


Somatic Psychotherapy Today

Volume 6 Number 2

Summer 2016





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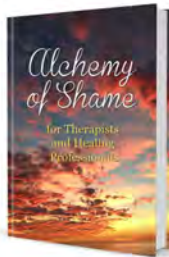
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Caryn Scott d' Luzia, MA, SEP, is an innovative somatic facilitator, educator and trainer. Author of *Alchemy of Shame Transformation® for Therapists and Healing Professionals*, Caryn is the developer of the AST Model of Holistic Shame Resolution®. This neurobiologically-principled, attachment-based approach specializes in chronic shame relief and resilience, healing shame-based early trauma, shame-based attachment re-patterning, and life-affirming authentic self-expression and empowerment.

Caryn is Adjunct Faculty at the Somatic Experiencing® Trauma Institute, a member of the UN NGO Committee on Mental Health, USABP Presenter, and speaker at the United Nations on the issue of resolving shame.

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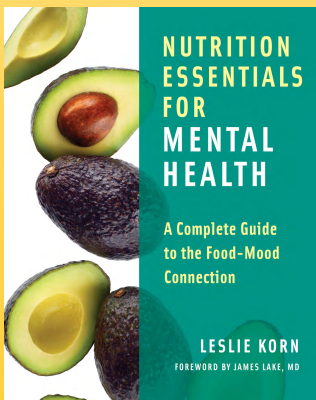
Somatic Psychotherapy Today

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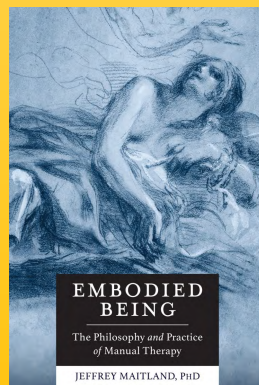
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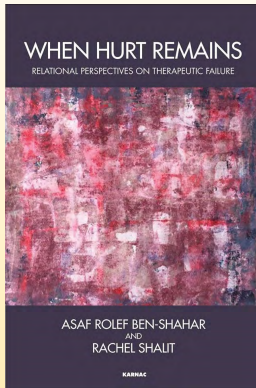
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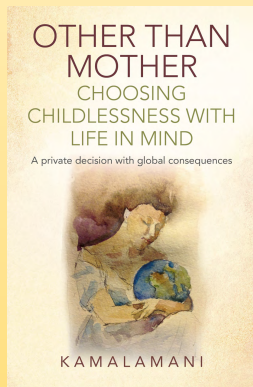
You can read Chapter 1 from Leslie Korn's newest publication, [*Nutrition Essentials For Mental Health*](#), review and author reflection begin on page 26.



Or indulge yourself in Chapter 5 from Jeffrey Maitland's newest release, [*Embodied Being: The Philosophical Roots of Manual Therapy*](#), review and author reflection begin on page 48.



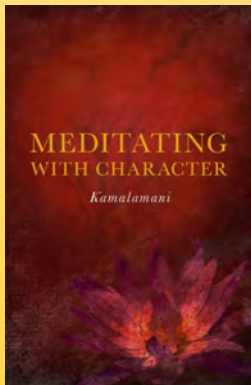
Asaf Rolef Ben-Shahar and Rachel Shalit are sharing their Introduction to [*When Hurt Remains: Relational Perspectives on Therapeutic Failure*](#), review and reflection begin on page 54



And Kamalamani is offering a double treat!

You can read the Introduction from her newest release, [*Other Than Mother: Choosing Childlessness with Life in Mind*](#), review and author reflections begin on page 66

and



Chapter 6 from [*Meditating with Character*](#), which offers the main analysis of the character positions!

You pay nothing for these free samples, so indulge!

Once you start reading we're fairly certain you'll be using our special discount codes to buy these books. Norton even gives SPT Magazine community members free shipping!

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Read us on your smartphone: install the app using this link: <http://bit.ly/IssuuOnAndroid>

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An SPT Magazine Exclusive

A European Congress in Greece

By Katerina Kounali, p.80

Read our blog: www.SomaticPsychotherapyToday.com



Read us digitally:

www.issuu.com/SomaticPsychotherapyToday

From Our Editor



'Books' have been a dear friend of mine for as long as I can remember. Holding a new book in hand, feeling the texture of the cover, the paper, seeing the imprint of text and graphic, sensing the words as my tongue forms them in mind, hearing the author's thoughts converse with my own.

Yes reading is a relational act, an interaction between myself, the words on the page, the author's presence if the book is well written with language that calls for the senses to be involved.

The books we offer in our annual Summer Reading Issue are engaging, enlightening, embodied—the author's invite the audience to experience their stories on a bodily level as well as cognitive.

Our National Institute for Psychotherapy Interns offer their academic views on new releases. Our authors share in-depth reflections on their writing and publishing process, and on marketing. It's no longer just about writing a good book. Author's are now responsible for much of their own marketing events including social media, book signings, advance reviews, and more.

I felt honored to read Kamalamani's newest release, *Other Than Mother*, to experience Jeffrey Maitland's newest book, *Embodied Being*, and to learn from Leslie Korn's newest textbook, *Nutrition Essentials for Mental Health*. And I offer my impressions on Asaf Rolef Ben-Shahar and Rachel Shalit's anthology on therapeutic failure entitled, *When Hurt Remains*, with a touch of humility as I'm one of the contributors.

Here's to great summer reading!

Warmly,

Nancy Eichhorn, PhD

Nancy@nancyeichhorn.com

From Our Awesome Cover Designer



Hello All,

In researching images for the theme of this issue of *Somatic Psychotherapy Today*, I came across book sculptures. I love books, they are purveyors of learning, amazing portals to other universes. They have expanded my view of the world, and given me a respite from my reality for a time. I am teaching my daughter that they are a treasure, and here I see books being transformed, giving others a visual representation of my feeling toward the written word. I hope you enjoyed Emma Taylor who has graciously allowed me to share her work with you.

You can find her work here: www.fromwithinabook.tumblr.com.

Sincerely,
Diana Houghton Whiting, MA LPCC

From **PETER LEVINE**, author of the best-selling books *Waking the Tiger* and *In an Unspoken Voice*, comes a groundbreaking exploration of how memories are constructed, and how they influence our state of being.



Available wherever books are sold

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\$21.95 / \$28.50 CAN | 6 x 9 | 206 pages



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A SEARCH FOR THE LIVING PAST**

*A Practical Guide for
Understanding and Working
with Traumatic Memory*



PETER A. LEVINE, PhD

Author of In an Unspoken Voice and Waking the Tiger

FOREWORD BY BESSEL A. VAN DER KOLK, MD

"Levine brings hope to trauma sufferers with somatic techniques... *Trauma and Memory* is a stepping-stone towards a better understanding of the mechanisms of memory through its application of the somatic experience approach."

—*Somatic Psychotherapy Today*

"In yet another seminal work Peter Levine here deconstructs traumatic memory, making it accessible to healing and transformation. He helps us—therapist or client—move from a limiting past to where we belong: the empowered present."

—Gabor Maté, MD, author of *In the Realm of Hungry Ghosts* and *When the Body Says No*

"Memory has many layers and Peter Levine has contributed his own unique and powerful way of thinking about how we can understand these systems and optimize their unfolding after trauma."

—Daniel J. Siegel, MD, author of *Mindsight*, *The Mindful Therapist*, and *Pocket Guide to Interpersonal Neurobiology*

For more information visit

www.traumahealing.org and www.somaticexperiencing.com

From the USABP President



Dear *Somatic Psychotherapy Today* Readers,

It's a rainy day today, and new life is bursting everywhere I look. Am I opening to what is before me, with my **WHOLE SELF**, which includes my body? Am I smelling, tasting, and hearing the rain, along with seeing it?

There's a Zen saying which has been speaking to me lately: "It's better not to begin. But if you do, you need to go all the way." If we open a little and stop, it begins to hurt if we don't continue. We then know that there's no going back.

The rain reminds me to open to this: "the this" of life all around me.

What are you opening to right now? Maybe the thoughts in this magazine.

I look forward to meeting you personally at our July conference in Providence Rhode Island. We look forward to making a big splash on the East coast as we celebrate our 20th year of existence near the original founding location by Boston.



See you soon!

A handwritten signature in black ink that reads "Beth L. Haessig". The signature is fluid and cursive.

Beth L. Haessig, PsyD
Licensed Psychologist
Certified Core Energetic Practitioner
President@usabp.org

Contact Us At:

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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.

Across the Pond



Lidy Evertsen
EABP President



European Association for Body Psychotherapy



Jill van der Aa
General Secretary/Vice President

Our EABP MARKETING ADVENTURE

Head down, striding along determinedly – that’s how I describe myself sometimes! But when I need inspiration, I sometimes look at an old photo of my father, and I see him head up, striding along determinedly!

I laugh a little at myself when I think these thoughts. Thankfully sometimes I find myself with head up, standing still, looking around and listening . . .

Just last Friday Lidy and I visited some marketing experts down country - Mark and his assistant, Heleen. *It could be dull*, I thought. *I wonder if they will tell us what we already know?* Then I see myself striding along once again head down, taking no notice!

Well, what a lovely surprise we had.



First of all, the meeting took place in a rather unusual setting – a mortician’s office! Mark’s own office was being rebuilt so, knowing that I am interested in death ceremonies he invited us to his wife’s new office. Recently in her midlife she rented an old rectory and rebuilt it in order to organize funerals in a personal, friendly and more intimate way. There are rooms to meditate in, to receive people, and a lovely garden to have a ceremony under the trees. Her care and attention to detail helps to give the process of saying goodbye much more depth and even beauty.

I digress! This is really about Marketing and Public Relations for EABP. But as you can imagine, being personally shown around a mortician’s office was already lesson number one. We were alive and listening.

We want to raise EABP’s public profile. One of our main aims is “to get body psychotherapy and its benefits known and respected by health professionals and institutions as well as by the general public.”

Among body psychotherapists we are not doing such a bad job. More and more health professionals from different fields are becoming aware of the benefits of working with the body.

As far as marketing body psychotherapy is concerned, it is the general public we do not seem to do such a good job.

I have to laugh when I remember Sofia Petridou, The Greek National Association Chairperson and Congress Organizer, telling us about her effort to raise awareness among the Athenian public. She and a small group of therapists went into a pub – yes a bar – and stood up and started talking about body psychotherapy. Then they got the whole bar doing exercises and ended up dancing with them.

When I think of doing something like this in a Dutch bar I begin to shake with laughter – impossible!!

Heleen, however, made a great suggestion. Send out a group /groups of people – perhaps

students of BP – to walk around in different cities and countries, to find out what the “null-line” is with a question to interview people: “Do you know what body psychotherapy is?”

A little scary, I thought. I hope that the answer is more than null! That would certainly give us an idea of how far we have to go.

Heleen, a graduate of communications studies, had more good ideas. She suggested putting together a packet for therapists to use in their practices, especially beginning therapists, explaining what body psychotherapy is (see below), ways of presenting the benefits of body psychotherapy, published articles, information about what to include on a website, interesting links, and how to reach people. As we have more than 700 individual members this would reach far and wide.

Mark and Heleen had taken a good look at our website and suggested that this was fine for members and people who knew something about BP but perhaps a lighter, more colorful, modern website to reach a wider public.

Perhaps the most important thing they told us was to look at the Google Analytics!! See who visits your website and which pages they visit and how often. Make sure that keywords relating to your work are scattered over your pages so they come up on Google and people can find you easily. Put meta-tags in your back office.

Not that I really know what a meta-tag is. Perhaps you the reader will know more.

For us this is quite a job as we have the [EABP website](#), the [IBPJ website](#) and the [Athens Congress website](#). We also send emails with lots of information and links through Mail Chimp, and we can take the time to see and analyze what information is interesting to people, what website pages they open etc.

We dealt with one more important issue – perhaps the most important one – how do we describe body psychotherapy. What can you say

Continued on page 14

to someone who wants a quick answer and knows nothing about it? Well I expect that if you asked body psychotherapists themselves you might get more than a 'lift' explanation – and lots of them. I personally like the following explanation from Ulf Geuter in the recent Lisbon Congress Supplement of the IBPJ:

I suggest we understand body psychotherapy as an **experiential approach** that is based on the idea of the experiencing human subject in his life process, the holistic idea of the oneness of experience, and the theory of the embodied mind. This approach conceives experiencing of the body as a central pathway to experiencing the self and to self-regulation.

I am very interested to hear what readers are able to come up with. If you have a sentence or sentences of under 100 words explaining what body psychotherapy/somatic psychology is, send it to – yes [me](#). And we will publish them in the next issue of SPT.

Well – Lidy and I arrived at 4:15 in the afternoon and left at 7:15 pm on a Friday evening full of inspiration and excitement. We took ourselves off to a charming restaurant somewhere in the depths of the suburbs of Den

Bosch. Then we parted company – Lidy on a train back to Amsterdam and me in the car back to my little village of Valkenburg. Late but fulfilled, it was a beneficial and inspiring afternoon.

Head up, stroll forward! We are both looking forward to the next step in our marketing adventure.

Lidy Evertsen

EABP President

[Jill van der Aa](#)

EABP General Secretary /Vice President

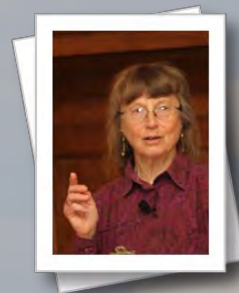
P.S. I forgot to say, but perhaps you already know, the next EABP Congress is in Athens. Yes – that Sofia and team, so well-known in the Athenian pub world, have decided to expand their activities. She and the Greek National Association are hosting the EABP Congress in the middle of Athens in Titania Hotel. The Science and Research Symposium will be held in the University.



View from the restaurant at the Titania Hotel, Athens, Greece

The Embodied Self in a Dis-Embodied Society

Presentations



Embodiment and it's Association with Body Psychotherapy

with Frank Röhrich and
Ilse Schmidt Zimmermann

The Psychopathology of Disembodiment and Reconnection Through Enactment

with Genovino Ferri and Maxine Sheets Johnstone



The Embodied Self in Philosophy and Life

with Shaun Gallagher and Christine Caldwell

Symposiums:

- (1) New Roses**
- (2) Science and Research in Body Psychotherapy**
- (3) Psychotherapy and Politics**

Round Table Discussions:

- (1) The concept of Energy in the process of Embodiment: An interdisciplinary approach**
- (2) The role of Embodiment in Prevention and Educational Sciences**
- (3) The common ground in Body Psychotherapy**
- (4) Trauma, Embodiment and Self Regulation**
- (5) The Embodiment of Sexuality**

A Letter From APPPAH's President



Greetings and thank you to SPT for this space to communicate about our growth.

Spring is an amazing time of growth. APPPAH is experiencing growth in several areas. I want to thank those who have stepped up to support the growth of our professional organization financially and physically. You make a difference for Mothers, Fathers and Babies.

APPPAH's [prenatal and perinatal psychology professional online course](#) now has over 200 professionals world-wide studying and applying PPN principles to their fields of work and teaching.

Working groups are creating The Conscious Baby for Parents online course that will launch early next year. It is exciting to feel the momentum and enthusiasm of our members working on these modules guided by the APPPAH Education Department.

We have new online offerings in webinars to increase your understanding of PPN. The [Monday LIVE](#) series and the [Somatic module](#) given one Wednesday a month are both fantastic courses.

APPPAH's professional journal, [JOPPPAH](#), continues to report leading edge, peer-reviewed articles. Each quarter, we introduce more research in this fascinating and important field of study. We welcome the return of Jeane Rhodes, PhD as [JOPPPAH's](#) editor. She is returning from a sojourn in Italy. We look forward to continuing our distribution growth of the journal.

Plan to join APPPAH in Seattle for the next regional [APPPAH conference](#) September 16th and 17th. You will be treated to world-class speakers. Check online to register. APPPAH's next international congress is confirmed! We will be gathering in San Diego, CA at the Town and Country Resort in 2017. Stay tuned to www.birthpsychology.com for registration alerts and calls to submit speaking proposals.

Joy and Blessings,

Sandra Bardsley

2016 APPAH REGIONAL CONFERENCE

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Calming the Nervous System-Perinatal Applications
Prenatal Bonding(BA) Positive outcomes of Maternal Connection to the Unborn
Empowering Mothers; Improving Birth Outcomes in Marginalized Populations
ACE Study and Implications for Prenatal and Postnatal Care and support for families

SPEAKERS:

Wendy Anne McCarty, Ph.D, R.N., Joel Evans, M.D., OB/GYN, Stephen Bezruchka, M.D., MPH,
Vincent Felitti, M.D., Gerhard Schroth, M.D., Jenny Joseph, CPM, Kate White, MA, LMT, RCST,
Loretta Arvizu, RN, LMP, CCST, Nancy Holm, Ph.D., Phyllis Klaus, MFT, LCSW, David Hartman, LCSW, and more.

BIO-PSYCHO-SOCIAL-SPIRITUAL-NEUROBIOLOGICAL EVIDENCE BASED APPROACHES

Speaker Feature: Vincent Felitti, MD

Renowned physician and researcher, Dr. Vincent J. Felitti is a co-principal investigator of one of the most powerful Public Health studies in recent history. The Adverse Childhood Events (ACE) study has made a huge impact in medical and psychological arenas with powerful results that document the impact of childhood trauma on later adult health and wellbeing, suicidality, addiction, and happiness. Dr. Felitti's presentations on this subject bring medical and healthcare professionals to their feet, eagerly questioning how we can intervene earlier to prevent early childhood trauma and the serious consequences that it brings. Dr. Felitti is a foremost expert on childhood trauma. He is the Founder of the Department of Preventative Medicine for Kaiser Permanente and served as the chief of preventive medicine for over 25 years. We are thrilled that he is coming to Seattle to share these study findings and implications with us! Don't miss this very special opportunity! Come and prepare to be inspired and challenged!

Program details and registration information are available [here](#).

From the IBPJ Managing Editor



Jill van der Aa

Saving Written Material

At IBPJ we aim “to support, promote and stimulate the exchange of ideas, scholarship and research within the field of body psychotherapy as well as to encourage an interdisciplinary exchange with related fields of clinical theory and practice.”

On a slightly more informal level the same could be said of both EABP and USABP Congresses where people from all over the world come together to discuss, argue, chat, dance, all with little sleep in between. Out of this vibrant and interdisciplinary exchange come articles for the Journal.

From 1988 onward EABP has held fourteen conferences – coming up to our fifteenth in Athens this year. We see it now as essential to save these reflections in written form. It is perhaps sad to reflect that from the earlier conferences many keynote speeches and workshop presentations were not saved, not written down as articles, never published and are not there to be perused, used, chewed over and added to the joint community reflections on some burning questions about our field such as the very central one, “What is Body Psychotherapy?”

Thankfully from 1999 onward, many people have seen the necessity to publish material so that this exchange of ideas and research has some ‘body’ – our collection of written works is a palpably living, growing organism.



Michel Heller led the way after the EABP Congress in Travemünde in 1999 by publishing a volume of 13 articles with the wonderfully evocative title *The Flesh of the soul: the body we work with*. Articles written by authors who represent a large variety of

approaches address how the body can be used in psychotherapy. It was published by [Peter Lang](#), and you might just be lucky enough to get one of the last copies.



Courtenay Young

followed up by creating his own publishing company [Body Psychotherapy Publications](#) with titles, *The Historical Basis of Body Psychotherapy*, *About Relational Body Psychotherapy*, *About the Science of Body Psychotherapy*. His last

volume *The Body in Relationship: Self - Other - Society* is a collection of about 35 articles from many of the presenters at the EABP-ISC Congress in Lisbon in 2014.

The recently published *Handbook of Body Psychotherapy and Somatic Psychology*, originally published in German, and edited by Gustl Marlock and Halko Weiss was translated into English and re-edited with the help of Courtenay Young and Michael Soth. It is a ‘must’ for people in the field and you can order it from [Amazon](#).

These collections of published articles are of inestimable value – each article creating a base for further dialogue and exchange building creating a common ground of theory and research.

For the recent special issue of the IBPJ – the [Lisbon Congress Supplement](#) – some of the Keynote presenters at the Lisbon Conference 2015 were asked to develop their speeches into articles. The articles of Ulfried Geuter and Michel Heller are particularly interesting as they both create a dialogue on the question “What is body psychotherapy?”

Ulfried Geuter begins his article with the following:

Body psychotherapy is a field that embraces various approaches working with the body and the mind in one treatment. The different approaches follow different models. Therefore Totton claims "the existing frameworks are by no means satisfactory or complete".

Michel Heller "shares general principles that allow me to situate body psychotherapy within the realm of other psychotherapy schools" seeing this as "a necessary step to create an umbrella theory for psychotherapy".

Genovino Ferri writes about his particular model developed for supervision in Reichian Analysis. **Rubens Kignel** shares his personal collaborative experience with **Jerome Liss**, and **Hans-Hoachim Maaz** brings a socio-political exploration of narcissism and body psychotherapy.

It is only through writing articles, publishing them, and also archiving them that we can see the development of an understanding of what we are talking about that our field can grow and develop and that we can indeed create a framework.

EABP Conferences 1988-2016

- ◆ 2016 in Athens, *The Embodied Self in a dis-Embodied Society*
- ◆ 2014 Lisbon, *The Body in Relationship SELF – OTHER – SOCIETY*
- ◆ 2012 Cambridge, *The Body in the World – The World in the Body*
- ◆ 2010 Vienna, *Body Mind Relationship*
- ◆ 2008 Paris, *BODY AWARENESS: Where body psychotherapy, traditional healing and neurosciences meet*
- ◆ 2006 Askov, *Bodies of Knowledge – Resources for a world in crisis*
- ◆ 2004 Marathon, *The Body at the Centre of Psychotherapy*
- ◆ 2001 Egmond aan Zee, *The Art of Relating – Exploring positions and relationships in body psychotherapy*
- ◆ 1999 Travemünde, *The Flesh of the Soul – the Body in Psychotherapy*
- ◆ 1997 Pamhagen, *100 Years of Wilhelm Reich: Energy, Sexuality, Character and Society*
- ◆ 1995 Carry-le-Rouët, *Six Perspectives on Body Psychotherapy*
- ◆ 1993 Strasbourg, *Science and Love*
- ◆ 1991 Lindau, Austria *Words, Touch and Transference*
- ◆ 1989 Seefeld, Austria *Body, Health and Society*
- ◆ 1987 Davos, *Body Psychotherapy in Europe*

INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS
INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL
volume fifteen • number one • spring 2016
Lisbon Congress Supplement



EABP

EUROPEAN
ASSOCIATION FOR
BODY
PSYCHOTHERAPY

USABP
United States Association for
Body Psychotherapy
The Hub of Somatic Psychology

Connecting professionals, exchanging expertise, enabling collaboration

Archives

IBPJ has its own online [archive](#). It contains not only the IBPJ Journal articles 2012-2015 but also the USABP Journal 2002-2011. So all those articles can now be found with a click of a mouse and for free.

The EABP Bibliography – although needing updating and tender care – is also an incredible archive of books, articles, chapters etc. of material on body psychotherapy.

The EABP is looking for someone to assist with the mammoth task of updating and expanding the EABP Bibliography. If you would like to participate in this project contact [Jill van der Aa](#).

Just recently we added a link on the EABP website to the archive of [Energy & Character](#) – Energie & Charakter – an independent bibliographical project in body psychotherapy of the German psychologist [Peter Freudl](#).

We aim to add links to other body psychotherapy archives and ask people to contact us with their material.

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.

With Our Guest Bloggers

SPT Magazine is pleased to share short writings from colleagues in our field as well as those from other mainstream healing modalities in hopes of starting ongoing conversations.

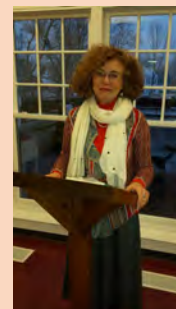
Each month we offer insightful articles from our current bloggers:



"Inside Shame Resolution"
with Caryn Scotto d' Luzia, MA, SEP, Developer of AST Model
of Holistic Shame Resolution®

and

"Wisdom of Soma and Soul"
with Bette J. Freedson, LCSW



We invite your feedback via Nancy@nancyeichhorn.com and hope to post ongoing responses on our blog.

We are also pleased to welcome two new bloggers to our community!

Dr Elya Steinberg, MD, is Co-Director of the Centre for Biodynamic Psychotherapy (London School of Biodynamic Psychotherapy). She is a medical doctor and biodynamic psychotherapist who integrates body-psychotherapy, Gerda Boyesen methods and bioenergy with psychological trauma work, martial arts, conventional allopathic medicine and complementary medicine. She interweaves alternative and conventional approaches to allow a person to grow as a holistic complex and improve their well-being. In partnership with Gerhard Payrhuber she facilitates the group 'Attending to the Silence' for second and third generation Shoah survivors, perpetrators and bystanders. elya.steinberg@virgin.net; www.biodynamic-bodypsychotherapy.co.uk

Join Eyla this fall as she writes about biodynamic psychotherapy starting with a 7-week blog series, which will be followed by in-depth case studies in our Fall issue, online October 15, 2016.



**“Our humanity rests not in what distinguishes us from the rest of life,
but rather in what we share.”**



Organic Intelligence®

With Steven Hoskinson

**SPT Magazine is pleased to announce
our newest guest blogger:**

Steven Hoskinson, MA, MAT, Founder and CCO (Chief Compassion Officer) of Organic Intelligence and Organic Intelligence Outreach Institute [a 501(c)(3)]. Steve created the Human Empowerment Resiliency Training: OI HEARTraining® (a positive psychology, fractal method known for implicit exposure approach in trauma) based on his foundational experiences in psychology, theology, Somatic Experiencing®, Milton Erickson’s generative change work, mindfulness meditation and more.

In training therapists and working with clients over the years, Steve noted that many intervention processes didn’t safeguard clients from disintegration—he saw the need for a framework that shifted from negative reinforcement to positive. He noted that we—all human beings—have naturally occurring intensity thresholds that when accessed result in a natural catalyzing

of self-organization in the body. And he began to see that there can be a clear and natural therapeutic trajectory that emerges, resulting in more compassion and responsible engagement in society— and pleasure in living.

Based on his 20-year teaching and clinical work, Steve has initiated a shift in our field—an organic approach that generates hope for compassionate engagement in the world.

He is looking to start meaningful dialogues with colleagues worldwide around best practices and cutting-edge applications of Organic Intelligence for trauma resolution.

Be sure to read his first blog in June.

For now, you can learn more about Steve and his work at [Organic Intelligence](#)



Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory

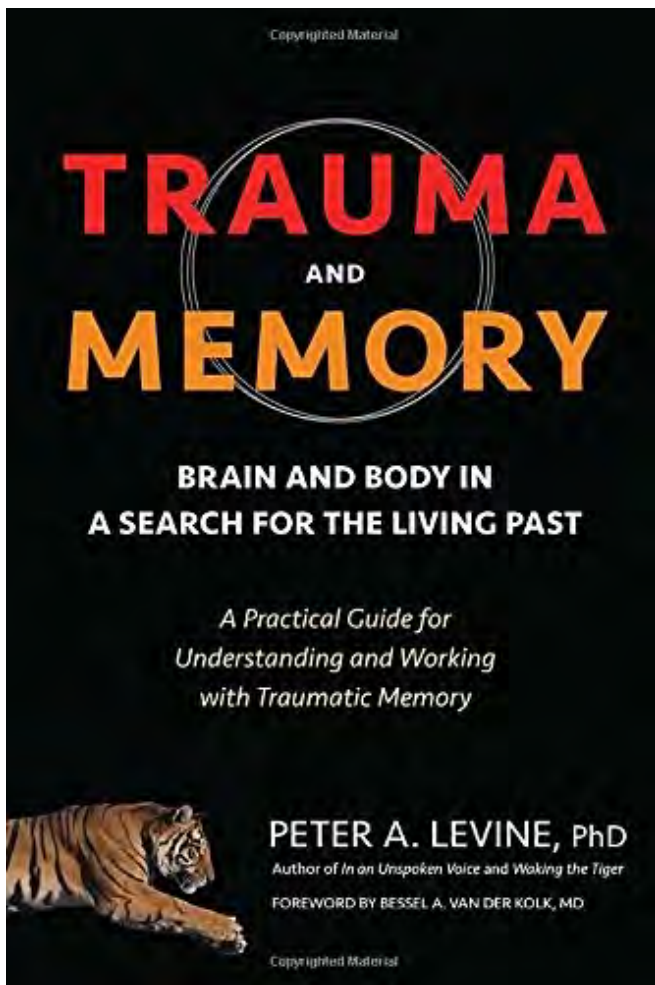
Written by Peter A. Levine

Reviewed by Antigone Phili
New York University

Known for developing Somatic Experiencing, Peter Levine applies its principles to the realm of traumatic memory in *Trauma and Memory*, and elaborates on the Sensation Image Behavior Affect and Meaning (SIBAM) model that he first introduced in his book, *In an Unspoken Voice*. Proposed as a “practical guide for understanding and working with traumatic memory,” *Trauma and Memory* moves through the history of uncovering memory and its mechanisms, to the fragility of memory and the bodily sensations that accompany recollection. Geared toward mental health care practitioners and trauma sufferers, Levine’s coverage of the basics makes *Trauma and Memory* an easy read that is also welcoming to the simply curious. A variety of predominantly original graphics throughout the text offer helpful representations of the complexity of memory and somatic components.

Traumatic memories are distinct from other memories as they are fixed, deeply engrained in one’s body and psyche, and consequently extremely difficult to overcome. However, remembering is a reconstructive process in which memories are often altered and prone to mutations.

The fragility of memory during recollection serves an adaptive function that the therapist can capitalize on during treatment. By introducing novel, empowered bodily experiences during recall, the memory may be transformed rather than reconsolidated in its original trauma-associated form.



Levine aims to fill what he believes to be a gap in the clinical field with regard to uncovering how our current mood and somatic experience influence what we are remembering. Emotional memories present as a somatic pattern in the body, and thereby undeniably interact with procedural memories. Emphasizing the manner in which emotional memories manifest as physical sensations, a figure depicts primary emotions and the somatic patterns that accompany them with 14 "Bodily Maps of Emotions" (Nummenmaa, et al, 2014). A multitude of physical sensations accompany traumatic memories—bodily components such as holding one's breath and tensing muscles that need to be dealt with in order to recover from trauma.

When approaching traumatic memories, one must consider the therapeutic implications of the timing of evoking a memory, which can produce widely different outcomes. Levine argues against therapies that have clients repeatedly relive their traumas as this may lead to reinforcement of the traumatic memory and may adversely

strengthen the distress. Thus, in contrast to therapies that focus on explicit memories, Levine hopes to shift the focus to implicit procedural memories, the "action blueprints of all living organisms."

Embedded deep within our minds, procedural memories are generally thought of as the "how to" memories, such as riding a bike. Levine notes two other categories within procedural memory: emergency responses and approach or avoidance tendencies. Pertinent to the formation and resolution of traumatic memories, emergency responses consist of fixed action patterns such as fighting, fleeing, and the maintenance of territorial boundaries. Avoidance tendencies are also frequently used by trauma sufferers, and contribute to difficulty in daily functioning. Levine argues that these "persistent maladaptive procedural and emotional memories form the core mechanism that underlies all traumas." Conversely, these memories can be utilized in the therapeutic process as they are the most persistent above all other memory system subtypes, particularly in threatening situations.

Levine suggests increasing levels of threat lead to traumatic stress and emotional arousal that exist on a continuum. Within this continuum is a series of emotions and their associated motor patterns, from hyper-arousal/overwhelm or hypo-arousal/helplessness to relaxed alertness and equilibrium. Renegotiation aims to restore the active responses associated with the procedural memories by gradually revisiting the memories linked to the hyper- or hypo-arousal; to illustrate the process of renegotiating threat, a figure accompanies this explanation. In Levine's terms, renegotiation allows for progression 'upwards' towards equilibrium, and reverses the biological response to threat—one may move from scared stiff, to fight or flight, to approach or avoid, to assessing, to stiffening and orienting, to the point that is closest to equilibrium: arrest and alert, associated with curiosity.

Bringing the reader one step closer to getting a sense of the role of procedural memories in resolving trauma, Levine details the sessions of two clients accompanied by photos of each step of the process. Interestingly, the two cases are vastly different as one is a fourteen-month-old toddler and the other is a Marine; yet, Levine successfully facilitated a long-lasting recovery for both clients. The process is entirely moment-to-moment, depending not only on what the client is saying, but perhaps even more importantly the client's level of arousal and body language such as jaw and eye movements. The sessions are predominantly based on somatic

experience, with eye tracking as one of the critical components for gauging the response of the client.

Trauma and Memory illuminates the relationship between the body, memory and emotions. Levine brings hope to trauma sufferers with somatic techniques, but also highlights the complexity of combating traumatic memory. One may wish to delete traumatic memories entirely, yet Levine sides against memory erasure—not only do we simply not know enough, or even know if a differentiation between implicit and explicit memories exists, but we also wouldn't benefit from such a thing as it makes us prone to making the same mistakes in the future. As simply put by George Santayana, "those who cannot remember the past are condemned to repeat it." Rather, we must take the time to better comprehend the connection between our bodies and emotions, and work towards transforming the responses associated with

traumatic memories. Ultimately, *Trauma and Memory* is a stepping-stone towards a better understanding of the mechanisms of memory through its application of the Somatic Experiencing approach.

Antigone Phili graduated from New York University with a B.A. in 2015 with a major in psychology and a minor in child and adolescent mental health. She is currently interning for Jacqueline Carleton and working as a TA at New York University, and plans to continue her studies in the field of psychology with a Ph.D. Email: antigonephili@gmail.com

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Levine, P.A. (2015). *Trauma and Memory: Brain and Body in a Search for the Living Past: A Practical Guide for Understanding and Working with Traumatic Memory*. Berkeley, CA: North Atlantic Books.

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Somatic Psychotherapy Today

Volume 6, Number 3, 2016

Trending somatic practices influencing our field today

Coming This Fall



Eleanor Hamilton



Yael Shahar



Shlomit Eliashar



Galit
Serebrenick-Hai



Elya Steinberg

SPT Magazine Welcomes our Fall contributors

Alice Ladas kindly shared an intriguing memoir written by the late **Eleanor Hamilton**—author, educator, psychotherapist—about her experiences working with Wilhelm Reich. Her first person account of life with Reich shares insights into his work, his family, and orgone energy.

Read an excerpt in our Fall issue. SPT Magazine Community members will receive access to the entire essay.

Yael Shahar and **Shlomit Eliashar** write about Psycho-Peristalsis in the Shared Body.

Galit Serebrenick-Hai returns with a compelling article about addiction, memory, trauma and Somatic Experiencing.

And **Elya Steinberg** joins us with an insightful article on the heels of her summer blog series on: Transformative Moments: Shared Stories from the Biodynamic



NUTRITION ESSENTIALS FOR MENTAL HEALTH

**A Complete Guide
to the Food-Mood
Connection**

LESLIE KORN

FOREWORD BY JAMES LAKE, MD

Reviewed by Nancy Eichhorn, PhD

Mood Follows Food

Did you know that thiamine (vitamin B1) deficiency can lead to weakness, irritability and depression? That folate (vitamin B9) deficiency can result in depression, apathy, fatigue, poor sleep, and poor concentration? That people with chronic digestion problems are often anxious and depressed? And believe it or not, that pure maple syrup has the potential to prevent Alzheimer's and other brain disease?



Leslie Korn

Nutritional neuroscience is validating the reality that nutritional factors are intertwined with human cognition, behavior and emotions (Sathyanarayana, Asha, Ramesh, & Rao, 2008). In our current milieu of treating the 'whole' person—soma, psyche, and spirit—food has finally claimed its well deserved acclaim for its role in the development, management and prevention of our overall health and for specific mental health problems such as depression, schizophrenia, ADHD, and Alzheimer's disease (Sathyanarayana et al., 2008).

The news isn't exactly new—in the 1950s Canadian physician/medical researcher Abram Hoffer treated people with schizophrenia using niacin (vitamin B3), while Linus Pauling coined the term 'orthomolecular'—the right molecules in the right amounts—in 1968 to describe his method of treatment (he promoted megadoses of Vitamin C). And though some question orthomolecular medicine (maintaining health through nutritional supplementation), the science is clear that both our nutritional choices and our individual biochemistry impact our health.

Despite the fact that food impacts mood, academic programs for psychotherapists, psychologists, psychiatrists, psychoanalysts, and

so forth, do not include courses in nutrition and mental health. Leslie Korn, PhD, MPH aims to change that one reader at a time, with her insightful and useful publication, *Nutrition Essentials for Mental Health: A Complete Guide to the Food-Mood Connection* (forward by James Lake, MD).

Written for mental health clinicians, *Nutrition Essentials for Mental Health* offers foundational information about nutrition and nutrients and the body, along with principles and practices to integrate nutritional therapy with mental health treatment.

To say this book is a complete guide is an understatement. Within 424 pages (including complete references, appendices and online links for more materials), Dr. Korn manages to offer every imaginable support one needs from peer-reviewed data validating her assertions to sample dialogues, case vignettes, goal setting procedures and essential outcomes. She's created recipes such as coconut milk mocha—her "favorite morning or afternoon guilt-free 'pick-me-up'", a chia and nut butter smoothie, a raspberry lime Rickey and an entire appendix (R) for cruciferous vegetable recipes to augment her

Written for mental health clinicians, *Nutrition Essentials for Mental Health* offers foundational information about nutrition and nutrients and the body, along with principles and practices to integrate nutritional therapy with mental health treatment.

recommendations and quite simply to offer a new and nutritional way to eat.

There are nine chapters. Chapter 1 begins with the foundational understanding that addresses the question: Why does nutrition matter in mental health? Dr. Korn writes about our “gut brain” in Chapter 2, and ways to listen to our clients discuss their diet and their health as well as assessment techniques in Chapter 3. Chapter 4 covers common diagnoses and typical nutritional culprits followed by Chapter 5: Food Allergies, Sensitives, and Special Diets. There’s information on the best vitamins, minerals, amino acids, glandulars and special nutrients for mental health, side effects and withdrawal from medication, viewing the kitchen as your pharmacy, and finally Chapter 9 brings it all together, making recommendations for success.

Dr. Korn offers specific nutritional protocols for numerous diagnoses/situations, including but not limited to: alcoholism, hypoglycemia, eating disorders, kicking caffeine addiction, and strategies for withdrawal from psychotropic medications. The Appendices are a treasure trove in themselves with comprehensive resources, guidelines, recipes, a sample client intake form, food-mood diary, and lists of foods containing gluten, lactose, casein, dairy, corn and oh so much more.

There’s no doubt in my mind that this is the go-to textbook for clinicians wanting to bring awareness to food and its impact on their clients’ mental health.

Five Essential Factors

According to Dr. Korn, there are five essential factors that affect mental health:

- 1) “chrononutrition” imbalance
- 2) Blood sugar and functional hypoglycemia
- 3) Food sensitivities, especially gluten/casein sensitivity
- 4) Inflammation, including mitochondrial energy and oxidative stress
- 5) Methylation: conversation of folic acid (B9) to l-methylfolate

Dr. Korn uses the word ‘chrononutrition’ to refer to “the dynamic relationship between the timing of food intake and nutrient deficits” such

that “the sum total of these effects on circadian rhythm underlies mental health” (p. 81). Within her conversation about the importance of our circadian rhythms, she demonstrates an effective part of her writing process—metaphors, analogies and comparatives to help readers understand her what she’s talking about. For instance, she offers the analogy of a major clock in the brain to understand our circadian rhythms and its impact on the body and on our mental health. I didn’t realize that our circadian rhythm “significantly influences depression, anxiety, PTSD, chronic pain (fibromyalgia), menstrual problems, OCD, bi-polar disorder, eating disorders, and insomnia” (p. 81).

Every statement Dr. Korn offers is broken down into do-able steps. For starters, there are essential steps detailed to assess each of the five factors. Within each step there are assessment essentials—such as specific blood tests (lab work), assessment questionnaires (available in the Appendices), dietary guidelines, and nutritional parallels—for instance people with bipolar disorder, OCD, autism, ADHD, and eating disorders have been found to react to gluten and casein. When discussing mood disorders, she recommends: a 24-hour salivary cortisol test; a vitamin D test; a MTHFR mutation test; a salivary hormone test; and gluten/casein and food sensitivity test. For bipolar disorder she notes as assessment essentials: functional hypoglycemia and homocysteine, which is noted as “a chemical in the blood that is produced when the amino acid methionine is broken down in the body. High levels occur in response to the MTHFR mutation and increase risk of mental health disorders, dementia, and heart disease” (p. 102).

There’s information about obsessive-compulsive disorder, chemical dependency and substance abuse, trauma, cognitive function and dementias, autism spectrum/ neurodevelopmental disorders, traumatic brain injury/concussion syndrome, ADHD, and more. Because nutrient deficits and imbalances are noted to contribute to the five essential factors underlying mental illness, Dr. Korn writes, it’s important to assess and address them.

Continued on page 27

Each chapter begins with a “Diet Essential”, an overall theme for the information presented. Chapter 2 begins with, “Where there is mental illness, there is always a history of digestive problems” (p. 99) and Chapter 5 offers, “Mental illness is affected significantly by diet and exposure to food toxins and allergies” (p. 126). As well, there’s an introduction and a clear statement of what she will show/review/explain in each chapter—guideposts that let the reader know what’s happening and why, what is available informationally and what it means, and how to apply it.

The information intrigued me in the discussion about medical problems and their intersection with nutrition such as adrenal fatigue, obesity, chronic fatigue syndrome, skin disorders, pain/fibromyalgia and thyroid disorders. Too often patients are told they have a syndrome (aka no clear reason for their symptoms, no clear-cut medical diagnosis) therefore they just have to live with it. I’d be curious to know the outcome results for patients with chronic fatigue syndrome and fibromyalgia who were, instead of left on their own, referred to someone trained in medical nutrition to create a workable nutritional plan (food and proper supplementation) for a trial period.

Chapter 6 is devoted to the exploration of the principles of and the application of food to prevent and treat the five underlying factors common to all mental illness, along with specific categories.

Dr. Korn offers the utility of working from a comprehensive team approach—nutrition is one part of clinical care—and notes practitioners who work in the field of nutrition, including nutritional counselors/therapists, registered dietitians, naturopathic physicians, health coaches, osteopathic doctors, integrative medical practitioners, functional medicine practitioners and more. She stresses the importance of working with clients to:

- ⇒ Identify first steps for change
- ⇒ Incorporate motivational interviewing into nutritional changes
- ⇒ coach for adherence

- ⇒ provide a written nutritional report to review with the client
- ⇒ provide specific resources and handouts to support success
- ⇒ Consider group support systems
- ⇒ Enjoy a healthy meal with family and friends (page 326)

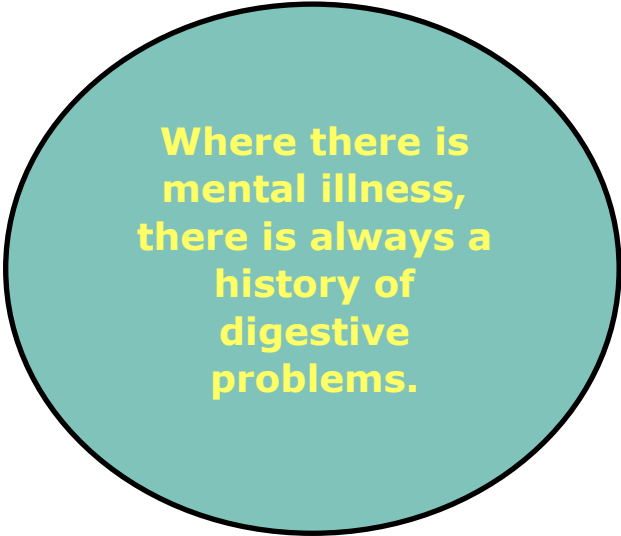
Pros and Cons of Supplementation

I was relieved to read the pros and cons of supplementation—who should and who should not. For instance, she notes that tryptophan can aggravate asthma and should be avoided in pregnancy and with patients diagnosed with lupus. Taking excessive doses of 5-HTP (derived from L-tryptophan) can cross the blood brain barrier and is then converted to serotonin, which is useful for depression, insomnia, anxiety, and intestinal problems, she writes, but it can also lead to serotonin syndrome. I felt her information was detailed and balanced—not jaded to promote her perspective.

A Personal Belief

One reason this book resonated deeply with me is my already firm belief that we are what we eat. My body has its own particular nutrient needs and food preferences. I feel the surge of irritability when my blood sugar drops, a sense of letting go and slipping away with that first sip of wine at the end of the day, and the overwhelming charge then precipitous drop when I eat sugar (without first preparing my system with a small portion of protein and complex carbohydrate). Food clearly influences my mood, my clarity, my focus, my motivation. Reading Dr. Korn’s book augmented what I already knew and extended my knowledge.

Her protocols fascinated me based on my own recent diagnoses involving my thyroid, homocysteine levels, hypoglycemia and ongoing gluten sensitivities. I read her general guidelines for a hypoglycemic diet and other protocols, and I wondered which came first, the nutritional deficiency resulting in symptoms (i.e., anorexia, bulimia, depression, anxiety, alcoholism) or vice versa. For instance, she writes that eating disorders reflect complex nutritional imbalances





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(p. 88). So does the eating disorder create the imbalance of merely perpetuate what was there (and what may have prompted the issue at the start)?

Just out of curiosity, I traced the nutrients listed in her protocol for bulimia and binge eating (my dissertation involved chronic bulimia so I felt I had sufficient background). I looked for basic information about each nutrient as well as peer supported literature (though for commonly known nutrients such as probiotics, I left them alone). And while my research was not exhaustive, I learned that the supplements Dr. Korn included in this particular protocol have been shown to impact aspects of mental health and well-being commonly associated with bulimia (Table 7.25, pg. 29; see side bar below, For A Brief Review to read the results of my research into each nutrient on the Bulimia protocol).

Nutrients Help Your Brain

Dr. Korn notes in her reflection (see page 30) that she's spent her life studying nutrients and health here, in the USA and in Mexico. She knows that what we eat can and does determine how we feel and in reverse how we

feel can also determine what we eat. Her background knowledge in terms of food and the chemicals in our brains and how they interact to keep us going throughout the day lends itself to the creation of her recommendations for assessment and intervention. There are countless small tidbits in overall scheme of this book such as: protein-rich foods increase tyrosine, dopamine, and norepinephrine, which help to increase alertness; certain health fats (omega-3 fatty acids) become part of the membranes of brain cells and control many brain processes; and poor nutrition or lack of a variety of healthy foods can contribute to depression by limiting the availability of these specific nutrients. Even my ophthalmologist recommended I take an Omega 3 supplement to address an eye issue I'm having. Every time I open this book, I learn something.

Basically, this isn't the kind of book you read once and set on the shelf; rather, it's a companion to reference throughout the day working with clients, listening to friends and hearing your own body speak.

References on page 82

A Brief Review of the Protocol for Bulimia and Binge Eating Disorder following Table 7.25 in sequence

Complex vitamins and minerals with L-methylfolate—folate is a B vitamin occurring naturally in food. Supplementation may support normal healthy mood, and cardiovascular and nerve function. L-methylfolate is important for the normal production of serotonin, norepinephrine and dopamine. It is purported to be an essential factor in converting homocysteine to methionine. The FDA has approved L-methylfolate for use with major depressive disorder, schizophrenia and high risk pregnancies (<http://www.drugs.com/mtm/l-methylfolate.html>). Papakostas et al. (2014), noted that patients with SSRI-resistant depression were responsive to adjunctive therapy with L-methylfolate 15 mg.

Continued on page 29

Omega-3 fish oil—a polyunsaturated essential fatty acid noted to lower blood pressure, reduce triglycerides, slow the development of plaque in arteries, reduce chance of abnormal heart beat and reduce risk of heart attack (women with chronic bulimia die from heart attacks). It’s also been associated with depression in adolescents with eating disorders (Sweene, Rosling, Tengblad, & Vessby, 2011) and to reduce symptoms of depression in folks with mood disorders (Ross, Sequin, & Sieswerda, 2007).

Gamma linoleic acid—an Omega-6 essential fatty acid that the body cannot make. It’s noted to be crucial for brain function, and helps to stimulate skin and hair growth, maintain bone health, regulate metabolism and maintain the reproductive system. Preliminary clinical research suggests that it may be useful for those with depression, diabetic neuropathy, rheumatoid arthritis, allergies, ADHD, and osteoporosis (<http://umm.edu/health/medical/altmed/supplement/gammalinolenic-acid>). Its anti-inflammatory properties have been investigated (Kapro & Huang, 2006) and studies have shown its efficacy for anticancer intervention (<http://www.lifeextension.com/magazine/2011/1/the-beneficial-omega-6-fatty-acid/page-01>).

Free amino acids—singular molecules not already attached by peptide bonds to other amino acids. Essential amino acids—23—are considered the building blocks of life and support growth, repair and maintenance of about 1600 different types of proteins in human body including our muscles, connective tissues, hormones, enzymes, anti-bodies, hair, skin, nails and blood. They are not created in the body and must be replenished regularly to support optimal health, energy, strength, mood, and brain function.

Probiotics—live bacteria and yeasts necessary for healthy digestive system

Vitamin D is responsible for enhancing intestinal absorption of calcium, iron, magnesium, phosphate, and zinc

Glucose Tolerance Factor (GTF) is synthesized in vivo from absorbed dietary chromium, and acts as a physiological enhancer of insulin activity—it binds to insulin. It is well absorbed orally. Maybe useful in numerous ailments including diabetes mellitus, hyperlipidemia, reactive hypoglycemia, obesity, cancer, protein malnutrition or malabsorption, endogenous depression, Parkinsonism, hypertension and cardiac arrhythmias. GTF supplementation may also have value in preventive medicine (McCarty, 1980).

Vitamin B6: performs a variety of functions in the human body including protein metabolism, cognitive development, supporting immune function and maintaining normal levels of homocysteine (an amino acid) (retrieved from <https://ods.od.nih.gov/factsheets/VitaminB6-HealthProfessional/>)

Magnesium threonine is associated with stress levels. It can permeate the brain and enhance receptors associated with learning and memory. Therapeutic benefits have been noted with type 2 diabetes, premenstrual syndrome, migraines, fibromyalgia, and cardiovascular disease (Vink & Nechifer, 2011)

Review continued on page 82

Table 7.25: Protocol for Bulimia and Binge Eating Disorder

Nutrients	Dose:
Complex vitamin and minerals with L-methylfolate	See Text Page 282
Omega 3 fish oil	
Gamma linoleic acid (GLA)/borage or evening primrose oil	
Free amino acids	
probiotics	
Vitamin D	
Glucose tolerance factor	
Vitamin B6	
Magnesium threonate	
Zinc	
5-HTP	
Lactium	
Inositol	
Whey protein	

Writing Nutrition Essentials for Mental Health

By Leslie E. Korn



As a somatic psychotherapist I have always integrated several body and mind methods into my clinical work and personal self-care. I began my studies of Ayurvedic Medicine in 1973. These studies included yoga, polarity therapy and, nutrition and vegetarian food preparation. These methods became the foundation of the natural medicine public health clinic I started in the jungle of Mexico, which provided free health care for local indigenous residents. Over 25 years, I taught seminars and provided retreats on these topics for health professionals as a way to support the clinic. While living in the jungle I also went through my own healing process, which included changing many of the dietary habits I had learned growing up in Boston. I also learned from local curanderas about the medicinal use of foods and herbs and shared my knowledge of women's health with them, having been influenced by the 1970's urban feminism. This set the stage for my career and passion to understand the role of culture in food, nutrition and well-being, all of which I explore in-depth in my new book, *Nutrition Essentials for Mental Health*.

After 10 years of living in the jungle, my work as a body worker and public health educator led me to the formal study of psychotherapy (post trauma and

psychodynamic) and I returned from the jungle of Mexico to work in (the jungle of) Boston for 14 years. There I studied psychotherapy and introduced therapeutic bodywork into community mental health agencies and hospitals. Anyone who touches the body for healing knows that the body tells a story the mind often can't bear to share and the stories my clients told while on the table led me to understand more about the physical and psychic traumas they carried. Thus my path became clear—help clinicians bridge the mind/body gap in their training and serve as a translator of the mind for those who focused on the body and teach about the soma to those who focused on the mind. It was also evident to me that while my clients and supervisees attended to the "mind" there was a missing piece. Nutrition. I worked with inner city community mental health patients and with people in alcohol recovery—programs where people received mashed potatoes, gravy and Jello for their meals that only perpetuated the physical addiction to sugar that alcohol addiction represented. Because my work focused on post trauma recovery, I explored with clients the ways in which food and diet was either part of their self care matrix or their self-medication strategy and the ways in which it was to their benefit or detriment. I began writing handouts for clients

For this new book, I drew on my early training in vegetarian nutrition and cooking (and my 27 years as a vegetarian), and also my cross cultural research and clinical practice, which grew to embrace the integration of biomedical science with traditional cultural culinary practices.

about how to balance their mood by eating more quality protein, healthy fats and eliminating sugar and refined flours. I continued to teach mental health clinicians and body workers these concepts. The state of Massachusetts funded my vision to share this knowledge through multicultural wellness seminars designed to reduce alcohol and drug abuse. All these opportunities informed my later writing, as I was able to explore what worked and what didn't work with diverse populations.

During this time, I was working on my book, *Rhythms of Recovery: Trauma, Nature and the Body* (Routledge, 2013). The book is about incorporating the body and natural medicine into the treatment of trauma. I wrote it between 1994-96, and I had a book contract with a major publisher. When the (male) publisher received the manuscript he did not approve of the feminist analysis I provided in the book; among the topics I addressed was the taboo on touch and the abuse of touch, and I located these issues as a response to patriarchal values spanning centuries that in turn affected mental health care today. The publisher wanted me to eliminate these major sections in two chapters and when I decided not to, the manuscript was rejected for publication. I then turned my attention to other activities and put the manuscript aside for 14 years. I returned to the jungle of Mexico where I continued my seminars, research and clinical work with indigenous populations.

During these years there was a burgeoning of work about the incorporation of the body into the treatment of trauma, and I felt that the time was right to once again seek a publisher. I also decided to expand the book by three chapters. One of these chapters included a section on the nutritional treatment of posttraumatic stress disorder and its physical and emotional sequelae (The other chapters were about Botanical Medicine and Detoxification). Indeed, I feel that these three chapters made the manuscript much stronger and that my own knowledge and integration of the content, obtained with another decade of diverse clinical practice, proved to be very positive. This chapter on nutrition, however, represented just a nugget of the knowledge I wished to share about the role of nutrition in the prevention of illness and restoration of health. I began teaching national

CE seminars to clinicians on this topic and the next opportunity to publish came a year later, with Norton, and I now had the opportunity to expand my ideas into a comprehensive book.

For this new book, *Nutrition Essentials for Mental Health*, I drew on my early training in vegetarian nutrition and cooking (and my 27 years as a vegetarian), and also my cross cultural research and clinical practice, which grew to embrace the integration of biomedical science with traditional cultural culinary practices. The essence of this knowledge suggests that there is no one dietary strategy for everyone anymore than there is just one psychotherapeutic intervention that fits all. Some people are suited to a vegetarian diet but some are also biologically suited to being carnivores and that the best diet is not just an intellectual decision but should be based on the needs of the physical body. For example, I work with Inuit clients from northern climes whose bodies and mind flourish when eating sea animals and sea vegetables but would not survive as vegetarians or by eating soy protein, wheat and milk powder. I noticed that my college-aged clients often had defined notions about what they should eat that often reflected fads or disorders, not always what their individual biochemistry required. I felt that they would benefit, along with their consulting clinicians, from a model of how to think about food, nutrition and mental well being. I wrote more, conducted community based research and discovered that while many clinicians had increasing interest in improving their own health with nutrition, they did not know how to integrate this knowledge practically into their sessions with their clients. Further, they did not know where their scope of practice and ethics intersected with their knowledge base. I was interviewed for Psychotherapy Networker in 2014 and it became clear that while there was a small segment of clinicians working with nutrition, many clinicians, even though eager, had no idea about how to systematically integrate nutritional therapies into their practice.

This overarching question became the seed for the book I developed with my editors at Norton.

Continued on page 32

One of the challenges I faced in writing this book was thinking through exactly how my work integrating these different disciplines evolved organically over 40 years and breaking it down into a step-by-step model that nutrition novices could learn from and adapt for their own practices. My own process is to research all the literature to ascertain the evidence, along with exploring the controversies. This organization and culling of vast amounts of material is perhaps the greatest challenge. Nutrition and diet is also such an emotionally fraught topic and I did not want to have a book based on "ideology". Organizationally the challenge was how to present a level of sophisticated content that a clinician could grow into that was also immediately practical. I received excellent advice from my editors at Norton who were skilled at organization. It was especially interesting for me to identify and write up (confidentially) the cases of individuals with whom I had worked as they informed the major points I wanted to emphasize.

One of the other challenges I faced was how to present complex anatomy and physiology: the process of digestion for example, in a simple way that made sense to non-science clinicians. I sent my early chapters to mental health colleagues who were kind enough not to tell me that they either fell asleep or were confused while reading, but I knew what they meant. I went back to the drawing board. I decided a thematic metaphor might be useful. I expanded on the metaphor of the car (that I often use with my clients) to explain how their body functions. I began with the idea that different cars require different types of fuel; and that we change our oil filters far more often than we change our own filters—that is, cleanse and flush our gall bladders. Using this metaphor throughout the book proved to simplify often complex material.

Because I have a range of clients and clinician knowledge varies as well, I considered their needs as I wrote the book: some were already making their own sauerkraut and had a sophisticated knowledge of nutrition, while others were using artificial sweetener and margarine and drinking soda pop because they thought that was best for their health. Identifying levels of knowledge in the book that clinicians can use at different stages was a challenge. I also wanted the book to dispel myths and offer new, doable approaches to healthy change. Why is nutritional status essential for good mental? How do we use our skills as mental health clinicians to empower and motivate people to change their nutritional wellbeing? I also wanted to address the fact that many of our clients "resist" or do not obtain satisfactory results from psychotropics; many have side effects that make their use intolerable, and I wanted to provide practical strategies, to

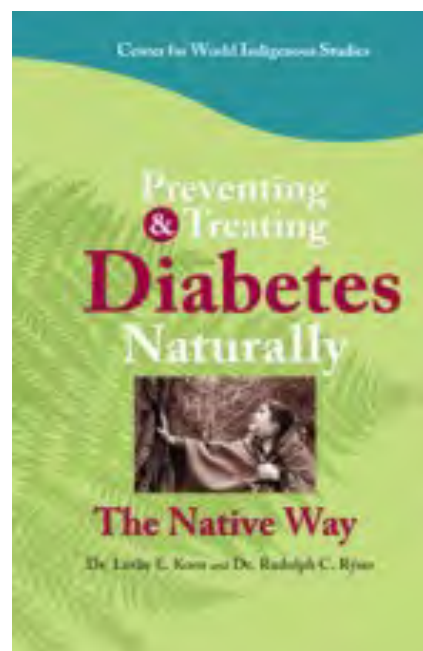
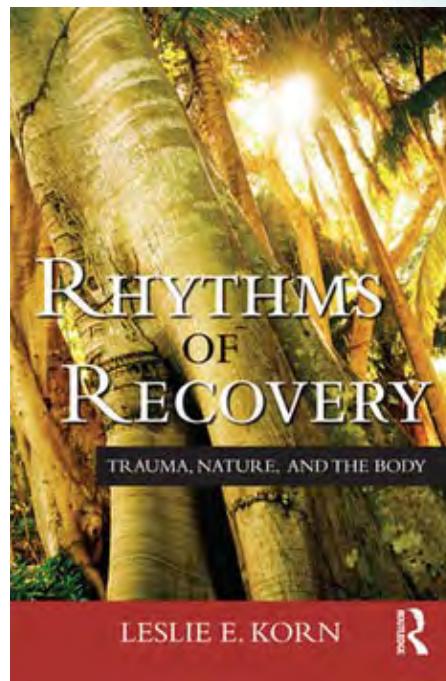
One of the challenges I faced in writing this book was thinking through exactly how my work integrating these different disciplines evolved organically over 40 years and breaking it down into a step-by-step model that nutrition novices could learn from and adapt for their own practices.

help people reduce or eliminate psychotropic medications. My goal is also to educate clinicians about the growing niche in this approach; clients are requesting alternatives to medication and how can we help them get the support they need.

My overall goal in this book is to let clinicians know that nutrition is THE missing piece in their treatment plan and that their clients will see results by incorporating this missing piece into their overall program. At the same time I suggest that like our own process of engaging in therapy and somatic processes, so must we as clinicians undertake our own changes and improve our own nutritional status and dietary practices; finally, my goal was to suggest that just like clients will engage psychotherapy or somatic practices at certain stages of their change process, or reject them, so must nutritional interventions be understood as a developmental process that is both stage specific and a lifelong process of change that the clinician can be sensitive to with each client or family with whom s/he works .

With each book I write I gain skills in organization and clarity and importantly, identifying more about how I can write in ways that are practical and useful to both the clinician and the client as I support the integration of innovative ideas into our practice.

Leslie Korn, PhD, is a clinical specialist in mental health nutrition and integrative medicine. A core faculty member of Capella University's Mental Health Counseling Program, she served as a Fulbright scholar on traditional medicine, a Clinical Fellow at Harvard Medical School, and a National Institutes of Health-funded research scientist in mind/body medicine. In 1975 she founded the Center for Traditional Medicine, a public health clinic in rural indigenous Mexico that she directed for over 25 years. Author of six books, she teaches and consults internationally for mental health professional and tribal communities. Visit www.healthalt.org.



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Relational Treatment of Trauma: Stories of Loss and Hope

Written by Toni Heineman

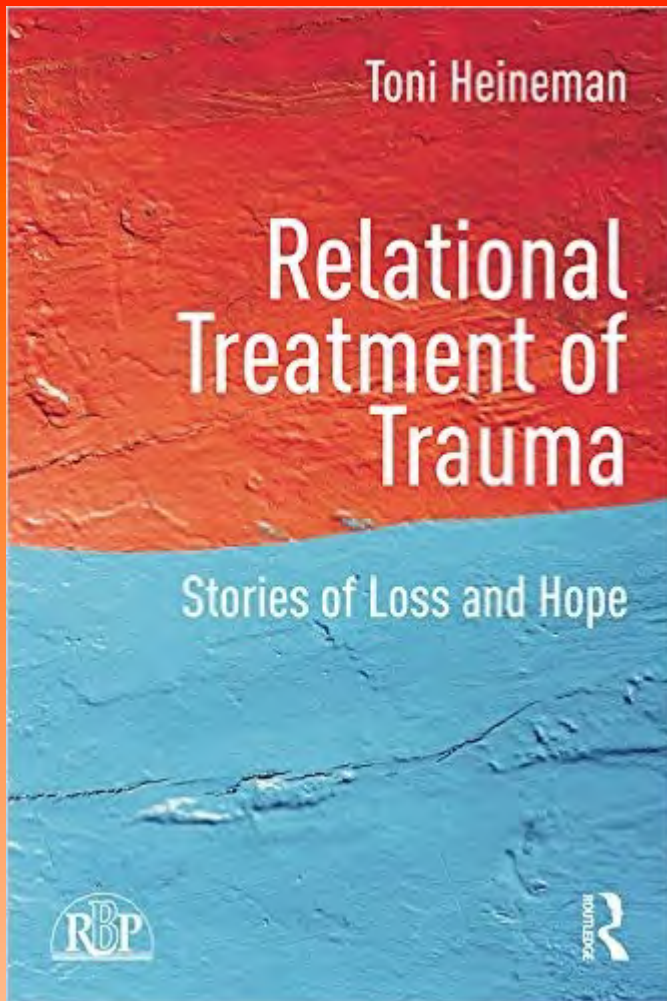
Reviewed by Kari S. Morris
New York University

The foster system often serves as both a haven and a horror for the children it serves. Although group homes and foster families usually meet the physical needs of this population, the children's emotional, social, and psychological lives are turbulent and underdeveloped. Toni Heineman, psychologist and executive director of A Home Within, shares the struggles of working with foster youth and how clinicians can begin to make a lasting difference in their lives. The book is filled with accounts of children's experiences with foster families, therapy, group homes, homelessness, and countless struggles of this population, and Heineman paints a picture of reality for many who are fortunate enough to not know that type of pain. She provides this beginner's manual to build trusting relationships and hopefully mend trauma's wounds as well as provide case workers, attorneys, and clinicians with tools to understand foster youth.

From a developmental standpoint, foster children are at a disadvantage. Without their hierarchy of needs being met throughout much of childhood, Heineman asserts foster youth display insecure attachment, behavioral problems, and mistrust for others. Foster children expect to be discouraged and anticipate turbulence. Although Heineman points out the struggles and weaknesses of foster youth, she does not address the apparent resilience these

children must also possess. If a child can adapt to constant change and emotional turbulence, he/she inherently shows potential for clinical progress. Regardless, as in any setting, building trust and respect between client and clinician is pivotal. When working with a population who has been abused, neglected, tossed around, and left homeless, developing a therapeutic relationship is unnatural for all parties involved. Patience, trust, and stability are Heineman's starting place toward building a better life in the foster system.

Foster children need stable, consistent therapists whom they can slowly learn to rely on. Patience and understanding are key, as their behavior tends to be wilder and mis-tuned (not attuned with others) with few relationship skills. Heineman suggests behavior is an important starting place to learn about youth traumatized in the foster system, as behavior may explain past experiences. Further, as demonstrated by trauma theories of dissociation and splitting, behavior might be all a patient is capable of conveying early on in therapy. After all, Heineman points out, sharing a painful story is nearly impossible when the brain buried the memory for its own protection. When the adults in foster children's lives establish a patient, understanding, consistent, non-judgmental relationship for them to grow, healing can finally begin.



Heineman recognizes upfront the difficulty of treating foster children when such variables complicate progress. Emotional regulation is optimally learned and tuned over time through caregiver nurturing. Because of this, Heineman discusses the incidence of pediatric bipolar disorder and other emotional illness among foster children. First, laying a framework, Heineman stresses the importance of family history, assessment, and external considerations when diagnosing any individual. If a disorder is present, careful planning and individual therapy must be aligned to best help the patient. Working with the caregivers as well to build strong, lasting relationships is an important piece in treating the trauma and emotional disturbance in this population. However, this section fails to identify specific treatments or methods that could help foster children, leaving a gap in known treatment plans for the population.

In her closing section, Heineman notes the constant evolution of therapy, the foster system, pharmacology, and research. However, the most important ingredient to help children of the foster system remains the therapeutic relationship. Progress cannot be made unless the client and the clinician are on the same page; mutual trust, respect, and understanding are

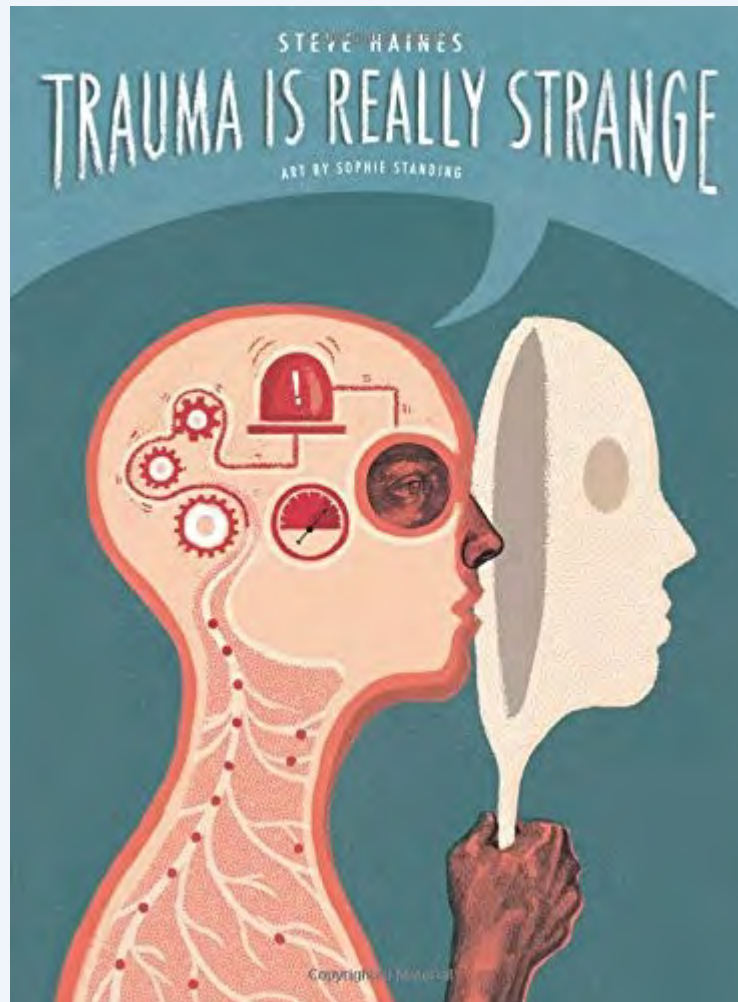
vital to even begin progress. Once a therapeutic relationship is established, the therapist can create interventions to mold these wounded souls into bodies of hope. The therapy used by Heineman is known as RBT (Relational Based Therapy). To make progress, therapists must show engagement, empathy, a mind for context, enthusiasm, embracing individuality, endurance, extending relationships, and effective methods. Through these tools, a therapist can build the vital relationships with foster youth and bring hope back into foster care.

Taking a more personal approach to discussing trauma, Heineman successfully breaks through clinical jargon to expose the faces and stories of a wounded population. In illustrating the need for better attention and treatment in the foster system, she successfully evokes a passion for foster youth in readers.

Heineman strides beyond the pack in the field of youth trauma. She maintains a strong theoretical framework of relationship building consistently throughout, giving a strong foundation on where to start. Her belief that the therapeutic relationship can be the strongest healing agent for trauma is optimistic but could also be seen as naïve. Accessing and healing trauma classically requires a multi-disciplinary, pharmacology-fueled, cognitively based therapy, and listing several case studies does not definitively support an entire theoretical framework. However, her groundbreaking work, through this book and through *A Home Within*, adds depth and meaning to trauma therapy, especially in the foster population. She successfully gives readers passion and inspiration, highlighting the necessity for further care in the foster system. For someone looking to work with foster youth, *Relational Treatment of Trauma* provides a strong foundation of healing therapy.

Kari Morris is currently a senior studying applied psychology at New York University. When she is not researching LGBT youth or preparing for grad school, Kari enjoys taking pictures of her labradoodle, competing in Fitbit step challenges, and combating the inevitable list of three.

Once a therapeutic relationship is established, the therapist can create interventions to mold these wounded souls into bodies of hope.



Trauma is Really Strange

Written by Steve Haines

Reviewed by Kamalamani

You know how the look and feel of some books is particularly pleasing? Well this is one of those books. It's a beautifully produced 16-page pamphlet rather than a book; its comic-filled pages lovingly produced in calming hues of blue-green, brown, orange and russet red. The goal of this book is to be "a non-scary introduction to trauma for many people"; it goes way beyond achieving its goals in explaining what happens to the brain during trauma and how we can heal trauma.

As a practising body psychotherapist I was happy to discover this book, given that I can find reading and researching trauma—intellectually and personally in doing my own work—both illuminating and sobering. Not simply because of the challenge of the subject area, but given that trauma books are very often fairly hefty tomes. From this point of view, this book breaks new ground in terms of being an accessible, easy read, yet still getting to the heart of what is useful to know about the 'strangeness' of trauma. It's a book I know I'll lend to clients who want to understand how trauma works, particularly with Haines' approach "healing trauma is about meeting the body", which coincides with my own way of working.

Haines begins by exploring dissociation, starting with the example of the Victorian explorer David Livingstone and his description of dissociation: "It caused a sort of dreaminess in which there was no sense of panic or feeling of terror." He explains what's happening to the brain in traumatic situations, giving examples of statements from his clinical practice, which is useful in highlighting the symptoms of trauma. Most importantly for me he points out—or, at least, the cartoon characters—how dissociation can be difficult to identify as "we don't know what we don't know."

Early on Haines introduces three statements to help our understanding of and ability to work with trauma: 1. There is trauma; 2. We can overcome trauma; and 3. Healing trauma is about meeting the body. In unpacking each of these statements, Haines demystifies trauma, simply defining it as "anything that overwhelms our ability to cope." Personally I'm glad to see that he includes birth trauma, which sometimes gets overlooked in trauma explorations. He explains the continuum between everyday stress, PTSD, and developmental trauma, taking the pathology out of trauma, and pointing out the shift towards models of 'post-traumatic growth' and the potential for healing.

In explaining his third statement, 'healing trauma is about meeting the body', Haines usefully points out, for the newcomer to trauma, how the brain is still acting to protect us as if the trauma is happening right now. He goes on to say that we do not need to understand and we do not need to remember and how "this is a radical and strange concept." This was the only contentious point of the book for me. Whilst I entirely agree with Haines in encouraging others not to try too hard to think or rationalize their way out of trauma, I also regularly encounter clients who *want* to understand, who have fleeting, dislocated memories, with their main way of processing being through thinking! They have ended up on my doorstep because they

realize they can't do the work of meeting their bodies and learning to self-regulate alone and need the embodied and relational support which therapy can, hopefully, offer. So for me there were some slight over-simplifications in this part of the book.

Haines goes on to do a brilliant job of looking at how the brain and autonomic nervous system—including the new and old vagus—work, clarifying the different functions of different areas of the brain. The final pages of the book are taken up with suggestions for learning to self-regulate our bodies as we overcome trauma, and with helpful introductory ideas about how to ground and notice our senses. He then introduces his 'O-M-G' model: orient, move, and ground, with invaluable suggestions, jargon-free language and a tone that neither discounts the effects of trauma, nor pathologizes, which I found refreshing.

The learning and wisdom Haines must have acquired as a body worker during the past 18 years is very much embodied in this comic book. It is informative, accessible, in parts humorous, yet it does not shy away from telling it how it is with the strangeness of trauma. Understanding the science of pain and trauma has, in his words, transformed his approach to healing, strengthened, I'm sure by his studying of Yoga, Shiatsu, Biodynamic Craniosacral Therapy, Trauma Releasing Exercises (TRE) and being a chiropractor in London and Geneva. Credit should also go to Sophie Standing who provided the fabulous illustrations that bring the content to life. Standing is a London-based illustrator, animator, and designer who is, in her own words from her website: "Inspired by people and the way they function. I am fascinated by the way that our bodies and brains work." Standing also provided the illustrations for Haines 2016 book "Pain is Really Strange", also published by Singing Dragon, an imprint of Jessica Kingsley Publishers, London.

I have no doubt, reading this book, that it could be lifesaver for readers trying to make sense of themselves and their symptoms, with little knowledge of physiology and body psychotherapy. It's the best introduction to trauma I have encountered, and I imagine it will become a useful resource for body workers and therapists looking to understand the physiological aspects of trauma. I found the small print footnotes on most pages a helpful addition and useful to those who aren't necessarily completely new to trauma in reading around the subject area more. I personally found this comic book an invaluable reminder as to how 'trauma is really strange', suggested ways to heal trauma, and I enjoyed Haines gentle yet authoritative tone.

Kamalanani's bio is on page 70.



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8 Keys to Mental Health Through Exercise

Written by Dr. Christina G. Hibbert

Reviewed by Antigone Phili
New York University

If you could take a pill to reduce stress, anxiety, and feelings of loneliness, as well as enhance your mood, self-esteem, cognitive functioning and essentially all aspects we seek to improve, would you take it?

Probably.

But what if the pill came in the form of exercise?

With support from current empirical literature on exercise, Dr. Christina G. Hibbert makes a compelling argument for how and why exercise is medicinal for mental health. This knowledge is often not enough to motivate us to change, yet Dr. Hibbert works through the process of change with an array of exercises and reflection questions that ease even the most ambivalent reader into the process.

The **8 Keys** book series provides clear, concise, empirically supported evidence for anyone from beginners to experts; *8 Keys to Mental Health Through Exercise* is certainly no exception to this mantra. The goal of the *8 Keys to Mental Health Through Exercise* is straightforward: "to show you how to make exercise work for you . . . to make you work—and grow." It is organized in three parts. Part 1: Understand, Part 2: Prepare, and Part 3: Exercise for Life. Eight chapters are dedicated to various aspects of change, mental health, and exercise, from 'Get Motivated' to 'Implement Your Vision' and Flourish.'

Dr. Hibbert addresses a longstanding question: which comes first, self-esteem or exercise?

Naturally, an argument can be made in either direction—for some, exercise helps to boost self-esteem and mood, while others cannot exercise until they improve their self-esteem and self-perception enough to have the motivation to exercise. However, Dr. Hibbert advises against the focus on self-esteem given its basis in external sources such as academic or physical performance and outsider approval.

According to research, emphasis on external sources leads to more anger, stress, relationship issues, substance use, eating disorders, and academic problems. Alternatively, improving self-worth is proposed as the key to generating a sense of personal understanding, motivation to achieve one's potential, and an 'I can do this and stick with it' mentality. Dr. Hibbert's "new view of self-esteem" is presented as the Pyramid of Self-Worth, with self-worth at the top of the pyramid followed by self-love, self-acceptance, and a foundation in self-awareness; these components are vital in any person's life, regardless of exercising or not. Dr. Hibbert provides a thoughtful explanation for each, along with tools for achieving and reflection questions for personal exploration of the elements.



To quell any doubts as to whether or not exercise is worth the commitment, empirically supported bullet-point lists are provided in regards to both the physical and mental health benefits of exercise. To name a few benefits from the mental health section, exercise enhances mood, mental clarity, intuition, creativity, social connectivity, self-esteem and body image. Moreover, it increases endorphins—boosts mood and energy—and decreases anxiety as well as the rates of occurrence and symptoms of depression. Interestingly, exercise also increases the neurotransmitters primarily implicated in anxiety, depression, and other mental health disorders—serotonin, dopamine, and norepinephrine—and can thereby have a normalizing effect on the levels of neurotransmitters in people with these deficits.

8 Keys to Mental Health Through Exercise is not only relevant to exercise, but to the concept of making a change in general. Dr. Hibbert highlights Dr. James Prochaska's Transtheoretical Model of Change, which indicates six stages within the process of change: precontemplation, contemplation, preparation, action, maintenance, and termination. The final point, termination, signifies the change is permanent and a maintenance plan is no longer necessary. In a comforting statement, Dr. Hibbert notes that most changes never reach this point as "even if

change really is permanent, most of the time, it's because we're maintaining it well."

From these six stages, Dr. Hibbert takes away five lesson points, such as the need for patience as change is unlikely to manifest after simply deciding to change, the need to accept when you are not ready to make a change, and the importance of recognizing what stage you are in before jumping into action. Dr. Hibbert likens the Six Stages of Change to a spiral staircase. More often than not, we go back and forth, up and down in the spiral before committing to a change. To illustrate this point to the reader, reflection questions on the Spiral of Change are provided, which range from identifying which stage you are in, to defining what success and failure mean to you in terms of pursuing exercise for mental health in regards to the principles from the spiral of change.

Pertinent to the process of change, the foundations of cognitive behavioral therapy (CBT) are explained in regards to thoughts, emotions, bodily responses, and behavior cycles. In sum, a combination of connected components influence our behavior and each other: our thoughts ignite emotions, which garner a response from our body such as increased heart rate, which influence behavior which then, in turn influences our subsequent thoughts and emotions, and so on.

Given the link between thoughts, emotions and behavior, a thought record example chart and blank thought record charts are provided for the reader to fill out when faced with overwhelming or emotionally-charged situations or thoughts. Maintaining a thought record is a useful CBT tool for recognizing the patterns in our thoughts as they track the types of thoughts, which situations they appear in, and what emotions are associated with them. Most important, the charts call for an alternate or rational response that challenges these patterns to break and be more positive.

Ultimately, *8 Keys to Mental Health Through Exercise* is an eye-opening read not only for those searching for the motivation to commit to adding exercise to their routine, but for anyone striving towards self-empowerment. Dr. Hibbert synthesizes a large body of research into a captivating argument for how and why exercise serves as an immensely powerful mechanism for improving mental wellbeing.

Antigone Phili graduated from New York University with a B.A. in 2015 with a major in psychology and a minor in child and adolescent mental health. She is currently interning for Jacqueline Carleton and working as a TA at New York University, and plans to continue her studies in the field of psychology with a Ph.D. Email: antigonephili@gmail.com



EMBODIED BEING

The Philosophy *and* Practice
of Manual Therapy

JEFFREY MAITLAND, PhD



Embodied Being: The Philosophical Roots of Manual Therapy

Written by Jeffrey Maitland, PhD

Reviewed by Nancy Eichhorn, PhD

Have you ever wondered how you move your body, how you actually experience moving your body?

Jeffrey Maitland, PhD poses this intriguing question in his latest publication, *Embodied Being: The Philosophical Roots of Manual Therapy*. In general, he says, most people don't think about the felt-experience of how they move; they just move when and where they want. Therefore, the answer, he says, lies in contemplation. . . . "you must contemplate how you experience your movement as you live, breathe, and accomplish it" (p. 148).

The book is an interweave of contemplation, Zen practice, and philosophy to inform the art of manual therapy (Rolfing in particular), with each thread representing a solid thread of Maitland's internalized fabric. I must admit that not being trained in Rolfing or any other form of manual therapy did impact my reading—I had to consciously set aside my attitude that this book wasn't for me and find my way into the text from an uninitiated perspective to explore what resonated for me. I didn't have to look far.

Maitland is clear that while the book is about manual therapy it's not limited to Rolfing; he offers a "comprehensive inquiry into the theory and practice of caring for and enhancing our embodied uprightness" (p. xvi). He also discusses universal issues that health care providers experience.

I appreciated his comments that we are living bodies, not soft machines created from pre-shaped parts, and that our body, mind and spirit must be seen as a unified whole. The body, Maitland asserts, is a self-sensing, self-shaping, self-organizing, seamless, developmental, unified whole in which everything is related to multiple interdependent relationships. The purpose of therapy is thus far more encompassing than simply getting rid of symptoms; rather, the goal, he writes, is to bring harmony, balance and morphological integrity to the whole person in relation to his/her environment.

The writing style (tone, quality of word choice, sentence type and structure) invites inquiry, encourages the curious witness to replace the bystander, the onlooker that lives within and come into relationship with the material. ". . . our skills," he writes, "have suffered when we approach the world as a detached bystander disembodied onlooker" (136). Reading this book requires you to connect, to be within your body and mind and simply absorb the words for digestion, for reflection.

The guiding question here is: “Which aspects of the whole person as represented in the five categories of assessment and if properly normalized, organized, and enhanced will bring the highest level of integration to the whole?”

Dr. Maitland offers questions—some open ended, some with answers. There are possibilities and limitations. I was immersed in one man’s philosophy about life, work, being; I was in this book, with this book, just as the book was within me, becoming part of me. The depth of this 182-page text mines deeply into purpose and practice. There are case studies, experiential anecdotes, and lengthy discussions on foundational myths (i.e., dualism of body/mind) that are then challenged with Maitland’s deductive logic such as his attempt to simplify and clarify the mind/body debate (p.113):

The body is not an object
The body is sentient or reflexive (capable of sensing itself sensing)
Sentience is the act of the body sensing itself sensing
Sensing oneself sensing is a form of consciousness
Consciousness is a somatic event
Therefore, the incommensurability thesis is false.

“If mind is a somatic event, the interaction of mind and body is possible. Both body and mind are two aspects of the same interdependent activity. The idea that body and mind are mutually exclusive must be replaced with the view that they mutually implicate each other” (p.113).

Many sections challenged me. I had to reread sentences such as, “There has to be refocusing of attention from what is conceived to the act of conceiving, while engaged in the act of conceiving that which is conceived” (p. 91). I reread sections several times, at different times, to pause and be with the philosophical content, to bath in the sentiment of sentience and experiment with what he calls the pre-reflective experience (being in a moment without thinking you are in the moment—the minute you think, you are out of that moment).

There is clearly much to write about in this review. However, I will limit my focus to a few areas that resonated with me.

Three Guiding Questions:

Maitland offers three overarching questions to guide client work: What do I do first? What do I do next? When am I finished? Any practitioner in any field can address these questions

formulaically—follow the protocol of your training, of the DSM, of whatever guide you adhere to. Yet, the reality Maitland offers is one of an internalized sense of being and knowing. Client care is not about following a recipe, not about adhering to an external routine directing you from step 1 to step 2. It’s about being present in your body, in your consciousness in such a way that you truly see your client (the sentience that exists, the view from a pre-reflective perspective before the I-thou intercept).

The clinical decision making process he shares calls on practitioners to be: skilled at applying techniques; able to perform thorough assessments; and trained in how to perceive. As well, practitioners must be able to evaluate somatic dysfunction, recognize normal function, state goals of therapy, appropriately apply a wide range of techniques, assess functional outcomes, and create a proper client/practitioner relationship (p. xvi). All the while using what he calls, ‘round thinking’— “to think and perceive holistically, deepening and expanding your understanding” (p. xvii).

Principles

Principles, Maitland says, define the therapeutic arena and state the conditions under which normal and enhanced function can occur; principle centered decision making is one part of how we answer the three guiding questions. Practitioner’s must know the principles of intervention and how to apply them in the therapeutic setting to create a carefully considered plan. Without explicit understanding of the principles of the intervention factors, there is no clear way to decide what to do first, what to do next, and when to finish, he writes.

Citing many principles, with the caveat of what he calls Meta principle: all principles interact at once, Maitland included the following: the holistic principle, the support principle, the principle of adaptability, the continuity principle, the palintonic principle, and the closure principle.

His discussion on the principle of adaptability stayed with me because it states that integration is a function of the whole person’s ability to appropriately adapt to ever changing internal and external environments (echoing statements in my mind such as, the only certainty is

uncertainty and we have to be able to sense our stability internally in an unstable world). "Any attempt to restore or enhance normal function is a function of the body's ability to adapt to the intervention," he writes (p.39). What came to my mind was the conversation about a practitioner's tool box, the implementation of different approaches that one thinks will fit the current situation. However, if we simply introduce changes we think are necessary or applicable that the body as a whole can't adapt to, Maitland asserts, and I agree that "our intervention will fail and we may create difficulties elsewhere" (p. 98). Adaptability is thus critically important in any clinical setting; "any attempt to restore or enhance function must take account of whether the body can adapt to any proposed strategy of intervention" (p.39).

In order to use the principles of intervention, Maitland directs practitioners to conduct a thorough examination to locate all of the 'order-thwarters'—a word he uses for what's happening in the body instead of 'dysfunctional' or 'fixation' because "it implies that a pattern of distress lives in relationship, not an isolated symptom" (p.53). The examination covers five categories of assessment to determine which levels of the whole require enhancement. The five types of assessment include: structure assessment and intervention; geometric assessment and intervention; functional assessment and intervention; energy assessment and intervention; and psychobiological orientation (or intentionality) assessment and intervention (p.20).

The guiding question here is: "Which aspects of the whole person as represented in the five categories of assessment and if properly normalized, organized, and enhanced will bring the highest level of integration to the whole?"

Phenomenology

Phenomenology, Maitland writes, begins with the lived experience of perception that tries to catch the pre-reflective activity of perceiving as it is occurring (p. 75). "Within experience we must learn to shift our attention away from the achievement of what is experienced to the experience of achieving what is experienced" (p.75). This shift is at the heart of seeing and an important first step in Maitland's process of learning to see.

The Art of Seeing

The heart of manual therapy, according to Maitland, is enhanced (skilled) perception. One of his missions is to teach practitioners how to stop looking at their clients and start seeing the wholeness of the person in their presence. He comes from a psychobiological orientation (or intentionality)—emotional fixations, worldviews, trauma etc. undermine our structure and our

"We must learn
how to feel our way
into the person and
wait for what the
body wants to
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impose our will on
the body."

orientation to the world. "Adherence to an unhealthy world view can have the same effect as repressed emotions," he writes as "psyche and soma are intertwined. Unless both are released neither will release independently of the other" (p.52).

"We must learn how to feel our way into the person and wait for what the body wants to show us, not impose our will on the body."

Our job is actually to wait and do nothing. We no longer want to actively try to assess a client, we don't want to think about trying to change him/her for what we perceive as 'better'. According to Maitland, a shift in orientation from trying to accomplish results to one of allowing what is to show itself results in opening a loving space where the client can wordlessly reveal his/her troubles to us. We must learn how to feel and perceive (with a feeling-nature) his/her whole body and energy field with our whole body and energy field. Defining our perceptual system as an integration of our senses, cognitions, feeling nature and energetic field, Maitland says we must include the brain and nervous system and mind, what Maitland calls the 'somatic field', which is "our feeling nature entwined with and embedded in all our states of awareness and shared with all living systems (creatures)."



in exact sensorial imagination, we create the space for an object in our imagination and lived body by visualizing what we just received and perceived. This process allows practitioners to develop a way of seeing that is shaped by what they're seeing. You simply close your eyes and visualize what you saw, incorporating the three factors of perception: sensory, imagination, and feeling-nature. You recreate it in your mind's eye and re-feel it in your body (the details of the sensory experience) (p.91). As you repeat this process, and oscillate between the two (active seeing and exact sensorial imagination), and continually check the details, Maitland says you will come to a place where you see wholeness

and the object lives in you (p.89).

A Quick Conclusion

As noted in the beginning, there is much here to explore. Overall, I chose to include this review in our Summer Book Review issue because the content is fascinating, stimulating, informative, intellectually activating, inspirational, present and real. If you're a Rolfer or work with any form of manual therapy, if you're interested in philosophy, if you want to learn how to see your clients, to sense into yourself and them, to be one with the body and the energy field, to let what is present itself and you aren't exactly sure how, I recommend reading this book.

Jeffrey Maitland, PhD dedicated most of his adult life to investigating Zen practice, philosophy and the nature of healing. He's a Zen monk ordained by Joshu Sasaki Roshi, an energy healer, a Certified Advanced Rolfer, a former professor of philosophy at Purdue University and a philosophical counselor. He's one of seven Advanced Roling Instructors in the world. He employs a gentle, non-formulistic approach to Roling and is highly skilled in visceral manipulation, biodynamic craniosacral, energetic and cold laser therapy.

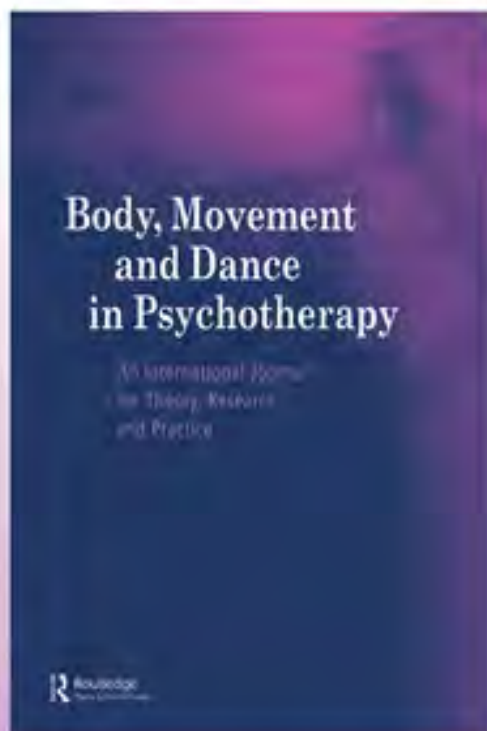
Maitland says that we use perception and enhanced perception as forms of seeing every day, and while both are saturated with the cognitive, enhanced perception is where the phenomenon lives in us and we in it, which must be cultivated by practice (p. 89). We must shift our orientation (or intention) from that of an onlooker experiencing the world through abstractions of the analytic/verbal mind to becoming a participant of the lived perspective of the world, to allow what is to show itself (p.91).

"You must shift your orientation to allowing what is to show itself. You simply get out of the way by dropping your self and simultaneously expanding your perceptual field to allow the opening of a loving space. Just allow the spaciousness to appear with no thoughts of trying to change your client for the better. The clarity and safety of this clearing make it possible for the being of your client to wordlessly reveal his or her troubles to you. This shift is actually a kind of intervention, which, all by itself, can create change" (p.91).

There are three steps to practice in Maitland's process: first, we have to shift our intentionality/orientation from onlooker to participant; second, we have to engage in active seeing; and third, we have to engage in exact sensorial imagination (or exact intuitive perception). Active seeing suspends the verbal/analytic intellectual mind by directing attention to sensory experience. Then,

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Reflections on Writing Embodied Being

By Jeffrey Maitland, PhD

The 20th century could be characterized as a time when critical thought was ruthlessly directed at its own foundations, calling into question the very cogency of science and the universality of our most cherished values. In the midst of both the turmoil and the tremendous creative upsurge afforded by the depths of this self-examination, the 20th century also witnessed the quiet birth and development of a new field of inquiry known as Somatics. Somatics is both a science and a philosophy but it also includes holistic manual therapy as a practical application of its principles. Because it is a new inquiry into the nature of the body, it demands new eyes and bold forward thinking investigators who have freed themselves from the artificial divisions of the past.

In the wake of this creative upsurge are those who say the Muses no longer speak to us. But the truth is that these nay-sayers have lost their footing and no longer know how to listen. Even when the muse raises her voice and speaks directly into their ears, they remain confounded by the din of postmodernism.

I remember quite clearly how I found my way to philosophy. The girl I was dating told me that I talked like someone who had too many philosophy classes. I had no idea what she was talking about. I was just a naive college freshman. If she had brought muses into the conversation, I wouldn't have known about them either. All the same, I knew enough to know that I had just been taken down a notch. Strangely, her comment unsettled me. Without giving it much thought, I changed my major to philosophy the next day. Eventually I became a professor of philosophy.

The study of philosophy led me to Zen practice and a number of years later I was ordained a Zen monk. Early in my Zen training I experienced what the great Zen teacher, Hakuin, rendered with perfect poetic precision: "This very place is the Lotus land of purity. This very body is the body of the Buddha." Although I did not know it then, this experience was the beginning of my lifelong fascination with the phenomenology of the body. Today I might express my fascination this way: in the end, the mystery of consciousness is the mystery of the flesh, or what I call the sentient body.

The event of embodiment is a kind of homecoming, an expression of the freedom that arises when we fully embrace where we already and always are and come home to our body.

During this time, I developed debilitating back pain and sought the services of a Rolfer. He fixed my back, and somehow he also introduced me to a serenely peaceful state of being I was only able experience after many hours of meditation. Needless to say, I was intrigued. I trained to be a Rolfer and in due course became an Advanced Roling Instructor.

The confluence of these three profound lines of inquiry is the source of *Embodied Being*. It has informed my life and become my inquiry. Roling practice has given me unique and direct access to the core of suffering—the body. It also provided the means to transform the suffering of others by transforming their bodies. And it has allowed me to turn my treatment room into a kind of laboratory devoted to investigating the nature of embodiment.

Embodied Being practically wrote itself. For years I have worked intensely with the issues found on the pages of my book. In particular, I was concerned with exposing the unexamined philosophical assumptions that often stand in the way of good therapy. One of the greatest barriers to providing effective therapy is the unexamined acceptance of the Cartesian worldview, especially the view that the body is a soft machine inhabited by a ghostlike thing called consciousness. By the time I had reached the end of my book I had come up with quite a number of cogent arguments against the Cartesian way of thinking. I felt confident about my arguments but I noticed to my great consternation and surprise that I often slipped back into thinking and imagining in the deep psychoneural ruts left behind by Descartes' forays into the mind/body problem.

How bizarre. Here I was, using logic to successfully flush out the last fixations of the Cartesian worldview and discovering it still held me in its grip. Logic is a very powerful tool, but unless the flesh agrees, logic is often not enough to command assent. We feel concepts. They affect us. Whether they are well thought-out or not, they mold our flesh, influencing how we think about and perceive our world. I recall a grad student telling me that after five years of intense psychotherapy she discovered that she was most attracted to those philosophic positions that supported her neurosis.

Holding on to your pain can be rooted in a philosophical view of which you are not fully

cognizant. For example, a client I discuss in my book was unable to overcome a painful shoulder injury until she realized she was unknowingly holding on to a particular philosophical position. When she brought the philosophy to full awareness, she dropped it immediately, and her pain was gone in an instant. She had been suffering from a philosophically maintained pain. Other examples of the intertwining of flesh and thought can be found throughout my book.

In my case, I finally cast off the Cartesian influence. I was grateful to have learned firsthand how certain concepts "leave thorns in your flesh" making you vulnerable to their influence, even after thoroughly deconstructing them. I was also grateful to have seen the limits of logic during critical moments in therapy. Struggling to come to terms with these issues when drawing my book to a close made life more difficult. But it was well worth the effort. I was forced to see things differently. As a result, I may have discovered a solution to an aspect of the mind/body problem.

As a teacher of manual therapy, I am very interested in how to answer three fundamental questions that face all therapists: what do I do first, what do I do next, and when am I finished? If you are not content following formulaic protocols, relying on intuition, or working symptom by symptom, *Embodied Being* lays out for perhaps the first time the principles of intervention and how to apply them in creating a treatment plan. Since perception is so critically important to good assessment but notoriously difficult to teach, I developed a self teaching process based on the work of Goethe and phenomenology. It is designed to train practitioners how to see--to show them how to cease being an isolated Cartesian onlooker who can only look but does not see (holistically).

My book is about a way of knowing and perceiving that goes straight to the heart of the matter, a way neither recognized nor appreciated by Cartesian thinking. It is most akin to aesthetic judgment. Notice that the opposite of the word "aesthetic" is "anesthetic." This verbal comparison is suggestive. It suggests that manual therapy and art are about waking up to our freedom.

Manual therapy is not just about fixing our aches and pains. It can be about self-discovery or a portal to the numinous. Manual therapy works to release our upright body in gravity so that we may dance in the free play of verticality in a world that makes sense and supports us in finding our true home. The event of embodiment is a kind of homecoming, an expression of the freedom that arises when we fully embrace where we already and always are and come home to our body.

Same Time Next Week: True Stories of Working Through Mental Illness



Written by Lee Gutkind

Reviewed by: Kimberly Wang

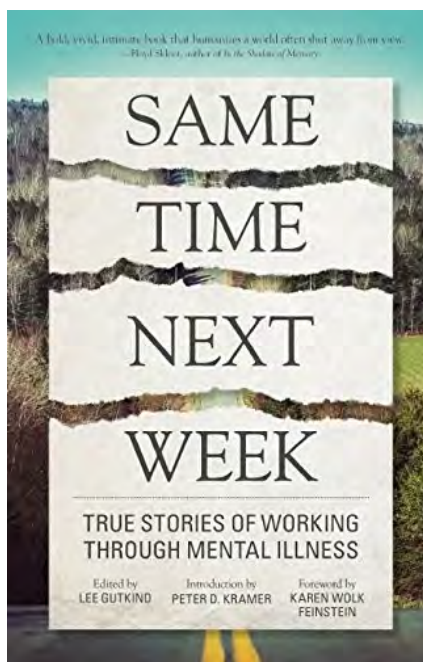
New York University
Gallatin School of Individualized Study



Photo by Karen Meyers

With increased efforts to reduce stigma and approach mental health care from a more personalized perspective, *Same Time Next Week* comes at a critical moment in the transformation of psychotherapeutic practices from the clinical to a more humanized model. Offering an intimate look into a world that, until recently, has remained largely hidden behind closed doors and hushed tones, the eighteen stories comprising this anthology are deeply personal, rich and thorough in their narrative structures without the sterile feel of the traditional case study. In their exploration of a wide variety of mental illnesses including (but not limited to) depression, bipolar disorder, OCD, schizophrenia, and eating disorders, these stories are distinct in that many are written by mental health professionals who have, themselves, experienced mental illness and therefore have first-hand knowledge of the trials and tribulations of recovery.

The stories in this collection follow three general forms – patients writing about their struggles with mental illness, clinicians discussing their experiences with particularly memorable patients, and clinicians discussing their own struggles with mental health issues. In incorporating all these different forms of storytelling into a single collection, editor Lee Gutkind's efforts to give voice to the many different circumstances and individuals affected by mental illness are reflected in the great diversity of accounts found within the pages.



From the fascinating story of a young man diagnosed with periodic catatonia just after achieving his PhD in neuropsychology to the haunting story of a philosophy professor struggling with traumatic memories of sexual assault, each tale's value is in its compassionate humanization of clinical labels.

With all accounts detailing the lives of different individuals, the stories featured in this anthology offer an intimate look at the experience of mental illness and recovery from two different points of view – from the perspective of the patient and from the perspective of the mental health professional – a duality

that is helpful in its allowance for deeper insight into both client and therapist mentality. Of the stories told from the perspective of the patient, "In Minnesota, Once: On Anorexia, Masculinity, and Recovery" by archaeologist and poet Owen Vince, explores the unique difficulties faced in male disordered eating. Vince's strong command of imagery and raw emotional appeal makes the story distinctive even as he discusses the typically conventional themes of shame and loss of self-control. Of the stories told from the perspective of the clinician overseeing a client, one especially memorable account, "Inside," recounts the deepening of the relationship between a particularly difficult client and an initially reluctant clinician, Dan Tomasulo. In Tomasulo's telling of how the "smelly referral" of "a bad impersonation of Janis Joplin" (pg. 55)

eventually developed into a mutually rewarding experience, the humor in this story serves as a compelling literary device to underscore the importance of humility and trust in the therapeutic experience.

The most distinctive feature of this anthology is, perhaps, its exploration of therapist as patient. With many of the stories written from the perspective of former patients who have since become licensed mental health practitioners, the takeaway message is clear – though “mental health providers often hide their own psychological struggles for fear of damaging their professional reputations” (pg. 87), this needn’t be the case. In fact, such accounts are illuminating and inspiring testaments to the collective power of a strong support system, courageous introspection, and time to overcome the psychological demons of mental illness.

While some of the stories do feel a bit generic and some of the writing styles may not be as engaging as others, Gutkind has, overall, done an excellent job in selecting stories to capture the many different faces of mental illness. *Same Time Next Week* offers an important learning opportunity for readers of all personal backgrounds and levels of education but may be

of special interest to mental health professionals who wish to increase the level of sensitivity in their practice by gaining deeper insight into clients’ psyches, to those hoping to better understand the struggles of their loved ones, and, of course, to those who are currently struggling (or who have struggled) with their mental wellbeing. Despite their distinctive literary styles and different anecdotal components, these stories are really part of a larger overall narrative, one that speaks of the inevitable suffering and joys of human life, the themes of transformation and perseverance in the face of psychological woundedness, and the changes in traditionally stigmatized attitudes and approaches towards mental illness that must be addressed in order to optimize the effects of existing healing practices.

Kimberly L. Wang is a third-year undergraduate at NYU Gallatin pursuing an individualized degree in neuropsychology and a minor in Child and Adolescent Mental Studies. Her academic interests include the natural sciences, philosophy (specifically metaphysics and epistemology), history, language, and the visual arts. In her free time, Kim enjoys listening to and playing music, reading, creative writing, drawing, and being outdoors.

Lee Gutkind: Writer, Speaker, Innovator

By Nancy Eichhorn

I first met Lee Gutkind at a creative non-fiction writing workshop at Goucher College. Participants were assigned to smaller writing pods—I had the fortune to be assigned with Dinty Moore, an American essayist and writer of both fiction and non-fiction books. At the end of the weekend, participants were selected from each group to read their essay aloud. My group picked me—I wrote a story about my relationship with my grandmother and her expectations of what it meant to be lady. It involved eating a maraschino cherry. Yes, I was terrified to stand in front a large auditorium-audience filled with writers and publishers, teachers and agents. At the end of the evening, Lee came up to me and noted that he would never view a maraschino cherry the same. He was positive and supportive at a time when I was wondering if I had what it takes to be a “real” writer. His kind words and actions during that conference have stayed with me.

According to Lee’s website: he founded *Creative Nonfiction*, the first and the largest literary journal to publish narrative/creative nonfiction exclusively as well as starting the first MFT program in creative nonfiction at the University

of Pittsburg, and the first low residency program at Goucher College.

All the while, he has practiced what he preached; he has immersed himself in diverse worlds for months and years and produced dramatic and intimate creative nonfiction books about subjects as rich and varied as the motorcycle subculture, child and adolescent mental illness, baseball umpires, veterinary medicine and organ transplantation. His book about his life, growing up ‘fat’, was a powerful read in my perspective.

His latest endeavor is to teach scientists, engineers, policy scholars, mathematicians, roboticists, philosophers, innovators and scholars who are pushing the envelope of change to write true stories that inform, entertain and compel readers to want to learn.

I look forward to reading more of Lee’s work and that of those participating in his new frontier.

Retrieved from <http://leegutkind.com/about/>

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WHEN HURT REMAINS

RELATIONAL PERSPECTIVES ON THERAPEUTIC FAILURE



ASAF ROLEF BEN-SHAHAR
AND
RACHEL SHALIT

KARNAC

When Hurt Remains: Relational Perspectives on Therapeutic Failure

Edited by Asaf Rolef Ben-Shahar and Rachel Shalit

Reviewed by Nancy Eichhorn



Asaf Rolef Ben-Shahar and Rachel Shalit

I feel strange reviewing a book I contributed to. A strong sense of impropriety gurgles in my gut as if I'm shamelessly promoting myself though, in fact, I make no profit from book sales of any sort. And still, despite an authoritative voice that says, "Let someone else write about this book," I am drawn to share at least an overview of the stories others wrote about their experiences with therapeutic failure.

It's not an easy topic to approach. I learned from Asaf Rolef Ben-Shahar (see his reflection on page 58) that his first attempt to gather submissions was, well, he was rather ignored. The second time, perhaps the stars were more aligned or therapists felt safer revealing vulnerable moments in their clinical day, or perhaps they were more willing to share what didn't go quite as planned (though I wonder how in fact we can preplan the outcome of a client session when it's constantly co-created, moment-by-moment as each minute flows by). Regardless, I felt honored to be invited to contribute and humbled by my deeper feelings of guilt and shame as I recalled a professionally and a life changing incident, which at the end of a lengthy self-reflective process I did opt to share.

When Hurt Remains: Relational Perspectives on Therapeutic Failure, edited by Asaf Rolef Ben-Shahar and Rachel Shalit, with a foreword by Andrew Samuels, offers personal stories about professional moments of failure. Fifteen psychotherapists define failure from their own perspective and courageously revisit client cases, some that occurred many years ago, to share intimate and revealing vignettes where the therapeutic bond was disrupted, where they were deeply wounded, and for some those wounds changed the course of their career. For all, these wounds remain as a tear in the fabric of their being. The book is actually entitled, *When Hurt Remains*, because the stories were so painfully "carved into" the contributors' being they significantly impacted them (xxv).

Can we fully recognize our failures without shaming ourselves and others?

The stage is set with a modicum of acceptance that failure, misattunement, and rupture are considered crucial to human development, a cornerstone in the formation and maintenance of attachment relationships. In fact, some say failure supports life altering growth, a result from what is therapeutically known as rupture and repair. Failure is considered inevitable, perhaps even necessary in the realm of relating. Yet, as psychotherapists we often hold ourselves to a higher bar, a place of perfection, or at least a state free from failure, void of mistakes. In truth, most if not all therapists must know that some client relationships end painfully. Yet, as Asaf and Rachel note, for the most part therapists are left to carry that hurt on their own. Sometimes the pain is processed in supervision or personal therapy, but for the most part, we, as therapists, carry it—secretly, shamefully—for a long, long time.

Asaf and Rachel asked themselves and potential contributors: Can we fully recognize our failures without shaming ourselves and others? Can we bear it while attending to our narcissistic wounds and rescue fantasy? The purpose, then, of this book is to address these questions while examining what relational theory and practice can contribute to both our ability to understand and to work with therapeutic failure. The book was edited with four audiences in mind: psychotherapists in training, clinicians, clients, and intelligent lay readers—people interested in psychotherapy who might find the book interesting and perhaps even inspiring. Asaf and Rachel “sought to portray the human side of the clinical picture, when hurt remained” (xxv). They write that the book is “intended to tell the story of our failed attempts to connect, to help, to make a difference, with honour, and respect, and kindness.” The contributors’ vignettes involve things that didn’t work, therapeutic mistakes, and empathic failures; some of these failures saved therapy, while others marked the end.

The book is divided into five parts (15 chapters in total): Beyond Boundaries; Techniques: Holding On and Letting Go; Enactments: When Biographies and Self-States Converge; Affects on the Edge; and Broader Perspectives. Each section begins with an

introduction that addresses the theme, explains the reasoning for inclusion, and offers a brief statement about the chapters within it.

Beyond Binaries, with chapters by Doris Brothers, Jessica Benjamin, and Elad Hadad, examines some of the binaries in thinking of therapeutic success and failure. Doris challenges the polarity of success and failure, highlighting their relativity and limitation. Jessica looks at the polarities of good and bad, the therapist’s ability to withstand badness. And Elad writes with uncertainty about success and failure in light of cultural indoctrination and expectation.

Techniques: Holding On and Letting Go involves three authors—Stuart Pizer, Matthias Wenke, and Shinar Pinkas—who share their hopes and their pain around failure with specific techniques. Stuart wonders about the potentiality of foreseeing the end of a technique’s usefulness. Matthias “portrays a painful collusive enactment technique taking over the therapist and the therapeutic process” (p. 35). And Shinar shares her story as a client who was touched by therapeutic limitations when held to one specific orientation.

Enactments: When Biographies and Self-States Converge is dedicated to therapeutic engagements where care and a deep abiding love developed between the client and therapist. Sharon Ziv Beiman writes about meeting with “illegitimate” self-states and how difficult it is to own and acknowledge these states. Shai Epstein brings together parental neglect, terror and shame within his personal story of a professional enactment as he tried to “save needy and wounded self-states of himself and his client” (pg. 67-68). And Offer Maurer’s writes about bullying and abusive cycles.

In Affects on the Edge, “Two analysts contributed to this section of dealing with strong, affects, affects on the edge, which at the time are too volcanic to experience” (p. 97). Muriel Dimen and Asaf Rolef Ben-Shahar co-authored a chapter about affects that were “too frightening to bear” while Barbara Pizer looked at times when rage and anger were not expressed thus limiting the capacity to truly create intimacy and fully engage with one another.

Can we bear it while attending to our narcissistic wounds and rescue fantasy?

Finally, in Broader Perspectives, the chapters address broader contexts in which failure may occur rather than what is failure. Joseph Schwartz self-examines his working life as a therapist looking at failure; Nancy Eichhorn offers a case study that addresses the question of actually learning from our mistakes and from our failures in a “culture dominated by accountability and fears of litigation.” Julianne Appel-Opper brings in intercultural perspectives that impact therapeutic acts, and Asaf Rolef Ben-Shahar “looks at the characterological potential and risk in the therapeutic personality” (pg. 121).

I offer a sincere warning when sitting down to read this book—do so with willingness to accept the feelings that arise within you. These stories may resonate, may trigger parts of your own. It’s not an easy read, not a book to scan before you fall asleep at night. Sure some contributors maintain a professional stance, a sense of distance from the text as they talk about their experience or their thoughts; they offer more of an analytical presentation. And some open their veins and let the blood flow. The content is personal, real, at times gut wrenching and heart breaking. You are often witness to some of these contributors’ lonely secrets—themes and experiences that haunted them, wounded their psyche.

I felt each person’s story—even more so because I’ve written with several of the contributors in the past. I know their writing style, their orientation and professional work, but I didn’t know their hidden shame, their sense of failure that until now may have or perhaps may not have been revealed professionally. I appreciate the courage it took

to write these stories not knowing who will read them and how they will land on the audience.

If, as the editors’ note, these stories can normalize and de-shame therapeutic failure, if they can facilitate the creation of safe environments to share what isn’t working, what didn’t materialize as we thought, with honesty and acceptance, then the book has achieved one of its goals. Regardless of any anticipated outcomes, however, the book itself and the contributors who opened their lives and in part their souls, have succeeded in bringing to life a pivotal piece of literature that focuses on the relational aspects of therapy and what happens to the therapist in these engagements.

Asaf Rolef Ben-Shahar, PhD, is a relational psychotherapist from Israel, founder of two relational body psychotherapy programs (in Israel and the UK), teaching and lecturing worldwide. His books include *Anatomy of Therapy* and *Touching the Relational Edge*. He is the Editor-in-Chief of *The International Body Psychotherapy Journal*, and an editor with *Body Dance and Movement in Psychotherapy, Psychotherapy and Politics International*, and *Self and Society*.

Rachel Shalit is an integrative and body-oriented psychotherapist, a board member of the Israel Association for Body-Psychotherapy, and a member of Psychosoma, the post-graduate Relational Body Psychotherapy School in Israel. Her previous career specialized in learning organizations (continuous improvement and methodologies). This passion is now oriented to the psychotherapy field.

SPT Magazine Community Members receive 15% off any Asaf Rolef Ben-Shahar paperback books on Karnac’s website through June 30, 2016. Be sure to purchase your copy today at our discounted rate.

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Failing to say hello

By Asaf Rolef Ben-Shahar

Moshe Feldenkrais (1977), who developed the Feldenkrais method, considered walking as a series of controlled fallings. With each step we lose our balance and retrieve it. With each step we fall forward and block the fall with yet another step. Instead of perceiving falling as an undesired process, it becomes a prerequisite for moving forwards.

Movement necessitates falling.

Similarly, when Steven Mitchell (2000) compared this to the analytic relationship he wrote:

“The analytic relationship is no longer usefully understood as the sterile operation theatre Freud believed it could be. The analytic relationship is not as different from other human relationships as Freud wanted it to be. In fact, the intersubjective engagement between patient and analyst has become increasingly understood as the very fulcrum of and vehicle for the deep characterological change psychoanalysis facilitates” (p. 125).

These two statements by Feldenkrais and Mitchell offer a position that is representative of attachment theory and relational thinking. Such a position is both hopeful and heavy. It is hopeful because it expects nothing more of the psychotherapist than being human. It is heavy because it expects nothing less. Human relationships are a messy business; they are saturated with hopes and expectations, with falls and rebalancing, desires and shame, hurt, fears, and needs. The more mutually involved we become, the deeper the potential, and the risk of the therapeutic encounter.

Many therapeutic relationships end with the gratitude and transformation of both parties

involved; but since therapeutic relationships are not so different from other human relationships, many also end up painfully. As therapists, for most of the time we are left to carry that hurt on our own. At times, the pain and hurt can be processed in supervision and therapy, yet at others we carry it—secretly—for many years. Our vulnerability, which makes us suitable to practice, also makes us prone to take matters to heart, and it is not uncommon for us to bear the pain alone; secretly, shamefully.

Although failure, misattunement, and rupture are understood today as crucial to human development and inevitable or even necessary in the matrix of relating, as

psychotherapists we still strive for, and often expect ourselves to refrain from failing, from making mistakes. At least some of this difficulty in accepting failures, working with these, and allowing them results from the “success culture” we grow in, where psychotherapy and relationships have become commercialised goods. Psychotherapists in training and at the beginning of their career are seldom taught how inevitable, or indeed how crucial, failure is. We are taught about attachment, about rupture and repair, but not about the pain of failing to help a client, about interventions that end up badly, clients who leave angry, clients we were simply unable to understand. Nor are we told of just how many times the therapeutic contact had not even reached the first session. Psychotherapy and psychoanalysis potentiate deeply involved relationships, we matter, they matter, which is a fertile ground for growth, and for pain (Rolef Ben-Shahar and Shalit, 2016, pp. xxiii-xxiv).

About ten years ago I contacted some fifty psychotherapists, asking them to send me a vignette of a therapeutic failure. I wanted to collate a book about failures in psychotherapy. One that would neither over-analyse failure, nor illustrate how failure became a success story. It was important to me, because – at least in my clinic – there were many therapeutic failures; too many to count. Was I alone? Did most therapists simply move from one successful therapeutic relationship to another? From one well-thought intervention to the next? I received less than a handful of responses, and those who did respond declined my invitation. Most people did not respond at all.

It was a great delight that the second time I attempted this project it elicited different responses and was fully realised. We aimed much higher, too, and received enthusiastic responses. Rachel Shalit joined me on this editorial project and together we commissioned chapters from fifteen contributors.

We brought together acclaimed relational psychoanalysts and psychotherapists – Jessica Benjamin, Stuart and Barbara Pizer, Muriel Dimen, Doris Brothers, Joseph Schwartz, Sharon Ziv-Beiman and Offer Maurer. We also invited body psychotherapists to write for us: Elad Hadad, Matthias Wenke, Shai Epstein, Nancy Eichhorn, Julianne Appel-Opper. I also wrote a chapter.

It pleased us that this book was not published as a body psychotherapy book but instead as a relational psychotherapy book. It pleased us because we hoped to increase the attention and curiosity of psychotherapists from other modalities to our body of work.

Perhaps, for this column, I can share a failure that didn't make it to the book, one which I am

It pleased us that this book was not published as a body psychotherapy book but instead as a relational psychotherapy book. It pleased us because we hoped to increase the attention and curiosity of psychotherapists from other modalities to our body of work.

still ashamed of, although it did not result in terminating therapy. It is my hope that by sharing this story, and other 'failure' stories I can become a better therapist, but even more so that I manage to cultivate a kinder, more human, attitude to my practice and myself.

I worked with Juliet for four intense years of twice-weekly sessions. After this incident, we worked for three more years, and she remains one of my most loved clients. I think of her often. Juliet was fifty, highly intelligent and creative, hugely successful and equally traumatised and depressed. The last year of our psychotherapeutic work was characterised by extensive regressive work. It was sometimes difficult to remember that Juliet was fifty, as she was so young in therapy, working through very disturbing and disorganised attachment patterns from her childhood.

It was February, and my home was eleven miles away from my clinic. It was cold. That day, the snow began to fall heavily, and most of my clients cancelled. I knew Juliet would come; and I also knew that I would have to walk back home. What I didn't know was how much of my anxiety and shame be seen that day.

The clinic was empty, neither the receptionist nor the other practitioners showed up. Days like that tend to feel special, as if something extraordinary might happen, as liminal spaces open up. Indeed, our session was special. Juliet

managed to express and work with deep longing and pain, and we managed to work with touch without her dissociating. She left to the train station in a fragile, albeit optimistic and open state. My work was done, and I was already beginning to plan my walk back home, which would take me a few hours. I bundled up and started walking home briskly. My steps were quick, and I was watching my feet, as the snow began to pile up. Walking was challenging. It was there that I saw Juliet, walking on the pavement ahead of me. She seemed small and fragile in her fluffy black coat. Juliet walked slowly in what I imagined to be a pensive mood. It seemed that her pace and my stride came from two different universes. I didn't know what to do. I saw her fragility and her tenderness and didn't know what to do. I wanted home. I wish I could say that my action was a result of deep thinking, of processed clinical decision. But it was not. I was debating whether to stop and say hello, and smile or walk quickly without saying hello. I chose the latter.

I ignored Juliet. I walked ever so quickly, accelerating my pace as I passed by Juliet and carried on my journey home. Walking home in the snow was quite an adventure and soon I had forgotten all about Juliet and the "to say or not to say hello" saga.

She had not forgotten it. Juliet arrived upset and in an exceptionally fragile state to the following



session. She found it hard to speak and was shaking for the best part of the session. "Am I not a human being to you?" was the first sentence she was able to utter. "Why didn't you say hello to me when you saw me last week on the way to the train station?"

I blushed. I remember feeling crimson red and deeply ashamed of myself. Instead of taking responsibility, I deepened the shame by lying: "I didn't see you," I meekly said.

Juliet looked at me. "This is rubbish," she said. "I know it and you know it. So stop lying."

I was completely shocked with what was happening. Juliet had never before spoken to me like that. I felt like the worst person in the whole world, not the least the worst therapist. After a few moments of silence, I managed to speak. "I am sorry. You are right. I don't know what to say except I am sorry."

This is not the first time that I ignore someone. It happens to me often in foreign countries. I know a couple of sentences in that language, and when speaking to someone who cannot speak English, I often forget how to say the basic words: "Thank you, sorry, I don't know, I don't speak the language." Dumbstruck, I feel frozen and leave. This is an unpleasant feeling, and one that I try to quickly forget.

This short vignette with Juliet does not end here of course. Juliet and I were able to recover from this painful incident. It had taken her time to

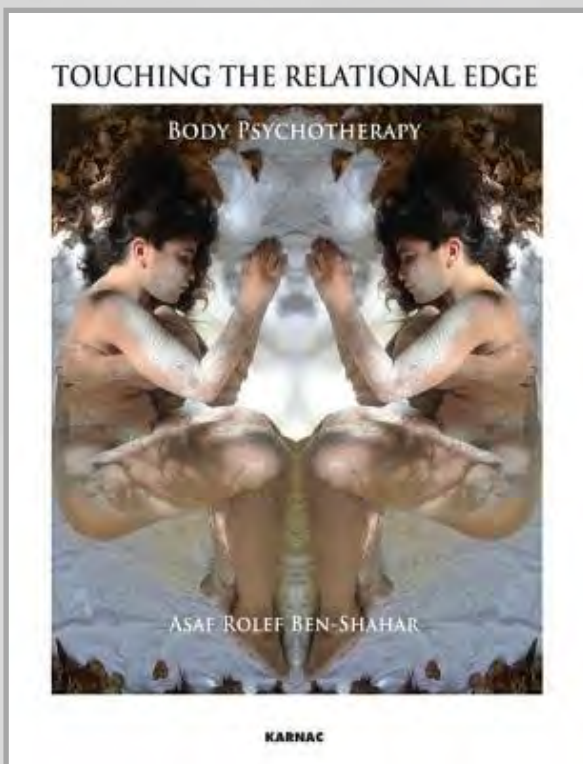
forgive me; it took me far longer time to forgive myself. But I want to leave it here; rather than understand my failure, or conceptualize or reframe it. I want to remain with this unpleasant feeling, with my exposed imperfection and regret. And I wonder: Can you see yourself in my shoes? Is this a possible scenario for you? Could you have found yourself in a similar situation?

As Feldenkrais noted, walking is a series of falls. May there be someone there to catch us when we fall hard.

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

Mitchell, S. A. (2000). *Relationality: From attachment to intersubjectivity*. Hillsdale, NJ: Analytic Press.

Also by Asaf Rolef Ben-Shahar



Nine souls

I am all but shadow

In your shadow I can rest

I am all death

In your death I might live

Eternally tied amongst your shadow, between my deaths

Stopping for a brief moment at your feet

Then I shall know comfort, in your need for me to relieve your loneliness

With your blessing

Asaf Rolef Ben-Shahar

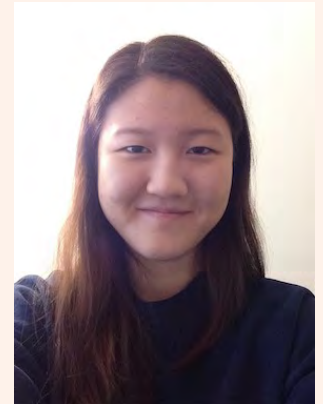
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Touching the Relational Edge

Touch: The Neurobiology of Health, Healing, and Human Connection

Written by Michael Changris

Reviewed by: Kimberly Wang,
New York University
Gallatin School of Individualized Study



“The very possibility of human life starts with touch.” (pg. 6)

From the affectionate expressions exchanged between couples to the comforting gestures shared between family members when words no longer come easily, from birth to death, touch plays a vital role in human development, continuing to affect mental wellbeing on the neural, cognitive, and behavioral levels across the entire lifetime.

Touch is an excellent guide for physical and mental health providers, teachers, couples, and parents alike, offering an impressively thorough exploration of this important yet sensitive area of discussion. Changaris integrates the findings of neuroscience and developmental psychology with clinical vignettes and historical background for contextual support. This book’s greatest strengths lie in the versatility of its applicability and Changaris’ deep sensitivity to the complexities of touch – the many social environments and conditions in which it arises, the challenges unique to each sphere of practice, and, consequently, the many different ways through which individual needs can most appropriately be satisfied through therapeutic application.

Changaris’ scientific explanations are unassuming and easily digestible. Chapters one to three offer a solid introduction to developmental neuroscience and psychology, examining, among other foundational concepts, the neonatal benefits of skin-to-skin contact between parent and child (kangaroo care), the role of oxytocin in pain reduction and the overall modulation of cortisol levels, and the biological basis of the vagus nerve in the social engagement system (as described by Steven Porges’ Polyvagal theory). Meanwhile, Chapter eight, “Changing the Code,” explains the complex epigenetics underlying mental health struggles, demonstrating how words alone are often not enough as a therapeutic intervention.

That touch has been taboo for much of mental healthcare’s history since psychotherapy’s conservative Victorian beginnings has obscured the damaging effects of touch-deprivation for much of the 20th century. Contemporary scientific evidence, however, suggests that psychotherapists are leaving out a critical source of therapeutic support. Changaris recommends



TOUCH

*The Neurobiology of Health,
Healing, and Human Connection*

Michael Changaris, Psy.D.

LifeRhythm

the following skills for therapists to practice touch work without violating personal boundaries: 1) a basic respect for differences, 2) an earnest effort to understand clients' cultures, 3) a clear understanding of his/her own beliefs, values, and cultural norms, and a sensitivity to how these can contribute, inadvertently, to the structuring of unconscious biases and expectations, and 4) the recognition of how strongly cultural and gender differences can impact power dynamics within the therapeutic relationship.

Besides its clinical wisdom for practitioners, this book serves equally well as a self-help book. Chapters ten and seven – "Heal Thyself" and "Different Minds," respectively – complement each other in explaining how touch as an intervention practiced either by oneself or with the guidance of a trusted therapist can greatly help to alleviate suffering. Changaris' advice is extensive and practical, describing techniques specialized for the many stages of life (infancy to late adulthood), the many possible interpersonal contexts in which it plays a key role in bonding (romantic-sexual, parent-child, etc.), and the many challenges incorporating it into the

treatment of different mental and physical health issues (anxiety and mood disorders, PTSD, autism-spectrum etc.). Of particular interest to the self-help reader may be Changaris' explanations of supportive self-touch as "a powerful technique . . . to [increase mindfulness and] the relaxation response and [to] help increase tolerance of intense emotional states" – e.g. self touch for addiction treatment ("tapping lightly with finger-tips can distract the mind from the sensations of cravings").

While *Touch* is already impressive in its coverage of the neurobiology of trauma, it would have benefited from a more in-depth discussion of how to address the psychological triggers experienced by abuse survivors. Changaris writes unceremoniously that survivors "experience a difficult relationship with their own bodies" and that "[a] study . . . found that massage reduced symptoms of depression and anxiety" (pg. 82) without much further explanation, which leaves more to be desired.

Constructive criticism aside, *Touch*, as a whole, is an important and inspiring call to acknowledge and use, to its fullest capacity, a vital yet often underappreciated human behavior.

Kimberly L. Wang is a third-year undergraduate at NYU Gallatin pursuing an individualized degree in neuropsychology and a minor in Child and Adolescent Mental Studies. Her academic interests include the natural sciences, philosophy (specifically metaphysics and epistemology), history, language, and the visual arts. In her free time, Kim enjoys listening to and playing music, reading, creative writing, drawing, and being outdoors.

Mike Changaris, PsyD is a clinical psychologist with a specialty in the biological bases of behavior, stress physiology, and the neuroanatomy of PTSD. He is the training coordinator for an integrated health psychology program, training and supervising post-doctoral, pre-doctoral, and practicum level students on a biopsychosocial approach to team-based care. Mike is current research committee chair for Somatic Experiencing Training Institute Board of Directors.



To Be a Man: A Guide to True Masculine Power

Written by Robert Augustus Masters

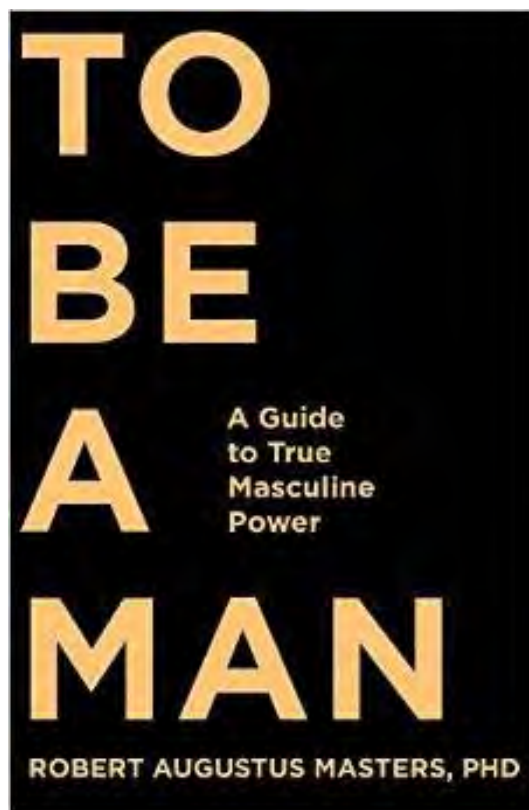
Reviewed by Kimberly Wang

New York University
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The discourse surrounding gender and sexuality politics has a long and controversial history – the thesis of essentialism (that identity and its qualifiers are fundamental, indisputable facts of nature) has most notably been challenged by the likes of philosophers Simone de Beauvoir, Michel Foucault, and Judith Butler. Robert Augustus Masters joins the conversation in a contemporary attempt to alleviate the self-consciousness of gender normativity. *To Be a Man* is a fascinating dissection and reexamination of traditionally inflexible notions of masculinity. Written in a relaxed and friendly tone, this book offers a wealth of information and guidance in a highly accessible, easily digestible form. Masters integrates discussions of the social and developmental factors underlying gender identity and sexuality with demonstrative exercises, examples from his personal life, and pop culture references—it is precisely this dynamic interplay of theory, practice, play, and appeal to spirituality that is so powerful.

Divided into five parts, each of which explores a different aspect of the journey towards “authentic manhood,” *To Be a Man’s* greatest strengths lie in its attempts to address the issues of relationship dissatisfaction, intimacy, effective communication, sex, self-esteem, shame, and violence (toward self and others) through the investigation of where men’s destructive self-attitudes come from. In its discussion of these particular issues, Masters focuses on the necessity of compassion and empathy to achieve a true depth in relational intimacy, vulnerability as a strength and not a weakness (“softening does not necessarily mean emasculation” (pg. xv), and the need to recognize and challenge the

tendency to eroticize one’s wounds (particularly in regards to having an escapist attitude towards sex and to using pornography as an emotional crutch). Another notable strength is Masters’ helpful distinctions between commonly confused concepts that present as further obstacles to the healthy expressions of masculinity – anger versus aggression, conscience versus internal criticism, healthy versus unhealthy shame, etc. Supportive exercises are scattered throughout to reinforce the theories discussed (i.e. “Anger-In, Anger-Out, Mindfully Held Anger, and Heart-Anger,” a visualization practice on page 92).



Of particular interest is Masters' commentary on how the unquestioning internalization of rigid "shoulds" and "shouldn'ts" contributes to the anxiety of obeying prescribed parameters and the excessive self-criticism that results when one fails to adequately conform. In this regard, Masters identifies the issue of overcompensation – either by becoming even more "ruthlessly driven, more competitive, more uncaring about their unresolved wounds" (xiv) or "rebellious" by "driving their hardness and competitiveness into the shadows, and making too much of a virtue out of their softness and more 'feminine' qualities." According to Masters, both are equally damaging in that "in either case, they are reacting to whatever notion of manhood has been or is being authoritatively held aloft before them, defining themselves through – and impaling themselves upon – such reactivity" (xiv). In light of these concerns, Masters highlights two equally destructive consequences – violence against both self and other – of an excessive policing of the self.

Though the rigor of Masters' attempts to reevaluate and challenge the rigid boundaries of gender normativity is commendable, it falls a bit short in some subtle ways. The book's greatest weakness is most clearly evident in some aspects of Masters' use of language, in his discussions of physicality, and in his attempt to challenge heteronormativity directly with a brief discussion of gay men (which is confined to a single seven-paged chapter out of twenty-nine

total chapters). Despite his best efforts to be inclusive and philosophically liberal, these shortcomings suggest an inadvertent essentialist undertone that seems to undermine his deconstructionist approach.

Ironically enough, though Masters certainly recognizes and addresses the dangers of language that suggest a definite, inflexible essence of manhood, his own use of words comes a bit close at times to suggesting the very same essentialist attitude that he is attempting to dissolve (i.e. "True masculine power happens when courage, integrity, vulnerability, compassion, awareness, and the capacity to take strong action are all functioning together . . ." (xx), and "There is a deeper life for men, a life in which responsibility and freedom go hand in hand and level upon level, a life in which happiness is rooted not in what we have but in what we *fundamentally* are.") Though these definitions of masculinity have been crafted with the best of intentions and deliver a strong, positive message, they are slightly problematic in that, to some extent, they contradict the thesis that there are no ideals, no set "shoulds" and "shouldn'ts."

Moreover, while Masters' discussion of physicality (Chapter 24, "The Penis,") is useful in its explanations of how the obsession over one's body must be relaxed in order to achieve a healthier approach to self-concept ("A man's relationship to his penis says much about his relationship to his egoity. If he identifies with his penis, rising and falling with it, letting its capacity to perform overoccupy him, he is likely to identify with his intellect in the same way, engaging in little or no self-reflection . . ." (pg. 243)), it is problematic in its assumption that all men have penises. In this regard, the book is further flawed in its failure to mention transgendered and intersex individuals.

Despite its subtle shortcomings, *To Be a Man* is still of great importance in its therapeutic wisdom and overall applicability to all readers regardless of gender identity. As Samuel Taylor Coleridge and Virginia Woolf once famously wrote – "the great mind is an androgynous one" – so Masters asserts the importance of allowing oneself to exist beyond rigid, socially prescribed boundaries.

Kimberly L. Wang is a third-year undergraduate at NYU Gallatin pursuing an individualized degree in neuropsychology and a minor in Child and Adolescent Mental Studies. Her academic interests include the natural sciences, philosophy (specifically metaphysics and epistemology), history, language, and the visual arts. In her free time, Kim enjoys listening to and playing music, reading, creative writing, drawing, and being outdoors.

OTHER THAN MOTHER

CHOOSING CHILDLESSNESS WITH LIFE IN MIND

A private decision with global consequences



KAMALAMANI



Other Than Mother: Choosing Childlessness with Life in Mind

Written by Kamalanani

Reviewed by Nancy Eichhorn, PhD

“I hope to create a ‘pregnant pause’ for conscious decision-making with a glimpse of the local and global implications.” (p.18)

I envy Kamalanani’s clarity. Reading her newest publication, *Other Than Mother: Choosing Childlessness with Life in Mind, A Private Decision with Global Consequences*, it was clear that she’s thought about children, motherhood, parenting, and her role in all of this for most of her life. At age 14, she writes, the seed was planted—she couldn’t understand how billions of the world’s inhabitants lacked access to food, water, shelter, how people could damage our environment, and still “carried on having babies when there were all these orphans in the world” (p. 125). Like many teens, she made a pact that she’d have children by a specific age, for Kamalanani that time was to arrive before she turned at 30. But decisions made in youth were replaced with the ebb and flow of life happening in the moment. Drawn to the Bodhisattva path in her 20s, she realized that having children was a choice despite the fact that having children “remains such a culturally affirming, biologically gratifying and for many, very fulfilling role” (p. 141).

Her decision-making process is informed by her work as a body psychotherapist, a supervisor, a friend to women in their 20s, 30s, and 40s who are deciding about motherhood, an ecopsychologist, and a researcher. It is clearly influenced by her meditation practice and Buddhism and her curiosity about how to live life, as well as augmented by 17 years of research into this topic.

From this stance of choice, she continued her path of awakening through her Buddhist studies and meditation practice, by bringing the Dharma and its teachings not only into her life but into her outreach with her work, her community, and in a larger sense her global impact. The theme of choice filters through her thoughts as she considered pros and cons, highs and lows, and whys and why nots of baby-making/motherhood from a conscious and conscientious point of view. Her decision-making process was/is informed by her work as a body psychotherapist, a supervisor, a friend to women in their 20s, 30s, and 40s who are deciding about motherhood, an ecopsychologist, and a researcher. It is clearly influenced by her meditation practice and Buddhism and her curiosity about how to live life, as well as augmented by 17 years of research into this topic.

One of her goals in writing this book was to fill a gap in the literature—while there were academic books and case studies available, she said there weren't any user-friendly, go-to books that looked into the decision-making process of baby-making and its global implications. Kamalamani writes that she hopes to "throw light" on her "particular decision-making process rather than prescribe whether or not anyone should or shouldn't have children" (p. 18). Writing didn't flow easily at first, she shares; yet, the "backbone of the book flowered" when she "realized it needed to be about choosing life rather than life being over because of my childlessness" (p. 20). She explores what that choice means as well as the endless forms that life takes.

My path wasn't so clear, including even with my decision to review the book. It was one of those spontaneous instances that typically constitute many commitments in my life. Kamalamani, a regular SPT Magazine contributor, sent an email about her upcoming book launch, she'd birthed another book, her first, *Meditating with Character*, arrived in 2012. My response to support her writing, which I know is first person with a flair for presence and detail, leapt out of my fingers onto the keyboard—I'd love to review your book for the magazine. She sent a PDF (the book hadn't been published yet), and I placed it in line behind

several other PDFs in the 'to-be-reviewed' file. Fortunately for me the paperback copy arrived before I printed out the PDF.

With book in hand, I settled into a comfortable chair and cracked the spine. I thought I was prepared for any triggers that might arise as I read the book from a "childless" perspective. I wasn't. My route to age 56 with no offspring was less thought out, less considered, less conscious in terms of my role as a mother and it lacked any considerations of far reaching global impacts. To use terms from Kamalamani's book, I fit into two categories: "childless by circumstance" and "involuntary childlessness"—I miscarried twice and faced difficult decisions a third time. Divorced in my early 40s precluded time to fall in love again, develop a healthy relationship and then conceive. I was out of time. Kamalamani is clear that there's a "gray area between voluntary and involuntary childlessness pending on one's perception" and the matter of choice regarding child bearing might be charged for those who can't conceive. This book, she writes, is specifically about intentional childlessness. Thus far in life, she has chosen not to conceive—she has never tried to get pregnant (p. 16).

She offers the top reasons why she's not tried to have children:

1. Having children is not a priority
2. The planet does not need her to add to the population
3. She wants to explore nurturing self, other, world, rather than create mortal children
4. The myth of having it all is simply that, a myth
5. To minimize the dusty household life
6. Truth be told: she just did not want children enough (though she's clear about her love and devotion for her nieces and nephews)

While reading Kamalanani's story, I couldn't stop my past from rising, I had to face my own reflections. Yes, the content created an emotional charge—a mixture of feelings about my actual choices and my lack of conscious consideration. My first husband was absolute—he

refused to bring a child into a life condemned by his genetics and health problems and thus suffer as he suffered. I agreed having no “maternal clock ticking” at age 35 when we wed. Perhaps my not being a mother already was an unconscious choice early on. I never had that teenage draw to babies, never wanted to babysit, never felt any inclination to snuggle with other people’s children. The idea of children never crossed my mind in my twenties; I was single and far too busy teaching elementary school, which included an unofficial role of mother to scads of children. One day, while trail running with the man who became my second husband, he expressed his clear desire to have a family. I spontaneously replied, “of course I want children,” when in fact, I wasn’t sure whatsoever.

I clearly was not as open and honest with myself as Kamalamani has been and continues to be so. Her process landed me in a conundrum—how do I balance self-reflection and self-acceptance so that I can review my past and not walk away feeling guilty, ashamed, regretful or the reverse angry and justified? I wanted to land in a neutral place of being that resembled more the peace and equanimity she shares within her Buddhist practice and the ‘Karaniya Metta Sutta’ (she shares a Buddhist teaching about metta—translated as universal loving kindness, see side panel).

“The best decisions I have made,” she writes, “have been borne from a fine balance of weighing up pros and cons in a reasoned way, surrounded by a much messier process of listening to my hopes, fears, doubts, fantasies and dreams.”

The book is divided into three parts (42 quick-to-read chapters)

Part 1: The worldly winds—the title is taken from her Buddhist teachings. Kamalamani looks at various pulls in different directions when considering child rearing or not.

Part 2: A private decision with global consequences—her focus is on the decision-making process itself. As she writes, “Decision making is an art rather than a technique” (p. 118). This section includes in-depth personal reflections about her decision to remain childless—what feels right and what still creates some tension in her life.

Part 3: New horizons and baby-sized projects—here she focuses on life beyond deciding not to have children and living with the decision that results in new horizons. She invites readers to experience a process of absorbing and digesting process.

Metta

If you know your own good

And know where peace dwells

Then this is the task:

Lead a simple and a frugal life

Uncorrupted, capable and just;

Be mild, speak soft, eradicate conceit.

Keep appetites and senses calm.

Be discreet and unassuming;

Do not seek rewards.

Do not have to be ashamed

In the presence of the wise.

May everything that lives be well!

**Weak or strong, large or small, seen or un-
seen, here or elsewhere,**

Present or to come, in heights of depths,

May all be well.

Have that mind for all the world—

Get rid of lies and pride—

A mother’s mind for her baby

Her love, but now unbounded.

Secure this mind love love,

No enemies, no obstructions,

Wherever or however you may be!

Is it sublime, this,

It escapes birth and death,

Losing lust and delusion,

And living in the truth!

(Vipassi, date unknown)

Each chapter reflects a different aspect of, or theme about, intentional childlessness. Kamalamani weaves together personal experience with anecdotes, academic research, and conversations with friends, strangers, colleagues and acquaintances. Themes are revisited within these three parts such as perceptions of childlessness women, stereotyping, how non-parenthood can bring a feeling of otherness because of the prevailing pro-family and pro-natal agendas, and the impact of child-bearing in light of global issues. As well, many "themes are revisited throughout the entire book, particularly questions about non-parenthood and identity, social conformity and finding our place in the world, and reflecting how the decision-making process revisits different facets of our lives over time" (p.11). She discusses whether our choices are truly free or not considering the impact and influence of cultural pressures and family expectations.

There are suggestions and ideas at the end of most chapters in the form of 'pregnant pauses' and 'reveries'—invitations to write, to consider, to bring the material inside and contemplate your place within it. The pace and place of these reflective inquires, the questions she poses allow readers to sit back and explore their own lives with curiosity—I hear the therapist as well as the personal explorer in her invitations.

She spends much time capturing the sense of 'otherness' that she experienced by not choosing to be a mother. She writes about childless women as being in the minority, that they're seen as deviant, weird. Instead, she invites readers to celebrate their creativity as it's channeled into other ways of living that don't involve physical child bearing and rearing (p. 21). While I heard her experiences feeling the discomfort of otherness, I looked within my experience and just didn't connect. Maybe, because I'm partly camped with those in the involuntary childlessness category, I haven't been regarded as strange or deviant—when folks ask me if I have children, I simply reply that it wasn't meant to be. I don't share the details, just the outcome. I never felt any pressure to have children, didn't grow up thinking it was expected. I have never felt anyone judge me because I don't have kids (or perhaps I'm just oblivious to their smirks). However, people clearly don't want to go it alone—the National Organization for Non-Parents was founded in California in 1972, and later became the National Alliance for Optional Parenthood (NAOP), to support people who opt to not procreate.

The statistical information regarding intentional childlessness was interesting as well as a look at who these people are in real life. Kamalamani dispels myths about women and

men who choose to remain childless. Overall, there's no stereotype: they're rich and poor, white, people of color and from different ethnic groups, jobless, career focused, disillusioned by the free babysitting the provided during their own childhood, men and women, lesbian, gay, straight, bisexual, transgender, queer, questioning, free of obvious 'baby urges' and other hormonal surges, out of time, having left it to too late, and so on.

While there's much to consider when reviewing this book, to save some content for you to read, I'll come to a place of closure. One aspect of her writing that stays with me, however, needs mentioning: Kamalamani is present on the page. I feel her energy, hear her voice, sense her feelings as she creates personal moments within all the information she provides. I enjoyed reading the book even though it stirred deeper emotions within, posed challenges to my normal way of being. Perhaps I was supposed to read this book at this time to help resolve my own frame of reference as a childless woman in her mid-50s with no chance whatsoever of child bearing. Maybe there's some positive outtake learning to view life from a more conscientious perspective, to look at my 'carbon footprint' and how Earth's future is in fact partly in my hands. Just as Kamalamani has birthed projects, creations, books, she's also a steward of the planet and as such takes responsibility for her choices and how she nurtures our world—the people, plants, animals, air, ground, water and energy. Her love shines through.

Kamalamani 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. Her second book: 'Other than Mother: Choosing Childlessness with Life in mind' was published by Earth Books on 29 April 2016. www.kamalamani.co.uk



Reflections on the Birth of *Other than Mother: Choosing Childless with Life in mind*

By Kamalamani

Part of me always anticipated motherhood with warmth, accompanied by an inner mantra: 'I'll have kids by the time I'm 30'. I guess this was my personalised version of what Melanie Holmes calls the 'motherhood catechism' in her book *The Female Assumption: The schooling of females to assume that they will someday become mothers* (Holmes, 2014: 9). It's strange to recall that even by the late 1990s it wasn't obvious, to me, at least, that child-bearing was and is a choice - the first time that I had paid attention to the pronatalism of our societal messages.

My final decision not to procreate emerged from a dream, the day after lunching with my best friend, Vicky, and her sharing with me the happy news of her pregnancy. My life was taking a different path. Yet it had dawned on me only a few years earlier that having children wasn't compulsory. Realising this, I had made the provisional decision not to have them, to sit with this and to see how it felt, after years of never having questioned that I would one day become a mother. It's 14 years since I dreamed that dream, the beginning of my researching and writing about elective childlessness. The day after that dream I found myself deciding to write the book that I had failed to find, eagerly scanning online booksellers.

What was I seeking, searching the web for the book I couldn't find? Affirmation that it was okay to be 31 and without child, maybe some encouragement in living a creative and nurturing life, without bringing an actual flesh and blood earthling into the world. Perhaps I was also seeking reflections on childlessness which were influenced by ecological and spiritual considerations, which were very much on my mind - and still are. That provisional decision turned, year by year, into a permanent decision. I am now 45 and have recently launched my second book 'Other than Mother: Choosing Childlessness with Life in Mind', the fruition of this 14- year-long gestation period.

My writing ground to a halt four years ago. What was wrong? Was this writer's block? Had I run out of steam? No. I realised I was trying to write about something under the influence of the sense of 'lack', which often shrouds the subject of childlessness. This was also a necessary stage in acknowledging that I did, and occasionally still do, feel a sense of lack and loss in being without child; loss on a personal level, and loss in terms of the taboo of being a middle-aged woman who is without child. It signalled to me the need for a shift in the book's structure and the orientation of my life. To feel freer to choose life and to start envisaging a life beyond the decision to not have children; less defined by the decision itself.

With that in mind, 'Other than Mother' is divided into three parts: Part I "The Worldly Winds" explores the backdrop in deciding whether or not to have children, including the cultural changes brought about by a rise in intentional childlessness. Part II "A Private Decision with Global Consequences" explores the pros and cons in the decision-making process, including ecological and environmental considerations. Part III "New Horizons and Baby-sized Projects" explores living with the decision.

I hope this book will support others who are in the midst of this decision-making process. The silver lining in writing a book on and off over 14 years is that my mood changed with different lifecycles and I hope that this is, to some extent, captured in the different flavours of the book. I also hope that it will serve to continue to open up dialogues about child-bearing and rearing, about motherhood and 'otherhood'.

These are hot, controversial, and invigorating themes. Debates on these themes can cascade into streams of polarisations, particularly on the internet - easier, I suppose, to hurl challenges when we can't see the real live person we're addressing in front of us. I hope 'Other than Mother' and many other fine books on this and related subjects will encourage us all to sit back and reflect on our choices, to listen better to one another, and to learn to live with difference rather than immediately fall into fear when it challenges our own status quo and embodied identity.

The hotter issues - quite literally, getting hotter at this point in life on earth - is looking at how we choose to live individually and collectively, as we start to acknowledge more publically the realisation that human activity is seriously endangering life on earth for us humans and other-than-human life. Not just in terms of climate chaos, but in terms of the severe loss of bio diversity, environmental degradation and the growing gulfs of wealth equality. The times of 'great turning' which we're in, to borrow the words of the eco-philosopher Joanna Macy, call for change in how we think and how we live rather than assuming it's going to be 'business as normal'.

Our approaches to child-bearing and child-rearing are an important part of this, hence the subtitle of 'with life in mind.' Not simply because of population concerns, but because in order to have a fighting chance of the longevity of the human species beyond the next few hundred years, we are going to have to develop much more resilient communities; communities which will need to adjust to big shifts in how we produce food and eat, how we recycle, how we keep warm, how we travel and move around the place, how and where we work, and how we communicate and organise ourselves. My book's by line 'a private decision with global

I hope this book will support others who are in the midst of this decision-making process. The silver lining in writing a book on and off over 14 years is that my mood changed with different lifecycles and I hope that this is, to some extent, captured in the different flavours of the book. I also hope that it will serve to continue to open up dialogues about child-bearing and rearing, about motherhood and 'otherhood'.

consequences' invites us to start to dialogue about child-bearing and rearing - or not - as but one aspect of the necessary changes ahead.

These are exciting times on earth. We have the opportunity to courageously engage with difficulty, drawing on the immense resource of human creativity and inventiveness. In writing this book I've been struck by how I've been changed and expanded in engaging with the theme and meeting and talking to many women, and a few interested men, about their experience of child-bearing and being childfree by choice and by circumstance.

I feel much gratitude to the early authors of books I read on this theme, all based in the States, as it happens: Terri Casey, author of *Pride and Joy: The Lives and Passions of Women Without Children*, Mardy Ireland, author of *Reconceiving Women: Separating Motherhood from Female Identity*, and Laurie Lisle *Without Child: Challenging the Stigma of Childlessness*.

More latterly, I have felt the support of Stephanie Mills, across the pond, and Polly Higgins, closer to home, both women who understand what I am trying to do in writing *Other Than Mother* and who kindly agreed to endorse the book ahead of its publication. Graduating in 1969 from Mills College, California, Stephanie Mills delivered a college graduation speech which catapulted her into the national spotlight. The year before, Paul Ehrlich's bestselling book *The Population Bomb* (Ehrlich, 1968) had been published. Mills had been moved deeply by Ehrlich's message that we humans are facing a future of war, strife and famine - victims of our own reproductive success, and exploiting earth's finite resources. Mills announced to her classmates: "I am terribly saddened by the fact that the most humane thing for me to do is to have no children at all" (Mills quoted in Hymas, 2010). In the past 40 or so years, Stephanie has been an ecological activist, a lecturer in bioregionalism, ecological restoration, community economics, and voluntary simplicity.

A former practising barrister in London, Polly Higgins now uses her legal skills for just one client - the earth (here in the UK she's sometimes dubbed 'the earth's lawyer...') She is the lead advocate for Ecocide law who legally advises as an independent expert lawyer and is recognised as the world's leading expert on Ecocide law. Polly advocates for a missing law: one that creates a legal duty of care by putting people and planet first, a law that prohibits mass damage and destruction to human and other-than-human life, and makes ecocide a crime. I was fortunate to meet Polly a few years ago at the 'Meeting at the Edge of the Wild' annual UK ecopsychology gathering and was struck by her skill, expertise, care, and friendliness. This was reinforced by her TEDX talks and book on 'I Dare You to be Great' (Higgins, 2014), encouraging

others to realise their potential and make a difference.

I have been gladdened to have these two women endorsing 'Other than Mother' not only because they understand and support the themes I am writing about, but because I have been deeply appreciative of their kindly, thoughtful words. I am but one player in continuing the legacy of keeping this theme alive and in mind, in an era in which there is scarce mainstream attention paid to the ecological and environmental consequences of having children. Taboos still surround this seemingly unmentionable theme, for a whole thicket of reasons. So I am not alone in this work, I am supported by other people who understand the value of this perspective and in turn, I provide support as a friend, therapist, trainer and supervisor.

Dialogue around *Other Than Mother* and this perspective is happening more and more; I have been asked to write articles and chapters in other books in response to the launch of this one. It is heartening to see that there at least some readiness to engage with this theme. This excites me! I long for the day - and hope it's in the not too far distant future - when we can have open, constructive conversations about our life choices, where a woman can be accepted as being childless or childfree by choice without the automatic assumption that she's somehow in reaction to her family of origin, other parents or children. Where women can think through the choice to procreate without feeling the pressure, even implicitly, that motherhood is the central defining factor in her womanhood. I am excited about the creative possibilities for those without child, in shaping their own lives, and, for those who are also concerned by ecological and environmental concerns, being ambassadors for the earth.

I hope we can actively engage with the theme of intentional childlessness as it arises in our therapy rooms. A while back I published an article in 'Therapy Today', a publication of the British Association for Counselling and Psychotherapy (Kamalmani, 2009). I was struck by the number of women who wrote to me thanking me for raising the theme in a therapy context, and telling stories of encountering problems in discussing chosen childlessness when in therapy. I hope we go one step further as body psychotherapists, and deepen our understanding of embodiment and childlessness. Having written about the need to reclaim our bodies and explore new terrain in our embodiment in 'Other than Mother', I was heartened to discover the paper by Helen Peterson and Kristina Engwall: 'Silent bodies: Childfree women's gendered and embodied experiences' (2013). In their words:

"To have a 'silent body' is to have a body that does not speak of baby longing" (Peterson and Engwall, 2013:385)

and

"The naturally childfree position and the 'silent body' have transformative power to contest the meanings attached to womanhood and could increase freedom for women to experience womanhood in a variety of ways" (Peterson and Engwall, 2013:387)

Maybe, then, it's not so long until we are more fully able, in the words of Mardy Ireland to, 'reconceive womanhood', allowing women - and men, and those who identify as gender fluid - to be without child and without stigma, being who they are as they live life.

Kamalamani 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. Her second book: 'Other than

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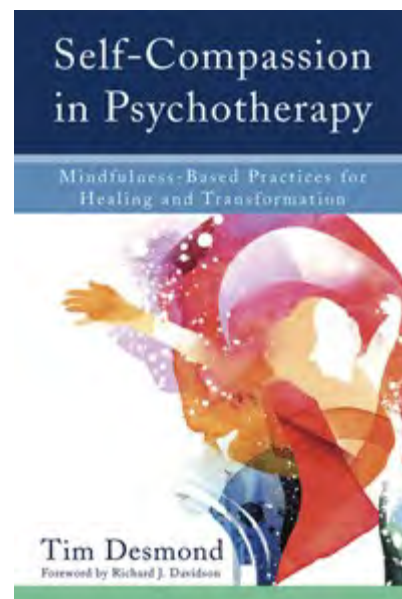
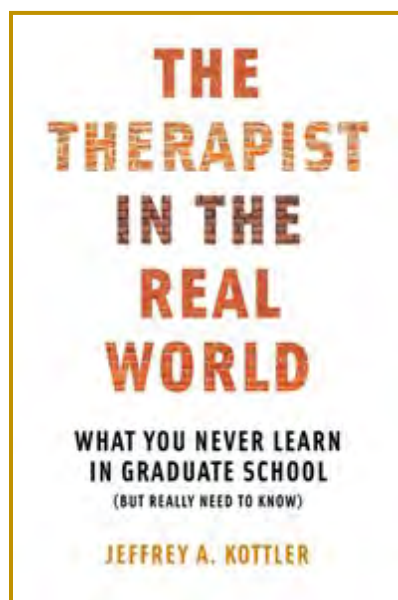
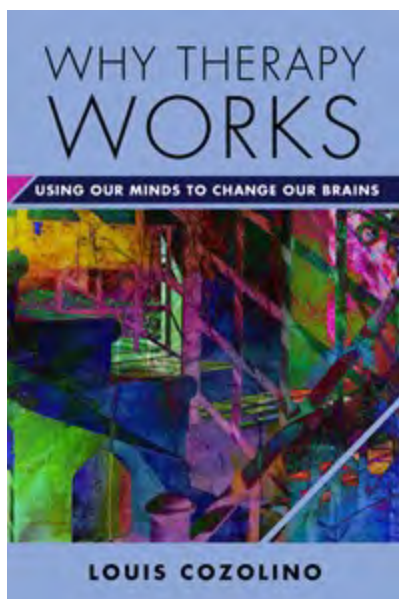
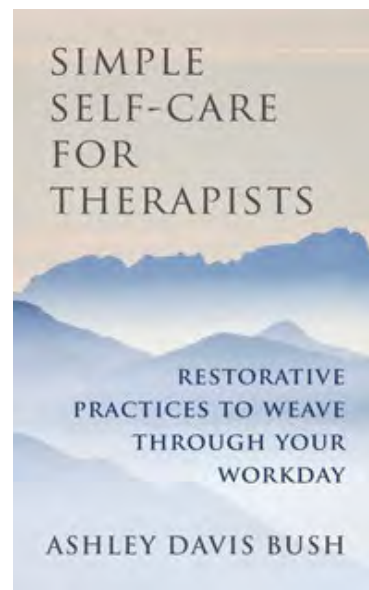
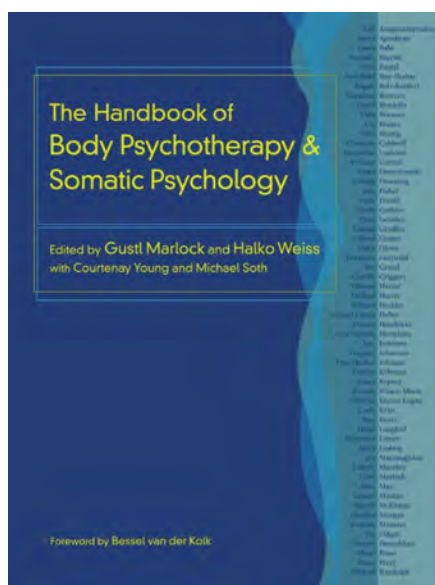
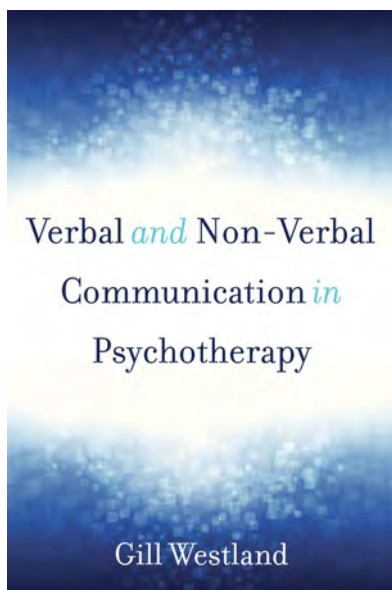
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Books we reviewed worth mentioning again!

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Athens 2016
15th European Congress of Body Psychotherapy

The Embodied Self in a dis-Embodied Society

Body Psychotherapy 2016



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Dear Colleagues and friends of Body Psychotherapy and all relevant fields,

The 15th EABP Congress Scientific Committee is inviting you to join us as a participant to its proceedings in October 2016 in Athens. The theme of the Congress, "The Embodied Self in a Dis-Embodied Society," comes to address the meeting of the current embodiment and enactment theories in the arts, philosophy, neuroscience, psychopathology, pedagogics and education, sociology and other sciences. Brilliant colleagues from the academic and clinical fields will share their insights with us, enriching our knowledge while presenting various aspects of the theme.

Description of the Keynote Speeches

Auditorium Presentation 1: Embodiment and its Association with Body Psychotherapy



By Frank Rohricht: a consultant psychiatrist (MD, FRCPsych); body psychotherapist; Honorary Professor Centre for Psychoanalytic Studies, University of Essex and Honorary Professor of Psychiatry St. George's Medical School, University of Nicosia / Cyprus.

Title: "Mis-bodiment" and the social "we-centric" space - Body Psychotherapy as an affective body regulation therapy

Brief of abstract: *Body related or based regulation systems are pivotal for self-regulation and regulation of our being with others in social contexts. I am going to introduce issues concerned with "Mental Dis-Ease" as variations of common social (inter-corporeal) regulation systems. On that basis pattern of maladjustment to adversity can be identified as pattern of mis-bodiment. This leads to specific corresponding body psychotherapy intervention strategies that can be applied in clinical practice.*



And Ilse Schmidt Zimmermann: She has studied sociology, psychology, and pedagogy in Frankfurt am Main. She is a professional psychologist/psychotherapist, working with children and adolescents. She was President of the European Association for Body Psychotherapy (EABP) from 1999 till 2002.

Title: Embodiment in a dis-embodied society

Brief of abstract: *The title of the congress, as I understand it, demands not only a body psychotherapeutic perspective but also and paramountly a sociological discourse, which also implies a political understanding of our profession. In my lecture I will put forward the hypothesis, that disembodiment is closely related to a subject, discussed in sociology, social-psychology and social-philosophy under the concept of alienation. Alienation is described there not only as a process but also as a state, in which the process of "owning one`s own life" is prevented or hindered.*

Auditorium Presentation 2: The Embodied Self in Philosophy and Life



By Shaun Gallagher : the Lillian and Morrie Moss Professor of Excellence in Philosophy at the University of Memphis; Professorial Fellow at the University of Wollongong (AU); Honorary Professor of Philosophy at Durham University (UK) and Honorary Professor of Health Sciences at the University of Tromsø (NO). He is currently a Humboldt Foundation AnnelieseMaier Research Fellow (2012-17).

Title: Patterns of the embodied self in therapeutic contexts

Brief of abstract: *I relate the notion of embodied self to the pattern theory of self, according to which specific embodied experiences and skills are part of a larger pattern that constitutes the self, and includes cognitive, narrative, and social factors. I then relate the notion of embodied self to therapeutic contexts, especially in relation to anxiety and problems in the experience of identity. I argue for a concept of holistic therapy in contrast to a 'narrow' therapy that targets just one aspect of the self.*



And Christine Caldwell: Ph.D., BC-DMT, LPC, NCC, ACS. She is the founder and former director of the Somatic Counseling Psychology Program and Dean of Graduate Education at Naropa University in Boulder, where she currently teaches coursework in somatic counseling theory and skills, clinical neuroscience, research, and diversity issues. She calls her work the Moving Cycle.

Title: Breath, Sensation, and Especially Movement: A Phenomenological Inquiry Into Embodied Psychotherapy

Brief of abstract: *Phenomenologist Shaun Gallagher has contributed to Body Psychotherapy with his work in embodied cognition. By highlighting neuroscience, learning theory, and 'enactivism,' Body Psychotherapy and Philosophy can come together to develop our field in a more nuanced way. This talk will leverage Gallagher's writings to construct an infrastructure for clinical work using breath, sensory tracking, and movement processing, as one way we can effectively 'enact' an enactivistic approach.*

Auditorium Presentation 3: The Psychopathology of Disembodiment and reconnection through Enactment



By Genovino Ferri: a psychiatrist and Reichian Analyst, trained in Reichian Analysis by Federico Navarro. He is the director of the Italian School of Reichian Analysis (S.I.A.R.). Recently he founded the «Studio Analysis», a psychotherapeutic structure of a social character. He is a member of the New York Academy of Sciences, as well as of the International Scientific Committee for Body Psychotherapy.

Title: The Embodied Mind, the Enactive Mind and the Trait Mind

Brief of abstract: *The body's emergence in the analytical therapeutic setting is the great novelty in Psychotherapy today. This emergence has been facilitated by clear contributions from the neurosciences.*

Reflections will be offered on:

- 1) Subjectivity, Inter-Subjectivity, Inter-Corporeity, Ontogenesis and Mirror Neurons
- 2) The Mind – Embodied, Enactive and Trait Mind
- 3) Two Active Ingredients in Psychotherapy and Appropriateness in Psychopathology



And Maxinne Sheets Johnstone: M.A. in Dance, and Ph.D. in Dance and Philosophy from She has an incomplete second Ph.D. in Evolutionary Biology. In her first life, she was a dancer/choreographer, professor of dance/dance scholar.

Title: Why Kinesthesia, Tactility, and Affectivity Matter

Brief of abstract: *When we come into the world kicking, flailing, crying, are we enacting? No. We are moving. We are indeed animate beings who are not just alive but moving, touching, feeling. If society is disembodied, it is surely in part because technologies have overtaken the realities of being a body, in part because a reductionist science reduces experience to brain events, and in part because in a zest for packaging by various "E" words-embodied, enactive, embedded, extended mind-we have overlooked or even forgotten the tactile-kinesthetic/affective body and its qualitative dynamic realities.*

The Universality and Timelessness of the “Embodied Self”



By Katerina Kounali

A European Congress in Greece in 2016?

On "The Embodied self in a dis-embodied Society"?

Now, this is news!!

This in itself is a political event!!!

Politics are expressed through various innovations of the Congress, such as the symposium "Psychotherapy and Politics" that is so relevant to the present. They are also expressed on the whole, through the body of psychotherapy's view of the human being, mainly, as a political being, according to the philosophical positioning of Aristotle and Plato. Plato, especially, has talked about the necessity of the awakening of man that requires the integration of his sides, through the 'Myth of the Cave' where man considers as his sole reality, his shadow, which is reflected onto the wall of burning fire.

The myth refers specifically to the modern man who finds himself "chained" inside his own cave of obsessions and attachments, disconnected from the light of a genuine relationship with himself and other, and suffers while losing the meaning of life and is ultimately left wounded without experiencing the full realization of his potential. The modern man who asks himself the questions, "Who am I?, What am I doing?, What is the meaning of my life?", and experiences detachment and loneliness instead of fulfilment and joy, separation from others instead of reciprocal connection, a sense of having lost his way instead of being in contact with his duality.

In this Congress, the emphasis is on finding new ways of experiencing well being. Well -being through the convergence of duality, through consonance not polarization. And well being, the art of life, is none other than the embodiment of our unpleasant sides and their acceptance as a reality; an aspect of life, however, that is not identical with the essence of life!

Man's path towards this objective creates the opposite of the disembodied self; the Embodied Self. This self interacts with its wholeness, its body and sensations and also its thoughts and feelings.

There is, however, no Embodied Self without linking the qualities of the eternal male and female. As one can tell from the relevant poster of the Congress, emphasis is given on the couple, on the dyad as a whole, on the embodiment of female and male within a single person. Representatives of both sexes—another innovation of the congress—will open a live communication channel not only between themselves, but with the other participants, as well. Furthermore, events from the organizers, which will take place between presentations, will support the embodiment of cognitive and emotional processes.

In this Congress, the philosophical, educational, psychotherapeutic and even biological theories of embodiment of the self will find fertile ground to be presented extensively by our colleagues—scientists during the symposium entitled, "Science and Research in Body Psychotherapy", and their individual presentations.

We believe the Congress's topics will meet your scientific quests and will broaden your professional horizons. Below I give you a glimpse of the topics of a few of the main presentations:

- * Embodiment in Philosophy, Education and other Sciences and its interdisciplinary connection to Body Psychology and Psychotherapy.
- * The "emergent" body and embodiment in other psychotherapeutic approaches.
- * Common ground amongst various approaches of body psychotherapy.
- * Trauma, Embodiment and Self Regulation.

I would like to end this introduction by also inviting you to participate in the experiential workshop to be held in the sacred temple of Sounio where you will experience the force of the ancient energy within yourselves and feel more ... embodied.

Those who partake will have the opportunity to meditate under the light of the Athenian sky, next to the sacred site of Acropolis or, will have the opportunity to visit the sacred sites of Ancient Olympia, Epidaurus, Mycenae, Delphi, and Meteora, a world heritage site of immense natural and cultural beauty and unique geological formations that were created over 10 million years ago, after an interval of geological activities lasting 15 million years! You will also have the opportunity to indulge in the mystery of the volcanic island of Santorini and feel the energy of the cosmopolitan island of Mykonos.



Don't hesitate to seize the opportunity to combine spiritual tradition and secular life, professional transaction and human interaction, past and present, scientific interaction and practical experience, embodied self and bipolar misidentifications.

VISIT OUR WEBPAGE - INFORM YOURSELVES ABOUT:

The third stage of registration and the deadline to submit your proposals for presentations, posters, and workshops

The program

The abstracts of our main speakers.

We are waiting for you in our sunny city of Athens!!!

For further information, please visit the Congress webpage at <https://congress.eabp.org/2016/>.

Our sponsor in regards to accommodation, "Prestige Travel", will arrange for your every need in transport and sleeping arrangements (see page 75 for contact information).

Katerina Kounali, has been working as a body psychotherapist since 2004. She holds personal and group sessions for pre-teens, adolescents, and adults, and she has experience in guiding sessions targeted to parents and pregnant women. Currently, she operates the "ANELYTRON" Center, providing both theoretical and experiential workshops on the art of psychosomatic treatment. She has been teaching part of the Bodydynamic foundation theory in Greece and she is also a Bodydynamic supervisor.

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Eichhorn continued from page 29

zinc—an essential nutrient required for many physiological functions including immune and antioxidant function, skin health, sensory organs, growth, reproduction. Deficiency causes loss of taste and appetite, may be intimately involved with anorexia (eating disorders in general) (Shay & Magian,

5-Htp or 5-Hydroxytryptophan, also known as oxitriptan, is a naturally occurring amino acid and chemical precursor as well as a metabolic intermediate in the biosynthesis of the neurotransmitters serotonin and melatonin from tryptophan. Since serotonin helps regulate mood and behavior, 5-HTP may have a positive effect on sleep, mood, anxiety, appetite, and pain sensation. 5-HTP is not found in the foods we eat. Eating foods with tryptophan does not increase 5-HTP levels, however. Preliminary studies indicate that 5-HTP may work as well as certain antidepressant drugs to treat people with mild-to-moderate depression. (retrieved from <http://umm.edu/health/medical/altmed/supplement/5hydroxytryptophan-5htp>)

Lactium is a milk protein hydrolysate containing a bioactive peptide with anti-stress properties. <http://lactiuminfo.com/faq.html>

Inositol— Myo-inositol shows promise as a dietary supplement for promoting female fertility, restoring insulin sensitivity in instances of resistance (type II diabetes and polycystic ovarian syndrome being the most well investigated), and for reducing anxiety. Due to the mixed benefits to insulin resistance and fertility, myo-inositol holds some promise as an anti-depressant and against other conditions associated with anxiety such as panic disorders and binge eating. It is relatively ineffective for schizophrenia and autism, and has failed in treating PTSD despite its anti-panic effects. <https://examine.com/supplements/inositol/> Gelber, Levine, & Belmaker (2001) compared inositol to placebo in women (and one male) with bulimia or binge eating disorder. They found that inositol was significantly better than placebo on the Global Clinical Impression, Visual Analogue Scale and Eating Disorders Inventory.

Whey protein is one of the two proteins found in milk. And used as a protein supplement.



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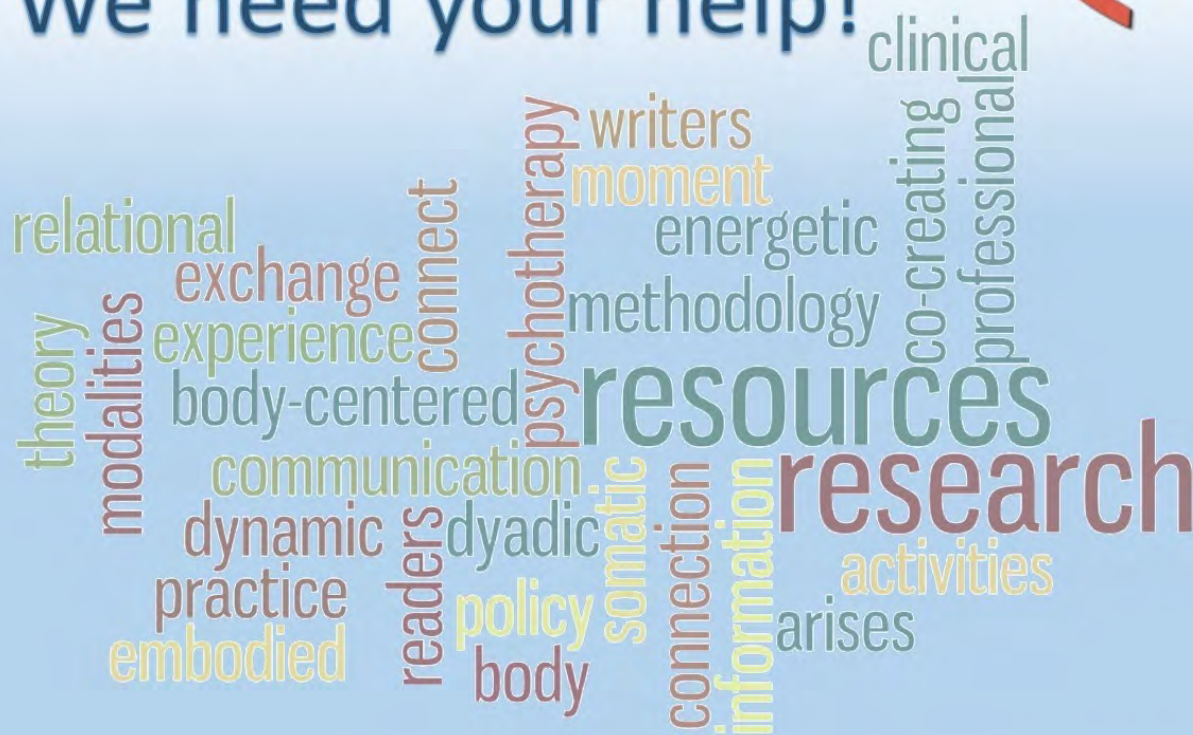


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Somatic Psychotherapy Today

Trending Somatic Practices Influencing Our Field Today

An invitation to write for us, with us, with support along the way. Your writing can contribute to and enrich the 'body' of critical and reflective content, as well as to the clinical expertise, in the 'field' of body psychotherapy.

Whom can you write for?

We suggest that – for a professional article – you consider:

The EABP/USABP peer-reviewed **International Body Psychotherapy Journal** (for original work only): www.ibpj.org

The peer-reviewed journal of **Body, Movement and Dance in Psychotherapy** (for original work only): www.tandfonline.com/toc/tbmd20/current#.VBfpFS6wJRU

Or (for German authors) **körper – tanz – bewegung**: Zeitschrift für Körperpsychotherapie und Kreativtherapie: www.reinhardt-verlag.de/de/zeitschrift/51830

(You will find the necessary "instructions for authors" on their various websites.)

Or: for something a bit more conversational: **Somatic Psychotherapy Today**: <https://www.SomaticPsychotherapyToday.com>

Or: Something for a newsletter of your particular professional association, modality association, or national association in psychotherapy;

Or: A comment or a thread in one of the **Somatic Perspectives LinkedIn** group discussions, facilitated by Serge Prengel: www.linkedin.com/somaticperspectives.com

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.

Or: Something to be published somewhere else, at some other time, in a different medium; or for a personal internet blog; or . . . maybe just for your personal journal.

What can you write about?

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:

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Sincerely,

EABP Publications Committee

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