult in some cases where writing extended hugely past the requested pages.”** They also had ideas about which chapters needed what extent of references, what style of writing, which limits to what they would cover, etc. At the same time they wanted to have some redundancy so that chapters could be read separately, and still be understood well.

“The work with the contributors was quite extensive at times, with many revisions, and additions from the editors,” Weiss said. “There were hardly any chapters that we needed to reject because we worked with each of the authors, sometimes just by some tweaking, sometimes with a lot of input, to bring them into a shape that would suit the overall concept of the book.”

Within the overall plan, Weiss also knew he and his team members were going to write, to contribute their knowing and experience. Weiss had planned to write a chapter on the characteristics of Hakomi, and on its history, but he also had to fill in, as well as cooperate on some topics. He explained that this give and take was all part of how the overall process evolved as necessities arose over the course of time. **Basically, he said, “the role of us editors is pretty much a bit of a service to what seems to be needed.”**

Coming to Life

It is one thing to have a vision, another to strive to create it. I asked Weiss what was it like for him to see this vision come to life and how was it to write with Ron and at

times edit his work, a student editing the teacher in a sense. Did he have any moments of insecurity or doubt? Weiss admitted that they did not edit Ron's chapter except for some minor items. He was such a good writer, Weiss said, they had no intention of losing his personal style. **Ron's chapter was actually one of the first ones completed for the project.** "Smaller pieces, like a chapter, is more in line with what he is really good at," said Weiss. "We could very much count on him."

"For a long time, when the overall process seemed to be stalled, and I was not able to move it, it was a very frustrating experience, and I might have given up were it not for some peoples' contributions, like Ron's, that were already in, and who we could not let down after they had put in an effort that was often enough huge for them, especially for those who are not used to writing."

"But in the end, when we saw that the book really would be done at a foreseeable time, I became quite excited. And when we realized that Norton would take the book - and that we would not have to find an obscure publisher, or self-publish - we all had a real high! Now that it has even been #1 on the Amazon new release list for psychotherapy, we are quite ecstatic! That we never expected. We were completely taken by surprise, and still are enormously happy that Norton felt that we have what it takes."

About the Authors/Editors

Halko Weiss, PhD, is the co-founder and senior trainer of the Hakomi Institute. A clinical psychology and lecturer on body-psychotherapy, couples therapy, and relationship skills, Dr Weiss is the author of six book and 20 professional publications.

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that the book presents additional means of practicing within those existing frameworks, and is derived from many of the same theories and ideas. The tone is inviting, and in spite of the book's density, avoids seeming too much like a text book. As a reference for those already familiar with this therapeutic modality, it is a helpful summation of essential past and current tools used, although it by no means is all-encompassing of the many derivative and particular practical styles for Hakomi. The book is more concerned with the goals and ways of considering certain aspects of therapy and mindfulness than expecting strict interpretations and applications of those ideas. In this way, it is further expanding how mindfulness and self-awareness can be used for meaningful and constructive change with clients.



Potential Influences of the Somatic Experiencing Paradigm on Social Work Practice

By Nicola M-L Ranson, MSW

The biological basis that underlies the Somatic Experiencing approach provides a radical opportunity to transform both the understanding and healing of psychological trauma.

As a social worker with a bio-psycho-social-spiritual background, I understand that a comprehensive systemic perspective is necessary **to approach the complex truths of a client's subjective world. We know** that, as individuals, we are part of systems that impact us while we, in turn, impact them: e.g. school, family, workplace. A systems perspective also incorporates intrapsychic factors such as the relationship between moods and thoughts and physical health, as well as the mutual influence between these factors and social interaction.

Somatic Experiencing (SE)—Peter Levine’s body mind approach to understanding and healing trauma—invites us to take the systemic approach to a whole new level, and work with the biological organism itself: the physical body. In SE, both bodyworkers and psychotherapists alike are trained to use subtle observation to **“touch into” their client’s biology.** The practitioner learns to read the biological indicators of the client’s nervous system state and, in the context of a safe therapeutic relationship, makes carefully timed interventions to impact the body and mind.

This is a “bottom up” approach to psychological healing. While intentional dialogue with the client is taking place, the practitioner is simultaneously alert to the physiological responses to interventions, **“reading” the client’s breath, for example,** as an immediate source of feedback that will influence her next words or actions.

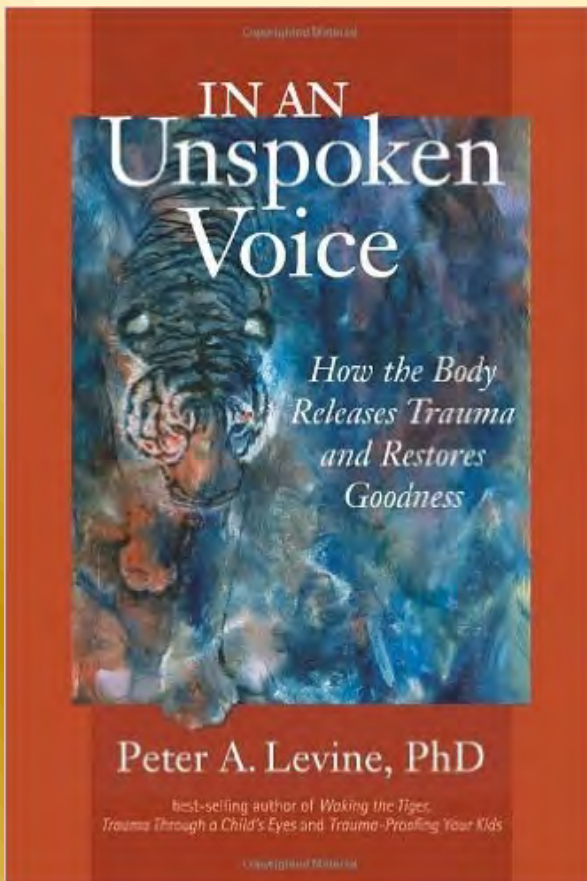
The system that the practitioner attends to is the nervous system, which is unique to



each client, (and therapist), while sharing the basic equipment and responses with many other living beings. Our nervous system IS the body-mind connection. As we navigate our days and nights, cycles of activation and de-activation stimulate and relax us with all the associated mental and physical responses. Much of this passes below our consciousness; it is simply how our nervous system self-regulates when it is functioning optimally. But we certainly notice when nervous system dysregulation results in psychological distress. SE teaches how to influence the nervous system so that our innate capacity for self-regulation can be accessed and balance can be restored.

As Levine writes in his book, *In an unspoken voice: How the body releases trauma and restores goodness*, “This capacity for self-regulation holds the key for our modern survival - survival beyond the brutal grip of anxiety, panic, night terrors, depression and physical symptoms and helplessness that are the earmarks of **prolonged stress and trauma.**”

Dr. Levine’s life work has focused on understanding how trauma brings about dysregulation in the nervous system, and, more significantly for practitioners, how to create the conditions that will allow the natural rhythms associated with psychological health to resume.



Somatic Experiencing and the Freeze Response in Social Work Practice



By Nicola M-L Ranson, MSW

Peter Levine, who is a medical biophysicist as well as a psychologist, evolved his approach through his studies of animal behavior. His observations of animals in the wild led him to note that they frequently endure traumatic situations, yet rarely seem to suffer the on-going physiological arousal that is the aftermath of trauma for humans. Some animals in captivity, however, seem to show responses more in keeping with our own. Think of tigers pacing restlessly at the zoo (Scaer, 2005), or the unprecedented number of pets now taking psychotropic medication.

When he researched the difference between the wild animal and the civilized human response to trauma, he found that the animals tended to follow in-built behavioral patterns, which, if left to complete their course, allowed the animal to return to normal functioning. For example, if a prey animal such as a rabbit is about to be attacked and the defensive responses of fight and flight are not an option, it will likely become completely still. If the attacker leaves the situation, the rabbit will remain immobile for a period of time, go through some shaking, and then get up and spring away. Levine theorized that this **immobility, or “freeze” response, was a protective mechanism** which both reduced

an animal’s pain, (through a numbing of sensation and injection of feel-good chemicals), and provided an opportunity for escape, such as when an animal “plays possum” and fools the predator into thinking it is dead. Freeze seemed to come on board when the other defenses, fight and flight, were unable to thwart the danger. Once the immobility had run its course, activity could resume, and, in the case of the rabbit, it could run away.

According to this theory, the rabbit’s shaking is a necessary component of coming out of the “freeze” or immobility. It appears to be an involuntary response that allows the dissipation of stress hormones that have accumulated in a life threatening situation. Levine theorized that the human physiology might also have an innate capacity to dissipate nervous system activation (Levine, 2010).

It seems that the symptoms associated with trauma, (for example, hypervigilance, an excessive startle response and dissociation), while originating from an initial incident or series of incidents, continue to be perpetuated by an overactive nervous system that keeps responding to the past danger as if it were still present. **Levine states that, “Humans, in contrast to**

animals, frequently remain stuck in a kind of limbo, not fully engaging in life after experiencing threat such as overwhelming **terror or limbo” (Levine, 1997, pg. 16).**

Levine theorized that these symptoms might be related to the incomplete defensive responses of fight flight and freeze, and that, if the correct conditions were in place, the nervous system arousal that originated in a heightened state of activation could be helped to reach a state of completion, allowing the body to return to its normal state of readiness.

Levine’s theory is supported by evidence that an absence of post-trauma symptomatology coincides with the successful enactment of defensive strategies. In other words, when the defensive responses of fight, flight or freeze are allowed to run their full course, the physiology, while temporarily charged with stress hormones, will eventually return to normal. For example, if screaming or running or shouting enables a potential victim to successfully avoid an attacker, she might be shocked or shaken temporarily, but would be unlikely to suffer from PTSD.

However, if this same victim were unsuccessful in mobilizing flight and flight, then the protective response of freeze comes on board. The victim, like the rabbit, might become very still, and have an experience in the dissociative spectrum **such as becoming numbed, “spaced out”, or distanced,** even to the extent of viewing the scene as if it were happening to someone else. Although, in ideal circumstances, this response could be successfully discharged through natural shaking and body movements, this rarely takes place in crisis situations. The victim can then be left with on-going dissociative symptoms which are some of the hallmarks of PTSD.

Helping clients to increase their understanding of the involuntary nature of freeze can provide relief and empowerment. There is a strong tendency to feel guilt when we have not responded to an emergency in the heroic ways we would

have liked. For example, when a soldier learns that her immobility on the battle field was automatic and involuntary, a result of **her body’s protective mechanisms doing** their job, it can be the beginning of the journey towards recovery. I have worked with victims of torture, rape and war who have benefitted from this understanding.

Helping clients to increase their understanding of the involuntary nature of freeze can provide relief and empowerment.

Viewed through the SE paradigm, one element of freeze that becomes apparent is that, while masquerading as stillness and vacancy, it is actually a state of heightened activation. This recognition of the nervous system activation that underlies symptoms in the dissociative spectrum provides both client and provider with a clear direction for treatment.

For example, one client of mine, Alex, a veteran with a PTSD diagnosis, had a spouse, Maria, who was irritated with his **“spaciness” whenever they were about to go out.** While Alex fumbled, unable to find his keys, Maria would take his apparent reluctance to leave the home personally and raise her voice. Of course this meant that her tone and volume were adding **stimulation to Alex’s already overactivated nervous system.** When this pattern was broken down and both Alex and Maria could **recognize his “spaciness” as dissociation** triggered by his nervousness about leaving the house, Maria was able to provide the support that helped Andrew to calm down, and feel safe enough in the relationship to leave the house with her.

Revisiting trauma memories involves accessing the states of heightened emotion during which the trauma took place. When a therapist invokes this there is a distinct danger of retraumatizing the client, something that may inadvertently occur in a clinical interview, (or may be intentionally provoked in certain exposure therapies).

In Somatic Experiencing, the intention is quite the opposite. A client seeking help for trauma recovery is already in an activated state, so generally no additional arousal is intentionally elicited until after some foundational work has taken place to enable the client to stabilize, connect with the here and now, and access an innate sense of safety. This is done through the skillful use of the therapeutic relationship, in conjunction with a variety of educational and experiential methods to help the client enhance his capacity to self-regulate. (This stage could take ten minutes or years depending on diagnostic and situational factors.)

When the trauma memory is accessed, it does not need to be through the “story” of the event, as the implicit memory is accessible through association. For example, working with the client’s fearful response to an irate boss could also impact trauma resulting from an incident with an abusive father. While the narrative is an important component of the trauma, it is only one of many elements to which the SE practitioner attends while monitoring the client’s nervous system state.

The Somatic Experiencing therapist gently guides the client through states of activation and deactivation in a subtle and intentional manner that brings about the release of nervous system tension associated with the related trauma. Ideally the client emerges feeling empowered, with the absence or reduction of trauma symptoms, and the sense of capacity that comes from experiencing that his/her own body has the innate ability to self-regulate.

It is beyond the scope of this article to detail how to bring this about; there are

numerous “how-to” books and CDs available at the Somatic Experiencing Trauma Institute, as well as the practitioner training itself. But even without the SE training, the **use of Levine’s trauma paradigm**, particularly his understanding of freeze as a defensive response, can enhance a **practitioner’s effectiveness and reduce the likelihood of re-traumatizing a client.**

Levine deserves significant credit for his role in bringing “freeze” into the therapeutic lexicon where it is now becoming more commonly acknowledged as a full partner in the trio of defensive responses. Levine has spent his life lobbying for the recognition and understanding of this once marginalized and often misunderstood element of trauma. Arguably he was the first psychologist to be using body oriented techniques specifically for trauma recovery. His work led him to receive the 2010 Lifetime Achievement award from the United States Association for Body Psychotherapy (USABP).

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The Felt Sense of Safety and Pleasure and How They can be Applied to Social Work and Case Management

By Nicola M-L Ranson, MSW

I am unaware of any trauma treatment that does not stress the fundamental need for therapeutic safety. Even cognitive therapy, cerebral by its very name, needs adaptations when applied to the severely traumatized. Donald Meichenbaum, one of the leaders in cognitive therapy, stresses the necessity of establishing a warm and safe therapeutic relationship when working with PTSD. Noting that he sounded more like a Humanistic than a Cognitive therapist, one audience member asked him, **“Whatever happened to cognitive therapy?” He replied: “Trauma happened.”** (D. Meichenbaum, personal communication, April 18, 2007, “Promising Practices in Torture Treatment” conference, San Diego, CA).

However, comfort and safety are elusive for the traumatized client. Heightened anxiety can make body sensation intolerable, and the overactive brain anticipates every possible circumstance that might go wrong.

While the thought process obviously should be included in the panoply of therapeutic elements, body oriented psychotherapists do not see it as the route to a feeling of safety. As the Meichenbalm quote illustrates, a degree of calm and safety has to be in place before cognitive techniques can be used effectively. The cerebral cortex is not fully functioning when we are in flight and flight.

When in a state of heightened anxiety, such as a PTSD trigger, we are more under the influence of our primitive brain stem responses, so it is “bottom up” rather than the “top down” approaches that are effective. Safety, much like danger, is something experienced physically in an automatic manner outside cognitive control.

According to Levine, safety is experienced via the five senses, or six if we include proprioception. Sensory input is the way that our bodies learn. A scared baby is not going to learn that it is safe to go to sleep by being told so. Parents soothe infants using sensory input: through rhythmic rocking, soft vocalizations, gentle firm touch, eye contact and facial expressions. The parent/child interactions through sounds, movements, touches, looks and, arguably, smells, generate attachment, which could be seen as the foundation of the experience of safety. Levine (2010) states:

The interoceptive experience of equilibrium, felt in viscera and in your internal milieu, is the salubrious one of goodness: that is, the background sense that – whatever you are feeling at a given moment, however dreadful the upset or unpleasant the arousal – you have a secure home base within your organism (p.94).

In SE, the therapist encourages the client to mindfully experience a felt sense of safety, which means experiencing how the body senses the relaxed nervous system state that is associated with moments of calm or pleasure. Mindful sensing in itself

acts as reinforcement.

Accessing and emphasizing these moments necessitates that the therapist be **acutely attuned to the client’s experience** in the here and now. For example, when a client spontaneously experiences a moment of calm or pleasure, the therapist might join with the client and reinforce it. Or the state could be prompted by encouraging the client to disclose a recent experience of healthy pleasure, and then the therapist would use joining in order to promote the re-experiencing of the state. This serves the purpose of A) getting the client off the wheel of repetitious anxious thoughts, and B) **allowing the client’s nervous system to bathe** for a few moments in pleasant parasympathetic activity. It is very difficult to worry about tomorrow while recalling the **feeling of a shaft of sunlight on one’s forehead**.

According to my simplistic summary of an aspect of Stephen Porges’ Polyvagal Theory, (Porges & Furman, 2011), nerve fibers that were involved in warning of discomfort and danger are redirected towards calming – **the body can’t do both of these at once. It is** also possible that spending a little time, (and we may be only talking microseconds here), in creating new neuronal pathways is actually allowing them to grow (Scaer, 2005).



In skilled SE practice, the client’s felt sense of safety and pleasure is elicited not only as a foundation for future work, but so

that corresponding states of activation can be interwoven in a manner that results in nervous system deactivation. The client learns self-regulation through learning to track the subtle rhythms of the nervous system itself. But for non SE practitioners, it can be very useful to become more effective **in increasing the client's positive felt sense.**

I say "more effective", because it is most likely that social workers are already doing some of this work, both because of fundamental Social Work principles, and because it can seem intuitive to pause in a supportive manner when the client is reminiscing about something pleasurable, or to join with a client when he is admiring an attractive plant in your office.

One principle I am referring to is the social work value of supporting client strengths. While many therapeutic approaches likely embrace this value, it is foundational in social work and makes social workers less likely than some of our peers to see clients through a lens biased towards pathology. With this in mind, it is likely that social workers will be open to the concept **that our body's capacity to feel pleasure is a foundational strength in itself – and one that opens the pathway towards healing.** It is a **capacity that we all have, even if 'pleasure',** in a dark moment, is simply experiencing less pain.

When working with suicidal clients on the Frontline of County Mental Health, I asked them what kept them connected to life, and attempted to help them strengthen this link. One thing that an SE perspective adds to this, is to help the client ground this connection in their physiological capacity to **feel the link itself. If a client says he "likes" his dog, he could be asked, "How does the body know that? What is the sensation of stroking or patting or being licked? And how much do you feel that right now while recalling the memory?"** A client who **perceived himself as "dead" inside could find the reassurance that within his own physiology there are indeed sensations that he prefers over others, and that, by becoming interested in these, (bolstered by**

One thing that an SE perspective adds to this, is to help the client ground this connection in their physiological capacity to feel the link itself. If a client **says he "likes" his dog, he could be asked, "How does the body know that? What is the sensation of stroking or patting or being licked? And how much do you feel that right now while recalling the memory?"**

While there are multiple factors involved, the healing potential of the Case Management process can be greatly underestimated. It is often considered the poor step-sister of psychotherapy . . .

the therapist's interest), his capacity to feel "OK" or "alive" could become more stable. This then provides more solid ground, or containment, that allows the painful feelings to be safely felt.

The Somatic Experiencing paradigm

allows us to understand that stabilizing a client's felt sense of pleasure and safety is an intervention in itself, one which offers a major contribution to the practice of Social Work. Case Management is one area in which this intervention could be used.

For example, when engaged with a client in the seemingly mundane tasks of picking out some clothing for the family, or successfully navigating a public transit system, the social worker is likely to say, "that's nice" or "well done", from the knowledge that she is supporting the client's self efficacy. While there are probably some benefits for a client to have their success acknowledged by a health professional, and it is likely to enhance the client/social worker relationship, SE suggests that these benefits will be greatly enhanced if the felt sense is introduced. For example, the social worker in the clothing scenario might reinforce a client's choice, joining with him in the sensory pleasure of a red shirt. Saying, "What a lovely red, what do you like about that color?" would encourage the client to further explore a spontaneous moment of pleasure, thereby basking in the feel-good chemistry of the parasympathetic arising from his associations with red, and now enhanced by the warm social contact. The client who had success using a bus might be encouraged to describe where she could feel that in her body, and the sense of efficacy and uplift could be enhanced by visiting the related memories of other prior successes. This would likely result in an enhanced felt sense of capacity, which would thoroughly internalize, indeed incorporate, the client's ability to take the bus.

I have noticed clients appearing to do better when engaged in effective Case Management. While there are multiple factors involved, the healing potential of the Case Management process can be greatly underestimated. It is often considered the poor step-sister of psychotherapy, (and can certainly involve a lot of onerous bureaucratic tasks that justify this.) The Somatic Experiencing paradigm illustrates that many "out of office" actions that help clients get their basic needs met, can be intrinsically healing in themselves depending on how they are carried out. Spending time in the felt sense of safety and pleasure, which is perhaps most strongly felt in a supportive human relationship, can be of great benefit to our clients – and to ourselves. Understanding this will allow practitioners to appreciate that laughing with a client over the mutual pleasure in enjoying red material is actually beneficial in itself, not something that should be quickly passed over to get to the 'real' work of exploring pathology. On the contrary, it allows a client to experience that it is safe to feel healthy pleasant sensation, which is an important step towards making unpleasant sensation less overwhelming; a key element on the path towards trauma recovery.

CLOSING

If social workers apply our systemic model to our own work, we can see that what we do, who we are, and how we behave influences those around us. We can lose sight of this when we become overwhelmed by the immensity of suffering that we see in our caseloads. By choosing a profession that, by its very title, professes to address the healing of society, we have elected to be part of the solution. But to continue to do this effectively our commitment to our personal well being is paramount.

The longer I work in the field the more aware I have become of the dangers of vicarious traumatization and associated burnout. The rules of reinforcement suggest that what you focus on increases, so in social work it is important to apply our strengths based model not only to our clients' world, but to our own.

This starts with our personal willingness to honor our own capacities to heal. These capacities are inherent in our bodies, and Somatic Experiencing is one approach that can help us to learn to listen to our bodies and influence our own nervous systems, so that they can return to a state of balance, and so take us in the direction of restoring wellbeing to ourselves, our families, our cultures and our world. To quote McDermott and Green, "Contemporary social work must take on board the discoveries of 'new' science if it is to be an active contributor in tackling the complexity inherent in twenty-first-century life" (Green & McDermott, 2010, pg. 2427). Somatic Experiencing, with its pragmatic focus on biology, has the potential to enhance social work practice. It provides a paradigm with far-reaching implications.

One implication is that there is a transcultural element inherent in SE's biological approach. Although our individual client interactions will be culturally influenced, biology itself transcends national divisions. We all have essentially the same

nervous system and belong to the human (and mammalian) family. SE is practiced effectively in multiple countries, and trainings are popular in Brazil, Japan, South Africa and elsewhere.

If Levine's theories about how to influence the nervous system are correct, this ground-breaking approach can be seen as not only as an instrument to heal trauma, but as a paradigm that de-stigmatizes the ramifications of trauma as a mental illness, and validates some of the core values in a **Social Worker's strength-based** systemic approach. If our fundamental strengths are rooted in the rhythms of our own biology, we have the potential within us to help us return to states of balance, which in turn will influence our relationships to one another and to the world in which we live.

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Applying Somatic Experiencing® therapy in the treatment of Substance-abuse Addictions



By Galit Serebrenick-Hai, MA,
MSW, Somatic Experiencing®
trainee

A few years ago I began incorporating Somatic Experiencing® therapy into my psychodynamic psychotherapy work with clients who struggle with substance abuse addictions. This newly applied somatic perspective completely revolutionized my work as I began to notice that the vast majority of my clients have boundary issues, in the sense that they tend to go into threat response (fight/flight/freeze) in the mere presence of other people.

Many therapists tell me that they are not interested in working with clients who struggle with a substance-abuse addiction (e.g. street drugs, prescription drugs and/or alcohol). They give various reasons for this preference: "They (the clients) lie all the time, they are manipulative, they are not really interested in therapy, all they want is to use drugs..." etc.

After working with hundreds of adult clients who struggle with substance-abuse addiction in an inpatient detox and rehabilitation facility, I have to admit that what these therapists are saying is true. Addicts lie a lot, they are great manipulators, and their motivation to undergo a therapeutic process is low to non-existent (more often than not they attend

I suggest that incorporating somatic psychotherapy, in particular Somatic Experiencing® (SE) therapy, can offer a new outlook on some of the challenges that addicts face.

therapy sessions or check themselves into an inpatient rehab facility in order to please a family member or due to a court order). They portray a picture of reality that is far from what is really going on in their lives, and then convince themselves that they are **right**. Although an addict's self-manipulative behavior is ostentatiously textbook and to be expected, it nonetheless does increase our difficulty as therapists to properly disseminate befitting advice to the situation at hand. In one case, a colleague of mine was working for about a year with an alcoholic client. The main issue that the client had presented besides the drinking problem was overcoming the loss of his daughter in a terrible car accident. One can only imagine how surprised this therapist was when at one of their sessions the client had to rush to the airport because his daughter, the one who had supposedly died, was coming for a visit. Unfortunately, from my experience, stories like this are not rare.

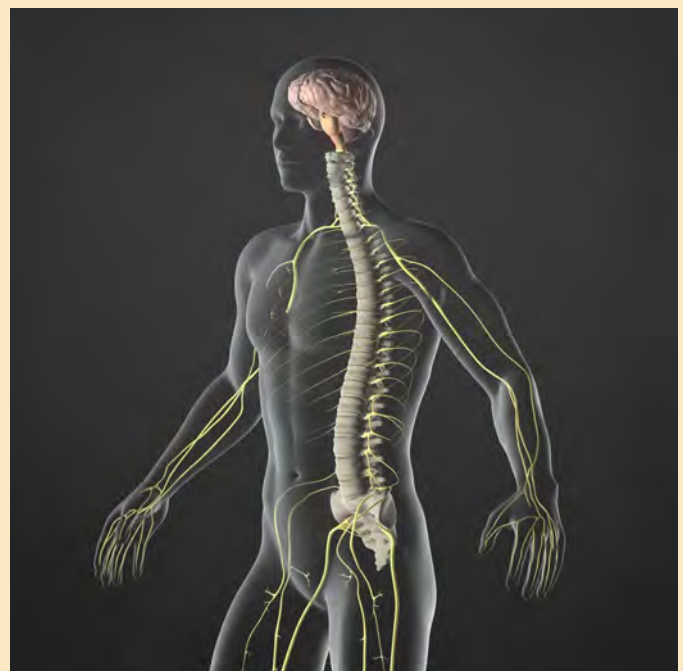
For those of us who are still interested in working with people who struggle with addiction and are able to maintain an outlook of addicts being severely traumatized people, I suggest that incorporating somatic psychotherapy, in particular Somatic Experiencing® (SE) therapy developed by Peter Levine (1977) can offer a new outlook on some of the challenges that addicts face. In addition, SE offers practical tools not found in other therapeutic disciplines. Using such tools is beneficial not only for the client, but for the therapist as well.

Somatic Experiencing®

Somatic Experiencing® (SE) is a chronic stress and trauma therapy developed by

Peter Levine (1977, 1997, 2010). In SE™, an event is considered traumatic if it causes long-term dysregulation in the autonomic nervous system (Levine, 1977, 1997). This means that although facing the same event, people will differ in their reaction to it. Due to various reasons such as genetic, developmental, and environmental factors, some people will be traumatized while others will be able to handle the challenge (Payne, Levine, & Crane-Godreau, 2015).

When people face a threat or a possible injury, their entire body, as a response, gets into a state of readiness in order to ensure its survival. This state of readiness is charged with high-energy as the body prepares itself to fight or flee. If, for some reason, the appropriate reactions are not completed, this tremendous energy becomes frozen or stuck preventing the nervous system from "resetting" itself back



into a regulated state. This chronic dysregulated state could manifest itself either in a chronic, hyper-aroused neuromuscular state or a collapsed, shutdown-dissociated one (Payne et al., 2015).

SE is a technique that facilitates both the completion of the biological defense responses as well as the discharge of the excess energy. According to this technique, the client's attention is guided toward interoceptive, kinesthetic, and



proprioceptive experiences and imagery. It is important to note that the whole process is carefully monitored by the therapist as clients will only approach sensations associated with trauma after they have experienced an embodied resource in the form of bodily sensations that are associated with safety and relaxation. This important principle of titration (bit-by-bit) is followed in the same way as the biological defense movements are completed and new corrective experiences are encouraged in order to replace former experiences of helplessness and fear. As a result of this process, trauma symptoms are said to be resolved (Payne et al., 2015).

Somatic Experiencing® and addictions

As soon as I started applying SE into my former work, which was largely dominated by a psychodynamic psychotherapy perspective, I noticed that people who

abuse drugs and/or alcohol have easy access to their bodily sensations. It is not uncommon for me to be able to make a quick introduction of SE (psycho-education) and then conduct a full SE session (in which the client is required to stay "in the body" for a substantial amount of time) as soon as the intake session is over. If a client does seem to have a hard time accessing his/her bodily sensations, my experience has taught me that it is not a result of feeling uncomfortable in one's own skin or that noticing bodily sensations feels intrusive in any way (or any other reasons that might be common with non-addicted people). With addicts, it usually means that more effort needs to be exerted in order to engage them in the therapeutic process (regardless of the approach I choose) or that more psycho-education work needs to be done. In some cases this might mean that they were traumatized in a way that shattered their ability to trust another human being. In both cases, when these issues are addressed and resolved to some extent, and the client is somewhat willing to take part in the therapeutic process, their access to their own bodily sensations is quick and quite easy. I have often wondered about the possible explanation for such relatively easy access to one's own sensations of clients who are so severely detached from their emotions. What seems to me as a possible explanation is that while intoxicated, addicts are, in fact, "in their bodies". They closely monitor their sensations in the search of **feeling "at their best"**. Therefore, during some time of abstinence (due to their stay at a rehab facility for example), when asked to notice their bodily sensations as required in SE therapy, they might not enjoy it as before, but they can definitely follow such an instruction quite easily.

After incorporating SE therapy into my work, I noticed that the vast majority of addicts suffer from boundary issues, not only from a psychodynamic perspective but also from a somatic one. The SE framework allows me to observe, understand and address this well-known issue of addicts in a completely new way. By this I refer to the

manifestation of boundary issues in one's tendency to almost constantly feel that one's space has been invaded in the mere presence of other people in one's surrounding. This results in an unconscious tendency to go into a fight/flight/freeze response or an approach/avoid response, also labelled as the "preparatory set" (Payne & Crain-Godreau, 2015). This could be, by the way, the result of different kinds of traumas, ranging from a car accident to sexual assault, all leading to the same perceived threat response.

I believe that this observation is especially important for addicts since joining different groups and meetings (therapeutic or self-support) is common and highly recommended as addicts begin their journey



toward recovery. Group therapy is one of the most popular therapeutic tools in rehab facilities, but even more important, addicts are strongly encouraged to participate in the AA/NA meetings (Alcoholics/Narcotics anonymous) and 12-step self-help groups, which are globally considered as a crucial component in their efforts to refrain from abusing substance. As addicts try to attend these groups, the proximity of other people might generate a fight/flight/freeze response. Such a response might result in a projection of this stress on their

surroundings and lead them to a conclusion such as, "I don't feel comfortable in this meeting/group; I don't like these people." This may result in a misfortunate dropping out of an important resource.

This important boundary issue can be diagnosed by using a simple exercise that is taught in SE trainings. All is needed is a fairly big room in which the client and the therapist sit on opposite sides of the room facing each other as far as the room allows. Before we begin, I usually make a short demonstration in which, as the client is sitting, I walk slowly toward him/her from the front and then from the sides, while maintaining a fairly big distance. I ask the client to monitor his/her sensations as I explain what I am doing and reassure him/her that I will maintain a fairly big distance between us. The client is usually surprised to discover how uncomfortable it feels as I move throughout the room.

As described earlier, according to SE principles, as the client and I sit in a fairly big distance, the client will be asked to monitor any bodily sensations that come up, as the goal is to help the client discharge the excess "stuck" energy (using SE techniques). We then move to the next step, in which I will move my chair a little bit closer to the client, only after the client has reassured me that he/she feels completely comfortable and relaxed. After reaching a fairly "social distance", I ask the client to sit with his/her left shoulder towards me, then the back, and finally the right shoulder. Again, in each position I wait until a complete relaxed state is achieved.

In my work with addicts, I have found this exercise to be effective not only in the results it presents, but also as an introduction to somatic psychotherapy. It can also be used as a framework for at least a few sessions. In some cases, the completion of this exercise might be rather quick (1-2) sessions. In other cases it might take longer as the client may choose to discuss some other issues at the next session, or maybe some images or thoughts might emerge from the sensations that lead

us to a different path before we return to the completion of this exercise. Either way, wherever this exercise might take us, the foundations of the somatic work have been laid, and in whatever path we continue, the inclusion of somatic work later on will be much more natural. However, it is important to note that in case the client and I decide to take a break from the exercise, I continue to maintain the exact same distance that we have reached between our chairs in order not to provoke an unnecessary threat response.

This exercise enables me to engage clients who struggle with substance-abuse addiction in somatic therapy. Being able to demonstrate to them how their bodily sensations shift as I slowly walk toward them (as they expect to "talk" about their problems) definitely catches their attention and makes many of them become curious and engaged in the therapeutic process. As for myself, the therapist, the use of this exercise helps me be more efficient, as I get the client to cooperate in a way that eliminates my wondering whether what is being said is true or not, or whether I am being manipulated. Bodily sensations don't lie.

Galit Serebrenick-Hai, MA, MSW, Somatic Experiencing® trainee, is a certified psychodynamic psychotherapist who holds a M.S.W form Haifa University (Israel), and a M.A. in Business and Industry Counseling from Kean University (NJ). She is the therapeutic supervisor at Step-by-Step inpatient detox and rehabilitation Center in Israel. Email: galit.hai@gmail.com

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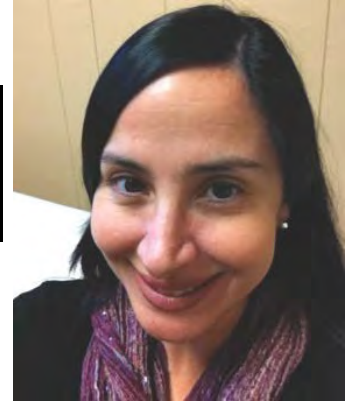
BETH L. HAESSIG, PSYD, is president of the United States Association for Body Psychotherapy, a licensed psychologist, Core Energetics practitioner, and Kripalu Yoga teacher. bethhaessig.com

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



By Dawn Bhat, MA, MS, NCC, RYT-500, LMHC

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.

Turunen, T., Haravuori, H., Punamäki, R.-L., Suomalainen, L., & Marttunen, M. (2014). The role of attachment in recovery after a school-shooting trauma. *European Journal of Psychotraumatology*, 5. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4082197/>

Why do some people suffer from trauma symptoms and others grow anew?

It starts at the beginning. The attachment system is innate and built in infancy, from which people learn how to regulate arousal and emotional reactions when stressed. Self-soothing and problem solving skills become internal working models generalizing to future relationships. With regard to attachment style, some develop a sense of security and others one of insecurity.

As a trauma therapist, I often see clients who have difficulties coping with traumatic experiences. Some are highly reactive, have a heightened level of arousal, or their thought content has subtle innuendos of hopelessness. For instance, I work with a child with attachment trauma who manages anxiety by being oppositional. Often in trouble in school and without parental attunement, this child requires lots of co-regulation in the session but is slowly developing some skills to self-regulate to start to feel safe and secure.

On the other hand, I see clients grow and flourish in new areas of their lives after a trauma experience. One individual with a tragic story, which, for this person, started at day three when placed in an orphanage, is now a powerful executive for a Manhattan-based company. While working with how the past lives in the body, this person proudly **acknowledged an ability to access “a divine place” to seek refuge in, and which, drives this person’s experience of spiritual and career successes.** This person actively seeks out people to connect with to relieve distress, a characteristic of the anxious insecure attachment style.

Exposure to trauma at later points in life activates the internalized attachment system. As aforementioned, the implicit attachment patterns play a role on how one copes and self-regulates. Mental health issues related to trauma may or may not develop.

Trauma may lead to transformation or what is known in the literature as, post-traumatic growth (PTG). Secure attachment is a protective factor in PTSD and PTG is more common with the securely attached. People may feel stronger, wiser, self-confident, and more spiritual following a trauma.

Attachment theory in trauma treatment can inform us about differences among attachment styles and differentiate new clinical applications in the real world today. Resources to recover from the many forms of trauma (i.e., post-traumatic stress disorder, acute stress disorder, depression, anxiety) may vary individually. Personality, social relationships, and world-view may contribute to resiliency – stress regulation and coping strategies when faced with traumatic stress. In addition, severe trauma may lead to dissociation, and is more common with insecure attachments. Dissociation protects a survivor with overwhelming fear, pain and helplessness.

School Shootings

School violence is horrific and sadly continues to affect our communities in the United States and throughout the world. The present Finnish study –*The role of attachment in recovery after a school-shooting trauma* shares interesting information about attachment and post-traumatic growth. In this longitudinal study, the school shooting was the independent variable and mental health outcomes, the dependent variables, were measured at three follow-up points. While post-traumatic stress symptoms, including dissociation, were discussed, post-traumatic growth (PTG) was as well.

University-student mental health at four, 16 and 28 months were examined following a school-shooting incident that **occurred in Finland in 2008**. The authors' hypothesized that secure attachment was associated with lower PTSD and dissociative symptoms and higher levels of post-traumatic growth. Conversely, the opposite was expected to be true of those with an insecure attachment style. The sample consisted of 236 students. The attrition rate was approximately 70% at T2 and 50% at T1. In this sample, the distribution of attachment styles, as measured by the Attachment Style Questionnaire (ASQ), was: 43% secure, 35% avoidant, and 22% preoccupied (with avoidant, preoccupied and anxious categorized as insecure).

The study measured the severity of the trauma exposure, which was based on life threat and losses suffered. In addition, participants were assessed for previous and later traumas. Posttraumatic stress was measured with the Impact of Event Scale (IES) and dissociative symptoms were measured with the Dissociative Experience Scale (DES). The Post Traumatic Growth Inventory (PTGI) measured growth and transformation following trauma.

The actual results fell into two categories: attachment style on post-traumatic and dissociative symptoms and attachment style on post-traumatic growth. As such, the study found that, compared with the preoccupied, the securely attached had lower levels of PTSD. This result was stable longitudinally, at four months (T1) and 16 months (T2). Those with avoidant attachment style did not differ from the securely attached at T1 or T2 but did differ at 28 months (T3) in terms of having higher intrusive and arousal symptoms. The two insecure attachment styles (preoccupied and avoidant) differed in time lapse following the trauma. In the long-term survivors with avoidant attachment style seem to suffer the most.

However, the study's findings on post-traumatic growth were not so clear-cut. Those with avoidant attachment showed less growth, which may be explained by their tendency to isolate as growing following trauma involves connecting and sharing, something the avoidant tend to avoid.

Trauma survivors with different attachment-styles have different coping mechanisms, different ways to regulate arousal, and different ways to express emotions and seek help. As such, clinical interventions may be more effective when delivered with an attachment focus. Securely attached students fare better in the face of adversity. Insecurely attached are more vulnerable and may need different kinds of help for different durations. The authors conclude that students with

preoccupied/anxious attachment may be open to expressing their distress, which makes them more easily identifiable. On the other hand, avoidant- attached students, who do not express their distress or seek help, may have persistent post-traumatic symptoms.

Trauma therapists, who ask about attachment history, identify attachment style, and adapt treatments accordingly, may improve the clients functioning and be in a better position to facilitate post-traumatic growth. While the securely attached may fare just well, there is a unique pattern of recovery between the insecurely attached. To help clients connect and share is to make growth possible following trauma.

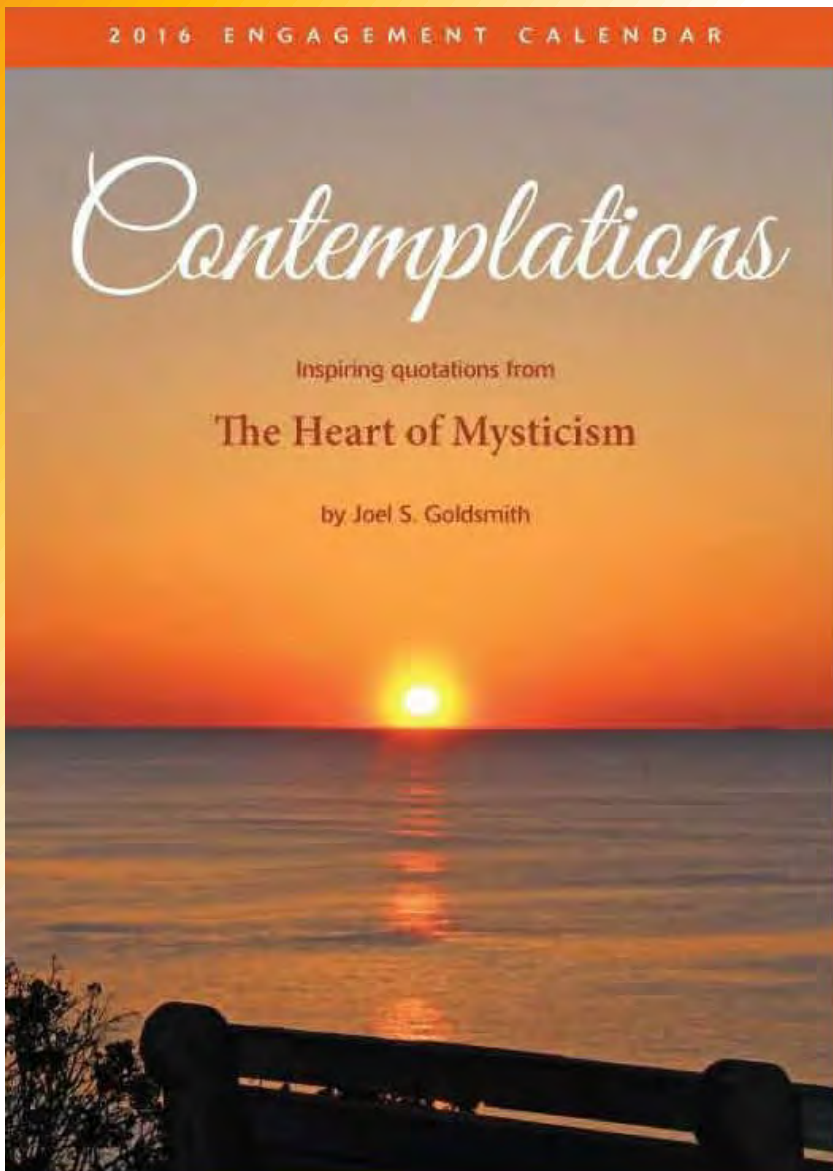
Dawn Bhat, LMHC is in private practice in Hicksville, NY. She holds graduate degrees in General Psychology and Clinical Mental Health Counseling. Dawn is a National Certified Counselor and a Registered Yoga Teacher (RYT-500). Dawn has been researching somatic psychotherapy under the guidance of Jacqueline A. Carleton, Ph.D. of the USABP since 2010 and has presented scholarly papers and professional workshops regionally, nationally and internationally. Feel free to contact her: www.dawnbhat.com



Contemplations

Diane Doheny M.Ed., coordinated the project, which combines inspirational quotations for contemplation and reflection from *The Heart of Mysticism* by Joel Goldsmith with illuminating nature photography from Infinite Way students.

Diane's passions include nature photography, and she has donated many photographs to accompany articles in *Somatic Psychotherapy Today*. She maintains a full time practice in Exeter, New Hampshire, specializing in marital and family therapy.



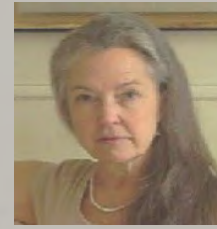
According to the Acropolis website, Contemplations is a new 52-week, spiral-bound engagement calendar for 2016.

"The Heart of Mysticism is the collection of monthly letters Joel Goldsmith sent to his students from 1955 through 1959. Each letter was a lesson in spiritual living and provided guidance for applying the spiritual principles of The Infinite Way in daily life. Goldsmith considered his monthly letters to be a vital link with his students, in which he could communicate the deepest experiences that arose during his ongoing class work. He once said, **'There is nothing more precious in our entire library than the Infinite Way Letters.'**"

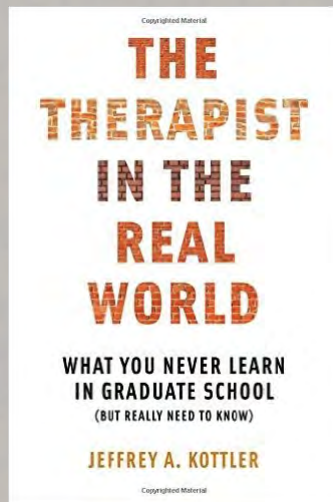
"The selected quotations from *The Heart of Mysticism* used in the calendar are presented with beautiful nature photographs taken by Infinite Way students."

Resources

Jacqueline A. Carleton, PhD



with the assistance of Dawn Bhat and the USABP Interns



Kottler, J. (2015). *The Therapist in the Real World: What You Never Learn in Graduate School But Really Need to Know.*

Reviewed by: Michael Fiorini, New York University

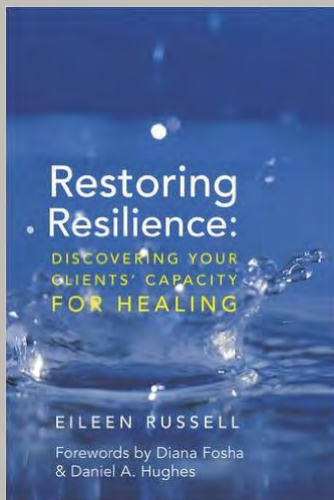
The Therapist in the Real World: What You Never Learn in Graduate School But Really Need to Know focuses on what is not covered in graduate clinical psychology programs relating to the practical experiences, challenges, and realities faced by working psychotherapists. This extends to information on developing clinical approaches, interpersonal considerations, and business and vocational hurdles. The changing clinical and academic culture of psychology is also considered. Professional therapists, particularly those newer to their practice, will find the book highly accessible in its writing and presentation of what to expect in the therapeutic

experience. Students of clinical psychology will also especially benefit from the frank analysis undertaken to explain where training falls short, why, and what to do to find greater fulfillment in the field. Even this brief description does not do justice to the many topics included here. While not really a self-help book, *The Therapist in the Real World* does seek to correct misconceptions held by many newer practitioners and students, and uses a refreshing narrative to assist.

The text is split into three parts. The first part, titled *More Than You Bargained For*, discusses the overt differences with theory and practice in psychology vocationally versus how it is presented academically. The chapter discusses the shifts in how therapy is practiced, the unrealistic expectations assigned to therapists both by clients and themselves, and the need to have to return occasionally to basic concepts and principles when things begin to become monotonous. Part Two, titled *Secrets and Neglected Challenges*, talks about how clients can be our best teachers, how relationships are almost but not always everything, how to honor and tell stories, and the internal process of choosing private practice or public service. Part Three, *Ongoing Personal and Professional Development*, talks about upgrading your presentation abilities, writing and publishing for pleasure, purpose, and profit, navigating organizational politics, and ends with a chapter on supervision, mentoring, mastery, and creativity. There is also an extensive reference section.

Professionals and those aspiring to work in clinical psychology will find *The Therapist in the Real World: What You Never Learn in Graduate School But Really Need to Know* compelling in its style of presentation and in the wisdom it imparts. It is, in many ways, an open acknowledgement of the shortcomings of advanced professional education. For some, it might represent a refreshing coming-to-terms process for disillusioned or disappointed professionals. The book is highly recommended for those students and practitioners experiencing burnout or who are otherwise unable to receive meaningful vocational advice from mentors. It also is a straightforward account of what skills and attitudes really come into play over time in therapeutic work, particularly what **it's really like to practice in a public or private practice**. Even for those established professionals, there is a frequent call towards understanding that psychotherapy is as much a personal process as it is a professional one. The book ultimately urges readers to not take themselves so seriously and to be as receptive to change and growth as they expect their clients to be, guidance that all might benefit from.

Jeffrey Kottler, PhD, is a professor and chair of the counseling department at California State University, Fullerton. He is an internationally known therapist, presenter, and keynote speaker, and the author or coauthor of more than 80 books about counseling, therapy, education, advocacy, and social issues.



**Russell, E. (2015).
*Restoring Resilience:
Discovering Your Client's
Capacity For Healing.***

Reviewed by: Djordje Modrakovic,
New York University Abu Dhabi

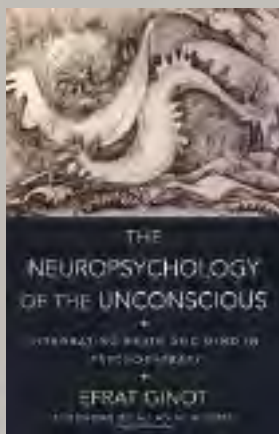
Restoring Resilience offers an important reminder to clinicians that often gets overlooked in the focus on pathology, which is that humans are equipped with varying levels of resilience that therapy ought to foster. Although pathology has importance in mental health work, building resilience helps people avoid relapse and understand the healthy foundation present in their lives from which to set building blocks towards happiness and stability. This book aims to offer the tools to clinicians to build such qualities in their clients. Oftentimes people come to counseling because they are ready to take the steps towards healing, and clinicians have to be reminded of this so that they avoid putting their clients back to a dark place by re-examining and over-emphasizing problems instead of focusing on solutions. Sometimes all a patient needs for recovery is to be reminded of the strength he or she has and the ways they successfully navigated earlier problems. However, this is not a "fake it until you make it" strategy. Everyone is equipped with resilience and it is one of the roles of the therapist to bring this quality to the surface.

This book will help therapists identify and nurture the potential for resilience in their clients. Russell relies on approaches such as interpersonal neurobiology, affect regulation, and a number of theoretical orientations like Accelerated Experimental Dynamic Psychotherapy, Focusing, and attachment theory as background for clinicians interested in resilience-building therapy. *Restoring Resilience* includes inspiring and motivational examples from the author's own work with patients who have successfully built resilience. In Part 1, "The Arc of Resilience," the author establishes the foundation for clinical understanding of resilience. The premise is that resilience is not a binary construct that is merely present or absent, but that it exists on a continuum. The author reminds us that resilience is innate and can also be developed through practice. In Part 2, "Resilience as Potential," the theoretical evidence-based principles are elaborated and a full, annotated session transcript presented to illustrate how to go about resilience-focused treatment. Part 3, "Resilience as Promise," discusses the connection between the clinician and the client, the ways in which clinicians can notice progress in the client, and techniques to resolve anxiety and help the client open up and let down their guard. In Part 4, "Resilience as Transformance/Flourishing," clinicians learn how to help their clients adapt to conditions of their newly acquired resilience, how to live a liberated and joyful life and maintain this stable state of mind. There is also a section dedicated to developing personal resilience for the clinician because one cannot teach this skill without embodying it him or herself.

This book is a refreshing piece in the literature on counseling for clinicians and should be included in education of mental health professionals. It reminds us about the importance of healing and overcoming adversities over pathologizing them. Pathologization and over-diagnosis

are contemporary issues in psychotherapy. Once these labels are attached, research suggests that clients act according to the prescribed symptoms, and one can imagine this does not benefit their case. I have sometimes encountered counselors who choose an inappropriate approach in therapy, subconsciously leading their client into a state of perpetual vulnerability and lasting dependence on the counselor. This kind of approach clearly disregards advice clinicians can find here and is counterproductive for the client's recovery. Instead, *Restoring Resilience* aims to help clinicians foster the clients' inner resourcefulness and problem solving, making them active agents in the road to their own recovery, and making them more independent in facing inevitable life challenges. It is an important read for all mental health professionals since resilience is a compulsory element of therapy, and one that must receive more attention.

Eileen Russell, PhD., is a senior faculty member at the AEDP Institute, a clinical instructor at NYU Medical/Bellevue Hospital Center, and is in private practice in New York City and Montclair, NJ. She received her doctorate from Fordham University. Her research and writing interests include the development of AEDP theory and practice, and spirituality in psychotherapy.



Ginot, E. (2015). *The Neuropsychology of the Unconscious: Integrating Brain and Mind in Psychotherapy*

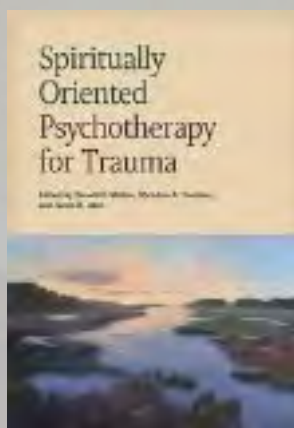
Reviewed by: Helen Hu, New York University.

The unconscious poses as the Bermuda Triangle of the psychological field—elusive, under-investigated, and potentially treacherous. Though technology has allowed for easier studying of unconscious processes, such **advances still aren't enough to fully explore how they come to affect one's future attitudes and behaviors.** Dr. Efrat Ginot, a clinical psychologist based in New York, has consistently emphasized the importance of the unconscious in a therapeutic environment. Her recent work, *The Neuropsychology of the Unconscious: Integrating Brain and Mind in Psychotherapy*, deals specifically with the role of the unconscious within mental health from a more scientific perspective.

Organized in a total of ten chapters, *The Neuropsychology of the Unconscious* offers a “neurobiologically informed model not only of unconscious processes, but also of the relationship between unconscious and conscious systems, as well as the unique roles of the right and left hemispheres in what she calls ‘the conscious-unconscious continuum’” (xiii). **In other words, Ginot's approach to the unconscious goes beyond the**

techniques of most clinicians: by integrating modern research, Ginot unearths connections between biology and the unconscious patterns often explored in psychoanalysis. She frequently mentions her own cases in this text. Though none of them are “easy fixer-uppers,” so to speak, **Ginot's determination toward uncovering the root of her clients' issues never wavers** regardless of how complicated the undertaking is. Indeed, Ginot is not one to address a patient with blind optimism or quick solutions, opting instead to take the long road in order to fully comprehend the mind at work.

This text is appropriate for mental health professionals looking to improve their practice through harboring a greater appreciation for one of the most mysterious aspects of psychoanalysis. By integrating neuroscience with the unconscious, Ginot opens the door to her fellow clinicians, inviting them to take their therapy to the next level. We ought to view the unconscious realm as an iceberg of sorts, one that allows for an even stronger and more effective relationship between the therapist and the patient. *The Neuropsychology of the Unconscious* is ideal for anyone involved in therapeutic work since, as Ginot suggests, the realm of the unconscious can be more telling and impactful than what the conscious mind has to discuss.



Walker, D., Courtois, C., & Aten, J. (2015). *Spiritually Oriented Psychotherapy for Trauma*

Reviewed by: Michael Fiorini, New York University

Spiritually Oriented Psychotherapy for Trauma is a diverse collection of case studies, clinical research, and academic papers on trauma and its relationship to spiritual conceptions and psychotherapy. Highly relevant to professionals because spirituality and mindfulness are central to current psychological discourse, the book seeks to show through research how religious and spiritual life tie across the lifespan into the construction of self and the world. It treats the relationship with God as having particular attributes affecting the healing process following diverse traumatic experiences. Using numerous case studies and integrating spiritual beliefs into known styles of attachment dynamics, the book details for therapists how to consider spiritual conceptualization as an intrinsic factor in psychotherapy. *Spiritually Oriented Psychotherapy for Trauma* looks at diverse traumatized populations, giving professionals and researchers in particular a helpful contextual framework. There are also numerous practical considerations for clinicians included here, and should be considered equal parts an academic/theoretical and clinical/practical examination of spiritually oriented psychotherapy. The focus of trauma dynamics amongst the spiritually minded, how it can affect the relationship with God, how to discuss spirituality with clients, among other things allow professionals a wealth of effective, contemporary knowledge pertaining to the topic.

The book first looks at the basics of working on spiritual matters with traumatized individuals before discussing how spirituality, religion, and complex developmental trauma interact. A chapter discussing the ethics of attending to spiritual issues in

trauma treatment follows this. A paper dedicated to explaining the process of religious and spiritual assessment in trauma survivors is then included, followed by another describing how religion and spirituality affect the working alliance. Making spiritual meaning from work with trauma survivors and its implications and responding to changes in spirituality following traumatic events take up the next chapters. God images in clinical work with sexual abuse survivors, providing spiritual and emotional care in response to disasters, addressing intimate partner violence in a religious context, and faith and honor in military families follow this. The book ends with a chapter discussing how to respond to the problem of evil and suffering, as well as an afterword on reflections and future directions of research by the editors.

Spiritually Oriented Psychotherapy for Trauma is, for the interested professional clinician or researcher, an invaluable collection of relevant information. The book contains case studies and chapters of how trauma and spirituality interact in specific populations, allowing its central concepts and integrative approach to spirituality to be widely applicable in psychotherapy. As it is such an intrinsic (and often overlooked) aspect of personal self-construction, increasing professional awareness and competence in addressing spirituality in a psychological framework is extremely important. The book can assist those looking to expand their clinical knowledge of this topic, who can turn to the relevant included references and research to further their understanding. The book also seeks to bring awareness to practitioners of their own spirituality and how it might intersect in their treatment of clients, as well as how it might affect transference and countertransference. Spirituality is characterized here as a facet of psychotherapy sometimes explicitly avoided, but which can improve therapy outcomes,

alliances, and patient understanding, and is relevant reading for practitioners.

Donald Walker, PhD, directs The Child Trauma Institute and teaches in the PsyD program at Regent University, focusing on courses involving trauma and clinical child psychology. Christine Courtois, PhD, ABPP, is a board-certified counseling psychologist in independent practice in Washington, DC, has published several books on complex trauma and its treatment, and works for the APA on developing treatment guidelines for PTSD. Jamie Aten, PhD, is the founder of the Humanitarian Disaster Institute, is an associate professor of psychology at Wheaton College, and has co-edited or authored seven books.



Harris, A. & Kuchuck S. (2015). *The Legacy of Sandor Ferenczi: From Ghost to Ancestor*

Reviewed by: Michael Fiorini, New York University

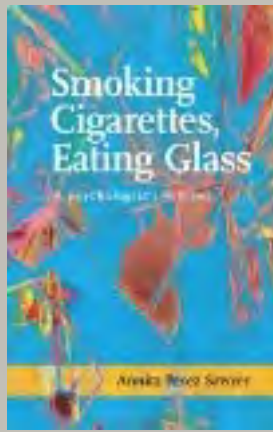
The Legacy of Sandor Ferenczi: From Ghost to Ancestor is a book compiling the writings of numerous psychologists that discuss the life, work, and enduring legacy of Sandor Ferenczi. Ferenczi was notable as being one of the earliest psychoanalysts and for his **reputation as Freud's most gifted student analyst (as well as being his patient)**. **Splitting with Freud's** emphasis on detachment and

emotional distancing, he incorporated a more emotionally receptive, experimental take on psychoanalysis, which oftentimes resulted in dramatic transference and countertransference. Largely dismissed and professionally unacknowledged in his own time outside of his relationship with Freud, many practices and concepts intrinsic to therapy and psychological understanding today were first posited by Ferenczi. It is because of this that many therapists will find the book important and interesting to read. Illustrating for readers how the Freud/Ferenczi split transformed the face of psychoanalytic practice allows readers a greater awareness of the theoretical basis of the field itself. The differing subject matter discussed in the included essays allow readers a broader understanding of **Ferenczi's influences and work**, detailing what factors led to his fall from grace and where his legacy endures in spite of that.

The book is split into three parts, arranging essays by overarching topics. The sections discuss the **context of Ferenczi's work**, the historical/cultural/interpersonal influences on his career, and the theory and technique behind his **clinical approach**. **How Ferenczi's work** is present in contemporary psychology, his attitudes towards academic and clinical work, and his early prominence as a student of Freud are covered in the 'Context' part. 'History' discusses his clinical style from the perspective of a former patient, **Georg Groddeck's influence** on him, his problematic relationship with Elizabeth Severn, his work on **"war neuroses,"** and the influence that being Jewish had on Ferenczi and Freud in early 20th century Europe. The third part, 'Theory and Technique,' looks at Ferenczi's introjective style, his treatment of trauma, identification with the aggressor, the therapeutic action of love and desire, relational psychoanalysis, amongst other pertinent topics regarding his ideas on the analytic experience.

Because much of Ferenczi's work remained unpublished or untranslated into English until the mid-1980's, there remains a wide information gap within mainstream psychology and psychoanalysis on his work and theoretical contributions to psychology. Several of his original ideas were far ahead of their time and have already crossed into mainstream clinical frameworks through other theorists and psychology movements today, however it is crucial to understand his successes and missteps to come to greater awareness of the topography of the field. The detached therapist, at once such a common archetype that the notion of psychotherapy in popular culture remains unable to shake the association, contrasts sharply with the approach Ferenczi undertook. There is still much that we can learn as practitioners and psychologists within academia from his perspectives, while also looking towards him as a cautionary tale of where clinical experiments and the personal limitations of the therapist figure can become problematic. *The Legacy of Sandor Ferenczi: From Ghost to Ancestor* is an excellent summary of many of the essential aspects of the analyst's life, career, ideas, enduring influence, and professional downfall.

Adrienne Harris, PhD, is faculty and supervisor at the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, Faculty and Training Analyst at the Psychoanalytic Institute of Northern California. She serves on the editorial boards for *Psychoanalytic Dialogues*, *Studies in Gender and Sexuality*, *Psychoanalytic Perspectives*, and the *Journal of the American Psychoanalytical Association*. Steven Kuchuck, LCSW is a faculty member, board member, and director of curriculum at the National Institute for the Psychotherapies, and editor in chief of *Psychoanalytic Perspectives* and associate editor at *Routeledge's Relational Perspectives Book Series*.



Sawyer, A. (2015). *Smoking Cigarettes, Eating Glass: A Psychologist's Memoir*

Reviewed by: Michael Fiorini, New York University

Smoking Cigarettes, Eating Glass: A Psychologist's Memoir is the firsthand account of the author's battle with long term psychiatric hospitalization. The book focuses on her experience of being diagnosed as schizophrenic, her many misdiagnoses by psychiatrists, and her process of overcoming electro shock therapy to become a psychotherapist herself. Repressed and lost memories, especially those later rediscovered when looking through her long medical records, are an integral part of the author's story. Child sexual abuse and problematic family and relationship dynamics are similarly key to the resulting narrative. The book takes an in-depth look into electro shock therapy and the long term effects stemming from it. Professional readers will find Sawyer's unique story of recovery, relapse, and self-acceptance highly relevant to their practice, both as a patient and psychologist herself. The intersection of her psychology training with the troubled past that she often felt must stay hidden brings to attention potentially problematic aspects of academic culture and discrimination against the mentally ill.

Split into three distinct parts, *Smoking Cigarettes, Eating Glass* is written so that different major

phases of the author's life are discussed separately. This is done so that readers can get a sense of the drastic changes she underwent during her treatment, training, and relapse process. The first part, *Locked Up*, discusses in intricate detail the author's experiences being sent into a psych ward, and follows her recurring hospitalizations. Much of this part of the book looks at what it felt like to be treated and diagnosed differently by every psychologist and psychiatrist she saw, as well as what interacting with the in-patient community entailed. The second part, *Moving Out*, follows the author's amnesia and recovery period following a series of electro-shock therapy sessions. It also follows her early relationship with her husband, completion of education, and professional involvement in psychology and sociology. The third and final part, *Lost and Found*, discusses the author's rediscovery of her medical records, revisiting the person she was while in treatment having forgotten many of the details. It covers the origins of the suicidal feelings that drove her to her first hospitalization, and represents for readers her final, transformative struggle towards self-acceptance.

Professional readership will appreciate *Smoking Cigarettes, Eating Glass* if looking to read about an insider's perspective on varied psychiatric treatment and hospitalization. It is also a particularly captivating retelling of spiritual and personal rebirth follow electro shock treatment. The author discusses her journey into practicing as a psychologist herself, how she juggled memories of prior hospitalizations, and how she was dealing with triggers resulting from negative treatment. There is, in general, greater detail given to the author's changing interpersonal, romantic, and familial relationships than to her training in practice as a psychologist. This speaks more to the subject matter of the initial narrative, particularly that of a patient trying to reconcile uncontrollable emotional affect and psychological disorganization.

It should be noted that the timeline of the story is also sometimes hard to follow as there are frequent flashbacks and **intermittent "patient notes"** written by doctors about the author while she was hospitalized incorporated. This emphasizes that the author never fully felt like she could escape the experiences she had and the identity she adopted while on the psych ward. The book blends the traditional psychologist memoir with a patient perspective in a way that stays true and illustrative of both, to the benefit of interested professionals.

Annita Perez-Sawyer has worked as a clinical psychologist for over thirty years, and has received numerous awards for her work as an essayist detailing her life with mental illness. She continues to work as a speaker to mental health clinicians about her experiences with misdiagnosis and consequent mistreatment.



Patel, K. (2015). *Be The Space: Reflections on the Journey*

Reviewed by: Michael Fiorini, New York University

Be The Space: Reflections on the Journey is Kaveri Patel's newest addition to her collection of self-published poetry books including *An Invitation (2011)*, *The Voice (2014)*, and *Under The Waves, (2012)*. Patel, a yoga practitioner and medical doctor, examines different aspects of life, emotion, awareness of the self, and how we

interact with the world and others. Her poems are usually brief contemplative pieces that analyze the relationships between the world and how we experience it internally. Metaphor and symbolic language are frequently used in all four books. Each book covers specific themes and discusses existential topics that contribute to **broadening readers' perspectives** on internal experience.

Professional readers will find that **Patel's poetry collections, though** succinct, effectively translate the process of mindfulness practice into words. The author incorporates aspects of eastern philosophy, mysticism, and other cultural and religious references to illustrate her works. Each poem, however brief, allows readers to give pause and self-analyze, to step back and re-imagine how they think, act, and behave. The books might be useful for those trying to expand their use of mindfulness techniques, expand self-awareness, or merely to rethink the underlying meanings of certain relationships that they maintain with the surrounding world.

Patel concentrates on a key range of topics within each book. The poems tend to be no longer than two pages. *An Invitation* contains poems related to self-compassion, **the "Sacred Feminine,"** forgiveness, attainment, kindness, and faith. An underlying theme throughout is to allow oneself to not be swayed by immediate gut reactions or emotions, and to allow greater consideration before jumping to conclusions. The desired goal is expanding self-love and improving self-image.

The Voice revolves thematically around the mindfulness process that arises in yogic and meditative practice. The voice refers to the inner voice instilled in these practices that encourages healing, trust, love, and true happiness. The poems seek to accentuate and illustrate inner thoughts and feelings that come up in different situations.

Under The Waves contains poems written to instill in readers a compassionate presence, particularly during circumstances of adversity and when it is difficult to balance feelings of suffering with feelings of joy. These poems observe the potential for personal growth in the wake of negative outcomes.

Be The Space: Reflections on the Journey is the outlier of the four books as it is a spiral notebook with mostly blank pages. Here, while no overt theme is referred to, the intermittent poems tend to discuss getting in touch with inner thoughts and feelings and bringing them to the forefront. It appears as though it is meant to be a creative outlet for readers to pour their thoughts into in between the encouraging poetry.

Professional readers, particularly those interested in mindfulness, yoga, meditation, and Eastern philosophical practices, will find the poetic works of Kaveri Patel relevant and engaging. Each of the poems, though brief, tells volumes about interpretation, symbology, thoughtfulness, and the frequently tumultuous internal experiences of life. All are quite reader friendly and do not require thorough reading or concentration to be appreciated, making them easy to pick up and put down at leisure. For those particularly interested in the work of Rumi and others following eastern poetic traditions, the books follow similar patterns and are heavily influenced by them. For those looking for a workbook for their creative energies more involved than a mere blank canvas, *Be The Space: Reflections on the Journey* might offer a unique and useful medium. For those who appreciate the poetic musings and observations of a mindfulness-oriented yoga practitioner and physician in particular, all of the books come highly recommended.

Kaveri Patel, D.O., is a poet, mother, and healer practicing in California. She has written four books of poetry on yoga, meditation, mindfulness, and love.

The book cover features a photograph of a dancer in a dark space, illuminated by a horizontal band of warm, golden light. The dancer is captured in a dynamic pose, with arms extended. The background is dark, and the light band creates a strong contrast, highlighting the dancer's form. The overall mood is artistic and contemplative.

FIFTIETH ANNIVERSARY EDITION

The Phenomenology of
Dance

Foreword by
MERCÉ CUNNINGHAM

Maxine Sheets-Johnstone

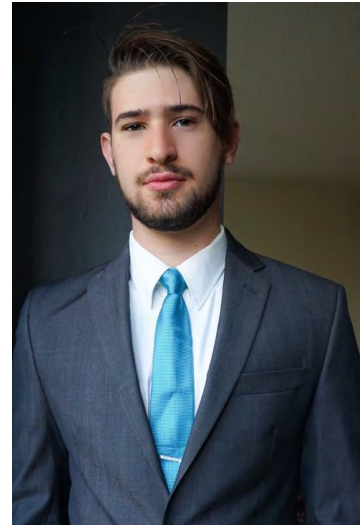
*“The Phenomenology of Dance is a pioneering work;
half a century later, it remains ever new.”*

—NEIL BALDWIN, PROFESSOR, DEPARTMENT OF THEATRE AND DANCE,
COLLEGE OF THE ARTS, MONTCLAIR STATE UNIVERSITY

The Phenomenology of Dance: Fiftieth Anniversary Edition

Written by: Maxine Sheets-Johnstone

Reviewed by: Michael Fiorini



The Phenomenology of Dance, originally written in 1966 by dance and movement philosopher Maxine Sheets-Johnstone as her doctoral dissertation, is a foundational work on the experiential consideration of movement. In the fifty years **since it was first written and published, the book's pioneering ideas about** movement and the existential experience of dance have become immensely influential for dancers, therapists, and patients. The book goes into extensive **detail about what it's like to dance and express oneself through movement.** It details movement both within the individual and, as an audience, observing it in others. The book characterizes movement as a fundamental aspect of expression, as well as being tied intrinsically to underlying experience and the roots of intention in dance. Although the book speaks of movement through dance, its principle ideas can easily be applied more generally. Therapists will find the book illuminating particularly because it illustrates, in many ways, aspects of the mindset and perspective now shared by contemporary somatic psychologists. It offers forth a philosophical perspective applicable for some professional readers in their considerations of movement in the therapeutic setting. The 50th anniversary edition offers a new forward that brings into consideration new findings in neuroscience related to movement and makes some slight updates on definitions, though it largely remains an unedited work.

From the outset, readers will find that, **speaking to its origins as the author's dance** philosophy dissertation, the language used in the book is quite academic and, often-times, resembles a college lecture. On the one hand, the fine degree of detail included here is compelling and specific in its use of descriptive language and the outlining of potential relationships between types of movement and experience. On the other hand, the book, though not particularly lengthy, is nonetheless exceptionally dense and warrants a close-read to fully benefit from its presented concepts. A late night coffee-table book this is not. After the updated forward and an older preface to the second edition, the book details the perspectives of dancers and observers being affected differently in their experience of dance. It then goes on to bridge dance into a phenomenological narrative while also detailing the components of force. Abstraction, expression, dynamic line, rhythm, the imaginative space of dance, and the educational implications of dance composition and dance as an art form **out the author's perspective on the** embodied experience of movement. An extensive section of notes and a bibliography included in the end of the book might also be useful for research applications if looking into the influences on the original work.

To say that *The Phenomenology of Dance* is an important entry in the broader scope of detailing body awareness, movement, and somatic experience is an understatement. Before this book, there was little to no conceptualization of movement from a serious philosophical standpoint. As a driving influence of further work in phenomenology, its contributions to practice in somatic psychology in particular is

invaluable. For those practitioners of body and somatic psychotherapy unacquainted with the work, *The Phenomenology of Dance* is highly important as an early touchstone **for thinking about what it's like to** experience movement and also what the basic elements of movement and dance are. In coming to a greater understanding of movement, *Phenomenology* continues to give readers a working framework for understanding the nature of movement. Although the book is by no means an easy read nor necessarily transparent even for those immediately acquainted with somatic psychology, readers will find in the book a wealth of enriching perspective on the most basic elements of movement, both as a dancer and as an observer of others. It discusses movement in a way closely resembling the ways somatic psychotherapists might analyze and interpret, for example, Reichian conceptions of character armor. Its applications and influence are quite relevant today, and as a call towards a less structured interpretation of movement in how it relates to the human experience might, for many readers, resonate deeply with their practice and clinical methodology.

Maxine Sheets-Johnstone, PhD, is an independent scholar and courtesy professor of philosophy at the University of Oregon. Before completing her doctorate, she worked as a dancer and choreographer. In addition to authoring articles in over seventy art, humanities, and science journals, she has authored nine books, including *The Roots of Thinking*, *The Primacy of Movement*, and *The Corporeal Turn*. She has lectured around the world about dance, movement, and on how to consider them philosophically.

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The Phenomenology of Dance: Fiftieth Anniversary Edition

A conversation with Maxine Sheets-Johnstone



Editor's Note:

I think a question on many of our colleague's minds is, "Why do therapists write books in the first place, and how do they make the time?"

Maxine Sheets-Johnstone's first book, *The Phenomenology of Dance*, came out in the mid 1960's and was pioneering in terms of its subject matter. Her book publications also include the following: *Illuminating Dance: Philosophical Explorations*; the "roots" trilogy—*The Roots of Thinking*; *The Roots of Power: Animate Form and Gendered Bodies*; and *The Roots of Morality*; *Giving the Body Its Due*; *The Primacy of Movement*; and *The Corporeal Turn: An Interdisciplinary Reader*.

With the publication of the *50th Anniversary Edition of The Phenomenology of Dance* now available, SPT asked Michael Fiorni to speak with Maxine to learn more about her writing process. We begin the conversation with Maxine sharing why she wrote *The Phenomenology of Dance* in the first place.



“Why did I write it? Because I was very puzzled as to why people would define movement as a force in time and space when the experience of movement is not of a force in time and in space. On the contrary, any and all movement creates its own distinctive qualitative dynamics, which means that each and every movement creates its own distinctive spatial, temporal, and force quality of movement. The watch word when I was studying in the sixties—the basic idea—was that movement was a force in time and space. You heard this as a model explanation of movement, and analyses of movement followed this thinking. It was through my studies in phenomenology that I was able to open up an entirely new mode of analysis, and this through a very rigorous methodology that allowed me to look at movement as movement, and not from a simplistic point of view.

In doing that, in looking at it in this new way, particularly because you started out as a dancer yourself and not necessarily having existing work on dance phenomenology to build upon, what was your writing process like?

“The writing process was challenging in the extreme, because of what I have described as “the challenge of languaging experience,” a challenge that, when met, takes you outside of, or beyond every day conversational modes of description and analysis. Oftentimes in everyday life, you don’t describe experience in terms that really nail it down in precise and distinctive ways, ways that give voice to the actual phenomenon itself. Phenomenology was a decisive aid for me in this sense: I had to rise to the challenge of putting words to experience. There’s a whole process within phenomenology called eidetic variation. You sit and imagine over and over, and extensively, any and all kinds of experiences of the phenomenon in question. I was concentrating on movement—just imagining all kinds of movement, whether it

was a leaf falling, or a wave crashing, or a piece of toast popping up from the toaster. On the basis of all variations, what are the basics? What is essential in all those experiences of movement? Eidetic variations are what allowed me to get at the central character of the phenomenon of movement.

In many ways you mention that what your book is about is movement itself and not necessarily dance, which speaks to its wide applicability in different fields and sciences in addition to dance itself. You discuss in your book that the influence of kinesthesia is central to what you’re talking about. How did your experience as a dancer inform the descriptions you used?

I was considered a heretic by the people in **the dance department because I didn’t conform to their way of thinking or talking about movement, or dance, for that matter.** On the other hand, I was highly esteemed as a choreographer and I did a lot of choreography. What kept me alive in choreographing was really listening to the dynamics of the movement I was creating. When you listen to the movement in this way, your awareness is precisely on **movement. In other words, you don’t just do the things that you like to do or do things you do particularly well. Thus, in the end, when you’re dancing, you’re not moving through a form; the form is moving through you. The form is what is speaking. It’s not you doing this and that.**

At the end of the new preface to the 50th edition of your book, you say that rather than dance being a means to education, education should be a means to dance. It sounds like you’re arguing against the over intellectualization and rigidity of standards and expectations of what dance should be and how it can be expressed, though you frame it in terms of educational values. For our readers, how do you feel that wisdom

might be applied to somatic psychologists, their practices, and their patients?

You mean in terms of listening to their patients, listening to the movement of their patients, rather than just taking them through a series of movements that you think, from a theoretical point of view, are good for them. Is that what you mean?

Yes.

Yes, definitely. The ways in which you analyze movement have a lot to do with how deeply you grasp the movement of the **patient. I'm not deeply familiar with Laban analysis or other modes of analyzing movement, but I think it's essential to be awake to the movement itself, to its living qualitative dynamics. The fine-grained analysis of the movement comes afterward.** What I mean is that you do not put everything—the patient included—into preset categories and expectations, but have the actual experience of how the kinetic dynamics of the person moving before you are being actually created and shaped by the person him or herself.

Moving forward to the book itself, it's my understanding that the book came out of your doctoral dissertation. How much of the original dissertation ended up in the book?

Just about all of it. My major professor in dance, after a year and a half, said she **wouldn't work with me anymore. That was** because I had written a paper on the imaginative consciousness of movement that has to do with body lines. If your arm is **overhead, you know whether it's straight or bent.** That knowledge comes from an imaginative consciousness of movement because all you have are joint awarenesses. What you do is elongate imaginatively the felt angularity of a joint or joints and in this way become aware of the linear quality of your body and your body in movement. Part of the imaginative consciousness of movement is indeed the linear design of the body and the ways in which that design

shifts and changes in moving. Another aspect of the imaginative consciousness of movement has to do with linear pattern—the directional line or lines created by movement, as when you do something as simple as turn a corner. My professor was arguing that a line was a geometrical entity. **It didn't have anything to do with bodies, or dance, or movement.**

That must have been jarring to hear coming from your perspective.

It was incredibly jarring!

Some writers feel like having a highly influential early work, and in this case your first book, can be a challenge when trying to come up with material and further your ideas later on. Do you feel as if that was a factor in your experience as an author? (in what you've done subsequently)

Absolutely. I've written nine books and close to eighty articles for different journals, some written in more attenuated ways, but all very much anchored in an awareness of the centrality of bodily life to life itself. I've written about movement and emotions, for example, and the way in which, in the run of everyday life, emotions and movement are dynamically congruent. Short of this ordinary dynamic congruency, we would not be able to feign an emotion or restrain ourselves from an emotional expression. I've written too about how our bodily life in movement is the foundation of basic concepts. Our early cognitions and conceptual development are rooted in movement—of near and far, sharp and blunt, weak and strong, and so on. My initial work influenced me a great deal--not directly all the time, but certainly in undercurrent ways.

The preface to the new edition of your book discusses a great deal of contemporary work in dance, its methodology, its relation to

neuroscience. What were your thoughts in producing the new edition and its revisions?

I was, and still am, very disturbed by ways in which reductionist practices in modern day science—particularly in brain science and in cognitive science—reduce things to the brain, and then make all kinds of what I call “experiential ascriptions” to “the brain.” The brain “understands,” the brain “ascertains,” the brain “chooses.” It’s deflating because it overlooks real life experience. I was particularly concerned too about what seemed to me to be arbitrary divisions and diametric contrasts in phenomenological writings, divisions and contrasts such as those between agency and ownership, and those between body image and body schema. Those terms seem ready-made to me. In other words, they **don’t have real phenomenological depth** to them in the sense of penetrating to their origins. Instead of dividing and conquering, so to speak, by means of labels, saying “this is body image, and this, in contrast, is body schema,” for example, or “this is agency, and this, in contrast, is ownership,” thus stating that “this term stands for this and that term stands for that,” we would do well to ask ourselves about real-life, real-time bodily experience—how the experience of agency, for example, comes to be. In short, there is a need to delve in depth into the experiential substrate of such notions as body image and body schema and such terms as agency and ownership.

Was there anything that you feel you didn’t include in the new edition that you would have liked to have included?

No, but it’s interesting that you ask the question because before Temple University Press had wanted to publish the book, I’d asked the publisher of another book of mine about her possible interest in re-publishing *The Phenomenology of Dance*. That editor wanted to republish it, but asked that I “bring it up to date.” Her request didn’t

make any sense to me, because the phenomenological analysis given in *The Phenomenology of Dance* is root bottom as far as I’m concerned. **It’s not that people can’t amend a phenomenological analysis.** They most certainly can. They can furthermore certainly question an analysis. Phenomenological analyses are open to emendations, but I had no intention to make any kinds of corrections: there were no edits that were necessary to make. The only thing I thought was necessary was done in the new Preface, which I had **initially thought of as the “Introduction,” but the editor thought “Preface” preferable.** I was very happy to have the book itself stand as it was, and to just say something about the way in which present day research and writings about movement and **bodily life often enough don’t yet arrive at** and understand the foundational dynamics of bodily life, much less dance. I really do think, however, that movement is coming to the fore, taking over habitual recourse to talk of “behavior” and “action,” not to mention “embodiments” of all sorts.

Could you talk more about that? Them not describing movement according to your vision of this concept.

Right. They’re not looking at experience in an exacting forefront way and are really talking more from a kind of tangential, neuroscientific point of view. Not all of them are reductionist, but it’s precipitous to start off with anything less than experience first. When one starts with experience, one can **hardly write of an “embodied self” or “embodied subjectivity,”** for example, much less “embodied movement.” As I originally wrote, such packaging is a lexical Band-Aid covering over a still suppurating 350-plus-year-old wound.

Are you surprised that the book has had as much an impact as it has over the last fifty years?

“Dance is a central aspect of life that people commonly overlook.”

I'm utterly astonished! When I was writing the book, I just felt that I was getting to the bottom of things—to the bottom of aspects of dance that I'd experienced: dynamic line, expression, rhythm, and abstraction. I thought that the topics and chapters might really offer something to people in dance. I now feel beholden to a lot of people, people who have taken an interest in the book and found it insightful. I'm thankful that the book has been meaningful.

I wanted to go back for a moment to the quote I mentioned from your preface, "rather than dance being a means to education, education should be a means to dance." You were a dancer who decided to study philosophy. Do you feel as if your academic considerations of dance ultimately changed how you danced, or how you perceived your experience of dance?

No, I think it only intensified my belief that creating forms in dance was absolutely central to understandings of the aesthetics of dance. I went back to the University of Wisconsin for a secondary doctorate in **evolutionary biology**. I didn't write a dissertation to finish it, but I did a lot of work in and studies in that area. I did that, because a lot of people central to

phenomenology like Heidegger, for example, talked about humans as if they dropped out of the blue. My studies have always been anchored in the dynamics of life itself, and studies in ontogeny and phylogeny enhance understandings of those dynamics. But studies of dance are equally central. They, too, are central to insights into those dynamics. Dance is a central aspect of life that people commonly overlook. I think all my academic studies enhanced my experience of dance and being a body in the sense of intensifying in various and complex ways my appreciations and depth understandings of movement and the art of choreography.

Is there anything you'd like to add that hasn't already come up?

I think it's truly wonderful and am very grateful that what I have done in terms of movement and bodily life has come to the attention of practitioners in body, movement, and dance psychotherapy. I feel so very grateful that it has awakened their interest, that it has been engaging, and that it has been helpful in opening up lively and continuing conversations about, and insights into bodies, movement, and dance.



Dr Elizabeth Boath continued from page 41

She is also an academic and has over two decades experience of health service research and has published widely in the field of energy psychology. She is currently carrying two systematic reviews of EFT for PTSD and EFT for anxiety. She has co-authored the first two peer-reviewed publications on Matrix Reimprinting and has co-authored an evaluation of an NHS EFT/ Matrix Reimprinting service. She has published a number of studies on the impact of EFT on students' presentation anxiety and communication skills. She has also reviewed a number of EFT books and publications. Liz also has particular expertise in postnatal depression (PND), clinical effectiveness and research methodology and is a published author with a range of academic books and publications in these areas.

Caroline Rolling continued from page 41:

economic and social deprivation. As a mature student, Caroline focused on health studies at University and has since added Reiki, EmoTrance and Laughter Yoga to her toolbox. Her focus since 2008 has been in using energy psychologies to help in individual, family and community growth; she has gained expertise in

using the techniques to bring relief from the emotional effects of traumatic events. Caroline is a director of Community Resilience Network CIC, a non-government organization established to work with communities, in the UK and worldwide, teaching skills for self-regulation and developing self-sustaining programmes that bring peace, build resilience and improve quality of life.

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Or: A comment or a thread in one of the **Somatic Perspectives LinkedIn** group discussions, facilitated by Serge Prengel:
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Or, possibly, a chapter for an edited book, on a particular theme, possibly like one of the series being published by **Body Psychotherapy Publications (BPP)**: www.bodypsychotherapypublications.com.

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You can write about attending a recent Congress, or seminar, or about attending a different event; - or about your student thesis; - or your experience of writing your student thesis; - or a special or particularly interesting case history; - or an aspect of your personal therapy; - or about working with a particular client group; - or about a development of theory or practice; or - even about your reflections on the field of Body Psychotherapy.

How to get started writing professionally?

There is an article in the journal of *Body, Movement & Dance in Psychotherapy* www.tandfonline.com/doi/full/10.1080/17432979.2010.530060#.VBfsNC6wJRU (You can also find a free copy [here](#).)

And there are some recent guidelines about how to write a professional Body Psychotherapy Case Study: www.eabp.org/research-case-study-guidelines.php.

There are also many articles on the Internet (in different languages) about how to write.

If you want any further assistance with where to publish, or with the process of editing, or re-editing, or with the complications of the publication process, the following people may be able to offer you some help. They are all professional body psychotherapists, editors and writers:

Nancy Eichhorn: Nancy@NancyEichhorn.com

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Sincerely,

EABP Publications Committee

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