

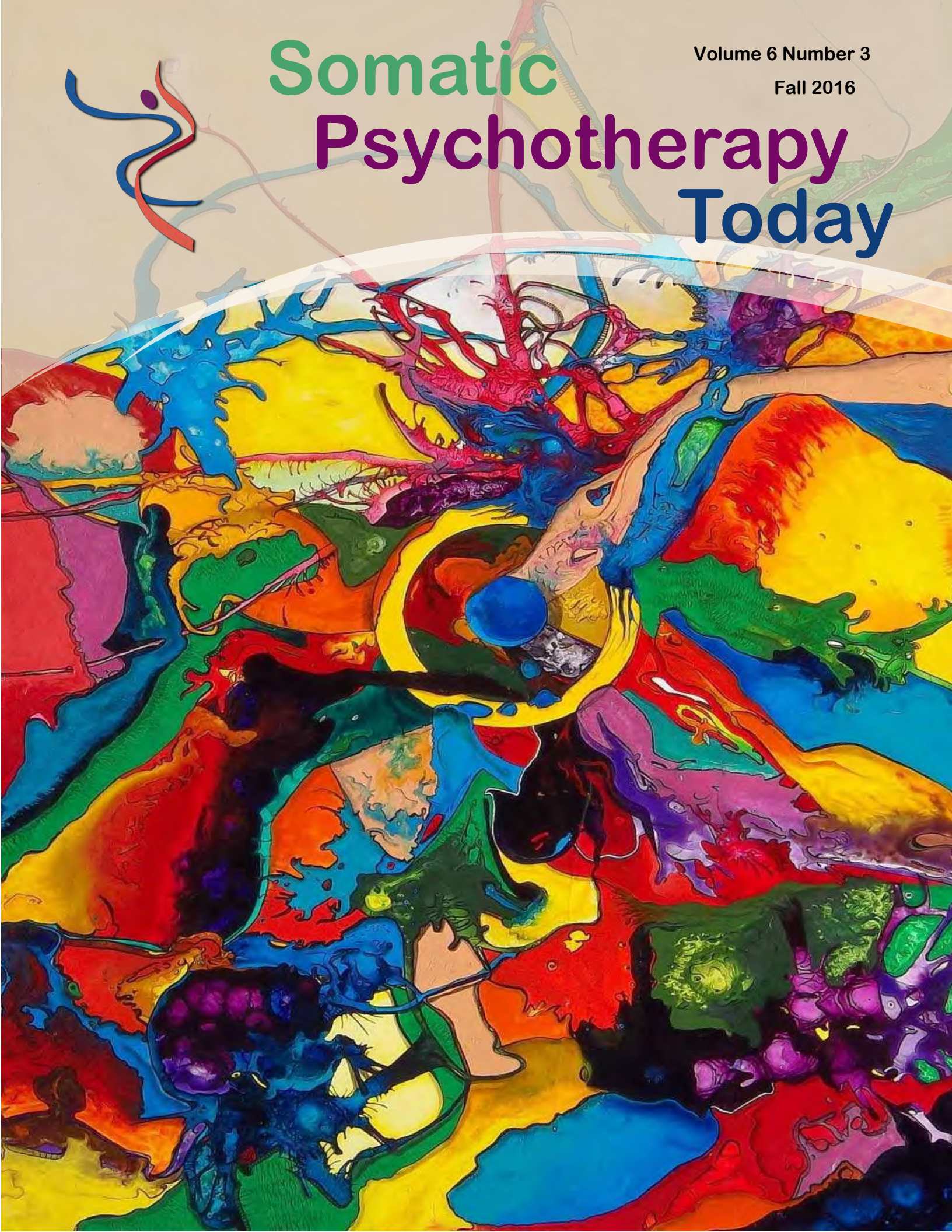


Somatic

Volume 6 Number 3

Fall 2016

Psychotherapy
Today





Where is the Love?

Dear Friends of *Somatic Psychotherapy Today*,

I spent the day with my 9 year-old daughter who wasn't feeling all that well. We played hide-and-seek, and then settled with our ritual of watching "Dr. Who." And we had soup, we watched birds...

We know that it all comes down to love, yet violence and oppression seem to be rising to a boiling point around us. At the USABP conference however, there was a call to dialogue, and a call to inclusion. It is kin to the call, I believe, to recognize our inherent goodness and source of compassion.

This is my simple invitation: find the love. Join our community at Organic Intelligence® (OI). OI is taking a big step in mindful and compassionate healing and is recognized by leaders in the Somatic Psychology field as a paradigm shift in therapy. Learn to move beyond trauma, and explore a path that can lead to sustainable love for all of life.

Our foundational CE Course is the Human Empowerment And Resiliency Training (HEARTraining®). If you are already immersed in somatic therapeutic work, develop clinical excellence: OI Expert is an online program designed to help SE™, Hakomi, and Sensorimotor Graduates integrate advanced somatic skills and bring the refinements necessary to work with the most challenging clients safely and with confidence. Find out more at GetOI.org.

Let's be in touch!



Steve Hoskinson, MA, MAT
Founder and Chief Compassion Officer of Organic Intelligence®

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.



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ISBN: 978-1-58394-995-5 (E-book)

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



 North Atlantic Books

TRAUMA AND MEMORY

**BRAIN AND BODY IN
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



Somatic Psychotherapy Today

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Read us digitally:

www.issuu.com/SomaticPsychotherapyToday

From Our Editor



Welcome to our Fall 2016 issue.

For many, Fall signifies a time of transition and return. Summer's blazing colors transition to softer crimsons, scarlets, golds. Temperatures soften leaving a slight chill in the air and holidays wrap up as we return to school and work.

In our Fall issue, I'm pleased to announce the return of Galit Serebrenick-Hai as she writes about addition, memory, trauma and somatic psychotherapy, Amber Gray, who shares her integration of Continuum Movement, somatic psychotherapy and trauma work, Ronan M. Kisch who writes about what he calls the six pulse points of well-being, and Shlomit Eliashar, now joined

by Yael Shahrar, who write about psycho-peristalsis in the shared body.

I honor our newest contributor, Dr. Elya Steinberg, as she shares a two-part series exploring transformative moments in the Biodynamic psychotherapy room. And I offer a special memoir written by the late Dr. Eleanor Hamilton about her experiences with Wilhelm Reich. I offer many thanks to Alice Ladas (author of The G-Spot) for granting SPT Magazine the rights to publish this remarkable piece.

And I mark an in-house transition as well. SPT Magazine started six years ago as a vision, a dream, a desire. I hoped to fill a void—the middle ground between peer reviewed Journals and association newsletters—and I hoped to engage readers worldwide. I believe I achieved my goal of offering cutting-edge, fact checked, enlightening and entertaining articles that can advance clinical practice and client care around the world. What I didn't anticipate, however, was a profusion of free online resources in our field of focus and study, and a lack of sponsorship and funding. So SPT Magazine will begin a transformation from that of a "magazine" to . . . well, I'm exploring options. I will publish our Winter issue focusing on prenatal and perinatal psychology and health with our guest editor Dr. Marti Glenn. From there, however, I'm in the midst of brainstorming. Your input is welcome, wanted, sincerely encouraged as SPT Magazine moves forward to an as yet unknown future.

Warmly,

Nancy Eichhorn, PhD

Nancy@nancyeichhorn.com

From Our Awesome Cover Designer



Hello All,

One of my favorite things is to research artists while designing the front cover to help express the theme for the current issue of Somatic Psychotherapy Today. I would like to thank Brian Moss for his beautiful artwork. You can find him at www.brianmossart.com.

Sincerely,

Diana Houghton Whiting MA LPCC

Our Current National Institute for Psychotherapy Interns



Kari Morris is a second-semester senior at New York University studying Applied Psychology. She is passionate about LGBT issues, which she researches under Dr. Arnold Grossman at NYU on the “Risk and Protective Factors for Suicide among Sexual Minority Youth” project. She loves to write news articles, personal essays, and short stories, and was recognized by the Society of Professional Journalists in 2015. In addition to writing for the IJP, she also writes for *Somatic Psychotherapy Today*.



Janay Anderson studies French and pre-medicine at Columbia University and is set to graduate in May of 2017. She has done oncology research in New York City for two summers on small protein receptors that are implicated in the pathology of certain lung cancers and continues to work in the Biological sciences department at Columbia University. In addition to working for SPT, she writes reviews for the International Journal of Psychotherapy.



North Atlantic Books

From the USABP President



Dear *Somatic Psychotherapy Today* Readers,

I write this coming off of my first conference as President of USABP. My take away: We need one another! People from all over the country and beyond gathered to learn, to work, to share what we love. We had fun. In a profession where we become accustomed being the only ones in our area, doing this type of work, it was nice NOT feeling that, for four days.

We are looking forward to broadening our reach this next year and we are looking forward to smaller, more in-depth workshops throughout the US. Please be sure to look at USABP's main website: www.usabp.org for announcements and locations.

The United States Association for Body Psychotherapy believes that integration of the body and mind is essential to effective psychotherapeutic health. To that end, its 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. We look forward to seeing you in our membership and let us help get your work into the world.

We hope you enjoy SPT Magazine knowing people just like you are reading it too!



Beth L. Haessig, PsyD

Licensed Psychologist

Certified Core Energetic Practitioner

President@usabp.org

Contact Us At:

**United States
Association for Body
Psychotherapy**

**United States
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**New Fall
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Discount on the Conference in 2016
Access to Archives
Updates with ongoing Research Projects
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And MORE

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

It is mid-July – everybody here in Europe has gone off on holiday, including Lidy, so I'm flying solo this time.

We both leave the EABP Board in October. During this last year, we have been busy preparing a transition, finding new board and committee members, completing or furthering projects we both started, and generally seeing that we can leave the EABP in a healthy state.

At the same time, we have been preparing a change of domicile for the EABP. EABP was established in Zürich, Switzerland in 1988; in 2002 we established the Secretariat in Amsterdam where our base remains. It is like having one foot in one country and the other foot somewhere far away, struggling to find solid ground. As we have the Secretariat and our main banks in the Netherlands, we made the decision at our General Assembly in 2014 to look into transferring the domicile. The Netherlands is in the Euro zone, and it is easy to do business, unlike some other countries where there are more rules and regulations. This will enable EABP to join the local Chamber of Commerce, which in turn will allow us to do some business that we were unable to do.

The Brexit came with an enormous surprise. None of us expected it, and I don't think anyone knows how things will turn out. We all wonder if the Brits had another referendum how the vote would go – perhaps there would be an enormous swing to stay in the EU?? Perhaps all the young people who didn't vote last time around would begin a Facebook campaign and come out

in droves and vote for Europe: they have a lot to gain, as access to the European market and jobs is even more important for people of the younger generation. They are used to thinking globally, travelling, working in other countries and belonging to wider networks. This will all become more difficult for them when the Brexit is completed.

Everyone wonders if the Netherlands will follow suit, as there has been quite some anti-European sentiment here. My fantasy is that the shock of Brexit and the subsequent consequences – the pound going down, ex-pats losing 10% of their pensions, businesses planning to move aboard, and general chaos in Britain – will cause people here to think twice. I personally like to pay with Euro everywhere and not have to change money each time I cross a border. And I like driving through Europe without being stopped at borders.

I like the feeling of belonging to a wider European community, of supporting each other in making our lives a little more satisfying. It is easy to export and import throughout Europe and this brings a lot of prosperity. I also feel safer knowing that Germany or Italy or . . . is not going to come and take over our little country. We stand together on security and a desire for continuing peace. After-effects of the two World Wars are still felt in people's minds and remind us to guard our prosperity, and to listen more carefully to our differences and work to bridge them. Wars outside our borders and the increasing approach of ISIS remind us of a past we do not want.



Of course I do not come from an under privileged background. Perhaps one of the main causes of the Brexit was the economic instability in the UK. So many people suffered during the crisis and laws that the government brought in did not necessarily bring more money into the pockets of the middle and lower classes. It was nice to have a scapegoat in the European Union.

We are the European Association for Body Psychotherapy so in some respects there are parallels to the EU.

We have also lost one of our very treasured National Associations this last year – RABOP from Russia. It was a fairly large organization and not all members of RABOP were members of the EABP and their aims were somewhat different

Thankfully most of those who were members of EABP and body psychotherapists are able to remain EABP members. We had a COUNCIL meeting (meeting of all the National Associations) in Moscow a few years ago, and I think back to the great cooperation we had at that time. It was a disappointment to lose RABOP – especially as this was just a little way we could keep up good relations and bridging the differences between East and West!!

I have always had the sense that our work is creating bridges so that people can easily cross over and join people on another side. The COUNCIL of National Associations and National Committees meets once a year. They discuss issues that concern them all as well as acknowledging where there are considerable differences; they do so in a very convivial atmosphere. The work that the EABP does, as an umbrella, concerns membership criteria, training standards, promoting body psychotherapy as a method, organizing the biennial congress together making sure that speakers, workshop leaders, and participants come from all the different European countries.

There are areas where the differences are considerable. Firstly, some countries recognize

body psychotherapy as a profession, others do not. Italy has quite rigid requirements meaning that the members must have a first degree in psychology, psychiatry or a medical degree. The EABP requires a first degree before people begin training but also allow “equivalence” – just as many Universities do. If a person can show enough background in another study, and enough life experience to satisfy the Training Institutes, they can be admitted to the Training and subsequently, when graduating can become an EABP member. This is not the case in Italy and some other countries; however, here the local law takes preference.

Conferences and Congresses

By the time you read this, the USABP will have had their congress in Rhode Island. We, the EABP, are coming up to our congress in October in Athens. I have organized two conferences and attended eight, and I just love them. I experience myself during these conferences as belonging to a European-wide – in fact a world-wide (because so many people also come from North and South America, Australasia, etc.) family of like-minded people. That is something indescribable, the sense of there being no borders between us because we all want the same thing despite all the differences. We get together, and we talk and dance.

The EABP is there to “connect professionals, exchange expertise and enable collaboration” and that is exactly what we do and it brings considerable pleasure to do it. There is the sense that we are working together to make our knowledge and understanding available as widely as possible rather than keeping it in tiny little national conclaves. The cross-fertilization of ideas and methods and techniques is enormous.

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Continued on page 12

Across the Pond continued from page 11

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So yes – I am a fan of Europe. In fact, because we do have members from countries outside Europe, we sometimes think it would be a good idea to change to the World Association or the International Association but I will leave that to another generation. For now, I am happy with what we have been able to achieve in Europe.

I personally exit with a heavy heart because I have enjoyed my years from 2002 until the present, firstly as the EABP Secretariat and then as the General Secretary. I have been in a position to support so many people in so many parts of the organization. I have seen it grow in that time from 554 to 848 members. This has made me believe in cooperation, negotiation, listening to each other, compromise when necessary, working together, to reach goals that are above the individual or national.

EABP BIBLIOGRAPHY

<http://www.eabp.org/bibliography/>

The EABP Bibliography of Body-Psychotherapy is a powerful online research tool with a wide selection of material, search facilities. There are more than 4,500 entries: and you to add in new entries.

We are constantly looking for additional Body Psychotherapy and Somatic Psychology material, from different modalities and training schools, from different countries, and in different languages. The EABP Board is once again contributing some funds in order to expand and update the bibliography. Help us develop this resource. Send in your entries.

ASSISTANCE NEEDED

We are also looking for volunteers to assist with this enormous project and to carry it onto the next phase. Over the years Courtenay Young has done this almost single-handedly. Now we need new young volunteers to take it to the next stage. Contact [Jill van der Aa](#) or [Courtenay Young](#).



E U R O P E A N
A S S O C I A T I O N F O R
B O D Y -
P S Y C H O T H E R A P Y

IBPJ continued from page 19

role with children with autism and Will Davis' Functional Analysis. They examined somatic and motoric aspects of work alongside relational transference dynamics. While working on the Spring issue, we invited Roy Desjarlais, a bodyworker and cranial sacral therapist who specialized in working with children on the spectrum, to respond to the Oster and Reiss paper. We were shocked and saddened to learn of Roy's unexpected passing. Roy did start his comments, which were completed by his wife, in honor of his life and his contributions to our field. Matthias Wenke presented his comparison

between Wilhelm Reich and Alfred Adler. Shinar Pinkas offered a poetic piece about processes of sleep and awakening in psychotherapy, examining liminal states of consciousness and introducing a novel body psychotherapeutic technique that utilizes theoretic and clinical material from Wilfred Bion.

We invite you to read these papers and more and to also consider your own contribution, perhaps on hope, perhaps another theme that comes to mind as we continue to cull papers received for peer review to offer you the most creative, insightful, rigorous academic papers that support body psychotherapy and offer a fuller and richer experience of our work to the field of psychotherapy in general.

ONCE UPON A TIME...

Families for Conscious Living: "Believing In The Re-Generation Since 1996"

"It's all a question of story. We are in trouble just now because we do not have a good story. We are in between stories. The Old Story, the account of how we fit into it, is no longer effective. Yet we have not learned the New Story."
- Thomas Berry



"This not-for-profit is an engine room, it generates rivers of social capital. It is exactly the kind of initiative that brings me hope and reassures me - someone is doing something powerful to change the world from childhood up - and the ripples will be felt far and wide." - Robin Grille, Parenting for a Peaceful World
www.FamiliesforConsciousLiving.org



Kindred is an alternative media and nonprofit educational project featuring over 200+ contributors and over 15 years of conscious parenting articles, interviews and editorials. Kindred serves as a gathering place for families to explore and share their experiences of writing a new story of childhood, motherhood, fatherhood and the ever changing and evolving adventure of being fully human.
www.KindredMedia.org



Parenting As A Hero's Journey is a nonprofit educational initiative employing the elements of curiosity, fun and imagination to support parents in exploring their personal stories while unmasking modern, uber parenting mythologies. This initiative gathers the thought leaders, pioneers, authors and activists of the conscious parenting movement together in LIVE and ON DEMAND virtual retreats that allow the participants to experience a Deep Dive into themselves with the presenter's compassionate guidance and expertise. The initiative calls on Joseph Campbell's great Monomyth Wheel to help us have fun with the ancient process of creating and discarding personal and cultural story lines as a path to transformation.
www.ParentingAsAHerosJourney.com



Subscribe to Kindred's Monthly Newsletter



"Looking for readings and videos to spark your imagination and open your heart? Kindred has what you need. Kindred is one of the best sources for holistic parenting that is aimed at child wellbeing. I am honored to be part of the team."

Darcia Narvaez, PhD,
University of Notre Dame, FCL Board Member and Kindred International Editorial Advisory Board



What If We Embraced A New Story Of Childhood, Parenthood And The Human Family?

What if everything we thought and believed to be true turned out to be a story passed down from parent to child through daily, unconscious habits to ceremonial traditions, all designed to help us make sense of our world?

What if the chaos we are witnessing in and around us today is a symptom, evidence even, of an Old Story - the belief in our separateness - breaking down?

Would our fears be lessened and our curiosity piqued if we made a conscious choice to turn our attention toward an emerging New Story? Could an expanding sense of wonder allow room for questions like:

What if babies are conscious? What if sustainability begins with conception? What if Womb Ecology Becomes World Ecology?

When we consider the way we create meaning has always been through stories, other questions arise, like, *Who wrote these stories? Can they be changed? What steps can we*

take toward shifting our current, industrial story of a disconnected humanity to a life-affirming and empowering narrative, authored, as always, by US.

Our daily choices and habits are informed by the context, the Big Picture, whether we are aware we even hold a worldview, a personal mythology or a story of our own being and becoming. This revelation is no sentimental notion, but a scientific fact of human conscious development.

Families for Conscious Living and its initiatives has explored this New Story from the ground up - in grassroots' communities - and from the top down - with frontier science researchers and social changemakers - for 20 years. FCL's nonprofit work has been pioneered by families who have sought out insight and solutions to shifting their own awareness from the limits of the Old Story to the practical wisdom for conscious living

heralded in the interconnected threads of the New Story. This New Story comes with its own language, phrases like Cultural Creatives, Bio-Cultural Conflict, Grounded Expansion, Harmonic Family Resonance, Phronesis and the Ecology of the Child.

What is needed at this time is a safe gathering place, a sanctuary, created with great compassion to inspire and welcome our imaginations to engage in open dialogue, create connected community and identify resources that support an adventurous exploration of holistic, peaceful and sustainable living.

Take a look above at the FCL initiatives created over the past 18 years to meet the growing needs of a maturing Conscious Parenting Movement. There are more collaborative projects on the way and you are welcome to participate in the unfolding of this New Story at www.KindredMedia.org.

From APPPAH's President



Dear SPT Readers,

As current president of the Association for Prenatal and Perinatal Psychology and Health, APPPAH, I would like to tell you more about our professional organization. Science is revealing that prenatal and perinatal experiences have a profound impact on the brain and psychological development of the unborn and newborn baby, and therefore the subsequent quality of health and human behavior in adulthood. APPPAH has been studying these factors for over 30 years and has much information to share with parents, professionals and the public.

We see that life is a continuum which starts before conception, not after birth. During this formative period, parents and babies are not isolated from each other, but fundamentally interconnected. A loving, supportive prenatal and perinatal experience inspires healthy bonding and attachment. With strong prenatal bonding, increased sensitivity and awareness of others naturally develops which has long-term consequences for both individual relationships, personal health and for society. Ultimately, conscious womb ecology reveals itself in healthy world ecology as the seeds of love and peace, or fear and violence, are sown in the unborn and newborn baby. APPPAH focuses attention on the life-changing discoveries being made in the first period of human development, from preparation for pregnancy through the postpartum period and establishment of breastfeeding. We do this by providing valuable directories and resources such as the media center for parents and professionals on our website: www.birthpsychology.com. In addition, APPPAH publishes a monthly updated e-newspaper -The Conscious Baby (www.TheConsciousBaby.com) - featuring current research, headlines and articles in our field of study. Our education department provides online education of the 11 module prenatal and perinatal psychology education course (PPNE) for professionals, as well as an upcoming, online Conscious Baby Parenting course. You will want to read more about APPPAH's education department in the article by our education director, Kate White, on page ___ of this magazine.

In addition to online education, APPPAH holds annual regional and biannual international congresses, inviting pioneering speakers who expand your professional knowledge. An archive of these recorded talks are available to purchase on our website.

The Journal of Prenatal and Perinatal Psychology and Health (JOPPPAH) is our quarterly, peer reviewed professional journal. We print leading-edge articles in the field of prenatal and perinatal psychology and health, thus providing another opportunity for you to publish your work. The journal editor welcomes original papers in the field of birth psychology and may be contacted at editor@birthpsychology.com. The electronic edition of the journal is a benefit of membership.

As a practitioner in the frontier fields of birth psychology and somatic psychology, I invite you to join the APPPAH family as a member, participant and supporter of this great work. As a professional association, we are here to serve you and your needs for expanding your knowledge and professional community. We welcome you as a new or returning member to our thriving and expanding community.

If you are an active student, you are also invited to apply for another gift from APPPAH. A free one-year membership is being offered to students who are pursuing degrees in fields related to Maternal/Child and Family studies. Our desire is to offer APPPAH's valuable information concerning Prenatal and Perinatal Psychology to students who are studying about human development and the effects of the MotherBaby bond and Family dynamics. Please send your application with your personal information to diversity@birthpsychology.com for review. Your name, email address, phone number, physical address & a paragraph with your description of your study, focus and interest in APPPAH. We look forward to you joining us in this enlightening and important work.

Other offers in the month of September include 20% off of our full PPNE course for everyone and 50% off of our PPNE Innovations (Somatics) Lectures for enrolled students. Our Monday LIVE Lecture Series begins in September and goes through December. Don't miss these LIVE exchanges with leaders of the field. I look forward to seeing you there!

Monday LIVE Lecture Series

September: Foundations

12: Introduction to Prenatal and Perinatal Psychology with Susan Highsmith, PhD

19: Past Trauma Impacts Women's and Girls' Experiences During the Preconception, Prenatal and Early Parenting Periods: Potential Consequences for Their Developing Babies with Ann Weinstein

26: 12 Guiding Principles for Prenatal and Perinatal Psychology with Marti Glenn, PhD

October: Ethics

3: Tour of the Classroom and Technical Questions

10: Ethics with Kylea Taylor

17: Ethics with Darcia Narvaez, PhD

24: Somatics or Special Guest

November: Prenatal Development and Epigenetics

7: Tour of the Classroom and Technical Questions

14: Epigenetics; how the environment impacts our biology, and that of our children even before conception with Charan Surdhar

21: Application of Epigenetics to PPN Practices with Marti Glenn

28: Somatics or Special Guest

December: Neuroscience

5: Tour of the Classroom and Technical Questions

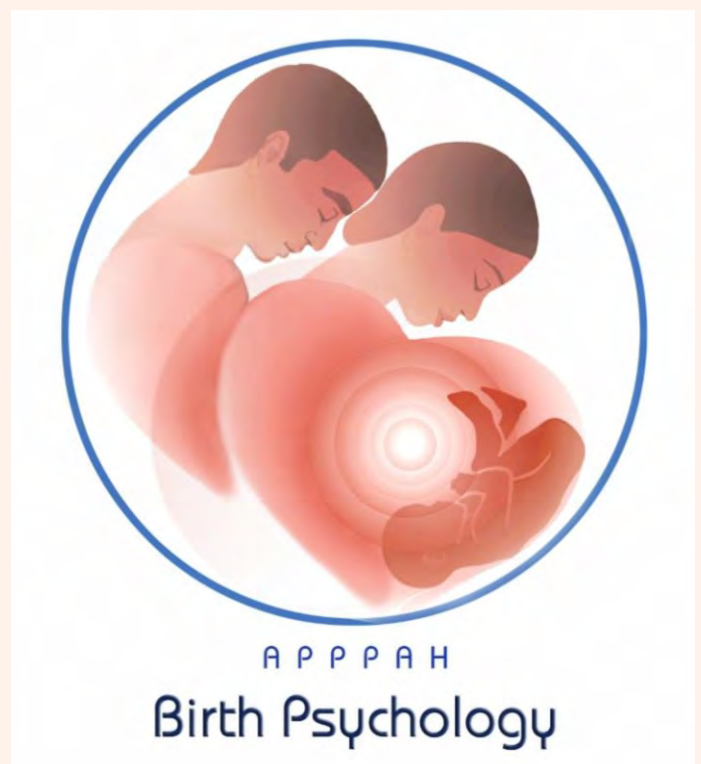
12: Dancing with Yin and Yang with John Chitty

19: Applications of Polyvagal Theory in PPN with Kate White

26: Narrative Medicine with Elsa Asher

Joy and Blessings,

Sandra Bardsley, President



Why Study Birth Psychology: The Missing Link for Health Practitioners

by Kate White, Director of Education, APPPAH



Photo by Keith Reagan

Medicine is at the brink of discovering new clinical approaches, therapies, and practices for human kind because of the growing awareness of the impact of transgenerational influences and Adverse Childhood Experiences (ACEs) on lifelong health. If you plot the timeline from the previous generations through early childhood, the prenatal period, birth, bonding and attachment are pivotal moments in healthy development. Studies on the impact of stress during the prenatal period show that a mother's perception, external and environmental influences have huge implications for the health of our babies. Yet, still, the overall wellbeing of our mothers, babies and young families is at risk. Now is the time to study birth psychology.



If you are not familiar with the term, birth psychology, it is a catch-all phrase that covers the prenatal and perinatal time, sometimes called the "primary period:" preconception, conception, the pregnancy, birth, and neonatal practices all fall in this category. The Association for Prenatal and Perinatal Psychology and Health (APPPAH) has been at the forefront of birth psychology for over 30 years. It has documented research, educational efforts, International and regional conferences, and a journal that show how babies are conscious and aware from the very start. APPPAH's mission is to educate professionals and the public, worldwide, that a baby's experience of conception, pregnancy, and birth creates lifelong consequences for individuals, families, and society. Its newly formed Prenatal and Perinatal Educator Certificate Program offers coursework in eleven competencies that birth psychology informs:

- historical trends,
- ethics,
- epigenetics,
- neuroscience,
- culture,
- in utero learning, bonding and attachment,
- labor and delivery,
- breastfeeding, supported attachment,
- parenting styles, and
- implications.

Why is this period so pivotal? Cultural, emotional, physical, psychological and spiritual conditions inform our earliest development. Our earliest somatic memories are laid down during this time. Our bodies are formed in relationship with our mothers and their environment. If our mother is stressed, overwhelmed and has little support where she experiences a level of chronic tension, this will inform her baby of the outside world. If she is carrying a baby during times of war, loss, or other major stress, then her baby will understand that is what he or she is being born into, and will create a body and a nervous system to meet that challenge. For many babies and their families, this is too much for the developing nervous system.

In addition, birth practices are a major imprint in the nervous system of the baby. Imagine a birth where there are few interventions, the mom is well supported and nourished, the atmosphere is calm and the mother and baby work to cross the threshold of becoming a family together. These perinatal outcomes show a more bonded and attached baby with fewer breastfeeding and

sleeping challenges; the family gets off to a great start. Mom and baby feel the positive endorphins of completing a major feat together, and the baby can come fully into herself or himself at a pace that is manageable. Compare this with births where there are many interventions and the mother-baby dyad are overwhelmed and often separated. Partners can also feel overwhelmed. This can be labeled as normal birth, however. These conditions inform our physiology as well.

Our earliest experiences form a template that has the potential to inform our health, worldview, perceptions and habits across the lifespan. They lie in the realm of implicit memory. If anything in our current experience feels like something overwhelming in our implicit memory system, then we can feel like that event is happening in the present. In birth psychology, we can track implicit memories back to our ancestors, preconception, conception, different stages of development, birth patterns, neonatal experiences, and bonding and attachment. We are all born, all have mothers, fathers (or other mothers, fathers). Not every event that happens in these early times impacts us so that it plays a role in the present time. Other experiences across our lifespan also affect us. However, too much evidence now points to the impact of birth psychology.

What does this mean for health practitioners? In a recent interview, cell biologist Bruce Lipton stated that 90% of our illnesses are related to nervous system dysfunction and stress, and only 1% have a genetic cause. In essence, we are living during times so stressful our physiology is changing and creating debilitating illnesses in every category. Health practitioners of all kinds can learn to recognize patterns of stress and autonomic nervous system and teach their clients to reclaim these natural instincts, heal their bodies and minds, and create new patterns. Healing tools include touch, presence, and awareness of our bodies in relationship to the present time as well as our history. Lipton called parents "genetic engineers." Health practitioners can come around families during the prenatal and perinatal period as a layer of support and expertise. Join APPPAH in raising awareness about this critical time in human development. See www.birthpsychology.com.



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From the IBPJ Editorial Team



Asaf Rolef Ben-Shahar



Shamit Kadosh



Debbie Cotton



Nancy Eichhorn



Jill van der Aa

First and foremost, we offer a heartfelt welcome to our newest editorial team member, Shamit Kadosh, MD. Shamit is a family physician and a practicing body-mind psychotherapist in Israel; she is also highly experienced in integrating scientific and clinical writing and offers her close read and knowledgeable insights to support our contributors. She lectures in the body-mind psychotherapy program in Shiluv Institute, Haifa University, and has taught family practice residents and medical students for the past ten years as a faculty member in the Department of Health Sciences at Ben Gurion University and as faculty in medicine at Bar Ilan University. She has also headed a training program for residents in family medicine in the Department of Family Medicine in North Israel.

We're excited to experience our team grow, and welcome each member who brings in his/her differing points of experience and perspective as we call for papers highlighting current psychotherapeutic trends and those testing traditional methodologies with rigorous scientific study. Body psychotherapy is more mainstream today than yesterday and with our Journal entering accessible and validated data bases, our papers are sharing tremendous knowledge and worth with 'outsiders' who may have initially shunned our work due to lack of understanding, lack of validation, and lack of community agreement within our own ranks. Today, we hope to promote compassion within our field and understanding in the wider scope of psychotherapy and counseling.

We hope to promote . . . Hope is a word many people use in general dialogic way— I hope you have a good day. I hope to earn that raise, gain that promotion, make that date. We hope to have a good life, to have raise a good

family, to have a good income and so forth.

But what exactly is hope? Is it an emotion that we experience, something we try to nurture? Is it a state of being that we strive for? Is it a replacement word, a stand in for faith, an indicator of our belief in something other than ourselves, a greater energy force perhaps that brings good will to our lives, our communities, our world?

How do you or even, do you, work with hope in therapeutic sessions? Does hope come up? Is it an integral part of helping clients deal with the violence, the terrorism, the extreme internalized terror we now carry, not only from our ancestors—a genetically inherited predisposition—but now from our own current state of existence?

In this tumultuous reality we call life, we wonder about hope; does it exist, have our clients lost all hope or do they cling to hope as one last vestige of a simpler more innocent time?

Our next issue will explore hope and its use in clinical settings and we welcome your theoretical papers, your literature reviews, your academic, critical book reviews, your field studies, and your creative experiences with hope via case studies, poetry and so forth.

Our Spring Issue

Our Spring issue is currently available online at www.IBPJ.org. Noa Oster and Renana Reiss discussed their work with Benny, a child on the autistic spectrum and offered a synthesis between the work of Frances Tustin's pioneering

Continued on the bottom of page 12

Going to the 15th European Congress of Body Psychotherapy?

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Athens 2016
15th European Congress of Body Psychotherapy

The Embodied Self in a dis-Embodied Society

Body Psychotherapy 2016



EUROPEAN
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Thursday 13 - Sunday 16 October

Pre-congress workshops: Tuesday 11 and Wednesday 12 October

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The Embodied Self in a dis-Embodied Society

Presentations



Embodiment and Its 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) Science and Research in Body Psychotherapy**
- (2) Psychotherapy and Politics**

Round Table Discussions:

- (1) Trauma, Embodiment, and Self Regulation**
- (2) Embodiment in Sexuality**
- (3) The Role of Embodiment in Prevention and Educational Science**
- (4) The Female body in Society and Psychotherapy**
- (5) The Concept of Energy in the process of Embodiment: An interdisciplinary approach**
- (6) The Common Ground in Body Psychotherapy**

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.

Are professional organizations a thing of the past?

Can associations re-envision themselves to be of value to their members?

Does allegiance to one's "methodology" create divisions such that one only joins one's particular tribe?

Conferences offer opportunities to **Join the Conversation** in person with colleagues from around the world. The United States Association for Body Psychotherapy sponsored their conference on *Sexuality, Spirituality, and the Body* in Providence, Rhode Island (July 2016) with hopes of generating enthusiasm about the organization and encouraging strength and unity within the field of body psychotherapy.

USABP Vice President Dan Mingle opened Day Two with a story about himself—he revealed that he was not a therapist but is, in fact, a business man. He shared his experience beginning his master's degree in somatic psychology at the Santa Barbara Graduate Institute and his first class with Rae Johnson—she had folks up and dancing. Dan offered that it took him some time to feel safe enough to explore his body in this way. With the school's closure, he returned to the business sector and realized he'd now noticed his colleagues and their dissociation from their bodily experience. Sadly, he lost this subtle ability within a week, quickly dissociated from his own body once again. He offered that the work we, as body psychotherapists, do is important and one of the USABP's missions is to promote the field.

Yet, something was amiss. Here we were in this humongous convention center with only 152 participants. One man flew from Japan for the conference so wanting to join collegial conversations. So where was everyone? No schools (California Institute of Integral Studies, Naropa, John F. Kennedy, Pacifica, etc) were present in the vendor's section, in workshop presentations, in simple conversations. Presentations/workshops were recycled over the three days (a plus for some as they could attend as many of the offerings as possible, a question for me in terms of the number of therapists who offered to present workshops in the first place). Even the old guard, many of the founding members of the USABP were missing. I saw Alice Ladas (the oldest founding member who is still spry and alert in her mid-90s—she is amazing!), and Paul Briggs and Ann Ladd, also former USABP Board of Director members, attended. But the roll call was far from complete.

The USABP is now contemplating a name change (asking members to complete an online survey) to further their brand as "The Hub of Somatic Psychology". Which all leads me to ask: is an umbrella organization necessary in the United States? Is it valued? Wanted?

The USABP offers free webinars that appear to attract participants; they lowered membership fees and doubled in size. Yet folks did not show for the conference. Was it simply a matter of timing? Location? Keynote speakers (who were, by the way, excellent)?

We at SPT Magazine want to hear your thoughts, your ideas, your suggestions.

Is the USABP a relic of a past that our present reality no longer supports in terms of competition with so many "methodological" based organizations (e.g. Core Energetics, Somatic Experiencing, Hakomi, Bioenergetics) drawing membership (thus the need to pay dues and fees, attend their trainings and workshops) or is it just conferences themselves?

Do people prefer in-home webinars, which may be far more cost effective yet in my experience so impersonal! You miss the face to face contact, the chance for a welcoming hug, the warmth of the human being you're connected with!

What direction do you see for the USABP and for that matter the EABP and APPPAH, also larger organizations supporting the field in general versus one particular method?

Please join this important conversation and let us know!

Let us know via email: nancy@nancyeichhorn.com and we'll share your thoughts on our blog and Facebook page to get this conversation going.

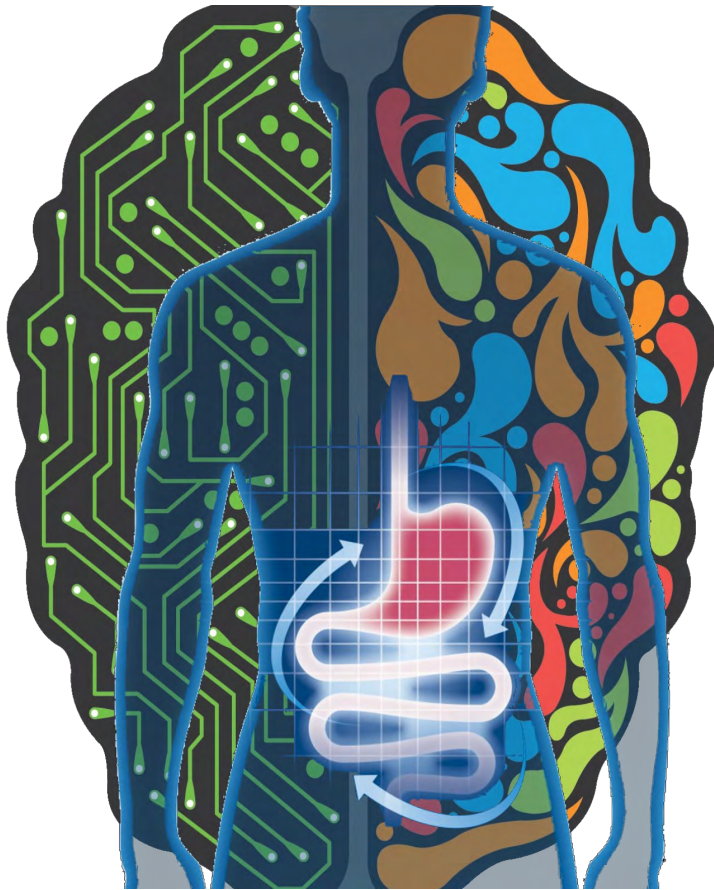


Transformative Moments: Short Stories from the Biodynamic Psychotherapy Room

By Dr. Elya Steinberg

Biodynamic massage (Southwell, 1982) is an integral part of biodynamic psychotherapy (Boyesen 1980, 1981, 2001; Heller 2012; Lewin & Gablier, 2013; Southwell, Selles, Tanguay, & Steinberg, 2014; Southwell, 1998), which allows psychotherapeutic work within the framework of the body. The name 'biodynamic massage' encompasses fourteen different methods of touch. Almost all the touch methods can be performed at different levels of the body - the level of bones, the periosteum, the deep and superficial muscles, the fascia, which contain the muscles, the subcutaneous tissues, and the different levels of energy.

A biodynamic psychotherapist is often guided by a stethoscope (either electronic or ordinary) whilst carrying out biodynamic massage (Southwell, unpublished; Stauffer, 2005, unpublished, 2010; van Heel, 2014); the stethoscope is used for listening to the digestive system's sounds (also known in this context as the psycho-peristalsis) (Boyesen, M-L. & Boyesen, G. 1978). This makes it possible to obtain immediate feedback from the body about the level of accuracy, quality, and attunement of the touch applied. The experience of touch must be modulated by context and internal state (Ellingsen et al., 2016).



The digestive system is more active when there is stronger activity of the parasympathetic nervous system, a branch of the autonomic nervous system (Guyton & Hall 2011). This subsequently creates greater activity of the vagus nerve - the tenth cranial nerve of the parasympathetic nervous system - meaning that stimulation that increases psycho-peristalsis results in non-invasive vagal nerve stimulation. "The parasympathetic innervation of the gut by the vagus nerve provides sensory information to the brain, enabling gut activity to influence emotions" (Gómez-Pinilla 2008, Mayer 2011). Invasive vagal nerve stimulation (VNS) has an influence on cognition and emotion and has become a routinely approved procedure for the treatment of refractory partial onset seizures and chronic (i.e. not acute) resistant depression (Gómez-Pinilla 2008). Another method for carrying out non-invasive vagus nerve stimulation is transcutaneous vagal nerve stimulation (tVNS), which in healthy humans reduces the activity of the sympathetic nervous system. In this way the treatment ameliorates many conditions which present with higher activity of the sympathetic nervous system such as stress, heart failure, tinnitus, obesity, and Alzheimer's disease (Clancy et al, 2014). These findings demonstrate some of the hidden potential of Biodynamic Massage as part of Biodynamic Psychotherapy, since it can non-invasively cause stimulate of the vagus nerve. This stimulation plays a big part in the

movement towards health (salutogenesis), developing independent wellbeing and an organic self-regulation process (Boyesen & Freudl 2015).

The biodynamic therapist also receives feedback from the client's body through objective observations (Bunkan et al 2004, Friis et al 2002) of the body's posture (Bunkan et al 1998, 2010, Heller 2012 chapter 13), breathing (Bunkan et al 1991, 1999, Friis et al 2012), solidity of muscles (hypertonic, hypotense, and isotonic) (Johnsen 1973), the muscles' capacity for mobility (Bunkan et al 2001, Kva et al 2011), and the skin (for example, skin colour, temperature and sweating). In addition, the biodynamic therapist obtains information from objective observations of the sensations, feelings and emotions that arise and subside in their own body.

So the biodynamic therapist is guided in real-time not only through technique, but also via feedback from the client's autonomous nervous system, objective feedback from the client's body, as well as what the client volunteers about his/her body and intuition. Here, I define intuition as an impulse arising from within the self to perform one action or another. We need to differentiate between intuition and the actions of psychological defense mechanisms like projective identification and re-enactment.

Over time, the biodynamic therapist learns to integrate all that information with the entire history known to him about the client, including events of trauma and adverse events that occurred during the client's life. That is how adjustment occurs between the intention and the client's neurodevelopmental process.

Every patient is an entire book (Rako & Mazer, 1980), a distinctive and pulsing new fabric. All theoretical knowledge is solely theoretical when the therapist starts working with a client: it must be discarded in favour of the direct experience of processes unfolding here and now. The therapist has to respond in an attuned fashion to the living phenomena of this particular client, in this particular relationship, in this moment of now, without any agenda or predisposition. The only constant in living phenomena is change (Inspired by Vipassana meditation course), and the therapist must be attuned to a change taking place in themselves and in the client at every

Continued on page 28

moment, and in the relationship to the levels of awareness and arousal in the framework of the client's body and the therapist's body. The delicate fabric woven in the field of relations is formed of countless items, including the therapeutic relations. Dynamic items change constantly; therefore, biodynamic assessment systems are grounded on evaluating the changes occurring (Southwell, 2014), not only on a static snapshot of the client's condition. What defines the quality of the work are our bodies, our awareness to our body – that of the client and of the therapist – in addition to mental processes, intention and attention.

In the living phenomena called human, the landscapes of the mind and the landscapes of the body are one concurrent phenomenon. In the reality of a human, it is impossible to separate between them, only for the therapeutic discourse, which ensues after action. As Wilhelm Reich stressed, "the point that the unconscious does not exist in a psychological space that is independent of one's bodily reality, but is intimately connected to a somatic or energetic substratum" (Boyesen & Freudl, 2015, p. 582).

And so, to understand biodynamic therapy as a whole, and biodynamic massage particularly, we have to understand and investigate the human as a living phenomenon, as it is happening now, in real-time. As biodynamic psychotherapists, our job is not to save or rescue. Our job is to promote and support changes in the person as pulsating living phenomena, as our client wishes. The client can be viewed as a system that has the capacity for self-organization and self-leadership. Psychotherapy is a healing profession and the healer is the client. A good biodynamic psychotherapist will support the client in healing themselves (Tanguay, 2014).

Lily: A Clinical Case Study

This article was written following a review weekend with students of biodynamic psychotherapy, concluding their first year of studies. During that weekend, they worked under their own observation and that of three trainers.

Lily and Roy are both students (not their real names). I'm unfamiliar with Lily's life-story in detail. To conceal Lily's identity and to fine-tune certain points, I have used her story with those of other clients to create a single figure who demonstrates what needs to be demonstrated.

Therapy

Roy worked with Lily using a mixture of touch methods in different parts of Lily's body, applying the ethical rules customary in the method. He chose to begin working with Lily's shoulders because they were so painful; he devoted over



Photo retrieved from Shutterstock

half an hour to her shoulders. He used elements of 'basic touch massage' mainly at the muscle level, and combined it with elements deriving from 'lifting and stretching biorelease massage'. Once he felt he had finished, he worked with 'energy distribution massage' on her legs. Lily said she was satisfied that he reached the soles of her feet, and that the therapy had been beneficial for her and that she felt she had received what she needed from it.

In biodynamic psychology we work according to an important principle stating that what the client feels is always correct, and we do not undermine the client's sensations and emotions. "The basic therapeutic attitude is this: the method can betray the client, but the client can never betray the method" (Boyesen & Freudl, 2015, p. 584). We follow the client and trust the process because the client is a self-organized system possessing the capacity to reorganize itself with self-leadership. Otherwise, the client would not have come to us in the first place, and every other following session.

Post-therapy feedback

In the discussion that developed afterward, the question came up whether it's worth combining different touch methods in the same therapy session. The usual recommendation is in principle to use a single technique with a particular sequence in one session. The discussion created an excellent option for taking an in-depth look at one reason why biodynamic massage constitutes non-verbal psychotherapy.

Roy remarked that he works differently in each part of the body, in terms of the type of touch he uses and how much time he devotes to each place, but he gives the same quality of touch everywhere. He asked if it can be beneficial working in the same way with identical kinds of touch, time, and quality even if the different places in the body feel completely different - both to the client and the therapist.

Lily shared with us during her morning check-in that many of her pains in the digestive system and bladder had disappeared, she had also suffered all her life from anxiety, she now felt more empowered and her anxiety had decreased significantly.

Before I discuss this important question and suggest another major perspective, I'll note again that in Lily's case she felt fine with the mix and match, and the client is always right regarding her feelings. As I mentioned before "The basic therapeutic attitude is this: the method can betray the client, but the client can never betray the method" (*Boyesen & Freudl, 2015, p. 584*). In addition, the context of this treatment was a single massage session, a one-off session during a review weekend. So an analysis of the options that I list below isn't necessarily relevant to this context. Rather, my intention is to discuss psychotherapeutic possibilities and considerations that can be offered from another perspective, and to weigh the advantages of this therapy with the same kind of touch, over the whole body, taking more or less the same time.

Theoretical discussion

Had Lily come to me for therapy, I would have asked myself several questions. Her shoulders were painful – I wondered whether they were bearing the load that other parts of her body were not sharing.

Though Lily's build seems thin and fragile, her shoulders look broad and strong. They have been painful for a long time, a matter of weeks perhaps: they are warm to the touch, and have marked muscle tension (hypertonus). The soles of her feet are cold and her leg muscles are flaccid (hypotonus) relative to them.

Lily also retains tension within her body, in her internal organs. Lately, her digestive system released large amounts of tension, expressed in diarrhea and stomach ache: that tension had been retained in her body for many years. Recently Lily suffered strong bladder pain. She suffered the pain in her bladder for a few months and despite different kinds of medical investigation no medical reason was found explaining her pain. She twice received empiric antibiotic treatment, which seemed to have little effect. The pain in her bladder was so intense that she had to stay home and missed two days of study, even though she really wanted to attend the class.

The previous weekend, Lily had also suffered a severe migraine that again prevented her from attending a class session. During several previous sessions, Lily had said that her back was painful.

The day before Roy gave her therapy, she shared with us during her morning check-in that many of her pains in the digestive system and bladder had disappeared, she had also suffered all her life from anxiety, she now felt more empowered and her anxiety had decreased significantly. She shared with us, with a somewhat frozen expression, that she had come for training because it was a question of either coming to learn or get older; the felt sense of her statement seemed to some group members like 'to learn or to die'.

It is noteworthy that Lily is an intelligent, sociable and sensitive woman. She has academic training and has lived with her partner for many years. She has a stable and supportive relation with him, and they have children together.

Assumption: The Conflict is Retained within the Body and Mind

Lily's body appears to represent a significant conflict, possibly more than one conflict. If we look at the global picture, we can assume that the various pains retained within Lily's body represent different parts of Lily, parts that do not communicate with each other.

Her shoulders want to come to therapy because they are painful, but her bladder and sometimes also her head want to stay home. The shoulders are bearing a heroic burden while her hips and legs—physiologically constructed to assume heavy burdens together—do not participate, and don't help her to carry the burden.

In physiological terms we see that Lily's implicit procedural memory is actively commanding her shoulder muscles to clench; even though conscious explicit parts of Lily feel intolerable pain and want to release her shoulders because the pain is unbearable.

Continued on page 30

Her mind must find a way into the labyrinth of the complex human brain towards the non-implicit unconscious procedural memory, render its content conscious and explicit, and find a way to change something within the procedure before storing the procedure once more.

What is Lily's procedural memory?

Lily's memory, like every human's memory construct from different parts. Memory is now understood to be a collection of mental abilities that depend on several systems within the brain. ... A memory system is a way for the brain to process information that will be available for use at a later time. Different memory systems depend on different neuroanatomical structures. Some systems are associated with conscious awareness (explicit) and can be consciously recalled (declarative), whereas others are expressed by a change in behavior (implicit) and are typically unconscious (nondeclarative)" (*Budson & Price, 2005, p. 692*).

Procedural memory refers to the ability to learn things such as behaviour (*Budson & Price, 2005*) - in this case: to clench her shoulder muscles on the unconscious level. She has no insight into why she has been doing it for such a long period of time. She can not explain it as her procedural memory is non-declarative and the reason for the original behavior can't be consciously recall.

Does it mean she has a "short" muscles in her shoulders?

It is important to acknowledge that people usually don't really have "short" muscles, they have tense over-contracted hypertonic muscles and under-contracted hypotonic muscles. Most of the people who come to us, if they should (god forbid) die, the muscles will relax and their posture will change and improve (my apologies for the rough description). Most people, usually have no structural abnormalities, no bony or muscular deformation. This means that in order to keep a "short" muscle short, the brain actively and unconsciously has to repeatedly send messages to the muscle to contract. It does this for 24 hours a day, 7 days a week, for years on end. Furthermore, when the brain gets the information from the muscles via interoreceptors - called proprioceptors (which are called alpha [α] spindles) - that this is the level of contraction of these particular muscles, it still translates this as good essential contraction, despite the fact that some other interoreceptors send the brain messages of pain and will 'scream' at the conscious part of the person "this is a terribly

painful contraction". The brain's un-coordinated and un-integrated activity happens because of the person's implicit procedural memory. It is a fundamentally automatic learned skill and it is a real concrete reality, not an imaginative process. This presents us with a question: why does the brain keep this mismatched and un-coordinated painful activity of the brain-mind-body? It always has very good reasons to do so.

We know that the total human system functions energetically as an economic system. It will do (or not do) something only if it is somehow "cheaper" economically. This means that somehow, there is an advantage to the system at that particular moment to choose to carry out an action like over-contraction of a muscle even though it is painful. Most of the time, this advantage is not logical to the conscious SELF because the conscious SELF does not have access to most of the information available to the total system that we are.

Lily

Returning to my previous assumption that different parts of Lily want her to do completely different things, it's perhaps unsurprising that ultimately she gets a migraine and her head 'explodes'. Perhaps it's because her head can't decide which of her parts is right. Which part should she listen to and act according to? Each part of her body retains a different aspect of Lily's desires, and each part represents a different aspect of the conflict she's experiencing. But we don't know what the conflict is because she experiences it unconsciously and is unaware of it.

When I give each part of Lily's body a specific, different therapy, I'm using the reparative model of the therapeutic relationship (*Clarkson & Wilson, 2003*) regarding each part of her body separately. But at the same time, I don't relate to a split or conflict/retained within her. Even if it helped Lily to receive a different type of therapy for each body part, any outcome benefits would only be temporary because I didn't relate to Lily as a single system, as one organism unable to work together and solve the conflict. I had to support the reorganizing of her entire body as an organism that can heal itself because it has self-leadership.

In that simple physiological reality of Lily's body, only one person can release Lily's painful, tense muscles - Lily herself. Her mind must find a way into the labyrinth of the complex human brain towards the non-implicit unconscious procedural memory, render its content conscious and explicit, and find a way to change something within the procedure before storing the procedure once more. I can only suggest possibilities.

It goes without saying that in this kind of therapy I also didn't address two very important emotions that Lily shared with us. The first, the conscious one, is the anxiety she has suffered for years. She says that now she suffers less - but it did not disappear. The second feeling - less explicitly articulated and crucially important—is trapped in her sentence and the frozen expression that accompanied it when she said why she came for training. For her, as she said, it was "coming to learn or growing older" a sentence that some people picked up as "dying". Is despair also trapped in there? Or another emotion? It's a dramatic sentence that requires attuned attention. And we are obligated to remember that the emotions trapped there are the reason why she is here now, on Roy's treatment table, because this emotion brought her to training.

The fact is we don't know anything that Lily herself has said about how those emotions exist within her. Any emotion is a collection of phenomena taking place in Lily's body. Emotions do not occur in the human brain as a phenomenon that's detached from the body but are experienced as a physical phenomenon of sensations in certain places in Lily's human body. There are questions we must ask Lily herself. How does she know that what she's experiencing is anxiety? What does she feel it in her body? Butterflies in her stomach? Is her heart racing? Does she have a sense of pressure in her chest, and difficulty breathing? Does she feel as if she's choking, and the words won't leave her throat? Perhaps she has a general sensation of weakness in her limbs? Maybe she feels frozen, immobilized? And perhaps she's experiencing anxiety in another way that I haven't listed. These are the critical questions we must ask Lily, and a no less critical question is - which emotions are trapped in that sentence "coming to learn or growing older". We need to examine with Lily how those emotions emerged in her body, how she identified what she was sensing and feeling.

Even if Lily was satisfied with the treatment she received, which is indisputable, it's important that we realize consciously that we have collaborated with the split, the lack of communication, and the lack of integration. And furthermore, that we didn't necessarily relate to all Lily's emotions during the treatment.

Continued on page 32

Any emotion is a collection of phenomena taking place in Lily's body. Emotions do not occur in the human brain as a phenomenon that's detached from the body but are experienced as a physical phenomenon of sensations in certain places in Lily's human body.

Negative transference and positive transference

We have to be aware that when we work with different parts of the body and use various approaches, there is a risk that a more negative transference might develop. Sometimes, chiefly when there is a split, we observe that the different parts of the body can develop a sort of 'envy' towards the other parts that are being treated. We try to avoid that sort of negative transference because it's hard for the client to receive such a powerful and intimate touch from someone towards whom they has negative transference.

And so, particularly because of the strong degree of intimacy that this relationship calls for – a relationship that permits touch - we are interested in fostering positive transference. It allows us to work beyond the defense mechanisms, to enable a secure attachment, and to support the construction of important mental structures. Later on, I discuss the importance of developing a secure attachment.

Equanimity as a way for integration

What then could happen differently if, during therapy I suggest a treatment that's identical in terms of the type and quality of touch, and the time needed, for every part of Lily's body? Identical treatment throughout her body could suggest to Lily - in a non-verbal way - a novel idea. A novel idea in which all the different parts of her body are my 'clients', and each one is important to exactly the same extent. Even in parts that are 'screaming' with pain, like Lily's shoulders, even those that won't let her shoulders rest, even those immobilized by cold, like the soles of her feet, and even those that still haven't learnt to communicate, and those whose existence Lily may still be unaware of.

Every part of our body has sensation. Where there is sensation, there is life. And where there is life, there is change. In fact, change is the only phenomenon that is permanent, not only in all living phenomena. The clearest evidence of this is seen in the sensations we feel in our bodies, which always arise and subside. Our ability as an organism to develop inner integration and inner communication between the different parts plays a critical role in developing awareness to the various sensations, to change, and to the life pulsating within us.

Separated parts that do not communicate cannot help an organism to function effectively as a system. Their beauty is that they are part of an overall array. A simple example: what is beautiful hair? Hair is beautiful only when it's part of the organism. But if you find a single

hair on your dinner plate, you wouldn't find it beautiful. A hair isn't part of the organism when it's out of context, it is not beautiful, it has disintegrated and lost its beauty.

So, if I suggest to Lily in a non-verbal way, through touch, that all parts of her have the same degree of importance, like a mother loves all her children equally even if they're all very different from each other, I'm proposing something new. That all of the parts can, metaphorically, sit side-by-side at a round table like King Arthur's table. They can have a conversation and perhaps this can encourage them to hold an inner discourse that leads to collaboration. That was the breakthrough idea that King Arthur suggested: though he was King and had supreme power, his knights, whose task was to fight and govern the country together with him, could all talk equally around the table, and influence how the country was run.



There's a possibility that if this sort of discourse happens, and the mode of operation becomes absolute, Lily's head wouldn't have to explode with pain in order to decide what to do.

This approach is also backed mathematically by findings of game theory. The mathematics of game theory demonstrates clearly that collaborating is the most effective method for all participants in the game to move ahead. In the long run everyone gets more, and enjoys the results: even if there's a risk that they may have to compromise, in the long-run the compromise pays off. This is one of the deeper significances of integration. In this kind of integration, every part is important and communication between them is vital.

Integration is like a fruit salad in which we can still recognise each fruit - the strawberry, apple, and banana. All of them combined create a fruit salad, unlike a smoothie. All of the parts and systems that form the finished organism, are a single system functioning together. Together, it can attain the most effective results. More cooperation and collaboration create greater coherence. It is a gestalt in which the whole is more than the sum of its parts.

The change isn't effected by me as a therapist, but by Lily herself. My role is to invite all the parts of her body to a roundtable discussion – it's an invitation to function more coherently as a single organism, as a communicating whole.

Not everyone responds similarly, of course, but if we don't suggest it, we'll never know what new places could develop when we propose identical therapy for all parts of the body.

Back to Lily

We know from the literature that, in general, people who suffer prolonged anxiety underwent past traumatic psychological incidents or adverse events. The implication is that we need to examine this possibility with Lily. It's almost certain that the split that her body presents and her continuing anxiety need to be viewed against that backdrop. Although Lily at this stage, she hasn't yet shared her past with me, which is common at the start of therapy, it's important that I assume that something happened in her past that brought her to the current situation. Like other clients, Lily didn't come to us out of nowhere but from the reality and experiences that formed and shaped her, and brought her to where she is, the way she is, today.

My assumption is that Lily experienced something in childhood, something probably frightening that she only survived and remained sane by clenching her shoulders and fixing her body in its present condition. It was a normal reaction to an abnormal situation. If she underwent those experiences frequently, her body was no longer able to relax its muscles; it simply stayed that way, like in the story of Reich's experiment.

Wilhelm Reich's experiment with an amoeba

Wilhelm Reich, the father of Western physical psychotherapy, was a physician and scientist in his approach—he performed many experiments. The story says that one of his experiments was on an amoeba, an organism consisting of a single cell and a membrane. It moves by extending its pseudopods, which resemble arms, to make basic swimming movements, engulf food particles and bring them into the organism. This organism is constantly in movement of some

kind, and as long as it moves, it is alive. As I said previously, change (expressed here in movement) is the only phenomenon that is permanent and distinctive, particularly in living organisms. Reich observed the amoeba under a microscope and decided to perform an experiment on it: he pricked the amoeba once without damaging its membrane and observed its reaction. He saw that it seemed to contract, freeze momentarily and stop moving. After a while, the amoeba recovered. Its behavior showed nothing to indicate it had been pricked. But, when it was pricked several times, although the membrane wasn't damaged, it remained clenched and didn't resume moving. Finally, because it no longer moved, it could not engulf food and died.



A similar process in the body

Similarly, that is what happens to muscles: after they contract many times into a specific position, they often stay contracted and are not released. The contraction and the inner split become fixed, because of a recurring action which became a procedure, and automatic process control by implicit automatic procedural memory. This is the disregulated way in which Lily survived her childhood. This is how she temporarily solved the insoluble problems that she had to deal with. It was the best way she could use at that time,

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When I perform touch correctly, it helps by activating the hormonal systems to create oxytocin, and the parasympathetic nervous system is activated via vagal nerve stimulation. When they are jointly activated, this in turn activates the social engagement system. It's an opportunity to examine the option that perhaps now this moment is safe.

when her needs were not met properly and the terrifying experiences recurred constantly. And regrettably - despite the frightening incidents that happened to her, and even though they no longer happen and there are good prospects she will never have to confront the reality which she did in the past, she doesn't have to clench her muscles today - she still cannot release her muscles and reconnect the parts that have split away. All of this, because the reason and the process are reinforced in her memory as an unconscious process.

Safety and Secure Attachment

Now, during therapy, I can propose something new. As well as equanimity, I can propose another novel idea - that it's safe now. I suggest it both verbally and nonverbally, particularly through touch. When I perform touch correctly, it helps by activating the hormonal systems to create oxytocin, and the parasympathetic nervous system is activated via vagal nerve stimulation. When they are jointly activated, this in turn activates the social engagement system. It's an opportunity to examine the option that perhaps now, this moment is safe. Perhaps now she can release her muscles, let the tension go. It's an invitation to negotiate, to re-examine conditions and options, to let something new happen.

Another way of widening the sphere of confidence is by identical treatment over the entire body. Like this, the contact is systematic and identical, and it allows prediction; when a client anticipates touch, it helps her or him to be more relaxed.

A basic condition for negotiating is Lily's ability to develop the capacity to observe the sensations in her body as if it's one unit. Sometimes this is only possible by presenting Lily to equanimity, as an organism aspiring to function harmoniously and integratively. In the following stage, she has to make sense of the various processes unfolding within her. During the process, it's vital that she's in a safe, non-judgmental setting, and then we can negotiate and check new options at the 'round table'.

By addressing all parts of the body equally, equanimity can be a good method, enabling physical and mental integration.

Summary

As yet, I do not know Lily well enough. I don't know what in her history taught her shoulders and back to be tensed to the point of pain, to be so fearful.

But what I do know is that it's Lily alone who can find the winding, convoluted path in her brain towards the procedural memory that guides her motor region to continue clenching her shoulder and back muscles, despite the intense pain.

Only Lily can extract that procedure, bring it to consciousness in her brain's frontal area, and re-examine if there's something else that she, as a whole organism, can do for herself to diminish her pain and live her life.

And so we have to open the door to negotiations and integration, verbal and non-verbal alike and this is the therapist's role.

From that respective, equanimity is likely to be the path worth taking.

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APPPAH Is Birth Psychology

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- Thomas Verny, MD
APPPAH Co-Founder

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Transformative Moments: Short Stories from the Biodynamic Psychotherapy Room

Part Two



By Dr. Elya Steinberg

Touch and Betrayal

From an object-subject relationship point of view, we should never underestimate how challenging it might be for a body-mind system that has been betrayed by humans to trust humans again—to trust the object 'human' and to authentically experience that this subject is safe.

It is especially important to explore the complexity of touch and the right touch for people who have undergone traumas of physical, sexual or emotional abuse in their family, when, in fact, inside the family somebody manipulates their most basic attachment needs, where love was demonstrated manipulatively in order to abuse the child as an object for the fulfillment of the perverse fantasies of the adult who was supposed to protect him.



These people, who were born into an evil cradle, are the most wounded people in our society. They have never experienced safe touch or have experienced it partially from a friend of the family who was, at the time, a bystander to the abuse, and there are mixed together the touch and the sense of betrayal that occur in the conspiracy of silence. These people especially need, as a part of the overall psychotherapeutic experience, a space in which they can experience safe touch here and now inside the therapeutic alliance with a secure and safe attachment figure. They need a space in which they can learn to develop themselves ways to cope with the complexity of touch for them. Many of them suffer from intensive somatic-sensory flashbacks that often emerge every second while attempting intimate touch. They learn in themselves the ability to enjoy the right touch here and now, to develop tools such as dual awareness during the somatic-sensory flashbacks in order to enable them to experience pleasure and joy. When their normal desire for another body, for skin-to-skin contact becomes a reality, instead of enjoying it they suffer from unexpected outbursts of somatic-sensory flashbacks that push them into responses of hyper-arousal, such as fight and flight or hypo-arousal such as freezing and dissociation, which do not enable the development of intimacy and deep interpersonal relations. As long as psychotherapists refrain from practical observation of the complexity of touch in the therapy room and continue to maintain the dissociative dualism of Descartes' split between body and mind, they are, in essence, collaborators in the conspiracy of silence, in which there is refraining from looking into the most painful and realistic places in the individual's life. It takes courage to look at the profound emotions and painful, hidden, complex landscapes of the human being that can emerge with physical touch. Working with touch enables fuller integration of those parts of a person that were discarded as part of the taboo and restoration of the capacity for pleasure, happiness and physiological and emotional well-being.

Another example of a therapeutic process – with Ronit

Ronit has permitted me to describe some of her story, using an assumed name. To conceal Ronit's identity I have changed details.

She came to me for treatment because she felt isolated, and her attempts to create new relationships with people failed. Somehow, each new relationship ended abruptly, and she couldn't understand why it was happening.

When I asked Ronit how she feels physically,

she says that frequently her legs hurt her for no apparent reason, and she has suffered from tonsillitis since childhood. After she left home, things improved, but she still suffers recurring tonsillitis the year-round. She is a light sleeper, frequently finds it hard to fall asleep, and is woken by any sound in the house.

Ronit's history

Ronit was an abused child. She was hit, cursed, shouted at, and humiliated on a daily basis throughout her childhood until she left home at 20. It seemed that everything could trigger off the slaps and shouts: a broken cup, a spilt drop of milk. Everything, she felt, would end by her being hit. As a little girl, Ronit didn't understand why she was getting slapped. Over time she learned that her father had principles. Whenever she complied with his principles - not sitting at the table with her feet on the chair, or not losing her key - she wasn't hit, and could look after herself.



Photo from Shutterstock.com

But her mother was unpredictable. She flew into unpredictable attacks of rage. She hit Ronit, shouted at and humiliated her. She said terrible things that Ronit can't remember. Any given moment was dangerous, and her mother even attacked her at night after Ronit had apparently gone to sleep. Once her mother stabbed Ronit's sister, who managed to jump aside at the last minute, avoiding injury to her spine. Sometimes

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Ronit learned to live like a little hunted animal, always prepared for the next unexpected violent attack.

the blows lasted a very long time, and were often so powerful that Ronit lost consciousness. Her plastic descriptions of regaining consciousness on the floor after one such attack filled the treatment room.

Ronit learned to live like a little hunted animal, always prepared for the next unexpected violent attack. When she grew up, she started to run out of the house until her mother cooled off. At night she made a point of falling asleep only after she heard the ordinary sounds of her parents sleeping. If there was a movement anywhere in the house, even the slightest one, she would wake up, open her eyes, ready to jump. From the outside, she appeared whole, but inside everything was shattered and broken from the blows and the verbal violence.

Physical therapy, and the links between Ronit's current condition and her history

Each treatment session included a biodynamic massage, usually the same method on the whole of Ronit's body. During the treatment, we learned that her leg muscles hurt because, as a child, she always had to be ready to run and escape her parents, who often launched their angry attacks and hit her for no clear reason. To evade, then she was always ready to run. When she was older she jumped out of the living-room window of their ground-floor flat, or run to the toilet or to the little shed attached to the kitchen. Then she locked herself in and waited until their fury calmed down and it was safe to come out. Danger lurked at every given moment. She was always ready to jump, even at night and now, after so many years of being ready to run, just in case, she's exhausted. She wants to rest, and her legs hurt. Perhaps she can rest now?

Ronit has built a safe life for herself. For several years she has been in a relationship with a stable, sensitive partner who has never hit her. But inwardly she can't free herself from the habits that saved her life and sanity. She always has an escape-plan; she's always ready to run. Examining her past also explained her sleeping problems. For years she lived like a hunted animal, around the clock. But maybe now there is no 'lion' pursuing her? Even though consciously Ronit knows there isn't any lion, and it's probably not going to happen today, her

body still doesn't know it. The tension, the readiness for 'flight and fly' was in her implicit procedural memory for years. It's an unconscious procedure over which she lacks conscious control.

I invited Ronit to check some other possibilities, by means of touch. Possibilities in which we can at least put the tension on a shelf, close at hand, an arm's length away. And only if she has to run in the future, if a lion really does turn up, she can take the anxiety back and run far away with it, like she did as a child.

This defense mechanism saved her life. I didn't want to take away those lifesaving defense mechanisms from Ronit, like her readiness to run because every time her legs became less and less tense, she suffered appalling anxiety attacks. And then we had to negotiate, while still respecting her defense mechanism, following the biodynamic principle of 'making friends with the resistance'.

Meanwhile, for just least a few minutes, maybe she can rest because there's no lion in the room now. As an adult, she has been able to create a safe atmosphere for herself, has found safe people who will never hit her like people used to.

Now she can rest and relax.

This process required considerable non-verbal negotiations.

The client is active, not passive

We must remember that biodynamic massage is in no way a situation in which the client is passive and receives a massage, and the therapist is the active one. To an outside observer of a therapy session, it may seem like that, but it's incorrect. Just because a person isn't physically moving, it doesn't mean that he is inactive. For someone who experienced what Ronit did, the ostensibly simple state of lying on a treatment table without moving and relearning how to relax and rest - such a basic action, which people who didn't have traumas like hers don't think about twice - is for Ronit, a novel idea.

For Ronit to let herself rest, even for just a single wonderful moment, she has to work

intensively within herself. To learn to differentiate between past and present, between the present and the future.

This work took Ronit years of weekly therapy, sometimes even twice-weekly.

When she began the process, she didn't understand what was happening to her; all she knew was that she had difficulties in interpersonal relations. But it's clear that because she was constantly ready to run, she couldn't really be available in the 'here and now' for a relation with the person she's with.

Time

It took time for Ronit's unconscious memories to become conscious ones. It took time to position all those dramatic events on a chronological timeline. Ronit had to physically change structures in her brain, like the hippocampus. The hippocampus does not develop appropriately in multiple situations of stress like those that she experienced, and without proper development, there is significantly less ability to place historical events along a chronological timeline. And then, in a roundtable discussion – between the brain that sees that the existing reality, the 'here and now', is safe, and parts that are afraid to rest – Ronit's legs, can 'sit' at the round table, talk and negotiate, and let Ronit rest – and for more than just a few minutes.

Initially, each minute depended on discussing and negotiating until – through new neuropathways that most probably started to emerge, new possibilities were laid down in Ronit's brain. Their inherent option was that it had become possible to rest, before the next race begins. Each minute was a major achievement. Secretly, at home, behind a locked door, Ronit started to occasionally rest for longer periods. Resting when someone else was present required a very long drawn-out process, which she sometimes thought was impossible. However, she learned it from her direct experience. And now if she stays in one place long enough, she may be able to successfully build relations with other people.

Ronit cries

Ronit would at first cry in absolute silence, without making a sound. Tears trickled and flowed down her cheeks. Her nose dripped and even when she blew her nose, she did it with impressive silence. Not the smallest sound. Sometimes the pain in the room, in that space between us, was so immense that my eyes would also silently weep.

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Once I asked her how she learned to cry silently. As a child, she told me, when her mother hit her, if she made a noise and cried or screamed with pain, her mother completely lost it; she would hit even more violently, and shout at her to stop making a noise. Because according to her mum,

Ronit was to blame for everything, she didn't even have the right to make sounds of pain. And that's how she learned to cry soundlessly.

I asked if there was anything soft in her mother, that might help her grasp the pain she had caused her daughter. Dry-eyed and with a bitter voice, Ronit replied that her mother's only soft place was her pillow. After her mother would hit Ronit, sometimes she ran to her mother's bed, and scream and shout into the pillow. Often she cried like that for a long time, but her mother never came.

I worked with Ronit in many sessions, using different kinds of biodynamic massage to help develop her throat, and allow her to emit sounds, slowly, through prolonged negotiations with all parts of the body. It was a process that sometimes both of us felt would be endless. And only after I promised her that my room is soundproofed and the neighbors wouldn't come and hit her, she allowed her voice and weeping to emerge from her vocal chords. At first they were choking sounds, but gradually she let out the screams of anguish that her body had held in for so long.



The gates broke open

She was left without pain in her chest, and without an inflamed throat.

And for years afterwards, Ronit never suffered from a sore throat.

Perfect rest

I worked with Ronit for many years, and each session included biodynamic massage. And she became able, sometimes, to rest completely. Genuine rest. An island of calm within her. A place where Ronit could stop running.

At night she still sometimes wakes up if there are sounds in the house. But now she soothes that little girl in her, the little hunted animal inside her, and goes back to sleep.

Now she can stay in one place, form relationships with people, and can talk and express herself fully.

Healing

So who healed Ronit of her painful legs, her recurring tonsillitis?

It wasn't me, the therapist – it was Ronit herself.

It was Ronit who made the appointments.

Ronit who came to every appointment.

It was Ronit who walked cautiously along on the slippery wooden path in my garden, as she approached my clinic.

She paid for our sessions.

I only did the work when she came for the psychotherapy session.

But it was Ronit who took the scalpel and opened the wounds of the past, let the pus flow out until, one after the other, her scars became clean and dry.

She drinks to the full the few tiny drops of love she received as child, drinks thirstily and constantly.

Fences off every moment of insanity.

Every injury.

Every knife and scissors that stabbed her or her sister.

Fences off

Arranges them in rows that are too many to count, like rows of tombstones

Feels, senses, observes, processes, and - since she could never make sense of the moments of her mother's rages -

She fences off whatever she could
 To detach herself and remind herself that it's all
 in the past
 She survived the worst of all,
 None of this will happen again.
 Now her world is formed the way she chooses.
 And me?
 I only helped
 I only supported with equanimity
 In every part of her
 In every part
 In all the particles
 In all the shattered fragments
 I supported them all equally
 Because they are all my clients
 Until gradually, ultimately they were integrated
 into a single whole
 I only did the best I could, without neglecting
 any part of the body and mind
 To support the change
 Because change is the only constant, as I wrote
 before
 Psychotherapy is a healing profession, and the
 healer is the client
 And the therapist's position which I followed
 here is known in Biodynamic Psychotherapy as
 the 'midwife position'

A note on the duration of therapy

Occasionally people ask me how long
 biodynamic therapy takes, and I always reply,
 according to the client's need.

I'd like to enlarge on this point.

People like Ronit who underwent innumerable
 traumatic and adverse events know there's no
 magic wand. No shortcuts. The client must work
 over a long period to develop his or her full inner
 human potential - only self-work in a prolonged,
 fundamental process that can enable the
 changes that human biology and physiology
 require to experience the world from a different
 point of view.

A fundamental process takes time. Sometimes
 more years than the number during which the
 damage occurred; it may take years of renewed
 growth. During that process, not only are
 forgotten pains reopened, but also the options
 for experiencing inner happiness and
 satisfaction. Nurturing the ability for self-
 management, for designing your life with your

own hands. I cannot state categorically if the
 decision to embark on therapy is worthwhile for
 a specific person, nor how long it will take. It's a
 personal decision. What I can say, is that for me
 personally the investment was worthwhile,
 because I feel that I succeeded in fulfilling
 myself and my life. Going to therapy is a
 courageous personal decision that can yield a
 host of benefits for someone choosing that
 course. The time that's needed is dictated by the
 personal process of each and every individual.
 My role is to support that person, to listen to his
 or her self and out of that direct experience to
 identify the appropriate period of time, but not
 to work out of blind belief in me, or an
 intellectual decision, or external conceptual
 understanding about therapy's duration.

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Gerda
 Boyesen, the
 founder of
 Biodynamic
 psychology.



Shlomit Eliashar



Yael Shahar

Psycho-Peristalsis in the Shared Body

By Shlomit Eliashar & Yael Shahar

"Has it ever occurred to you that one hundred pianos all tuned to the same fork are automatically tuned to each other? They are of one accord by being tuned, not to each other, but to another standard to which each one must individually bow..." (A.W. Tozer, 1948)

The Rainmaker

This is a story about a rainmaker that Carl Jung allegedly told in every possible seminar (Jung & Douglas, 1931-35; Rolef Ben-Shahar, 2014):

Once upon a time there was a Chinese village suffering a great draught. The village people thus sent for the rainmaker who lived in the farthest corner of China. As he arrived and the elders of the village gathered around him, the rainmaker merely asked for a place to stay in solitude. He was provided with a small hut, where he sat and meditated for three days while the entire village people impatiently awaited him. On the third day the rain started to come, and the rainmaker left his hut. Excited and grateful, the village elders gathered around him curiously. "What have you done?" they asked.

"Nothing," he replied.

"But you have brought the rain after so many months of drought."

"I don't know about that," answered the rainmaker. "In the village I come from people live according to the ways of the Tao. We maintain the dynamic balance of Tao so people are sad and people are happy, babies are born and people die, the sun shines and the rain comes. When I arrived at this village I felt that I was totally off-balance. I couldn't think straight or calm down. It has taken me three whole days to retrieve my inner balance."

The Third Area

In therapist-client interactions something new emerges. There is an 'us' and it requires us to relate and to speak to it in a new, inclusive language.

Through this profound attention and attunement a new *field* emerges. In relational psychoanalysis and relational body psychotherapy, this field is called the *intersubjective third* or the *analytic third*. The concept of the *third* means a wide variety of things to different thinkers—it has been used to refer to anything one holds in mind that creates another point of reference outside the dyad (Aron 1999; Crastnopol 1999). Thomas Ogden (1994) used the term *analytic third* to describe an entity created by the two participants in the dyad.

While Lacan saw the third as an energy that kept two people from collapsing—be it merging into oneness, eliminating differences, or creating a "twoness that splits the differences—the polarized opposition of a power struggle" (Benjamin, 2004. p.4). Winnicott, who

pointed out that there is no baby without a mother, called the transitional space that is neither subjective reality nor objective reality 'the third area of the psyche', which is an integral part of the human experience. The third area is where we experience our fantasy and reality without the need to choose between them, similar to what we experience while playing a game (Winnicott, 1971).

When two people are together a wider mind is created (Bateson, 1972), and talking in terms of 'my stuff', 'your stuff', 'my body' and 'your body' does have therapeutic value. But we believe it might also be beneficial to give attention to the field, the effectiveness of the affective laden relationship, which often has the use of an inclusive language "us".

As trained Biodynamic psychotherapists, we integrate the curious phenomena of psychoperistalsis (PP), a core concept of Biodynamic work, into our clinical work: What if we could relate to PP in the same way the rainmaker related to a whole village?

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Psycho-Peristalsis (PP)

More than 50 years ago, Gerda Boyesen, the founder of Biodynamic psychotherapy, believed that not only food gets digested in the digestive system but also emotions. She noticed rumbling noises in clients' intestines and that those clients who had them during a Biodynamic massage recovered much quicker than those who did not. She called these noises psycho-peristalsis (PP) (Boyesen, 1979).

Because unresolved emotional processes may leave clients in a constant state of sympathetic arousal resulting in dysregulation and high levels of stress hormones, Boyesen focused her work on self-regulation. She emphasized clients' capacity to down-regulate on three levels, which are illustrated by the embryonic layers that are also represented by the three layers of the emotional human experience: the psychological level (ectoderm); the muscular level (mesoderm); and the vegetative level (endoderm), which is the involuntary part of the autonomic nervous system.

Boyesen believed the most significant part of healing occurs at the involuntary unconscious level and that PP, which is controlled by the parasympathetic nervous system, plays a pivotal role in healing—she believed it was an actual healing mechanism situated in the gastrointestinal track that linked the psyche and the soma. According to Van-Heel (2015), "Peristaltic sounds can guide our work when we want to initiate parasympathetic activity and cleansing" (p.9).

Psycho-peristalsis offers a therapeutic indicator of emotional digestion and a discharge of any energetic or emotional accumulation (Boyesen, 1983). Though originally used during Biodynamic massage, PP and its resultant sounds have also become an important source of information during our therapeutic interactions. PP typically occurs when a client, in any setting, gains a deep insight, has a strong emotional release, or is deeply connected to his primary personality or core.

Boyesen believed every individual has an embedded capacity for healing and independent well-being. She emphasized the wisdom of the body and its energy to know its way in the deep, unconscious vegetative level. Traditionally, in the Biodynamic psychotherapy approach, the therapist was perceived as a midwife who focused solely on the client, allowing the client's process to organically unfold. It was very much a client centred approach where the client led his process, with the therapist attending as a skilled witness to facilitate a safe, compassionate space for this organic unfolding.

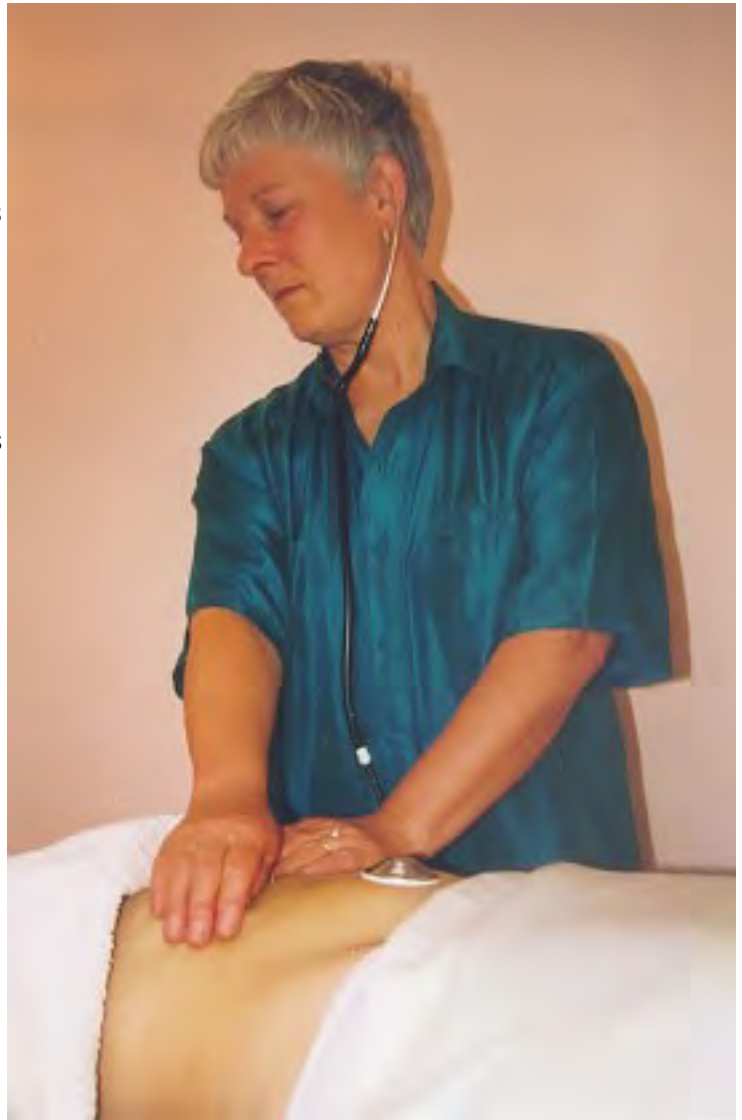


Image retrieved from <http://www.positivehealth.com/article/massage/biodynamic-massage-a-truly-therapeutic-massage>

Using a stethoscope, which is attached to the client's belly, the therapist listened to the client's intestinal sounds as a form of biofeedback to track his inner whereabouts that indicated his level of self-regulation, safety, 'ripeness' in processing different layers of inner healing and more. The Biodynamic therapist was and always is aware of her own self-regulation, but it is not spoken within the therapeutic dialogue.

Today, there is more emphasis on a relational Biodynamic process, and the therapist is even more attentive to her own PP and self-regulation as well as the client's within the therapeutic process. And yet, the energetic resonance with the client, based on connection with the life force energy, which generates and sustains the therapeutic process, is far below interpersonal and transference levels (Southwell, 2007).

In this article we offer our experiences working with PP within the intersubjective field, within the shared body, with curiosity: what potential benefits may arise by using PP in this way?

Psycho-Peristalsis in the Field

Vignette (Yael)

Sylvie (nick name) was referred to me by an organization that deals with adults who were sexually abused in childhood. Sylvie is suffering from what I identified as PTSD. She decided, at age 40, to initiate therapy (her first time) after developing chronic pains and anxiety attacks.

During our first sessions, Sylvie came and simply verbally 'vomited' her story—words spewed forth without any emotional connection. She dissociated every time she talked about the horror she had faced for 16 years. During those sessions, I offered few interventions. Sitting and listening to her 'dead voice' as she talked about horrific experiences, I felt my body moving as if between an icy-cold river and a searing bonfire. I felt the heat of the pain and the icy-cold anxiety waves in me. While connecting to the sensations in my body, I felt Sylvie's deadness trying to connect to life through my body. The boundaries of my body and hers started to merge; my pain and hers became one. I would breathe through our pain. For weeks, while working with Sylvie and listening to her stories, I concentrated on my self-regulation. I found that touching my feet helped me down-regulate the extreme sensations I felt. I noticed that once my psycho-peristalsis started to open up, and thus down-regulate me, Sylvie slowed down and something in her started to 'click', to connect.

The Therapist as Rainmaker

Within the complex dyad, PP became a conscious yet mysterious voice that represented unconscious shared material. This material was then processed by the client, by myself and/or by our shared body. Being aware of the PP in the field helped me to also stay in contact with the depth of the intersubjective third.

As mentioned, PP is directly linked to the unconscious aspects of the human experience and, therefore, to the complex dynamics within the therapist's and client's bodymind. "When we 'feel into' the relational body... through (also) the nervous system of our shared body" (Rolef Ben-Shahar, 2011. p.4), it helps us in the embodied-sensing of our shared-body in the intersubjective field.

What happens to me as a therapist on a vegetative level is part of "an affective, embodied dance" (Rolef Ben-Shahar, 2011. p.4) where my counter-transferential sensations can not only bring more information to the surface

about myself or client but can also be part of an actual therapeutic processing that occurs in the here and now. On occasion, as a therapist, we are holding and digesting for the client processes that he/she is not ready yet to process (the notion of Kohut's 'Self-object' (Kohut, 1971).

Vignette (Shlomit)

George, (a made up name), is in his early 30s'. A few years before we started therapy, he went through a major emotional crisis, which he now recovers from. I know how important it is for him to be 'strong' and on top of life situations. Every soft emotion reminds him of the fragile emotional state he had experienced during his crisis; as a result, he is reluctant to meet these emotions, which to him seem like emotions of weakness and loss of control. As happened in many previous sessions, George shares in detail how frustrated he is with his partner's behaviour and lifestyle. He is full of rage and blame. Following a few months of therapy, I am confident that George is now able to contain his emotions. In other circumstances I might have supported him expressing his rage, but at this moment, I am not saying anything, I am taking the time to feel what resonates in me. What I feel is not anger or rage. It is a deep sadness and longing in me. I find it hard to breathe, my heart is broken, and my body is collapsed in the chair.

*"How does your heart feel?" I ask following a sense in which I feel our fear of 'going there'.
"Can you breathe into your heart?"*

George dares to breathe into his heart. I can see his posture gradually become softer and wider, and with this his eyes become softer and sad, reflecting the sensations and emotions I felt for him. From this place of merging George was now able to connect for the first time to his softer emotions. We both could breathe now and feel our longing and sadness together. We heard the sound of watery peristalsis coming from both of us; we exchanged peristalsis in our shared field, in a beautiful duet of the souls. I felt relieved and hopeful, as I sensed and knew that peristalsis occurred within the process of deep insight and healing. We know we know. It is now easier for George to recognize and say: "I need my partner to touch and kiss me when I feel this next time."

Dan Siegel says that in the process of psychotherapy a shared space with the therapist may be an essential component of the therapeutic process. As two individuals share the closely resonant reverberating interactions, that their mirror neurons systems make possible, what before may have been unbearable now becomes tolerable (Siegel, 2007).

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Psycho-Peristalsis as a Duet - Resonance

Somatic resonance is a phenomenon in which bodies impact each other at a vibrational and energetic frequency. This process is supported by mirror neurons in the brain. It is a biological phenomenon that allows us to impact and be impacted. It includes concepts of empathy, attunement, intuition, and kinaesthetic sensing.

The mirror neuron system is thought to be an essential aspect of the neural basis for empathy. By perceiving the expression of another individual, the brain is able to create within its own body an internal state that is thought to "resonate" with that of another person. It involves a change in physiologic, affective and intentional states within the observer and by the person being observed. Therapists own bodily shifts may serve as a gateway towards empathic insights into the state of another person. (Siegel, 2007)

Somatic resonance is a mutual process, involving both parties. Just as two finely made violins will resonate to the same vibration when only one string is played, the embodied self of the therapist and client reverberate in a somatic duet. When we are attuned to our own psycho-peristalsis, we may find out how it communicates with the vegetative system of our client, and how we are impacting and being impacted mutually, just as we may notice that when we take a deep breath it impacts the person next to us and he might inhale deeply even without paying attention or be conscious about it at all.

"Therapeutic resonance can serve as a superb diagnostic tool, allowing us to feel into the relational field (wider self), picking up shown yet unspoken fragments of communication... This is an intersubjective crossroads where body psychotherapy, relational psychoanalysis, and shamanism meet" (Rolef Ben-Shahar, 2014, p.298).

A basic premise in systematic thinking is that any changes we personally make in ourselves (as part of this wider field), may impact the entirety of a system and surely we influence each other (Keeney, 1983). Through this lens, we may look at psycho-peristalsis also as a duet or mutual dance that can occur between the therapist and client.

Summary

Psycho-peristalsis plays a significant role in the process of emotional healing— its value of cleansing and regulating. Our intention was to spark curiosity and offer the question: is it of value to use this central and powerful concept in the relational third field?

From our experiences in the therapeutic setting,

we believe that when we allow ourselves to be in the position of the rainmaker— to drop into the shared third area— magic happens. We have the opportunity to realize that we are able to be and to create, to influence and to be influenced, to transform others and dare to be transformed by them. Using psycho-peristalsis as a biofeedback system in the field invites both the therapist and the client into a duet of streaming and fluid that communicate on another level that connects us and moves through us.

Shlomit Eliashar

Shlomit is a UKCP registered body psychotherapist with an interest in relational approach. She draws on her experience of other therapeutic modalities such as mindfulness, imagery, brief therapy, trauma work, breath and energy work to create a unique compassionate, embodied approach. She enjoys practicing privately in North London and at Mind Hertfordshire and was a course coordinator at LSBP. A qualified school teacher, (B.Ed.), Shlomit interweaves her love for teaching and for wellbeing as a trainer and workshops facilitator. As a mother of two who was challenged by prenatal and post-natal experience, she went on to qualify as a Baby Massage teacher, and created a unique, attuned approach to promote Baby-Mother bonding and well-being, in groups and privately.

Shlomit is a family mediator, offering a sensitive approach to resolve conflicts in families.

Yael Shahar

I'm an Israeli born woman. After living for more than 10 years in London, where I had my psychotherapy training, I moved back to Israel last year and nowadays my practice is based there. I graduated at the London school of Biodynamic Psychotherapy (LSBP) where began my journey into the field of psychotherapy. At 2012, after participating at the EABP conference in Cambridge, I was challenged by, what was then new to me, the relational body psychotherapy thinking. Since then, I further trained in Relational Body Psychotherapy (IMT). I had an additional training, based on attachment and Reciprocal Play Therapy (Mifne Centre) with infants and young children on the autistic spectrum.

My work is very much influenced by those approaches and I keep exploring ways to combine them. In recent years my work is engaged around trauma and post-trauma issues. I work mainly with survivors of abuse, dissociation, sexuality and gender identity.

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Body, Movement and Dance in Psychotherapy

An International Journal for Theory, Research and Practice

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and Practice



Founding Editor-in-Chief

Professor Helen Payne, *University of Hertfordshire, UK*

Body, Movement and Dance in Psychotherapy is an international, peer-reviewed journal exploring the relationship between body and mind whilst focusing on the significance of the body and movement in clinical therapeutic settings. It is the only scholarly journal wholly dedicated to the growing fields of body psychotherapy, somatic psychology and dance movement psychotherapy. The importance of the role of the body and movement in manifesting expression, insight and change and in promoting recovery is increasingly being recognized in fields such as psychology and neuro and cognitive sciences. The journal encourages broad and in-depth discussion of issues relating to research activities, theory, clinical practice, professional development and personal reflections.

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We are the Movement: Continuum Movement as Somatic Psychotherapy



Photo by Mei Lai Swan

By Amber Gray

**“Movement is not something we do.
Movement is who we are.”**

Emilie Conrad

“Where there is suffering there is holy ground”

Oscar Wilde

Emilie Conrad was no stranger to fear and discomfort. Growing up in an abusive household, she suffered traumatic exposures and illnesses. Dance became her salvation. Vaudeville led to Katherine Dunham; Dunham technique led to Haiti, where she lived and danced for five years. Her experiences sparked the question that became her lifelong inquiry and work: Continuum Movement.



It's hard to quantify or categorize Continuum Movement because it's a practice that literally embodies what it preaches: ongoing change, transmutation and innovation, all in service of evolution.

Unlike somatic practices that become theorized, modulized or manualized, Continuum Movement, also called, simply, Continuum, remains a work in progress, and a practice in process. In a world rife with unexpected and shocking stories of mass shootings, tortured children, and horrific warfare, humans have many opportunities to "lock down" in fear. This lock down may feel emotional and may affect our worldview and belief systems; it is actually a core somatic experience that will influence us at all levels. Fear shapes all our movements in the world.

Continuum recognizes that the fundamental movement of life is wave motion. Emilie first noticed this wave motion in the flowing, sensuous movements of Haitian dancers. She recognized the wave in everything that breathes, moves and lives. Her work went on to explore,

describe and create a movement practice based on wave motion as a fundamental healing movement, and as a shape that restores resiliency through connection.

As a practitioner of somatic psychology, dance movement therapy, yoga therapy and Continuum Movement, it seems clear to me that Continuum is truly, at its core, a non-verbal approach to therapeutic intervention. It is difficult to describe this fluid, open-ended movement practice in words. Continuum invites our bodies to move in response to sound (including silence); sound and movement exist on the same continuum; that's why we can hear a hummingbird's flight. Continuum teaches the increasingly valued skill of interoception through a practice called 'open attention'. If one considers that life is embodied and that our human bodies are where we think, feel, act and sense, then it may not seem a stretch to consider that a principle that applies to ultrasound therapy also applies to the broader human embodied experience.

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Continuum movers in the photo are Todd Stone, Lucy May, and Rachel Harris

Photo by Tony Chong

. . . the integration of truly embodied mindful movement practices like Continuum Movement may nudge psychotherapy, and somatic psychotherapy, into even more movement based practices that do not rely solely or significantly on spoken word and verbal narratives.

Introducing sound, which travels in waves and has a particular frequency, into tissue can increase the tissues natural fluid elasticity (we are, after all, approximately 70% water) and change the density of tissue. When tissue density changes, we move differently. When we move differently, we have a greater range of movement, which expands the sphere of our life experience. The greater our movement repertoire, the more possibility we experience emotionally and cognitively. We have more options for self-expression, for communication, and for how we move, behave, act and take our place in the world.

Bruce Perry (2014) states that “movement changes the brain faster than anything else.” Recent research on mindfulness proves that tracking and observing sensation increases mindfulness (Kerr, et al., 2013) and that interoception is not just a brain process, as previously thought. It is a full body process that significantly informs our embodied awareness (Hindi, 2011). Embodied awareness can be described as our somatic awareness (ability to sense inside ourselves, to feel and know ourselves) plus our conceptual awareness (the ability to express or share with others; “languaging” our experience, which promotes integration and provides connection with others) (Siegel, 2012).

As the field of neuroplasticity, which has demonstrated that experience can change the brain through research focused primarily on mindfulness activity, begins to explore mindful movement, Continuum may emerge as a practice that uniquely combines the skills of mindfulness with movement in a way that promotes healing. change and restoration efficiently and perhaps even more quickly than verbal and cognitive therapies. It may also promote a collective awareness about our interconnectedness and role as part of a greater whole.

One framework that Continuum posits and explores involves anatomies: The Social or Cultural Anatomy; the Primordial Anatomy; and the Cosmic Anatomy. The Social/Cultural

Anatomy is our everyday body; the body that is shaped by social constraints, norms and the messages and inputs we “exteroceptively” receive from family and community, and the environment we live and dwell in. Our primordial anatomy is our evolutionary body; the echo of our other species ancestors such as fish, amphibians and reptiles that are reflected in the developmental movement patterns and progression of infants and toddlers (Bainbridge Cohen, 2012). Our Cosmic Anatomy relates to the understanding of the human body as a whole system, and as a system that is also part of a larger whole; this anatomy draws from David Bohm’s work, as well as other theorists from the field of physics and chaos theory.



Photo of Emilie Conrad
by Jo Ann Eisenberg

It also acknowledges many ancient traditional spiritual practices and belief systems in sociocentric cultures where shamanistic approaches to healing are honored and respected.

Continuum is not traditionally considered a psychotherapy, though the changes that occur when we intervene at the level of tissue and movement are now known to be more “permanent” than those that occur cognitively, without a link or connection to the body. Much of the current research and theory emerging from neuroscientific research supports this notion of change (Begley, 2007; Porges, 2011; van der Kolk, 2014). As this same research endorses the use of nonverbal therapies for survivors of trauma, the integration of truly embodied mindful movement practices like Continuum Movement may nudge psychotherapy, and somatic psychotherapy, into even more movement based practices that do not rely solely or significantly on spoken word and verbal narratives.

Our bodies are the site of our personal and collective history; if biology is our earliest imprint, culture is the layer that shapes and “dresses up” how we move, express, share and connect to the world. When all is well, our movement is a primary language that non-verbally reflects our inner state to the world. When fear is imposed on these layers of influence, the natural shape and motion of our bio-cultural body is affected and we express patterns and imprints of fear and trauma. Our body narrative becomes one of disconnect and isolation. Our movement will change; it will be less fluid and more fragmented. Movement reflects inner states such as fear-based arousal, vigilance and anxiety, or shut down and depressed states, in ways we can see in ourselves or our clients. Fragmented, choppy, non-sequential movement, slouched over and compressed body postures, individuals who cannot sit still or who are constantly moving a limb nervously; these are all cues that the natural, inherent wave motion of our individual body may be disturbed, compressed or broken. With Continuum, a simple sound such as an O can begin to calm the nervous system, quiet the exteroceptive input and invite a sense of coherency and organization to a person’s internal, embodied experience.

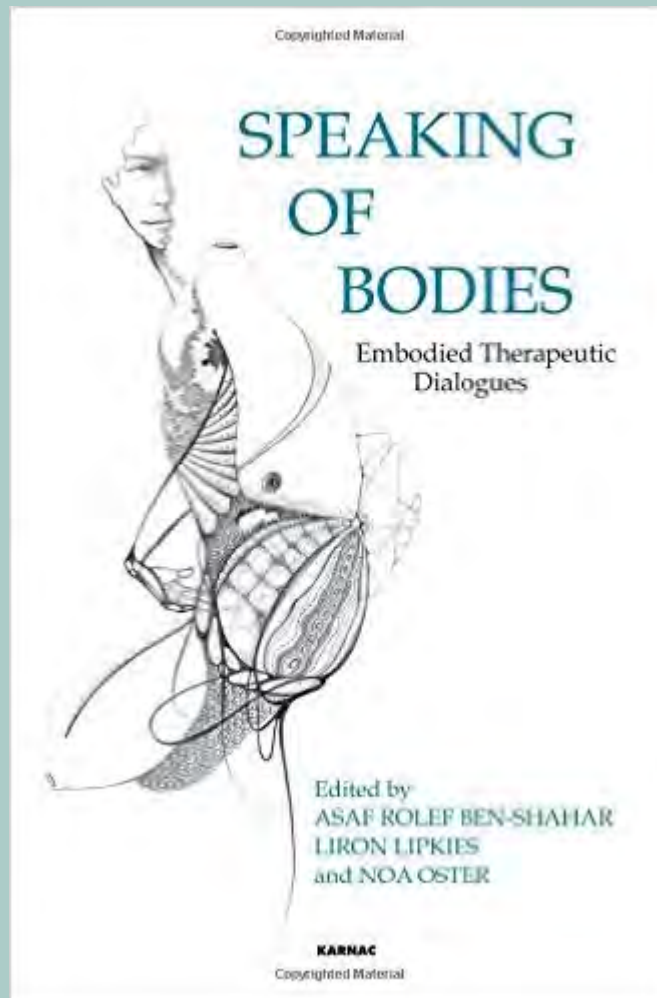
To try this, sit on the edge of your chair with feet firmly planted on the floor, and feel the contact between your body and the chair. Sit in a relaxed alert posture, neither rigidly contracting your muscles nor slumping. If you perch your “SITZ” bones on the edge of the chair, you can achieve this relaxed alert posture. Inhale and on the exhale make an O sound (if you have ever said AUM or OM in a yoga class, it’s like the OM without an M) and feel the effect of the sound inside your body, as well as in the

space around you. Do this several times or for several minutes, and then sit quietly and allow your body to respond (this is the interoceptive practice of open attention). You may notice sensations that you were not aware of previously; you may sense a change in your feeling state; you may notice little micro movements and larger wave like pulsations or movements that naturally want to express themselves in gradually bigger gestures and movement sequences.

Allowing this movement is the practice of Continuum; this is what restores a sense of wholeness to our bodies through the reconnection to our wave motion and the enhancement of our interoceptive awareness and abilities. There are many sounds that have different influences on the body, because they represent different frequencies, or waves, and there are many ways to practice them. The possibilities are as endless as the potential for the human body to change, adapt and restore itself after suffering, pain and loss. Continuum Movement may be one of the waves of the future of somatic psychotherapy.

Amber has been an authorized Continuum Movement teacher in Santa Fe, NM, since 2006. In 2010, with Emilie Conrad’s blessing, she established Continuum Movement in Australia where she teaches regularly. She is an award winning dance movement therapist; a licensed psychotherapist and internationally recognized somatic trauma therapist who has been a champion and a pioneer for the use of somatic psychology, dance movement therapy and Continuum Movement with survivors of war and torture in the U.S., and in complex humanitarian emergency and post- disaster contexts. Amber teaches regularly in Haiti, Australia, New Zealand, Japan and Lebanon. Amber is also a yoga teacher, bodyworker, cranial sacral therapist, and a humanitarian. With thirty years as a practitioner and teacher of practices for well-being, she integrates these practices and many years of study with medicine people in Haiti, Sámi land and Aboriginal Australia; an open heart; and a curious mind, into her global outreach and healing work.

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Reviewed by Nancy Eichhorn, PhD

There's a feeling I get when words, infused with a deeper more intimate knowing, seep into my skin, course through my veins, sink into the rich darkness that is the marrow of my bodily being. The essence of feeling me flirting with different combinations of me, juxtaposed with the traditional sense of being me fills my heart with intense desire. I crave sustenance and words brought forth from the vastness of our own internalized intuitive world feed me, fill me.

I opened *Speaking of Bodies: Embodied Therapeutic Dialogues*, (Karnac, 2016) edited by Asaf Rolef Ben-Shahar, Liron Lipkies, and Noa Oster anticipating a good read. I know Asaf's work as a writer and an editor. I've read/reviewed several of his books for this magazine as well as contributed a chapter to his recently released, *When Hurt Remains: Relational Perspectives on Therapeutic failure* (co-edited with Rachel Shalit, also Karnac, 2016) so I have felt the blessings of writing with an artist.

To Start

The introduction begins with a story. The tale of Pinocchio's quest after Geppetto (the woodcarver who created him) wished on a star his puppet to become a real boy. With Jiminy Cricket anointed as his conscience by the Blue Fairy (who grants Geppetto's wish), Pinocchio begins his journey into the realm of humanness.

Yet, the editors' question his faith in the human form. Why, they ask, would he (or anyone) give up eternity to have a body, to suffer illness and death, to be dependent on decaying organic matter? (no romantic ideology here). The answer they propose is that we are born into our bodies, our arrival into this world is "a highly bodily experience" just as our departure—when we cease to exist in what they reference as "a spirited way". It appears that "every encounter, every meeting, every relationship, is saturated with us-as-bodies, with sensations, movements, gestures, and perceptions that stem from the body and move through the body. It is part of our developmental task to consciously claim ourselves as bodies" (pg. xvii). One underlying foundation of this book, then, is the notion that two aspects of embodiment accompany us throughout our lives—the given body and the acquired body.

The editors' note that they initiated this book based on shared feelings of "passion and excitement about bodies and relationships, within therapy and outside of it" (p. xviii). Psychotherapeutic and psychoanalytic

encounters, they say, engender deep and meaningful dialogues, foster growth and curiosity, and support change and healing. From this position they pondered: "Can we being the body closer to therapy and therapy closer to the body?" (p. xix) They offer this book as a tribute to the Blue Fairy as "it celebrates, mourns, blesses, and sponsors our embodied being and our embodied relating" (p. xix).

Peering Inside

The book is divided into seven parts touching on different themes of embodiment: the rhythmic body; the living body; the sensual body; the body of pain; the beautiful body; the divine body; and the psychotherapist's body. Each part has three chapters. First readers explore different bodily experiences via vignettes written by "leading figures in psychoanalysis and body psychotherapy" (p. xx). Second, counter contributions that address the same concepts presented in each vignette are offered, written by "experts in their respective fields relating to those subjects from their own unique perspective" (p. xx). Third, dialogues between the contributors (therapists and non-therapists) and the editors mine the material for gems. The vignettes are considered the appetizer while the back and forth conversations represent the main course—they constitute the centerpiece of the book offering "a place of meeting-of-bodyminds, a place for agreements and arguments, sameness and differentness, and a birthplace of thirdness" (p. xx). *Continued on page 54*



Picture retrieved from <http://movieweb.com/pinocchio-live-action-movie-disney/>

Overall the vignettes drew me in; the writing, at times fast and fragrant, slowed, expanded, allowed a ripening, a deepening of experience, an immersion into bodies and relationships. The writings poise the reader on an edge—stay safe in your patterned knowing or step into the vastness of curiosity where exploration and playfulness, where presence, deeper listening and truer seeing can nurture attuned relationships to foster change, growth, healing.

And though, admittedly, I'm not a fan of the 'he said, she said' interview format of these conversations, I was determined to set my bias aside and simply read the book, let the words fall where they may and experience the impact rather than prejudge and or try to control the outcome.

I read the book in a few days and in a different way. Instead of sitting at a desk, pen in hand, taking notes from each chapter, I relaxed on a lounge by the pool, propped myself on a blanket down by the lake, I nestled into a grassy spot alongside the river and immersed myself in their words (yes there's a water theme and it is summer so perhaps they go hand in hand with emotion and intuition and sultry sunny days spent decadently reading with no intended outcome). Thus, my review is different. There's no point by point recitation of what I read and who wrote what. There's simply an overall feeling. You see, when I set the book down, I felt sated; yet, at some deeper level, I sensed meaning take hold, form a more holistic, more relational sense of writer, reader, editor, story, scene, moment. I ended with a reflective stance of experiencing the body in new ways, no longer simply accepting the stance of my past. When a book changes me, I say it's potent. Yet, the book is merely the vehicle, a tool that talented writers and therapists employ to both establish a relationship—me to thee—but also to nurture a relationship between me and the other me (or other 'mes' as the case may be).

Overall the vignettes drew me in; the writing, at times fast and fragrant, slowed, expanded, allowed a ripening, a deepening of experience, an immersion into bodies and relationships. The writings poise the reader on an edge—stay safe in your patterned knowing or step into the vastness of curiosity where exploration and playfulness, where presence, deeper listening and truer seeing can nurture attuned relationships to foster change, growth, healing. And, yes, the conversations truly did "awaken and enliven the body in psychotherapy and everyday life" (p. xx). Each voice—

the contributors' and the editors'—added to the co-creation of meaning from an extremely experiential moment. I felt as if the therapists took us into scenes steeped with sensations—we see, hear, taste, touch, intuit—then they mined the interactions for reflective meaning. The relationships that developed throughout the dialogues were fascinating. There were some tense moments, some shared understandings and interpretations nuanced from different perspectives that ended on a "happy" note—agreement, respect, acceptance.

Another's Reaction

I recently attended the USABP's conference in Providence, Rhode Island. Part of my "vendors" presentation included a free book raffle—publishers donated books I had recently reviewed in our summer issue. A colleague from Germany visited the table, saw this book, picked it up—more like clutched it between his arm and rib cage, an act of ownership. He commented that he wanted to read it, that he knew of Asaf and his work—his smile indicated pleasure. I noted all he had to do what subscribe to the magazine and he might possibly win the book. In his excitement, he signed the proper form and said, "This book, it's mine now?"



I felt his disappointment as I explained the rules of a raffle and felt relief when at the end of the conference a third person drew the names of the winners. Yes, I knew which book he wanted (there were eight titles) so it was easy to assign *Speaking of Bodies* to him, and I also knew that the book was going to an appreciative reader, to a reader able to allow himself to stand on the edge and lean toward the unexpected, the unexplored, and enter into a loving relationship.

Books and Bodily Being

Books, well written books that is, offer a route to self-exploration. We may think we're all alone as we sit with our eyes focused on the page, our mind interpreting the text. Yet, when writers' touch our lives, we are no longer isolated, no longer alone. Many readers have a conversation with the writer, the editor, the artist while engaged with the text and others after reading as passages float back into consciousness, as reflections from a paragraph enter our mind's eye while walking perhaps, doing the dishes, watching the sunset. Good books invite us to talk to ourselves, to revisit our past, to reflect and refine our thoughts and opinions.

During the book writing process, the editors met with the contributors (in person, via SKYPE or telephone as the situation permitted). During these interactive times, they sensed a quality of aliveness, of excitement that didn't exist before. In this newness, this novelty, they discovered a third.

"Perhaps to become real," they write, "we all need an other; perhaps we need relationships in order to embody, and bodies in order to relate" (p. xxvi).

I believe that our relational experiences opportune the chance to become real—in person for certain and on the page just as surely when you sink into the text and let the words wash over you, through you, in you, when you quiet the skeptic's critiques and listen to the voice of your muse, the heart and soul of your body.

Creating Relationships

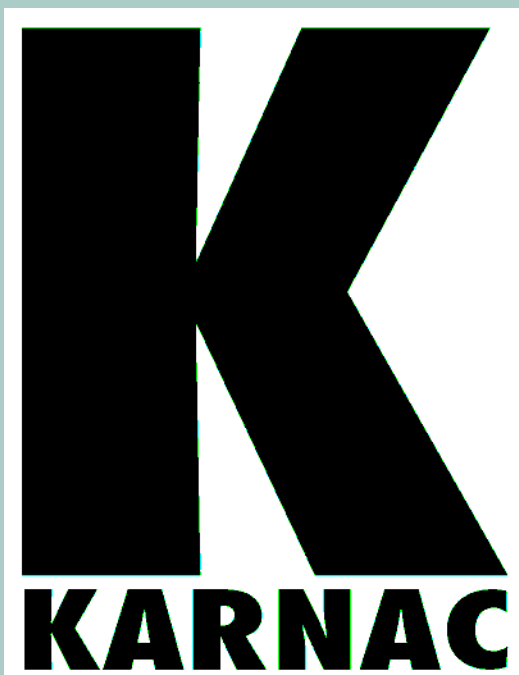
The editors "hope you find this project inspiring and vitalizing" and "welcome comments, feedback, and further dialogue and correspondence"

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We always offer emails for all contributors in our magazine and on our blog. We hope you will share a thought, a feeling, a question with our writers. Writing can be a lonely experience and yet when you imagine an audience, envision people reading your work, the relationship is comforting as we all become real through our interactions . . . in mind, body and spirit.



Many thanks to Karnac for their SPT Magazine subscriber discount code for all books by Asaf Rolef Ben-Shahar and their donation for our free book raffle at the upcoming EABP Congress.

Speaking of Bodies: Embodied Therapeutic Dialogues

The Blessing of the Blue Fairy

By Asaf Rolef Ben-Shahar



How do we embody words and ideas? The written word in general, and specifically in psychotherapy literature, struggles to embody. Ideas are indeed alive in the body, yet their ink form (even more so their pixelated form) is oftentimes floating, stirring thoughts and even more ideas, becoming distant from breath. I am never sure how possible it is to write in a way that maintains connection to the body, and to someone else, while still offers rigour of thought and style. Perhaps, relationships can help us embody ideas; perhaps ideas that emerge from connection could be grounded in the embodied relatedness therein.

From the introduction to *Speaking of Bodies* (Rolef Ben-Shahar, Lipkies and Oster, 2016):

Throughout his earlier life, Pinocchio's fantasy was to become real; to assume a human form, to have a body. Why bother? Why give up eternity to have a body? Why suffer illness and death, be dependent on our decaying organic matter? Why did Pinocchio make such an effort to become a real live boy?

We are born into bodies; our being is incarnated in the flesh. Our arrival into

the world is a highly bodily experience, as is our departure, when our bodily organism ceases to function in a spirited way. And in between, every encounter, every meeting, every relationship, is saturated with us-as-bodies, with sensations, movements, gestures, and perceptions that stem from the body and move through the body. It is part of our developmental task to consciously claim ourselves as bodies.



Image retrieved from: <http://images6.fanpop.com/image/photos/37700000/Walt-Disney-Screencaps-The-Blue-Fairy-Pinocchio-walt-disney-characters-37779448-500-371.png>

We are born into bodies but also have to earn our bodyness. Many years after Pinocchio's inevitable death, a conversation took place between one Mr Savage and the world controller Mustapha Mond (in Aldous Huxley's *Brave New World*, 1932). Mr Savage challenged the convenient life held in their world:

"But I don't want comfort. I want God, I want poetry, I want real danger, I want freedom, I want goodness. I want sin."

"In fact," said Mustapha Mond, "you're claiming the right to be unhappy."

"All right then," said the Savage defiantly, "I'm claiming the right to be unhappy".

Taken aback, Mustapha Mond continues to question Savage's desire:

"Not to mention the right to grow old and ugly and impotent; the right to have syphilis and cancer; the right to have too little to eat; the right to be lousy; the right to live in constant apprehension of what may happen to-morrow; the right to catch typhoid; the right to be tortured by unspeakable pains of every kind."

There was a long silence.

"I claim them all," said the Savage at last. (Huxley, 1932, p. 219).

Huxley's Savage strongly claimed his vitality, his spirited freedom, his emancipation. He did that defiantly, but not naively, mindful of the grave price he paid for wanting this freedom, for wanting this body. Pinocchio's quest was similar. Perhaps, to have an idea of what both were so adamantly fighting for, we can turn to phenomenologist Maurice Merleau-Ponty (1962), who argued that the body was our medium for having a world.

Pinocchio wanted to have a world. It was the blue fairy who, by granting him a body, gave him a world. Mr Savage too wanted to have a world; and he needed a body for that. "We become embodied, it seems," wrote body psychotherapist Nick Totton (2005), "in order to temper our being, as a sword is tempered by plunging it red-hot into water. The plunge into matter defines us" (p. 170). These two aspects of our embodiment, the given body and the acquired body, accompany us throughout our lives, and will accompany us throughout this book.

Continued on page 58

The psychotherapeutic and psychoanalytic encounter engenders deep and meaningful dialogues, fosters growth and curiosity, bringing about change and healing. The three of us, Noa, Liron, and Asaf, have initiated this project out of our shared passion and excitement about bodies and relationships, within therapy and outside of it. Our passion enticed a curiosity: can we bring the body closer to therapy and therapy closer to the body? We sought to bring together the rigour and healing of psychotherapy alongside the creativity and boundlessness of other fields that involve and relate to body. In essence, we wanted to facilitate dialogues about some exciting facets of being-us-as-bodies. We aspired to provide a platform for a meeting of worlds, for cross fertilisation that resulted in an aesthetic, generative, and healing relationship. This book is unique, since it is the fruit of meetings and interactions of people who all share a deep passion and commitment to their embodied being, and invested in supporting others in their journey to become bodies-in-relations. This book is, therefore, a tribute to the blue fairy: it celebrates, mourns, blesses, and sponsors our embodied being and our embodied relating. (pp. xvii-xix)

Speaking of bodies was born on a whim, out of a desire for connection.

Nick Totton and Allison Priestman (2012) wrote:

“We need relationships with others to survive and thrive. As babies and infants, we are totally, bodily dependent on our primary care givers; we are born, therefore, with a hardwired imperative to form relationships, to actively attract and appeal to adult humans... One could equally, if less literally, say that our need for relationship requires us to have bodies, as the vehicle for our relating” (p.35). From a different perspective, but on very similar note, psychoanalyst Susie Orbach (2003) argued that: “There is also, I suggest, no such thing as a body, there is only a body in relationship with another body” (p. 10).

It is this very tension, of needing a relationship to have a body and needing a body to have a relationship, that Noa, Liron and I wished to capture in our new book, *Speaking of Bodies*. To do so we envisaged an aesthetic structure, even more than a clinical or academic one. An

aesthetic construction of embodied relationship between people who deeply care about the body, and who bring their own unique perspective into a relationship. And so we opened up seven gates, and to each gate invited two people. We wanted each part to include a psychotherapist who specialises in a certain subject, and someone who is an expert in their field outside of psychotherapy – who would speak about the same subject. The climax of each part is a dialogue between the two and the editorial team, a dialogue which was sometimes by skype or telephone, and at other times took place in a real meeting. But the quality of relating, and relating to the body, was a core principle we were looking for.

We brought together people whose work excited us. Psychoanalyst Steven Knoblauch and guitar legend John Scofield discussed improvisation, rhythm and musicality in therapy and jazz. Body Psychotherapist Silke Ziehl and Active-Birth pioneer Janet Balaskas dialogued about pregnancy, prenatal development, life, connection and death. Couples therapist Esther Perel joined Master Chef Eyal Shani to speak about passion, make-belief, storytelling and sensuality – in food, life and psychotherapy. Psychodynamic body psychotherapist Shinar Pinkas and acclaimed Ladino and Spanish singer Yasmin Levy discussed pain, connection, hope and self-expression. Relational therapist Esther Rapoport joined fashion journalists Trinny & Susannah to speak about subjective and societal concepts of beauty, prejudice, body-image and change. Eminent psychoanalyst Michael Eigen and Rabbi Ohad Ezrahi mused together on spirituality, dissociation and embodiment, Kabbala and sex, and the relevance of all these to therapy. Last, John Conger, a Bioenergetic analyst, and I discussed the presence of the therapist’s body, with its vulnerability, shame and healing potential.

I think it is a beautiful and very inspiring book. And I want to share with you two moments from the editorial process.

Silke Ziehl, Janet Balaskas and I are sitting at the table at Janet’s home. The kitchen is spacey, and the beautiful garden manages to delude us, as if it is not so chilly outside. The three of us are ill-at-ease. This is a strange situation. The sounds of sipping soup add to the strangeness. Three shy people who have chosen a line of work that forces them out. But not yet, still in.

Still waiting in the awkwardness, the curiosity. Would they get along? I have just landed in Heathrow, coming straight from the airport. I am uncomfortable in my own skin. And then we move to the living room, and the recording device is turned on and a conversation begins between the three of us. A fine golden thread is weaving its trail about us, as these amazing two women share similarities and differentness. I can literally feel this gentle silky thread touching my face, calming my breath yet exciting me at the same time. Eyes shine. They speak of life and the experience of pain is ever so presence, they speak of matter and the presence of spirit soothes the space. And I remember thinking to myself, that's why we edited this book.

Noa, Liron and I sit in a café. Pages are all around us. Folders, ideas. We bring up names of people we are inspired by, ideas we wish to realise. On the one hand, it feels so real – so possible; on the other – like a fantasy which can never come to fruition, too good to be true. I recall that dance between keeping the dream big and the hard, sometimes tedious work of editing, approaching people, insisting and persuading, letting go and finding new ideas. The three of us took roles in holding hope and keeping our feet on the ground, we took turns flying and walking. And as the book developed, it too received that golden thread – a life independent of us, a life which unravels and unfolds autonomously even though it still needed our care, our nourishment. And it this golden thread, the blessing of the blue fairy, which was making real of what was earlier a conception alone, an idea awaiting both body and a relationship so it can find its way into life. It is this golden thread that we wish to offer our readers, and ourselves. May we surrender to a bigger movement, to the immanence of the

ineffable, that which is within us yet so much more than us.

I wish to conclude with the words of Al Pesso (2016) that beautifully illustrate a similar golden thread, of what relational psychoanalyst might refer to the intersubjective third:

“I don't believe in spirituality as something separate from the body; rather, it's the emergence of something. And that immanence is an emergence of part of the self, a quality that has to do with the ultimate meaning of existence of something in that moment where you're still very much in touch with who you are in a physical way, but at the same time there's an experience of something emerging that has a sacred quality” (p.2).

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In loving memory.

Albert Pesso, co-founder Pesso Boyden

System Psychomotor,

will be forever missed: 1929-2016



Thoughts about Addiction, Memory, Trauma and Somatic Experiencing®



By Galit Serebrenick-Hai, MA, MSW, Somatic Experiencing® Practitioner (SEP)

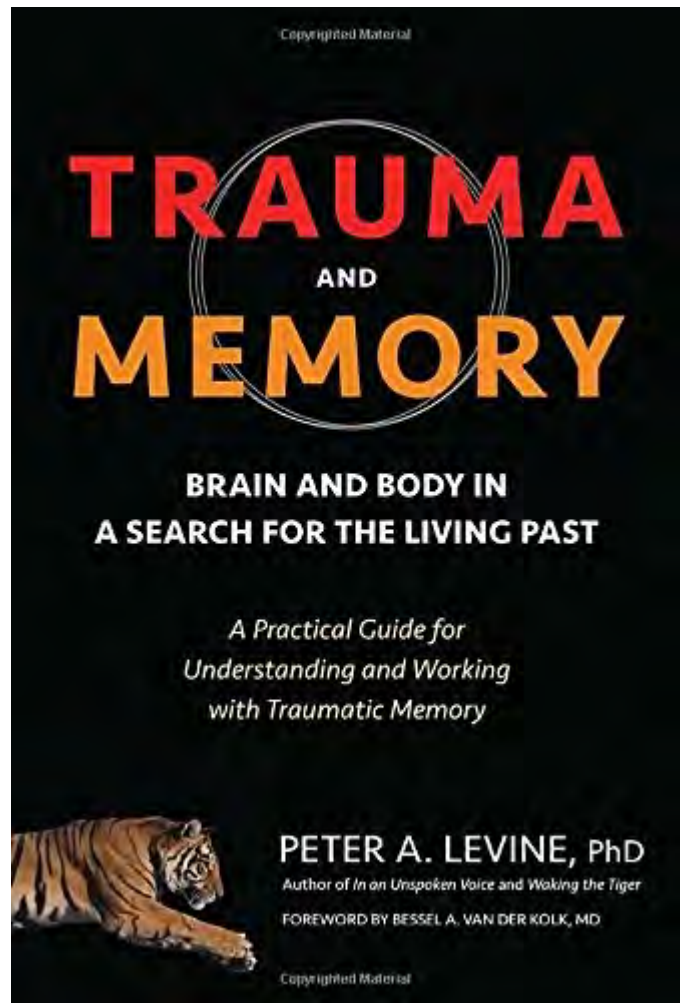
A big wooden gate leads to a large garden with tiled patios. Potted pansies, geraniums and hedge lined walkways welcome new patients as they enter the private inpatient detox and rehab center where I've worked the last four years. Whenever new patients walk into this serene



atmosphere, usually accompanied by close family members, I feel as though I already know their stories. I know that they come from chaos but may choose not to talk about it. I know that they lost control over their lives and suffered a great deal of pain but also inflicted pain on their loved ones and probably on strangers, too.

My professional experience had taught me that they were also severely traumatized and probably suffer from the ramifications of both developmental traumas (troubled relationships usually with primary caregivers) and shock traumas (events such as car accidents and assaults). Nevertheless, although trauma seems to be an inevitable part of the addict's life story, my experience has taught me that I probably won't be able to obtain a full trauma history from my addicted clients in the way it is usually possible with non-addicted ones. Although both kinds of clients may have difficulties identifying or describing their developmental issues, due to extended periods of intoxication addicts are only able to recall some of the shock traumas they endured. In fact, many addicts have no recollection of events they were involved in during time of active addiction. While part of this memory loss can be attributed to dissociation (a defense mechanism in which a person is detached from emotions, memories or sensations) as result of painful traumatic events, memory loss for short or extended periods of time (not necessarily trauma related) can also be attributed to excessive use of alcohol or drugs. If we consider the fact that substance abuse leads to impaired judgment and a higher chance for risky behavior such as driving under the influence and unplanned sexual encounters, it is quit probable that addicts expose themselves to further trauma although they might not be able to recall what had happened. In fact, clients consistently share stories of waking up in surreal circumstances.

Many of my clients, both men and women described waking in bed with people they're not familiar with, or lying on a bench somewhere, sometimes with unfamiliar bruises on their body. One of my clients realized he had spent the night at a cemetery as he was waking up after a long night of drinking beer. Another client woke up in a hospital after undergoing a hip surgery. Nurses told him he'd been found lying on the street, near the sidewalk; he assumed he had a car accident. Sadly, an addict's typical way of dealing with these circumstances involves the consumption of more alcohol, a few more prescription pills or other kinds of drugs. These types of events are typical and reoccur again and again in the course of the chaotic active addiction, which often goes on for years and years. Unfortunately, as I will discuss later in this article, having no memory of an event does not mean it has no impact on one's life. These 'forgotten' events might still affect people's perceptions, emotions and behaviors without them ever being able to make a connection between present and past or process them verbally at a therapeutic session.



The possible effect of events we cannot recall (not as result of dissociation)

In his book, *Trauma and Memory: Brain and Body in a Search for the Living Past*, Peter Levine (2015) describes the so-called good guy/bad guy experiment conducted by Antonio Damasio (considered one of the world's leading neurologists). In short, this experiment involved a man who has lived in a group home for the mentally disabled since he suffered severe brain damage to his limbic system (his temporal lobes including the amygdala and hippocampus, which affect emotions and short term memory). His intellect was above average and he appeared to be completely normal as long as the task-at-hand did not involve any emotional or social association. In fact, he was unable to remember or learn any new facts and as a result as soon as an interaction with another person was over, it no longer existed for him. He was neither able to identify the person with whom he was interacting or recall any content of the interaction. In this experiment, the staff at the group home was asked to consistently behave

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either in a friendly manner (to smile, be helpful) or in an unfriendly one (say confusing things) for five consecutive days. This experiment showed that although this person had no recollection of these interactions, 80% of the time he chose to approach the friendly people and avoided the unfriendly ones. His behavior was influenced by previous encounters although the decision to approach or avoid had no conscious awareness.

Another interesting case that was documented by Krikorian & Layton (1998) involved a construction accident in which a 53-year-old construction worker was completely buried for 15 minutes under 5.5 meters of sand. The man was conscious at first but lost consciousness after a few minutes due to anoxia (low oxygen). He was hospitalized and stayed in a state of coma for two days. Three weeks later he was released from the hospital after making a relatively good physical recovery. A few months after the accident his doctors assumed he was able to resume his occupational and social activities. All this time, however, due to the anoxia, he had no conscious recollection of the accident. Nonetheless, in spite of his fairly good physical recovery the man became depressed and anxious and constantly preoccupied with the possibility of sudden death with specific fears about the earth opening up and swallowing him. He avoided walking and driving outside his home and stayed away from construction sites. He met all the criteria for PTSD and his symptoms persisted for years despite psychiatric and psychotherapy treatments. Since he had no conscious recollection of the event, he assumed his problems were related to a physiological problem not yet discovered.

Implicit memory, trauma and Somatic Experiencing®

One common sense belief is that if we manage to pay attention to an event when it takes place, it affects our ability to remember that event. However, research has shown that while this is true with relation to explicit memory, it is not necessarily the case regarding implicit memory (Kean, Cruz & Verfaellie, 2015; Roediger & McDermott, 1993; Schacter, 1987).

Explicit memory and implicit memory are two majorly different ways through which previous experiences can be revealed. In explicit memory, conscious recall or recollection occurs. Implicit memory on the other hand, is revealed through our behavior and does not involve conscious recollection (Siegel, 2012).

Implicit memory includes both emotional memory and procedural memory (fixed action patterns), which constantly interact. Fixed survival-based emergency responses (such as fighting or fleeing) and approach and avoidance response tendencies (as seen in the experiment of the man in the group home) are all part of procedural memory. Emotional memory, on the other hand, is triggered when a situation provokes emotions in the same intensity as the emotions triggered by a different situation that was previously encoded as an important experience. These emotions, as charged signals,

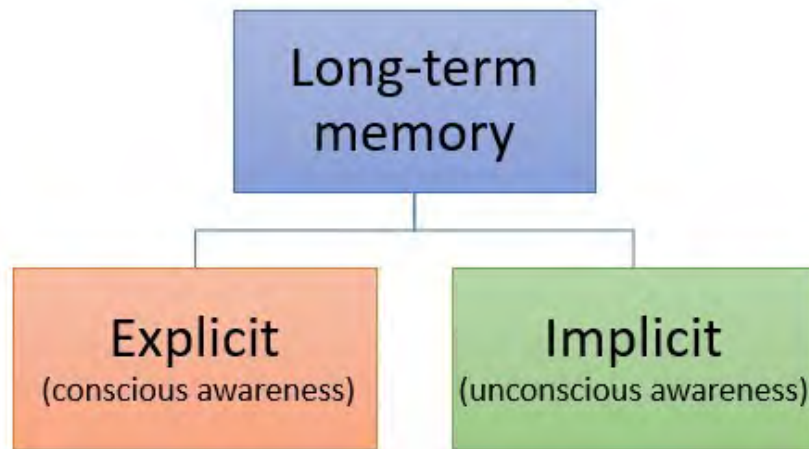
then provoke procedural memories (fixed action patterns). It is important to note that emotional memories are experienced not only on a mental level but also on the body level, as physical sensations (Levine, 2015).

How does reactivation of implicit memory affect and even

shape our lives? The basic elements of implicit memory are mental models that are activated automatically each moment by the brain and help us quickly evaluate a situation and conclude what will happen at the next moment (Siegel, 2012).

Mental models are involved in our development. As early as the first days of life the infant's brain originates such models through comparative processes in which the brain identifies similarities and differences across repeated experiences in the environment. In fact, the activation of old mental models, based on our relationships with important figures such as our caregivers, actively filters our interactions with others. This 'transference' happens many times outside the scope of our awareness, but nevertheless, results in automatic and/or repetitive behavior (Siegel, 2012).

Mental models are also activated when we need to protect ourselves. A generalized mental model of "large toothed animals are dangerous" that is based on prior experiences will lead to an



association of fear while recalling such an animal. Fear will then motivate us to run for safety at the sight of an even slightly different "large toothed animal" without the need to re-evaluate whether the situation is dangerous or not (Siegel, 2012). In this example, the emotional memory of fear (also experienced on the physical level as rapid breathing, tense muscles, etc.,) provokes the survival based fleeing response that is part of our procedural memory.



Picture retrieved from <http://childhoodtraumarecovery.com/>

In the case of intense fear experienced during a traumatizing event, explicit memory might be blocked from being encoded at the time of the event due to the restriction of hippocampal processing by the stress-induced cortisol. Nevertheless, implicit memory encoding may actually be raised and intensified due to amygdala discharge and the release of noradrenaline at the same time. In real life, trauma may be a situation in which parts of the experience are encoded implicitly but not explicitly. In this case, no narrative version of the traumatic event will be available; therefore, a person's nonconscious and conscious experiences will be affected without any awareness that he/she is, in fact, being influenced by a past experience (Siegel, 2012). Somatic Experiencing® (SE™), a chronic stress and trauma therapy developed by Levine (1977,

1997, 2010), offers us physiological access to these chronic dysregulated states, or in other words, SE™ offers us access to procedural memories.

According to the SE™ perspective, when one is confronted with an overwhelming event, intense emotions such as fear and rage lead to an unconscious selection and stimulation of the fixed survival-based procedural memories (fight or flight). These often fruitful response strategies are acted through exhaustive power. However, in the case of trauma, for various reasons fight or flight reactions are not completed successfully and as a result a freeze response (hyperarousal/overwhelm) or a helpless collapse (hypoarousal/shutdown) occurs in our autonomic nervous system. If these reactions become chronic, the individual is left with a sense of disembodiment, agony and confusion. In fact, the essence of every trauma contains continuous maladaptive emotional and procedural memories (Levine, 2015).

SE™ enables us to gradually revisit and renegotiate traumatic experience first by accessing procedural memories associated with these two dysregulated states (freeze and collapse) and then by completing the associated active responses. In a titrated process, as the client begins to move towards equilibrium, biology will continue to move the process into more relaxed alertness and a here and now orientation (Levine, 2015).

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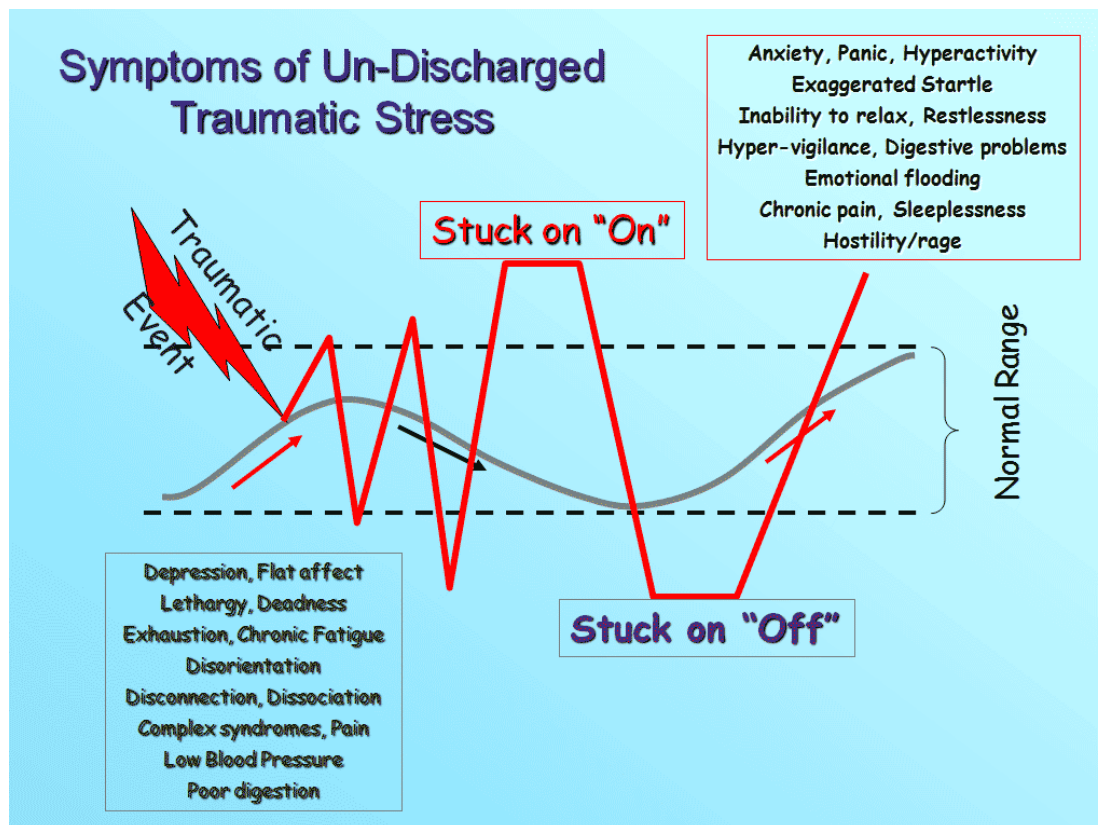


Image retrieved from <http://paradigmcalibu.com/teen-somatic-experiencing/>

I offer two client case studies who suffer from different addictions. In both cases I used an exercise thoroughly described in my former article (see Serebrenick-Hai, 2015). This exercise aims to detect and resolve physical boundary issues by actually approaching the client slowly and gradually from different angles (front, back and sides). At any sign of physical activation (fight or flight procedural memory activation, or a mental model such as: "when someone approaches me I might be in danger") the client, with the help of the therapist, will track and discharge this physical activation.

Alex, a 38-year-old heroin addict

It was our third session. As I began approaching Alex from the front, he started feeling various uncomfortable physical sensations (procedural memory). We worked through his activation according to SE™ principles; the activation was discharged although the sensations did not transform into any specific explicit memories. Then, I asked him to sit with his back turned against me. It was an extremely uncomfortable position for him. At first he tried to rationalize his physical activation by saying: "I probably feel this way because it is not polite to sit with your back turned against someone." I insisted we continue the exercise and used some psycho-education reasoning about the price he pays for having a mental model such as: "It is unsafe to have someone situated behind me." My arguments seemed to help and Alex was again willing to notice his body's sensations. At first, he described a strong uncomfortable feeling of warmth in his back (procedural memory). Following SE™ principles, I asked him to notice it and to see what happens next. I reminded him to let me know if any emotions (emotional memories) or images (explicit memories) were triggered in him. Alex then began recalling a fourth grade school teacher who used to beat pupils on their back with a ruler when they gave wrong answers as she was walking behind them (explicit memory). In order to discharge this activation, I asked him the SE™ "corrective experience question": if anything was possible, what would you have done at that moment? Alex replied that he probably would have turned around so that he was able to defend himself from her beating. I asked him to imagine himself doing that and then to notice the reactions in his body. He replied that his sensations did not change. I have asked him again to imagine what he would do if anything was possible and encouraged him to be more creative and even aggressive in the behavior he chooses. This time he chose to imagine himself turn around, grab the ruler in his hands and push the teacher away. His hands moved accordingly as he was describing how he would grab the ruler in his hands and push the teacher away (suggesting

the completion of an uncompleted movement). Again, I asked him to notice his sensations. This time he felt relaxed.

Ella, a 40-year-old alcoholic

About a year and a half ago, a former patient of mine, a 40-year-old female alcoholic, came for a friendly visit to the rehab center. Back in her treatment, she had successfully completed a full six-month program and was able to maintain sobriety. When I asked her whether she had taken advantage of the self-help program alcoholic anonymous (AA) she replied: "I go there every week because I know how important it is, but I don't feel comfortable there. The moment I walk in, all I want to do is to leave."

As her former therapist I started thinking about a possible reason for her distress. I remembered that she, as so many of my addicted clients, had a very difficult life. Although raised in a wealthy family, she suffered from both developmental traumas (emotionally neglected by her parents) and shock traumas (she was sexually assaulted in her teens and later on beaten by her ex-husband). Nonetheless, she managed to take advantage of her treatment and made much progress. As I was listening to her reply, it occurred to me that the issue she was now presenting about the way she felt in AA meetings was a physical boundary one. I decided to test this hypothesis. As she sat in my office, I moved away from her as much as I could and explained to her that I was about to walk slowly toward her. I asked her to notice her body, her sensations as I was walking towards her. As soon as I was in a fairly close distance I stopped and asked her how she felt, to which she replied, "awful." Because she was familiar with SE™ principles, it only took us about an hour to complete the full boundary exercise. It is important to note that although I had to stop many times during the exercise and instruct her to notice her sensations (until she felt comfortable enough so that we could move on), she had no recollection of any events during the exercise. Implicit memory was not transformed into an explicit one.

A few months after our meeting I received an exciting e-mail from this client. She mentioned not only how she felt more at ease at AA meetings, but especially how things had changed for her at work. As a cosmetologist she now realized how stressful she used to feel as she was approaching her clients. That former activation was no longer there.

In Summary

So what were my clients and I observing as I was slowly walking towards them?

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Serebrenick-Hai continued from page 64

In some cases - implicit memory activation (procedural and emotional memories) has the potential to be transformed into explicit memories and the trauma story reveals itself. However, in many other cases, the activation remains on the implicit memory level and neither the client nor the therapist will know who the client is about to fight or what is he/she fleeing from. Addicts tend to experience tremendous traumatization; thus their reactions might be the reactivation of a mental model of primary caregivers who were abusive or neglectful. Or the same activation might be a slight freeze response due to a fight the client was involved in but does not remember. Or the result of a car accident the client remembers vaguely.

In my opinion, when working with addicts we cannot rely on their explicit memory recollections to help them make sense of their behavior. SE™ allows both the therapist and the client to resolve trauma symptoms and restore equilibrium regardless of the client's ability to recall what had happened - this ability is impaired and may never be restored, which is the case with most addicts.

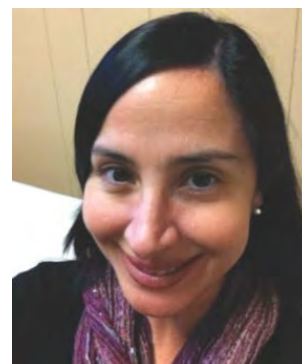
Galit Serebrenick-Hai, M.A, M.S.W, SEP, is a certified psychodynamic psychotherapist who holds a M.S.W from Haifa University (Israel), and a M.A. in Business and Industry Counseling from Kean University (NJ). She is the clinical director at Step-by-Step inpatient detox and rehabilitation Center in Israel.

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SPT Research Review: Neurodiversity

By Dawn Bhat

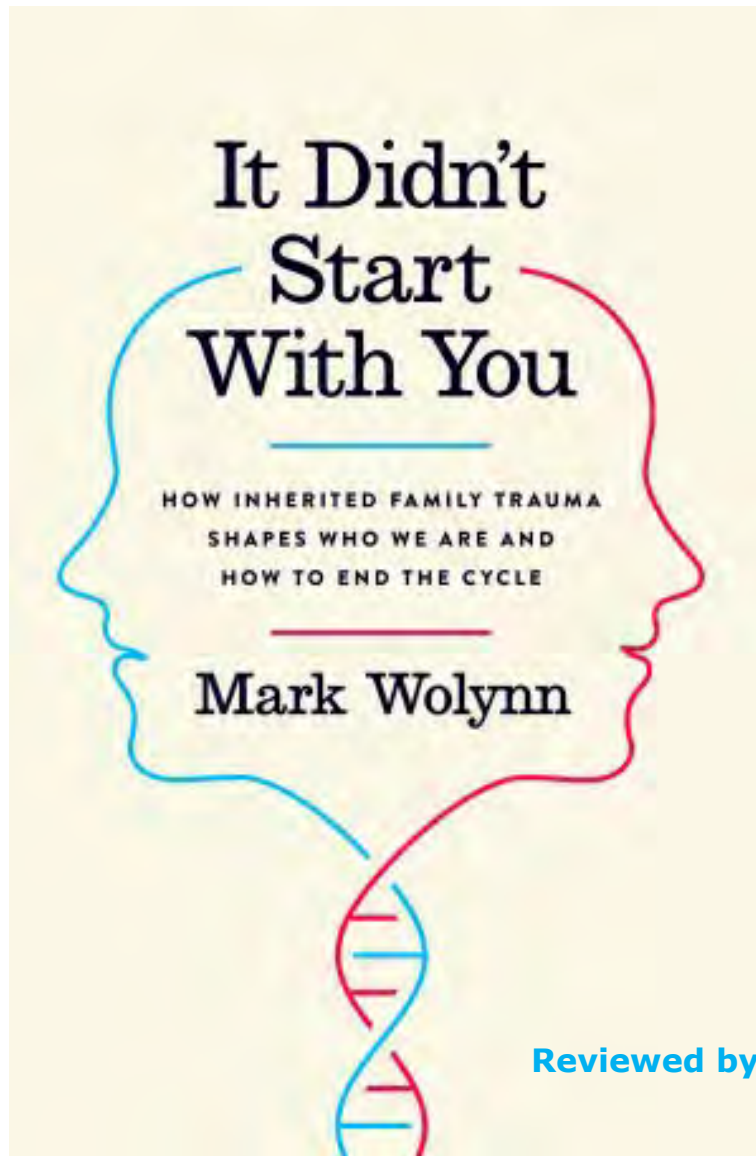


Fabri, M., Andrews, P.C.S. (2016) Hurdles and drivers affecting autistic students' higher education experience: Lessons learnt from the multinational Autism&Uni research study. In, Proceedings of International Technology, Education and Development Conference (INTED), 7-9 March 2016, Valencia, Spain.

A research group from the Autism&Uni project, which is funded by the European Union, surveyed five countries (United Kingdom, Poland, Netherlands, Spain) about the barriers and motivators autistic students face in higher education. This work was conducted in 2014 and presented in March of 2016.

The present study found two phases wherein autistic students may face challenges. In preparing for university, students may be overwhelmed and unable to imagine what to expect causing some students to avoid attending institutes for higher education. Upon arrival and initial settling phases, autistic students may not be flexible with changes in lifestyle, which causes anxiety and may lead to poor academic performance and the high attrition rates among those with learning differences.

The authors propose adopting the approach, called Universal Design for Learning (UDL), which proactively supports multiple paths to learning rather than a one-size-fits-all approach. "Adopting UDL may positively impact students without formal diagnosis or those who have not declared a disability in fear of discrimination. There is experimental and quantitative research that supports placing a value on diversity rather than emphasizing 'normality' or 'deficits' or any deviations from mainstream.



Reviewed by Nancy Eichhorn

I'm living my Aunt's life, my mother's, father's, grandmother and grandfather's lives, my great grandfathers and mother's lives, cousins and uncle's and most likely more that I don't even know. Stories they created and survived, messages generated via their own experiences as well as those received from their forefathers and mothers are now part of me. Simple statements, phrases, beliefs influence how I view myself and my life—in the background that is, though some are obvious and known to me either through family conversations or years of therapy and training. Revealing the past in all its truth is eye opening and when the unconscious content materializes, well it can be as shocking as it is surprising.

For instance: I didn't know my mother grew up hearing her mother say to friends, family, and acquaintances, "Donis can do it." And here I am living the same reality. I'm the one to make things happen. I'm the one to do whatever it is that needs doing, and yes quite honestly, often at my expense (time, energy, spirit, peace, serenity, joy).

It Didn't Start with You

Mark Wolynn starts his book with his own story of going blind for no apparent physical reason. Turns out, despite his journey to India to learn and deepen his meditation practice and to work with/learn from respected gurus, healing his relationship with his parents was the answer. Two gurus clearly told him, "go home."

There is much energy in this book about parental connections, including a succinctly and quite beautifully written chapter about the bond between mothers and their children and what happens when that bond is disrupted for whatever reason. Much of what he wrote in this chapter resonated for me considering my first two weeks of life were spent in the hospital nursery (my siblings had chicken pox so we couldn't go home) and that my mom's mother was emotionally unavailable, abusive, etc. thus leaving my mom without what she calls "the words" to express her emotions, nor from my perspective the capacity to feel into herself, feel into me, attune with me, help me create the self that Shore and others discuss when talking early child development (brain and being).

What Words Reveal

This is clearly a self-help book written for laypersons. The writing is user-friendly (short sentences, terms defined, when names are dropped context for understanding is provided). There are comprehensive diagnostic inventories to discover and uncover fears and anxieties reflected in our everyday language, simple words and phrases that reveal storylines, narratives that may in truth belong elsewhere—other family members from generations ago—as well as behaviors and physical symptoms.

Discovering core complaints, descriptors, sentences and the core trauma are part of Mark's 'Core Language' approach, the focus in this book:

Core Complaint—our main issue, whether internalized or projected outward

Core descriptors—adjectives and short descriptive phrases that reveal unconscious feelings we hold toward our parents

Core language—the idiosyncratic words and sentences of our deepest fears that provide clues leading to the source of unresolved trauma. Core language can also be expressed in physical sensations, behaviors, emotions, impulses, and symptoms of an illness or condition

Core Sentence—a short sentence that expresses the emotionally charged language of our deepest fear. It carries

the residue of an unresolved trauma from our early childhood or family history.

Core trauma—the unresolved trauma in our early or family history that can unconsciously affect our behaviors, choices, health, and well-being. (Page 219)

Putting this process together, Mark shared the story of a young man, James, who awoke one night freezing cold with an impending sense of doom that he would die if he went back to sleep. He came to Mark with the complaints of depression and insomnia. He'd dropped out of college, an aspiring 19-year-old stopped in his prime. Turns out, listening to his core descriptors and sentences and doing some family genealogy work [Mark shares techniques for doing family genograms (an extended family tree) to create a map of experiences going back through generations] that an uncle had in fact died in a snowstorm of hypothermia. James had no knowledge of this before seeing Mark yet he lived his uncle's story. Once the details were discovered, James was able to use visualizations, active imagination and direct dialogue techniques to create pathways to reconnection, integration and reclamation of his life and his health.

According to Mark, the impact of our traumatic legacies plays a far greater role in our emotional and physical lives than has ever before been understood. His book offers a slow paced, comprehensive guide to understanding trauma's impact in the moment and as carried forward from the past, and techniques to uncover what's causing symptomology now, distress now, and ways to reconnect with those whose lives are impacting you. Appendices offer questions to mine for data and list your family history and early traumas (yours and your family's). There are questions throughout the book guiding your explorations into your past.

Doing some of the exercises myself, I noted many clichés that automatically came to mind because I was raised on them and am consciously aware of their presence in my life, such as: 'the early bird catches the worm', 'when in Rome do as the Romans do', 'where there's a will there's a way', and of course 'thin rats outlive fat rats' (weight gain and loss were always a central focus in my family and thus my life). Songs from my past also offer clear statements about my reality (lived then and perpetuated today) like, "alone again, naturally."

But it was difficult to ascertain which of my family trauma's might play the bigger role: my German relatives moved with the promise of

Continued on page 68

quality farming land and pledged their allegiance twice, once to the king of Denmark and then to Catherine the Great (which meant a long haul to Russia, to a small village on the Volga River) only to have their hopes dashed by lies and their true reality. They survived the Great Famine, the Bolshevik revolution. Relatives were sent to work camps where they died or survived atrocities that followed them to eventual release and resettlement. My grandparents were separate for 17 years; he, a theologian, escaped to Berlin; she, the first kindergarten teacher in her village, stuck in Russia, before earning her way out. They came to America, directly to Colorado bypassing Ellis Island and all that trauma, a minister and his wife. My parents survived the Great Depression and so on. On my mom's side there's adoptions and abuse and, and, and. I felt like, what do I do with all of this background? It was a muddle of known stories without an underlying theme.

But when my core phrase appeared in my mind it was like pieces fell into place: I work tirelessly for little compensation while they, the 'golden ones', reap abundance while doing next to nothing.

Suddenly I felt my past as my present. Yes, my relatives worked for nothing, promises were broken and dreams destroyed by sod houses and marshlands, by famines and wars. Meanwhile, others rose in stature and wealth at their expense. With a wider view, I saw this pattern recreated perpetuated today.

What was missing for me, however, was what to do about it. Mark's intervention techniques rely heavily on visualizations and dialogue work (two chairs and so forth). He shares many case vignettes that highlight the exploration process and then the healing process, but he's there guiding and offering the words, the experience, the healing pathway. The amount of information one can uncover can potentially be overwhelming when you're faced with startling discoveries, especially if you are not a trained psychotherapist. And, in fact, even with professional training and a doctorate in clinical psychology, well the inner parts are still that, inner children, adolescents, young adults with pains and hurts, scars and unhealed wounds that resonate despite skills to titrate and "cope".

The most important sentence, then, for me in this book was what Mark called the 'healing sentence', which, he says, "is a sentence of reconciliation or resolution that brings about new images and feelings of well-being" (pg. 220).

Uncertain of my 'healing sentence', I revisited my family tree and instead of seeing desperation and despair, I saw frontiersmen, explorers, teachers, mentors, philosophers. One of my Eichhorn relatives even has a pinnacle named after him and is renown for his climbing feats!

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Instead of acting out, act in. When you're triggered, locate where you feel uncomfortable in your body. Place your hand there. Bring your breath there. Tell that young, fragmented part of you: "I've got you. I won't leave you. I'll breathe with you until you're at peace."

— Mark Wolynn
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examples of how he determined the core sentences and so forth, how he worked with the core trauma to help his clients' heal, I do think this sort of work, if done in isolation, isn't as useful as if working with someone skilled like Mark in person. I see this as an excellent tool for clients to use in relationship with their trusted therapist/counselor or perhaps a group of trusted and valued friends with some psychology background willing to support each other's explorations and create healing situations to let go and move forward.

You can listen to Mark talk about his work on [UTube just click here](#)

I needed to appreciate their endeavors and their perseverance, their faith and tenacity. And then appreciate those same strengths in me. So it didn't work out in Denmark, okay let's try Russia. Not happening here? Then, off to America.

It seemed as if the old, "if one door closes, another one opens" cliché rang true for my relatives. Perhaps what lay beyond that portal wasn't exactly what they envisioned or expected but they maintained their drive to better their lives for themselves and their families. I realized it was now up to me to accept that I had been a worker bee with little honey in the hive to show for my efforts and that it was time to find a way to become one of the 'golden ones' who reaps the benefits with much less labor. I'm not sure what exactly this will look like, how it will play out or even come about but the prospects are thrilling none the less.

Coming Back Around

Mark is considered a "pioneer" in the field of inherited family trauma. He has worked with individuals and groups for more than 20 years. *It Didn't Start With You* is considered a "pragmatic and prescriptive guide for readers to use his core language approach to discover the roots of their trauma, conscious and unconscious."

Reading this book and sharing my experiences with friends while hiking has started many interesting conversations and a healing process for me as well as them. The process is fascinating and relatively simple in terms of gathering data. And though he offers case

Mark Wolynn, director of The Family Constellation Institute in San Francisco, is a leading expert in the field of inherited family trauma. A sought-after lecturer, he has taught at the University of Pittsburgh, the Western Psychiatric Institute, Kripalu, The Omega Institute, The New York Open Center, and The California Institute of Integral Studies. His articles have appeared in *Elephant Journal* and *Psych Central*, and his poetry has been published in *The New Yorker*.

For more information please visit <http://www.markwolynn.com>, and follow the author on [Facebook](#) and [Twitter](#).

You can read an excerpt from Mark's book starting on page 70 with a link to the complete PDF on page 71.

Insight is gained when we are willing to tolerate discomfort in the quest to understand ourselves.

— Mark Wolynn
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An Introduction to the Secret Language of Fear

Excerpted from *It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle* by Mark Wolynn



I never set out to create a method for overcoming fear and anxiety. It all began the day I lost my vision. I was in the throes of my first ocular migraine. No real physical pain to speak of—just a cyclone of dark terror, within which my vision was obscured. I was thirty-four years old and stumbling around my office in the murk, fingering the desk phone for the 911 buttons. An ambulance would soon be on its way.

An ocular migraine is generally not serious. Your vision becomes muddled, but usually returns to normal in about an hour. You just don't always know that while it's happening. But for me, the ocular migraine was just the beginning. Within weeks, the vision in my left eye began to disappear. Faces and road signs soon became a gray blur.

The doctors informed me that I had central serous retinopathy, a condition without a cure, its cause unknown. Fluid builds up under the retina and then leaks, causing scarring and blurring in the visual field. Some folks, the 5 percent with the chronic form mine had turned into, become legally blind. The way things were going, I was told to expect that both eyes would be affected. It was just a matter of time.

The doctors were unable to tell me what caused my vision loss and what would heal it. Everything I tried on my own—vitamins, juice fasts, hands-on healing—all seemed to make things worse. I was flummoxed. My greatest fear was unfolding in front of me and I was helpless to do anything about it. Blind, unable to take care of myself, and all alone, I'd fall apart. My life would be ruined. I'd lose my will to live.

I replayed the scenario over and over in my head. The more I thought about it, the deeper the hopeless feelings embedded in my body. I was sinking into sludge. Each time I tried to dig myself out, my thoughts circled back to images of being all *alone*, *helpless*, and *ruined*. What I didn't know then was that the very words alone, helpless, and ruined were part of my personal language of fear. Unbridled and unrestrained, they reeled in my head and rattled my body.

I wondered why I gave my thoughts such power. Other people had adversity far worse than mine and they didn't dwell in the depths like this. What was it about me that stayed so deeply entrenched in fear? It would be years before I could answer that question.

Back then, all I could do was leave. I left my relationship, my family, my business, my city—everything I knew. I wanted answers that couldn't be found in the world I was part of—a world where many people seemed to be confused and unhappy. I had only questions, and little desire to carry on with life as I knew it. I handed my business (a successful events company) over to someone I had literally just met, and off I went, east—as far east as I could go—until I reached Southeast Asia. I wanted to be healed. I just had no idea what that would look like.

I read books and studied with the teachers who wrote them. Whenever I heard that there might be someone who could help me—some old woman in a hut, some laughing man in a robe—I showed up. I joined training programs and chanted with gurus. One guru said, to those of us gathered to hear him speak, that he wanted to surround himself with only "finders." Seekers, he said, remained just that—in a constant state of seeking.

I wanted to be a finder. I meditated for hours each day. I fasted for days at a time. I brewed herbs and battled the fierce toxins that I imagined had invaded my tissues. All the while, my eyesight continued to worsen and my depression deepened.

What I failed to realize at the time is that when we try to resist feeling something painful, we often protract the very pain we're trying to avoid. Doing so is a prescription for continued suffering. There's also something about the action of searching that blocks us from what we seek. The constant looking outside of ourselves can keep us from knowing when we hit the target. Something valuable can be going on inside us, but if we're not tuning in, we can miss it.

"What aren't you willing to see?" the healers prodded, provoking me to look deeper. How could I know? I was in the dark.

One guru in Indonesia shined the light a bit brighter for me when he asked, "Who do you think you are not to have eye problems?" He went on: "Perhaps Johan's ears don't hear as well as Gerhard's, and maybe Eliza's lungs aren't as strong as Gerta's. And Dietrich doesn't walk nearly as well as Sebastian." (Everyone was either Dutch or German at this particular training program and seemed to be struggling with one chronic condition or another.) Something got through. He was right. Who was I not to have eye problems? It was arrogant for me to argue with reality. Like it or not, my retina was scarred and my vision was blurred, but I—the "me" underneath it all—was beginning to feel calm. No matter what my eye was doing, it no longer had to be the defining factor for how I was doing.

To deepen the learning, this guru had us spend seventy-two hours—three days and nights—blindfolded and ear plugged, meditating on a small cushion. Each day, we were given a small bowl of rice to eat and only water to drink. No sleep, no getting up, no lying down, no communicating. Going to the bathroom meant raising your hand and being escorted to a hole in the ground in the dark.

The goal of this madness was just that—to intimately come to know the madness of the mind by observing it. I learned how my mind continually taunted me with worst-case-scenario thinking and the lie that if I just worried hard enough, I could insulate myself from what I feared most.

To read the complete excerpt, please [click here](#) or visit our blog at www.SomaticPsychotherapyToday.com

Resentment toward our parents fuels self-loathing and inner unrest. If we experience our parents as critical and aggressive, for example, we might experience ourselves as self-critical and inwardly aggressive, doing to ourselves what we feel was done to us.

– Mark Wolynn
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The Six Pulse Points of Well Being

by
Ronan M. Kisch, PhD



Joyce spoke with a soft sweet voice. She was facing the prospect of a considerable promotion—she along with four colleagues were being considered to fill the departing chairperson’s position where they all worked as college professors. If appointed, she clearly faced a position of increased authority. The thought alone filled her with significant tension and anxiety.

Slumped on my office couch, this magnificent 43-year-old woman suffered from perpetual low self-esteem. Her childhood was scarred by a domineering, extremely strict mother. Joyce’s survival technique involved submission and acquiesce, as role modeled by her father. She became a passive, sweet helper, lest her mother hurt her sensitive feelings yet again.

She remembers elementary school and having difficulty in math. She shared that she felt guilty about asking for help. “I’d feel ashamed and my mind would go blank,” she said. Joyce’s temperament contrasted with that of her older sister’s rebellious, verbally conflictual relationship with their controlling mother. At the expense of her self-esteem and capability to be assertive, Joyce’s passive role generalized to other relationships.

Joyce had been having a recurrent dream about giving a presentation at work. Everyone showed up, but she didn’t follow through, leaving her feeling humiliation and shame. Joyce’s dreams reflected her low self-esteem, over assertiveness insecurity and anxiety over the potential promotion.

The following stories come from the case histories of Joyce, Betty and James. Their names and certain information have been altered to protect their confidentiality.



Picture retrieved from <https://cbsstlouis.files.wordpress.com/2014/08/453531372.jpg?w=640&h=360&crop=1>

She's not the only client I see like this. But it's not her current feeling state that comes to the forefront but rather what belongs to the past and how to intervene to create a shift.

There are situations and events in the here and now that trigger past memories and our past responses. These memories can be conscious or unconscious. Regardless, people periodically brace (as defined as their muscles tighten) in response to these memories. Or they have enacted this brace reaction for so long, it's now part of an unconscious habitual lifestyle. The bracing action in fact protects them; they feel comfortable, in control and protected. And they resist letting go of this unconscious paradoxical brace response (see Kisch, 2014).

Psychotherapy can attempt to cognitively teach new thought or behavior patterns; however, because of these unconscious, habitual, somatic protective behaviors the cognitive learning is often short lived. New frustrations lead to retreat to more familiar, automatic, systemic bracing, locking the dysfunctional behavioral pattern into anatomy, physiology, and personality.

There are several problems with this bracing reaction. Neurologically it stamps bracing into neuronal networks. Biochemically it secretes

stress hormones into the blood supply. Muscularly it tightens the body feeding anxiety. Behaviorally it limits movement. Medically it creates or adds to neuromuscular problems such as arthritis. Psychologically it stamps a wound and stress into the personality.

While giving the individual the impression of strength and control, this tightening process restricts muscle movement. One can neither run as fast nor punch as hard. It maintains an unconscious message of insecurity, being not okay or damaged goods. Furthermore, if there is a muscular problem or a pain problem as a result of the brace reaction, the pain is intensified and becomes more engrained.

The brace reaction, which becomes unconscious, is actually a secondary issue. The reason for bracing in the first place, the primary issue, is long forgotten — pushed further down into the unconscious. The primary cause is lost and consciously forgotten. Laced into the unconscious personality structure it becomes intensified. The individual then consciously focuses on the secondary issue, on the somatic aches and pains, anxiety, or some dreaded or depressive fears.

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Betty was referred by a speech pathologist treating her dysphonia (muscle tension in the vocal cords) that had been going on for a year. At times Betty felt as if her throat was getting tight and she was choking and couldn't get words out of her mouth. Psychotherapy revealed Betty's critical, punitive father who wanted her to recite the multiplication tables when she was age five. When she was unable to do this, he pronounced, "You will be a failure the rest of your life!" Betty always had to have an answer. She couldn't say, "I don't know." She couldn't live up to her father's standards. As a child she pulled her hair, hit herself in the head, did anything to hurt herself in order to deflect the emotional pain inside. Her father was a plumber and Betty achieved a master's degree. Nevertheless, she constantly felt that she had to do more. In psychotherapy, she sat with her feet turned in, pigeon toed, and her knees braced. Her breath became held and shallow when she talked of her concerns.

Practitioners see clients because they come in for treatment with their presenting problem. They have depression over a loss. Their anxiety leaves them unable to drive in heavy traffic. They are grievous over a romantic break-up. They obsess over insecurity. There is a perpetual return to their symptom. As they do, they ignore the underlying problem and it remains unidentified and unresolved. But the presenting problem is the consequence of an ineffectual strategy created in attempt to address or avoid the underlying problem. These strategies often date back to childhood or adolescence or some traumatic event when there was insufficient knowledge, skills or resources to address the problem. They are then generalized to other situations. Courage, internal strength, persistence and often external support are necessary to overcome these problems.

James, an 18-year-old college freshman, was referred by his mother after he had "an emotional breakdown." This followed a final break-up with Jane, his girlfriend of one year. James was particularly sensitive to the issue of loss. He was a good student, an athlete with a tight muscular body. Jane came from an unhealthy family and like James had poor self-esteem. Neither one had problem-solving skills.



Froseth Photography. Retrieved from Pinterest.com

They had had many fights and "break-up" was their perpetual resolution.

Following their last break-up, when Jane showed up in class, she talked loudly about the parties she had gone to and the young men with whom she was hanging out (unfortunately James and Jane shared a number of classes). This was emotionally devastating for James who admitted to being "jealous."

As James shared his psychosocial history, he indicated that his father abandoned his mother before his birth. "He was not ready to be a father," James explained. James met his father, who now lives in a different state, when he was 10 years of age. He said of his father, "He is old school — not an emotional person." The mother never married and James never had a healthy male role model.

The Six Pulse Points of Wellbeing

I learned early in my career that pain plays a role in our survival. It's a symptom of a problem, sending us a message that something is wrong and we have to address it. Once we hear the message of the underlying problem, understand we have to take action to deal with it and are in the process of responding to it, we do not have to continuously hold onto the symptom.

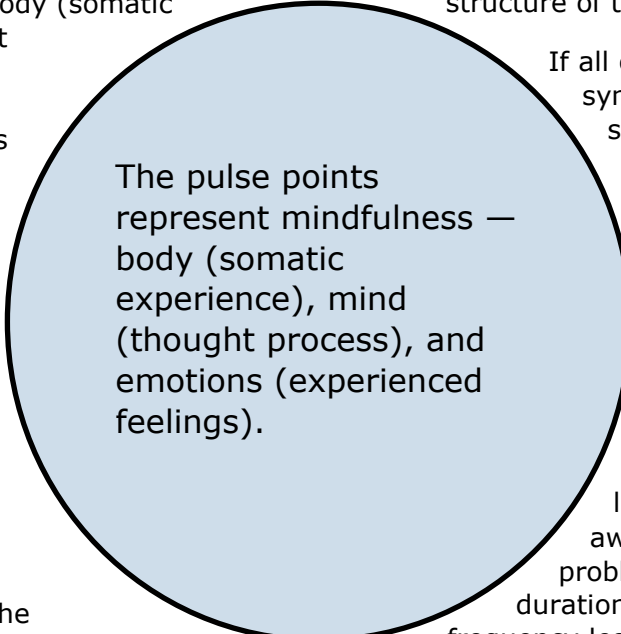
Each of the clients I've presented in this article understood they had to fulfill a mission in order to overcome their presenting problems, as well as the primary problem of its origin. I supported their process by recognizing what I call 'the six pulse points of wellness'. This intervention is not merely cognitive awareness. The pulse points represent mindfulness — body (somatic experience), mind (thought process), and emotions (experienced feelings). For sure, the first pulse point is the awareness of the occurrence of the presenting problem. However, the presenting problem very likely may be a symptom of some other underlying issue. This first measure is not merely the occurrence of the presenting problem, the symptom, but its intensity.

The second pulse point is the frequency of the symptom's occurrence. At first it may be continuous. As people get stronger or recover, the symptom occurs less frequently. Unless one has a concept of frequency, all that is recognized in consciousness is its presence: "There it is!" Or, "It's still happening!" If one is aware it is happening less frequently, then there is a sense of *it is not as often, it's not as bad*. At some point it becomes occasional and then infrequent.

The third pulse point is duration. Again, at first the symptom may be continuous. As one brings strategy, mindfulness, appreciation and celebration into his/her life style when the symptom occurs, it does not last as long. At some point it is only a brief flicker of a memory

or it falls out of memory altogether. Awareness of the progress itself reinforces the process.

While the first three pulse points of frequency, intensity, duration are negative, the second three pulse points of frequency, intensity, duration are positive. When there is a mindfulness of new rewarding feelings starting to arise there is also a sense of accomplishment, self-appreciation, and self-esteem. An enjoyment of life emerges where it was absent or only briefly experienced. Quality of life improves. The possibility of new activities opens. These occurrences happen more often. Second, these positive experiences are more intense. Third, when they take place the good experiences last longer. They become part of the structure of the personality and reality.



The pulse points represent mindfulness — body (somatic experience), mind (thought process), and emotions (experienced feelings).

If all one does is recognize the symptom, each time the symptom is recognized it is reinforced. Utilizing the concept of the six pulse points of wellbeing allows for a process of opening to perceive and appreciate progress. As one brings mindfulness, strategy, self-recognition, self-appreciation and celebration into his or her lifestyle, he or she becomes aware that the presenting problem is less intense, its duration is shorter and its

frequency less. This recognition further reinforces that progress into neurology, body chemistry and personality. This awareness reinforces both the progress and self-esteem.

As one gets and feels stronger, the underlying primary issue (or issues) that created the problem in the first place is easier to face, put into perspective and put to rest. After all, many of these issues started in childhood and/or adolescence. The child or adolescent who created the ineffectual coping mechanism was unable or lacked the skills or the tools to effectively manage or resolve her or his issue. But the adult has the freedom, strength, and resources to create new, more appropriate and effective alternatives. *Continued on page 76*

The child or adolescent who created the ineffectual coping mechanism was unable or lacked the skills or the tools to effectively manage or resolve her or his issue. But the adult has the freedom, strength, and resources to create new, more appropriate and effective alternatives.

Interventions and Outcomes Using the Six Pulse Points of Wellbeing

Joyce's treatment process included verbal catharsis, mindfulness of her somatic holding, somatic release, NeuroEmotional Technique (NET) (Walker, 2008) for her troubling dreams, and being assertive in her interactions with others, especially with her mother. As she followed through on her therapeutic missions, she was aware of feeling "more solid." She became firmer in her prosody — the quality of her voice. She reported, "I'm better at maintaining my boundaries." She got her home organized. At work she stopped avoiding writing documents. She said, with a sense of self-integrity, "I'm apologizing less and speaking my own truth rather than telling people what I think they want to hear. Now I feel more comfortable asking my husband or my chairperson for help. I've always put so much pressure on myself to respond to others." In recognizing her growth, she proclaims, "Ha, I did it! It's a work in progress, but I'm giving myself a break." Jane celebrates by sharing her accomplishments with her husband and her sister. She is now recognizing and appreciating new pulse points, "joy, creativity, energy and excitement." Jane received her promotion.

Therapy for Betty consisted of verbal catharsis paired with slow, gentle, full breaths. She also received psychophysical release from Trager® and craniosacral therapy to learn about her physical bracing. When she felt her knees locking, her toes pointing in or her body go into a brace response, she knew to breathe and release. In addition, she learned the six pulse points of wellbeing. Betty became consciously aware of and appreciative of her intellectual competence, skills and abilities. With these interventions in hand her vocal dysphonia began to dissipate. It became less frequent, less intense and more tolerable. Betty, with psychotherapy, independently developed her own internal strength. She recalled many humiliating, embarrassing, hurtful events to

which she was subjected by her father. Betty was able to realize her father repeated what he learned from his father. In spite of her father's failure to change his behavior, she saw his behavior for what it was and had the wisdom to forgive him and release her own feelings of being wounded and unworthy. As she spoke of her accomplishments, she spontaneously cupped her hands and shook them as a sign of victory. She proclaimed, "I have finally found a path to victory. I am doing this!" She further celebrated by purchasing herself a new pink scarf, which served as a reminder of her growing personal strength. It was a continuous reinforcement of her victory.



With James, therapy consisted of reality testing regarding what makes for a good relationship, emotional catharsis, breath release, Trager®, psychophysical release, NeuroEmotional Technique (NET), dialogue with his inner child, self-recognition, self-appreciation, self-celebration and the six pulse points of wellbeing. James had been carrying himself from birth

embodied in a sense of rejection, abandonment, and unworthiness. With the release James felt from his tight muscles he began to smile and then broke into an uncontrollable chuckle. He was feeling embodied within himself, an aliveness with a sense of freedom and joy he had never experienced before. He left his session feeling straighter, taller, breathing into an expanded chest. He clearly wanted to remain mindful of this novel sense of self.

James was a good student. He came into therapy announcing his mindfulness of the six pulse points of wellbeing and talked to and became a healthy father figure for this inner child. With glee he proclaimed recognition of his developing self-esteem. In contrast, he realized his low self-esteem was self-defeating. He reported, "I feel happier in spite of the negative happenings in my life." He had a sense of a plan and successfully actualizing it. He was even able to recognize that Jane, like his father, was unable to provide the qualities in a relationship that he was looking for — *neither one can deliver what they do not have*. For James to receive that sense of recognition, acceptance, and love his partner would have to possess those traits too.

James reported thinking less of his loss of Jane. His emotional pain was not as intense and its occurrence was momentary. In stark contrast he was having positive feelings about being basically okay. These feelings were intensifying with his recognition of his accomplishments. And, his good feelings were lasting longer as he realized they were becoming part of his daily lifestyle.

In Conclusion

The apparent presenting problems in each of these three cases were very different — insecurity, vocal dysphonia, grief. Underneath were very similar issues — low self-esteem and feeling unlovable. All stemmed back to childhood and parenting. All of these individuals were capable and competent in many ways. However, they were not self-recognizing, self-appreciating or self-celebratory. So emotionally their skills, abilities, and achievements were invisible to them. In adulthood, their childhood or adolescent insecurities and coping mechanisms were operative and dominant. While significant change takes both effort and time, the six pulse points of wellbeing serve as a major tool for transition by identifying and reinforcing progress, reversing the past while building one's self-concept in the

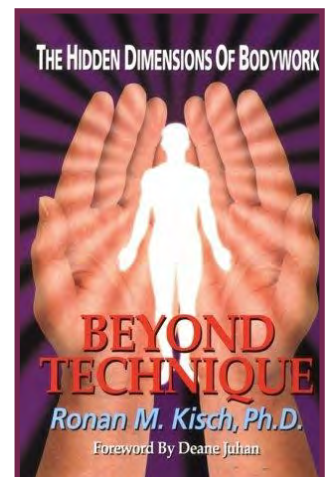
present. The pulse points are not the sole tool, but a significant adjunctive tool to measure and reinforce progress.

Recognition of this progress must occur multiple times daily if only briefly. Simply thinking about the pulse points is insufficient. They must be reinforced by mindfulness to be maintained. Clearly, the six pulse points of wellness can be a powerful addition to enhancing psychotherapy and the quality of life.

Ronan M. Kisch, Ph.D. is a somatic psychologist in Dayton, Ohio. He received his doctorate from the University of Kentucky where he was a NIMH Trainee at the Department of Medical Behavioral Science. He received post-doctorate training at the Gestalt Institute of Cleveland. Dr. Kisch is a Certified NeuroEmotional Technique (NET) Practitioner, a Trager® Practitioner, a Nationally Certified Bodyworker, and he holds an Advanced Certificate from the Santa Barbara Graduate Institute in Somatic Psychology. He served as a health psychologist in Dayton's Miami Valley and Sycamore Hospitals. He is the author of: *Beyond Technique: The Hidden Dimensions of Bodywork* and *The Miraculous Achievements of Bodywork: How Touch Can Provide Healing for the Mind, Body, and Spirit*.

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Books by Ronan M. Kisch





Body Wise

with Kamalamani

"Psychotherapy is rooted in an ethos and devotion to the common good. It asks us to examine the processes of self-deception that perpetuate individual unhappiness and social structures that are inequitable and oppressive. Yet psychotherapy has for the most part been a white, privileged profession, hence training and treatment has focused on this population" (Ellis, 2016:11).

Not long after I qualified as a therapist, I had a dream. I wanted to create a shop-fronted organisation on my local High Street to offer drop-in counselling and psychotherapy services. It was quite easy to imagine given that Gloucester Road, my local High Street in North Bristol, is well-known in the UK for being a High Street boasting a high percentage of independently owned and run shops (which is sadly now relatively unusual in the UK). It wouldn't be a bad location either; not the poorest nor the poshest area of town, with a strong community focus. Accessible, popular, not

intimidating as some Bristol suburbs can be with their visible wealth.

To tell the truth, the dream extended beyond my local High Street. I envisioned drop-in centres in all towns and cities in the UK, maybe even beyond! A place for people to seek support in a 'normalised' setting. Now this wasn't simply a therapy centre for private practitioners to hire rooms. No, I imagined a beautiful space, a welcoming place for people of all backgrounds. A gathering and meeting place for anyone and everyone to network and gather information.



Photo retrieved from <http://brisray.com/bristol/pcbukhighst01.jpg>

I envisioned a building located in the heart of the community. The centre's staff and occupants could maintain contact with specialised local counselling services, training institutions, and with local doctor's surgeries and hospitals. Group meeting rooms, individual therapy rooms, and a comprehensive library and resource centre were designed with people in mind. Space existed where they might make themselves a drink whilst browsing and meeting others.

In this centre, diversity was reflected in the type counselling and psychotherapy offered from different modalities and traditions, including body psychotherapy. Folks could finally stop asking 'what's that?' as the power of somatic work became more widely understood and accepted. Short-term work was to exist alongside long term work, rather than the current preoccupation and prioritising of cognitive behavioural therapy and short-termism in the UK government's preferred approaches. Seeking therapy had the potential to become commonplace, as acceptable and as affordable as going to the post office or buying bread or carrots.

Of course, quite a significant shift needs to occur for this dream to manifest. Therapy still

isn't, in the UK at least, as ordinary, as acceptable and as affordable as buying bread or carrots. In its public provision, it's caught up with economics and the prevailing agendas of the medical profession and the increasingly market-driven professionalization of the mainstream therapy membership bodies.

There are still taboos around seeking therapy in the UK; maybe the taboos are less of an issue in the USA? Many people can't afford therapy nor even know where to begin in finding a therapist. Many don't realise that therapy might be useful and relevant to them. There are, thank goodness, therapy services offering low-cost and subsidised therapy, many in Bristol; but, these services tend to have increasingly long waiting lists and, by necessity, have tended to move to a model of short-term, solution-focused methods. Nothing wrong with those necessarily, except for when a client wants longer term therapy and given the limitations that exist when this sort of long term therapy is under increasing threat, serving those most in need at the edges of society, run by often over-worked, dedicated staff trying to make ends meet and be present for their clients.

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High Street or the High Street is a metonym for the concept and frequently the street name of the primary business street of towns or cities in the UK. In the USA and Canada, the term used is Main Street. In a town, it implies the focal point for businesses, especially shops.

I dreamt that our care for one another's psychological and spiritual wellbeing was such a priority there was a solid presence in every town and city. If we can have bookmakers, coffee shops and insurance brokers, surely we can have therapy on the High Street? This care and the existence of these centres potentially meant true 'care in the community' in the words of the system of deinstitutionalization that happened under Margaret Thatcher's term in 1983, treating and caring for differently abled people in their homes rather than in an institution (what actually happened in many cases is that the care failed to happen.)

Therapists not only had the chance to practice in the city centre, but also to meet, join together and advocate for change. After all: "Therapists are always expressing a political position - because their work always and inevitably flows from a view on how humans should be, and therefore carries a vision of how we could become and how we should be. However, these visions and positions are often implicit rather than explicit or even held out of consciousness" (Totton, 2012: 92).

So what happened to my dream?

I got busy. My private practice slowly and surely filled up. And, I forgot it. Granted, I still do useful things, I hope. Apart from my paid work, I was a steering group member of Psychotherapists and Counsellors for Social Responsibility for many years and edited their journal. I continue to write, campaign, and teach, my attempts to raise awareness of things that matter. I also continue to do some pro-bono work and offer concessionary places, but this isn't the same as that dream.

Before I trained as a therapist, I was pretty sceptical about the therapy trade. I did the training determined to qualify; and yet, I knew that I still mightn't end up practising as a therapist. I worried that it was something primarily catering to the anxious middle classes, even though I saw its very real potential for anyone and everyone. It's just that that potential seemed a bit hidden, certainly not accessible, and almost a bit 'hush, hush'. It also had a mystifying language of its own. I'm weary of mystifying languages when it means that it can limit access; although I'm sure I'm guilty myself of falling into using jargon at times, it's hard not to. I sometimes witnessed others becoming a bit 'psycho-babbly' once they learned the new, sometimes rarefied language of therapy. It was a bit of a turn off.

I did become a therapist, and I love the work. But I'm not sure I lost my scepticism. Not scepticism about much of the practice I see, or

dedication of therapists around me, or the very real changes clients make in therapy. No, scepticism about how we collectively organise and provide facilities to support thriving mental and somatic health. In the 14 years I've been practising, the public provision of counselling and therapy has been in turmoil and intensifying. I'm not employed by the National Health Service, although reports from friends and colleagues aren't heartening. And before long we mightn't even have a National Health Service anymore, following the American model.

Maybe therapy in private practice is even more inaccessible, not simply because of the investments in terms of costs and time involved, but because many folks don't necessarily know that counselling and therapy happen in private practice. Again, this might be different in the USA, maybe not. But for many, their local GP surgery (MD) is their first point of call.

I return to my dream. How can we re-imagine and bring places to life in our community where therapy is seen as a useful service that many of us might seek at one time or another? How can we help to re-locate so-called mental health and somatic health in our communities, networked both with the more conventional medical model service providers, as well as secular approaches to mindfulness, for example, and other faith or spiritual groups offering different approaches and methods that clients may find beneficial for their healing?

Community-located services are dying in the UK High Street in all sorts of ways. Just the other day my partner and I stole away for a quick lunch in one of our favourite local cafes in a nearby suburb. We asked the lovely cafe owner how business was going. "Slow," he replied. "This is a dead street." My heart sank. It's true; it *is* a bit of a dead street. Most High Streets are no longer frequented by grocers, butchers, greengrocers, hardware shops. These are now located out-of-town. Libraries and post offices are even harder to come by.

So my dream of the High Street drop-in centre mayn't be a reality in the times we're in. Or will it all go full circle? The trend of buying local, of farmers' markets filled with local produce and restaurants proud of their sourcing within a 50-mile radius are gaining popularity at the same time as the centralisation and digitalisation of so many services. Where does this leave us as practitioners? And as humans? And what does this mean for the future of therapy?

Thankfully there are many organisations world-wide providing counselling and psychotherapy to those who mightn't otherwise access support. I know tens of such organisations in Bristol, and many more nation-

wide. It's jaw-dropping what they manage to do on a shoe-string and under the pressure of constant worries about funding and a huge amount of time spent on completing funding proposals for scarce charitable money and grants.

How can we sing out more the need for counselling and psychotherapy provision open to all?

How do we make our own private practice work more accessible?

What can we do to attract clients who might never have considered coming to therapy, for all sorts of reasons?

How can we keep the initiative in noticing our own blind spots and shortcomings, which might mean the work we do isn't as accessible as we'd hope, perhaps due to our own unacknowledged class or colour or financial privilege to name a few privileges?

I love raising and mulling these questions. I love them because they were barely addressed in my training. Don't get me wrong, all the training I've been fortunate to have done was sound, solid, careful, and rightfully challenging in terms of getting me to understand therapy and the role of a therapist and the therapeutic relationship and different models of therapy. Where my education fell short was in exploring in more detail the contexts, the systems within which we operate—social, political, ecological, and economic considerations that have a direct impact not only on clients' day to day existence, but also on their likelihood of affording or knowing how to access therapy.

I long for the day when therapy is open to all, where support is not only accessed via the medical model. I also long for the day when somatic work is seen and respected on equal footing with other therapeutic approaches, knowing as we do its potential for deep and lasting transformation.

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. She has published two books: 'Meditating with Character' (post-Reichian character structure applied to meditation) and 'Other than Mother: Choosing Childlessness with Life in mind'. www.kamalamani.co.uk

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SPT Magazine offers our heartfelt thanks to W.W. Norton & Company for offering our subscribers 25% discount with free shipping on all mental health series books.



The Treasure and the Tragedy of Wilhelm Reich

By Dr. Eleanor Hamilton

From the Editor:

Eleanor Jane Hamilton (1909-2008) spent her career as an educator and a psychologist in New York and California. She married Albert Edward Hamilton in 1932 who nicknamed her “Ranger”, a name from a fairytale. Her work as a sex therapist (she still worked with people while in her 90s!) was noted as influential in the USA’s revolution in morals and manners during much of the past century. She helped young women get contraception in the 1940s, participated in the Kinsey report on American’s sex lives, wrote a sex and love column for *Modern Bride Magazine* in the 1960s and published several books. *Partner’s in Love and Sex Before Marriage* (1980) earned her appearances on nearly every talk show from Phil Donohue to Merv Griffin to Johnny Carson’s *The Tonight Show*.

SPT Magazine received this memoir, written by Eleanor, about her experience with Wilhelm Reich, from their first meeting to the end of their connection. She notes that while her relationship with Wilhelm was not as intimate as his wife, Ilse, or his son, Peter, she did know him in a special way—as a patient, a student and a close colleague and friend.

While we typically publish first person “articles” related to psychotherapy—research, clinical practices, and other cutting-edge material (be it resources or emerging methodologies)—we felt honored to share this personal insight into a man considered one of, if not the, founding father of body psychotherapy. Some of the material is well known (Reich’s work with orgone and his eventual decline), yet we opted to share the entire story as written (well, we did edit the text) as Eleanor also shares her story and experience as a cutting-edge innovator—the trials and tribulations she endured. Because of the length, we opted for more of a book layout rather than our typical magazine page layout—three columns, no artwork.

Eleanor Begins:

Whether psychology's debt to Dr. Wilhelm Reich is acknowledged or not, many of our present day systems of psychotherapy rest squarely on his shoulders. Though now dead, he remains impressively alive. And in the context of what a fearful society can do to its greatest innovators, I believe his story, and in effect my story of our relationship, needs to be told far and wide.

Before Reich, most psychotherapists had swallowed—hook, line and sinker— either the pessimism of Freudians, or the mysticism of the Jungians, or the mechanistic machinations of the John B. Watsons, or the power theories of the Adlerians. Bio-energetic analysis, Gestalt techniques and other active therapies had not yet arrived, nor did they arrive until Reich's mind blowing discoveries were well established.

Before Reich, depth psychotherapy was a long drawn out and often unsuccessful affair in which the revelation of causes and the exorcism of long held feelings were supposed to lead ultimate to a cure.

Before Reich, psychotherapists hardly dared look at their patients' bodies, let alone touch them. Physical contact was taboo and the concept of muscular armoring was unknown and certainly not dealt with.

A number of books about Reich have been written by those who knew him far better than I—by his wife Ilse, who lived lovingly with him through

stormy years; by his son, Peter, whom Reich adored, by his devoted student Micky Sharaf, who still revered him even after Reich took to bed Micky's wife.

While not as intimate with him as these people, I did know him in a special way—first as a patient, then as a student, and later as the person who sheltered his wife and son when they fled his violence born of frustration and torment. I honored him and in his way, he honored me.

"We are both generals, Ranger," he often said, with a big grin. This was the highest compliment he could have given me—this man who scourged what he called the "little men" (the moral majority) and those who refused their own birthright and allowed themselves to become contaminated by what he called "the emotional plague."

Reich first came into my life just before our third child, Wendy, was born. My husband, Tajar, and I had been operating a nursery school in New York City at the time, and one day an irate mother of one of our pupils burst into the office demanding we fire her son's teacher because she was a student of Dr. Wilhelm Reich. Until that moment we had never heard of him, though we both considered ourselves psychologists.

"And why is it so terrible to be a student of Dr. Reich's?" Tajar asked.

"He believes that sex is good in or out of marriage. He even believes that children are sexual from birth and

therefore should be allowed to enjoy it in their own ways. Have you ever heard of anything so perverse? Your teacher must be off her rocker to allow herself to be influenced by such a man, and I don't want my child influenced by him."

"It is your perfect right to withdraw your child from our school," Tajar calmly answered her. "But Elizabeth is one of our best teachers. She is deeply loved by the children and admired by their parents. We would have to have a more damning accusation against a teacher than that she studies with a certain psychiatrist to make us even consider asking for her resignation."

Remove her child this mother did, for she was not to be dissuaded of her own righteousness and was incense when this was challenged. In a conference with the teacher later that day we asked, "Who is this remarkable man called Wilhelm Reich who can arouse such ire in a seemingly otherwise reasonable mother?"

Without apology our teacher acknowledged that Reich's theories were indeed considered revolutionary, but to her they made excellent sense. She loaded us her copies of *Character Analysis* and *The Function of the Orgasm*. We were never the same again.

At age 58, Tajar lost no time in presenting himself to Reich as a prospective pupil. Later he became one of Reich's close friends. I had to wait until I had given birth to Wendy and was well into the nursing period before I, too, had the privilege of becoming a patient, and later a pupil. It was a mind boggling experience.

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In those days, the analysts, if they were Freudian, committed their patients to five one-hour sessions a week. Stretched out on a couch facing away from the analyst, patients free-associated endlessly as the analyst listened. The Jungians compromised with three such sessions a week but their treatments were essentially the same and sometimes went on for years, or at least until the patient's dollars ran out. Very little, if any, conversation went on between patient and therapist. The patient, in fact, seemed almost a non-person who would hardly be greeted by the therapist on the street if they accidentally met. One sometimes wondered if the therapist was even present during treatments, so little did he interact with the patient.

In those days, of course, there were also a few psychiatric prima donnas, such as Flanders Dunbar, and there were the machinations of the conditioned reflex crowd. Also, hypnosis had once again begun to be respectable. But if you wanted a real go-round on yourself, you went to a strictly classical Freudian who let you lie there exposing your dreams and fantasies and reminiscences until you tired of the exercise.

Not so with Reich. Once a week of active, truth seeking verbal questioning combined with body experiencing was about all that a patient of his could handle. Reich didn't invite one to talk after the first few sessions but rather to shut up and sense, feel, understand the language of one's own body. Remarkably soon, one began to discover the muscular armor that imprisoned one's

psyche, and also remarkably soon, and not without some trauma, did one break loose from it to become more capable of living life in a feelingful way, and to be able to run one's own affairs with joy and positive outcomes. Reich was accused of everything from perversity to criminal seduction because he saw his patients nearly naked. The fact that other medical doctors did the same cut no ice with his detractors. My own gynecologist at that time was horrified that I went to Reich. "Why?" he protested. "He sees his patients in only their underwear."

"But so do you, Dr. Squier," I replied. This should have brought him up short or at least have appealed to his sense of humor, but such was the climate of the time—no one, no, not anyone, who dealt with the psyche of a human being could also have anything to do with that person's body. Body and soul were two separate entities and never the twain shall meet, at least not in the therapist's office. Reich looked at bodies. I mean, he really looked. And he prodded and poked at tense muscles in spasm. He noted skin temperatures and the half-dead aspects of cold spots. He noted the rolls of fat above up-tight areas. He provoked one to howl, cry, laugh, shriek, cuss. He encouraged 'do-it-myself-me', for one, to allow myself to become a baby reaching for mama, even though my arms seemed locked in a vice-like resistance against such reaching. And he helped me endure the sobs of relief that emerged when I found that I could, after all, learn to reach tenderly and

with love towards those to whom I wanted to be close.

No, sessions with Reich were not passive affairs nor picnics in which a patient went on reminiscing about a traumatic past. Sometimes his sessions lasted twenty minutes if they had achieved a therapeutic break-through. They could also last two hours or more if something important was happening. He refused to be locked in by time.

I remember how frustrated I used to be at the end of the classic 50-minute-hour adhered to by the psychoanalysts. Just when it seems that I might be getting somewhere, the analyst announced mechanically, "The hour is over. You can continue tomorrow."

Somehow by tomorrow the 'gem' was lost, if indeed it was a gem. At any rate, I don't think I advanced one single step toward psychological maturity in psychoanalysis, either the Freudian or the Jungian variety, both of which I underwent as part of my student training. They were interesting academic exercises but that was all. However, in my brief year of perhaps twenty sessions with Reich, my world blew apart and came together again in wonderful growth producing ways. I had always been a person with abundant energy. Now I was no longer afraid of its effects on others. I learned to be in contact with it, to enjoy it, and to be in control of it so that I did not intimidate those with whom I had to deal.

About the time that Tajar and I left New York City to found our school in the country, A. S. Neil also came into our lives. He, too, was a pupil of Reich's, and he, too, had been trying out some unconventional

teaching methods in his school in England—the famous Summerhill. And then there was Ola Raknes of Norway, an outstanding therapist, also a pupil of Reich's. Tajar and Neil and Raknes made a trio of great educators from different parts of the world who were deeply influenced by Reich, and who were willing to test his theories in day-to-day living with children.

Our little school in the Berkshires was the first to initiate a conference of psychiatrists and educators to discuss Reich's theories in relationship to education. Neil was the invited guest from England. What a ten-day period of intense discussions we had, often lasting well into the night, in which almost all orthodox educational theory was turned upside down and inside out. Yes, Reich had influenced education all right. Between him and Kinsey, whose statistics were rocking the world, and Benjamin Spock, who was coming into his own field of pediatrics with his baby care, it was an exciting time to be in the educational field. But Reich, never far from the cutting edge of ideas that revolutionized existing status quo, was not let alone for long by tormentors who couldn't stand his challenge to their own cut-in-stone theories.

In Europe, he had been harassed by Hitler, had fled from Germany to Holland and then to Norway, and finally to the United States. Even in our own enlightened and freedom loving county, he was constantly under attack.

Here, curiously, his enemy was the Food and Drug Administration (FDA), which hounded him unmercifully. Reich had discovered

something that he called "orgone energy". Today, many scientists call this same orgone by another name—life energy—and under this nomenclature it has had more public acceptance. Reich found that life energy—orgone—was different from other forms of known energy, though it showed many of the characteristics of electrical energy. It was possible to concentrate it in something that Reich called an "orgone accumulator" and persons exposing themselves to these concentrated doses of orgone were found to heal faster of whatever ailed them than they might reasonably be expected to have healed without the exposure. An orgone accumulator was nothing more than a box shaped like a telephone booth in which a patient could sit for ten to thirty minutes. Anyone could build one at home. It consisted of an external layer of organic material (generally Celotex) surrounding an internal layer of non-organic material (generally galvanized metal). They could also be made with a number of layers of organic material (rockwool) and then inorganics material (steel wool) up to ten such double layers.

Reich invited physicians and scientists from all over the world to conduct experiments with interested patients and to keep careful records of their results. He freely offered blueprints of the box, and he consulted often with those who used them. Finally, because the requests for boxes became so numerous from patients who didn't have enough carpentry skills to make their own, he employed a carpenter to make some to rent to patients. He

never profited on these, however, nor offered them for sale. And he insisted that those who used them keep careful records. It began to look as if orgone energy was a wonderful catalyst for the body's healing energy to accelerate its own healing capacity.

But the FDA was worried. This was not something they could control. Orgone energy, if indeed there was such a thing, was not injected or imbibed or brewed or put into bottles to be sold over a druggist's counters. It was not even something that hooked up to an electrical outlet. How could they "get" a man like that—a man who made claims that people healed faster, and even cancer, if detected early enough, might be halted in its growth when exposed to orgone energy.

Reich was obviously on his way to trouble.

In the course of his experiments with orgone—healing energy—Reich also discovered something else; he called it DOR and said it was one of the most destructive energies on earth at that time. This discovery came about when he exposed one gram of radium to concentrated orgone. At once the Geiger counter went wild—in other words, it moved out of range of measurability. Personnel in Reich's laboratory became violently ill, as did many people for miles around in the countryside. Reich immediately reported the effect of this explosive discovery to the departments of health, both local and national, and also to the Department of Defense, since it appeared that DOR was a violently destructive force. He received no meaningful responses and no medical help or investigation. He and his

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coworkers, on their own, transported the gram of radium, which had proven so destructive, to an isolated spot far removed from homes or villages and buried it deep in the earth. Then they dismantled the orgone boxes in the laboratory, and eventually they had to destroy even the car in which the radium had been transported, since anyone who rode in it thereafter became ill.

Shortly following these experiments, an international congress of physicians, psychiatrists, and educators was held at Reich's laboratory in Ranglely, Maine. Reich insisted on housing our little family in his own personal cabin on a lake several miles away from the laboratory so that our young children would not be exposed to the effects of DOR. And, as a preventative health measure for everyone, he insisted that all attendees at the conference bathe twice daily in Ranglely lake. Also, all seminars at the laboratory were held with windows wide open. Even so, some attendees became ill. Our children remained well but both Tajar and I suffered throughout the seminar with lassitude and nausea. At the end of it, Reich advised us to drive to the ocean and bathe in the sea. Within hours we once again were restored to our usual health. Surely DOR was no hoax, even if the FDA insisted that orgone energy must be.

In spite of illness and DOR, I consider myself to be blessed that I was privileged to be present that remarkable summer, for it was then that Reich was first able to demonstrate the isolation of pure orgone in a vacuum tube.

Its physical appearance was that of a pulsing electric blue, a concentrated cloud-like substance. This was no mirage. All of us had seen it with our own eyes.

It was also at that conference that our youngest daughter, April, was conceived. We never knew whether she had had her beginning in in Reich's cabin or on Mt Desert Island beside the sea where we healed from DOR after the conference. At any rate, her presence in our lives has been a continuous blessing.

Reich, who could often become a roaring lion with adults, was invariable tender and gentle with children. Rather than imposing his will upon theirs, he considered them his true teachers. While he was an impatient man in general, he was endlessly patient with the young.

But he ferocious with curiosity seekers who trespassed upon his private property. I remember an episode in which a supposed transgressing visitor wandered down the trail to his house beside the lake where we were eating dinner and Reich raced to the door with a gun in his hand, shooting it into the air to frighten off the luckless visitor, who, it turned out, was an old friend who later gave Reich a piece of mind about such summary treatment.

But Reich remained avid in his aversion to trespassers. He had been hounded to death by curiosity seekers and bureaucrats and those who came to sneer at or spy upon his experiments. By the summer of 1949, he was ready to frighten the boots off anyone who came unannounced or uninvited onto his land or near

his laboratory.

On the other hand, his small son, Peter, along with Neil's little daughter Zoe, and Dr. Wolfe's little girl, Erica, and our own Wendy, played happily hour-after-hour while Reich smiled benignly, pointing out to us—their parents—the marvel of their existence and their positive outreach to life. This was Reich at his best.

But the pressures on Reich increased as his fame grew. The FDA intensified their program until the day came when Reich was ordered to destroy all his orgone accumulators and all his published material relevant to orgone. Libraries were ordered to burn his books. This was indeed one of the most unenviable periods in all of US history of publishing. William Steig, the great cartoonist and an erstwhile patient of Reich's, offered to raise one hundred thousand dollars (then an impressive sum) for the defense of Reich and his work. One of the create civil liberties lawyers of the day was willing to take Reich's case. But Reich was a scientist who thought that his work should not be presented in a court of law but in a laboratory. He felt that his detractors should observe what went on there, first, before asking him to defend his work in a courtroom. As tension grew, Reich took to alcohol and occasionally in a drunken rage became so terrifying to his family that Ilse finally gathered up Peter and fled to our home in Massachusetts. She and Peter lived with us there, for the next several years.

Reich visited them from time-to-time; sometimes he was his old exuberant adventurous self—always into exciting research projects, some of which seemed bizarre and yet others yielded mind-boggling

positive results. One of his colleagues described him as a powerful stallion, raring to go yet tied to an unyielding concrete post. The early fifties were not a time for a man like Reich.

Eventually, he and Ilse parted company, and Reich became involved with another woman. Except for the legal hassles that sometimes involved Ilse's presence, or on the rare occasions when he dropped by to see Peter, Reich, Tajar and I no longer enjoyed the close and warm exchange of good feeling that once was ours. This saddened us immeasurably.

And the pressures grew. Reich was finally required to defend himself and his orgone in the court of law in Maine. Stubborn man that he was, he refused to discuss his work anywhere except in his own laboratory and then only with those scientists who had taken the trouble to become knowledgeable about it. And so he refused the summons. "Contempt of Court" it was called and the police were sent to bring him bodily to the courtroom—manacled between his captors. Unyielding to the last, he felt that he needed no defense except what he, himself, could give. Refusing legal counsel, he insisted that he could be his own best lawyer. The net result of his trial was a term in prison. Eight months later he died of a heart attack there on the very eve of the termination of his sentence.

Reich had always said that he would join the company of martyrs in mankind's evolution. He told me once that all persons who discovered any new principle were inevitable candidates for martyrdom, and

he quoted an impressive list of the greats of this earth who had, indeed, paid their lives for their discoveries. "Inventors can live and thrive and stand on the shoulders of discoverers," he said. "But, whoever discovers a basic new idea is doomed to death."

His book, *Murder of Christ*, was his expression of this conviction. He began to prepare Peter when he was quite young to accept the idea that his daddy might well end up in prison, and that Peter must not conclude that his father was a bad man because of it. Rather, it would mean that his daddy was way ahead of his time and that his unsettling ideas had angered "little men" to the point where they conspired to shut him up.

It cannot be denied that it was indeed a dangerous matter to be a follower or a friend of Reich during those tumultuous days. Our house, for example, was searched by the authorities for the presence of an orgone accumulator. (We had quietly dismantled it at Reich's suggestion long before the FDA investigator arrived at our doorstep.)

We were called fools by our colleagues and only those staunch souls who, like ourselves, believe in the essential soundness of Reich's teachings, sent their children to our boarding school. We were shocked by the book burning judgment, not believing such a thing could happen in free America.

However, personally, I didn't believe Reich had to pay the price he did for his contribution to psychological thought. Part of his suffering, it seemed to me, stemmed from his own

hostile approach to those servants of the law who may have thought they were acting in mankind's best interests, mistaken though they were. Had he been willing to use the skillful services of a wise lawyer, I like to believe that he would have escaped prison. But who can say—Reich may have been right that "little men" cannot tolerate a great new idea. God knows, "little men" today cannot tolerate the idea of world peace.

Some have called Reich paranoid, though if he was, he came by it with reason. The last time I ever saw him, he had come to our house to visit Peter. He refused all food offered him, saying how could anyone know if the food was poisoned (though he had eaten many times before at our table).

And when he opened the trunk of his car to get something for Peter, we saw that he carried a literal arsenal for what he considered his own self-defense. Seeing the shocked expression on my face, he said, "Ranger, if you ever say to Peter that I am suffering from paranoia, I will destroy you."

"Why should I ever do that, my friend," I replied. "I am not a psychiatrist with neat diagnoses of men's behaviors. And to me, you will always be a great teacher and a dear friend."

But, both Tajar and I were left with the disquieting fear that the back of this lion was broken and that what we were witnessing were his roars of protestation and pain. One could call this paranoia, but it felt more to us like the anguish of a great-giver-of-good-things whose gifts had been thrown in his face because they were not understood. As he waved to us

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The G-Spot



Alice Kahn Ladas was born in 1921 and at age 94 she's still an immense, energetic, positive, driving force to reckon with. Pictured here at the USABP 2016 conference in Providence, Rhode Island, Alice was later seen dashing across the main floor of the convention center, pulling her suitcase with the vigor of a 20 year old! Chair of the USABP Research Committee from its inception in 1999 until 2008, Alice still practices somatic psychotherapy and participates in USABP functions.

We, at SPT Magazine, are grateful for Alice's continued support and contributions. And we sincerely thank her for sharing her friend and colleague's memoir with us, so that we were able to share it with you, our readers.

Who is Alice Kahn Ladas?

Alice was the lead author of the 1982 groundbreaking book *The G Spot and Other Recent Discoveries About Human Sexuality*. Co-authored with Beverly Whipple and John D. Perry, this controversial book argued for the existence of the Gräfenberg Spot (Gräfenberg was the first person to write about it in modern medical literature) and popularized the term G-Spot (Alice actually coined the term!). It became an international best seller, appeared on the *New York Times* best seller list, and was translated into 19 languages. Recalling the book's origins (an academic paper), she shares that she had attended a conference with a research paper done with all of the female bioenergetic therapists. Alice presented her paper called "From Freud Through Hite: All Partly Right (And Partly Wrong)" and there's where she met her co-authors.

Alice explains that book is really about sex as one wonderful way of expressing love, but in order to be loving you have to be able to communicate—really, honestly and without fear—with your partner. The book brought the erogenous vaginal area to the forefront and openly discussed the sexual function of the prostate and delved into multiple orgasms and female ejaculation. Continued . . .

BIOENERGETIC ANALYSIS

WELCOME TO THE WEBSITE DEDICATED TO THE THEORY AND PRACTICE OF
IIBA - International Institute for Bioenergetic Analysis

Founded in 1956 by Alexander Lowen

According to Alice, the Freudians felt sex was entirely about the vagina and if you weren't vaginally responsive, you were immature. Then sex research came along, which is why she entitled her paper 'From Freud Through Hite'—Hite said it's all the clitoris; Alice notes that the two things are connected; they're not independent of each other.

Alice shares that at the time, the medical community had dismissed female ejaculation as incontinence. "They used to operate on people for that," she says. "But this mania that everybody has to ejaculate is nonsense—some people do, some people don't."

"The body and the mind are connected," Ladas insists. And that's just the beginning. "To be able to know what you feel and communicate about it, you have to be able to breathe freely, you have to be able to stand your ground—stand on your own two feet—and be flexible," she says. "A lot of the people I see, they don't breathe very much, and one of the reasons is, if you're a little kid and you're not supposed to do something, or you're not supposed to cry or have temper tantrum, how do you stop yourself? You stop breathing, and that becomes chronic [when left] unfixed."

Moving past words and working with individuals, couples and words while standing, sitting and lying down is paramount for Alice, who taught the first Lamaze course in the United States and is also a trailblazer in the areas of breast feeding and educated childbirth.

"I work with breathing, muscle tension and touch when it's appropriate and agreed upon—even though that's a very controversial subject in Santa Fe—but touch is a very basic, human thing," she says. "Sometimes people want to be touched or need to be touched—literally—in order to begin breathing."

She'd later demonstrate this using a breathing stool—an apparatus developed by Alexander Lowen, co-founder of the Bioenergetic Institute, which she jokingly refers to as a "torture rack." "You can call it 'energy psychology', which people think is something very new, but it's really something very old," Ladas says about her technique. "The Chinese worked with it,

acupuncture worked with it, tai chi works with it, kung fu works with it."

"That's really not what it's about. It's about being strong in yourself; being able to stand your ground and being able to use your energy. It's not about chopping anybody up." Bringing somatic psychology to the forefront of Alice's life as well as being a "very big-time grandmother."

Smiling, she insists success in any relationship all comes down to basics. "The problem isn't so much what happens at first, when you get excited because you're really interested in this new person—the so called 'in love'—but the loving part is where it's important," she explains. "The 'in love' is usually, partially a fantasy—'This person is gonna fulfill everything I need' or 'This person is marvelous'—and then you go to the bathroom with them and you discover they're very human."

Far from a silver bullet, not losing interest or inherent curiosity in your partner is a welcome springboard.

"Keeping that interest alive, keeping that sensitivity alive to the other person—whether it's sexual or nonsexual—that is a key," she points out. "I don't have *the* key or *the* answers."

At its core, Ladas insists a healthy sexual relationship depends on communication.

"Everybody wants to be heard and understood, that's part of being loving," she says. "When diplomats don't hear or understand the other side, we go to war. The same thing is true of couples."

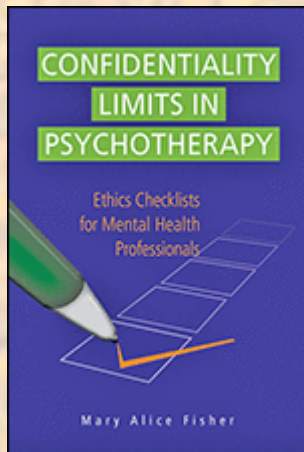
Editor's Note:

This article was excerpted (in part) and used exactly (in part) from an article written by Enrique Limon (02/12/14) for the Sante Fe Reporter. See more at: <http://www.sfreporter.com/santafe/article-8171-g-wiz.html#sthash.n8u6YWmw.dpuf>

Resources

Jacqueline A. Carleton, PhD

and the National Institute for Psychotherapy Interns



Confidentiality Limits in Psychotherapy: Ethics Checklists for Mental Health Professionals

Fisher, M. A. (2016). Washington, DC: American Psychological Association. ISBN: 978-1-4338-2189-9.

Available in spiral-bound and eBook. Spiral-bound. 131 Pages. Includes index.

Reviewed by: Kari Morris, New York University

Confidentiality is a building block for trust that makes therapy functional; a client must be able to trust the therapist will protect his or her information, concerns, and secrets first and foremost. As clinicians, we understand this cannot always be the case. *Confidentiality Limits in Psychotherapy* by Mary Alice Fisher provides a systematic approach to what she calls

'conditional confidentiality' in practice.

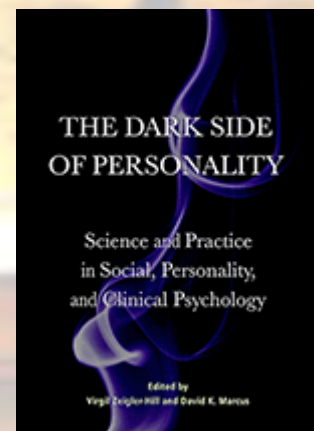
Laying out a simple 6-step process to ethical execution of conditional confidentiality, Fisher gives mental health professionals a structure to approach ethical practice. Primarily, she explains that therapists have obligations to both the client and the law, so therapists should be well versed in both to avoid the tension between them. Fisher emphasizes the need for education about confidentiality, encouraging open dialogue and ensuring mental health professionals understand the importance of confidentiality and informed consent.

This handbook is useful for therapists at all levels of training and experience. Its structure and organization is concise and understandable, and far less ambiguous than other literature in the field regarding limited confidentiality. Fisher paints a picture of the hats a therapist wears in the room, as well as how the therapist's many roles may sometimes create conflict. She provides resources, challenges, and application for her points, which stabilizes her argument supporting ethical practice with confidentiality.

Interestingly, the greatest limitation of this book is the systematic approach itself. While psychology is a science, psychotherapy and confidentiality are not. Knowing the laws, ethics, and following

steps in a book cannot account for every client in every situation. While the detailed checklists in this workbook may help clear the gray areas in certain cases, the psychologist's intuition could be the best tool for confronting limits in confidentiality.

In a concise 131 pages, Fisher provides a resource vital to the counseling community. In addressing a confusing and ambiguous issue in a clear, thoughtful way, Fisher opens up a dialogue on the importance of protecting the client's privacy while simultaneously protecting the therapist's practice. An important takeaway from Fisher is her thesis itself: a clinician must respect the confidentiality rights of a client, even when the client's confidences must be disclosed.



The Dark Side of Personality

Zeigler-Hill, V. & Marcus, D.K. (2016). Washington, DC: American Psychological Association. ISBN: 978-1-4338-2187-5.

Available in hardcover and eBook.

Hardcover. 389 Pages. Includes index.

Reviewed by: Kari Morris, New York University

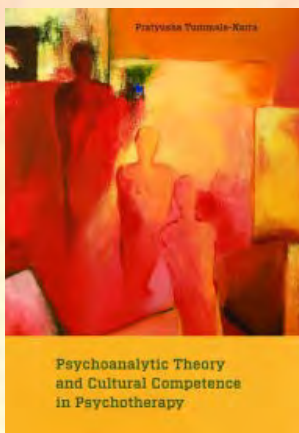
A detailed, thorough, and thought provoking volume, *The Dark Side of Personality* clinically evaluates and expands upon what may be defined as 'dark', or socially maladaptive, personality traits. This volume addresses the popularity of the 'Dark Triad' personality traits; narcissism, psychopathy, and Machiavellianism, and includes other traits that could also be included in the realm of 'dark'.

The Dark Side of Personality uses the dark triad of personality traits as a building block to discuss a wide array of socially maladaptive traits. Divided into five main sections, the 'Big Five' personality dimensions, the authors discuss antagonism, disinhibition, rigidity, and negative affectivity. Under each section, several subcategories are addressed in individual chapters and are broken down further. The book closes by discussing future directions, gaps in the research, and highlights a need to address future issues.

Challenging all-or-nothing descriptions of personality traits, *The Dark Side of Personality* actually frames many 'dark' traits in a well-rounded light. For instance, while overconfidence may encourage groupthink and deter learning, it may also build self-efficacy and determination. However, the authors do note that many of these traits have short term benefits and long term consequences.

Since authors from several different institutions and disciplines collaborated on this work, there are dozens of perspectives offered in this text, allowing readers to think critically and consider personality from several lenses. Also unique to this book, authors discuss personality traits that may be considered more 'normal' than the Dark Triad in the context of dark traits. Conversely, authors also outline the Dark Triad with potential positive outcomes.

In sum, *the Dark Side of Personality* re-conceptualizes what psychologists may define as 'dark' personality traits by adding context, research, and multidisciplinary evaluation into this volume. The book also highlights voids in the literature that researchers could address in the future. However, the book addresses up front that this volume is not comprehensive or conclusive; more research is required in the field of dark personality and personality psychology.



Psychoanalytic Theory and Cultural Competence in Psychotherapy

Tummala-Narra, P. (2016). Washington, DC: American Psychological Association. ISBN: 978-1-4338-2154-7.

Available in hardcover and eBook.

Hardcover. 301 Pages. Includes index.

Reviewed by: Kari Morris, New York University

According to Pratyusha Tummala-Narra, Sigmund Freud's psychoanalytic theories lack the cultural awareness that shapes peoples' lives and experiences. Although psychoanalysis is traditionally focused on the unconscious, transference, and countertransference, it severely neglects the cultural context in which a person operates. A record of shortcomings and a call to arms, Pratyusha Tummala-Narra records her history as an Indian-American psychotherapist, the ways in which culture influences therapy, and a fresh take on psychoanalytic framework in light of culture.

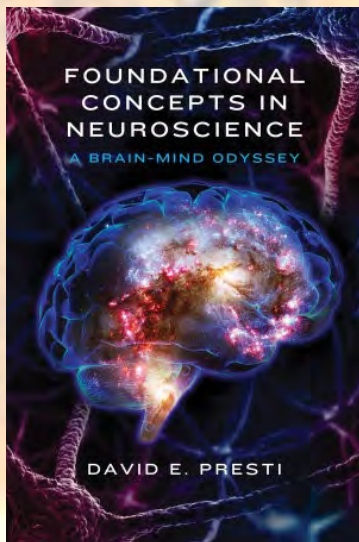
In the opening chapters, the author discusses the historical background of psychoanalysis and how it has integrated itself into American society. She addresses the traditional lack of cultural awareness and the slowly changing perspectives. In the following several chapters, Tummala-Narra richly evaluates culturally-aware psychological frameworks using five core practices: attending to indigenous narrative; considering the role of language and affect; addressing social oppression and traumatic stress; recognizing the complexity of cultural identifications; and expanding self-examination. Closing with implications and challenges to psychoanalysis, Tummala-Narra comes full circle to her goal of informing the psychological profession.

This book not only illustrates a need for cultural competence in counseling, but it also demonstrates a tremendous awareness of culture in itself.

Continued on page 92

Tummala-Narra brilliantly introduces the book by giving readers the cultural context in which she wrote it. She makes her point clear that her perspective is not exhaustive and each reader must develop his/her own competency for other cultures and that individual experiences are unique and important to explore without assumptions.

In a therapeutic context, the influence of culture cannot be understated. Suitable for professionals and students alike, this psychoanalytic text is well written, thought provoking, and addresses a dire need in psychology to raise cultural awareness. Tummala-Narra establishes the need for education and fills the void with a framework of solutions. Her illustrations are telling, and solidify therapeutic implications of culturally informed therapy. Culture is not one-dimensional, and neither are clients. In order to be better therapists, clinicians, and psychologists, viewing psychoanalysis through a cultural lens is a step in the right direction.



Foundational Concepts in Neuroscience

Presti, D. (2016). New York, NY: WW Norton & Company. ISBN 978-0-393-70960-5

Available in hardcover and eBook.

Hardcover. 320 pages. References and Index.

Reviewed by Janay Anderson, Columbia University.

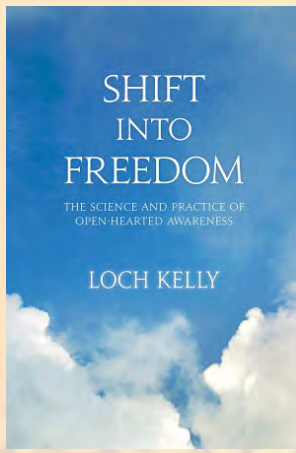
David E. Presti's textbook entitled *Foundational Concepts in Neuroscience: A Brain-Mind Odyssey* explores the often-mysterious human brain. Presti's approach to explaining these crucial topics is not exactly textbook-like. Instead, he adds his own voice, which creates an engaging format. At the end of each chapter, he adds a witty haiku describing topics as technical as neuronal signaling that adds a sense of whimsy to what could be a dry assembly of facts. Not only does he use haikus, he also tries out a Shakespearean sonnet to explain GPCR, protein receptors that are important for cellular regulation. He considers the mechanisms of GPCRs a sort of "poetic molecular beauty" (72), which describes his reaction to the entire field of neuroscience.

This book is easy to read even with the density of the material. It's included in the Norton Professional Book series making it useful to clinicians who don't want to be weighed down by all of the details of neuroscience research written in a meaningless, pedantic style. Nevertheless, the book needs more charts that could organize the details in a more visually pleasing way rather than blocks of text. In addition, the overall layout for his book follows the simple-to-

complex systems framework but after he writes about neuron excitability, the rationale for some of the chapters is not so clear. He has a chapter on sensory perception, but then *five* separate chapters on each of the senses. These chapters appear a bit excessive for clinicians.

Unlike other neurobiology textbooks, there is a sense of social responsibility layered into his explanation of the material. He argues for greater attention to early childhood education because "a society that truly appreciates the importance of brain plasticity during the early years of life would place a very high priority on optimizing early learning. Elementary school teachers would be among the most valued members of society, and paid accordingly" (124).

Finally, he concludes by showing how future developments in neuroscience should be integrated with philosophy, psychoanalysis, and psychology research in order to make breakthroughs. Our society might be able to enter a new frontier such that "developments in the scientific exploration of mind will eventually be truly revolutionary, somehow eclipsing all prior scientific achievements in impact" (263). Presti creates a sense of wonder and hope for the future of neuroscience and it is contagious throughout the book. It's well worth the read.



Shift into Freedom - The Science and Practice of Open-hearted Awareness

Kelly, L. (2015). Boulder, Colorado: Sounds True Publishing. ISBN 9-781622-033508

Available in paperback and eBook

Paperback. 277 pages. References and Index.

Reviewed by Janay Anderson, Columbia University

Shift into Freedom by Loch Kelly is a great primer on mindfulness. Surprisingly, he doesn't rely on the cache of overused words like meditation, mindfulness, or awakening to legitimize his approach. While the western world often uses words like awareness and attention interchangeably, he defines attention as using the mind to focus, while awareness is a heart-centered way to experience life. He first works with *how* we speak about being aware; usually someone is aware of something where awareness acts as the interceding action between the subject and the object. However, he makes a nuanced correction to this by saying "awake awareness is not the medium *between* you and an object; it is the foundation of

who you are and how you know" (49). He tries to usher us into experiencing life from awareness and Being rather than effortful attention and Ego.

What are the intended results of reading a book on openhearted living? He writes, "The goal is not to transcend being human" (23). Awareness can be woven into everyday life and can be glimpsed every day. He presents the five levels of mind that we can move through as we concurrently move through levels of awareness: everyday mind, subtle mind, awake-aware mind, simultaneous mind, and heart mind. While these five levels of mind are overwhelming to consider together, he integrates the levels of mind with the glimpses he includes at the end of each chapter to show a clear correlation between the exercises and what level of mind we are entering. The overall goal is to enter into heart mind and engage with the world from that level of awareness.

The material is sometimes unclear because the meaning can only be gleaned from experience: "intellectually understanding awakening is like having a strand of Christmas lights; directly experiencing awakening is like plugging them in" (22). This underscores the problem of a *book* on awakening, that the act of reading engages the thinking mind, which makes it hard to access an awakened understanding. He even writes that the first step to awake-awareness is unhooking awareness from thought. Nevertheless, maybe the obscure way he writes about how awareness moves is the way to write about a topic that can't be understood with language alone. This book should be digested word-for-word and used alongside a daily practice of awareness. It is a practical tool for

experiencing life from a more wholehearted place.



Unforbidden Pleasures

Phillips, A. (2015). London, England: Penguin Randomhouse. ISBN 978-0-241-14579-1

Available in hardcover & eBook

Hardcover. 208 pages. References and Index.

Reviewed by Janay Anderson, Columbia University

Adam Phillips' recent book *Unforbidden Pleasures* is a journey through multiple disciplines besides psychoanalysis, his profession, in order to answer the question, "*Why do we desire the things that we desire, especially when they are forbidden to us?*"

His audience remains quite unclear throughout the book, but since he uses a multitude of sources coming from disciplines ranging from metaphysics to theater to religion, he can grab any well-educated person. His central argument is that our societies are filled with rules that "seem to be made to be breakable" (125). *Continued on page 94*

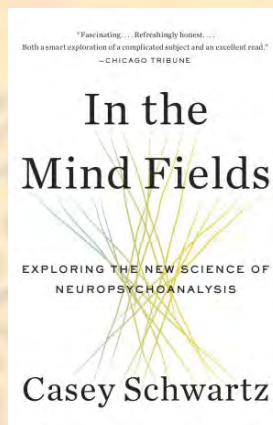
As a result, we have begun to mix the excitement of their restrictiveness into our perceived happiness after breaking the rules. Yet, it is possible to imagine that unforbidden pleasures may actually bring us more pleasure than the forbidden ones because "the unforbidden gives no orders" (160).

Phillips makes an illuminating argument that pertains directly to the field of psychotherapy. He criticizes psychoanalysis for focusing too much on forbidden desires in therapy. It's a similar line of reasoning as in contemporary medicine, whether to focus on a model of disease or of health to lead to better health outcomes. Psychoanalysis is in the business of dissecting and even creating a greater number of desires that are forbidden sometimes by distorting the "unforbidden" pleasures.

But does unforbidden pleasure even exist? Finally, he lays down a clear definition of what an unforbidden pleasure is: "many pleasures of the childhood are unforbidden" such as affection, friendship, immersive play, and imagination (148). The modern day obsession with the concept of flow and present moment consciousness might also be things to add onto the short list of unforbidden pleasures.

What is detrimental about this text is how packed it is with quotes and references. At times, it is hard to really elicit Adam Phillips' own argument and to tease out the glue that holds all of these disparate disciplines, authors, and ideas together. Terms like "Emersonian Perfectionism" (187) and

"antinomian thought" (124) are specialized ideas that he volleys back and forth in his text. However, Phillips created the word *unforbidden* to make it clear that pleasure doesn't have to be synonymous with forbidden. Thus, he is on a new frontier and might need to sit at the nexus of multiple disciplines to ground "unforbidden" pleasure in reality.



***In the Mind Fields:
Exploring the New Science
of Neuropsychology***

Schwartz, C. (2015). New York, New York: Pantheon Books. ISBN 978-0307911520

Available in paperback and eBook

Hardcover. 240 pages.

**Reviewed by Janay
Anderson, Columbia
University**

Casey Schwartz's memoir, *In the Mind Fields*, explores the intersection of neuroscience and psychoanalysis through her own untrained yet curious eyes. The first part of her three-part memoir shows her in a two-year master's program in

both neuroscience and psychoanalysis. She does not become a credentialed psychiatric worker, and instead writes about neuroscience research and psychoanalysis conferences for news publications.

The tension between neuroscientists and psychoanalysts is artificial in some ways. Neuroscience is supposed to be rational and objective while psychoanalysis is subjective and speculative. In terms of the values of modern societies, rationality and objectivity are highly revered, which leaves psychoanalysis as "a field under siege [while] neuroscience is the golden child" (viii). Schwartz presents a third discipline called neuropsychology to find common ground between the two. Mark Solms is pioneering the new field of neuropsychology on the theory that "there can't be a mind for neuroscience and a mind for psychoanalysis. There's only one human mind" (48). He believes that psychoanalysis can actually work with clients who have brain damage and can result in real organic change in their symptoms and behaviors.

A particular strength of Schwartz's writing style is that she creates vivid characters for the pioneers of neuroscience and psychoanalysis she follows as if they were major characters in a novel. Mark Solms has a British and South African accent; Hobson's voice is angry and direct; Silvers "voice was just as I remembered: raspy, witty, full of life, of aliveness" (149).

Continued on page 95

However, this memoir was problematic in a few major ways. Schwartz falls into hero worship quite often when it comes to these men that she followed for years. Except for the villainous portrayal of Hobson, she idealizes these white men and their work. She argues for Freud and against his female competitor Melanie Klein by calling most of her work highly speculative while calling Freud's ideas hypotheses, casting them with some scientific hue. She also doesn't provide any insights into Anna Freud's contribution to the field even though she studied at the Anna Freud Centre for a full year. She doesn't focus on a single female pioneer in this new field, which creates a hetero-masculine lens on a field with great diversity.



Embodied Relating.

Totton, N. (2015). London, England: Karnac Books.

ISBN 978-1-7822029-3-6

Available in paperback & eBook.

Paperback. 243 pages.
References and Index.

Reviewed by Janay Anderson, Columbia University

Nick Totton's book *Embodied Relating* is quite a radical study of the importance of body psychotherapy. He argues that verbal psychotherapy has taken center stage for far too long in the practice of psychotherapy. What makes this book unique is his use of a more personal approach. He allows himself to react in an organic way almost mirroring the embodied relating approach he supports throughout the book. As a result, the book is not too technical and detached.

There are some sections of the book that are exemplary in how clearly they demystify the embodied relating technique and why it would lead to greater healing in the therapy room. This book is useful to a general readership because from the introduction Totton makes the claim that embodied relating is an everyday technique since "all relationship is initially between bodies" (xvii). He then gets more specific and shows its utility for verbal psychotherapists as he notes that sometimes "whatever is happening on an embodied level simply cannot be verbalized" (xx).

While Totton makes the distinction between verbal and body-centered psychotherapy, he does not believe in one extreme form of therapy over another. Nevertheless, in the introduction he utilizes politically charged language against the "establishment" or verbal psychotherapy. He writes that the "domestication of the psychotherapist" has

been the result of mere verbal exchange between psychotherapist and client. That institutionalized gap between individuals is what extends the length of therapy unnecessarily. He offers embodied relating as the solution to this domestication.

In addition, Totton proposes that a psychotherapist should consider opening up about his/her own traumatized state and create rapport with a client suffering from trauma. His overall aim is to show "how practitioners who are interested...can apply [Embodied Relational Therapy] to their work without going far outside their comfort zone, or getting into difficulties with their peers or their training organization." It still remains unclear what professional boundaries should exist. The final chapter is too grandiose in its aims to really address the more practical concerns that therapists who are willing to play along might have.

Hamilton continued from page 87

for the last time—to Peter and Ilse, to Tajar and me—we were heartbroken.

Was Reich right that every new idea has a provocation to kill its author? Did a powerful segment of society suffer from emotional plague? And could that same segment not only destroy human progress but reverse the development of mankind so that men not only killed other men but destroyed the earth itself?

Certainly, whenever I have been out on the cutting edge of an idea that has proven right and reasonable and sane, eventually I have met with inexplicable resistance that sometimes has taken violent form. For example, when I wrote *Sex Before Marriage: Guidance for Young Adults Ages 16-20*, I not only received anonymous threatening telephone calls in which the callers informed me that New Englanders knew how to deal with its witches, but I was also threatened with the burning of my house and warned that I would be tied to a pole and dunked in our pond to determine, as the witch hunter did of yore, my innocence or guilt before God. I have also been visited by religious fanatics who came to “save my soul.” I have received dozens of letters imploring me to turn to God, as well as letters asking me to write to libraries requesting that they put my books under lock and key so that children would not be contaminated by them.

The other hopeful side of the coin is that I have also had thousands of letters expressing appreciation for the ideas I expressed in my books, the gems of which I owe to Reich. Back in 1969, 1 out of every 4 letters I received was damning. By 1982, only 1 in 20 twenty was negative. In fact, the American Library Association paid me the highest compliment in listing my book, *Sex with Love: A Guide for Teenagers*, among the best 40 books of the year for young readers. And after appearing on television shows such as *The Today Show* and *Woman to Woman*, as well as being the guest of hosts like Phil Donahue and Merv Griffen and many others, did my ideas receive overwhelmingly more positive responses than negative ones.

Does this mean there is a growing body of person’s unafraid of the “little men” of whom Reich spoke? And if so, will they develop the strength to oppose those who would deprive us of our right to deep happiness? Or will these “little men” blow up the earth before mankind as a whole can know the full joy of human ecstasy?

I wonder!

Certainly, whenever I have been out on the cutting edge of an idea that has proven right and reasonable and sane eventually I have met with inexplicable resistance that sometimes has taken violent form.

Eleanor “Ranger” Hamilton, Ph. D., (1909-2008) was a psychologist, family therapist, sex therapist (and advocate for sex education), an author and columnist. She pioneered the field of sex therapy in the 1930’s. Her numerous books and magazine articles revolutionized bedrooms throughout the US in the 1950’s. Eleanor offered a broad understanding of the 1960’s “total movement” that altered perspectives about roles, gender and personal responsibility for the remainder of the century.



Eliashar and Shahar continued from page 46

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Serebrenick-Hai continued from page 65

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15th European Congress of Body Psychotherapy
The Embodied Self in a dis-Embodied Society
13 - 16 October 2016
Athens-Greece

EABP EUROPEAN ASSOCIATION FOR BODY-PSYCHOTHERAPY

ΠΕΣΩΨ ΠΑΝΕΛΛΗΝΙΑ ΕΝΩΣΗ ΣΩΜΑΤΙΚΗΣ ΨΥΧΟΘΕΡΑΠΕΙΑΣ

Science & Research Committee SYMPOSIUM

Saturday 15th October, 9:00 – 13:00



In our clinical practice we discover more than once, that we are dealing with uncertainty. We often creatively identify new solutions and wonder if they can be fully understood and generalized.

Research can help us to ask important questions in a way that we can learn about complex systems. There is however a lively debate as to how we can best approach research from a perspective of Body Psychotherapy and how this compares with research conducted in other psychotherapy modalities.

This symposium combines the expertise of practitioner-based research, empirical research, case studies and a reflection on research methods.

The main theme of the symposium will be '**Thinking outside the box**', the main subject will be '**Embodiment**', and the main focus will be asking questions such as '**how does research inform our clinical practice and vice versa**'.

Steinberg continued from page 34

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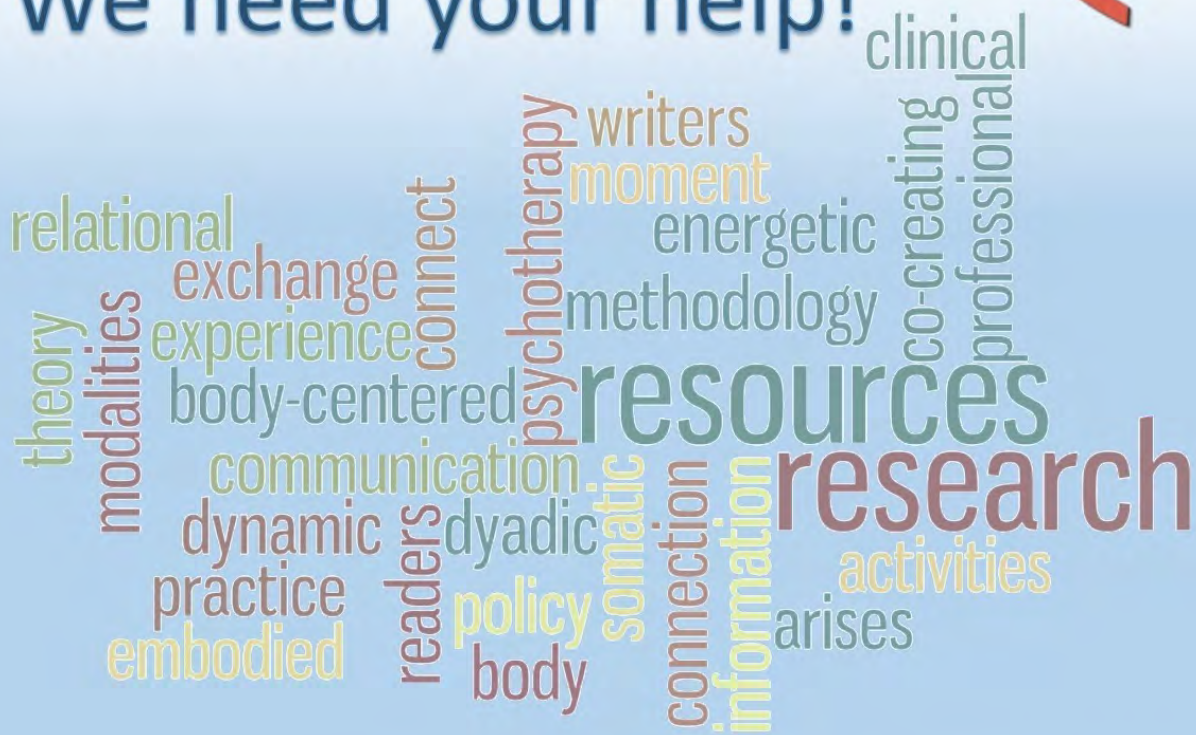


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Or, possibly, a chapter for an edited book, on a particular theme, possibly like one of the series being published by **Body Psychotherapy Publications (BPP)**: www.bodypsychotherapypublications.com.

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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,

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