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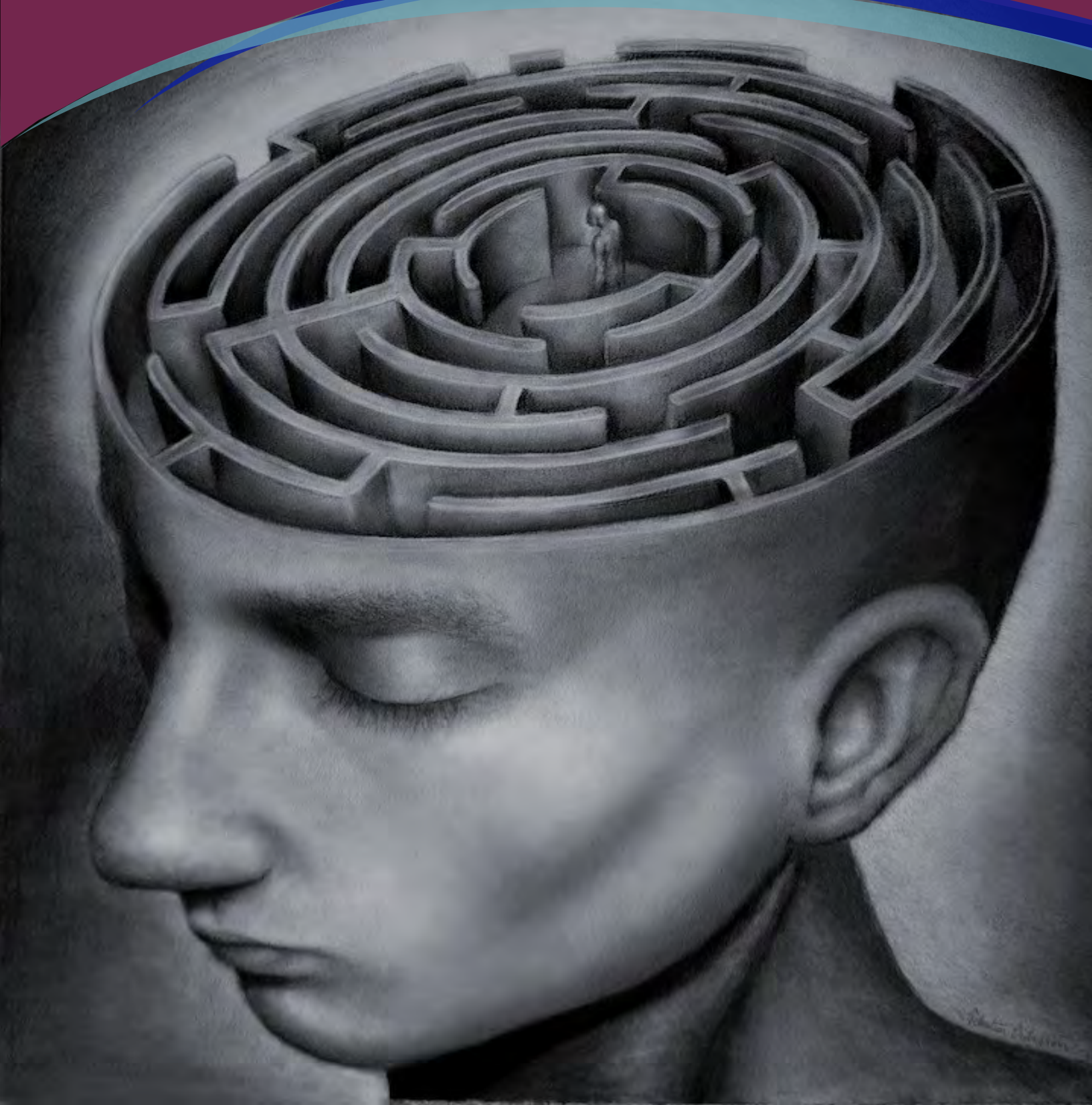
Winter 2018

Somatic Psychotherapy Today



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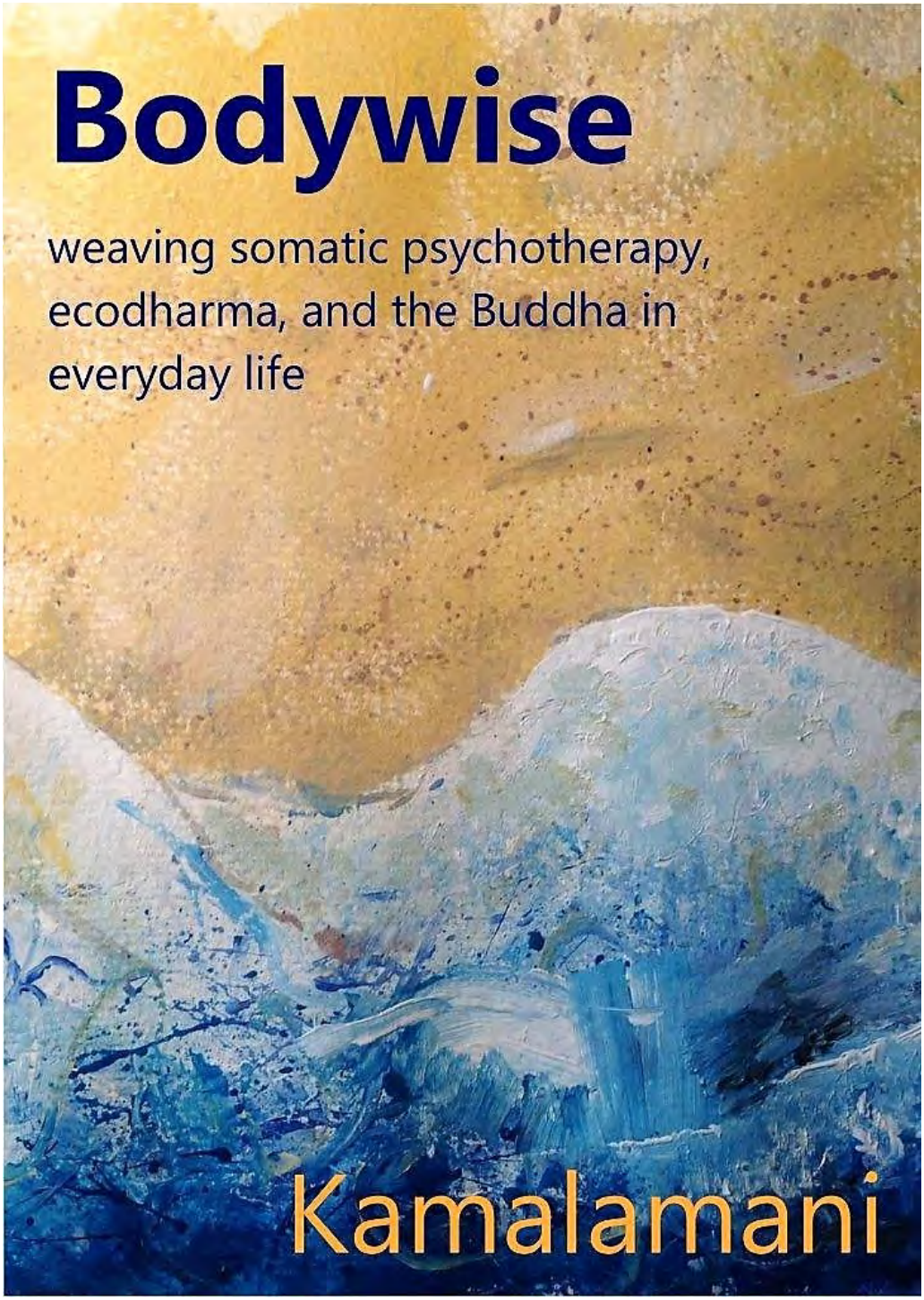
Each issue of *Somatic Psychotherapy Today* takes hundreds of hours of time, thought, resources and love. If you find any joy and stimulation here, any educational merit, any clinical application, please consider becoming a member of the SPT community and support our publication with a recurring monthly contribution. You can also become a one-time paying patron or sponsor with a single donation. All contributions must be in U. S. dollars. We welcome individual members as well as organizations wanting to pledge a higher level of support in return for space on our website and on our Facebook page.

For information and to contribute please visit our website: www.SomaticPsychotherapyToday.com or contact our Editor-in-Chief, Nancy Eichhorn, PhD at Nancy@SomaticPsychotherapyToday.com



Kamalamani's initial 2012 column introduced our readers to an intimate look at a Buddhist perspective in body psychotherapy. We were invited into an awareness of all sentient life and living processes; her writings encouraged personal reflection and professional consideration. We've been pleased to share her writings and to review her books.

Her newest book, soon to be released, comes from a place of gratitude and graciousness. Kamalamani offered to create an ebook of all her columns and to donate proceeds to *Somatic Psychotherapy Today*, to help defray the costs associated with an independently run international magazine. **It's generous gifts like Kamalamani's and others who donate to SPT that we continue to exist.**

Sex, Power & Shadow: A Virtual Online Conference

With Serge Prengel

With the recent spate of accusations of sexual harassment, we thought it useful for us, as therapists, to explore issues of sex, power, and abuse. We are having a (free) virtual conference on these issues. It is not a one-time thing; it is a series of podcast conversations unfolding over time.

When we deal with issues of sexuality, power and abuse, we do so in the course of working with individuals or maybe small groups. Now, all of this is taking place in the collective consciousness. Coming from the shadows.

When we use the words "sex" or "power", we think we know what we are talking about. But when we talk about their shadow, what do we mean by that?

The word shadow implies "transgression", literally being in the "dark side". And this dimension of sex and power, the dark side of it, definitely belongs in this exploration. But there's another reason "shadow" belongs in this discussion.

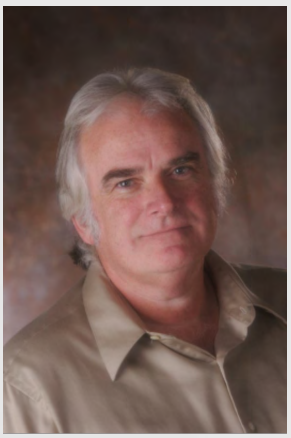
We are in a different mode when we explore territory that is in the full light of day than we when we tread in darkness, or even in the twilight. When we are not in the full light of day, we are

less likely to assume that we exactly know where we are, or where we are going. And so, we are more likely to pay attention to shades of gray.

Much of human experience, especially in the relational realm, has an implicit quality that can often not be reduced to explicit description, at least not without considerable impoverishment. As we approach this process of exploration as an exploration of the shadowy area that is the implicit, we get more prepared to pay attention to what is not fully explicit.

As somatic-oriented psychotherapists, we have developed skills to not just rely on what can be put into nice, clear, logical words—we want to make use of these skills in the course of this exploration.

The virtual conference has already started with conversations with Barnaby Barratt and Rae Johnson.



See: http://relationalimplicit.com/sex-power-shadow/

We hope that you will enjoy the exchanges in these conversations. Most of all, we hope that you will be stimulated to discuss this with colleagues and maybe share some of your insights with the community. You will find several options to do so at: http://relationalimplicit.com/sex-power-shadow/

Somatic Psychotherapy Today

Our Feature Reviews and Stories

Volunteer Magazine Staff

Nancy Eichhorn	*Editor, Layout Design*
Diana Houghton Whiting	*Cover Design*

From Our Editor

Addiction is rampant. Drugs, alcohol, sex, gambling, shopping, food, social media, digital games, movies, whatever the 'substance' the effect is the same—numb out, dissociate, flee from the perception of pain (be it physical, psychological, emotional, spiritual). The number of people who are considered addicts has reached pandemic proportions—no one place, no one race, no one culture is free of this infectious disease.

But, is it a disease as many associations responsible for intervention state? Or is it a reflection of our inability to self and/or mutually regulate our affective state? Are these behaviors, labeled as addiction or addictive, are these monikers—addict, addicted— accurate? Or, do labels simply shadow deeper manifestations motivating people to reach for something to quell their emotional fluctuations, to smooth the ups and downs in their bodily being?

These questions and more are considered in our Winter issue. Our contributors share their thoughts on addiction, on behavioral patterns that become 'stuck', automated, reactionary in the face of overwhelm and affective arousal. Possible physiological causes are considered—think trauma and all that comes with that terminology—and potential interventions are pondered.

We invite you to read our articles and to respond to our authors. We write from our place of experience and curiosity, and we write to engage others in a conversation. Each author offers an email address at the end of the article, and we have a general email option: Nancy@SomaticPsychotherapyToday.com where you can share your thoughts and we'll pass them on to the authors and to our readers.

And if you find something of value in our Winter issue and you want to read more, please consider a donation via our website to keep us going strong into the new year.

We're grateful for your readership and look forward to providing quality articles and reviews, personal and poignant author reflections, and more on our website: www.SomaticPsychotherapyToday.com

Warmly,

Nancy Eichhorn, PhD

Nancy@SomaticPsychotherapyToday.com

From Our Awesome Cover Designer

Hello All,

Addiction can take innumerable forms and have its origins from countless sources. It is a complex issue that we as a society have had a hard time finding the right way to work with its varied parameters. I hope you receive a little more clarity from the contributors to this issue. With gratitude we feature Sebastian Eriksson (Sebmaestro) for his piece entitled *Lost in Thought* for our cover. You can find his work here: https://sebmaestro.deviantart.com. Warmly, Diana Houghton Whiting, MA

Dear Somatic Psychotherapy Today:

It is with great pleasure that I wish you a bright and healthy New Year from all of us here at the United States Association of Body Psychotherapy. Like many of you, we are in so many ways happy to put what was a challenging and difficult year to rest here in our country, with hopes that we might create an even better world for us all in 2018 through our commitment to advancing our field. With that in mind we want to take a moment to invite you, if you have not already, to please renew your membership for the 2018 year, as it is going to be extraordinary!

We are in the midst of planning our Fall conference with Pacifica Graduate institute. We had hoped to announce those dates as November 9th –11th but with much of their staff out of the office due to the tragic mud slides in January, we were unable to confirm those dates at the time of publication. We will be sure to inform our members the moment we confirm those dates, so we invite you to stay tuned both on our Facebook page, and to our newsletter. Conference topics this year will range from evidence-based research in the field of somatic psychotherapy, to embodied social justice themes, and more! We also hope to feature journal discussions from our journal, the *International Body Psychotherapy Journal* that we publish jointly with our sister association, the European Association of Body Psychotherapy. We will also be promoting your research interests further in 2018 in our new research blog at USABP.org.

The first quarter of our webinar series is, in some ways, an invitation to the themes of our fall conference. We kicked off the New Year by hosting Dr. Terry Marks Tarlow who discussed her latest book co-authored with Dan Siegel entitled, *Play & Creativity in Psychotherapy*. Terry emphasized her interests in both the body and clinical intuition and how creativity and play help foster the clinical skillset of the therapist. In February we will be hosting a members-only webinar with Dr. Rae Johnson to discuss embodiment and social justice. 'Their' new book, *Embodied Social Justice*, is reviewed in this issue of *Somatic Psychotherapy Today* along with an article where 'they' shared their thoughts on 'their' research and on writing the book. During our webinar, Dr. Johnson will share what 'they' hope 2018 will bring for the body psychotherapy community at large. We are also looking forward to hosting Dr. Allan Schore for a webinar discussion on the role of the body in affect regulation this year!

Our annual newsletter continues to grow, so again if you haven't renewed your membership please do so now! We hope to ensure that this year is one of the most engaging and memorable for all of our membership at USABP. I do hope to "see" you on a webinar or at our conference this year!

All the Best,

Dr. Christopher Walling PsyD, MBA, SEP
President, United States Assoc. of Body Psychotherapy

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USABP

United States Association for Body Psychotherapy

The Hub of Somatic Psychology

www.usabp.org

The United States Association for Body Psychotherapy was founded in 1996 as an umbrella organization for the emerging profession of body psychotherapy. Our dual mission is to advance the field of somatic psychology and to assist our members in getting their work out into the world. Thus we represent not just individual members like you but also various institutional organizations as we advocate for our field on a national stage.

Mission Statement

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.

Join USABP

USABP Goals

1. *Good Health:* To establish the integration of the body, mind, and spirit as essential to health and well being.

2. *Public Awareness:* To increase public awareness of somatic psychology, body psychotherapy and body/mind practices.

3. *Body of Knowledge:* To develop and systematically evaluate the body of knowledge that guides the theory and practice of somatic psychology, body psychotherapy, and body/mind modalities.

4. *Standards:* To develop and promote standards for the application and use of somatic psychology, body psychotherapy and body/mind practices in the public sector.

5. *Access for all persons:* To promote access to quality somatic psychology, body psychotherapy, and body/mind practices for all persons.

6. *The greater health care and education communities:* To be an influential, equal, and collaborative member of the health care and education communities.

7. *A source on issues and information:* To be a source on issues and information related to the field of somatic psychology, body psychotherapy, and body/mind practices.

8. *Professional and personal development of members:* To enhance the professional development and personal growth of members.

9. *Organizational excellence:* To endeavor for organizational excellence.

10. *Professional community:* To encourage, develop, and provide a professional community that is based on enlightened, collaborative, and collegial relationships.

11. *Greater community:* To contribute to the creation of a world in which caring and appreciation of diversity are essential values.

www.usabp.org

I admit that I am powerless over my client's substance abuse addiction

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

My clients lie. Friends, family, colleagues, strangers, themselves, no one is excluded from their liar's club, myself included. As the clinical director of an inpatient detox and rehabilitation center (addressing all forms of substance addiction), I was lied to by my clients so often I started to expect it. However, and this is even more important, I did accept it as a symptom of the disease called addiction.

After five years at the center I realized that dishonesty in general and manipulative behaviors in particular, especially when clients were still struggling with active addiction and frequent relapses, were not embedded in their personality or characteristics. Rather, they resulted from past experiences and how the addict viewed his/her problem and its solution. I believe that accepting such a point of view can help therapists improve their ability to handle their countertransference and enable them to remain compassionate even when confronted with their clients' dishonesty.

"Addiction knows no mercy."

Image retrieved from Pinterest: Thanks to randigfine.com for this post

Dishonesty and manipulative behaviors take on many forms. Therapists often discover that their clients have never really stopped using drugs/alcohol. If therapy occurs in an agency with mandatory screening for drug/alcohol abuse, addicts find various creative ways to forge the results. For example, some of my clients explained to me that while supposedly seeking help at outpatient clinics they were actually calculating the day and exact point in time that they needed to stop drinking in order to pass those screening tests. Drug addicts introduced me to various ways in which urine screening tests can also be forged.

One may assume that there must be less chance for dishonesty when treatment is held at an inpatient facility, which is initially an alcohol and drug free environment. While this is true to some extent, the magnitude of the false pretense that addicts are willing to live through is surprising. In the detox and rehab facility where I worked clients were only able to leave the facility for the weekend after three months of extensive therapy. Very often, the choices they made during their weekend away (if they ever returned…) were the only indicator of their sincerity during those three months in which they nodded their heads in agreement during group therapy.

Although clients usually managed to refrain from the use of alcohol or drugs, more often than not they still indulged themselves in behaviors such as gambling, partying with friends who used drugs or alcohol, communicating with people with which they had abusive relationships, etc. These kinds of choices clearly indicated they were not taking the information given to them at the rehab seriously. Their chances to "stay clean and sober" in the long run were practically non-existent.

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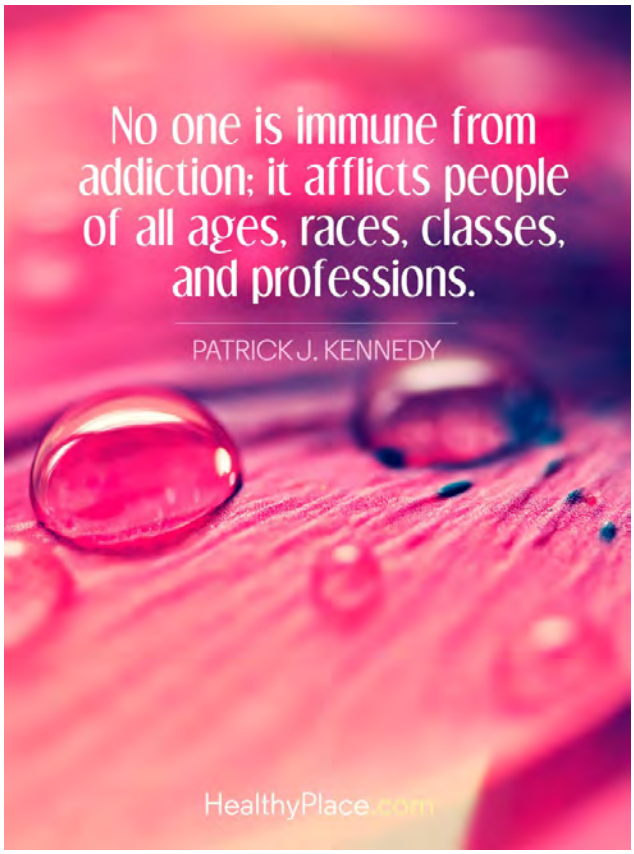

Image retrieved from https://www.healthyplace.com/addictions/

Dishonesty can take other forms, too. I will never forget an incident in which one of my nicest clients, a 40-year-old woman who worked hard on resolving family issues and disclosed a few sexual assaults in her life, revealed after four months of treatment that she had secretly kept a small bottle of vodka, "just in case", in the suitcase she brought with her to the rehab center. Although she had no access to her suitcase during her stay at the facility, she could have easily manipulated her way to it. Only she knew of its existence before she chose to disclose that information to me, in effect taking her "just in case" bottle out of her hands and putting it in mine.

It is important to note that in my experience there is no real difference in the tendency toward dishonest behavior between people who abuse drugs or alcohol and those who abuse prescription pills such as pain killers, sleeping pills, or mood stabilizers. The only difference is that the latter's substance abuse addiction might have begun later in life. For example, their first encounter with the drug may have been at the doctor's office following a medical procedure or short term emotional turmoil and a temporary intervention was prescribed. I have witnessed the same exact manipulative behavior with government officials, successful business people, doctors, teachers, etc. Addiction knows no mercy. Until addicts are ready for a major shift in their perception about their problem and are ready for changes in their lives, regardless of their background, they will do ANYTHING to protect their substance use from being taken away from them.

I strongly advise that addicts begin their search for their own path of recovery at an inpatient facility. This kind of environment is not only drug/alcohol free but is also free from other triggers that may lead a struggling addict to quick relapse. Compassionate therapists who rightfully acknowledge that addiction is rooted in trauma, abuse, and neglect, sometimes try to conduct therapy with clients who are still actively abusing drugs and/or alcohol in an attempt to help motivate them toward choosing a different way of living. It is important to understand that at that point in time, addicts' perceptions are so distorted by the chaos that addiction brought into

their lives and their feelings are so inaccessible by the substance abuse that unfortunately these therapists usually end up completely frustrated and join the ranks of those who are no longer willing to work with this population. They usually learn that during these sessions they should have kept a better watch on their wallet, too.

A few years ago, after being often puzzled by the roots of this manipulative and dishonest behavior, I asked the participants of a group I was facilitating, "Why do addicts lie so much?" One answer I received seemed to be very honest… A young client explained that addicts were so accustomed to lying and that after years of substance abuse, it simply became a habit. He also explained that when young people start abusing drugs or alcohol, usually as early as the beginning of their teen years, they view their newly acquired behavior as the best thing that has ever happened to them, the solution to their emotional and relational difficulties. They finally feel good and soon enough they simply love it. However, after a while, as the use of drugs or alcohol is no longer recreational, it starts to take its toll and certain areas in their lives such as school and relationships with their family members begin to fall apart. Very often at least ten years pass before they are ready to consider the possibility that they lost control over their drug and/or alcohol use and that it is actually destroying their lives. In the meantime, in order to protect their drug and/or alcohol abuse from any possible interference, they start lying. They constantly lie to their teachers, family members, friends and later on, to their employers. This young man's explanation correlated with my professional experience. I realized that when addicts finally end up at their first detox and rehab facility, which is often the first in a chain of facilities and agencies they will encounter in the upcoming years as they try to struggle with their addiction, they have already been constantly lying throughout the years, to all who surround them. Therefore, lying is to be expected.

Continued on page 14

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In my humble opinion, there is yet another major reason for addicts' dishonesty toward their actual goals. While one would assume that after all the suffering addicts have endured, they would look for ways to refrain from the use of drugs/alcohol, I reached the conclusion that, at this point in time, what they are really looking for is a way to control their use of the substance, not to stop it.

Their deep desire is to be able to use drugs and alcohol recreationally, in the way they were able to years ago, "like everyone else"; they are not easily discouraged despite being faced with consistent failure. More often than not, they are not ready to break-up with the drug 'who' has been their loyal friend for so long, always available and extremely successful in numbing both their physical and emotional pain. Despite the loss and chaos that addiction inevitably brought into their life, the extent of their denial is so immense that they do not easily surrender to the possibility that they are, in fact, suffering from addiction; that as a result, from now on, they should not only refrain from the use of any substance but also need to make additional changes such as to move to a new place, find new people to associate with, and attend NA/AA groups regularly to avoid possible triggers and create relationships with people rather than rely on substances (drugs/alcohol). Even if they acknowledge this information to be true, many addicts still try to substitute their drug of choice—marijuana instead of wine, beer instead of heroin—in hopes of controlling their use. Unfortunately, it doesn't work with outcomes marred by bad choices and compromised judgment while under the influence. So how did I deal with the fact that I never knew whether my clients were sincere or just "playing with me"?

As I started working with this population, I decided to put my training as a social worker and psychodynamic psychotherapist aside and at least for the first few sessions to concentrate almost solely on somatic psychotherapy. My training as a Somatic Experiencing® Practitioner has enabled me to avoid the need to work with a questionable narrative and to concentrate on concrete goals through the use of specific exercises that were aimed, for example, toward restoring physical and emotional boundaries. This kind of somatic psychotherapy has also allowed me to

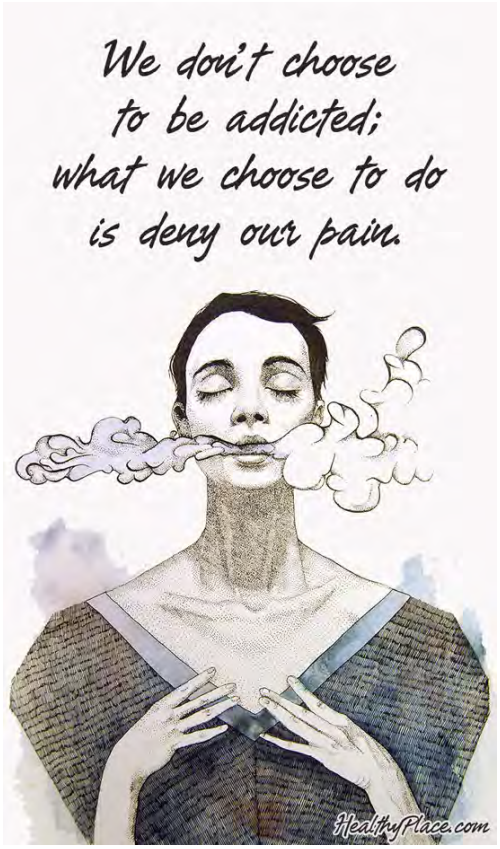

Image retrieved from www.HealthyPlace.com

"Addiction is rooted in trauma, abuse and neglect. Addicts were not born this way."

eliminate various physical symptoms that resulted from traumatic events, whether the client remembered the traumatic event or not (due to being in a state of intoxication at the time of the event) (see Serebrenick-Hai, 2015, 2016).

Overall, I believe that working with addicts has taught me about humility and reminded me of my own limitations. While my work with Somatic Experiencing® has enabled me to help my clients to successfully and rather quickly resolve physical symptoms and emotional issues and offered the possibility of a deep connection to their core self, I believe that its greatest advantage is that it enabled me to achieve specific and important goals even when it was very clear that the client was not ready yet for the major changes that recovery from active addiction requires. I knew that at least I managed to do something.

This being said, I wish to accentuate that we must remember that addiction is rooted in trauma, abuse and neglect. Addicts were not born this way.

Galit Serebrenick-Hai, M.A, M.S.W, SEP, is a certified psychodynamic psychotherapist who holds an M.S.W from Haifa University (Israel), and an M.A. in Business and Industry Counseling from Kean University (NJ). Between the years 2012-2017, Galit served as the clinical director of an inpatient detox and rehabilitation center in Israel.

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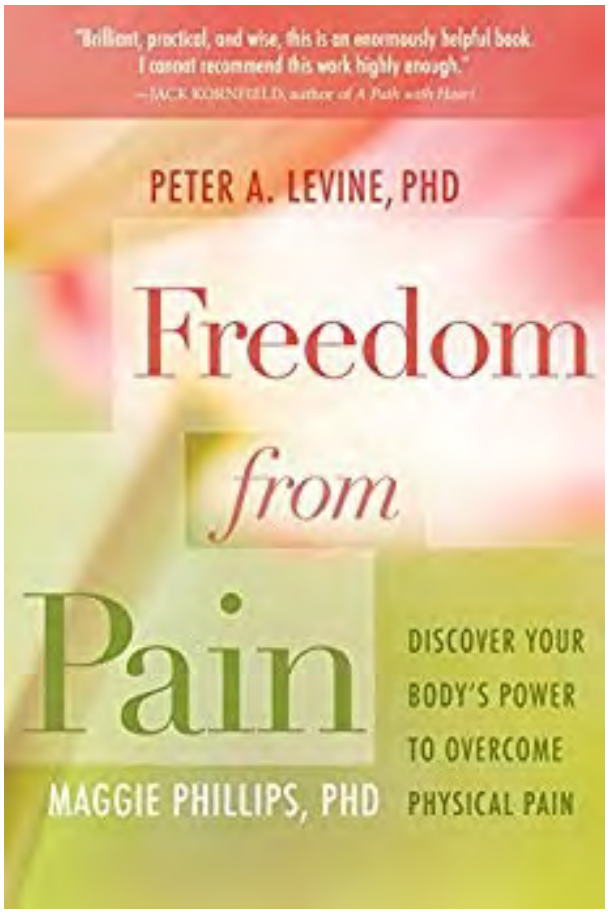

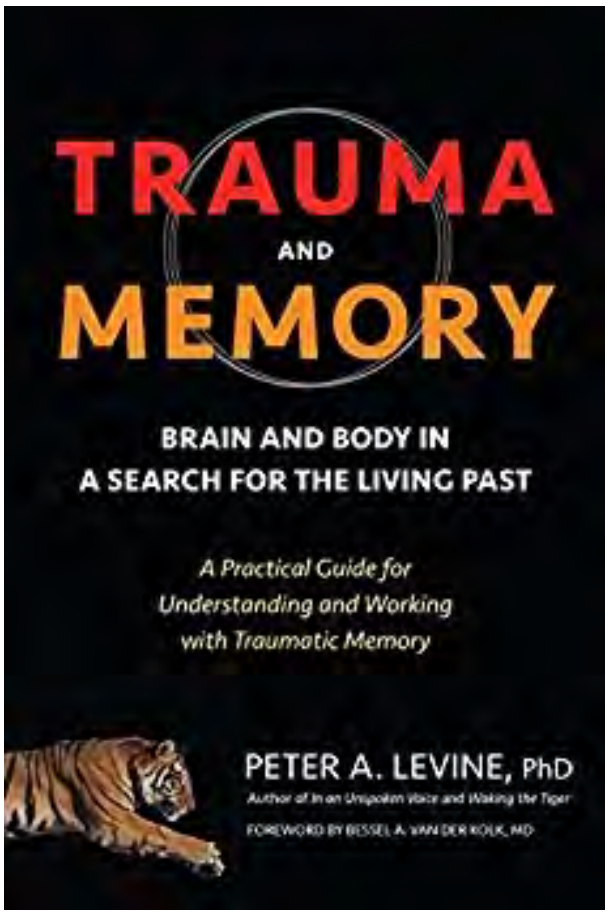

6-9 September 2018

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If you missed Athens, don't miss Berlin.

Body Psychotherapy and Challenges of Today
Alienation-Vitality-Flow

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Who's Calling the Shots?

by

Ronan M. Kisch, Ph.D.

People often find themselves stuck in emotional states where they feel unhappy, anxious or depressed. They know what they feel but they are unaware of their own behavioral patterns that keep them immobilized there. Over and over they focus on their frustrations; they wish things were different. They wait for the bad feeling to go away. The more they focus on their frustrations, however, the more they find themselves stuck. They ask themselves, "What in the world is going wrong? Why won't it change?" They continually repeat the same behaviors with the same results. For me, I ask, "Who' calling the shots?"

Too often the answer is the neurology and hormonal chemistry of a child or adolescent who did not get recognition, confirmation, or encouragement. This youngster did not have a parent or guardian who knew how to provide a healthy role model of how to handle difficult, compromising situations. These youths saw inappropriate models or none at all. They did not necessarily feel safe or protected. As a result, they developed coping mechanisms that were the best they could manage for their age, knowledge, and resources. Often these coping mechanisms were the same as those of the parent with whom they used to identify

—their dominant role model. These patterns are evolved or are created during developmental times when intellectual ability is not fully developed, when knowledge of situations is limited, when freedom of choice is restricted, and when alternatives are not available. These coping mechanisms then generalized to other situations; as time went by, when challenging, threatening, or hurtful events presented themselves, these environmental stimuli triggered the learned psychophysical protective coping mechanisms from deep in the unconscious mind. Those somatic-emotional patterns habitually, and quite automatically, jumped out and took charge. Their familiarity overrode any conscious awareness of either their happening or their origin. One might even have an intellectual sense of this pattern but the pressure is on and when push comes to shove the patterns are reenacted without the ability to control them. Let me share some examples with you.

FOUR CASE HISTORIES

Rose is a twenty-three-year-old college graduate. She is now involved in an internship and is concerned with getting into the graduate school of her choice. Rose also reports having "suffered" from an eating disorder. She is currently not having menstrual periods, suggesting she still suffers from an eating disorder.

Continued on page 22

These patterns are evolved or are created during developmental times when intellectual ability is not fully developed, when knowledge of situations is limited, when freedom of choice is restricted, and when alternatives are not available.

Rose explained that she was a well-accepted student in junior high school. When she went to high school things changed. Three separate junior high schools merged into one high school. The peer group configurations changed. The new "in" group was comprised of thin girls. She was starting to develop and did not feel acceptable to the new "in" group. So she created a strategy to fit in. Rose began to starve herself. Before long she became dehydrated forcing her to be hospitalized. While she was treated for dehydration, she was not treated for her eating disorder.

Clearly, neither the regimen Rose began at age fifteen, nor the self-doubt she had then, have been abandoned in her early twenties, despite being a college graduate contemplating graduate school. She is a bright young woman, but intelligence has nothing to do with her eating disorder or her self-esteem. Rose has taken the GRE exams twice. As hard and as much as she studied, the second time she was unable to raise her scores. She perpetually demeans herself over decreasing her chances of getting into the graduate school of her choice by not improving her test scores.

Roger is a 68-year-old business consultant. He came to therapy reporting that he was unable to laugh, especially at himself. His psychosocial history revealed that Roger came from a working-class neighborhood. His father was a miner. Roger was one of the brightest students in school. This singled him out and made him a target for class bullies. His parents did not perceive, recognize, or celebrate his talents and intelligence. They did not compliment him or reinforce his inherent brightness and academic achievements. As a result, Roger did not recognize or appreciate his own traits. Indeed, his attributes became a detriment to him in his peer group. He is insightful, verbal, and has an impressive business acumen. Roger, the only one in his family to go to college and then receive a master's degree, is professionally successful and the father of three. He has many innovative ideas. He begins projects that he has devised. Unfortunately, another presenting problem is that he complains he does not follow through on his projects.

Grace is a 69-year-old retired stock broker. She is high energy and sociable. She is the daughter of an alcoholic father who was physically abusive to her mother. Grace provided the following information that came to mind as Christmas was approaching. She reported a memory of Christmas when she was 11 years old. Her father got drunk and beat up her mother. When her mother was walking down the steps of their home to help the children open their Christmas presents, her mother was wearing sun glasses to hide her blackened eyes. She was also bent over because she had broken ribs. Alcoholism is not only destructive to the alcoholic but inflicts trauma on the entire family.

Alcoholics not only suffer from their chemical and emotional dependency on alcohol, but they also suffer from denial. They are unable to recognize or admit they have a problem with drinking and they lack problem-solving skills in many other areas. As a result, their entire family suffers.

Grace works out regularly and routinely receives massages. She is presently in a supportive, nurturing relationship. Nevertheless, she constantly has pain in her hips and shoulders. If one could feel her perpetual physical holding patterns, they would understand why she has pain.

Ken is a 32-year-old African American from Harlem, and the single father of an eight-year-old son. The son's mother was shot in the street. Ken felt that his mother did not love him; she perpetually spanked him. His father was on drugs and was not in the home. When his father was present, he spanked Ken, too. Ken clearly does not want to replicate his father's role model with his son. Ken was on the high school basketball team. He worked out and practiced rigorously. But the coach, who somehow knew Ken's father, never allowed Ken to play in games. This perpetually left Ken with self-doubt and feeling depreciated. Further, he felt unworthy of the girls to whom he was attracted.

Ken presently works as a supervisor in a grocery store and is attending the local community college with the expectation of going on to a four-year college. He is still an athlete and avid basketball player. In his spare time he coaches basketball for young boys. He wants them to have the opportunity that he never had. Ken continually compares himself to Ivy League college graduates and berates himself for not having a college degree and earning more money. Ken is constantly attracted to women but does not pursue them because he does not have a college degree, nor does he make enough money. He is a spiritual and a bright man. He clearly is capable of and utilizes abstract reasoning. He has a remarkable business acumen. But he is perpetually depressed over focusing on what he has not achieved or accomplished.

THE PROBLEM

Too often the coping patterns from childhood or adolescence lie in unconscious somatic/body awareness from where these individuals/patterns make their decisions and determine their behaviors — they call the shots. These patterns can and often do automatically determine coping behavior for the entirety of their lives.

Precisely because these patterns are unconscious and often protected by unconscious defense mechanisms, just asking, "What are your defense mechanisms? What emotional events are you holding in your tight body? Specifically, where are you holding them? When did they start?" or "Don't do that!" will not support change. But if these somatic coping patterns can be brought to conscious light and released, an alternative, more appropriate coping mechanism can be put into place. Then, one's inherent potential and life's mission can be brought to fruition.

Rose, Roger, Grace, and Ken are successful, accomplished people, but they have a difficult time recognizing, reporting, or feeling positively about themselves. Their parents, due to their own wounds, lacked knowledge, skills, and values to recognize, appreciate and celebrate their children's abilities and preciousness as God's, as well as their own children. *Continued on page 24*

They could not pass on what they did not have. Because Rose, Roger, Grace, and Ken did not receive positive reinforcement from their parents, they internally believed they were neither deserving of nor worthy of such positive reinforcement. This, in turn, detracted from their self-esteem.

Assuming habitual braced postures to fight off wounds of the past, they have been unable to experience their feelings, self-respect, accomplishments, and high regard. Repetition of inadequate childhood or adolescent coping skills further immobilizes them in their predicament.

FIVE STEPS OF INTERVENTION

A somato-emotional-cognitive intervention is offered to release the past and move into a more prosperous present and future. There are five parts to the intervention.

First is a pretest, an exploration of whether and where the psychophysical holding areas are in this person's body. It consists of gentle movements on a massage table to determine the body's flexibility and mobility involving a shoulder rock, neck lift, traction from the occiput (the bottom of the skull), and a leg rock. These gentle movements determine how an individual responds to life stress. They provide a clear and often profound indication of where the body holds and stores stress. These movement patterns may be in a range between the body area moving freely and fully to being braced and locked.

Second, there is a physical intervention to release those holding patterns. The somatic intervention offered is comprised of cranio-sacral release and Trager® somatic-emotional release to ease or free the somato-emotional holding in shoulder girdle, arms, hands, and legs. As chronic holding patterns in these parts of the body transfer to adjacent areas, so does release. With subsequent sessions, deeper emotional wounds are uncovered, recognized, and released.

Third, there is a NeuroEmotional Technique (NET) developed by chiropractor Dr. Scott Walker to assess if there is a NeuroEmotional Connection (NEC) to the holding patterns. This test identifies what connections exist from the present or past that may be contributing to or causing the physical holding. The NET then releases these patterns.

Fourth, a new healthier, stronger, more capable person starts to emerge and develops new coping strategies and mechanisms to address problem-solving. The internal potential that has been inside all along is now given the recognition, support and encouragement to actualize itself.

Fifth, these new awarenesses, feelings, and actions need to be mindfully recognized, appreciated and celebrated to lock them in place.

RESULTS

In pre-assessment, Rose's shoulders were braced, as was her neck. There was no movement in her body with traction. Her shoulder girdle would not lift. Her legs were

braced. And in spite of her intellectual brightness, when asked about her sensations, feelings in her body, or her experience, she became tongue tied, at a loss for words, and blank faced. She was unable to express her inner self.

On the table, Roger's neck, shoulders, right arm and leg were locked. There was some slight movement of his left leg and arm. He had difficulty getting in touch with his feelings. Roger stated, "Releasing is difficult for me because it is not a habit." With movement on the table, he shared, "I have a memory of having to brace to be self-protective, not to be overwhelmed. I had to do it myself." Thinking back on his youth, some time around the age of 12 or 13, Roger recalled, "I had a braced body in my youth. I was in a defiant posture — sensitive to being told what to do. I did not have a sense of my own agency, my own—strength."

Assuming habitual braced postures to fight off wounds of the past, they have been unable to experience their feelings, self-respect, accomplishments and high regard.

One was immediately struck by Grace's neck and shoulders being locked. Her arms did not want themselves to be externally rotated/manipulated. She anticipated movement that was going to be made and impulsively made the movement herself.

She consciously knew that the nature of the task was to allow her arm to be moved. But, against her own conscious will, she was unable to let go. In the process, she did not allow herself to experience a free and gentle movement or the experience of being supported by another. Unconsciously, she did not allow herself to feel what it could be like to be resilient. Her unconscious will-power prohibited her from feeling supported and nurtured, nor was she able to learn an alternative orientation.

Ken's neck, shoulders and legs were braced. Precisely because Ken was an athlete and a basketball player, he understood somatically, as well as cognitively, what the holding he did in his shoulders meant. His brace inhibited his follow-through as he shot for the basket.

He also understood how the trauma of his childhood—coming from the ghetto, from an African American heritage—resulted in his current somatic bracing. The construct of *who's calling the shots* was motivational for Ken to embody a more resilient, mobile posture. *Continued on page 26*

He also appreciated that a more relaxed, agile shoulder girdle allows more oxygen to flow to his brain enabling him to more quickly perceive effective plays on the court. Precisely because of what he felt in his body and understood cognitively, Ken was highly motivated for somatic psychotherapy.

Ken consistently repeated negative self-talk such as, "I'm not deserving"; yet, he knew the negative effects of his self-talk from "Tony Robbins and Oprah Winfrey." However, the impact of Ken's low self-esteem combined with this negative self-talk prevented his knowledge to overcome his actions.

POST INTERVENTION

After the somatic intervention is provided, the pretest is repeated to determine the effect of the intervention and to consciously demonstrate to clients both what has been accomplished and how they can be. If a body area will not release its holding, the NET procedure is used to identify if a NEC is maintaining it. It is then used to release the holding. The NET is also used following the somatic intervention to determine if this individual is congruent with the new relaxed-resilient state or with their original braced pattern, a paradoxical brace response. If so, the NET procedure is utilized to release the brace pattern.

During her first session, Rose felt a release from the bracing that had been in her body for over a decade. After this release, she was flabbergasted with the freedom of movement she felt in her body. Smiles spread over her face and tiny giggles came out of her throat. She was experiencing herself in a body she had never experienced before. She was experiencing a sense of the possibility of who she could be — how life could be. Who she was as an adolescent did not have to be who she was as an adult. What an embodied realization!

In spite of Rose's exuberance, post NET testing revealed Rose maintained a NEC of low self-esteem as a result of "feeling big" in adolescence. This emotion dated back to age 15 when her eating disorder began. There was also grief associated with this event over the loss of a healthy self-image to the offensive body image of bigger than the "in group". This NeuroEmotional Connection was extinguished using the NET procedure. However, Rose had years and years of repeated, highly emotionally-charged, negative self-talk in relation to her body image. Those neural networks are not immediately replaced. They demand repetition of a new positive message.

Merely experiencing what can be is not synonymous with maintaining that new memory. Memories of what just happened can be lost in seconds. Repeated emotional -somatic memories are more firmly implanted in the brain than cognitive memories or brief experiences. Change often occurs in iterations. Rose returned for treatment, more motivated.

As Roger experienced the hands-on treatment in our session, he spoke matter-of-factly about projects that he had successfully instituted. While it is true that Roger had not followed through on all his projects, he failed to give himself credit and appreciation for what he had done. The result was rather than having a sense of a work in process, he felt unfulfilled. As he overlooked his accomplishments he perpetually felt disgruntled. NET testing revealed that he held back due to an early childhood fear persisting into his adult life: "Better not to try, than try and fail."

Because of his work in therapy, Roger recognized that he was changing. He had a greater sense of self-awareness. Roger reported, "I am aware my usual posture is not relaxed to let my energy flow. But I don't brace as much as I used to." Recently, his wife expressed her appreciation for his support. He responded by thanking her with a hug and kiss. This was unlike his former response, which was non-existent or rough expression without heartfelt experience. He added, "I was mindful of being soft and open." When he visits with his grandchildren now he says, "I let my presence touch with my heart. What a gift!" Roger was transcending the withholding of his parents' negative role models.

Merely experiencing what can be is not synonymous with maintaining that new memory. Memories of what just happened can be lost in seconds. Repeated emotional-somatic memories are more firmly implanted in the brain than cognitive memories or brief experiences.

Somatic post-testing with Grace revealed her braced shoulder girdle, arms, and legs. Testing indicated that her arms would not allow themselves to be moved externally. Her left arm insisted on helping the practitioner. Grace, despite her best efforts, was unable to relinquish control of her arm. Her right leg was locked. Her left leg would move slightly but was braced.

Continued on page 28

NET was used to assess if there was an emotional holding connected to her left arm's rigid pattern—it revealed fear of "losing control." The procedure further revealed that this fear related to Grace's mother's sensitivity to "losing control."

Grace said that when her mother was pregnant with her, her mother felt that she lost control of her life. Her mother told Grace she was the result of "a hole in the rubber." Grace's mother's fear of losing control was stamped into her daughter's chemistry, neurology, and musculature for 69 years, plus her time in-utero. The NET procedure released this NEC as well as the holding in her arms and legs.

As Ken became psychologically stronger, he opened himself to forgiving his family for what they did not know and could not deliver. Ken was embracing the affirmations, "I'm okay being happy" and "I'm okay deserving." Rather than looking into the past or future and berating himself for what he had not achieved, he recognized, with pride, each step of his embracing the now. He no longer uses the amount of money he makes to be his point of attraction to women. He no longer allows his internal child or adolescent to make his decisions or determine his self-esteem.

With a sense of pride, Ken reported the sensations he had on the table as he took his next test and did excellently. Those emotional memories were powerful and emotional memories stick. Ken is now exploring a former relationship. However, rather than presenting himself as the image of what he wanted to appear as, he spoke with this woman and discussed the problems that they faced in the past, but never dealt with. As he did this, he experienced his relationship getting deeper and more meaningful, an experience he had never had before.

CONCLUSION

Rose, Roger, Grace, and Ken came from families with no awareness or words for positive feelings or achievements. These individuals learned self-protective bracing, numbness and an absence of vocabulary to identify their emotions. Consequently, their feelings did not consciously exist for them then and continued not to exist consciously as they moved through their developmental stages. If any of these individuals were to be asked if they would allow a child or adolescent to make their decisions, their answer would be *definitely not!* In actuality, however, that is what was happening. With this somatic-emotional work, in each case, the original chronic brace that these individuals maintained progressively diminished. The amount of time and effort to achieve a release became less and less. The range of motion available to the different areas of their bodies became greater and greater. Their conscious experience of the flexibility and resilience of their bodies' emotional cores became more profound.

As these four individuals arose from the table, psychologically they had an awareness of release from the wounds of the past. They had a more conscious awareness of being in the present. They were aware their posture had shifted. There was more mobility in their shoulder girdles and necks. Their heads sat more squarely on their shoulders. They were actually taller. As the muscles between the vertebrae of the skeletal structure released, their body posture became more erect. They saw and perceived the world from higher up. There was an expansion and fullness in their chests as they breathed and experienced a greater sense of self-esteem.

They experienced being in themselves with a release of chronic fear of the unknown. They carried themselves with an embodied, genuine sense of pride. As they walked, their gait was easier and longer. In addition to the somatic changes, there was a shift in their sense of self. They had created new strategies for coping with their life difficulties. They were stronger. They had a sense of an inner ability to cope with the future. A self they had not known before, their adult, was calling their shots.

Walking out of my office door, their adult was in the driver's seat. Their chronic muscular defense posture that had locked them into the past was released allowing them to embody and feel themselves overcoming self-doubt, insecurity, defensiveness, and inferiority. They felt embodied in a way that was previously alien — they fully experienced mind, body, and spirit as one.

When Rose, Roger, Grace, and Ken walked toward the exit of my office building, my presence, as well as the support and safety of my office, no longer surrounded them. There was a reflexive potential to revert back to their habitual stance, to brace against challenge, the unknown, against external judgment and the perennial holding patterns. These patterns may also be triggered by memories of the past, situations at home or school or work that are emotionally or procedurally reminiscent of their past. Maintaining the benefits of the intervention demands commitment to repetition of mindfulness, cognitive-somatic awareness, and reinforcement of all of the positive feelings, experiences, and awarenesses experienced in my office. To hold onto their gains, they must repeatedly cognitively recognize, emotionally appreciate, and behaviorally celebrate their life achievements no matter how big or small. Then their adults are calling the shots.

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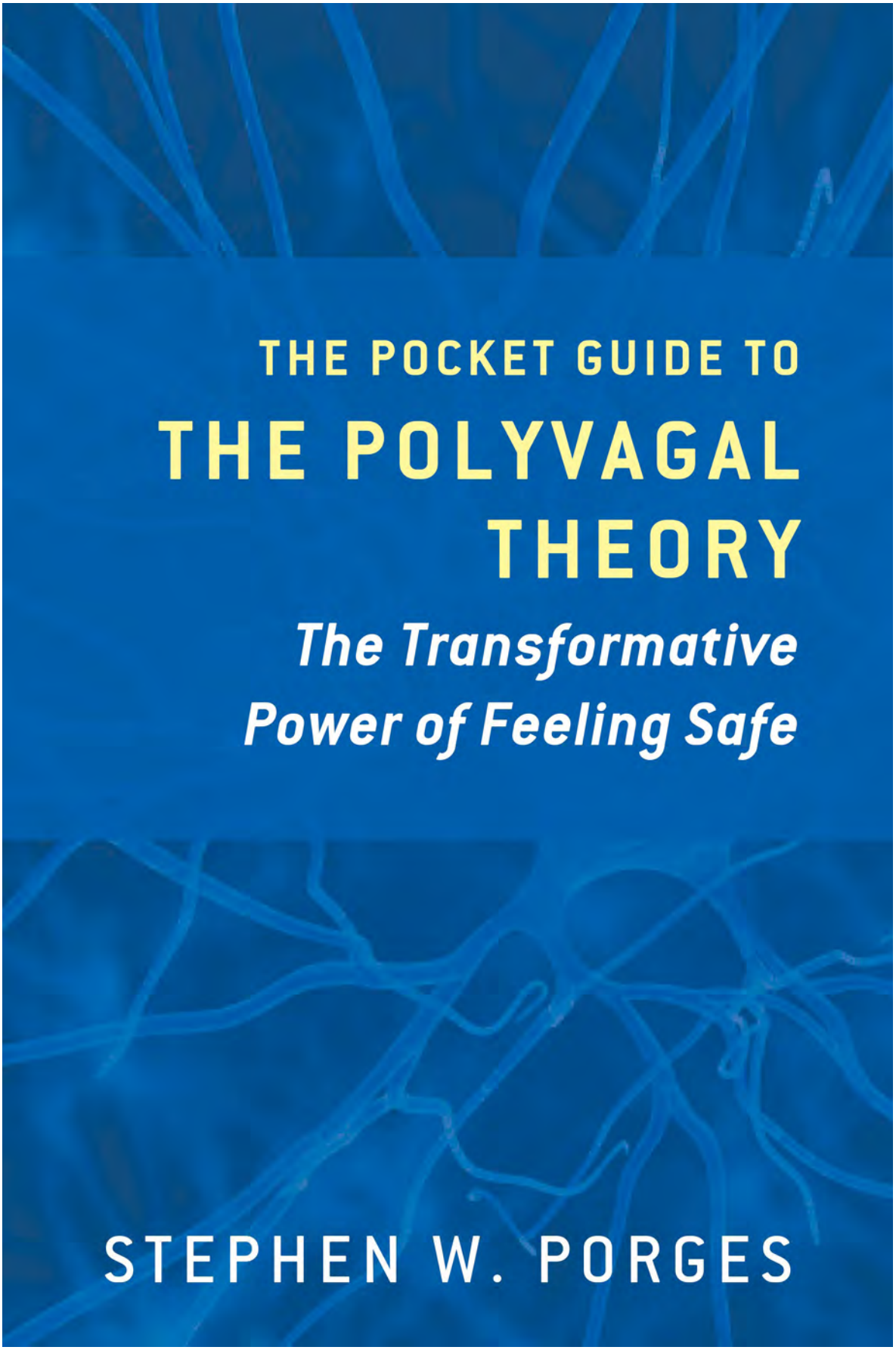

THE POCKET GUIDE TO
THE POLYVAGAL THEORY
The Transformative Power of Feeling Safe
STEPHEN W. PORGES

The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe

Written by Stephen W. Porges

Reviewed by

Nancy Eichhorn

I am, admittedly and unabashedly, enthusiastic about Stephen Porges' work. I've attended his workshops, learned his process for measuring heart rate variability as an indicator of vagal tone, interviewed him for several articles published in this magazine, and have read his books and articles. This review is clearly biased. And with that said, I will offer my honest opinions and not side step points that for some may or may not be considered 100 percent positive.

For those new to Porges' work, he is noted as the originator of the Polyvagal Theory (PVT), which is his perspective of how our autonomic nervous system, dependent on phylogenetic transitions/shifts that occurred between reptiles and mammals, resulted in specific adaptations in vagal pathways regulating the heart, which in turn impact our lives. *Continued on page 32*

Scaling down to its bare roots, at least how I interpret what I'm reading, PVT considers our ability to regulate our visceral state in the presence of others, our ability to read our body's signals and respond (challenging Descartes subjugation of bodily feelings to cognitive function), and immobilization without fear (which "requires the co-opting of the neural pathways involved in 'immobilization with fear' with features of the social engagement system and neuropeptides, such as oxytocin" (pg. 243). The heart and soul of PVT is safety and trust.

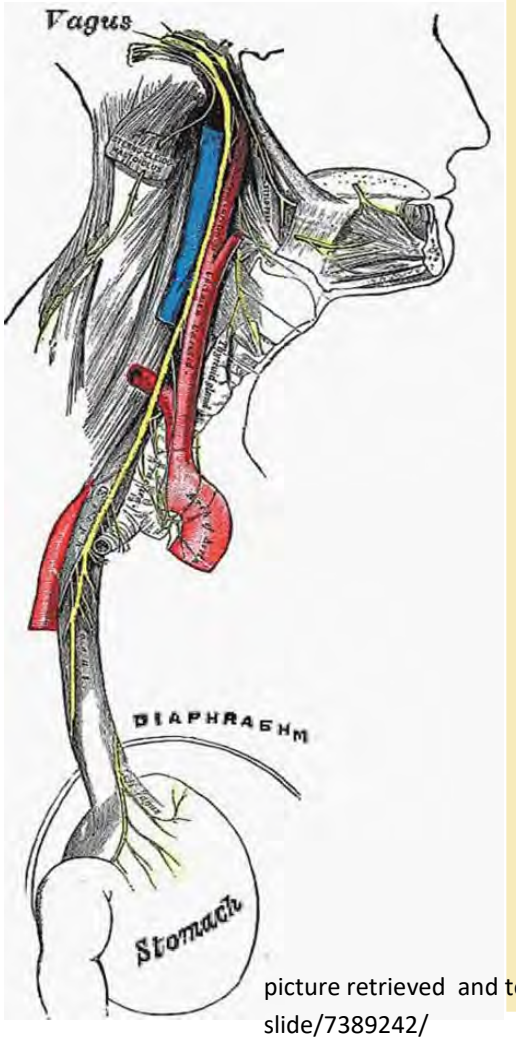
"As the source nuclei of the primary efferent vagal efferent pathways regulating the heart shifted from the dorsal motor nucleus of the vagus in reptiles to the nucleus ambiguus in mammals, a face—heart connection evolved with emergent properties of a social engagement system that would enable social interactions to regulate visceral state" (Porges, 2009, 1).

His theory "emerged" from his "research and insights on October 8, 1994" (Porges, 2017, ix). It started with a personal curiosity that evolved into a "lifelong journey to understand how our physiology was related to our mental and behavioral states" (pg. 98). How it all came about is a fascinating read, starting on page 60, when Porges talks about a letter he received from a neonatologist regarding a paradox—the notion of vagal activity being protective didn't fit with the concept that the vagus could kill you. Porges framed a question to create the foundation for his research:

"How could the vagus be both protective when it was expressed as respiratory sinus arrhythmia and life-threatening when it was expressed as bradycardia and apnea?" (pg. 60).

Investigating the neuroanatomy of the vagus and identifying the vagal mechanisms underlying this paradox evolved into the PVT. He learned that two different vagal systems existed, one mediated bradycardia and apnea, the other respiratory sinus arrhythmia. These two pathways originated in different areas of the brainstem. According to Porges, these two circuits evolved sequentially such that "we have a built-in hierarchy of autonomic responses based on our phylogenetic history. These facts became the core of the Polyvagal Theory" (pg. 61).

Porges is clear that our autonomic nervous system and its two main divisions—the sympathetic and parasympathetic nervous systems—are not synonymous with what he calls our social engagement system; furthermore, this third system is not simply the vagus nerve (our tenth cranial nerve). The social engagement system, per Porges, has a somatomotor component that involves special visceral efferent pathways that regulate the striated muscles of the face and head, and a visceromotor component that involves the myelinated vagus that regulates the heart and bronchi (pg. 27). Basically, the social engagement system emerges from a heart to face connection that coordinates the heart with the muscles of the face and head (pg. 27). (For more information see John Chitty's article starting on page 42).



picture retrieved and text modified from Taruno Steffensen's presentation: http://slideplayer.com/slide/7389242/

The Polyvagal Theory

By Stephen Porges

The autonomic nervous system in three parts, all working synergistically

Ventral Vagal System:

Is part of the parasympathetic nervous system (social engagement/frontal cortex)

Dorsal Vagal System:

Is part of the parasympathetic nervous system (freeze/immobility/brainstem)

Sympathetic Nervous System:

Is NOT vagal but functions most efficiently when vagal systems are suppressed

(flight/fight, freeze—limbic brain)

His theory provides an understanding of how people's bodies, when experiencing trauma, are re-tuned in response to the life threat and lose the resilience to return to a state of safety (xi). He is quite clear that our nervous system "craves reciprocal interaction", that our ability to reciprocally regulate each other's physiological state results in relationships that enable us to feel safe (pg. 99). His work extends from basic science and understanding to impact psychology, education, and special needs individuals—specifically autism.

Before I delve further into this fascinating neural world of reaction and response, a few details such as, why did Porges write this book?

Porges notes that his original book (2011), *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication and Self-Regulation*, was penned for scientists. The material is considered "dense" and toned for those in scholarly/academic fields who are research driven and want data. The book was, in fact, a collection of previously published articles (in peer reviewed journals and academic books). It's outcome—translated into German, Spanish, Italian and Portuguese—surprised him, as well the fact that many professionals were reading and

Continued on page 34

continue to read the book. In response to requests to make his theory more accessible to those outside of academia (clinicians and their clients), Porges (2017) wrote, *The Pocket Guide to the Polyvagal Theory: The Transformative Power Feeling Safe*. It is definitely toned down.

In his introduction, Porges explains that he repurposed interviews with clinicians for clinicians—sharing experiences where he was interviewed. He edited them for "completeness and clarity" (xiv) and expanded some for "meaning and clinical relevance" (xv). I will say that I am not a fan of the 'he said, she said' format; I do not like reading transcripts as text. I prefer to read a narrative. I found myself skimming and at times completely bypassing the questions, just reading what Porges had to say. And, while I may have missed some context (albeit I did read most of Serge's comments because I believe he is quite skilled at restatement and validation), it allowed me to immerse myself in what felt most important—what Porges has to say.

The book begins with a detailed glossary of terms ("constructs and concepts embedded in Polyvagal Theory", (xiv)), then Porges offers a chapter to introduce the science and cultural events taking place when he developed his theory. He also talks throughout the interviews about how PVT evolved.

He notes: *"In writing this book, it is my hope to highlight the important role of feeling safe as an important component of the healing process. From a Polyvagal perspective, deficits in feeling safe form the core biobehavioral feature that leads to mental and physical illness. It is my sincere hope that furthering an understanding of our need to feel safe will lead to new social, educational, and clinical strategies that will enable us to become more welcoming as we invite others to co-regulate on a quest for safety"* (xvi).

The Glossary: A to Y

There is no Z. The final term in the glossary is Yoga and The Social Engagement System. Starting with A, however, there are 32 pages of terminology defined, explained, and synced with page numbers in the book so readers can see the terms in action. I appreciated the clarity. Adaptability was grounded in evolution where "behavior is interpreted as adaptive if it enhances survival, minimizes distress, or influences physiological state in a manner that would optimize health, growth, and restoration" (1). There's a nod to adaptive behaviors that in fact become maladaptive and how traumatic responses may in fact start out as adaptive but then shift into a maladaptive state.

Porges offers two categories for the autonomic nervous system (ANS): the traditional view and the Polyvagal Theory (PVT) perspective—well worth reading. PVT focuses on the vagus (two different efferent pathways that travel through the vagus, i.e., dorsal nucleus of the vagus and nucleus ambiguus). Porges writes, "In contrast to the traditional model that focuses on chronic influences on visceral organs, Polyvagal Theory emphasizes autonomic reactivity" (page 6).

Retrieved: http://www.2b-intune.com/images/singing.jpg

I was surprised to see the inclusion of biological rudeness, something I had not considered and then its impact on the ANS. He also writes about the Listening Project Protocol (currently known as the Safe and Sound Protocol, available through Integrated Listening Systems).

I applaud the inclusion of play. Porges defines it as a "'neural exercise' that enhances the co-regulation of physiological state to promote neural mechanisms involved in supporting mental and physical health" (22). I always remember his example of dogs being able to rough and tumble together, playful without aggression or fear. In turn, I wonder what's happening in families I meet hiking and their dog(s) either run toward me all wiggly and excited and seemingly happy to greet me, to meet me. I even get soggy doggy kisses on my hands as I pet them and say hello! Versus what's up with dogs that gasp for air as their owners hold tight to their leash, the dog straining to lunge toward me, growling, clearly menacing. The situation goes from feeling welcome and safe to my taking a more predatory and defensive stance.

Safety. Part of the S's is Safety including Safety in Therapeutic Settings. There's Singing, the Social Engagement System (with a chart), and the Subdiaphragmatic vagus and Supradiapragmatic vagus.

Did you know that singing provides an opportunity to exercise our entire integrated social engagement system? I didn't.

Turns out that inhaling and exhaling couples the exercise of turning on and off the vagal brake. When we inhale, vagal influence on the heart is diminished and our heart rate

Continued on page 36

increases. Our slower exhalations calm our autonomic state by increasing the impact of the ventral vagal pathways on the heart. Singing also involves neural regulation of the muscles of the face, head, middle ear for listening to music and the muscles of the larynx and pharynx for vocal intonation. I was fascinated by this tidbit and marveled that it was situated rather simply in the glossary.

Yes, the glossary is varied and inclusive. And truly helpful in my mind in a more global sense—understating the pieces leads to a better grasp of the whole.

Organization

Along with the glossary, there are seven chapters, each a revisited transcript from interviews with Ruth Buczynski (chapters 2-5), Lauren Culp (chapter 6) and Serge Prengel (chapter 7).

There are also references, credits, and acknowledgements. Each interview is noted to cover specific topics such as: Polyvagal Theory and the Treatment of Trauma, Self-Regulation and Social Engagement, How Polyvagal Theory Explains the Consequences of Trauma on Brain, Body, and behavior, and so forth. For me, I found the information basically the same but "said" slightly differently; Porges used different examples and stories at times—I loved his use of Peter and the Wolf to explain a better understanding of how sound frequencies (highs and lows) trigger what Porges calls 'neuroception'. He shares that he does not like using the word perception because it connotes awareness and conscious choice, so he coined the word neuroception to emphasize that the process is on a neural basis.

"One thing that I really admire about him is that he lives his theory. I mean his curiosity, and a quality of interaction that goes hand in hand with being the researcher he is."

Serge Prengel

Reading the interviews, with the repetition, was, it turns out, a good thing; each time I read, I synthesized more information—I had a clearer understanding and was thus able to absorb more creating a wider base for continued learning.

To keep this review readable and not overwhelming, I invite you to experience some of the materials yourself. You can access Serge Prengel's interview here: https://relationalimplicit.com/porges-polyvagal/.

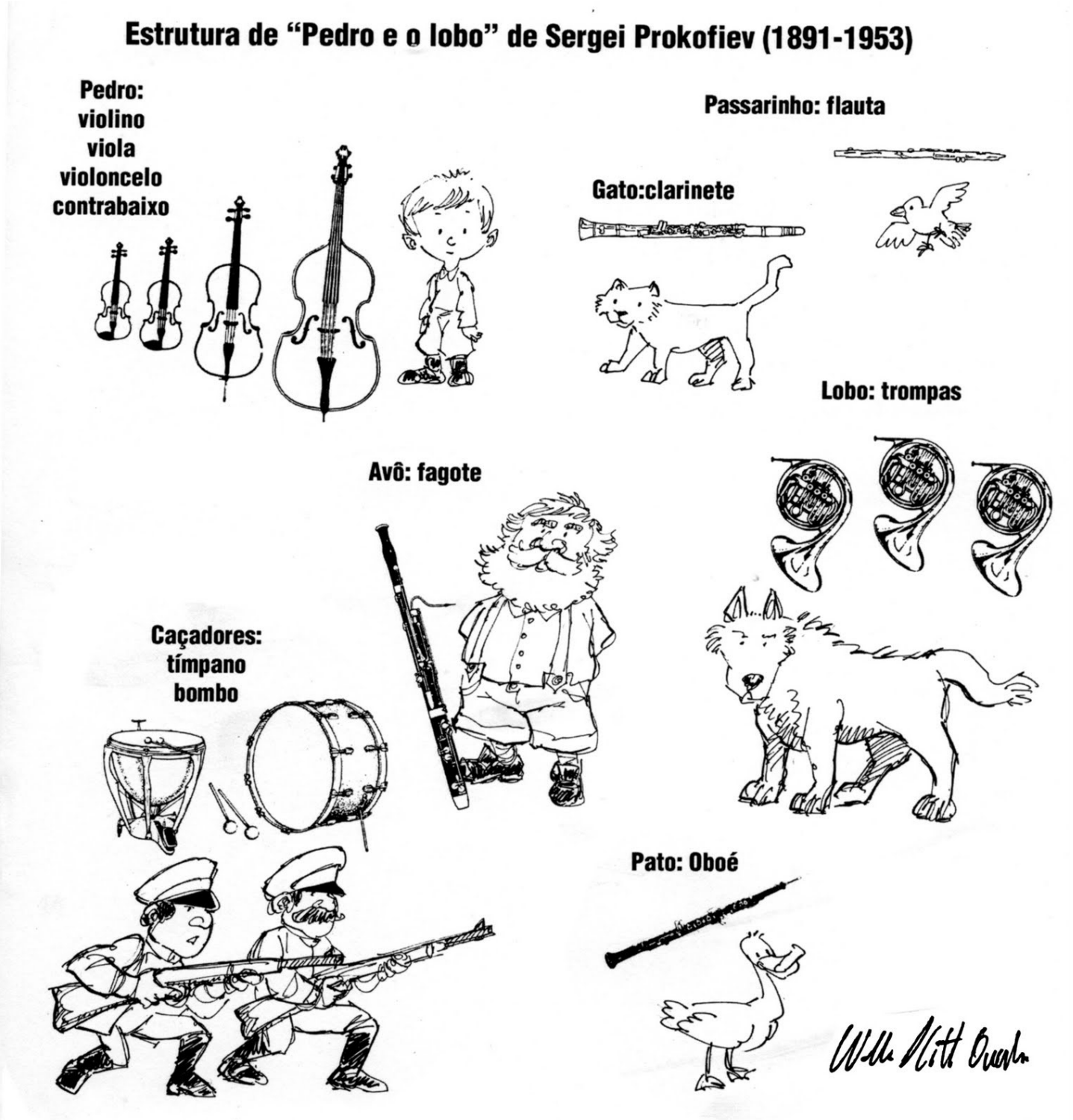


Image retrieved from Pinterest: glum.me: https://www.pinterest.com/pin/829788300066000556/

And I offer our readers a PDF of Chapter 1 that you can read by clicking here.

We offer our sincere gratitude to W.W. Norton & Company: Chapter 1 is excerpted from *The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe* © 2017 by Stephen W. Porges. Used with the permission of the publisher, W. W. Norton & Company. The following is from the chapter "The Neurobiology of Feeling Safe."

Continued on page 38

A Bit of an Overview

I offer a few thoughts about Chapter 1, then bring the review to a close.

Chapter 1: The Neurobiology of Feeling Safe

My parents attended Porges' workshop in Berkeley, CA last Fall (September 23-24, 2017). They're diehard Porges' fans, too, and attend way more of his workshops than I. My dad came home talking about safety, and how Porges focused much of his talk, the day they attended on the importance of safety. It was a two-day event, sponsored by Mark Ludwig, and included basic principles, experiential learning, and clinical applications. They told me about Porges' new book, thus my review. So, I was not surprised that the first chapter started with safety and carried the theme throughout the book.

Image retrieved from: https://i.pinimg.com/736x/ec/d8/05/ecd805bc91607a8fea4c178d8ace7f01--bestfriends-dog-cat.jpg

Safety appears to be paramount in our lives, in our work, in our physical and mental health. Yet, Porges points out that a discrepancy exists between the words typically used to describe safety and our bodily feelings of safety (33). He notes the necessity of making changes in our institutions and in our perspectives. The chapter is divided into 11 short sections. I appreciated the information on safety and cues of safety for survival, and then on social engagement and safety. Information such as safety's role in accessing higher brain structures so we can be creative made me pause to reflect, as well, I had to reflect when Porges writes: "For the social interaction to be mutually supportive and to enable co-regulation of physiological state, the expressed cues from the dyad's social engagement systems need to communicate mutual safety and trust" (49).

If one person is sending messages of 'unsafe' or a person is interpreting everything as 'unsafe' or . . . the or's can vary and each situation, each interaction is filtered through our lens of safety versus threatening (unsafe). One cannot truly work with clients without considering their background and what feeling safe means to them. Porges notes that polyvagal theory supports the understanding that feeling safe is dependent on our autonomic state and that cues of safety calm our ANS. This calming enables safe and trusting relationships to develop, which support co-

regulation (behavioral and physiological state)—a domino effect, or in Porges' words a circle of regulation that defines healthy relationships.

In Summary

According to Porges, "the world of trauma is primarily about bodily responses and reactions" and "that a goal of society is to be able to immobilize without fear" (pg. 222).

I think the following paragraph is paramount for clinicians to read and consider when thinking therapy and PVT:

. . . "isn't immobilization without fear really a goal of therapy? You don't want your clients to remain 'tightly wrapped,' anxious and defensive. You want your clients to be able to sit quietly, to be embraced without fear, to be hugged and to hug others, to conform physically when embraced, and to be reciprocal in their relationships. If a client is tightly wrapped, with tense muscles and in a highly activated sympathetic nervous system state, the client is conveying this state of defensiveness to others. A state characterized by tense muscles and sympathetic excitation is an adaptive state that prepares and individual to move or fight. This state unambiguously conveys to others that it is not safe to be in close proximity to this person" (pg. 222-223).

There is much to be gained by experiencing the PVT both cognitively and bodily for one's life and one's professional growth. Porges' *Pocket Guide* offers readers entrance into and guidance through the Polyvagal Theory and how it has revolutionized our field of study and our concepts of clinical interventions.

Stephen W. Porges, PhD, is Distinguished University Scientist at Indiana University, where he directs the Trauma Stress Research Consortium within the Kinsey Institute. He holds the position of Professor of Psychiatry at the University of North Carolina and Professor Emeritus at the University of Illinois at Chicago and the University of Maryland. He served as president of both the Society for Psychophysiological Research and the Federation of Associations in Behavioral & Brain Sciences and is a former recipient of a National Institute of Mental Health Research Scientist Development Award. He has published more than 250 peer-reviewed scientific papers across several disciplines including anesthesiology, biomedical engineering, critical care medicine, ergonomics, exercise physiology, gerontology, neurology, neuroscience, obstetrics, pediatrics, psychiatry, psychology, psychometrics, space medicine, and substance abuse. In 1994 he proposed the Polyvagal Theory. The theory provides insights into the mechanisms mediating symptoms observed in several behavioral, psychiatric, and physical disorders including autism, anxiety, depression, ADD, PTSD, and schizophrenia. His research has led to the development of innovative interventions designed to stabilize behavioral and psychological states and to stimulate spontaneous social behavior that are being applied to autism and other clinical diagnoses.

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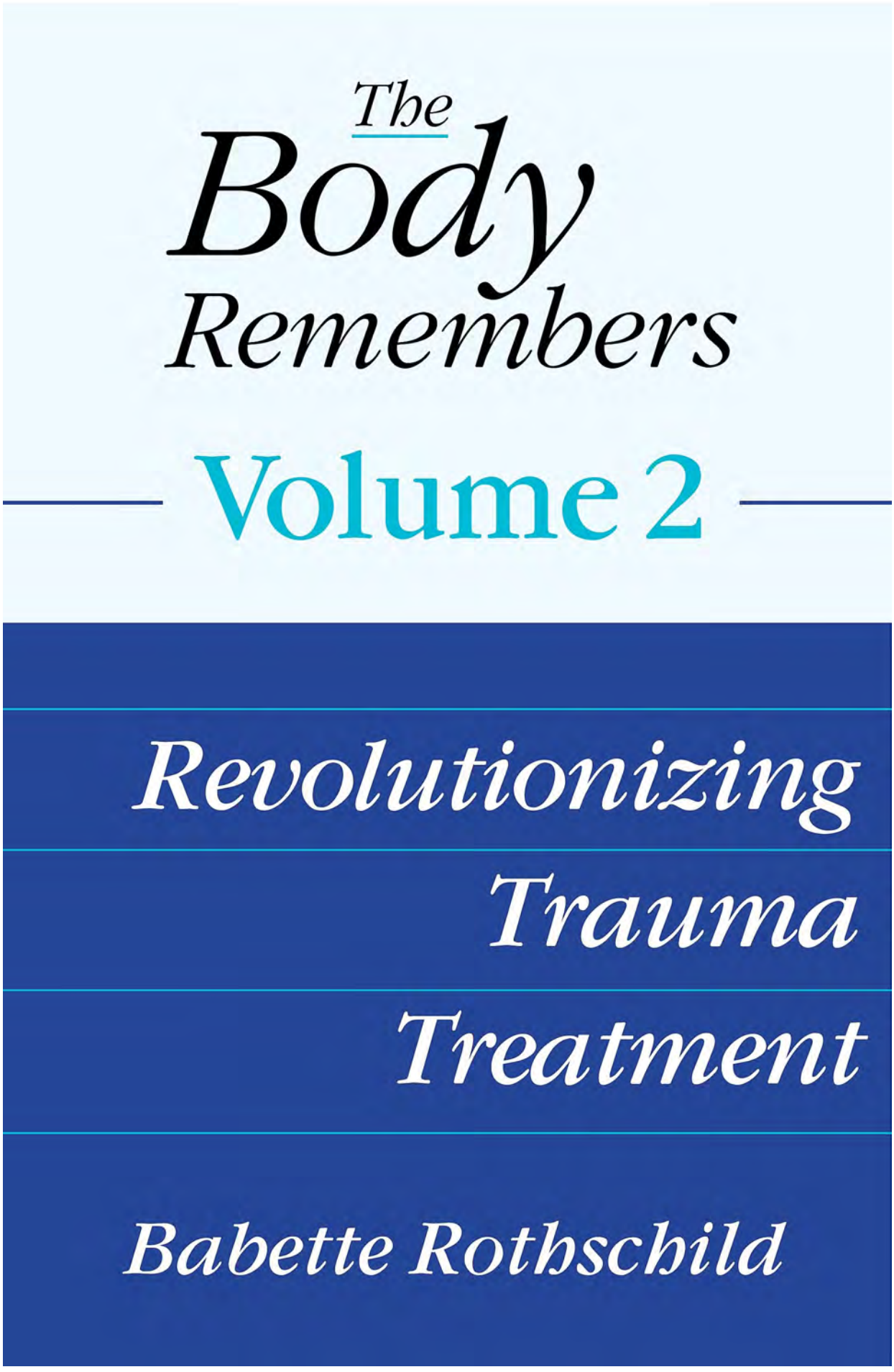
The Body Remembers
Volume 2
Revolutionizing Trauma Treatment
Babette Rothschild

The Body Remembers Volume 2: Revolutionizing Trauma Treatment

Written by Babette Rothschild

Reviewed by Molly Wilder

Somatic Psychotherapy Today previously shared a review of Dr. Rothschild's book written by Nancy Eichhorn, and a commentary, written by Merete Holm Brantbjerg, that were published in the *International Body Psychotherapy Journal, Volume 16, number 3,* Fall 2017. We offer links to these articles on our website.

We also shared a link to Chapter 2 from Babette's book, which has sparked much interest and commentary, with permission from W. W. Norton & Company on our website, which you can also access on our website.

We are pleased to share this review, written by Molly Wilder, and another commentary, written by John Chitty in this Winter issue.

Continued on page 42

The Body Remembers Volume 2: Revolutionizing Trauma Treatment

Reviewed by Molly Wilder, New York University

As human beings we are constantly bombarded with stimuli. Positive or negative, it is hard to believe that the impact does not only affect our minds but our bodies as well, resulting in traumatic effects. Yet, the current approach to trauma treatment, aka the "talking cure" popularized by Freud, may not always in the best interest of those dealing with the effects of trauma—research suggests that simply talking, simply working on digging to the root of the trauma on a conscious level, is not always enough. Furthermore, it may have a negative impact on patient recovery. Special attention needs to be paid to client safety when addressing trauma.

Babette Rothschild supports this stance in her new book entitled, The Body Remembers Volume 2: Revolutionizing Trauma Treatment, a detailed guide for trauma treatment. Within the text, she shares her own 'trial and error' efforts to create a safer environment for her clients to heal. But rather than just talking through trauma, Rothschild persuades readers to focus on the body and how it reflects specific negative thoughts and behaviors.

Designed as a teaching tool and practitioner guide, the book is separated into two parts. The first offers theories and principles associated with trauma treatment. The second dives into practice and application. There are eight chapters in total, each covering several topics.

In Chapter 2, Rothschild clarifies and simplifies autonomic nervous system understanding and understanding with her creation of an original full-color table that distinguishes six levels of arousal. She created the chart for readers to support their understanding when to "put on the brakes" in a session—when to stop pushing and change the topic of the session. This table may prove useful for some therapists as it provides an organized visual model for monitoring the client's dysregulated nervous system.

Beyond the table, Dr. Rothschild goes into great depth about different types of hypo and hyper-arousal. She provides a detailed list of somatic markers, such as faster respiration and dilated pupils, that therapists should note in clients that indicate a hyper-aroused sympathetic nervous system. She also emphasizes the importance of keeping tabs on one's own state of arousal as it can

greatly affect the arousal of the client. Rothschild writes, "Paying attention to arousal levels per the ANS table and intervening to maximize calm and integration will ensure that a client is able to maintain contact and relationship with himself and the therapist—a prerequisite for safe trauma treatment" (52).

Improving quality of life before working to resolve memories is a major theme in this book. Rothschild spends a great deal of time talking about the ways in which therapists must consider patient safety first and eventually work toward stabilization. She uses many evidence-based sources to back up her claims as well as case studies of her clients as examples of application. Overall, this guide provides a plethora of ways to look at and understand the lasting effects of trauma on the body and the provider's role in creating a safe space for healing to take place.

Babette Rothschild, M.S.W., is a body-psychotherapist and specialist educator in the treatment of trauma and P.T.S.D. She is the author of (among others) the bestselling, The Body Remembers, Volume 1 & Volume 2, as well as creator/editor of the 8 Keys Self-Help Series.

Molly Wilder is currently a junior at New York University majoring in applied psychology. She is a research assistant for the Transgender Identity Formation Study (TIFS) at NYU Steinhardt, a grounded theory study aimed at understanding how transgender and gender-non-conforming people who identify as LGBQ perceive fluidity in their sexual orientation and gender identity. In addition to reviewing books for the IJP, she writes reviews for *Somatic Psychotherapy Today.*

Commentary on Babette Rothschild's new book and chart

By John Chitty
www.EnergySchool.com

I was asked by Nancy Eichhorn, PhD, to elaborate on comments she heard me make during the December 2017 APPPAH Congress in San Diego. I gave a presentation entitled "Polyvagal Theory: An Overview" in which I briefly explained the main concepts of Stephen Porges' work and discussed its importance especially in the context of pre- and perinatal psychology. I used Babette Rothschild's chart (*The Body Remembers, Volume Two*, Chapter 2, inserted after page 38) to illustrate how I think the full value of Porges' discovery has not yet been fully realized.

Porges, Stephen. *The Pocket Guide to Polyvagal Theory: The Transformative Power of Feeling Safe*. Norton, 2017. This recent effort by Porges is an easier read than his first explication of Polyvagal Theory (2011), which was highly scientific in tone.

The chart is available as a laminated card or wall chart from www.norton.com, or phone 800-233-4830 and ask for ISBN 978-0-393-71281-0 for the poster). Highly recommended!

I am a big fan of Rothschild. Her earlier book (2000) elevated awareness of the autonomic nervous system (ANS), the substrate of all health, in the psychotherapy world, and taught us to look for and precisely recognize ANS signals in order to appropriately support recovery from trauma. Her new book adds excellent additional detail, including a "six-categories -of-ANS" poster that can now be viewed on the wall of our classroom at CSES. The bulk of the book is about therapy insights, which I found to be excellent; my concerns were just in a few pages of her Chapter Two.

The problem for me starts with Rothschild's description of Polyvagal Theory (PVT), which occupies two pages in the chapter. She summarizes PVT as being the discovery of the "ventral vagus" function as distinct from the previously-known "dorsal vagus" function, which is the foundation of the parasympathetic branch of the autonomic nervous system. Both down-regulate the heart, but in different ways. She states that calm states arise from the ventral branch, and that collapse states arise from the dorsal branch. This is not all wrong, but for a person of Rothschild's immense professional stature, I was really hoping for more.

As a side note, in Rothschild's five paragraphs, there are two trivial errors: (1) the adjectives "ventral" and "dorsal" refer to the positions of vagal nuclei in the brainstem, not the body generally, and (2) "ventral vagal" is not exactly synonymous with "parasympathetic calm."

More importantly for me, Rothschild does not convey the real significance of the Polyvagal Theory. She provides substantial commentary to say that she is not "picking sides" in the "debate;" however, I think she should articulate the two sides accurately, whether she is taking a side or not. One side is the familiar dualistic ANS model, and the other side is the new PVT model; the former is well-known, but the latter is not represented well. She makes the point that a synthesis of the two would be good, and I agree, but she does not venture far into that territory in this book.

This writing is to represent my perspective. I have been exploring and testing PVT for 17 years and found it to be repeatedly confirmed, and I like to take any opportunities that arise to explain it.

About Polyvagal Theory

Polyvagal Theory overturns the conventional understanding of the ANS that we all learned in school under the rubric "flight/fight versus rest/rebuild." I think PVT is a true paradigm-buster, with enormous implications for health care in general and child care in particular. Instead of a two-fold, reciprocal system (sympathetic for excitation and parasympathetic for soothing), Porges describes a three-part system that is partly sequential, based on phylogeny (the evolutionary history of various functions, such as heart regulation). With PVT, we finally have a comprehensive hard science explanation for many behavioral effects.

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Here's a quick description of phylogeny, which is essential to understand PVT (and absent entirely from Rothschild's new book). In vertebrates, the evolution of involuntary heart regulation shows three clear stages, spanning about 400 million years.

The initial burst comes from chromatin tissue, preceding what we normally think of as autonomic, so we are not counting that as a stage. Very ancient vertebrates (such as lampreys) gain the first stage, a way to slow down the heart; this is primarily the dorsal motor nucleus of the vagus nerve, plus eventually the sacral plexus, and their parasympathetic functions.

Move forward a hundred million years or so and later vertebrates (such as bony fish) gain additional equipment to stimulate the heart with greater precision and force; this is the sympathetic ANS.

Lamprey retrieved from: https://imgix.ranker.com/user_node_img/50064/1001267498/original/lampreys-are-jawless-fish-photo-u2?w=650&q=50&fm=jpg&fit=crop&crop=faces

Then much later, with mammals and especially with primates, a third calming function appears, which we will call social engagement. Mammals and primates, quite new on the evolutionary scene, have an essential need for extended protection so that their much more sophisticated cortex has time to develop. In the case of humans, this means decades, until the brain areas for risk assessment have time to mature around age 22-25. This is too important to be left to chance, so the new protective function must be hard-wired, or involuntary. In her wisdom, Mother Nature added an ANS patch for this bonding purpose.

The evolution of mechanisms for excitation and calming cycles can be drawn as a sine wave with well-established upper and lower limits, the "window of tolerance" (Rothschild, page 46, referencing Levine, Ogden and others) or "window of presence" (Anna Chitty and Ray Castellino, personal communications, 2017). The up- and down-regulating capabilities appeared in sequence: first up, then down, then a better up, then a better down. ANS configurations above the basic wave are hyper-states, and below the wave are hypo-states. Hyper-states precede hypo- states, and hypo-states are well-known to be more dangerous and intractable, as the PVT predicts.

Under stress, we try our most modern strategy first (social engagement). If that does not work or has not worked in the past, we try our more primitive strategy,

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Boney fish retrieved from: https://ancientanglers.files.wordpress.com/2012/08/cropped-priscacara-serrata-1024.jpg

Gorilla retrieved from: https://nationalzoo.si.edu/sites/default/files/styles/slide_1400x700/public/animals/exhibit/lowlandgorilla-004.jpg?itok=iw-EZVSy

(parasympathetic). If parasympathetic does not work, such as in shock states or severe depression, we are in great danger. The stress responses are played in a sequence. As John Hughlings Jackson (father of neurological science) taught, the newer strategies operate on the older. This makes social engagement the probable winning card for any game.

In the case of newborns, successful social engagement is mission-critical for lifelong ANS resilience. If the social function is defeated (such as by separation, anesthesia or betrayal), babies will not spend long in the next option (sympathetic) because they have neither muscles nor autonomy for effective flight/flight. There may be some angry crying, but it is not usually sustainable. The baby then defaults to the lowest rung on the ANS ladder, the parasympathetic stress responses. Osteopathic medicine reassures us that "the health is never lost," but the full range of ANS functionality may be obscured until supportive resources can be supplied.

The PVT model makes sense of a host of readily observable phenomena including: why safety is of supreme importance in therapy; why betrayal has such a huge impact; the extreme difficulty of depression; and so on. The sequential aspect also allows us to de-pathologize sympathetic stress responses, which have gotten a bad rap for a long time. The goal of therapy is to restore full range of motion in the whole ANS, not to get the client out of sympathetic states, as I was taught.

About "Ventral Vagus"

The next point to clarify is about the "ventral vagus." The vagus nerve (Cranial Nerve X) has four nuclei. In the early 1990s, Porges noted that one of the four, closer to the front in position, did not meet the normal criteria for definition as a parasympathetic nerve. It is myelinated for faster signaling and separated in evolutionary appearance by hundreds of millions of years. Also, it is not primarily targeting smooth muscle such as the viscera, and it has a significantly different function. It is lumped in with the rest of the vagus just because they arise in the same place and both have a soothing effect. They were named with the one label long ago, but really the new branch should have a different name altogether, in my opinion. In any case, "ventral vagus" is not synonymous with "social engagement system" or "parasympathetic."

Rothschild labels her poster's PNS II column "Ventral Vagus," a partially incorrect title that is likely to confuse. The correct phrasing for an anatomical reference for social engagement is more aligned with the "corticobulbar tract," or the "social engagement autonomic nerve complex," or something similar. This terminology references the entire group of involuntary mechanisms necessary for social function including: cranial nerves V (trigeminal), VII (facial), IX (glossopharyngeal), and XI (accessory), in addition to CN X, the vagus. Using "ventral vagus" as an umbrella term for "social engagement nervous system" ignores the contributions of the other cranial

nerves in the complex. Porges used V and VII, not X in his original test of his theory, The Listening Project at the University of Maryland (Now available as Safe and Sound at http://integratedlistening.com/ssp-safe-sound-protocol/.)

Differentiate Normal Functions from Stress Responses

As a final point, Porges illuminated the difference between "normal functions" and "stress responses." This is not the main theme of his work, it is a beneficial side effect. We have labored under an error of trying to make sense of the ANS without this critical distinction. It is incorrect to say "fight/flight versus rest/rebuild" because the former is a stress response and the latter is a normal function. The parasympathetic is about baseline metabolism and resting states such as sleep. The sympathetic is about mobilization and active states such as daytime alertness. The social engagement branch of the ANS is initially about maternal bonding and later social communication of all kinds. Note again, the function of the third is quite different from the function of the first, so they should not be conflated as both "parasympathetic," as Rothschild and many others seem to do, just because they both down-regulate the heart. To differentiate "normal functions" from "stress responses" is liberating for therapists. Categorization becomes simpler. Rothschild keeps them mixed together; her poster's green and blue columns (PNS II and SNS I) are mainly normal functions, and her yellow, orange, red and magenta columns (PNS I, SNS II, SNS III and PNS III) are mainly stress responses. The troublesome-for-me row in the chart is the "Emotions" line, which contains both normal and stress responses intermingled in the PNS II and SNS I columns. Meanwhile the rest of the chart has great info, highly recommended for all healthcare and childcare workers.

However, there are some important involuntary phenomena, both normal and stress-related, that do not appear at all on Rothschild's poster, which makes the chart incomplete for me. Does the client make eye contact? Is the client's verbal expression clear? What happens for the client in intimacy? What tribal behaviors does the client exhibit?

In addition, Rothschild's poster omits social engagement strategies in her "Recommended Intervention" row. SNS II says "Put on Brakes", SNS III says "Slam on Brakes" and PNS II says "Medical Emergency– Call Paramedics." A PVT-informed list would add something about progressively increasing the client's felt-sense of safety through effective social contact. One of the most dramatic recoveries from severe depression that I ever witnessed happened when the client's sister and best friend both had babies on the same weekend, and she spent an entire week just holding newborns. Her social engagement system had so much stimulation that her depression just lifted on its own.

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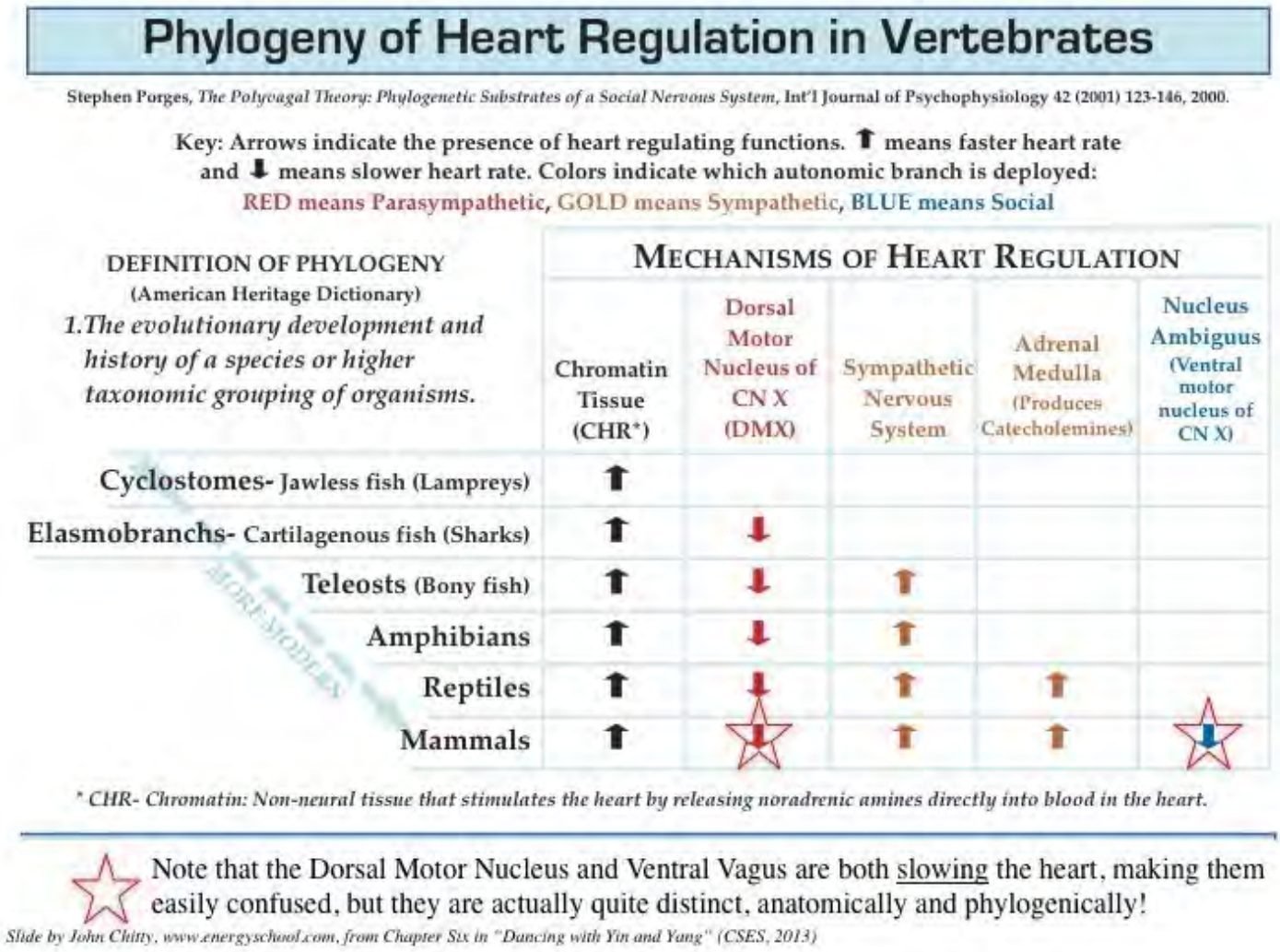

As a last comment on the poster, I am allergic to the word "Impossible" (found in SNS III and PNS III columns on the "Integration" row) when discussing client's capacity to recover. The Osteopathic first principle, "The Health is Never Lost" means never give up all hope. I think it is the practitioner's obligation to hold the high ground of optimism, so I would prefer language with some upside in this situation.

I also felt an impulse for chart-making, and with Porges' support I also created a poster (2013). This poster was on display at the APPPAH conference, and I am happy to send it to readers who may be interested. I depict three ANS branches in two groups (normal function and stress responses) instead of Rothschild's six categories, so I think there is common ground schematically, as my 3x2 and her 6 do end up at the same numeric value.

I am eager to receive feedback on any of this, just email me (info@energyschool.com) to start the conversation!

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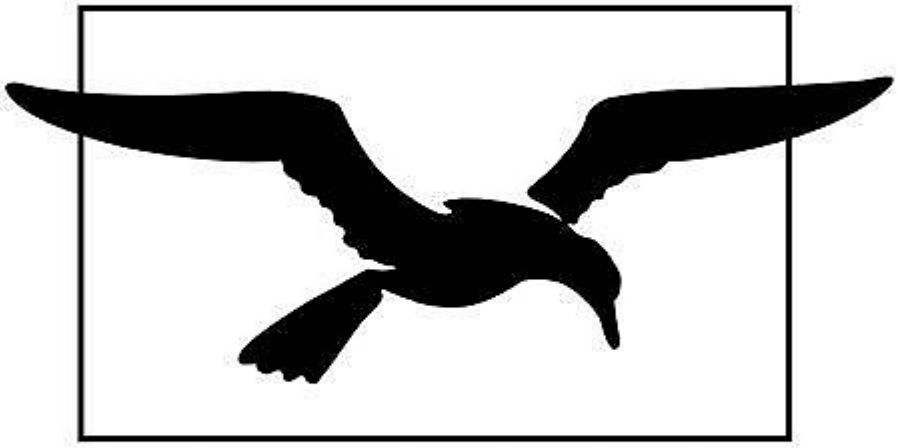

Curious about chapter two?

We offer our sincere gratitude to W.W. Norton & Company for offering an excerpt for our readers: Chapter 2 is excerpted from *The Body Remembers Volume 2; Revolutionizing Trauma Treatment* © 2017 by Babette Rothschild. Used with the permission of the publisher, W. W. Norton & Company.

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John Chitty (b. 1949) operates Colorado School of Energy Studies in Boulder, CO (established 1992, www.EnergySchool.com) with his wife and partner since 1972, Anna Chitty. He is a registered psychotherapist, Polarity Therapist, and Biodynamic Craniosacral Therapist. His work has attempted to create bridges between touch therapy and psychotherapy, hopefully informing each of the value of the other. He served on Peter Levine's Board of Directors in 1999-2000. He met Stephen Porges in 2002, and to this day Porges kindly and generously continues to review his materials for accuracy.

He is author of *Dancing with Yin and Yang* (2013) and *Working with Babies* (2016) and a poster explaining the Polyvagal Theory, *Triune Autonomic Nervous System*. Chapter 6 of *Dancing with Yin and Yang* describes the autonomic understanding more fully than can be done here, and Chapter 9 has many methods for restoring full range of motion in the ANS. His presentations on Polyvagal Theory and related topics can be viewed in electronic forums such as YouTube and Vimeo.

Bewildered, be-wildered

with Emma Palmer
(previously known as Kamalamani)

"The word *wild* is like a gray fox trotting off through the forest, ducking behind bushes, going in and out of sight. Up close, first glance, it is "wild" - then farther into the woods next glance it's "wyld" and it recedes old Norse *villr* and Old Teutonic *wilthijaz* into a faint pre-Teutonic *ghweltijos* which means, still, wild and maybe wooded (*wald*) and lurks back there with possible connections to *will*, to Latin *silva* (forest, sauvage), and to the Indo-European root *ghwer*, base of Latin *ferus* (feral, fierce), which swings us round to Thoreau's "awful ferity" shared by virtuous people and lovers. The Oxford English Dictionary has it this way:

Of animals – not tame,
undomesticated, unruly
Of plants – not cultivated
Of land – uninhabited, uncultivated
Of wild crops – produced or
yielded without cultivation"

(Snyder, Practice of Wild, 2010: 9.)

I wake with a dream image of wilderness. Green everywhere: undergrowth, trees, the furry vegetation of the river bank touching the water's edge. A deep cut river running from right to left – at least, that's the direction of the river's flow. The land ahead slopes gently upwards towards a plateau of sorts. In the mid foreground, raised, higher ground. A few other tummocks to the right. It's not a landscape I recognise. At least, I recognise the deep peace of wilderness, but I can't 'name' it in a more human-bound way: 'oh, it's Bodmin Moor' or 'the Rift Valley' or 'the Somerset Levels' or 'the Kenyan Highlands' - though it slightly resembles the Kenyan Highlands, now I think about it.

I realise, emerging more fully from sleep, that part of the reason I cannot name the wilderness is because it is shape-shifting. One minute it's tropical jungle – beloved memories of the humid heart of Ghana – next it's a thick carpet of oaks much closer to home. Green everywhere. You can tell that all of life is here; delving into that green I would find all sorts of beings. There is also shape-shifting in that I realise the wilderness is 'out there' in the dream image and it's also 'in here'; the wilderness of my heart. The wilder-ness of my heart. In the words of Snyder, the feral, fierce, untamed, deeply passionate yet quite quiet heart. Uncluttered, unfettered. Bored of the who-said-what-to-who-and-when of everyday, inevitable, human life. Faraway from the busyness of the lead up to Christmas when everyone suddenly seems to want to meet and socialise and I long to write, alone, in a candle-lit room. I feel the tension in myself, loving the camaraderie of the market place whilst longing for the hearth these short days.

As the dream image of the wilderness fades I re-read the words I had already written for this edition of *Somatic Psychotherapy Today* about addiction. Addiction and wilderness. Wilder-ness and addiction (the other thing that comes to mind as I awoke is the need to visit a house of prayer in Bristol, but that's a story for later). What I have found myself writing in long hand so far is about the growth of Bristol, my home city in this south-west corner of England, through the

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River scene retrieved from:
https://friolodging.com/wp-content/uploads/2016/10/river_panorama_001.jpg

eyes of five favourite plane trees living down by the river, opposite the SS Great Britain. For years these five trees have felt like welcome friends. I welcome them quite a few times each week. Maybe they welcome being noticed – I don't know, I'm not them. This time of year, they stand proud, matching in height the white block of flats and towering over the older houses. Bare of leaves and sculpted. In the height of summer, they provide welcome shade. In spring they provide shelter for hundreds of delicate mauves and lemon-yellow crocuses – a welcome sight in the low spring light after a long, often grey British winter.

For years I have called them the 'dancing trees' for they look like they could be dancing – a little like the trees or stones in Somerset fairy tales who were once human. Humans who drank too much scrumpy (*note - a local cider drink), so were punished once the clock struck midnight. Mightn't be ***so*** bad being turned to a rock or a tree for the rest of time?

Anyway, a few weeks ago I made a pilgrimage to see them, these dancing trees, these dancing friends. Not a grand pilgrimage, but a pilgrimage all the same, given that I found the trip had 'spiritual significance' which is what a pilgrimage is, apparently, now I come to look. On that bright blue-sky day, the best of autumn here, I felt ashamed at first that I'd never actually visited these trees. Never gazed with awe at their height, their girths, their majesty. I forgave myself a bit, for they live on a traffic island which is quite hard to reach unless you're fairly swift in darting between fast-flowing waves of traffic.

Despite the whoosh, whoosh, whoosh, of cars, buses, the odd ambulance and emergency vehicle (often my van being one amongst the whooshing . . .) this is a beautiful spot. The trees are on the edge of Bristol's 'floating harbour', fed by the River Avon. It is a meeting place of four busy roads. In the heart of the grove of trees green is suddenly everywhere. The softer, velvety, damper north sides of the trees. The drier, greyer south-east sides homing a holly tree and a nascent ash. The grass below, the rich, entwined canopy above - yellows and greens still glinting in the golden autumn sun. The trees house transitory humans, too; a discarded vodka bottle here, a take-away box there. And bird life – crow, blackbird, and more habitual sea gulls. And many more insects besides, I'm sure, and mycelium out of sight, but all important in the fabric of life below my feet. The memory of the tree pilgrimage has stayed with me.

In my notebook scribblings I wrote as if I were those dancing trees, witnessing the growth of Bristol, the growth of the docks and the port, all human life passing by. I wrote of the acquisitive wealth of this 'great' maritime city. The heydays: the maiden voyage of Brunel's SS Great Britain in 1843, now back in dock and beautifully restored, resting across the river from the dancing trees. The maiden voyage of the reconstructed Matthew ship, setting sail for St Johns in 1997, following the route of the original caravel that John Cabot sailed from Bristol to Newfoundland in 1497, marking the 500th anniversary.

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Parks can no longer be places where trees live, where squirrels dart around (sometimes chased by excited dogs), where children play, and lovers linger. No, parks and their events must generate revenue.

The great wealth and the great, diseased poverty. A city with wealthy foundations resting nervously on the bones of slaves from that horrific triangular trade. Resting nervously, for the aftermath of the horror is still bubbling away – an unfinished stew. Battles over whether the Colston Hall – named after an infamous slave trader and benefactor of the city - should be re-named. And what about Colston School? And Colston Road? And that's but one name of a slave trader here. It is a great city, full of vibrancy – music, art, enterprise, a creative, rebellious spirit - it is also a very segregated city in terms of race, wealth, the wellbeing of children. It's a city which has literally been carved up for the pursuit of trade and wealth; we have culverted and covered up many of the rivers here, including 'the new cut' diverting the River Avon. It sends shivers down my spine. It's a place I love, a place I call home, as have my paternal ancestors of the past eight generations and many of my maternal ones, for more than a few generations. I see the history of this place through their eyes. And yet, and yet.

Do we look after our people - all of them, I mean? - and our trees in this city? And this land? We don't. Well, not well enough in my humble opinion. It's heart-breaking, this ongoing mercantilism above all else at the heart of this city. Given that they lack attention, I'll stay on the subject of trees; although, there is so much that could be said about austerity and human life, as you can imagine. Earlier this year the city council announced due to austerity the city's trees will no longer be maintained, unless they "provide a risk to health and safety" (in which case, they will most likely be chopped). From 2019 Bristol's parks will not be maintained, either, in fact, parks will instead be "relying on revenue generated from parks events and other outside sources" (Petition: Protect Our Parks, 2017).

It kind of nails something, this sentence about parks relying on revenue generated from park events. Parks can no longer be places where trees live, where squirrels dart around (sometimes chased by excited dogs), where children play, and lovers linger. No, parks and their events must generate revenue. We can't put aside some money for parks gained elsewhere and let trees be trees. Trees, grass, they must cover their costs - or be felled – one can witness the brutal destruction 181 miles north of here in Sheffield city – see STAG (below) for more information.

This addiction to narratives of growth, of progress, of cost recovery, of austerity. This addiction to also making sure people are treated in the same way as trees, expected

STAG: website of Sheffield Tree Action Group. See: https://saveSheffieldtrees.org.uk/

to generate revenue to legitimise their existence. Even if they're ill, or sick, or have just given birth, or simply need some down time. We're boxing ourselves in, us humans, in the way that the dancing trees are now boxed in on an island constantly surrounded by human traffic. This I-can't-get-my-head-around- it-view that we're civilized, whilst we ask the terminally ill to fill in forms, so they can keep receiving government support. It's no wonder we're addicted to our drugs of choice to cope with this society, a society where we have become tamed, and in the taming increasingly isolated, boxed in, self-harmed, dissociated from our other-than-human and more –than-human neighbours, conquerors of wilderness inner and outer. We die without wilderness. Wilderness homes millions of species – breathing beings. We need wilderness because our survival relies on biodiversity. We need wilderness because it's here and living. We need wilderness to remind us to simply let the soft animal of our bodies love what it loves, in the words of the poet Mary Oliver in 'Wild Geese'.

Flicking through the Concise Oxford English Dictionary (OUP, 1982: 1231), a little distressed, I read the definition for 'run wild': 'grow or stay unchecked or undisciplined or untrained'. I imagine Bristol used to be a bit of a wild place – well it still is, in some quarters, in some hearts. A place full of sailors, engineers and explorers, seeking adventure and the finding of new lands – running wild. Which reminds me, the bit of my dream I failed to mention earlier is that to the right of the gentle-slopes leading to the plateau there was one solitary, well-built brick house. I was to live in it. When I realized I could live there I felt great relief – return to the wilderness. I also felt a sense of dis-ease. One house would, ultimately lead to another, and another, and a road, and a bigger road, and a little settlement, and a gathering, and a village, a town, before you know it, a city. It's how wilderness is consumed, it's how the conquering of the wild often – not always - happens. Incremental growth, is that what it's called? I studied it once.

It strikes me that we need to 'run wild' now, running wild with new stories, as well as 're-wilding' - the better known contemporary phase. An antidote to stories of runaway growth, the view that 'greed is good' in the words of the character Gordon Gekko in the film 'Wall Street' (1987) Running wild in finding stories which neither end with Armageddon-inspired doom and gloom nor a happy green technology solved future. Closer to home, maybe we can 'undiscipline' or 'untrain' ourselves from aspects of body psychotherapy practice that seem to be driven by agendas of norming and prescription, and pay more care-ful attention to the client in front of us. Stories in which we can find individual and collective ways to 'undiscipline' and 'untrain' ourselves from being such good pilgrims of a late-stage capitalist system. Capitalism isn't working out to be so good for our wellbeing, for our hearts, our minds – for life on earth. Even the super-rich politicians, CEOs, rock stars, and bankers living safely in their

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gated mansions will need air to be breathe, clean water to drink, and plastic free fish to eat.

My nephew and nieces come to mind. This happens a lot of late. When I write, our legacy and the future generations are close to heart. I recall my youngest niece's comment the other day, "trees are boring," she said. My heart sank. Yesterday, wearing my black jumper with embroidered stars - getting into Yuletide spirit - she pointed at the red and silver one. "Look, Cocoa-cola colours!" My heart sank again. She doesn't even come from a family of Cocoa-cola drinkers, and yet she associates red and white with one of the world's most successful corporations. They really were successful with their 1930s campaign to adopt the colours of Christmas as their branded colours; it worked, and continues four generations on. Her older sister, by contrast, can't walk past a tree without climbing it, hanging like a lazy leopard from its thick branches for long stretches of time, herself remembering feral. She's a natural re-wilder. Their middle sister bursts into tears when she thinks about what's happening to the polar bears and tries to be vegetarian but struggles to give up chicken drumsticks. Their elder brother argues vehemently with his Dad, an ardent meat-eater, about the importance of being vegetarian. These messages we're giving these growing children. They're bewildering – the messages – and bewildered – the children. My heart sinks. ("Bewilder *v.t.* lead astray; perplex; confuse; hence ~ MENT *n*." (The Concise OED, 1982: 86))

My thoughts return to the dancing trees. The dancing trees aren't a wilderness. But I love how they tower over scurrying humans, only the masts of the tall ships matching their height – the masts, themselves, tree cousins. The dancing trees are a precious grove in the heart of this fast -beating, 'progressive' city. The morning I made the pilgrimage to see them I went up to Bristol Cathedral afterwards, just up the road, for a cup of tea (I visit houses of prayer more than I realise. It's one of my favourite haunts, the garden and the chapter house – imagining the harmonising and bickering abbots…) On this occasion I sat in the secret walled garden, wrapped up warm, and drank Earl Grey. Leaving the church, I thanked two cathedral guides.

"Wait," one of them said to me. "Was that you photographing the trees on the roundabout at Hotwells?"

"It was, they're lovely trees – I'm often admiring them, but I had never visited them, so I thought I would today."

"Good for you," she replied. "I love them too especially in the spring, when the crocuses are out."

We smile. It's a precious moment. We are related. Mary Oliver's work comes to mind again:

Moss

Maybe the idea of the world as flat isn't a tribal memory or an archetypal memory, but something far older – a fox memory, a worm memory, a moss memory.

Memory of leaping or crawling or shrugging rootlet by rootlet forward, across the flatness of everything.

To perceive of the earth as round needed something else – standing up! – that hadn't yet happened.

What a wild family! Fox and giraffe and wart hog, of course. But these also: bodies like tiny spring, bodies like blades and blossoms! Cord grass, Christmas fern, soldier moss!

And here comes grasshopper, all toes and knees and eyes, over the little mountains of the dust.

When I see the black cricket in the woodpile, in autumn, I don't frighten her. And when I see the moss grazing upon the rock, I touch her tenderly,

Sweet cousin.

(Mary Oliver, 1999: 31).

Emma Palmer 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 three books: *Bodywise: Weaving Somatic Psychotherapy, Ecodharma and the Buddha in Everyday Life* with all profits donated to SPT; *Meditating with Character* (post-Reichian character structure applied to meditation); and *Other than Mother: Choosing Childlessness with Life in Mind*.

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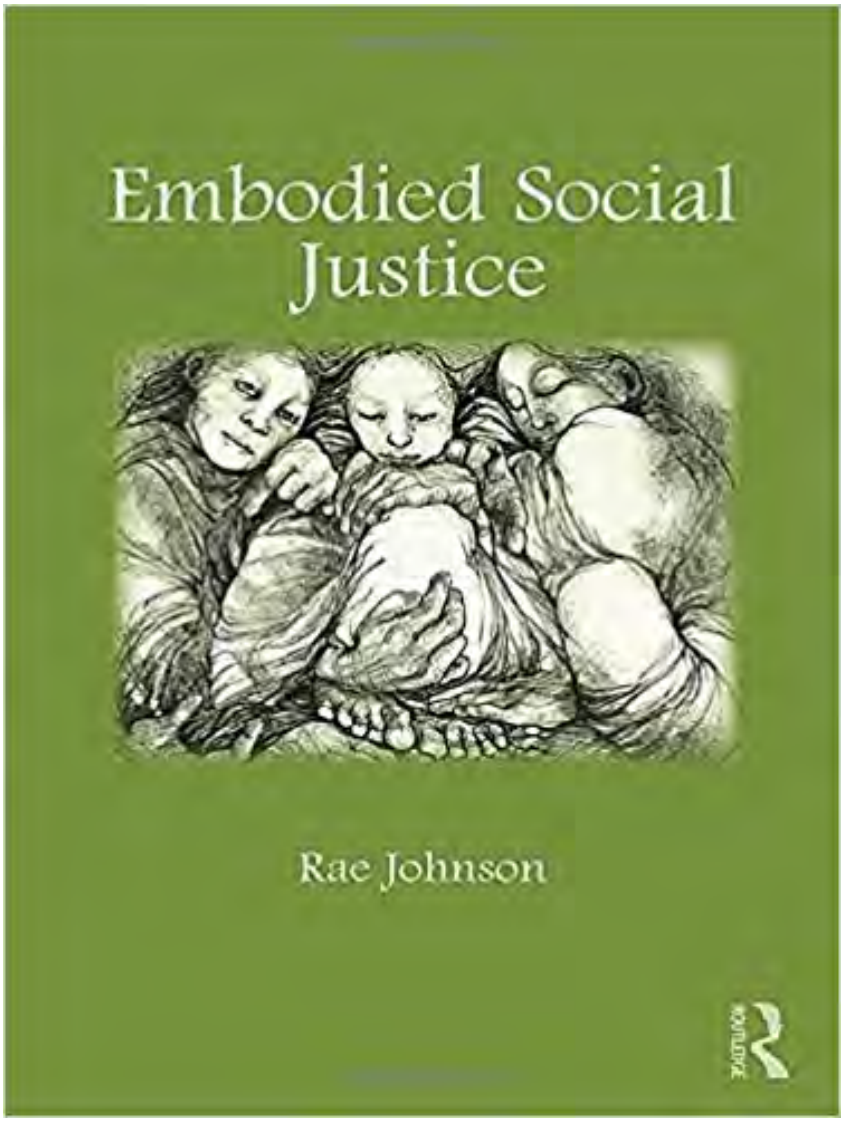


Reviewed by Nancy Eichhorn

A story to start, to illustrate potent nuances that, without awareness, perpetuate inequality outside our conscious intentions. And to thank Dr. Johnson.

Reading this book, I realized the subtle ways in which I have experienced being in a position of power and being overpowered. I understand what it's like to be in charge and to be subjugated in a cognitive sense; what I didn't quite get was my own bodily experience of feeling oppressed or feeling powerful. Reading the narratives, experiencing these women's stories as well as learning about Dr. Johnson's 'Cycle for Embodied Critical Learning and Transformation', which was

designed to help participants "grasp and transform the experience of oppression in their body" (pg. 117), I now have a template to conceptualize and experiment with as I connect with a bodily sense of my day-to-day experience.

My Story

I was reviewing an essay from a regular writer for this issue (Winter, 2018). Emma writes from Bristol, UK. I edit from Carmichael, California, USA. We both speak English. We both write using what we call the English language. I, however, conform to the Americanized version. As usual, I automatically changed spellings so that words like realised (British version) were corrected (in my mind) to realized. After editing and noting comments for revisions, I was just on the spur of sending Emma the essay when I realized/realised that my changing the spelling because it did not conform to my system, well it was oppressive, it created an "imbalance in social justice" to cite Johnson. Changing the spellings sent the message that my way was the right way; it became a matter good and bad, of right and wrong. Having read, and honestly still in the process of reading Johnson's book, I felt how my power as the editor and publisher of this magazine overrode another human being's way of spelling words that, in Emma's country, were perfectly legit. I noticed, for the first time with this much intensity, that I have power; whereas, most of my life I've felt powerless, the underdog with little to no control in my life or the lives of other people. This sense of imbalance jolted me from a state of oblivion to a reality such that I emailed the author, explained what happened, shared my reflections. I then revised all those spellings back to their original state of being.

Status Quo

It is amazingly simple to remain unaware. To hear news stories, commentaries on blogs and newsfeeds about social injustice and simply brush it aside. There's this notion that life, worldwide, is not fair. Racism and gender inequality exist. The controversy about changing gender identifications and bathroom use is but one of many examples stirring up emotional responses.

Even pronoun use has moved beyond he and she, her and him. I was struck when reading Johnson's book and came across the use of the word 'they' in the biography:

"Rae Johnson, Ph.D., RSMT, is a queer-identified social worker, somatic movement therapist, and scholar working at the intersection of somatic studies and social justice. They chair the Somatic Studies and Depth Psychology program at Pacifica Graduate Institute in Santa Barbara, California."

My initial reaction was like, well that's weird. Then I thought it must be a copyediting error. But in reading this book I realized the error was mine. Staying rooted in my sleepy world, stuck in my status quo, I was not accounting for radical changes happening around me

that need to happen within me, present, awake, aware. To honor Johnson's language, I will use 'they' and 'them' in place of she and he and her and him respectively.

To cite a clear nutshell that serves the best interest of this book:

"Embodied Social Justice introduces a body-centered approach to working with oppression, designed for social workers, counselors, educators, and other human service professionals. Grounded in current research, this integrative approach to social justice works directly with the implicit knowledge of our bodies to address imbalances in social power. Consisting of a conceptual framework, case examples, and a model of practice, Embodied Social Justice integrates key findings from education, psychology, traumatology, and somatic studies while addressing critical gaps in how these fields have understood and responded to everyday issues of social justice."

The Book

Physically speaking, the hardbound book is small (6-ish inches by 9.5 inches). Each sentence is a tad over four inches in length (lots of white space on the page). Even the font size and spacing between sentences is small. There are 146 some odd pages. Incredible information is jammed into tight spaces, which felt oppressive to me. It was hard to read simply because of the formatting, the layout. I felt frustrated. The content mattered to me. I wanted to access it freely, easily. I wanted to focus on being part of it not struggle to align my eyesight, squint to read (and no, I do not need reading glasses, my eyesight is quite good close-up, it's distances that require mediation).

There are three parts after the introduction, which offers a practical example, a frame of the issues, and an overview of the book. Part 1: Body Stories starts with a discussion on embodied inquiry then moves into the participants' stories. It ends with Chapter 8: Learning From The Body Stories, divided into five themes (each further subdivided) and discusses implications for embodied social justice.

Part II covers Oppression and Embodiment with chapters on (un)learning oppression and learning through the body. Part III: Grasping and Transforming the Embodied Experience of Oppression offers chapters covering: The Cycle of embodied critical learning and Transformation; Implications and Applications and Community Resources.

Reflections on my Experience

Despite physical challenges reading the book, I changed because of the experiences I had with the content. My awareness of diversity and oppression in my body, and in the bodies and lives of those around me is no longer the same. My naïve innocence shattered by the truth of my truly not knowing. None of this would have come about if I was engaged with the text. Johnson's writing style clearly resonated with me. Although the book is written for a professional audience—the material is exact, referenced, articulate—it differs from the typical dry scholarly tone associated with academic articles. Their use of metaphor and description is practiced, polished,

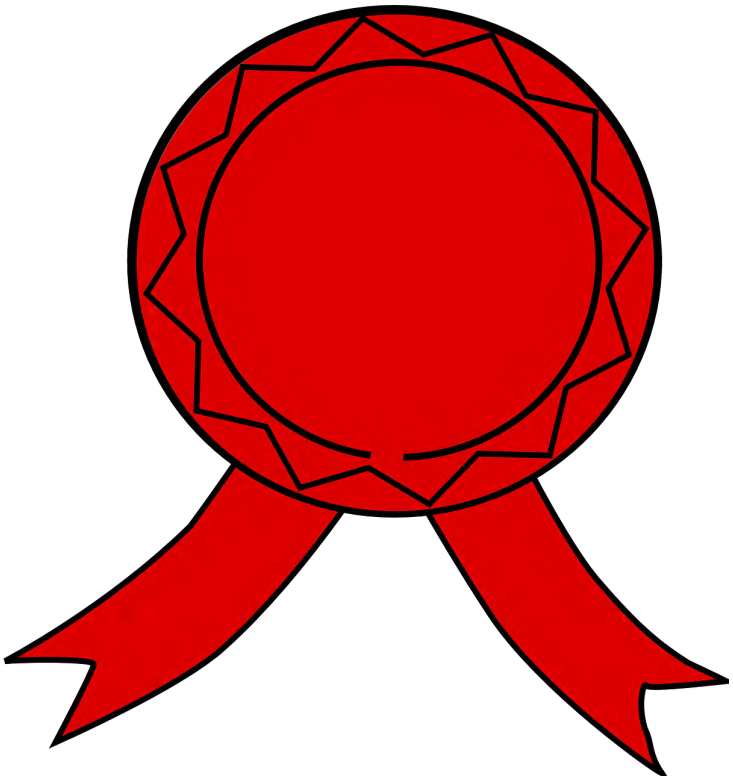
creative, riveting.

Johnson offers an interweave of story, reflection and quotation to utilize other people's perceptions. Simple statements merge into significant moments of detail portraying the lasting impacts of our life events, like they story about the red badge.

When Johnson was 7-years-old, as part of a system-wide physical fitness test, they went through the measures. They assumed, being academically excelled, that they would earn a gold or silver badge. The red badge was given just for showing up, just for having a body, Johnson writes. Although they discarded most childhood memorabilia, they have kept the red badge that they received that day. Its message, Johnson writes, " . . . told me that as far as my body was concerned, my contribution to the world was unremarkable" (page 45).

We are in their vulnerability, in the frame of their reality, and then we're pulled outward to their compassion, to a wider embrace as they recognize their own "privilege" in their stories and that even their "tolerant apathy toward" their "body" that they described "is a luxury some cannot afford" (page 45). Johnson is in themselves and they are aware of their presence in the large sense of society and justice.

Discussing microaggressions, a term coined by Chester Pierce, Johnson likens microagressions to "relational paper cuts" because these types of cuts seem small and insignificant, but, in truth can be extremely painful. They're hard for others to see, Johnson writes, and at times you don't even feel the pain until after it happens, and it



can linger for a long time (pg. 55). Johnson takes these potent concepts and brings them into being with examples we all can relate to, even if we haven't necessarily had them ourselves. Johnson notes in Chapter 11 that as facilitators, we need to enter a teaching situation with "awareness of our own potential triggers, blind spots, expectations, assumptions and projections" (pg. 114).

Johnson lives this quote.

Body Stories

The "body stories" shared in Part 1 highlight the participants' experiences in an extremely alive and embodied way. There are six stories, including Johnson's narrative. I found the inclusion of Johnson's own body story courageous and insightful. Johnson opens the narrative explaining the reasoning, and quite rightfully admits that

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they cannot protect their own anonymity as they did for the other participants. Johnson is out there, front and center, a position that I personally try my best to avoid.

Johnson shares that their decision was motivated by several factors: (1) ethics—don't ask someone else to do something you, yourself have not done, nor would be unwilling to do; (2) writing their own body story allowed them to appreciate the courage and risk the participants were taking and guided them process of trying to do justice to their efforts; (3) writing their story opened their eyes to aspects of embodied experiences not necessary addressed in other places allowing them to explore more deeply with other participants; (4) it required them to stand behind a process that they were proposing as an act of political resistance through reclaiming embodied knowledge (material taken from page 43).

I appreciated the reflective nature and candor as Johnson shares their lived body experience via two stories: the story of their body as a shadow, and the counter-narrative of how their body resisted the pressure to disappear and in the end how their body got them to fall in love with it and with the bodies of others. I experienced Dr. Johnson differently than I did as a student, both in their classes and in their office seeking guidance, at the Santa Barbara Graduate Institute (SBGI), and connecting with them over the years at conferences, via email, and so forth. A sense of depth comes to mind as I read

I appreciated the reflective nature and candor of Johnson sharing their lived experience via two stories: the story of the body as a shadow, and the counter-narrative of how the body resisted the pressure to disappear.

their story, like I was seeing 'Rae' for the first time even though I would openly say to people that I know Rae Johnson. As they writes, "Through this process, I have learned (and am still learning) how revealing myself to other people makes me more available to myself . . . Their purpose is to help me become more fully and

Oppression, Johnson writes, is a learned behavior (versus innate), and it can be unlearned.

consciously who I am, to practice getting at myself through visceral, embodied senses" (page 43).

The stories are offered and "unpacked" to "underscore to significance of the body as a source and site of social injustice, and provide new insight into the embodied lived experience of oppression" (pg. 53). Johnson looks at the themes that arose in the stories of somatic experiences of oppression then links them to "other research findings, anti-oppression theories and social justice commentaries" (pg. 53).

I considered one theme that involved the role of the body when navigating differences in power. Johnson notes experiences with interpersonal space (body based boundary markers), gestures and non-verbal expressions (to communicate power, privilege and social standing) and though not mentioned frequently, eye contact and the use of touch (Johnson writes that comments transcribed from the interviews were worth noting). Participants talked about their experiences involving embodied memory, somatic vigilance, and withdrawal or alienation from their body. Being oppressed had taught them how to pay attention to the aspects of nonverbal communication that reinforced their "inferior social status through nonverbal messages" (pg. 59).

According to Johnson, the themes that arose during the narratives illustrated the impact of oppressive interpersonal relations and how they distort "nonverbal communication, elicit traumatic somatic reactions, and engender body shame" (pg. 71).

Oppression, Johnson writes, is a learned behavior (versus innate), and it can be unlearned. Johnson created what they call their model of Embodied Critical Learning and Transformation, which is explained in Part III. Before introducing the model however, Johnson prepares readers with background information including: key concepts from anti-oppressive education; articulate strategies for a learning process that can consciously address issues of power, privilege and differences; and ways that address the somatic effects of oppression emphasizing the interpersonal nature of oppressive social dynamics and using existing beliefs and implicit frameworks in the learning process rather than asking learners to adopt new ones (see Chapter 9).

Chapter 10 focuses on somatic theory and practice. Johnson's intention is to provide "conceptual foundations and practical

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strategies for learning through (and with) the subjective, felt experience of the body."

I often hear the word 'somatic' as in somatic psychology or one's somatic experience. And I have a sense of what it means. But, I haven't been able to easily share my definition with other people. Until now.

Henceforth, I will quote Johnson: "According to Hanna (1970), a somatic perspective is one that privileges the subjective felt experience of the body in understanding and working with human experience" (pg. 93).

I know, it sounds heady. But Johnson goes on to write that when we're involved in meaning making, what we have felt in our body is incorporated into what we think about the experience, and when we're working with the body, "our interventions are primarily informed and guided by the impact those interventions have on our bodily sense of ourselves" (pg. 93).

Entering Chapter 11, I learned that Johnson based their model on David Kolb's cycle of experiential learning and on Eugene Gendlin's focusing technique. Johnson shares how to use the model from two perspectives: (1) being involved in it; (2) being a facilitator of it. I appreciated Johnson's position regarding power and privilege in a teaching situation. Johnson treats learners as central to the process—they are not there to impart knowledge but rather to engage learners so they actively understand and can work with their own experiences.

The book moves into its ending with Chapter 12: Implications and Applications and Chapter 13: Community Resources. Lots of information for readers to explore.

There's more of a sensation in my chest and belly when I feel oppressed and there's more energy, a more assertive almost at times aggressive stance when I feel myself as the oppressor. It's become a lesson in being quieter, softer, slower. In connecting with my breath, feeling adrenaline swirl in my system, contacting the queasy-ness in my belly.

As I come about my own closure, I know that, as noted earlier, reading this book altered my previous way of being. I notice more, in smaller, paper cut sorts of ways. There's more of a sensation in my chest and belly when I feel oppressed, and there's more energy, a more assertive, almost at times aggressive stance when I feel myself as the oppressor. It's become a lesson in being quieter, softer, slower. In connecting with my breath, feeling adrenaline swirl in my system, contacting the queasy-ness in my belly. I want to be with people, on the page, in person, with a presence of equality and acceptance. I believe that intention is a good place to start.

Researching and Writing Embodied Social Justice

By Rae Johnson

For much of my professional life, I have been fortunate to do work that I love; work that is profoundly meaningful to me, and that I consider to be "who I am" as much as it is "what I do". Early in my career, that professional identity centered on being a somatic psychotherapy practitioner. Like many of the readers of *Somatic Psychotherapy Today*, my life has been enriched and forever transformed by my own experiences as a somatic psychotherapy client. As a therapist, I understood my clinical work as not just potentially "life-changing" for my clients, but "culture-changing" as well. I lived and breathed the work, and brought a somatic perspective to my whole life – how I moved, how I interacted with others, and how I understood the world.

Later in my professional life, I had the opportunity to broaden my focus to include teaching somatic psychotherapy graduate students and conducting research into the various ways a somatic perspective might inform a range of topics – for example, working with trauma survivors, integrating somatics and the expressive arts, and transforming the process of teaching and learning. So now when people ask me what I do for a living, I am much more likely to describe myself as a somatic scholar/activist than a somatic psychotherapist. This shift in professional identity is important in understanding how and why I came to write *Embodied Social Justice*, because like my previous books (*Elemental Movement*, 2000; *Knowing in our Bones*, 2011), this book is based on original research. Although I have tried to write it in a way that engages and inspires readers, at its heart it is research document.

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The more my research participants explored the somatic impact of oppression in their own bodies, the more their bodies served as trusted resources in the task of transforming and healing the damage that oppression caused, and the more they experienced their bodies as strong, powerful, and worthy of respect.

Like all research, it aims to generate new knowledge by building on what is already known about an identified problem, synthesizing that existing information in novel ways, and then asking strategic questions to fill in the gaps between what we already know and what we need to know to better address or resolve the problem.

In the case of *Embodied Social Justice*, the research emerged out of my somatic psychotherapy practice with members of marginalized and subjugated communities. As I describe in the book's introduction, I found myself making connections between the somatic "symptoms" of my clients (most of whom experienced racism, sexism, ableism, and/or homophobia on a daily basis) and the diagnostic criteria for post-traumatic stress disorder. Like me, they had no known history of acute trauma but were manifesting many of the somatic indicators of trauma – chronic hypervigilance, intrusive body memories, and somatic dissociation. At the time, there was no literature establishing a correlation between oppression and trauma, so I set out to discover for myself how the body was affected by oppressive social conditions, and how the body might serve as a resource in untangling and resolving the damaging effects of living in an unjust social world that values some human beings less than others.

My research wound up spanning more than a decade, as I worked alone and with colleagues to interview people about their lived, embodied experience of oppression across a wide range of social categories – including race, sex, gender, age, religion, ethnicity, physical ability, and body size. In these interviews, I asked participants how being oppressed informed how they related to their own bodies, how it shaped their body language, how it affected their body image. What I learned confirmed my hunch that oppression could be considered a form of chronic trauma. My findings also pointed to ways that our bodies not only held the damage that oppression causes, but were also sources of knowledge and power. The more my research participants explored the somatic impact of oppression in their own bodies, the more their bodies served as trusted resources in the task of transforming and healing the damage that oppression caused, and the more they experienced their bodies as strong, powerful, and worthy of respect.

Because I wanted the voices of my interviewees to come through clearly in my study, I crafted narratives from our interviews, and they appear in the book as a series of "body stories". These stories describe what I learned through my research, and point the way forward to how we might begin, individually and collectively, to transform the embodied experience of oppression. In the years since those initial interviews, I began to develop a model of working with the somatic impact of oppression, and that model is described in the third section of the book, directly following the stories of my research participants. It is written so that somatic psychotherapists can use the model with their own clients, and I have tried hard to make the steps practical and straightforward. I have also included a section on community resources for practitioners who would like additional professional training on this important topic. It has been heartening to see how many conferences, books, and training programs on embodiment and oppression have emerged in the years since I first began this project, and I am pleased to be able to direct readers to some of them.

Like many of us in somatic psychotherapy, I have been personally transformed by the liberatory capacities of body-centered work, and impressed with the commitment to social change that mobilized so many of our early founders and innovators in the field. As a practitioner and educator who shares that commitment, it is my dearest wish that issues of social justice will return to the forefront of our collective professional agenda and become an essential part of the conversations we have with one another about the power of our work. My hope is that *Embodied Social Justice* might be one catalyst for those conversations.

Rae Johnson, PhD, RSMT, is a queer-identified social worker, somatic movement therapist, and scholar working at the intersection of somatic studies and social justice. They chair the Somatic Studies in Depth Psychology doctoral program at Pacifica Graduate Institute in Santa Barbara, California.

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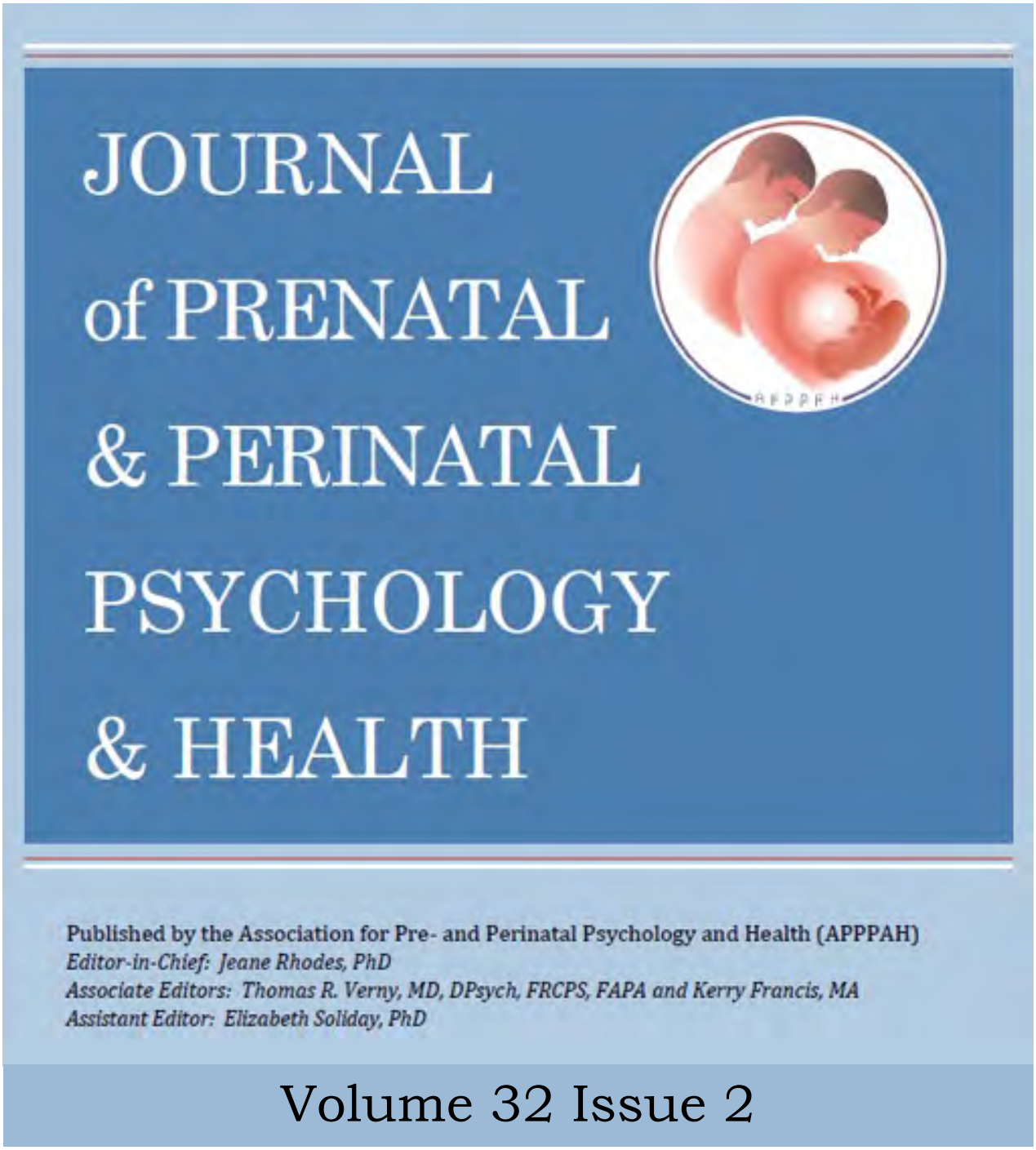

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