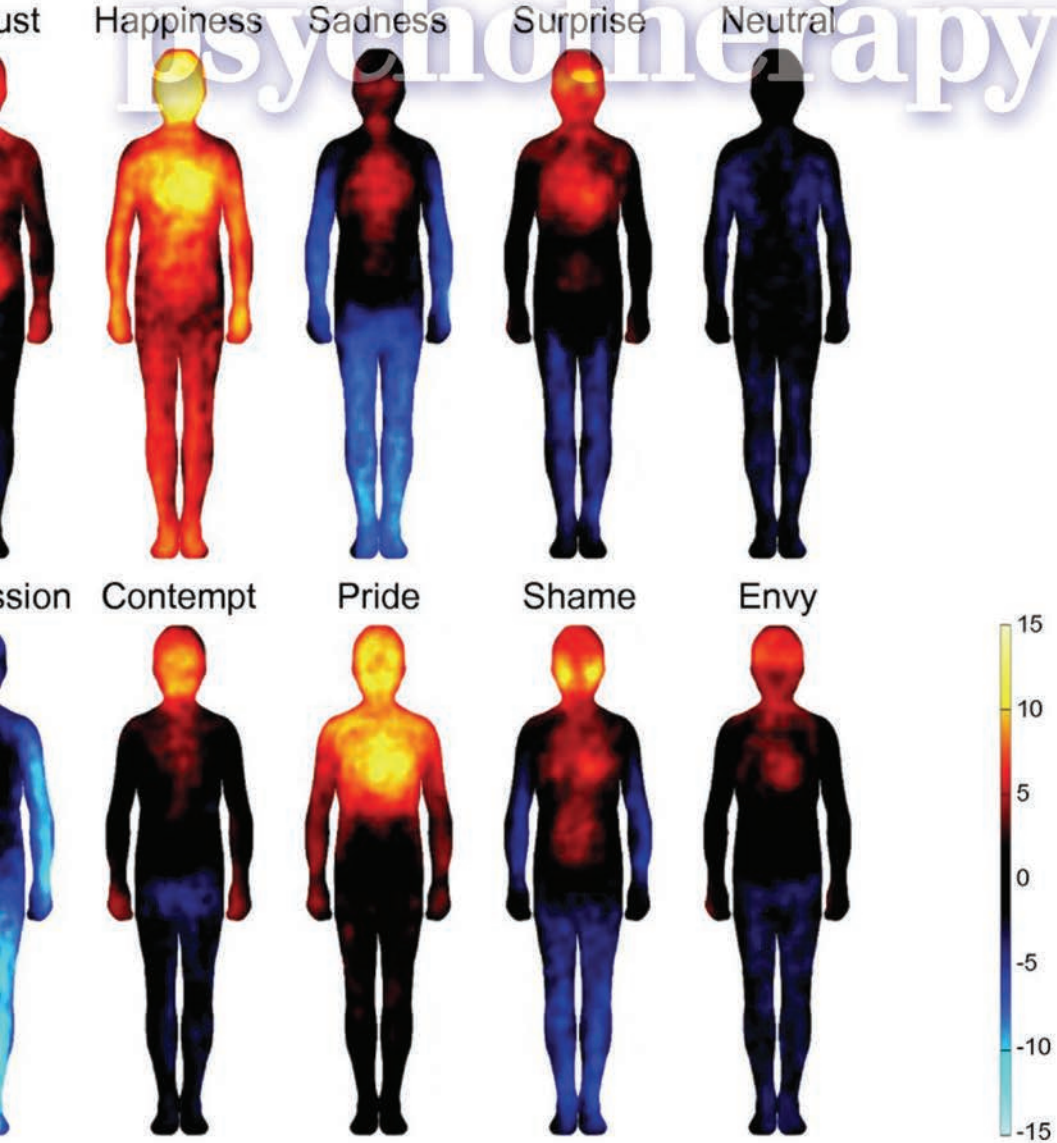
Journal of the American Academy of Psychotherapists

VOICES

VOL 53
NO 1
2017
SPRING

THE ART AND SCIENCE OF PSYCHOTHERAPY

the body in psychotherapy



Founded in 1964 by John Warkentin, PhD, MD and Thomas Leland, MD

Voices: *Journal of the American Academy of Psychotherapists*

VOICES: THE ART AND SCIENCE OF PSYCHOTHERAPY (ISSN 0042-8272) is published by the American Academy of Psychotherapists, 230 Washington Ave Ext , Suite 101 / Albany, NY 12203.

Subscription prices for one year (three issues): $65 for individuals PDF only; $85 for individuals PDF & print copy; $249 for institutions. Orders by mail payable by check: 230 Washington Ave Ext, Suite 101 / Albany, NY 12203. Orders by MasterCard or Visa: call (518) 240-1178 or fax (518) 463-8656. Payments must be made in U.S. dollars through a U.S. bank made payable to *AAP Voices.* Some back volumes may be available from the *Voices* Business Office.

Change of Address: Please inform publisher as soon as a change to your email address is made. Send change of email address to aap@caphill.com.▼

Journal of The American Academy of Psychotherapists

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY

The body never lies.

—Martha Graham

Journal of the American Academy of Psychotherapists
VOICES
THE ART AND SCIENCE OF PSYCHOTHERAPY
The Body in Psychotherapy Spring 2017: Volume 53, Number 1

On the Front Cover*:*
Bodily Maps of Emotions

"**Abstract:** Emotions are often felt in the body, and somatosensory feedback has been proposed to trigger conscious emotional experiences. Here we reveal maps of bodily sensations associated with different emotions using a unique topographical self-report method. In five experiments, participants (n = 701) were shown two silhouettes of bodies alongside emotional words, stories, movies, or facial expressions. They were asked to color the bodily regions whose activity they felt increasing or decreasing while viewing each stimulus. Different emotions were consistently associated with statistically separable bodily sensation maps across experiments...."

Proceedings of the National Academy of Sciences of the United States of America, volume 111, number 2, November 27, 2013, Figure 2 / *Bodily Maps of Emotions* / Lauri Nummenmaa, Enrico Glerean, Riitta Hari, Jari K. Hietanen

Published three times per year.
Cover Design: Mary de Wit
Design and Production by
Mary de Wit | inw2Wit®, llc
AAP Web Site:
www.aapweb.com

Kristin Staroba

Kristin Staroba, MSW, practices in downtown Washington, DC, treating adults in individual, group, and couples psychotherapy. She hopes that, even as she works to shape *Voices*, the work also shapes her and her practice. Future issues will also feature guest-editors, and Kristin invites those deeply interested in a theme to contact her.
kristin.staroba@gmail.com

Editorial

The Body in Psychotherapy

I'm agnostic about many ideas: God, spirit, the oneness of the universe. I've never had an epiphany or awakening moment that banished doubt about what I cannot tangibly apprehend. Nevertheless, I am persuaded that energy composes and connects us, and that affecting energy in the body is a powerful therapeutic tool.

Many readers of this issue will be, like me, skeptical. Steeped in the premise that change occurs when we use words to transform feelings, the idea that invisible forces within our bodies affect experience may seem far-fetched to us. And yet, personally I've known the release of tears or shouts and had sudden insight and unexpected relief in bodywork with Ron Hook, gentle movement with Vivian Guze, and tapping with Loretta Sparks. The evidence piles up.

I hope readers will open themselves to the unexpected as they delve into this issue, in which writers blend practical explanation with both personal and case histories. Natan HarPaz, Loretta Sparks, and Ron Hook ground us with intuitive ways to understand how body and energy behave in psychotherapy. Patient stories reveal therapists' growing edges in articles by Jen Sermoneta, Kristie Nies, and Martha Gibbons. Melanie Eisner describes her intense awareness of body at a silent meditation retreat. We are treated to a conversation with Stanley Keleman, a transformative figure in bodywork, in an interview by Ron Hook. Groups—in Angela Cerkevich's couples workshops and Tally Tripp's trauma group—address embodiment with others. Dee Wagner and Lisa Kays dose

the serious with humor as they describe online dating and a revelation about short-term psychotherapy.

Outside the issue's theme, we also include AAP Immediate Past President Gordon Cohen's farewell address from the 2016 I&C in Washington, DC; Bob Rosenblatt and three respondents tackling a thorny case of termination in Intervision; and a review by John Rhead of *When Breath Becomes Air*. Poetry and art, as always, let us pause and breathe between longer reads.

Your written responses and comments are welcome as Letters to the Editor and will be considered for future publication. ▼

> There is an Indian proverb or axiom that says that everyone is a house with four rooms, a physical, a mental, an emotional and a spiritual. Most of us tend to live in one room most of the time but, unless we go into every room every day, even if only to keep it aired, we are not a complete person.
>
> —Rumer Godden,
> *A House with Four Rooms*

Natan HarPaz

Dr. HarPaz has practiced psychotherapy in his private practice in Southfield, Michigan, for more than 45 years. As a 4th-degree black belt in Isshinryu Karate, he combines his knowledge and experience of the physical and philosophical attributes of martial arts discipline into his practice. Together with his insights and experiences, he helps his patients develop lasting and profound character changes. He is a fellow of the AGPA, past board member of AAP, past president of the MGPS, and past dean of the IIGP, and a clinical supervisor, and has presented clinical workshops and papers on psychotherapy nationally and internationally.
newctrpsy@aol.com

My Psyche, My Soma: A Healing Relationship

The psyche and the soma are bound together in many different interconnected ways. Psychotherapists, most of the time, attempt to effect psychological change by verbal communication. The psyche, for purposes of this paper, is the domain of all cognitive and emotional functioning, while the soma is the domain of all aspects of the physical body. Since the two are so inexorably interconnected, any change in the physical realm directly affects the emotional/cognitive state of our being and vice versa. Change occurs when either psychic and/or physical energy impact a person. If there is no energetic movement, nothing changes. Life becomes still, dormant and fixed in a homeostatic state.

If we accept the above premise, then in addition to using verbal communication, a therapist can effect desired change in a prescribed, efficient manner by working directly with the patient's body. Psychic energy, or *chi*, can be mobilized to effect change. As therapists, we realize that any energy shift will be met with opposing and equal energy that is resistant to the change in order to maintain the patient's emotional status quo. However, we would not continue to do therapy if we believed that resistance is a fixed entity and insurmountable. Physical interventions are often more powerful than verbal ones. They address emotional resistance that has manifested itself on a physical level and is inaccessible to verbal interventions.

A physical intervention, for the purpose of this paper, is any physical exercise or verbal communication aimed at changing the patient's physical body, i.e., posture, breathing, grounding, movement and/or focus. An unkempt person who shuffles with his back bent low and

who doesn't lift his eyes would be viewed by anyone, without psychological testing, to be somewhat depressed. A simple physical intervention of helping him stand erect, not look at the ground and move in a brisk manner would affect this person's psyche. Effecting change in this way, even small changes in facial expressions, is difficult to achieve. Facial muscles have been fixed in a particular way by energy that has been locked for many years. We must continue to push/pull in the desired direction if we want change to occur and not be discouraged because change is slow. Physical intervention, used as an adjunct to our verbal communication, can accelerate psychological shifts.

My certainty about the soma-psyche connection and the ability to use body work and energy to shift the psychological state of a person is rooted in my 50 years as a psychotherapist, along with my status as a 4th-degree black belt in Isshinryu Karate, a practice of mine for more than 20 years. In my personal life, my involvement in the martial arts has been extremely important to me. This martial arts form was developed for self defense and not in order to hurt people. It is a discipline that requires increased concentration, exercise, movement, punches, blocks and kicks. Participating in this art form energizes my body, keeps me focused, and allows me to move quickly with strength and determination. At this point in my life, my martial arts and my professional work are inexorably connected.

I built my office with a dojo in it so that I can practice my karate as well as help my patients work on their body image, mobility, focus, depression, anxiety, and resistance to physical and emotional change. Mirrors cover one wall of my dojo from floor to ceiling so that, when entering the space, one can't avoid looking at oneself. On the opposite wall is an old Japanese fabric door cover with images of the lotus flower, a symbol of good health and good fortune. Additionally, a picture of the Mitzugami, the Goddess of Isshinryhu Karate, hangs on the wall. One cannot but be affected emotionally and energetically by the seriousness that this room evokes. In the karate tradition, as one enters or exits the dojo, one is to bow. This simple act produces a sense of anticipation and respect.

I have invited individual patients and therapy groups to my dojo to participate in exercises of simple self-defense techniques. Doing so helps them shift their inner energy from a static state to a more vibrant and fluid one. On a cellular level, endorphins and dopamine are released and have a positive impact on their emotional energy. How many times have we heard from patients, "I feel much better after I exercise, after I come out of the gym, or after I have gone for a walk." I have countless stories of change in my patients after working with their bodies in the dojo as part of their therapy experience.

One male patient said, "The time I spent in the dojo brought up many issues for me. As I practiced self-defense techniques, my fear of 'doing it wrong' came up." Obviously, it wasn't only one moment that contributed to this patient's ego development. However, the patient had one crisis event that he remembered as a central impactful moment: He explained that his 4th-grade teacher ridiculed him because he couldn't solve the math problem on the board. "All the students laughed at me. After that, I did everything possible to fly under the radar, not to be seen. But with many years of therapy and the [repeated work with my body] in the dojo, I have learned to manage my fear of 'doing it wrong'."

Physical interventions with my patients have been greatly effective and have helped reverse their low self- and body-image. There is no magic in these interventions. They

are focused and specific. The exercises predominantly consist of particular martial arts movements—circular stepping, prescribed breathing, kicks, blocks and punches. Often the breathing alone causes an energy shift that allows a patient to express blocked emotions, and as such to begin important work addressing these feelings.

An obese female patient with low self-esteem, who suffered physical abuse from her father as a child, was scared of any physical contact with men, believing that invariably it would lead to violence. I invited her to do "mirror work" with me in the dojo. The patient stood at the back of the room and while looking at herself in the mirror described what she saw and felt. With each step closer to the mirror, she continued to describe her changing physical and emotional reactions. She repeated the process going backwards from the mirror to the place where she started. Her strong feelings came to the surface; feelings of shame, fear and anger, which she had avoided, denied and repressed most of her life. It was very powerful for her, and the physical part of the work was very simple—walking, looking and describing. This small amount of physical push made a definite shift in her chi. Over time, continued physical interventions, self-defense techniques, and psychotherapy led her to pursue training in the martial arts herself. She found great value in the training. She is no longer afraid of physical contact with men. As always, clinical boundaries were very clear and respected in our physical work together, to avoid any confusion about the intent and purpose of the intervention.

As it is true for my patients, as it is true for every person, I too have had to struggle with my psyche and soma relationship throughout the years. Interconnected physical and emotional wellbeing are part of my commitment to martial arts training.

A striking and very personal example of my use of energy to effect change in my body is connected to my recovery after a prostate cancer diagnosis in 2009. I had a radical prostatectomy, followed by 38 radiation treatments. The surgery and treatments were successful; the cancer was caught early and had not spread. There were, however, physical and emotional scars that were epically impactful. The doctors told me that because my prostate was removed I would no longer be able to have an erection or ejaculate.

Many of my feelings about myself as a man are strongly connected to all aspects of my sexuality, as I believe is true for most men. When the doctors told me that I would no longer be able to have sex, I felt scared, hurt—I was depressed, and I felt that I was now less of a man. However, I knew that I was not ready to give up.

As I slowly recovered from the surgery and the radiation treatments, I designed a treatment plan for myself. I continued to practice martial arts, which involved movement, breathing, focus, and grounding. I reengaged my acupuncture doctor, who placed additional needles in the groin area during my weekly sessions. Looking at my body on the acupuncture table from the outside would probably make many men shudder with anxiety. Deciding to focus on the process of healing my body, I concentrated my chi energy flow into the groin area using whatever techniques possible. Sometimes I would get massages that focused on the groin area. My urologist prescribed daily Cialis®. Additionally, in order to move healing energy to the area of my body that was so traumatized, I masturbated with some difficulty and tried to have sex whenever possible, often with no success. My understanding was that the healing chi energy had to flow to the area below my navel and above my pelvic bone.

Many feelings were generated during this time, and I wondered often, "What's the point?!" So much about me, physically and emotionally, was no longer the same. I believe

that these feelings are common for most men who go through the prostate cancer process. Men's feelings about their masculinity and their manhood are directly related to their sexual performance. Jokes and stories about sexual function and penis size have been part of our culture forever. Men often have to overcome shame, disgrace, and fears of premature ejaculation or the inability to have an erection, perform sexually or reach orgasm. I have experienced many of these feelings and decided to use my chi energy to positively affect my psychological and physical being.

I sought many opportunities to talk about my emotional reactions, fantasies and wishes in my own therapy, supervision and workshops. This was a critical element in my healing process. Exposing my physical trauma and my emotional reactions to it were often accompanied by painful feelings of shame. What also helped me was my knowledge and realization that the only antidote to shame is full exposure. I received invaluable support from my colleagues, with whom I met in weekly supervision sessions. I sometimes thought that the impact of my open self-exposure was too painful for them to tolerate.

My seven-point healing process—acupuncture, massage, masturbation, sex, medication, karate and psychotherapy—all focused on helping to bring about physical shifts in the traumatized area of my body as well as on my psyche. I am proud of myself that, despite my difficulties, I continue to practice the aforementioned healing process with success. As far as I know, at the time of writing this paper, I am cancer free. I have done more than I believed was possible. As we say in karate, *osu*—a word of greeting or parting that implies respect, hard work, determination and perseverance. ▼

> Our own physical body possesses a wisdom which we who inhabit the body lack. We give it orders which make no sense.
>
> —Henry Miller

Plain Sacrament—A Prairie Annunciation

Robert Shaffer

For just one day in this life,
Or in perhaps another
In the widest land of all
I would see Another.
Sense is filled with flocks and herds
In fields of this land
To smell with you dried grass and dung
The fire and the brand
To sit aside, watch in your eyes
Where clouds meet dancing hills
To see inside when you're baptized
In name of sky and earth and holy chills
Your open womb lightning strikes
Ravaging bottom to top
Tornado touch down from the sky
Your soul turns down to up
To paint your skin with earthy streaks of
Ochre, lavender and brown
So you know the tribe from whence you came
For which you breathe a thousand sprouts
They rise and wave and burn away
In the sun of one eternal day.
...For just one day in this life
Or in perhaps another
In the widest land of all
One can see Another.

Loretta Sparks

Loretta Sparks, LMFT, DCEP, is a fellow and past president of the American Academy of Psychotherapists; a diplomate of Comprehensive Energy Psychotherapy; a Founding Emotional Freedom Techniques Master; and a certified addiction specialist. She practices in Hermosa Beach, California.
Loretta@selfcarepower.com
www.selfcarepower.com

Everything is Energy

Tears welled up in Sarah's eyes as she slowly rolled up her sleeve to show me the razor cuts she had made on her arm the night before. She knew I understood. Since she had stopped drinking, cutting was her last hope to ease the emotional pain and tension she felt. She could see the concern in my eyes when I looked at her cuts. Her shame and humiliation were palpable. The emotional price tag for the brief relief the cutting gave her was high.

Sarah and I had been working together a bit longer than three years. She had a college degree and a well-paid, senior level job in a local industry. She had been married for 25 years and had two adult children, neither living at home. She came to the Addiction Medicine Department at the large HMO where I worked to try to put a stop to her drinking, which had been a problem for several years.

While I had been working with Sarah, she had maintained her abstinence, actively pursued recovery, attended Alcoholics Anonymous regularly, did 12-step work with her sponsor, and tried to commit suicide three times. Her self-injury increased as did her bouts of depression. She was admitted twice to the hospital for stabilization. The psychotropic medications prescribed didn't stop the internal nightmare she struggled with every day of her life. Alcohol would at least numb her. But she was determined not to drink, and it was getting harder.

At our first meeting, when I asked Sarah if anyone had ever been sexually inappropriate with her, she said "no." That turned out to be more of a wish than a reality. The sexual abuse that had been perpetrated on her was horrific. Her memories of being sexually abused started as early as two years old and continued until she was 12, on an

almost-daily basis. As her recovery from alcoholism advanced, so did her memories, as well as the trauma associated with them.

My concern for Sarah's safety was growing. Recovery, psychiatric care, psychiatric hospitalization, psychotropic medication, and psychotherapy twice a week were barely holding her in check. As a child, she had endured 10 years of sexual abuse, layer after layer of traumatization, and she was too raw to talk about it without risking retraumatization. While our relationship was solid, it wasn't enough; all the things I knew to do were not enough. I felt lost trying to figure out a way to create a safe container for her to heal.

I had just become an Academy member a couple of months earlier and knew no one. Whatever hesitation I might have felt reaching out to strangers and admitting I was lost was overridden by my concern for Sarah. I turned to our listserv for consultation and direction, and it was there that I learned of a therapeutic technique that might be an effective non-traumatizing treatment.

This was my introduction to one of the foundational modalities of what would later be referred to as energy psychology, the turning point in Sarah's treatment and for me professionally and personally.

It was 1995 when I was introduced to Thought Field Therapy. TFT is based on the belief that negative emotions are all products of active information energetically encoded (perturbations) within a specific thought or thought field. Developer Roger Callahan (1995) believed that perturbations were core to all specific negative emotions and that they triggered physiological, neurological, hormonal, chemical and cognitive events which resulted in the experience of specific negative emotions. He also held that these perturbations or triggers could be easily removed from the thought field, and in removing them, the negative emotions associated with them were relieved. I remember thinking that TFT just might be the key to helping Sarah.

I was able to train with Callahan, a California-based clinical psychologist. The training was intense and a great leap of faith for me. The concepts at its core were totally new to me. Many of the participants at the training had knowledge of applied kinesiology and knew muscle testing; a few had trained with Callahan before and wanted to update their work. Some had, at the very least, read Callahan's book, *Five Minute Phobia Cure* (1985). I felt completely out of place. I didn't understand the nature of meridian therapy and acupoints or applied kinesiology (muscle testing). The terminology, like *psychological reversal* and *neurological disorganization,* was foreign to me. I felt like the proverbial non-swimmer thrown in the middle of the lake to learn to swim—only in this case no one threw me, I jumped in. While on one hand I felt overwhelmed, I also felt really excited. At the end of the training, I don't think you would have called me a swimmer, but I could dog paddle and had access to consultation with Callahan.

Thought Field Therapy protocol was complex. First, the diagnostic process involves manual muscle-testing to determine a specific sequence of meridian points for treatment. Callahan believed the exact order in which the acupoints were tapped was particular to the client's disturbing memory and essential to achieve therapeutic results. (While there are hundreds of acupoints, TFT used only 14.) Once the tapping sequence is determined, the client is asked to focus on their disturbing memory again and rate their Subjective Units of Distress (SUDS) (Wolpe, 1969) from 0 to 10, when thinking about it. Then they are directed to lightly tap 5 or 7 times on the acupoints in the pre-

scribed order. When the sequence is completed, the SUDS generally drops by several points; the client is asked to tap an acupoint on the back of their hand and to do a series of eye movements, hum a few notes, count and hum again. The client repeats the tapping sequence. Often, at this point most if not all of the distress associated with the memory being worked on is gone. However, if the SUDS is not down to 1, the treatment is repeated.

How can tapping on certain acupoints change the way you feel? TFT is a type of emotional acupressure that works at the most fundamental energetic level of our body's functioning. Most of us have been trained to focus on the client's behavior or cognition and to leave neurological and chemical aspects of the body's functioning to medicine. Few of us have been exposed to working with the body's energetic aspects. Traditional Chinese medicine views the cause of all negative emotions as a disruption or blockage in a person's energy system, which creates an imbalance in the flow of energy. These blockages are the energetic source of anxieties, traumas, phobias, depression, grief, guilt, and other negative emotions. When you clear the disruption or blockage using TFT and the balance is restored, you are no longer physically and/or emotionally reactive to the memory or its triggers and have physical and emotional freedom from the disturbing memory.

Until functional MRIs became available, the only evidence of the efficacy of acupoint stimulation (acupuncture) was anecdotal. However, in the last 20 years, fMRIs have been used to study the brain's reaction to acupuncture.

A growing body of data points to the stimulation of acupuncture points as having a regulating effect on the limbic system by either increasing or decreasing hemodynamic signaling (Napadow, Makris, et al., 2005). Where memory and emotion are processed in the limbic system, acupoint stimulation decreases signaling, which offers an explanation for the relief from negative emotions or disturbing memory we see in our clients following treatment with tapping.

What I personally experienced and witnessed during that initial training experience permanently changed the way I dealt with stress-based disorders. Addictive cravings, phobias, traumas and other negative emotions yielded quickly to TFT. Seeing the relief that my clients experienced was all I needed to expand my thinking. Einstein said, "Everything is energy" (in Bohm & Hiley, 1993), and now I realized that included thoughts and feelings.

Unlike so many other therapeutic models, TFT allows emotionally painful issues to be treated without re-traumatizing the client. For Sarah, her past experiences were still impossibly painful and her fear of the memory was almost as strong a negative emotion as the memory itself, which challenged us to address the traumas indirectly. Working together, we came up with ways to focus on the painful event without talking about it specifically. As an example, Sarah would color-code certain traumas. She would know what sexually abusive experience the color represented. She would rate the intensity of the color (on a scale of 0-10) and then I would guide her through the tapping protocol until the color would fade away and couldn't be re-imagined. We knew the trauma was cleared or deactivated when she was able to tell me about the particular abusive experience that the color represented without any emotional intensity. There were other times when she would focus on a venue rather than a color, and we would slowly work, first tapping on the building itself, then the rooms where she had been abused, one at a time,

again without her telling me what had happened there. We would follow the tapping protocol until Sarah felt calm and couldn't re-imagine the building or rooms anymore.

The work Sarah and I did with TFT changed the course of both of our lives. Sarah, ultimately, felt freed from the horror of her childhood abuse. Her self-injury and suicidal ideation were gone, her depression greatly reduced, and her work in recovery from alcoholism became firmly rooted in a life no longer built on quicksand. And me? I became the "Johnny Appleseed" of Thought Field Therapy and its successor, Emotional Freedom Techniques (EFT).

EFT is more philosophically in line with my beliefs regarding open access and much more user friendly. The ease with which my clients learned EFT basics and used them to reduce their stress at home and at work made it clear that EFT could be like aspirin in everyone's medicine cabinet. With EFT, there was no diagnosis, no unique tapping sequence, and no cost to learn it. There is a copious amount of open-source information on the internet as well as a forum provided by EFT developer Gary Craig to foster an EFT community.

One of my favorite examples of how easily EFT basics can be learned came a couple days after a weekend workshop for social workers in Houston. I got a phone call from an attendee whose 7-year-old son was very anxious about going to school that morning because his class was taking a standardized test. She used EFT on him and he calmed down. He told his mom he didn't feel scared anymore. When he got to school, two of his buddies were really anxious about the test. He lined them up and showed them what his mom had done to help him; they tapped the way he showed them until they didn't feel scared anymore.

A lot of people who hear about EFT are understandably skeptical until they have the opportunity to experience or see it themselves. There are a number of gentle ways to feel its effectiveness without getting into deep personal issues. For instance with EFT tapping and focusing on your issue—be it physical pain, muscle tightness, stress or a craving—after a few rounds of tapping you can feel those issues significantly reduced or be eliminated.

There are skeptical observers who can't be budged. I worked through a lot of resistance at the Addiction Medicine Department where I was on staff and was eventually able to use EFT openly without any problems. EFT was particularly helpful at our department not only with the large number of stressed-based issues related to addiction, but also with the migraines which seemed to plague not only patients and their family members, but also our staff. EFT's effectiveness in treating migraines spread to outside our department and I received an invitation to go to the migraine clinic to demonstrate EFT. The physician in charge lined up six patients. I used the same protocol on each, and alleviated the pain for five of them. After I had finished working on the fourth patient, the physician told me he thought that the dynamic factor in what I was doing was positive transference, not EFT. I encouraged him to treat the next two patients and use the protocol himself. He declined. I saw the last two patients and left, feeling good about the pain that was alleviated, dazzled by the healing power of the body, and nonplussed by the physician's conclusion.

In 1999 the Association for Comprehensive Energy Psychology (ACEP) was formed, and with its establishment came a clear mandate to foster research and establish practic-

es that increase the credibility of energy psychology within the psychological community. ACEP has developed ongoing international training and certification programs, fosters a growing body of research (e.g, Feinstein, 2012), and assists teams of certified practitioners who have provided trauma relief around the world. ACEP's yearly conferences are well attended and draw many international attendees. Also, ACEP has secured CEs from the American Psychological Association for energy psychology, which includes TFT and EFT.

The APA's position on TFT/EFT was just one of many examples of the challenges that these approaches and other EP modalities face in being established as credible treatments. Paradigms do not easily shift and energy psychology portends a shift in very deeply rooted perspectives of psychotherapy.

Understanding the effectiveness of Emotional Freedom Techniques comes more easily when you have a personal experience. The following exercise will allow you to explore and perhaps improve the depth of your breath. Please take a moment to review the tapping chart and read though this exercise before you start.

Constricted Breathing Exercise

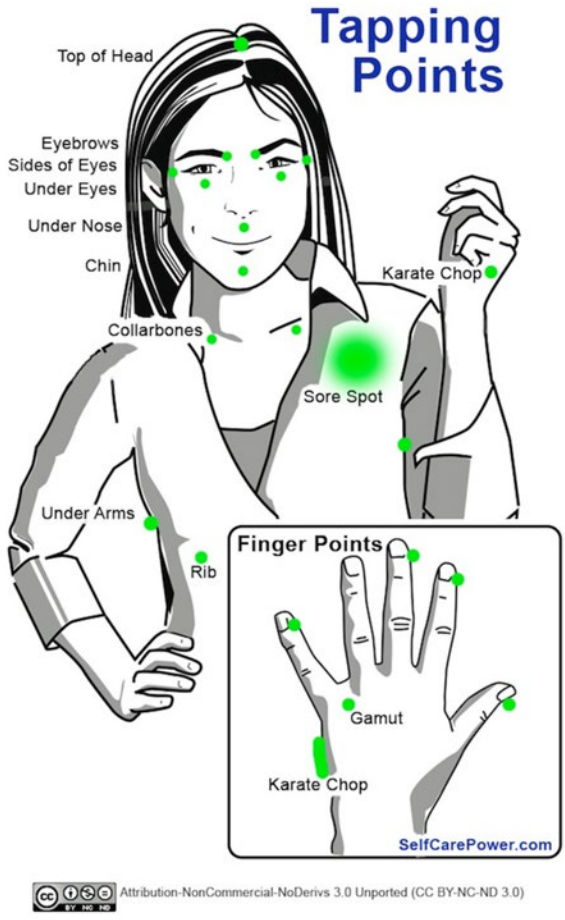
When we are under stress, we tend not to breathe fully and deeply. Using EFT, you can increase your breathing ability and in doing so, decrease your stress. How well are you breathing right now? To assess your current quality of breath, breathe in three times slowly, gently, and as fully as you can, but don't force your breath. If you have asthma or any other issue related to breathing use this exercise at your own discretion.

Assess: Now assess how full a breath you are actually able to take. There are a variety of ways to measure your results with EFT; in this case, we will use a percentage rather than a 0–10 scale. Give your level of breath a percentage. If you think you are already breathing fully, at 100%, great! Use this exercise to see if you can increase your breath up to "120%."

Setup: Tap on the side of your hand (the Karate Chop acupoint) while saying, "Even though I'm not breathing to my full capacity, I deeply and completely accept myself." Repeat this statement three times while tapping the side of your hand.

Tap (see figure): Tap each of the following acupoints about 7 times as you repeat at each point, "Not breathing to my full capacity."

- **Karate Chop: side of hand below little finger**
- **Eyebrow: just above your nose at the beginning of the eyebrow**
- **Side of Eye: on the bone just outside your eye**
- **Under Eye: on the bone just below your pupil**
- **Under Nose: above the lip just under the nose**
- **Crease in Chin: below your bottom lip, just in the crease**
- **Collarbone: find the "u" shape about where a man would knot a tie; go down one inch and out one or more inches (either side) to be just off the bone (it will feel soft)**



- **Under arm: on the side of your body about four inches below your armpit**
- **Top of head: use all your fingers to tap on the crown of your head**

Assess: Take a slow deep breath and assess the percentage again.

Repeat: Continue to do rounds of EFT until you reach 100%, your full breathing capacity. The setup and the tapping sequence together are called "a round of EFT."

Assess: Take another gentle full breath after each round. Don't push it. Assess the percentage of your breath. You may notice huge improvements in your breathing with the first round or may notice only a minimal increase. Generally, people are surprised at how much improvement is made in just one or two rounds. Others may need to tap more rounds.

In rare circumstances, breathing may not improve at all or may seem worse. This may indicate significant issues regarding breathing, e.g., a history of asthma attacks. Tap on all the EFT acupoints while breathing gently until your breathing returns to where it was when you started the exercise.

This can be a very helpful exercise. When we are tense or stressed, we tend to breathe shallowly; sometimes if we are sufficiently stressed we hold our breath. We don't always notice our breathing. Try taking time to notice your breathing several times a day. Tap to take the depth of your breathing to 100%.

Over the four decades I have been a psychotherapist, I have strived to be about good work in service of healing and to stay open to learning perspectives and tools that help in the healing journey. In the 20 years that I have been using EFT, I've explored and trained in a number of energy psychology modalities. However, EFT is the core of my EP work and I continue to marvel at the power of the energy system. ▼

References

Bohm, D. and Hiley, B.J. (1993). *The undivided universe: An ontological interpretation of quantum theory*. London: Routledge and Kegan Paul.

Callahan R.J. (1985). *Five minute phobia cure.* Wilmington, DE: Enterprise.

Callahan, R.J. (August, 1995). A thought field therapy (TFT) algorithm for trauma: A reproducible experiment in psychology. Paper presented at the annual meeting of American Psychology Association. New York.

Feinstein, D. (2012). Acupoint stimulation in treating psychological disorders: Evidence of efficacy. *Review of General Psychology,* 16, 364-380. doi:10.1037/a0028602©2012, American Psychological Association.

Napadow, V., Makris, N., et al. (2005). *Effects of electroacupuncture versus manual acupuncture on the human brain as measured by fMRI.*

Wolpe, J. (1969). *The practice of behavior therapy.* New York: Pergamon Press.

Our own physical body possesses a wisdom which we who inhabit the body lack. We give it orders which make no sense.

> A person who doesn't breathe deeply reduces the life of his body. If he doesn't move freely, he restricts the life of his body. If he doesn't feel fully, he narrows the life of his body. And if his self-expression is constricted, he limits the life of his body.
>
> —Alexander Lowen

The Trappings of Father

Lauren Stahly

He stands in the doorway, palms pressed
Against the frame. His slack-jawed face stares
Palely from the shadows. I think of drool. Not
The sweet, clear drool that threads itself
From toddler's mouths, directed onto an
Entropic scene of train tracks. No,
His expression reminds me of drool, creeping,
Like a slug, out of a sleeping man's open mouth;
Even in unconsciousness, spreading bodily
Fluids onto crisp, white pillowcases.

The kids wave fervently from the car window
With worried brows. He doesn't move. His
Shoulders slumped, his uncared-for gut folding
In upon itself without success. I worry
That he will glance in my direction. Then
I worry that he won't. And, without
Looking, I am aware of his dull eyes, distanced by the vast space
Of incomprehension. The kids' desperation
To traverse the gap between their
Physical existence and his lost eyes
Echoes against the car window. "Bye, Daddy.
Bye, Daddy.
Bye, Daddy.
Bye..."

Portrait of Balzac, modeled 1893; bronze by Auguste Rodin. Art Institute of Chicago.

Jen Sermoneta

Jen Sermoneta, PsyD, is in private practice in Takoma Park, Maryland. In addition, she teaches doctoral students in an APA accredited program and is an associate director on the Executive Committee of the Institute of Contemporary Psychotherapy and Psychoanalysis. Before becoming a psychologist, she founded a grassroots arts and disabilities non-profit organization; taught ethics in Bogotá, Colombia; and worked as a salvager at an architectural antiques yard. Being bicultural and a fluent Spanish speaker, she has keen interests in identity and culture.
jen.sermoneta@gmail.com

Mirroring the Body

When she was able to "see" herself in my face, she was able to sense her inner state more clearly.

—Beatrice Beebe

At the University of Chicago in the early '90s, theory was king. But my sculpture professor didn't always play by the royal rules. On a class visit to the Art Institute, we gathered around Rodin's 1893 *Balzac*, trying to understand the sculpture through language and looking. It was a very intellectual effort. Then our professor commanded: "Stand like Balzac, take his pose. Now feel your body."

Suddenly, instead of looking at a sculpture or talking about it, we were trying to *be* it. Standing huge and strong, I instantly knew, viscerally and intellectually, a thousand times more about the sculpture than I had a minute before. Trying on the pose was a completely new way to see.

Developmental psychoanalyst and researcher Beatrice Beebe (2014) described having a similar experience while coding video of infant-mother dyads. She realized that leaning forward to press the stop button on the video machine and then sitting back to make a note simulated the back and forth movements of the very infants and mothers she was observing. Rocking: leaning in, pulling back... She realized this was a new way to enter into and recognize the experiences of those she observed. (Beebe went on to call this "embodied simulation.")

Such a form of empathy and comprehension involves trying on the pose, just as my college sculpture teacher had shown us. Trying on the pose with patients can add dimensions to the explicit verbal story, to our communicative expressions, and to our discussion of emotions.

Body-level awareness contributes to understanding the patient, myself, and our relationship. It can also be a vehicle for change.

First, the information gained from paying attention to both the patient's and my own movements and physical sensations during sessions helps me feel my way into the patient's memories and experience. Body awareness contributes to empathic immersion, as a primary way to "think and feel oneself into the inner life of another person" (Kohut, 1984). As I sit with a patient, I might notice what happens in my own body. I might wonder, "How does that connect to the patient's explicit and implicit narratives? What other important but unspoken—and perhaps unspeakable—information are they transmitting?"

Second, body-level experience can provide an entry point to distinct self states. Put loosely, when a person stands tall she feels different from when she slumps. If there are parts of a patient's life she cannot speak of in words, then I want to know how to track the communication her body—and mine—can share. So enabling, evoking, suggesting, or modeling a move from one body-state to another can help shift a person, almost physically, into another self state. Third, by intentionally paying attention to sensation and gesture, patients can both gain interpersonal experiences of safety and begin to learn tools, resources, and techniques to regulate their own physical arousal level (Tatkin, 2009). As people become more able to viscerally tolerate memories, they become more able to integrate experiences, which in turn helps them/us create a coherent narrative. Integrating experiences and creating coherent narratives helps us reach new understandings or deeper meanings. Sometimes, just learning that they can tolerate certain feeling states (without dying or being unable to return to baseline) is enough to free people from anxiously avoiding those states.

Case Example

Sometimes the strange physicality of therapy exhausts me. I feel what patients feel. And, often, what they feel is pain. But when they can't demonstrate much, and describe feeling almost nothing at all, what do I feel then? When a dismissive avoidant attachment style interferes with our connecting, how can we develop shared experiences?

"Alex" is an example of a patient who could barely show or articulate any feelings. He is a slim, feminine man in his early '30s who, for our first year, pulled a hat low over his eyes. He angled his head away and down. He found few words for past or present experiences, and only two words for his feelings: "okay" and "annoyed." His presenting concerns included feeling perpetually misunderstood.

While Alex denied physical abuse, he described a father who was building models in the basement and a mother who, when he was quietly doing homework in his room, would burst in screaming because he wasn't doing something else. Other times, he remembered her shutting herself in her room for days. My perception was that he had experienced his mother as unavailable, erratic, and un-attuned.

Though he had always preferred dance to outdoor sports, Alex said his mother instead spent precious money on unwanted football jerseys and cleats for him. I couldn't perceive any emotion in him while he related this, but I let him know that I felt sad and imagined he might have felt misunderstood and misperceived. He remembered her as consistently negative or dismissive when he told her about anything he was happy about or proud of.

Retelling that memory changed his affect slightly, but not as much as I'd expect from someone else. It certainly made me tear up, feeling sad and protective for him as a child.

I tried to make space to explore all of his past and present experiences, with hopes of gradually finding ways to connect with feelings, both positive and negative. But there was not always a lot to work with, because he averted his face and struggled to share. I felt lonely, and wondered if we'd ever connect. But I always liked him, and his trustworthiness, steadfastness, and reliability made me feel safe.

In reaction to his history, I tried to be sensitive and attuned to whatever he could bring to session, and to validate and scaffold his emotional discovery as much as possible. But it felt like squinting hard to see someone way off in the distance: a lot of straining and guesswork.

One thing I knew was that I wanted to provide a positive, mirroring, experience. I hoped to function as a mirroring selfobject, to offer experiences that would help him feel a sense of his specialness, perfection, and vigor. Though I couldn't feel his hunger for authentic admiration, I suspected it might be there.

We focused much of our time on the concrete aspects of his life—his multiple serious hobbies, including dance and dog-training. Dance had long been his freedom and grace. Dogs had always been important, too, probably because of their unconditional love. Usually his face looked flat and guarded as he spoke, but sometimes, when he spoke of his activities, I thought I could see the suggestion of a smile, the brightening of his eyes. Especially since his early experiences had not been overstimulating (quite the opposite—it seemed he had not been valued for his accomplishments and activities at all), I indulged the pull I felt to amplify whatever positive feelings he seemed to have, reinforcing and savoring the hints of positive affect. It gave me hope.

At the ends of our sessions I often felt stiff and exhausted. Week after week, I felt alone in the room with him. I felt he did not need me, and wondered what he was getting out of our work. He never seemed to recall anything we had done or discussed. But when I brought up treatment plans, he always wanted to continue. I recall once feeling like his lucky rabbit's foot: His life was going really well since he'd had me, and he didn't want to risk losing that.

For the first few years of our work, whenever I asked open-ended questions or we turned to emotions or insight, he said, "No idea." His phrase turned my mind's eye toward a vision of blank whiteness, as if we were in a space where everything had been erased. I shared that reverie, and he agreed, saying that trying to name or know his feelings created a feeling of "overwhelm" that just blanked everything out.

Eventually, at a loss for how to move forward, I asked him to bring family photos. Every picture of his mother showed her physically stiff and staring at the camera with a completely blank face. She looked like the "still face" mothers in Edward Tronick's (e.g., 2009) experiments. He watched me go through the pictures, searching for expressions, again and again turning to him to ask, "What is she feeling here?" Again and again, he answered, "No idea." It took me a while to realize that he *was* answering the question. What she was feeling—toward herself, toward the viewer—was precisely unknowing and unknowable. She had not been able to hold him, or herself, in mind.

With a mother who had been unable to help him make sense of emotion, and no early experiences of mentalization, he had learned blankness. At least once I felt myself pulled into his experience in a way that cut off my connection to myself; a way that made

me lose my hold on the rope. My mind went blank, I felt confused and clueless about his feelings or mine, and for a minute we were in it together. It did not feel good. But at least we were making contact. It was certainly informative.

As our work continued, a day came when I felt so stuck and so heavy that my need for us to break free felt almost physical: an impulse to flee his/my frozen state. We were talking about dance, and I stood up from my chair and asked, "Can you show me your favorite dance pose? The one that makes you feel most like you?"

He seemed confused. "You want me to stand up?" Already out of my chair, I nodded. He stood up hesitantly. Then he stood tall. His eyes leveled, spine lengthened, chin came up, shoulders squared, one leg lunged slightly, and one hand went to his hip while the other arm opened to the side. He looked graceful, open, powerful, and full of possibilities. Self-possessed. Dignified. Proud.

I gazed and marveled at him. It was my first time seeing him like this. Then I adjusted my own body to try to reflect his. We looked at each other, standing in this new way of being. I asked, "Is this right?" and he nodded and smiled. I smiled back. He smiled back. Again, we were together, but this time it felt very different. I was trying on the pose.

Reflecting now I can see that, throughout our work, a primary way Alex had been communicating his experience was non-verbal: a blank face, an angled head. If this had been an occasional communication it would have been one thing, but it was the norm. Feeling I had so little to know or relate to, I had become stuck and frozen along with him. It was a non-verbal enactment: I was experiencing what he had experienced.

When therapy includes feelings, ideas, and words, I can usually tell when I'm losing myself, blanking, or freezing. I know when and how to go back into myself and find my balance. But it hadn't been so obvious to me that the same is true when the main action of the session is non-verbal.

Standing up was a way to re-enter my own body and break free of the hold Alex's paralysis had on *my* body. That, in turn, freed him to experience himself differently—through his perception of my perception of him. He was able to experience being known for both his avoidant and vulnerable self *and* his powerful, graceful, dignified self.

We both gained through taking the pose. When he stood up, he brought his own vibrant, proud selfhood into the session and into our relationship in a new way. He had an opportunity to show a different way of being himself, have me join him in that, and see me both literally and figuratively try it on and reflect it back. He shifted from a state of unknowing and overwhelmed to a state of empowerment, expertise, and control (of me, of his body, and of the pose). He got to see his own state—this dignified way of being—appreciated and reflected back to him. (As Chefetz [2017] points out, dignity may well be the opposite of shame.) And Alex was able to confirm that the mirroring felt accurate.

It was a turning point in his starting to feel that he could be understood, and that he could understand himself, as a powerful, positive, knowledgeable person. It was also a turning point in terms of his knowing both that he could *shift* into that state and that, unlike his mother, I would appreciate it with him.

I wonder if maybe trying this intervention earlier would have moved us ahead faster, but I'm not sure. I think it was partly a matter of getting to know each other and building enough of a relationship first.

As Beebe notes, the patient begins to know himself through what we reflect back: "When she was able to 'see' herself in my face, she was able to sense her inner state more

clearly" (2004). Seeing me see him, and even *be* him—and in a way that felt true to him—helped Alex connect to that sense of himself. He was able to feel that I understood him that way. In the moment of his state shifting and my mirroring it, he became aware that I have known both his paralysis and his strength.

For my part, I had the chance to try on his dignity, and see how it felt. I felt one of his powerful aspects, and could connect to a part of him that was resilient and growing. It was, and is, inspiring. Sometimes, if I feel myself hiding or frozen, I remind myself to stand taller, to connect with a certain part of myself. Occasionally, I explicitly ask Alex to recall the feeling when we're in session. Other times I just refer to it inside myself, as an implicit, unarticulated, body-knowing that perhaps manifests non-verbally through the simple act of my internal focus on it.

Alex has continued to be able to grow and gain contact with more of himself during the years of our work, and I have been able to keep the feeling of standing tall, strong, open and graceful as a reference point and an option. Sharing that powerful stance contributed to creating a selfobject experience, a sense of safety almost like an attachment figure he can summon up. When Alex is ready to inquire about one of his more vulnerable positions, we know it is not the *only* way he stands, and we always have the option to return to safety and the sense of himself as a person who can stand the way he wants and be recognized as himself. ▼

References

Beebe, B. (2004). Faces in relation. *The International Journal of Relational Perspectives* Volume 14, 2004 - Issue 1

Beebe, B. (2014). My journey in infant research and psychoanalysis: Microanalysis, a social microscope. *American Psychological Association,* Vol. 31, No. 1, 4 –25

Chefetz, R. A. (2017). Recognizing dissociative processes in your casework: Keeping the body in mind. Paper presented at the Institute of Contemporary Psychotherapy & Psychoanalysis: Embodying the Unspoken Self: Attachment, Trauma, Neurobiology and the Body, Silver Spring, Maryland.

Kohut, H. (1984). *How does analysis cure?* Chicago: The University of Chicago Press.

Tatkin, S. (2009). Close but not too close: The plight of the avoidantly attached partner in couples therapy. *New Therapist* 62, July/August 2009.

University of Massachusetts, Boston. (2009, Nov. 30). *Still face experiment: Dr. Edward Tronick.* [Video File excerpt from Lovett Productions' Helping babies from the bench: Using the science of early childhood in court.]. Retrieved from https://www.youtube.com/watch?v=apzXGEbZht0.

COMMENTARY

This beautifully written piece about body-level awareness in psychotherapy and the physicality of the therapy contract brought to mind an early lesson in my formation as a therapist.

Back in the '80s when I was a young mother of three sons, I had a busy part-time practice two days a week. It was a very rich time in my life when I was learning firsthand about attachment, child development, and the beauty of edible homemade playdough. I was also learning to balance the needs of my growing practice and the demands of mothering. Looking back, I am grateful for my clients who served as invaluable teachers, taking great risks in bringing the troubled stories of their lives into our hours together in therapy. Through our work together I was learning how to hold the ground of the therapy container when dissociated parts of their personalities might arise in the work. Often these "child parts" would risk speaking of their experiences of trauma and I would try to encourage, soothe and validate their experiences of pain and longing.

At the end of these long days of witnessing trauma, I would return home to find that my school psychologist husband had reliably fed and bedded our children, often leaving me a warm supper and the comfort of sharing our busy clinical lives.

A strange problem arose however, when on some of those evenings, before our "downloading" time together, I would tiptoe into the children's rooms to lay eyes on their sleeping bodies and lean in to kiss them goodnight. As I quietly entered their rooms, leaning in to adjust the covers, my children would suddenly awake, upset and crying. Sometimes they would cling to me uncharacteristically and seem disoriented. Eventually, we could manage to soothe them, but neither my husband nor I could identify what had upset them. Since their bedtime routines remained constant from infancy, none seemed to be teething, and my husband and I, though exhausted, were not at odds, our problem-solving minds were at a loss to figure out what was happening. Why, on certain work nights, were our children so strangely reactive to my usual behavior?

Puzzling about this, I consulted my friend and acupuncturist, Peter. After listening carefully and gaining details about our routines with our children, Peter asked me about the clients I was seeing on those evenings. I blandly related my work with two clients who were uncovering multiple personalities of child alters and my attempts to work with them.

Peter asked me directly about how I closed my sessions and my routine of leaving work at the end of the day. He then gave me a tutorial that has become part of every session I have conducted since that conversation. Peter spoke of the necessity of developing a constant routine of opening and closing the energetic field of experience that arises when therapy is engaged.

In "Mirroring the Body," the writer observes, "Sometimes the strange physicality of therapy exhausts me." That exhaustion from leaning into my clients' traumatic memories was exactly the state I was bringing into my children's bedrooms. My process of entering my clients' fields of experience, moving with them, mirroring their gestures and facial expressions, was exhausting. And, because I had no formal practice of letting go of those traumatic states, I was unconsciously carrying them beyond the therapy hour.

Peter reminded me that when a doctor goes from one patient to another, she washes her hands to prevent the spread of germs. As well, he related, the water dissolves the shared state of affective joining that arises, however briefly. Clearing the field of shared experience through some regular practice is highly necessary for the wellbeing of the therapist. Suddenly, I understood that I had been energetically loading my own personal field with consecutive hours of trauma stories all day long, without interrupting and clearing myself. Of course my children could sense that energy when I entered their rooms!

Perhaps I was absent on the day in social work school when the professors explained how the body of the therapist can be affected by years of sitting with clients. Perhaps, because my personal style of reacting to fear is to "step out" into employing my analytical shorthand, using my powers as a detective to figure out what is going on with a client based on sketchy information, I can easily ignore what my body is registering in the encounter. I spent the early years of my practice ignoring most of my bodily responses and worked from the neck up.

Over the years, I have refined my way of entering and leaving my therapeutic hours. Now that I am much older, I have a deeper appreciation of the cost of simply sitting for an hour. My morning routine of stretching and putting my fingers between my toes helps my brain map my feet and keeps me tracking the ground I walk and more aware of what I might be stepping into. Breathing into my feet and imagining my connection as a tree of life into the core of the earth helps me ground and open to the highest guidance available to me as I begin my days.

I have learned that for me, the practice of washing my hands at the end of an hour, shaking off therapeutic encounters with gentle brushing motions, and breathing consciously helps me sink into myself and let go of any energy that doesn't belong to me. I am sure that other therapists may have other ways of refreshing themselves between sessions, but this simple practice has helped me remember and lovingly care for myself in this work.

By way of finishing the story of my children's wakefulness on work nights, after I began employing Peter's suggestions, my children no longer awoke in distress. This is not to say that they always slept through my goodnight kisses, but the quality of our drowsy cuddling was more peaceful and satisfying.

—Judy Lazarus, MSW

Kristie Nies

Kristie Nies, PhD, is a board certified clinical neuropsychologist, psychotherapist, and yoga instructor in Jacksonville, Florida. Her passion is integrating all three areas of practice. She can be reached at: *krisnies@gmail.com*

The Heart of the Matter

The more I know, the less I understand,
All the things I thought I knew, I'm learning again.
—Don Henley

Casual is the word that comes to mind when I think of the first time Dr. R walked into my office. Jeans and a t-shirt, laid back attitude. She had come straight from work that day, sans white coat or stethoscope. Dr. R was an orthopedic resident who wanted to kill herself. Revealing this intent to her attending physician had prompted an in-patient admission for evaluation, a five-year monitoring contract with an impaired professionals program that included mandated treatment recommendations, and peer meetings. These requirements were ostensibly to keep her and her patients safe. In reality, her license was contingent upon meeting these requirements. While she acknowledged the seriousness of her symptoms, she seemed burdened by the "demands" of treatment. Required to "be in therapy" as part of the monitoring, Dr. R began sessions.

Dr. R's response to her state of affairs was an alloy of resolution and resignation. She would never have sought treatment without the mandate, but she was responsive. While she was not actively contemplating suicide at the time she began therapy, I learned that she mentally frequented the neighborhood of death. I had a slight uptick in anxiety whenever I thought of her. She was a devout Catholic and the prohibition against suicide as well as the trifecta of confession, forgiveness, and absolution served her well. I had some conviction that the rituals of her faith were of benefit in preventing her death.

Once we established Dr. R's safety, I became less of a

monitor and more of a co-creator of the relationship. In short, I became more myself with her. I shared my struggles of being a converted then lapsed Catholic. We openly discussed the virtues and vices of the church and the deep comfort of rigid protocol. It was within this, at times irreverent, shared framework, that the psychotic symptoms were revealed. Dr. R believed—scratch that—Dr. R's brain told her that lizard beings lurked underneath the skin of her colleagues. At times, these beings were hidden within the walls of her medical institution, threatening to emerge at the slightest provocation; sometimes they made their presence known, hovering in the exam room with full-on commentary. My alarm was tempered by her apparent competency. With seeming indifference to these occurrences, Dr. R continued to practice medicine. She was not in denial of these events, but she was mildly embarrassed and dismissive of their origin and significance.

Dr. R's social history made up for what her medical history could not explain. That is, she had no personal or family legacy of psychiatric disturbance. She had not experimented with drugs or alcohol. However, she was sexually assaulted and witnessed the death of her father from a heart attack, both at a very young age. These traumatic events set in motion a process that almost guaranteed a reckoning: the "bill" for short-term adaptations necessary for surviving childhood comes due in adulthood. Trauma causes wear and tear on the existing nervous system and prevents normal development of regulatory functions like self-soothing and the ability to reflect on experience. The process is self-perpetuating, as the trauma creates the adaptation which often creates more trauma. Knowing her penchant for video games and role playing, I speculate that the mostly solitary fantasy world that served her in her early years did little to prepare her for the interpersonal demands of a career in medicine. Our brains are networks of connections strengthened by repetition. So, as patient and colleague demands increased, her brain resorted to the familiar and created its own video game of sorts, which ultimately encroached upon and overloaded her system.

Dr. R was an impaired professional. Yet she continued to meet the very rigorous demands of her program and her patients. She skated on the edge of noncompliance with the various interventions that had been contracted, which included peer meetings and pharmacological treatment. She begrudgingly arrived at therapy every week or so, never quite deciding how to participate in the relationship. Was I friend, mother, father, peer, or something else? I sat week after week, monitoring for signs that she would be a danger to herself or her patients, and wondered the same thing.

As a neuropsychologist, I have had far more training in neurological than psychiatric disorders, and I have always been intimidated by psychotic symptoms. Any curiosity I might muster for the subject was usually quickly replaced by feelings of ignorance and incompetence. My self-consciousness prevented much more than hallway consultation with a practice partner. While we did not ignore the bizarre experiences, neither did we process them in depth (which would not have been her style or preference, anyway). I simply kept a check on them. And after the initial flurry, they dissipated and never returned. I have wondered if I was being tested. Were these specters merely bellwethers, informing her, perhaps, of the stuff I was made of? That topic, while never addressed on a verbal level, was a recurrent theme.

The content of therapy ranged from Dr. R's relationship with her mother (who feared she might be demonized during our therapy sessions), to disdain for psychiatry, to at-

tachment theory. I had met my match in her avoidant style. She was fiercely self-sufficient and stubborn. Over time, the less she fought the process, the more her customary slow pace and almost sluggish demeanor began to take on a new energy. She seemed invigorated and inspired. And then the pendulum swung too far and she became hypomanic. It was in the atmosphere of this excitement that she really leaned into the relationship. It was as though she needed some momentum to deepen the connection between us. With some ambivalence and against her wishes, I consulted, on only one occasion, with her psychiatrist and suspended her from her program for a brief period of time. My responsibility superceded my desire to be liked by my patient. I believed her symptoms could interfere with her medical judgment. Pharmacological adjustments were made and blatant symptoms abated.

Dr. R graduated from her residency program. She started a job, sustained her marriage, became pregnant with her second child (and therefore stopped medication), had a healthy baby, passed her boards, and dropped out of treatment.

After a several-year absence, Dr. R returned to treatment with a new problem. She had developed daily bone-crushing chest pain. Her medical training was of little benefit or even consequence as she went to the ER time and again for confirmation that she was not having a heart attack. She embodied the battle of panic—the war between good and evil, reason and fear.

Desperate to be heard, seen, and understood—to be taken seriously—Dr. R intoned, "I'm dying"; beseeched God, "Please, don't let me die…I know I'm not, but…I'm dying"; and fled back to resignation, "I *am* dying." Finally she implored me to understand and take seriously the truth as she knew it: "Do you *know* what I mean?"

It was disconcerting to see her in this kind of pain. I wanted to help relieve her suffering. And I didn't know how. Admittedly, I could sit with her, be with her, love her in the moment—but tolerating other people's discomfort is not my long suit. I felt helpless. Given her attachment style and her profession, the phrase, "Physician, heal thyself," took on new meaning. The consulting room was thick with investment and seemingly little return. Fortunately, there were at least two pivotal moments in her therapy. The first occurred when I remembered to inquire about her oldest child's age; she was eight. I then inquired about her age when her father died. She had been eight years old. So her daughter had just turned the age at which Dr. R had seen her father die. This revelation had tremendous impact, and I garnered accolades of brilliance. Sadly, my shining moment did precious little for the chest pain and constant fear of death that plagued her. As an analytic colleague pointed out however, there may have been a shift in the transference.

While I have long believed that most of the healing in therapy occurs on an implicit or subcortical level, I am not too proud to use cortical strategies. We reframed. She was still dying. We created affirmations as well as short- and long-term goals. Death remained imminent. I encouraged executive function override of more primitive brain influences. And while a neurological approach was appealing to the physician, it did not help the little girl. Diaphragmatic breathing was out of the question. The more she focused on her breath the more certain asphyxiation became. We addressed lifestyle factors; she cut back on caffeine. No effect. She could not exercise because it increased her heart rate. Any chest sensation was a harbinger of death by myocardial infarction. Physician colleagues, aware of her distress, offered Western medicine solutions, countless EKGs, medication, and even a heart catheterization. I believe she instinctively knew

that even if negative, this invasive procedure would not provide reassurance. We had already tried mind/information over matter, to no avail. "Bigger" information would not prevent or halt the chemical onslaught of the fear response. There was no traction. I could not negotiate a change in her suffering. I felt helpless and mildly resentful. The lack of change was an affront to my usual sense of competency.

I continued to step in and out of the logic trap. We explored alternative explanations. I suggested reflux as the source of chest pain. Negative. Knowing that Dr. R had once done some weight training, I suggested that a muscle spasm might be implicated. I recommended that she use her weight bench to stretch her pectoral muscles and flung my arms out in example. This too seemed futile at the time, but the suggestion bore fruit in an unexpected way.

To my surprise, when Dr. R returned the following week she had indeed followed my suggestion and she reported improvement. During the interval, she had had fewer episodes of pain and panic with less intensity. It occurred to me, at that second landmark moment, that this "cure" was not about chest muscle—that perhaps it was tissue of another sort.

I had recently and somewhat reluctantly started a yoga practice as a Hail Mary maneuver to deal with chronic neck pain. To my surprise, even the teacher's kind suggestion that I learn to move with intention moved me to tears. I reacted emotionally to having a "choice" on the mat; to listening to my body; and to being told I was a person of strength, value, and worth. There were particular chest opening shapes that virtually guaranteed a surge of emotion that defied verbal explanation. This experience with emotional release secondary to a physical shape informed my opinion that maybe, just maybe, there was something to this chakra business. Maybe it was Dr. R's subtle body, as opposed to her physical body, that was suffering. Maybe the energy center in the vicinity of her heart was aching for balance.

Very simplistically, chakras are thought to be centers or wheels that manage and coordinate subtle life energy. The goal is to first awaken, and then have balance within and between chakras. So, if there is excessive energy in a particular chakra there might be the need for release. Depleted chakras may need to be charged.

The heart chakra (Anahata) is the fourth of seven centers of energy that manifest along the spine. Judith (2015) says: "Fourth chakra yoga moves from doing to being, from effort to surrender, from muscular strength to yielding tenderness." Softening and opening the heart invites intimacy. It is worth mentioning that as we ascend the chakra column, we reach the fifth or throat chakra (Visuddha). The purpose of this chakra is communication and its principle is attunement. I believe these two chakras are very much in play in most conscious psychotherapy and certainly with Dr. R's. So with this lens in mind, I invited conversation about relationships. Dr. R's social life consisted of an unsatisfying marriage and one or two long-distance friends. What we discovered was deep despair and profound loneliness. She railed against the tears that culminated during one particular session. I had offered to be available over the course of these "heart attacks" many times. Finally, she agreed to reach out to me or one of her long-distance friends if she developed chest pain.

There was a two-week interval before I saw Dr. R again. She did not call during that time period. She sauntered into the room, sat in her corner chair, and launched the throw pillows to the couch, as was her custom. She appeared oddly satisfied. With chagrin, she

reported no episodes of chest pain during the entire two weeks, with the exception of the day of our regularly scheduled appointment that she had canceled. With innocence and surrender, she quietly asked, "Was my heart aching for you?" My response was, "Yes, yes it was. And the fact that you can name it is a varsity move!" With this newfound traction, therapy turned a corner. Lightness was evident in her movement and freedom in her speech and voice and body without any trace of a manic quality.

Obeji (2008) describes hypothetical markers in the development of client-therapist attachment. The markers are divided by stages of pre-attachment, attachment-in-the-making, clear-cut attachment, and goal-corrected partnership across behavioral, cognitive, physiological and emotional domains. I wonder if the reptilian beings that came unbidden to the initial therapy sessions were pre-attachment figures recruited for covert assessment of Dr. R's interpersonal safety. I believe a "life threatening" battle was fought in the attachment-in-the-making phase, during which Dr. R constructed beliefs and expectations about my responsiveness and availability. Obeji cites gift giving as a sign of clear-cut attachment. Dr. R brought several gifts during the courses of treatment, including the iconic DVD "What About Bob?" I accepted this as a sign of deepening connection but also lingering concern, on her part, that her needs would overwhelm me. The following week she brought music. I was drawn in as she played a You-Tube instrumental version of a song on her iPad. It was familiar to me, but I couldn't recall the lyrics. She said the song reminded her of "me, or us or therapy or something." I went home that night and Googled the lyrics to "Human." The refrain is as follows:

But I'm only human
And I bleed when I fall down
I'm only human
And I crash and I break down
Your words in my head, knives in my heart
You build me up and then I fall apart
'Cause I'm only human

(Christina Perri, 2014)

Dr. R may not even have been consciously aware of the verbal content. She clearly resonated with the plaintive melody and the song's intent, as did I.

Yoga is many things—exercise, meditation, detoxification; a philosophy, a system to manage life. What has had the most profound effect on me is the edict to create not just space, but spaciousness. The latter implies conscious use of "more." With more space there are more options. Options facilitate mental health; that is, reflective rather than reflexive action. As the relationship with Dr. R expanded into a goal-corrected partnership, there were fewer transference tests and more opportunities for genuine consultation.

Dr. R filled her newfound space with another baby. The chemical cascade of pregnancy had always treated her well. And finally, when I decided to close my practice and terminate with her, she wrote a poem (included here with permission). Although this may have been the final tangible gift, I realized the ultimate gift was Dr. R's trust in me. I like to believe she wrote this poem for me but also as a message to herself. Dr. R declined referral to another therapist when we terminated. She wanted room to grieve before considering her next move. I applauded her wisdom.

To You, From Me

Understanding brushes against the tangles
Strength
Upholding
Me

Dawn breaks
Slivers of sun and an empty night
"Peace be still" to the raging storm
Binding. Merging
Energy flows
Smiling. Being

Refuge
The battle goes on until cease fire

Wisdom compels
Listen and prosper

Scholar
Of the Human condition
Reasoner with the sweaty and the nauseous. Unruly
Truth emerges and submerges
Bringing clarity
And hiding once more

And what of you when there is no one else
Strength, scholar, wisdom, energy, bonding truth
Heal thyself
And be set free

References:

Judith, A. (2015). *Chakra yoga.* Woodbury, MN: Llewellyn Publications.

Obeji, J.H. (2008). The development of the client-therapist bond through the lens of attachment theory. *Psychotherapy: Theory, Research, Practice, Training,* Vol 45(4) 431-446.

Ron Hook

Ron Hook, LMSW, practices north of Detroit and travels to do quarterly body-oriented sessions with ongoing patients of other therapists. He has practiced individual and group psychotherapy for 40 years. He learned Radix® bodywork in 1985 as an adjunct to psychotherapy, and so is fluent in both. He is a faculty member at the Institute for Individual and Group Psychotherapy in Southfield, Michigan.
ronhook@gmail.com

Self and Other:
Samples of Physical Character-Armoring Viewed with the Radix® Model

Fifteen of my teenage friends and I sat together in an oak pew to the extreme left of the pulpit, 10 rows back. The 90-minute Sunday evening service was plodding along. The reverend, in his regular three-piece black suit, was deeply engaged in his uber-eloquent long prayer that would go on for at least 10-15 minutes. Not really into it, we were restless. Every kid had his forehead resting on the pew ahead, pretending to pray. But below pew height, we communicated with each other by gesture, hoping none of the 400 others in the sanctuary could see us. Then, in the middle of our row one of the guys deliberately started to drool, letting his gob wind its way to the floor and slowly spread into a bubbly puddle.

The convulsions began. We fought hard to keep that laugh down. I closed my eyes, backed my tongue into my nasal pharynx, tightened my lips, forced my glottis shut, tightened my chest muscles, tensed my diaphragm, and squeezed everything below that, hoping to keep any sound from leaking out. But 16-year-old boys drooling on the sanctuary floor, stifling a belly laugh? Impossible.

The preacher stayed in his fervent prayer until its proper end. And then, waking up from his encounter with God, he turned to us.

Finding my Body

In my 20s my vision of practicing psychotherapy was entirely head-oriented. I pictured myself admired for lending brilliant interpretations for insight and understanding. But, in the end, the only way I could really be-

come a therapist was through my body.

I was always a head-type. (Strangely, at birth it was feared I was hydrocephalic, though the final diagnosis was simply, "big head." According to legend, I fell out of a bassinet at six months and fractured my skull. As an active little kid, I skinned my head when I fell while the other kids skinned their knees.) My speech was not centered in my core. I was not able to write more than a page or two without intellectually meandering. I appeared aloof; to my dismay, some would accuse me of being condescending. I felt inferior, like a fraud, supplicant and all the rest that comes with the self-esteem of a speedbump. It was just too painful to experience consciously, so I denied and projected. It took a long time to recognize the childhood damage of indoctrination, physical punishment and shaming that passed for "discipline," and official declarations from men in three-piece black suits that I was a sinner with no capacity to redeem myself. Rather than experience the painful and infuriating emotional consequences in my body, I disconnected and went into my head.

I was much too afraid to volunteer for bodywork. A mentor, who knew better what I needed, pushed me into a training program that required more than 150 hours of work with my body. It turned out to be critical for me to look below my head to physically experience the rest of who I was, to see and accept my real strengths and vulnerabilities.

Radix® Bodywork Foundations

Fifty years after the drooling incident I still use it as a reference. The reader can usefully pretend to be desperately trying to stop an intensely pressing laugh, or a cry. Do it for at least 15 seconds. Feel the articulation of the muscles from the eyes down to the abdomen (as I described above). Hold it to the point of discomfort. Then, take a moment to allow your mind to record the impression of the involved muscles.

If you skipped this exercise, please go back and do it.

The natural flow of emotional expression is longitudinal, basically from the abdomen upward through the face and eyes (sometimes with tears). The path of a wild laugh or a deep sob is easy to see. Anger seems to move up the back and forward through sharply focused eyes and sound. Fear appears to move suddenly upward and back with an inhalation, complete with widening eyes and raised arms. Love, happiness, disappointment, pleasure and pain (after the initial clench) all have their natural physical paths of expression. Generally the softer feelings move expansively up, out and forward, while painful and fearful experiences produce contraction and protection.

During the developmental process of growing up we are being "civilized." Part of this involves learning to suppress full emotional expression. We do this hundreds if not thousands of times. When we are about to cry, laugh or scream in unaccepting places, we use sections of muscle power to hold it back or to push it back down. Over time, such muscles can unconsciously become fixed into layers of chronic tension. In the clinic we see rigid or highly defended character structures of all types. Properly conducted direct bodywork can safely free underlying emotional flow, like carefully opening a dam allows the fluid to move through.

The suppressing muscles are arranged in seven transverse layers: Around the eyes and base of the skull, around and in the mouth, in the neck and throat, in the breathing muscles of the chest and diaphragm, and on down into the abdominal and pelvic

muscles (Reich, 1949). Ellsworth Baker illustrates them as "The Seven Segments of the Body: Ocular, Oral, Cervical, Thoracic, Diaphragmatic, Abdominal and Pelvic" (Baker, 1967). The point of your earlier exercise was to learn about these muscle groups by feeling them within yourself.

For me, grasping the body component in psychotherapy began in 1985 at the Radix Institute, then in Ojai, California. The chief mentor was Dr. Charles R. Kelley, who learned directly from Reich and others, and eventually founded his own institute, revising some aspects of Reich's work. (For reference see *www.radix.org* and *www.kelley-radix.org*.) One principle was working first with muscle tensions around the eyes, always making sure they reflected presence—being in the here and now, not preoccupied or flighty—before working on the next segment below in the "character armor" (Kelley, 1971). In regular psychotherapy, we want the person in good contact with reality before opening a suppressed emotion. In body-oriented work, presence in the eyes is the indicator. Are they spaced-out (withdrawn), staring or flighty (frightened), watchful, or allowing themselves to be seen. With this small sample of the eyes, one can begin to see that psychological defenses manifest in the body as muscular events. And protections are lodged in the muscles of each of the rest of the segments.

Case Study: Nancy

Nancy was a mid-level executive, attractive and competent. She presented with straining eyes and voice. Her history included confusions about men, a depressed outlook under a masquerading smile, and deep, dark, circular ruminations. Such a circle had proven tough to penetrate in regular intensive psychotherapy. When her therapist suggested she take some bodywork sessions with me as a supplement to her ongoing treatment, she quickly declined. With some help she eventually came, suspicious and fearful, pained in her presentation as she spoke about the hopelessness of her therapy and life.

Initially, I spent time making contact with her, verbally creating a context for our work. I framed it as sensory education. That is, I would help her sense ways in which she stopped the flow of energy and feeling in her body so that she could eventually choose either to continue to constrain it, or to let it come through, at will.

We followed this with a period of warm-ups, moving typically constrained muscle groups, learning to stand with unlocked knees, and to breathe through an open mouth, letting the jaw hang open.

We proceeded to kindle interoceptive awareness (sensitivity to stimuli originating inside the body—see, e.g., Duquette, 2017). At first we adjusted the focal point of her eyes from intensity on the external object (or intensive thought), turning inward and downward toward the wordless, subjective and fluid realm of body processes. At my suggestion she expanded her breathing, following her breath down toward her emotional center by sensing the air passing downward through the moisture of her lungs. Further, she learned to experience her relationship to the ground by literally tuning in to the pads of her feet as they related to the carpet fibers and ground beneath. As I instructed her to allow her weight to fall *through* her feet, she began to experience and let into awareness the profound reality of gravity, pulling her through the floor toward the center of the earth. As the force of gravity pulled downward through her feet, she (with help) became aware that the pressure was being recorded by the small nerves in the pads of the feet,

moving up the longer nerves of the feet and legs to the spinal cord, then on to the brain registry. She became aware of gravity pulling downward, and the sensory awareness of it moving electrically upward at the same time. Tuning in to this process helps set the sensory stage for further inward looking and perceiving. I suggested to her that she let herself be surprised by what sensations or feelings come up through her body. Body awareness was ignited.

A few minutes later Nancy and I encountered each other more closely, face to face, and she was already in good faith letting herself explore in a sensory way the moving processes within her. She had unlocked basic "talking head" musculature by breathing, unlocking her knees and jaw, and doing a series of exercises to soften her eyes from their alert executive position. At this point we were less engaged in dialog, allowing a more open and complete presence with each other which some describe as more right brain to right brain. I encouraged her to continue to breathe through her mouth and more deeply than normally. While I stood two or three feet in front of her, she leaned back into a mattress standing against a wall, jaw and knees and eyes still unlocked. I guided her mind's eye back to her mid-section, simultaneously allowing awareness of her hands and feet, suggesting that the center of her self lay between her hanging hands, above her feet and hips, and below her collar bone. She continued to breathe into this space while recognizing the stirrings within. Her "public relations" smile surfaced only briefly during this process.

By this time she had acquired enough trust to give me her thick glasses. She didn't need to watch me so closely. The tension had released enough in her eyes. My attention could now be drawn downward toward some constriction in her throat and vocal cords. When she exhaled, it sounded like the air was being pushed through a narrow pipe. Since I can breathe more openly, I brought her breathing into awareness by comparing her exhalation with mine, then asked her to imitate mine. After a few tries, she succeeded and continued this more open breathing without losing the presence in her eyes. This provided a path for her to open herself a little more, so I moved her to a floor mat, lying down, with me sitting on a low stool by her side. At my instruction she brought her knees up, feet flat, taking some pressure off her lower back. She continued to breathe, open-mouthed. She remained easy in the eyes with me, as I was with her. I felt privileged that this fearful person was allowing me into this more vulnerable place.

Her eyes had adjusted enough, and her breathing had opened enough to be more aware of her internal process without losing contact with me. I noticed a stillness in the rest of her body so I suggested making strong arm and leg movements—pounding the mattress with her fists and feet to engage the rest of her body and build the energetic charge throughout. She completed this movement, and let her body settle in its own time from the effort. When she was restored to full and restful presence, I asked her permission to touch muscles on her face. She granted it, trusting I wouldn't hurt her, and I placed adjacent fingers on the high end of her upper lip where it met her cheeks (the smiling muscles) gently pressing into this area on both sides of the nose to lessen the tension there, remaining steady, on the crease, while encouraging her to continue breathing fully. This area is a boundary between the ocular and oral segments, likely the place where she unwittingly stopped body awareness and kept things stuck in her head. In less than a minute deep sobs burst forward, heaving up from the bottom of her belly. I encouraged her to let this expression run as long as it needed to and to simply stay out

of its way. In about 45 seconds it started to wane. Within a minute or two she recovered her breath and regained easy eye contact with me. Incredulous, she blurted, "How'd you do that?" Staying easy and gentle, I said, "It was *you* who did that."

In this instance Nancy had a deeper and fuller emotional experience and more expansive expression than usual, whereas previously she had had narrow experience and constricted expression. The expressive door from the core up and out through the face, eyes, and mouth had been clamped. Now she lay there with the door open. At this point I simply asked her to let her senses passively record all the physical sensations of this new, open, non-thinking, but experiencing body.

A while later, when the session was officially ending, she expressed much gratitude and took the experience back to her regular therapy, where she has enjoyed deeper responsiveness and participation in the group process.

Conclusion

Nancy's work addressed her unique tensions in her ocular, oral, and cervical segments. Her bigger breathing loosened her diaphragm and abdomen. After the initial contact, the order of the work was essentially top down. When opening the breathing, it is common that tensions typically blocking emotional awareness start to present themselves, giving the body-oriented therapist points of access. Each person is different, and the sense of who they are and how their body operates in the world is broader than I can describe here. But the particulars of Nancy's work give a sample of how working with the body, conscious of the segmental nature of the character structure, can be helpful to an ongoing therapy.

My aim in bodywork is not about me changing the client. Instead, it is about awareness and freedom. It is about placing and replacing attention on the sectors that inhibit emotional flow. We cultivate an attitude of curiosity and learning, through the sensorium, about this totally unique self, and we do it one step at a time. Done properly, people really learn to accept themselves as they operate in the world, gaining the sensory knowledge that can offer freedom to change. Along the way often come a sense of empowerment, a sense of aliveness, and a sense of being a unique part of the creative process in nature. All in all, competent work with the body over time, whether it's for personal growth or in support of psychotherapy, slowly releases the flow of the life force through that person.

Safety Caveat

I add a word of caution. Body psychotherapists have to be settled in their own bodies before they can clearly respond to the impulse, movement, coloration, and breath of the client. It can be hazardous to experiment in your practice with what I described here, except maybe the kindling of interoceptive awareness, if your client can take it. While I believe bodywork is universally needed in therapy, the specifics of a session depend on accurate diagnosis, accurate perception, and accurate intervention. There are methods that can be learned. Half the learning is through one's own body, where a sensory recognition of the other makes its imprint. The other half is learning a coherent theory for context. And, personal boundaries, of course, have to be clear.

The Radix Institute (www.radix.org) still operates. About a dozen other schools gather at the U.S. Association of Body Psychotherapists (www.usabp.org). Questions and further inquiries are welcomed (ronhook@gmail.com). ▼

References

Baker, E. (1967). *Man in the trap.* New York: Macmillan.

Duquette, P. (2017). Increasing our insular world view: Interoception and psychopathology for psychotherapists. *Frontiers in Neuroscience*, 11, Article 1:35.

Kelley, C.R. (1971, 1980-81). *Segment one program, a pre-training Radix course (unpublished).*

Reich, W. (1949). *Character analysis.* New York: Noonday Press

---

There is no experience without embodiment. There is no embodiment without experience, no existence without a body. Because I am embodied, I exist.

—Stanley Keleman

Melanie Eisner

Melanie Eisner, LCSW-C, LICSW, received her MA in social sciences with a focus in cultural psychology and MSW from the University of Chicago. Melanie also completed a yoga teacher training program at Flow Yoga Center in Washington, DC. Melanie is in private practice in Chevy Chase, MD, where she works with adolescents and adults with anxiety and depression. She also sees clients in recovery from addiction and creative individuals who feel blocked. Melanie has given talks to groups of mental health practitioners on self-care and preventing burnout. She is a fellow at the Institute of Contemporary Psychotherapy and Psychoanalysis (ICP&P), and continues to integrate meditation and wisdom from an Eastern perspective into her work with clients.
melanie@melanieeisner.com

Five Days of Silence

Breathing is the vehicle of spiritual experience, the mediator between body and mind...the connecting link between the conscious and subconscious, gross-material and fine-material...

—Roshi Philip Kapleau, *The Three Pillars of Zen*

I had been driving for eight hours and, according to my GPS, was 26 minutes from the Windhorse Zen Community. I was going to spend the next five days in silence with a group of 15 therapists. I was distracted. I couldn't get a recent failed relationship out of my mind and I was nervous about spending a week with no talking and no coffee. I was driving fast, anxious to get there. After reaching for my phone to get directions, I looked up to see I was veering left, toward the wall on the highway. A distinct thought passed: "I could die." I cut the steering wheel to the right, my car swerved around, and I slammed to a stop, hitting a concrete wall.

I was intact and no blood had been shed. A young woman who had seen me crash pulled over about a hundred yards in front of me. After confirming I was alive, she gave me a thumbs up and drove away. No other cars were around—I was alone. I phoned my insurance company but after calling three times only to reach to a mechanical voice menu each time, I let out frustrated screams as tears poured down my face. I called 911, and an operator dispatched highway patrolmen to my location. After assessing the pros and cons of getting a tow, we decided I would drive the wrecked car to the retreat. My smashed hood splayed open and plastic car parts partially covered my headlights. I drove, very slowly now, while my car made noises that disturbed me and I uttered prayers

under my breath.

My body stiff, my face frozen, I walked up to a house, and the door opened to warm light and two smiles. I asked if this was where I was supposed to be. It was. A Windhorse resident got me settled in a room upstairs. Finally, I could rest. Lying on my side, the rock in my stomach began to loosen—a glacial unknotting.

* * *

The first day in the *zendo*, the meditation room, there was a confusion of sounds—the click-clack of wooden sticks, the ringing of various bells. But soon the sounds became like language: one ring of the bell signaled it was time to get settled before stillness, the wooden clappers signaled it was time to be still. Three chimes of the bell meant *zazen*, meditation, was to start: Wake up! Wake Up! Wake Up! The bells reminded me of the shofar on Rosh Hashana, when the rabbi blows through a ram's horn, a deep tenor note awakening us to life from a spiritual slumber.

Waking up was not easy. Facing the wall, my gaze lowered to the floor, I got a headache while fighting an intense urge to sleep. And for much of the seven hours that we sat in meditation each day, thoughts crowded my mind. According to Buddhist teachings, thoughts obstruct our view of reality, and when we take our thoughts for reality, it is as if we believe a delusion. One of the main delusions is our sense that we are separate from the world and each other. Through quieting our minds, coming closer to what is known as "no-thought," we wake to reality—that we are a part of the whole of the world, that everything is, indeed, connected.

Each day when we chanted, one resident played the drum. It was a blast out of the trance of thoughts, out of the delusion of separateness. The drum resonated with the beats in my own heart, waking me up to my body, bringing me back home. When my energy flagged and attention wandered, the reminder of my crash—that death could come at any time, that there was not a moment to waste—reinvigorated my practice. As the days went on, my thoughts—which had been busy, scattered, and numerous, layering atop one another in a heavy pile—became slower, easier to attend to, and fewer, the layers thinner and lighter. There were moments of clear, quiet. My attention to the body grew stronger. Sensitivity increased. The wall of thoughts, which separated me from the world, began to dissipate. In its absence: connection with self, the possibility of connection with others, my true nature arising.

* * *

We woke up each day at 5:15 to the beat of a wooden fish drum. Out of silence and darkness, the steady, rich sound signaled morning. After dressing, I went downstairs to sip black tea and sit on the back deck, my face turned upward to see the sky, still dark. Behind me was a slim silver crescent of moon; to my right was the Little Dipper, to my left, the Big Dipper. There were shooting stars and faint traces of light—were these traces truly in the sky, or projections of my own eye?

I became fond of the Little Dipper, who seemed to wait every morning for me. I knew it was against the rules. Each day we chanted about being no-self and chanted about freedom coming from giving up preferences for things, from mitigating attachment to

what we desire. How could I profess to own something while I was attempting to move towards no-self, let alone to own the Little Dipper? But how could I help it? She was my favorite. And so, I took her as mine, tucking her into my pocket, close to my body. If I needed to, I could touch her when I lost touch with my own beauty. I could remember her jeweled nature, a formation of patterned light in seven stars. Ursa Minor, Little Bear. A piece of the vast sky.

Quoting Chang-tzu, our teacher said: *"To the mind that is still, the universe surrenders."* He explained that thoughts make us separate, like we are looking at the world through a glass window. With no-thought our experience is less dual, he said, more unified. So many times I had the experience of looking at a beautiful part of nature, feeling one beat away, apart. But during this week, the quieter my mind, the more I could connect with and take in the immensity of the sky. I merged with the great landscape around me: mountains, planes overhead, red lights flashing from towers in the nearby city, trees, intricacies of tangling branches and leaves.

* * *

In *dokusan*, we had a chance to bring challenges with our practice to the teacher for guidance. I was having difficulty experiencing my breath. Unlike the measured, powerful *ujjayi* breath in yoga, I could not hear the inaudible breath required in meditation, and I could not feel it in my lungs, diaphragm, belly, back, or throat. The teacher encouraged me to stay with my silent, invisible breath—to follow it even when it seemed to disappear or evaporate into lost spaces within my body. I began to bring my attention into these spaces, touching subtle energies I had not noticed earlier. Now when the three chimes of the bell rang, the sound entered not just through my ears but through the right side of my torso, a small line of quickly moving energy. Soon I began to notice this energy coursing through my body, tiny pulses that flowed horizontally across my heart, my feet, my hip, my legs. There would be an intense vibration before it dissipated in a line, reminding me of the shooting stars.

In biology and in music, the concept of *entrainment* refers to two separate rhythms which, when they interact, adjust to one another, eventually becoming synchronized. Perhaps the vibration of the bell which echoed in my body did the same for each person in the room. Perhaps the bell entrained each of us to it, and thus, to one another: our minds and bodies pulsing in time to the speed and key of the bell. Sitting next to each other in silence, our bodies, and the subtle aspects of energy within them, aligned.

* * *

Though I practiced meditation and had used it frequently with clients for years, at Windhorse I went deeper. Before, I trained my mind to follow the breath, to anchor my attention to the present moment, to notice thoughts without getting hooked into them, to welcome what was happening in the body with compassion, allowing it to soften. Yet there was always something to focus on, to observe.

Now I was learning to stay with the breath, which gave my mind a scaffold, as I focused not on *something*, but turned toward emptiness. As my breath ebbed and flowed like waves, deeper in my body the unconscious was broiling and at times rose to the sur-

face, coming into awareness. Quieting the mind and following the subtlest breath were my paths to this ocean of unconscious where both darkness and treasure lived.

The teacher, also a psychodynamic therapist, cautioned us that spiritual practice can be a defense and can be used to repress emotions. He encouraged us not to bypass emotions but to let them move through the body until their release, like a fishing hook caught in the skin. "Don't pull it back out," he said, "pull it all the way through."

When I encountered the unconscious, it arose as an emotion or sensation in the body, and very often, in the form of a thought connected to emotion. I learned to discern between distracting thoughts: "Why the hell is that guy next to me breathing so loudly?" and thoughts and memories that were inextricably woven into the deepest parts of me, that lived in my body. I followed these as they coursed through me, carried by my breath. Tears fell upon my cheeks when I had the thought, "I am good." Silently, I repeated it in my mind over and over as the tears came in a wave and came again. Another time anger emerged accompanied by images of physical violence. Anger that needed to come up, to rise in my body, my heart beating strong and slow, blood traveling through my torso to my chest, lips curling, my breathing hard, then softer with its release—to know my power and my strength.

* * *

One of the most important gifts of the retreat was discipline. On my own I could never have managed five days of silence, no-thought—even with the structure they were difficult to sustain. At the retreat, we were ushered as a group into silence. We had rituals that went back thousands of years, each with choreographed movements. We followed the rituals and they became muscle memory; we experienced them in the body without crowding our minds with thoughts. Single file, we followed the brown-robed person who was in front of us to each meal, day after day, without thinking about when it would be our turn to get food, or where we would sit. We knew what came next in our practice by the sound of the bell. Each moment of each day we practiced no-thought, nonattachment to language—in formal meditation practice, doing our work chores, during short breaks when we walked or rested. There was no sugar, no coffee. There was a limit to hair washing. No mirrors. No technology. No books or journals.

I experienced existence without my thoughts degrading it. The usual tangle of thoughts makes me sad or angry, weighs me down, or brings an anxiety just enough out of reach that I can't put my finger on where it's coming from. All of the discipline, the focused energy on no-thought and building silence, gave way to freedom. Small pleasures took on immense depth and color. After the last meditation each night, we were served fruit. Cantaloupe was the sweetest—as my mouth filled with juices, every bud on my tongue was drenched in honey. Beneath the Milky Way, I placed the orange-colored pieces into my mouth as slowly as I could muster. In austere discipline flow the sweetest juices.

The other important gift for me for me was community. Every day in *kinhin*, a group walking meditation, we curved around the room, arms at our side, hands drawn together at our hearts. Adhering to the Zen custom, I gazed down towards the floor. I saw my cohorts only in peripheral vision, as I synchronized the rhythm of my steps to theirs. In a quiet, stark way we swiftly repeated the path, again and again. No one was more

than or better than or less than. The pressures I normally feel in a group faded. We were together, in a line, walking. In this quiet community, I felt a blooming at the center of my chest. A spontaneous joy.

In five days I traveled far from where I'd started: in my wrecked car, alone, with tears streaming down my face. My crash, too, had woken me up. The crash, still alive in my smarting body, was a blunt reminder that I could die at any time. In the Zen existence it became clear to me that every moment I spent inside my head was wasting precious life—removing me from the immediacy of experience and intimate connections.

On the last day, in the zendo, the sound of a radio fractured the silence in the room. Confused, I looked around to see sober faces breaking into smiles. The retreat was over. We began to hug one another with excitement and energy, saying: "We did it!" Projections I had during the silence were shattered by warm voices and hugs. A person I thought had been angry, judging me, gave me a glowing smile and told me we should keep in touch. Affection and laughter flooded the space that evening. Never had I felt so open, so included and so alive with a group of people. I laughed easily and joyously and constantly, until my cheeks ached.

* * *

On the last day I walked in the wooded area surrounding the house, taking in the sun shining through the interlacing branches of trees, the wheat and green colors, the long grasses on hills. I saw tiny white blossoms, so beautiful that I stopped and lowered my head. Two were curled, bent inward on themselves, with drops of water magnifying the pearly whites of their petals. One of the flowers reminded me of a lotus — its pointed petals overlapped each other and its center was a perfect yellow circle. It conjured for me the Buddhist description of the beauty of the world, lotus land, that we had chanted about during the week. I had almost walked past this, but now stood examining the intricate beauty, tears rising to my eyes, falling to my cheeks. The sights glowed in the light all around me. I looked up and noticed a leaf swirling in the sun, dancing in the shadow and slight wind like a carnival streamer. As I walked on there were more of the tiny white flowers, the ones I had almost failed to notice. But they were everywhere, in abundance, if one looked.

* * *

The Zentensive, created and lead by Roshi Lawson Sachter, is a weeklong retreat for mental health practitioners, which combines a traditional Zen *sesshin* with teachings informed by Intensive Short-Term Psychodynamic Therapy (ISTDP). As the mind quiets, and we begin to see our thought patterns with more clarity, our unconscious mind becomes more accessible. Roshi Sachter facilitates this week specifically for mental health practitioners, with the premise that by exploring what arises in ourselves, we evolve our awareness and healing, which has profound implications for the work we do with clients.

The Zentensive and continued work at the intersection of Zen and ISTDP has had a significant impact on my practice as a psychotherapist. I am better able to use my relationship with clients experientially, as it unfolds in the room, which requires a de-

gree of sustained presence and emotional intimacy. I encourage clients to experience the emotions that arise from these in-the-moment exchanges, which usually leads them to identify a familiarity, a memory, a pattern. And I am better able to be with them as they experience their feeling, and to encourage them to stay with the feeling themselves.

Furthermore, I now acknowledge the immense mystery and complexity of the world and the self, and at the same time how limited our ways of knowing are, especially intellectually. I am able to sit with a client at the space before the unknown, without jumping to a theory as to why a symptom or phenomenon is occurring. Instead, I am able simply to be present with the client, to say, "We don't know yet," and turn to the pieces that we do know: the physical sensations and emotions that show up in the body, in the room.

Along these lines, I prioritize attention to the body and its wisdom as a path to knowing the self and mobilizing the unconscious. Our memories are not otherworldly things floating in brain chemicals, but quite physical, seated in the body. The Zentensive clarified for me that waves of emotions are intense bodily experiences, and that typically the activity of the intellectual mind blocks us from accessing the riches held within the body. With my clients I am better able to discern and interrupt thought patterns that are destructive or derail them from their true selves. Rather than engaging with these, I redirect attention to the body, helping clients bring awareness to their physical experience.

The Zentensive changed me, and my practice with clients, deeply. After the Zentensive, my mind was quieter before sessions. In that stillness, I was thoroughly grounded when meeting with clients—intrepid and at the same time, open and tender. Though life and my mind got busier in time, I have devoted myself to finding my way back, again and again, to stillness. ▼

> Each dosha recognizes a particular kind of weather that brings it out.... The reason a dosha can affect you out of season... is that there is a delay, or a spillover effect.... The principle at work here is the same as with a morning hangover: It takes a while for your body to process a mistake and spit it out in the form of a symptom.
>
> —Deepak Chopra

Unapologetic Lady

Lydia Minear

I hate high heels & eyebrow-plucking.
Painful and dumb.
Give me a good flat shoe, leave my hair alone to grow as it pleases, thank you.
Then watch what I can do.
I want to run like I did at nine, playing tag with cousins in grandpa's backyard.
Fast and sneaky, finding hiding spots in trees and bushes.
I want to tie up my hair or cut it short so it doesn't get in the way.
I want to eat a big hamburger with fries, some mac n cheese.
I want to get dirt in my nails and leave it there for a week.
I want to live without the fuss and disgust over inches around my thighs and belly.
Because it gets so old hating my body.
I want to speak my mind, with both honesty and love.
And not feel ashamed for wanting more adventure and fun.
I want to look in the mirror, impressed by this lady.
For she takes up space in such a splendid kind of way.

Stanley Keleman

Stanley Keleman is the director of the Center for Energetic Studies in Berkeley, California, where he lives and teaches. He enjoys developing the practice of Formative Psychology® through ongoing classes, seminars and writing. He is the author of 11 books, including *Emotional Anatomy,Your Body Speaks Its Mind, Living Your Dying, Love,* and *Insults to Form*.
center@centerpress.com
or skeleman@aol.com

An Interview with Stanley Keleman

A social worker, I agreed to interview Stanley Keleman, a chiropractor. His life's work brings biology and anatomy towards psychology. My focus comes from the other direction, from *psychology and philosophy.*

In preparation I revisited his 1985 book, Emotional Anatomy, *which, besides being elegantly written, is fundamental for working with the body. I think everyone should study it if they haven't already.*

As it turns out we were very receptive to each other as human beings. It became enjoyable, and I think you'll find the interview's ambience palpable. He is 86 now, and still heads up the Center for Energetic Studies in Berkeley, California. His passion in recent years has been what he calls formative psychology. He travels, gives sessions, teaches, and writes. His latest is Maturity, Solitude, and Intimacy *(2014).*

Ron Hook: I'll borrow an opening interview question from NPR's Krista Tippett: Was there a spiritual or religious background in your childhood that has informed your work?

Stanley Keleman: My grandmother was a religious person in the sense that she was deeply community-oriented and did things to benefit people who were poorer than she. That was a powerful influence in my life and, as a result, a sense of goodness ran through my family. But the Hebrew education, from age 6-13, was for all intents practically useless to me. I did everything to avoid it, except going through the rituals to please the family. But it came back later as a gift to me that I learned to read in two languages. My father and mother were immigrants who spoke Romanian and Hungarian respectively, along with

Ron Hook

Ron Hook is a certified Radix® bodywork practitioner and trainer. He practices north of Detroit and travels to do quarterly body-oriented sessions with ongoing patients of other therapists. An individual and group psychotherapist for 40 years, Ron learned Radix® bodywork in 1985 as an adjunct to psychotherapy, and so is fluent in both. He is a faculty member at the Institute for Individual and Group Psychotherapy in Southfield, Michigan.
ronhook@gmail.com

some Yiddish, and it left me swinging in the multiplex of "How do I make sense of these languages?" while I was learning English and reading Hebrew. Bridging languages and experiences became a creative endeavor that gave me a good deal of cognitive malleability, which I apply to my understanding of anatomy and human behavior and the formative process. So, those influences were powerful, but the biggest one was the spirit of goodness and generosity of my grandmother. That woman was astounding!

Hook: I understand that you started in chiropractic. How did you get to formative psychology?

Keleman: It was developed over years. In my early career, training for my doctorate in chiropractic, I met original, creative people who were the founders of early chiropractic. Many of them even served jail time because their teachings went against mainstream medicine.

Hook: My goodness.

Keleman: These characters were free-thinking people with enormous courage and tremendous insight. They broke up into different schools, but they had a common basis for structural analysis that had to do with distress or dis-ease as a disturbance of the whole geometry of the body. I had a teacher who saw that emotions were triggered by chiropractic adjustments; this was an early recognition that *feeling and emotion are influenced by changes in body states*. For me, it brought together psychology and the body into the whole notion of the healing arts.

In neurology class, I was taught about Hans Selye's general adaptive syndrome, which is: The body's response to stressors is in stages of inflammation. Selye was

another remarkable man with tremendous vision based upon his clinical observations. He also said that all diseases have the same beginning which is the inflammatory response. These were seminal notions that led me in my research of the body and its ability for reorganizing, which is a formative as well as a healing process.

I knew Gestalt people very well, especially Laura Perls. She led groups in which I worked with people who had psychiatric diagnoses. I watched their movement patterns and saw where their coordination, their gestures and action patterns broke down in the intensity of the stress process. This helped me understand that somatic distress, like the inflammatory process, was in fact changes in anatomy.

Nina Bull, a *Who's Who in Science,* was another one of those champions who fell into my life. She understood the nature of the somatic, muscular-cortical connection. She wanted to know the biology of Freud's unconscious. And her conclusion was it's a *muscular attitude of a readiness to act.* Readiness to act is brainstem activity for reflex actions like startle, fight or flee, etc., accompanied by emotion and feeling responses.

I opened a practice in Manhattan and had the opportunity to work with some famous Broadway singers and dancers. I learned a lot about how to intervene and help people deal with their patterns of overuse, which is a major stressor in that business. I was now on the path of researching the relationship of the body's structural changes and its internal dialogues and responses.

I became very interested in the relationship of the body and psychology. I always felt something was incomplete with the Reichian way of freeing the emotions through catharsis. The missing piece is illustrated in this story. Several years ago I gave a talk to a group of London osteopaths on the "Pulsatory Nature of the Human Organism." At the end several people identified a common dilemma: Why is it that our clients come to see us, and after a treatment they report feeling much better, only to come back at the next session bringing their original condition? Why don't they stay better? I told them that all behavior is fundamentally a process of biological organization and that people mostly do not understand how the body's biological reorganization takes place or how it is sustained. To support healing, which is actually a reorganization, not a return to an original state of health, you have to teach people how to be agents of their own healing, of their own reorganization. As a practitioner you can do something for them by modifying a body state and showing them new movement possibilities but *how they learn to use themselves physically to support and sustain their reorganization is the critical factor.* If a person doesn't support the changes by practicing, physically, then change is not stabilized and it is not lasting. In Reich's model, catharsis broke down structure, and a person was left at the mercy of instinctual forces. Nothing was taught about voluntary reorganizing.

Hook: That's very interesting.

Keleman: It's a matter of understanding the dynamics of the biological process of how body shape changes form which, anatomically speaking, is how body tissue shapes gain stable structure and how these structures change to less stable forms or disappear. A posture, an attitude, is a malleable process of body shaping; it is not simply a mental state. A mood does not exist a priori, it's a biological movement pattern that produces a mood.

Understanding this, I went back to Selye. He tells you what happens when there's an

insult to the body. What happens is an inflammatory response, and the healing response is the body reorganizing itself. And that's the basis of my understanding the formative process of voluntary self-organization and self-healing.

Voluntary reorganization happens with cortical support because the cortex is where the voluntary centers are. You have to understand that the cortex is the highest organ of voluntary self regulation, second to none. One of the sole purposes of the cortex is to modify reflex responses and habitually excessive behaviors. The cortex gives you a chance to learn to act appropriately by learning to differentiate the inherited reflex attitude through voluntarily reorganizing. We call this self-regulation or self-management. Voluntary self-influence means learning to reorganize ourselves somatically, and this is the ground floor of formative psychology.

Hook: How do you teach voluntary influence?

Keleman: First to be understood is the fact that the human organism is a *pulsatory* process that has an innate pattern of anatomical, structural development. Generally speaking we are all programmed to grow into the same stages of living. This is involuntary--it just seems to happen. The ability to voluntarily build on this innate process, that is *to create behaviors and situations that are not programmed,* is a learned function.

At some point I began thinking that the human organism has now gone from learning to influence its environment by creating new conditions for living, to entering a new phase, a new focus which is learning to *create its own inner environment*. Having an inner life, having a personal life, is something *voluntarily* created. It's when we learn to differentiate our inherited adult in order to have personal expression within our body's given constitutional parameters.

The organism's basic aim is to develop itself to extend the life process. Replication is a means to do that, but not the only means. This is a big shift in how you think about survival. It means there is a basic urge to develop ourselves in ways that are not programmed, and then intentionally remember experience and *transmit* it. So, that's the epigenetic application of formative psychology.

Hook: So, it's a reorienting of one's self on a physical level.

Keleman: Reorienting and reorganizing. Look at it this way: A man or a woman who doesn't make new memories, which are fundamentally a tissue relationship between muscular events and excitatory responses, is forced to live old ones.

Memories are stabilized tissue structures; they are a reference library for what has been learned. Memory is essential for repeating a behavior, *and* memory structures can be edited by practicing new behaviors that form changes in tissue structure. Practice stabilizes structure and supports a durable change in behavior.

Hook: ...which requires voluntary muscular effort.

Keleman: Yes. There are inherited instinctual behaviors, and then there are voluntary organized and learned behaviors. Athletes know this, skilled craftsmen know this, professional walkers know this, and surgeons know this. They develop specific muscular

skills that are cortical skills as well, which are behaviors that were not inherited but can be *transmitted epigenetically*.

Hook: I have a couple of quotes from your website material. I'd like to see what you have to say about them. One is, "Language begins to separate us from grounded experience. Unfortunately, we engage in identifying something rather than engage in being that something."

Keleman: A friend described it like this: Some people were talking about understanding the phenomenology of an event, and they kept walking around this chair and describing it but never sitting in it. I try to help people sit in their experience and describe what they are experiencing.

Anxiety is one of those events. It's kind of a globalized dread that we are trying to pin down with descriptive language. But people mostly don't adjust their language to include the actual physical experience. A client might say, "I am full of dread. I feel like I'm going to explode. I'm burning up. I feel like I'm (whatever)."

And I say, "OK, you feel *pressure and heat?* Can you show me without categorizing, the posture of 'about to explode,' then from your experience tell me what you are doing, what is it like, where do you feel it? What does it do to you? How do you regulate it ...by tightening, or squeezing?"

Questions like these bring a person inside the experience of themselves. I might then say, "Let's think about this formatively: What is the body trying to do? Is this how you hold yourself together? Is it a signal to maintain your form?" I aim to use their experience of themselves and to find new experiences and new descriptive words that change their orientation. Change in body shape changes orientation.

If you use words to describe things as they *were*, you'll never think your way out of a process. You've got to bring fresh experience and fresh language, because language is not based on the meaning of words when you first learned them, it's based on your current somatic experience and creating a language for it.

Hook: So, if you don't change the language somehow, you only repeat.

Keleman: Right. Changing behavior begins with the ability to reenact a pattern of behavior, first by recreating its body shape, then editing it by differentiating the action, then adjusting the language from this experience. That's formative psychology.

Hook: You also say, "Action precedes emotion and is its creator; it is not the result of emotion." I've understood that people react to danger first in the body and then they realize that they experience fear. But, the other feelings...?

Keleman: We now have discovered that the limbic system is a supplier of qualitative excitation that we cognitively categorize as certain feeling states. Depending upon your school of thought, there are between five and nine states: dread, fear, awe, etc. You realize that in an emergency, the organism's behavior can be supercharged. The emergency is not only a signal from the outside, it's a signal from the inside acted on by the body before the cortex can respond. The neural response system of recognizing a threat or a challenge is quicker than the interpretive feeling system. A neural impulse travels at 390

feet per second. The instinctual body responds so quickly that the sense of the feeling is the after-result.

When someone comes to me and says "I feel tight," my first response is, "Show me bodily the shape of tight. Hold it long enough so you recognize its components physically." Then I ask, "Can you increase the muscular tension? Don't change the shape by making it bigger or smaller, just increase the pressure, make it voluntarily tighter." I watch as they make it tighter and I focus the response to come from their experience by asking, "What kind of feelings emerge when you change shapes by changing the pressure gradient?"

Client: "When I pressure myself more I feel rage, I feel disgust, I feel murderous."

I continue to focus responses and language coming from their experience: "And what happens if you change the intensity? Can you decrease the intensity you have voluntarily organized? Can you do it by making slow discrete frames?"

Repeating this process, a person learns to make voluntary subtle shape changes. In the beginning most people let go muscularly in one big jump into what they call "relaxed," which is actually a dismissal of voluntary management. The important part is learning the step-by-step slow increase and decrease of pressure gradients. This gives time for the body to learn new possibilities within a pattern of action, and makes time for feeling awareness to accumulate.

Client: "Well, I begin to feel vulnerable, I don't want to be softer, I like the power state of being compressed. When I feel uncompressed, I feel anxious because I don't have power."

So you see how it happens that feedback comes as feeling or emotion from an action the body is making. Nina Bull said it beautifully in her book *The Attitude Theory of Emotion* (1951): When a person is preparing to cry, they feel sad. When they are crying, they don't feel sad.

I extended that to include the muscular attitude of *readiness to respond*. When a person feels rage, he's getting ready to hit you. When he's hitting you, he doesn't know what he's feeling, he's just hitting you.

As a teacher or therapist, you want to get at the sequential action pattern because in the neural-muscular preparation of *readiness to respond* there are intents, meanings, feelings a person doesn't even know about. You can see it! When I watched other people do Reichian bodywork, you could see the body respond. You could see attitudes taking place right in front of you, and you could see the difference between what their bodies were doing and what they were saying. Action, meaning and feeling were not connected.

At some point I began to see that psychotherapy really should be an *educational* process. In many cases it isn't a matter of pathology, which does indeed exist, but for many people problem-solving is an educational process that has been neglected. For example, the way forward isn't the *denial* of sexuality, it's learning and forming how you *handle* the sexuality. That wasn't taught. Change is not a matter of eliminating or suppressing a behavior, it's about managing it to form new options, new choices that have personal meaning. A teacher tells you, "'Pay attention," but she doesn't tell you how. She leaves it to you to figure it out, but that doesn't mean the way you figure it out is very effective. It's likely to be biologically cost-ineffective.

So, I see the formative work I do not as correction, but as learning *how to be* in the world based upon *your* experiences, not *my* idea or anyone else's idea of what you should be.

Hook: So changing yourself somatically is a process of education, like a learned physical skill?

Keleman: As a generalization, all body shapes, tissue states, exist in a dynamic pulsatory continuum of movement patterns. The pulsatory continuum is a back and forth between more form and less form, between established stable behavior and less established behavior seeking more form. I identify four overlapping stages which I call motile-porous-rigid-dense. First is the *motile* state, in which things are very agitated with lots of excitement, moving and changing at a fast pace. Embryologically, you see this when you watch how much motility is happening when the first cell division forms the blastula, which is a ball with a hollow space, rapidly making more and more differentiated cells and layers of inside and outside. It's changing so fast that it's difficult to keep up with.

Motile activity when seeking a more stable state moves into *porosity*, where tissue movement is slower and more cohesive but still very malleable. This state doesn't have enough firmness or stability of structure to have much duration. So porosity can seek more stability by organizing rigidity. The *rigid* state is where gradients of firmness, stability, repeatability are acquired. And then there's the *dense* state, the habituated state, where form is long lasting, where stable memory and entrenched habit reside. The voluntary influence of behavior is the pulsatory tiding along this continuum. This back and forth, from density to porosity, is where new shapes and behavioral possibilities are developed.

So, learning the process of behavior change means learning how you voluntarily move back and forth along the continuum from dense, or firm to porous and malleable. When you practice altering your behavioral stages you are learning new ways of acting and feeling. There are steps to doing this. It's not a matter of making yourself rigid, on and off, a lot or a little. No, firmness has different stages between a little and a lot. With practice you learn to differentiate stiffness into smaller bits, and you can manage the smaller bits. That's what reorganizing is. Small movements, slow gradients create big effects.

Hook: That makes sense.

Keleman: So, teaching this to a client we might begin by asking, "How do you organize being angry?"

Client: "I knew what I said would make that person angry and I'd have power over them."

"How did you do that?"

Client: "Well, I held my chin back, pulled my eyes down, and I gave them my mother's look."

"OK, can you increase your focused rigid pattern and hold it so you give yourself time to recognize the muscular pattern, then slowly decrease the pressure in small steps? What is it like to shift your sense of power to something that's softer?"

Client: "I don't know about being softer. How can I be softer?"

"Well, let's find out. Show me how you regulate softness by introducing less muscular pressure, in *small degrees.* Then add small increases in pressure. Hold each step a bit to recognize the new state. Holding a shape establishes stability, which is how memory is formed. Can you experience some pulsing between your more rigid and less rigid states? That's the porous malleable state where new form is born. Now, your homework is practicing degrees of softness. In the next session, I want you to tell me how you used the exercise."

Keleman: At the next meeting I'll ask, "And what did you learn from your degrees of softness?"

Client: "Well, I only did it three times…"

"That's OK. Tell me about the three times if that's what you could bear. So let's see how you can learn from small things." And that opens the dialogue toward changing behavioral form.

Hook: I took a look into your book, *Maturity, Solitude, Intimacy* [2014].

Keleman: Oh, that little blue book of essays about developing a personal life as we age.

Hook: Yes. We are aging. You described it in the book as people becoming afraid of powerlessness and loss. Your alternative sounded delicious to me. I'd like you to describe it, if you don't mind. By the way, it looks like it has worked out very well for you.

Keleman: Obviously, I'm involved in getting older. I'm living it—86. And, a lot of my students are living it. We've come to a biological state where we've extended the life span but what has been neglected is knowing the pleasure of self contact that comes from living close to your pulsatory life force. There *is* a deliciousness to it. So, I want to break this apart to examine it. I do know from experience that giving people a tool for self-influence and self-management relieves helplessness and institutes optimism.

I see that we have entered a time where there are enough people living past 80, and escalating, that something new is crying out to be identified as a distinct stage of living. So, thinking formatively we can ask, what is seeking to be formed here? What can older people learn about themselves when it is no longer appropriate to live out the needs and desires of a younger person? As the body accumulates years, what are the strengths of our changed anatomy? How can we recognize and use these strengths?

We might ask, how do I recognize the change of body mass and relate to it? The question becomes, how do you relate to your experience rather than viewing it through the lens of loss? One way is to notice the attitudes you bring to aging, notice how you move yourself. Pay attention to how you are engaging voluntarily in daily activities, for example, styles of walking or how much excitation you need or want, or the function of time. What is changing about your speed of recall or focused attention? What understanding do you get from new ways you use yourself? Notice what is changing in your societal role when your body's physicality is not the same. It's a different way of being in the world, it represents a different level of presence, of contact with yourself and others.

One thing I've recognized is that I'm entering an age of increased intimacy. It's not primarily an intimacy with another person, it's an intimacy with oneself that is then shared with another person. For me this is a personal subjective somatic intimacy. Being slower is the key. It can be a pulsatory wave between yourself and yourself where a wave of quietness is gentle pulsatory tiding, or a porous vulnerability slowly inhabits your whole body. I pay attention to the changing patterns of contact that give me satisfaction and meaning. Sharing with others the whole vista of what your world is like at this stage of life is a sharing of an evolutionary epigenesis. This is what the blue book is about.

Hook: How do you educate people about this new somatic world?

Keleman: You have to start with the body we *have*, to bring that online and learn how to use it both with ourselves and with others. Learn about your own pulsation, about degrees of rigidity and porosity, learn how to manage levels of stimulation and excitement. How do softer pulsations inform your life? One possibility might be to explore how the alpha stage of life is voluntarily developed into a life stage of inclusive tenderness. Living well into older age is a stage of life that can be under-formed. For me the formative approach opens a whole new dimension to savor and enjoy.

Hook: Chuck Kelly told me as he was aging that his defenses seemed to drop, and he was in better contact with what he would call the life force in himself, and around him.

Keleman: That would be a good description of it. But I would not use the word "defenses." I would say one reason we change is because we lose body mass at a rate of 1-2% a year starting between 45 and 50, and people do not really take that into account. No matter how much you lift weights and get hypertrophied, you are still losing muscular mass, smooth muscle as well as striated muscle. Yes, age brings distinctly different body shapes. I describe this as a changing pulsatory tide of the lessening of rigidity and the arising of porosity.

So, to stay with the formative perspective, I would say, yes, you're losing some of the biological structures by which you were able to manage how you are in the world. But, as body mass changes, your world is asking for another kind of participation. It's not simply that aging is happening to you, you are *participating* in it and to a meaningful degree you can form it!

My old friends Al Lowen, Ola Raknes and Joe Campbell all found ways to use themselves in their later years and continue to participate in a meaningful life. I admire and respect that.

Hook: That's so important.

Keleman: I think that's what I want to say in a nutshell.

I'm interested in what the future of being older is for myself. I'm doing a book about aging now, and the opening line is, "Every human being dies two deaths: the death of the inherited body and the death of the body that you voluntarily make as an identity in the world. The anguish is not about the inherited body dying, it's about the loss of what has been personally created."

Hook: Beautiful.

Keleman: You made me feel very comfortable, Ron, thank you.

Hook: Well, thank you. It has been great to meet you and to hear your wisdom. ▼

References:

Bull, N. (1951). *The attitude theory of emotion.* First reprinting (1968). New York: Johnson Reprint Corporation.

Keleman, S. (2014). *Maturity, solitude, intimacy.* Berkeley, CA: Center Press.

Martha Blechar Gibbons

Martha Blechar Gibbons, PhD, APRN, BC, is a nurse psychotherapist, nurse practitioner, phenomenologist, educator, and author. Currently the associate director for member relations for the Institute of Contemporary Psychotherapy and Psychoanalysis (ICP+P) in Washington, DC, she also serves as a faculty member and supervisor for the Contemporary Approaches to Psychodynamic Psychotherapy (CAPP) program for the institute. Martha has a private practice in Washington, DC, where she provides psychotherapy and psychopharmacology for children, adolescents and adults.
marthagibbons123@verizon.net

Widening the Window:
The Body in Psychotherapy and Life

Both Casey and Allison have taught me to expand my capacity for living fully. Casey's story includes my discovery of sensorimotor psychotherapy, and Allison's reveals how its clinical concepts can occur organically in our lives.

Casey

Casey is a survivor. At age seven, she and her nine-year-old sister were passengers in a car driven by their mother, en route to gymnastics lessons. The car was struck by an SUV whose driver was focused on his cell phone instead of the traffic circle. Both Casey's mother and sister were killed.

For two years following the accident, I worked with Casey in psychotherapy, employing Gestalt, self psychology, art and sand tray therapy and CBT, among other modalities. She was most responsive to therapy that involved drawing, sharing a narrative on paper that was too painful to articulate. Casey was able to talk about her mother and sister, but could not discuss feelings related to her loss. She avoided examining unpleasant topics, such as friendship difficulties resulting from her anxiety (she refused to contact friends or answer their phone calls), becoming agitated or impassive if I broached them.

Her father, suddenly a single parent, portrayed by family members as "controlling," required Casey to participate in activities he believed would enhance her self-development The schedule became rigid with gymnastics, piano, swimming lessons and membership on a swim team, leaving no time for the little girl to express her own creativity in a self-directed manner. For a time,

Casey refused to enter the pool for lessons, but her father was adamant that she should continue in an effort to "resolve her fears." I expressed concern that Casey needed more time to attend to her chronic anxiety as well as symptoms that I identified as depressive, and more unstructured periods for herself. My apprehension was unheeded, and I witnessed her "picky eating" develop into an eating disorder.

Myriad feelings erupted as I tried to determine how best to respond to the father's decrees. I experienced anger that he would disregard my clinical assessment and judgment. Frustration led to desperation as I realized that I was unable to adequately attend to Casey's emergent needs. A deep sadness penetrated my spirit, and I found myself wondering what life would have been like for Casey if her mother had lived. Neck and shoulders tense, I considered whether I should continue psychotherapy in the face of obdurate obstruction.

The overriding sentiment motivating my decision to continue was compassion for Casey, and I realized I was unconditionally committed to her care. For years I had focused on establishing and developing our relationship, and I knew it was a foundation for her evolving resilience. I was aware of a maternal transference that was powerful for both of us. I was the "good enough" mother (Winnicott, 1953), and she was the daughter I had never conceived.

During the third year of our relationship, colleagues experienced in sensorimotor psychotherapy encouraged me to consider integrating this mode of therapy into my work. Developed from clinical practice, this method facilitates processing unassimilated sensorimotor reactions to trauma and resolving the destructive effects of these reactions on cognitive and emotional experience. Using the body rather than cognition or

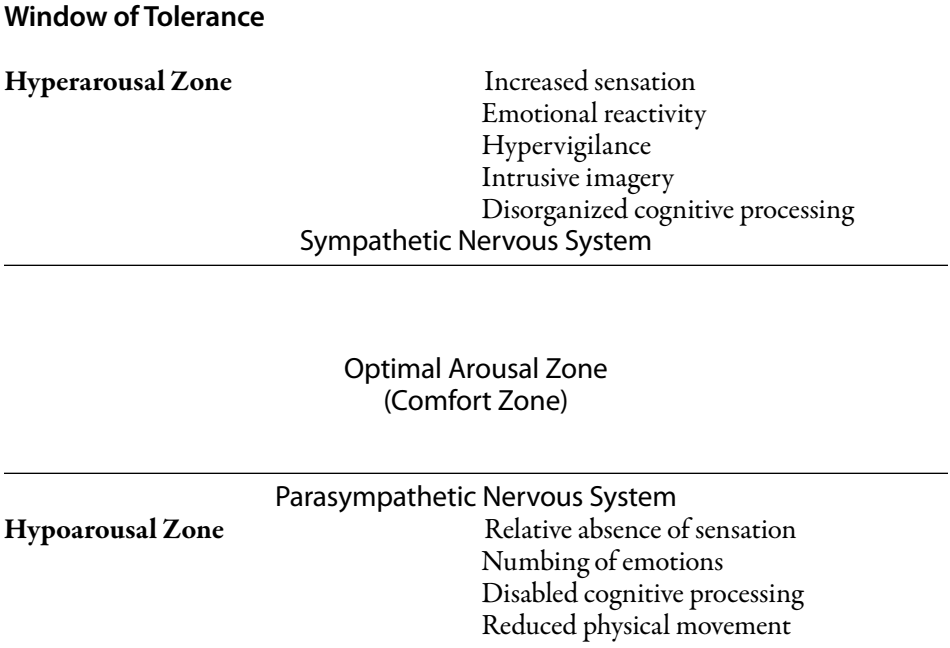


Figure 1. Based on Trauma and the Body, by Ogden P., & and Minton, K. (2006)

emotion as a primary entry point, sensorimotor psychotherapy directly treats the effects of trauma on the body, which in turn enables emotional and cognitive processing. This approach provides patients with tools to deal with disturbing bodily reactions, such as those experienced in PTSD, and they frequently report feeling increasingly safe as they begin learning to limit the amount of information they must process at any given moment by focusing attention on sensation (Ogden and Fisher, 2015).

In my first endeavor to incorporate sensorimotor psychotherapy into my work with Casey, I used the concept of the "window of tolerance" (Ogden, Minton, and Pain, 2006; figure 1). I observed that even at nine, Casey could grasp the concept if I presented it in a creative way.

Traumatized individuals can experience rapid mobilization of the autonomic nervous system in response to trauma-related stimuli. These people are vulnerable to hyperarousal (experiencing too much activation) and /or hypoarousal (experiencing too little activation), and they often vacillate between the two. Potentially adaptive in certain traumatic situations, these extremes of arousal may become maladaptive if they prevail in nonthreatening conditions. Casey manifested such dysregulated behavior when she was unable to modulate her arousal in situations that were not dangerous, such as swimming lessons and responding to those who would call or text her on the phone.

In therapy I asked Casey to draw her own window of tolerance, identifying triggers that caused her arousal to increase, body signals that indicated that her arousal had been triggered into low or hypoarousal, and what she could do to bring her arousal back into a more comfortable zone (figure 2). She responded by linking hyperarousal ('hot") to fears that she might fail a math test at school, eliciting a feeling

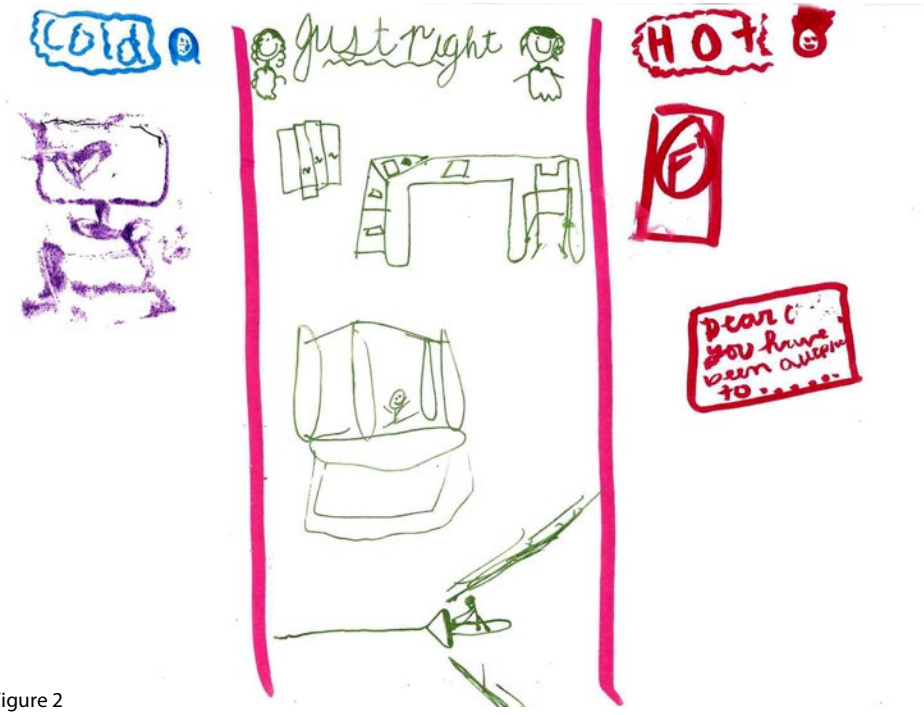


Figure 2

of increased warmth in her body that she noticed when she put her hand on her forehead. Even though she is drawn to horror stories, indulging in scary movies on her computer could "freeze" her and result in hypoarousal ("cold"), where she noticed a chill in her body. Casey shared that she seeks privacy and feels that her body is relaxed in her bedroom, a safe haven she has delighted in decorating (top of optimal zone). She experiences a sense of liberation on the trampoline where she feels light, as if she can fly (middle of optimal zone). She was particularly pleased that during the summer she developed the skill of water skiing (having finally acquiesced to swimming lessons), and felt empowered when she successfully navigated the lake near her family's cabin (bottom of optimal zone). All of these associations contribute to her feeling "just right." I was encouraged to see her animated response to developing her "window," particularly since she had appeared disengaged at times, especially at the beginning of sessions. I was hopeful that this approach might unveil more possibilities for our direction in therapy.

Following her lead, Casey and I continue to explore significant sensorimotor psychotherapy concepts such as *neuroception*, a neural process that is outside of the realm of awareness. Neuroception is a function of the nervous system's capacity to automatically detect features in the environment, including behavioral cues from others, that indicate degrees of safety, danger, and threat, and to stimulate appropriate responsive behaviors according to this assessment (Porges, 2011).

As we work together to identify her triggers, we have learned that Casey neurocepts safety when she can control her environment, which she can do in her bedroom. She neurocepts danger or threat when she believes that she cannot exercise control, such as while taking a math test, when friends unexpectedly contact her, or if she is asked to initiate contact with peers. We are searching for ways to make changes in her habitual reaction of avoidance when she is dysregulated or emotionally reactive, allowing her to realize this is faulty neuroception, not actual danger. We are identifying ways for Casey to return to arousal in the window of tolerance, including mindfulness meditation when she imagines bouncing on the trampoline or water skiing on a calm lake, to access the neuroception of optimal arousal.

While Casey does not yet discuss the traumatic events of the accident—which I will not encourage until she has developed adequate resources to access her window of tolerance—she can acknowledge that some of her disturbing emotions may be related to her loss. She appears to feel more in control of her life, manifested by her eagerness to demonstrate new activities that help her access her optimal arousal zone, and her diminishing need to rigidly monitor food intake and contact with friends. I still include the modalities that I have used before, but this method of therapy has enlivened Casey and illuminated her sense of herself as a capable, creative, and resilient 10-year-old.

Allison

Allison is also a survivor. Like Casey, she has encountered adversity and lived through tragedy. Yet as Casey is just beginning to handle the challenges of her life, Allison is dying. Amyotrophic lateral sclerosis (ALS) is claiming her life at a time when she had planned to reap the benefits of a professional dedication to nursing, effective parenting of three adult children and three grandchildren, a loving marriage of 38 years, and a

profound faith that has led to service to others both nationally and abroad. Allison is not my patient; she is my best friend.

I join both Casey and Allison in surviving trauma. Alcoholism took my mother's life. My brother succumbed to suicide. As a child experiencing life in a violently dysfunctional family, I learned to identify people who would befriend, nurture, mentor, and sustain me, and I assimilated them into my life. In graduate school, I claimed Allison as one of those individuals, and she has been a source of support and validation for me ever since.

The thought of losing Allison makes my soul shudder. The day she called to share her diagnosis, I held my breath while struggling to control scorching tears. A smothering sorrow descended and covered me like a shroud. The burden has never lifted; it is my constant companion.

In the face of this impending loss, Allison is living in what I describe as all "the corners" of her life, expanding to the perimeter of what is possible. Despite progressive loss of muscle strength in her legs, hands and diaphragm, she continues to walk, swim, and practice yoga. With a friend and colleague, Allison co-facilitates an event titled "Let's Have Dinner and Talk About Death" that is part of a national movement to engage people in conversations about end-of-life wishes. She participates in mindfulness meditation and supports the work of her son, a veteran of Iraq, who teaches this resource to other veterans with PTSD.

I was the one to introduce Allison to the window of tolerance, but she was already applying the concept to her life. Early in her marriage she and her husband lost their youngest child in a drowning accident. At that time she decided that her purpose was to assist the fragmented family to become whole again, to guard against the dissolution that frequently accompanies the loss of a child. Unaware that she was identifying resources for each member to be able to access their optimal arousal zones, using her own strength to help them stabilize, Allison facilitated family evolution instead of disintegration.

For her own source of comfort, Allison chose piano lessons, which required focus, concentration, and repetition, a form of meditation that enabled her to be present and available for her family and more attuned to her own body. Even though she faltered in a piano recital (to her family's chagrin), she accessed her own comfort zone to model strength, perseverance, and a desire to continue living.

When Allison's husband was offered the opportunity to move to the Belgium office of his law firm, she responded enthusiastically. Her reasoning was that in a new environment they would be able to escape the painful label of "the family who lost a child." This move was a risk, challenging every family member once again to stretch the boundaries of their windows to tolerate change. The experience of living in a foreign country proved to be life altering, motivating the development of new sources for self-regulation and creating prospects for recovery from trauma.

Allison has always encouraged me to expand my own window. As she successfully defended her master's thesis, she inspired me to surmount performance anxiety and present my own. Her support has helped me transcend self-doubt in my nursing career. Having experienced abuse as a child, I wrestled with misgivings that I could parent, but Allison provided the critical validation that my mother could never offer, empowering me to believe in myself.

Each of us has our own "width" of the window of tolerance. Within our window, we feel safe enough to participate with others and in the world. We can usually tolerate both disturbing and gratifying feelings if our windows are wide enough, allowing us to continue to self regulate (Ogden and Fisher, 2015). While Casey is learning to apply this concept to her life, Allison has mastered it. I am beginning to comprehend that even when I can no longer share Allison's life, she will continue to inspire me. ▼

References

Ogden, P, Minton, K., & Pain, C. (2006). *Trauma and the body, a sensorimotor approach to psychotherapy*. New York: Norton.

Ogden, P., & Fisher, J. (2015). *Sensorimotor psychotherapy, interventions for trauma and attachment*. New York: Norton.

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. New York: Norton.

Winnicott, D. (1953). Transitional objects and transitional phenomena: A study of the first not-me possession. *International Journal of Psychoanalysis* 34:89-97.

Angela Cerkevich

Angela Cerkevich, PsyD, RYT, is a psychologist associate in private practice in Washington, DC. In her previous life, she worked as a yoga and meditation teacher and a Thai massage body-worker. Currently, her practice focuses on adults of all ages, and she integrates aspects of clinical psychology into her endeavors of self-understanding from meditation. As a newer member of AAP, she says, " I am thrilled to have the opportunity for so much creativity with my colleagues. With a lot of focus on building my practice, I'm loving the relationships that I am building most." When not working, Angela can be found walking the wooded trails near her home.
acerkevich@gmail.com

Mind and Body and Relationship:
A Love Triangle

I've found that the immediacy of mind-body work often facilitates effective psychotherapy by addressing the nervous system directly. Emotional experiences can be more effectively integrated by engaging both verbal and somatic experiences with a client. However, I've also found that mind-body work makes relational therapy more complex. One client whom I find intimidating regularly asks for somatic work. I feel anxious confronting her, and I sometimes wonder if I'm using the somatic work to escape challenging her verbally and emotionally because I'm insecure about keeping up with her intellectually. With other clients, it sometimes seems the directive nature of mind-body work might limit exploration and growth of the therapeutic relationship, so I've found myself shying away from it. That said, I also feel my current emphasis on relational work leaves my mind-body background as an untapped resource.

My journey to become a psychologist began as a yoga teacher and Thai massage body-worker. I specialized in using yoga and meditation with populations managing the impact of complex trauma, including Rwandan genocide survivors, women living in the West Bank, and U.S. military personnel. I had benefited from managing my own experiences of anxiety and depression through yoga, meditation, and a spiritual practice and was driven to share those practices with others. Perhaps most importantly, the practices I engaged in had given my life greater meaning. After a decade of teaching and giving Thai massages, I went to graduate school in clinical psychology and currently work in private practice. I think what I'd been searching for was more depth and mutuality in my

relationships with students and clients. However, with my current emphasis on relational therapy, I struggle to knit the wide array of mind-body techniques, spiritual practices, and philosophical perspective of my yoga background with my training and experience as a therapist. Some of the challenges I have experienced include defining boundaries in mind-body work, countertransference and the impact of mind-body work on the therapeutic relationship, and navigating the overlap of the psychological and spiritual.

Despite my conflict over how and when to integrate mind-body work and therapy, I have instances where the two fields complement one another. Below are two very different case examples.

Case #1: Individual Therapy Using Yoga and iRest /Yoga Nidra

I met S when a colleague and friend invited me to consult using mind-body work. S had a history of severe childhood abuse, struggled to talk about her past, and had unique physical symptoms. My friend thought that mind-body work might enhance the impact of therapy.

During my first meeting with S, I felt as if I were meeting some kind of rare and endangered animal and had to move cautiously so as not to frighten her away. S had a full-bodied startle response to loud noises and movement. Even crossing and uncrossing my legs would cause her to nearly bolt out of her seat and gasp. I often felt I was scaring her off with my human clumsiness and adjusted by slowing down my movements and speech. Everyday sounds and images caused her to jump and twitch as if a gun had been fired behind her. S's voice was often monotone and sounded as if she were far away. Occasionally, however, her sense of humor would burst into the room, closing the gap between us. When she smiled, she came alive and I found her smile infectious, lightening my serious nature and inviting me to go further with her. S's left lower leg and foot had become numb two years prior to my work with her, and she wore a large ankle/foot brace. Without it, she couldn't feel the floor, struggled to balance, and was likely to trip and fall. After extensive neurological evaluations, it was concluded that there was no structural injury or illness.

There were two approaches that I chose to include in our work: The first was iRest/yoga nidra (a type of meditation focusing on somatic experience developed by my mentor, Dr. Richard Miller), and the second was very simple breathing and yoga postures. In iRest, the first task was to establish a sense of wellbeing in the body using a body scan. A body scan is similar to guided relaxation except we emphasize *being with* and *welcoming* what is currently present in the body, rather than striving to relax. Later in iRest, the established sense of wellbeing is engaged to process and integrate difficult experiences. In iRest, the basic feeling of "okay-ness" and personal safety are honed to address the nervous system directly.

S used the body-based memory of her dogs sitting on her lap to evoke a felt sense of wellbeing. In iRest, all experiences are divided into thoughts, images, emotions, and sensations, and iRest assists clients in linking all thoughts and emotions to a "felt sense" in the body. It usually takes time and practice for clients to get the hang of this, but S was a natural. She was remarkably in touch with her body and responded immediately and well to the initial body scans. She could describe emotions, thoughts, images, and their associated physical sensations with ease and little guidance. After our first session,

S said that she believed I could help her and indicated that she hoped I could "make the jumping stop." I felt the weight of her desire.

We spent several sessions connecting emotions, sensations, images and thoughts. For example, the emotion of terror was experienced as the sensation of hollowness in her chest, and coincided with the image of a person's shadow and the thought that something bad was about to happen. After these separate but connected phenomena were teased out, I worked with her to use her body as a resource to integrate the felt sense of wellbeing with the more difficult psychological and physiological responses.

While S reported that the practice relaxed her and gave her hope of stopping the jumping, she easily dissociated. iRest is initially practiced sitting still or lying down, and it was clear that her stillness risked precipitating further dissociation. In those moments, I'd cue S to look at me, come back to the room and re-engage with me. I noticed that when she jumped in response to a sound or a movement of mine, her dissociation was interrupted. I wondered if her body twitches kept her from dissociating; they were frightening, but also brought her back to her body and the present. At the same time, they triggered a feeling of fear that was also reminiscent of her childhood powerlessness. I offered that perhaps she could learn to use them to stay present.

As much as I wanted her to embrace her twitches and jumping as an asset and a means to stay present, I was also aware that this was exceptionally difficult. I knew that years of therapy and mind-body work had yet to erase my own periods of overwhelming anxiety and associated self-contempt, so how could I expect her to learn to use something she so hated? While S said that our work was extremely helpful, I sometimes worried that S had been appeasing me and that her adeptness in the seated somatic work was because she picked up on my unconscious cues for responses rather than relating her authentic experience. Did she gear her responses to please me as she had learned to do to pacify her abusers? While S and I briefly explored this possibility, looking back I don't think we did a deep dive, and I now wonder if that had to do with the juggling act of relational and mind-body work. There didn't seem to be enough space or time for both. Also, I had been brought in as a consultant to my (more experienced) friend who was already doing psychotherapy with her. I think my desire not to overstep my purpose as a mind-body consultant may have kept me from doing some key interpersonal work with S.

Since S was often dissociated, I also used massage and yoga-based postures to bring her more into the present moment as well as to explore her mysterious leg and foot numbness. We sat and massaged our feet together and S reported unexpected sensations in her foot and a lightness when she walked afterword. I introduced basic yoga poses through demonstrations and S was also adept at learning these. Eventually, we explored these poses without her leg brace. I noticed an instant shift in her demeanor when she practiced the poses compared to when we sat in the therapy chairs and talked: She was more vibrant, engaged, and curious about her experience. I initially chose three standing yoga poses (mountain, triangle, and warrior 2) and eventually incorporated seated poses as well. Slowly, I guided her to feel parts of her body and then her whole body simultaneously in each pose. At times, I asked her to notice how she was choosing to move parts of her body. After each session with yoga poses, she appeared bright-eyed and her voice had more power and variance to it. She seemed more present and described feeling her body as "all one piece." My wish for her was that she would get curious enough about the yoga postures that she might inquire into yoga classes and practice them on her own. My fear

was that her dependency meant that she wouldn't use the yoga postures on her own even if they helped her to be less dissociated.

On one occasion, I had S hold onto a broom handle with her eyes closed, like a tightrope walker with a balancing stick. I gently held the broom handle and led her around the room, walking without her brace. I wanted her to close her eyes so that she *had* to feel with her feet and legs. She initially had a clenched face and turned her head down as if trying to think her way through walking. I suggested that she stand still, lift her head upright, and feel her whole body. A few moments later we began walking again, and she felt the space around her as well as both feet on the carpet and increased sensation in the problem leg. She smiled. We walked around the room together. She grew confident and even walked without me. S began to practice this at home, for the first time describing hope for sensation returning to her leg.

Some clients ache for concrete evidence of the impact of therapy. In couples' therapy, as in the individual work with S above, the physicality of mind-body work can build a reassuring sense of progress and competency. Because of the inherent tangibility in physical work, couples can experience immediate impact, which increases their willingness to be vulnerable, often leading to faster progress than talk alone.

Case #2: Couples Work Using Yoga, Massage, and Meditation

Every year I look forward to leading two workshops around Valentine's Day: couples Thai massage and couples' yoga. Couples who attend range from folks in the early stages of dating to partners that have been together for 30+ years. I am always moved to tears by the intimacy, love, and humanity revealed in these workshops. While some of the practices I offer use verbal communication, most do not. Our exploration of non-verbal communication facilitates an intimacy I rarely see in couples' sessions in my office.

I usually have 15 couples at a time and find that the group atmosphere enhances willingness to risk vulnerability. Beyond an introductory period where couples share their names and how they met, there is no further interaction between couples. The group lends itself to deeper work for two reasons: First, couples cling to one another for reassurance amidst a group and in doing so, their bond is reinforced. Second, the shared space means that couples take non-verbal cues from other couples, getting more creative and playful.

I either have my own partner or use a demo couple when guiding the group. Either way, it feels like my modeling sets a tone of openness and vulnerability. I am aware that my closeness and connection with my partner is clearly seen by the group.

Ironically, I created this workshop because of my own yearning for greater intimacy with a romantic partner. Each year, part of me has wished I could let my valence down by being just a participant with a partner rather than both leader and participant. One year I had to lead the workshop an hour after being dumped by the man I thought I was going to marry. Thank goodness I had a demo couple that year! The only way I got through the workshop was to internally distance myself from the love in the room, finding it too painful. I missed the joy of the experience that year.

I start with an extended hug and right away the room starts to tingle with intimacy. I guide the couples into feeling the detailed sensations of their own bodies for a few moments, and then to feel the detailed sensations of their partners' bodies while

maintaining the hug. We go back and forth, feeling our own bodies and our partners' bodies, experiencing individuality and separateness. I guide them to feel their breath, body-heat, posture, soft and firm parts, and then to feel these sensations in their partner. After a few rounds, I guide them to feeling both bodies simultaneously, experiencing intimacy, merger, and closeness. Meanwhile, I am also enjoying my experience, feeling the impact on my body and my partner as I guide the group. A few minutes later, we begin to explore breath with movement. Immediately, couples begin to pay less attention to the other couples in the room and more to their own experiences. It is as if each couple forms its own cocoon, creating safety for all.

I shift to partner yoga poses to offer more structure. Inevitably, some couples are more playful than others and this playfulness becomes contagious. At that point, the room is usually energized and light-hearted, and I describe how partner balancing poses highlight feelings of dependency and interdependence whereas standing poses highlight autonomy. Periodically, I have couples engage in a mindfulness exercise: I ask them to face one another and to gaze into each other's eyes and feel whether they would like to move closer to their partner or keep their distance. I normalize the needs for closeness and distance and draw attention to how those needs are expressed as body sensations. This is a simple observational experience that takes a minute or two, and I invite couples to simply acknowledge their needs without discussion. In my own life, these exercises have proven useful in helping me to understand my own feelings of dependency and autonomy on a physical level. By feeling needs as physical sensations in my body, I am better able to make sense of what is happening when I'm with another.

The most rewarding part of the workshop is witnessing psycho-emotional patterns revealed through the physical activities. There are the couples who giggle and have fun, and couples trying to have fun but whose interaction appears full of effort and strain. Inventive couples create new movements to make the practices work for them. There are couples falling in love who can't take their hands off each other. There's the serious couple who strive to feel a connection but keep missing each other in their intensity. There are the couples with discord between them, where one partner has been dragged into the workshop and wishes to be elsewhere. As much as it can be rewarding to see such intimacy, it can be painful when I see couples in distress, unable to sooth one another, or in a power struggle, or lacking attunement and disconnected from one another's needs. I try a variety of practices so that couples who feel inadequate in one exercise may have an opportunity to feel success in another.

After engaging in more active movements, couples are invited back down to the floor. Heart rates have been raised, endorphins released, and muscles activated. Couples are happy to return to seated positions. At this point, I find myself giving minimal instructions and modeling more. I invite the couples to watch as I engage with my partner in a way that feels tender, vulnerable, and nurturing. I sit behind him and, with the support of yoga blankets and pillows, have him face away from me but lie back into my arms. He places his hands on his heart while I wrap my arms around him, placing my hands on top of his. We slowly rock side-to-side. Couples are invited to copy the activity in their own way. We stay here for several minutes and then take turns. It feels primitive and like a parent-child relationship, and I watch as people close their eyes and give over to the rocking. I often find myself wishing I could stay here for the rest of the afternoon.

By the time we get to the next experience, most folks are receptive and ready for more

vulnerability. This is the place where couples often well up in tears and hold each other in tenderness. Again, I demo with my partner. We sit upright, facing one another. I wrap my legs around him, so that our torsos make contact and my partner does the same. It is as if we are sitting in one another's lap. I let each couple know that one partner will be listener and the other partner speaker. Speakers have one minute to free-associate on the topic of joy, whispering everything that brings them joy in their partners' ear. After the minute, couples rest in a silent embrace and then change rolls and repeat. As I look about the room, I see smiles, tears, faces softening, and bodies melting into one another. I am usually wiping away my own tears, having gone through the journey with them and profoundly touched by the depth of the connections in the room.

I have found that the yoga and massage couples' workshops allow for deeper work than I have opportunity for with couples in my office. I bear witness to couples moving from an adult cognitive place to a more regressed primitive place, then back to an adult place feeling soothed and playful with each other. The group atmosphere provides comfort for the couples; they can feel held and protected by the group rather than exposed. In my office, it takes considerable time and extensive work to develop a relationship with a couple where they can engage in both physical and emotional intimacy with me in the room. In a therapy session, they are in the spotlight, but in the group work, they are surrounded by participants. In modeling with my partner for the couples, I am also a participant and less invasive than if we were in my office. The magic of group work combined with the mind-body work allows for more immediate intimacy.

Like a cross-cultural marriage, or a marriage between very different personality types, integrating relational therapy with mind-body therapy seems to have both exciting potential and daunting challenges. While I've found mind-body work to be effective in facilitating important somatic experiences combined with insight, it is often directive and dependent on the teacher-student aspect of the relationship. Ideally, such a relational dynamic would be open for exploration as with any other aspect of an I-thou therapeutic relationship. However, once I begin exploring mind-body practices with clients, I sometimes find myself like a mouse backing out of a relational mouse trap. Recently, I paused mind-body work with a client because I thought it had been diluting the character work. While the mind-body work had helped her to process a specific trauma, it took attention from how she was in the room with me. Even though the trauma work was emotionally exposing, it also made events outside of the room the focus of our work. I realized that she could hide her tendency to keep people at arm's length (including me and her husband) when there was a possibility of conflict and of feeling exposed. Only in pausing the mind-body work and doing the I-thou work, were we able to draw the parallels between her relationship with me and with her husband.

Mind-body work also challenges boundaries and who I am with my clients. I recently lead a short-term process group with a woman I didn't know well but who had attended my yoga classes years ago. For the first part of group she looked at me, shocked, and remarked on how I seemed "so different now." It was clear she felt ambivalent about the group and had somehow expected a different version of me. We had a process around it in which another member questioned how she could trust that I was being genuine. This was a key moment in establishing safety and determining if I could be trusted. After exploring her transference towards me, I shared that my position as process-group leader made me feel more vulnerable than my role as a yoga teacher. I explained that the

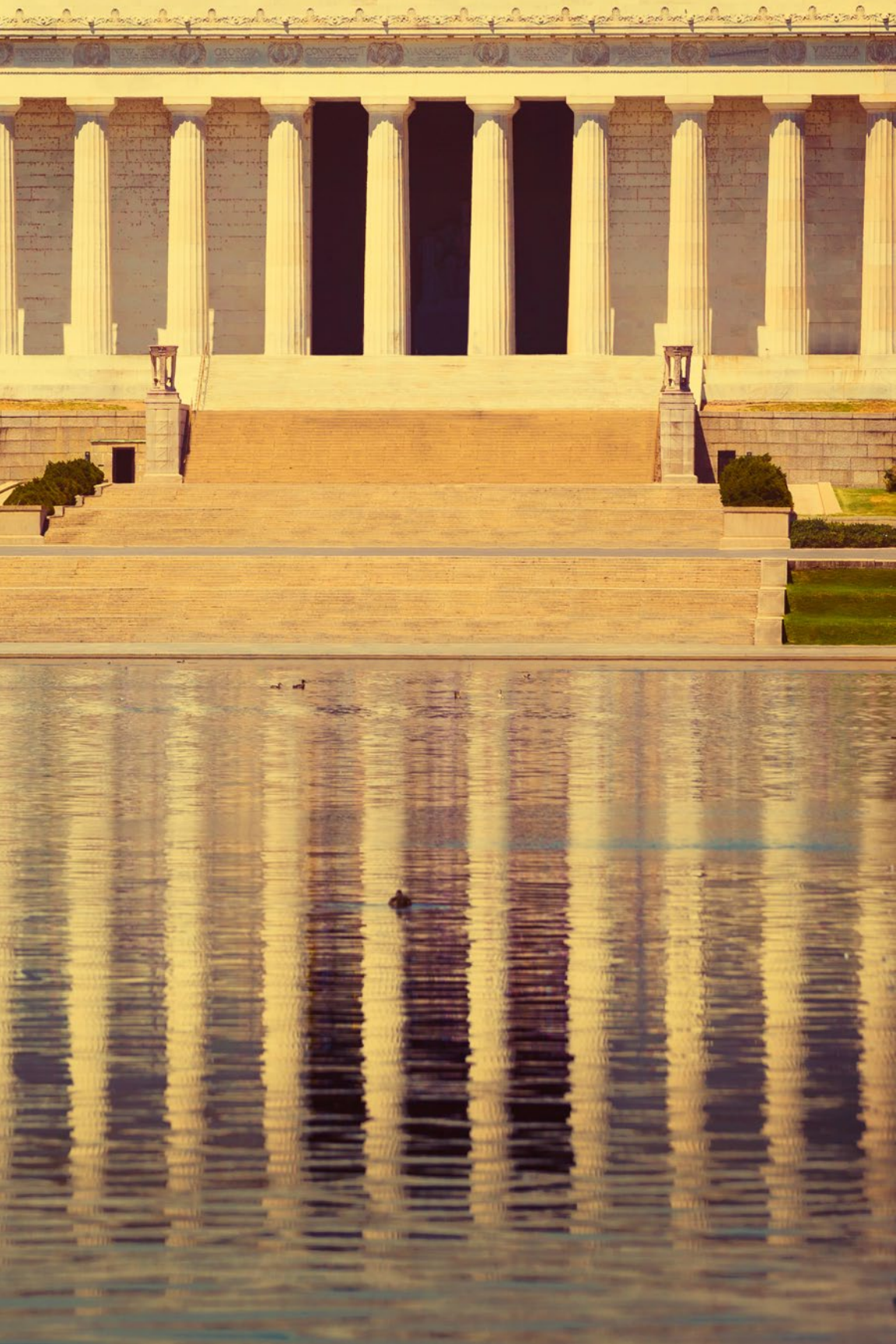
mind-body work of a yoga class was more one-way, and the work in therapy was more two-way and mutual, heightening my own vulnerability. This statement seemed to ease group member's fears that I might not be trustworthy and allowed for further process between me and the participant. While the dual relationship added to the complexity of the moment and felt challenging, it also allowed for further relational work.

Another challenge of integrating mind-body practices is the consumer/provider relationship. Many clients who come for so-called "yoga therapy" anticipate an experience where they describe their affliction and receive services without desire for further insight. The relationship they expect is different from what I strive to offer. With those clients, I am especially careful to explain how I work to ensure that it matches what they are looking for. I do my best to refer out clients less interested in psychotherapy to mind-body colleagues even when it is apparent that a more psychotherapeutic approach may be warranted. In such cases, I never know if I dodged a bullet or missed an opportunity for creative mind-body work.

In my own experience of psychotherapy and mind-body work, I find the two are distinct but intricately connected. Therapy has given me the words to process experiences and tend to relationships. Yoga and meditation have helped me use my body as a resource for information about myself and others and as a source of enjoyment and ease. Both psychotherapy and mind-body work have helped me identify unconscious relational patterns and beliefs, and both have brought meaning and purpose to my life. It is in the question "Who am I?" that the psychological and spiritual overlap. In my life, this question is answered both through the lens of relationships with others and in the greater sense of being a part of life and a manifestation of the universe itself. Both concepts bring feelings of interconnectedness and love. ▼

Mr. Duffy lived a short distance from his body.

—James Joyce,
Dubliners



Tally Tripp

Tally Tripp is a registered, board certified art therapist, licensed clinical social worker and certified trauma therapist with a private practice specializing in experiential approaches for the treatment of psychological trauma. She is the director of the Art Therapy Clinic at the George Washington University where she is an assistant professor for the art therapy program. Tally is certified in Eye Movement Desensitization and Reprocessing (EMDR) and Sensorimotor Psychotherapy (SP). She is a fellow in the International Society for the Study of Trauma and Dissociation (ISST-D) and founder of the Special Interest Group on Creative Arts Therapies.
tallytripp@gmail.com

A Women's Trauma Group Embodies Responses to the U.S. Election

Gina arrived 10 minutes before the group started, and, without hesitation, sat at the art table and began applying strong colorful sweeps of pastel across a sheet of drawing paper. A sense of urgency was palpable in this usually reserved 50-year-old professional woman. Although an extremely divisive presidential election with an unexpected outcome had occurred just one week earlier, I did not immediately connect Gina's bold artwork to unprocessed feelings about Donald Trump's election.

A few minutes later, Kim arrived, walking stiffly and looking sullen. Tall and thin, and at 42 the youngest member of our group, Kim reminded me of a frightened animal as she glanced around the room assessing the landscape, then choosing a chair at the fringe of the circle. Seeming unable to get comfortable in the chair, she moved to the couch where Gina had left her purse and jacket. The couch could easily hold two people, but Kim typically avoided close proximity with another group member. When I commented on this, Kim deflected.

Next to arrive was Anne, a large woman in her mid-50s who appeared disheveled and carried herself like a wounded football player. I heard her heavy breathing as she lumbered up the stairs. Breathlessly she approached me, saying she had lost her checkbook. Clearly anxious that she could not pay me, she expressed the fear that I would not allow her to stay in the group this evening. Her fear of abandonment still colored every interaction and reflected her history of abuse and neglect. When I assured Anne she was welcome to stay, there was an audible sigh of relief and she took her preferred position, sitting

on the floor.

Last to arrive was Maddy, an attractive, petite and neatly-coiffed woman in her mid-40s, in recovery from substance abuse with an extensive childhood history of neglect and abuse. I had seen Maddy just a few days earlier in an individual session, when she had created a colorful painting titled "Open Arms" that she said reflected a positive shift in her relationship with her spouse. Maddy took a seat in our circle, and we formally began the group.

Gina opened the session by sharing the news that her civilian job at the Pentagon would be changing, although she had no specific information. Gina had been at the Pentagon during the 9-11 terrorist attacks and experienced significant PTSD. She stated the artwork she had created prior to group was her attempt to release these unsettling feelings about her triggering work situation. The artwork's messy and bold lines suggested anger and frustration.

As Gina talked about her challenges at the office, I studied her body and noted tension in her chest, as if she were holding in her breath and her feelings at the same time. I shared my observation with the group, and Gina exhaled deeply in agreement. She told us she felt extreme frustration with her job, where supervisors did not consider her needs valid or important, and where she did not feel safe to express her concerns. I suggested the group work somatically with Gina's experience by using a kinetic group sculpting technique to work with the unexpressed emotions. I invited members to get up and mindfully move around the room until they discovered a posture or pose that depicted how they felt while listening to Gina's story.

To begin the process, Gina moved into the circle's center. She took a firm stance, decisively planted her feet hip-width apart, and held her drawing up overhead like a banner. Both strength and anger were evident in this posture, which seemed to say, "See me and listen to me, I am important!" The other group members moved around Gina in non-verbal response, moving their bodies in ways that demonstrated how her story had impacted them.

Kim sat on the floor at Gina's feet, leaning up against her legs. This gesture offered an uncharacteristic degree of physical proximity. One group member commented that Kim's pose was like that of a loyal pet, a comparison that resonated with Kim, who had worked as a dog walker for the past few years. Dogs were safe for Kim in ways that humans never had been. In her family of origin, Kim had felt dismissed by her mother and intruded upon by her father. Usually aloof and physically distant from others, Kim pushed her self-imposed boundary in this exercise. This "loyal pet" pose seemed to embody an unspoken desire for connection.

Maddy also placed herself on the floor at Gina's feet but kneeling toward her in a yoga-inspired downward-dog gesture as if bowing down with admiration. Maddy smiled broadly and said this indicated her happiness for Gina and her hope that Gina would savor the group's support and admiration for bravely sharing her feelings. Maddy's supportive pose was congruent with her usual "helper" role in our group, which often caused her to defer getting the support she needed, but did not feel she deserved.

Finally, Anne pulled herself up from the floor to a standing position. Anne struggled with dissociation and, being so out of touch with her body, was the least physically expressive group member. She seemed to have only an on- or off-switch, and did everything she could to keep emotions at bay. Her body had been ravaged by years of disor-

dered eating and self-injury, and she, like Kim, typically kept physically distant from the group. In this session, I was pleased to see Anne get up and extend both arms forward, palms up, reaching out to Gina. I asked Anne if the movement had words to go with it, and she said it would be saying: "I am here for you." Although she was unable to make eye contact with Gina, she did smile slightly.

I invited the group to hold the sculpture pose and reflect internally before sitting down to process the experience. This simple embodying exercise brought the themes of Gina's experience alive, allowing her to show both anger and strength, and facilitated the group's work on issues that had personal meaning for each participant. It also foreshadowed a need to release some underlying feelings about the recent election that had not yet been verbalized and may not have even been conscious for group members.

I asked the group to bring up any other feelings present in the room. A lengthy silence followed; I commented on it and wondered aloud if anyone had thoughts about its meaning.

Gina turned to me and then looked at an empty chair that would be filled the following week by a new member. She suggested that we were possibly concerned about the new person joining the group. Bringing in this new member had been a topic for several months, so it was indeed a loaded question. Six months earlier, an original group member had left abruptly in a rage, and as a damaging parting shot had said she no longer felt supported. The group also had unresolved feelings about another member who had left a year earlier, also without properly terminating. These abrupt endings had taken their toll and were painful reminders of the fragility felt in relationships when attachments are insecure or disorganized.

Enactments are common in trauma groups, and even with careful monitoring, the likelihood of triggering behaviors that can ignite strong emotion and interpersonal disruption is high. For trauma survivors, the past is often present, and they are vulnerable to experiencing feelings that seem too much or too little. For trauma therapy to be effective it is imperative to proceed in a stage-oriented manner, taking into consideration the expected volatility of the roller coaster of attunement, mis-attunement, and re-attunement. The group learns and grows thorough these normal cycles of disruption and repair, but these cycles are always painful.

This group had started three years ago with six, and we still retained three of the original group (Kim, Gina and Anne). After the abrupt departures the group had experienced, we had decided to continue with only four members and to slowly rebuild safety and stability before bringing in any new participants.

But why was the group so quiet tonight? Kim shuffled in her seat and we turned our attention to her. Group members had often described Kim as a "lightening rod" who was able to pin-point sensations and feeling states with uncanny accuracy, even when she could not recall explicit details of her own childhood trauma history. Someone asked Kim how she was feeling and she said she had been preoccupied with the election outcome. There was an awkward silence in the group.

Politics and outside events are not typically discussed in the trauma group, but this had not been a typical political season and we were in Washington, DC, the epicenter of national attention. For Kim and others, Donald Trump's election elicited a multitude of concerns including fear, anxiety and helplessness. I took this as a cue that we needed to further explore feelings about the election.

It seemed the election was the event that drove Kim's animated and striking response. Instead of her usual slumped position with eyes downcast, she was now sitting erect, speaking loudly and clearly and maintaining direct eye contact. Prior to being involved in the trauma group, Kim had been a Capitol Hill lobbyist. Due to social anxiety and debilitating posttraumatic stress, she had left that political life to become a dog walker, a job she enjoyed since she didn't have to deal with people. She said that dogs were trustworthy where people were hurtful and could not be trusted.

Kim's history included sexual abuse in childhood, fragments of which appeared to be stored in pre-verbal memory. When she had reported the abuse to her parents, they turned away and minimized its significance. Thus, Kim generally saw people as uncaring or dangerous. She had spent years avoiding intimacy, even in her marriage, where physical intimacy was difficult, and she often kept her deepest feelings hidden. In the group, she was beginning to believe that she could be seen and heard by others in ways that she had never experienced in her family.

Tonight, an articulate, impassioned, and opinionated Kim shared her concerns and fears about the election's outcome. Occasionally she would scan our faces, checking to see if anyone had a problem with her strong point of view. I reassured her that her feelings were hers and it was good to hear that she felt safe to express them in this space.

Of course, in this setting, the group leader must stay relatively neutral to ensure discussion is not swayed by her personal values or beliefs. This evening was complicated. I wanted to encourage honest expression of feelings, but at the same time I did not want to create a political debate in lieu of a therapy group.

Anne, who is easily triggered and flooded by emotion, had accessed her intellectual self-state and provided the group with a litany of facts that she felt would negatively impact environmental policy. In the past, Anne's dissociative states had kept her shut down in our group, but in recent weeks she had begun to find a more adaptive, adult voice.

Several months prior, a trigger occurred when an angry group member had confronted Anne, saying, "I don't even know why you are here!" This outburst sent Anne into many weeks of semi-mute, dissociative response. It was true that she had not shared much with the group about her trauma, but I understood this as a part of her story; it was not okay to tell the truth of what had happened in her family.

In the group setting Anne would sit outside circle, sometimes hiding under a blanket, sometimes making art but often without participating in the discussion. We had allowed her to continue coming to group with the understanding that we would all work toward getting her back into the circle.

This evening we saw the more verbal, intellectual part of Anne—a woman whose knowledge of science and policy could take the group into detail about genetic modification of plants and climate change. Knowing this intellectualization was also a defense against her feelings, I invited Anne to bring the discussion back to what it meant for her personally. In response, she turned to Maddy and said, "I've noticed Maddy has been almost entirely silent tonight, and I am concerned about what is going on with her. I wonder if we are alienating her with our discussion."

Although this deflected further inquiry into Anne's personal response, it was an important moment. Bringing Maddy back into the discussion allowed us to serve the group's wider purpose, looking at the larger themes (and triggers) that affect each mem-

ber and the group as a whole. This evening's discussion had ranged from periods of silence, to expressions of strength, anxiety, fear, longing for closeness, feelings of anger, moments of intellectualization and more silence.

Maddy was the last member to join the group and we knew, from the year she had been with us, that she held conservative political views and was likely a Trump supporter. In her family of origin, Maddy had been belittled and abused by a domineering, alcoholic mother who never supported her and sadistically made her feel worthless. Her father had behaved in an inappropriate and sexualized manner, vacillating between being overly close and emotionally abusive. After struggling with years of her own addiction, Maddy had finally become sober and spent much of her adult life trying to center herself and find solid footing. This included learning to express a point of view and not allowing herself to be bullied by others.

Maddy had been notably quiet during the politically focused discussion that evening. Her candidate was clearly seen as a problematic, if not demonic figure for most of these women. Maddy acknowledged that she, too, did not like many of Trump's personal characteristics, but said she believed we needed someone who could create fiscal change, and she wanted to believe in his promise to "make America great again." As she stated this divergent point of view, however, the group seemed not to know how to respond. The non-verbal cues in the room were notable: a lack of eye contact and even some eye rolling, uncomfortable and awkward shifting positions, and clearing throats.

I reminded the group that our focus was not to debate the candidates or their policies, but to share feelings that were coming up in the here and now. I reminded the group that each member had a right to her own beliefs, thoughts and feelings, and that we were each responsible to make it a safe space to listen to one another with compassion and respect.

As our time was nearing its end, I proposed another kinesthetic group sculpture. This time I invited each person to physically embody how she saw herself feeling at the end of the session. I added that the goal was not to agree, but to see how our bodies might understand, acknowledge or reflect some of the thoughts and feelings discussed that evening so we could begin to process this complex experience.

Gina immediately went to the center of the room and sat down on the floor. She assumed a cross-legged position and looked up toward the ceiling. Next, Kim moved to the outside of the circle, pushing her body up against a large chair and shifting her weight back and forth, as if she were both bracing against and pushing forward on a large rock. Maddy also moved to the circle's edge, setting her body on a diagonal plane, arms crossed over her chest, with one foot in and the other out, while maintaining an upright posture. Anne moved to stand next to Maddy, shifting each time Maddy adjusted her stance as if she were her shadow. The two danced in this pattern for several moments until they finally settled into a fixed position. The group held their poses for a few moments and then I asked them to release the embodiment and shake it off so we could unpack the scene with some final verbal processing.

In our discussion, Gina stated she felt transported back to childhood, and imagined sitting on the dining room floor looking up at her parents fighting. Anger made her uncomfortable, and she literally pictured going under the table to stay out of the way of potential violence. Kim described feeling a push and a pull, and added that she feared she was like a wrecking ball, bringing politics into the group meeting. She was passion-

ate about the feelings she shared, but also worried about revealing too much emotion. She wanted both to express strong feelings and to temper them by hiding behind the chair. Maddy said was she simply listening and trying to hold her own, despite the strong emotions vehemently expressed against her candidate. She said her pulling away from the group with crossed arms demonstrated that she needed to create some distance to protect herself. However, she assured the group she would not take their feelings personally, then added with a touch of humor, "This will give me practice for Thanksgiving." For Anne, the main concern was that Maddy not feel abandoned. As Anne herself had been physically cut off from her family, and she struggled with feeling hurt and abandoned, this likely came from her own wish not to be cut off from others or shunned for having a divergent point of view.

For all of us, this group was powerful. While I tried to stay neutral and not allow my own strong emotions about the election to influence the process, we uncovered important themes that will continue to be a focus for weeks and months to come. The collective trauma of this year's acrimonious election had undoubtedly been a factor in all of our lives, and the group was finding ways to express feelings about its impact.

Ultimately, using a body-based approach allowed the group to maintain connection and positive regard for one another while grappling with a difficult topic, something that could easily have been lost if the verbal discussion had stayed with ideologies and words alone. The physical exercises allowed us to embody our experiences and prompted us to pause and see things more clearly. Through our bodies, we were able to dramatize how the past influences the present without being obscured by verbal armor.

Using an embodied approach, relying on gestures and movement instead of words, we communicate an immediate shared reality on multiple levels. Furthermore, we explore a keenly focused way of being together in the room. We experience our entire nervous systems as living and breathing, minds and bodies, moving and physically responding to one another; not merely as talking heads seated in a static circle of chairs.

We ended the session on a high note, with Kim saying she wished we could have a group hug to reconnect. Knowing the boundaries of touching would bring up a myriad of feeling we did not have time to process, I suggested we create a circle of strength by joining our thumbs together. The group huddled, putting their right hands in with thumbs sticking out, and connecting thumb to thumb all around the circle. The group loved being able to connect physically, and seemed comfortable with this small amount of touching; it was truly an intimate moment. They even asked to take a photo of the hug, which we called "Circle of Strength." ▼

Circle of Strength. 2016, photography by Tally Tripp

Dee Wagner

Dee Wagner, MS, LPC, BC-DMT, has worked as a counselor and dance/movement therapist at the Link Counseling Center in Atlanta, Georgia, for 23 years. Author of "Polyvagal Theory and Peek-a-boo" in *Body, Movement and Dance in Psychotherapy,* and "Polyvagal Theory in Practice" in *Counseling Today,* as well as numerous articles on polyvagal theory in the online mindfulness magazine *Elephant Journal* and the *International Coach Federation Blog,* she is co-author of the workbook *Naked Online: a DoZen Ways to Grow from Internet Dating.* Find the workbook at LustierLife.com.
mdeewag@gmail.com

The Big Dance:
My Love Affair with the Science of Nervous-System Functioning

Something happened in 2010 that changed my understanding of how my body functions: I started online dating.

Before my foray into profile-writing and reading, I had under my belt a couple of years of helping various clients with their online dating difficulties. Being a dance therapist as well as a counselor, when I considered doing some online dating myself, I evaluated my readiness for the journey by noticing what was happening in my body. I deemed myself grounded enough to tackle the moves of coffee meet-ups. However, when I started receiving dating site emails, I experienced a level of anxiety that so electrified my biochemistry that I did not know if I could stay with it.

Romantic relationships stir our attachment issues. When I started online dating, I had done enough of my own therapy to understand my attachment dances. When I was born, my mother was accidentally given the wrong baby, and I did not reconnect with her until after two feedings when the mistake was corrected. Shortly after she and I returned home from the hospital, my father had a mental breakdown. As my parents dealt with my father's condition and my mother's guilt, I developed an avoidant attachment style which I experienced as a lack of presence in my body. As an adult in therapy, I was able to come back home to my body but began experiencing anxious attachment dances with my romantic partners. Eventually I learned to ground myself even in those more stirring relationships, so I was frustrated when my body went haywire trying to navigate online dating.

The dance therapist part of me knew I needed exercises to help me manage the sensations I was feeling. I created a simple chart where I could note what I was feeling in my body. I drew a line and wrote descriptions of sensations from left to right: can't get out of bed, feet in cement, stuck in mud, lazy, cautiously content, beautifully balanced, in the glow, jazzed up, ants in my pants, deer in the headlights, popping a blood vessel. Taking time to circle which sensations I felt whenever I interfaced with technology related to online dating helped my sensations shift. From studies of biofeedback and neurofeedback, we know that noticing the body changes the body. Chart and crayon in hand, I felt more capable of checking dating site emails. The whole process of digital dating became less threatening and more playful. Fortunately, I found love quickly: I fell in love with polyvagal theory.

Polyvagal Theory

Before my online dating adventure, I had heard a little about Stephen Porges's polyvagal theory. I knew that it explained that our bodies have an active state that does not require the shooting-off of stress hormones. Stress hormones create what we call fight/flight. When I started the online dating process and felt like I was on the verge of an email-checking addiction, it seemed like a good time to learn more about nervous system functioning. It was love at first research study.

I got Porges's book, *The Polyvagal Theory* (2011), which is a very scientific read. I started wading through it with a medical dictionary at my side. I learned that our nervous system has different biological responses for when we feel safe than for when we experience life-threatening danger. When we experience that peril, we shoot off adrenaline, norepinephrine and cortisol, which creates the state we call fight/flight. If there is no way to flee or fight the danger, we go into shut-down. Moving from fight/flight into shut-down can involve what has been called the freeze response. When our bodies shut down, we experience dissociative out-of-body feelings. Shut-down is probably what clients are trying to describe when they say they are depressed. Shut-down eventually leads to death.

Shut-down—our human ability to dissociate—comes from the same biology that helps reptiles conserve oxygen. I developed my childhood avoidant attachment style because my dorsal vagal nerve created shut-down. Reptiles use the dorsal vagal nerve to shut down functioning to preserve their oxygen. Mammals, with their oxygen-dependent blood, ideally only use their shut-down function when they are trapped in life-threatening danger. My predator was the sickness in my family, and there was no way to fight or flee that danger, so my attachment dance included regular shut-down. Because this reptilian behavior is not good for our mammalian bodies, we seek therapy to help change our biology.

Trauma expert Peter Levine (2015), a long-time friend of Porges's, helps us follow the path of nervous-system functioning. If our sense of life-threatening danger has sent us into fight/flight and then shut-down, the path out of shut-down will take us back into fight/flight. Our bodies are designed to shoot off the fight/flight chemistry if we see a path for escape from our trapped position. That explains why I had difficulty with anxiety when I became more embodied after my first therapy work. For a period of time I bounced back and forth between anxiousness within relationships and avoidance of intimate relating—fight/flight and shut-down. I would become more embodied, shoot

off the fight/flight chemistry, feel overwhelmed and go back into shut-down. Without the map provided by polyvagal theory, I did not understand this dance. Armed with my polyvagal theory map, I could see more clearly how to use my dance therapy to step out of the fight/flight into what Porges identifies as ventral vagal nerve functioning. I created my online dating mantra: online dating is not life-threatening—it just feels like it.

When we feel safe, we operate out of what Porges calls our social engagement system. This is possible because the vagus nerve has two branches—thus *poly*vagal. Our vagus nerve serves our parasympathetic nervous system (the one that calms us down). The ventral (front) branch of the vagus nerve creates the active state that occurs without the firing off of adrenaline, epinephrine and cortisol. The dorsal (back) branch creates either shut-down or good sleep. There is a huge difference in the two possible states created by the dorsal vagal nerve—shut-down or good sleep. Both branches of the vagus nerve are greatly impacted by whether or not we feel safe (Levine, Porges, & Phillips, 2015).

The more I understood polyvagal theory, the more I sensed that it explained the dance of my life—the big dance. I started sharing the theory with my clients. More and more, I saw that polyvagal theory fit every issue from attachment trauma and eating disorders to zoned-out news-feed scrolling. Possums are mammals who use shut-down as a defense. In fact, when we human animals go into shut-down, we often call it *playing possum*. Possums feign death because when they do, a predator is likely to lose interest and move on. Most people experience zoned-out news-feed scrolling as a possum-like way to avoid aspects of their lives.

The Workbook

My new love—polyvagal theory—guided me toward the creation of a workbook to help people use digital dating to develop mindfulness. *Don't laugh.* Because of what I was learning about polyvagal theory, I began to realize that digital dating could help people retrain their nervous-system functioning. In addition to my dance therapy/counseling practice, I teach dance. When I teach ballroom dancing, students find a partner with whom to practice the movement pattern for a little while. Then I say, "Now, change partners." That is the format of digital dating because technology creates so many opportunities to meet and engage with lots of different people.

After I started online dating, I had a new vantage point for watching the journey of my clients' online dating experiences. I began exploring the methods I was devising for the workbook with my clients and using their experiences to refine the methods. A client whom I will call Miranda was dating online before I tried it, and our work was part of my development of the workbook. Miranda uses online dating so successfully that I want to share her story in particular. She has had many short-term romantic relationships and one that lasted a few years, but she and I do not define her success based on finding partners. Her success lies in her using the process of online dating to become more and more healthy in her ways of relating with lovers.

Case Study

Miranda had a narcissistic mother and an abusive father, which wired her for chaotic sexual relationships and an eating disorder. Being the family caretaker, she went into

nursing. She came from a long line of family who lived either anxiously or dissociatively, so Miranda stuffed her fear and sweetened her anger to become whatever her mother and father needed her to be from moment to moment. In her dissociative times, she left her body so that it was possible to suck in more and more ice cream. When dealing with her family, she maintained a detached stance by hiding in her role of professional nurse, taking the family pulse and lecturing each family member about the state of his or her health.

Those of us who have grown up in chaos like Miranda spend much of our lives in shut-down with occasional bursts of fight/flight, and with no safe place in between. Safety resides in the other nervous system functioning—the social engagement system. Often trauma therapy begins with techniques designed to help survivors imagine a safe place. It is hard for us to imagine a safe place when we are stuck in trauma response because the nervous-system functioning available when we feel safe creates such a different dance of active and passive movements; in trauma response, we do not have a reference for this other way of being.

Because Miranda's childhood dances were similar to mine, I managed my countertransference through a certain amount of self-disclosure. Letting Miranda know some of my history that matched hers, she and I were both able to examine mindfully the dances that were uniquely hers and separate them from mine. With her dances that paralleled mine, she could see how those dances were akin to many trauma survivors' patterns and paths to healing.

Miranda—like many of us online daters—resonated with a kind of therapeutic drawing that I call dance therapy using a hand and maybe a whole arm. The workbook encourages drawing as well as writing in the journaling sections so a more primitive part of us can express itself. When Miranda drew, she would pick a color of crayon and fill a page with back and forth scribbles. When she moved this way, I could see her breath deepen. She said it helped her feel more capable of managing the anxiety that came as she got in touch with her body. Pressing into the paper to scribble helped Miranda ground her fight/flight energy. At first, she stayed with red or black crayons. Eventually, she moved to yellow, then green. Her color choices indicated her movement from fight/flight to social engagement system functioning.

It was my work with Miranda that led me to include a chapter in the workbook about how to deal with knee-jerk reactions when online dating. The anxiety that Miranda felt as she risked being present with lovers would fuel sudden, raging texts. She felt deep shame after the fight/flight chemicals resolved in her body. The journey required for rewiring these reactions included five steps.

1. We validated the protective urges wired into these knee-jerk reactions, celebrating that they were returning after years of being shut down.
2. We named the truth that we would want her knees to jerk should there be life-threatening danger in the here and now.
3. We decided which online dating interactions were safe enough for her to practice stopping and taking a breath before she reacted in a knee-jerk way.
4. We explored knee-jerk movements she could do in various settings to give those urges expression until she chose how she wanted to respond.
5. We built in some understanding that complete success would be an unrealistic goal in the beginning of the training process. This created some space for her to laugh at herself when she shared with me some texts she fired off as she trained herself toward redirection.

Miranda did not like texting. Perhaps her dislike related to her tendency toward knee-jerk reactions when she used that medium. Whatever was behind her dislike of texting, phone calling became the preferred communication that she claimed with the fervor of a three-year-old. There were men she cut off relating with because texting was their preferred communication method. Her journey with learning what she wanted and what she did not want became part of the chapter that focused on the taking and giving of space in relationships. It was new for her to have the freedom to discover her preferences. We celebrated that newly-acquired way of being while moving gently toward the idea that it might be possible to share without losing her newly acquired boundary-setting skills.

The End of the Story

As a way of encouraging me in the creation of the workbook, an industrious friend who was an on-again, off-again online dater and author of children's books joined me as a co-creator. She said, "I could totally stick with online dating if it felt like a spiritual practice." The third person who helped is my romantic partner whom I met online, the artist who created the drawings we placed at the beginning of each journaling section to encourage non-verbal expression. *Naked Online: A DoZen Ways to Grow from Internet Dating* was nominated one of the five best dating books in 2015. However, the true prize that I won came during the journey of creating the workbook. My prize was my polyvagal theory map of nervous system functioning, which guides my life and my work as a therapist.

We can recognize when our clients are operating out of nervous-system functioning designed for life-threatening danger—fight/flight and shut-down—and when they are operating out of their social engagement systems. We can recognize and understand if and when clients swing from shut-down into fight/flight and encourage the kind of body awareness that changes the body through noticing the body. We can encourage movement that grounds like the scribbling that was so helpful to Miranda. Hopefully the understanding of nervous system functioning that polyvagal theory provides will help therapists see, as I did, how the new matchmaking methods can help clients practice skills for regulating their nervous-system functioning.

Polyvagal theory illuminates attachment theory. I love it because it brought new choreography for my big dance. ▼

References

Levine, P. (2015). *Trauma and memory: Brain and body in a search for the living past*. Berkeley, CA: North Atlantic Books.

Levine, P., Porges, S., & Phillips, M. (2015). Healing trauma and pain through polyvagal science. Retrieved from www.maggiephillipsphd.com/courses.htmlhttp://www.maggiephillipsphd.com/courses.html

Porges, S. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, self-regulation*. New York: W. W. Norton.

Gordon Cohen

Gordon Cohen, PsyD, is a private practice psychologist, living and working in Washington, DC, since 1985. He began his practice with a focus on the LGBT community, and his work has grown to include all adults with expertise in couples and individual psychotherapy. He served as president of the American Academy of Psychotherapists from 2014-1016 and has been a member of AAP since 1992.
Gcohen@affirmativepsych.com

President's Address

Editor's note: Voices *publishes the outgoing Academy president's concluding address. This speech was delivered by Gordon Cohen at the Institute & Conference, "What's Love Got to Do with It?" in Washington, DC, in October, 2016.*

We each have our own AAP bio: how we got here and what we've been doing since joining. Some have come as scholarship recipients, others were brought in by a therapist, a supervisor, reading *Voices* or even finding AAP on the Internet. I'm going to begin with my own bio this evening. I joined the Academy in 1992, 24 years ago, because of course, my therapist, supervisors and friends were here. I had no idea that years later I'd be speaking to this body in the president's address. I've grown up through the ranks of the Academy, first gaining the courage to run workshops, contributing to a plenary panel, and later serving on committees. It took me 10 years to take on my first leadership role, which was the co-chair of the 2002 Summer Workshop in Rocky Gap, MD. I first joined EC as the membership chair in 2008 and have served on the board ever since. Many of my good friends who are not therapists wonder what this Academy is really about. I've spent years explaining what sets us apart, how this organization is unique, how it captured my interest, heart and soul. The reasons why I've dedicated so much of my time and energies to this organization are far more complex. What's love got to do with it? Well, love has something to do with it—a lot actually—but there's so much more.

I spent my college freshman year at Vanderbilt University. Despite pledging a fraternity, I dropped out during

rush week, after enduring the humiliation of Hell Night. I decided fraternities were not for me and instead I became a GDI—a G-d Damn Independent. It fit me well, and I pursued my independence with abandon after I transferred to Columbia University, where I did my own thing. My life continued in NYC where I began to go to therapy and later moved onto graduate school in psychology. I finally arrived in Washington, DC, completing an internship at St. Elizabeth's Hospital, later became a psychotherapist and opened my private practice down the road on Connecticut Ave. By working in this field, it became clear to me that being a G-d Damn Independent would no longer serve me well. I needed to be with people, and that's when I found the Academy.

I promise not to belabor how the Academy sometimes feels like a fraternity or sorority house. Oh, the stories I could tell you. Instead I think of the Academy as a fraternal order, a brotherhood of sorts. I realize this may sound sexist to some, though I could just as easily think of us as a sorority, a sisterhood. A fraternal organization is a society of men and women associated together in an environment of companionship and brotherhood and sisterhood, dedicated to the intellectual, physical and social development of its members. In fact, I think we are best defined as a guild: a body of people associated for a common purpose or interest, a group of people joined by similar backgrounds, occupations, interests and tastes.

A supervisor told me years ago that to stay alive in this field, I should become part of a community. A community or guild, of course, is about the people and the ways we are connected to one another. What's the glue that keeps us so tightly held to one another? The fraternal dimension I'm speaking of is largely about camaraderie and companionship. Scholars refer to this as "a third place": the setting which brings us together, though the venue changes each year. It is a place to which we can all come, outside of our home or office, to serve as a gathering spot for us to fraternize. In our guild:

- We have people who are dedicated to both giving and receiving psychotherapy.
- We believe in taking care of ourselves as therapists.
- We have people from small towns who need ongoing engagement with other therapists and those from large cities who use the Academy as a source of networking and cross referrals.
- In this sorority of ours we celebrate rites of passage together: the birth of a baby or grandchild, a Bar Mitzvah, a wedding. We also mourn together with the death of a loved one.
- As psychotherapists, we speak the same language.
- We are willing to have difficult conversations with one another.
- We have math guys and gals who help us raise money and keep us financially sound.
- In this fraternity of ours, we savor the regular publication of our journal Voices and can't wait to read the words of our friends.
- We have musicians, artists and poets whose music and words we find scintillating. We are awed and delighted by their creativity and their words.
- We share fiction recommendations on the Listserve, trusting that the books our friends loved will captivate us.
- We love to travel to new places and we've seen America together.
- We have spiritual people who discover other realms and lovers of nature who explore the environment around us.
- In our Academy world we spend much of our time together in groups, growing to know one another there, and to know ourselves better. We keep working on our characters.
- We have family groups, with whom we meet several times each year. These sustain us in difficult times and celebrate achievements along the way.
- We stand up and ask for help from colleagues when we need referrals or a consultation.
- We stand up and ask for help when we are troubled in our lives, perhaps need some support, a hug or some love from a friend.

Serving as president of the Academy has been a role I've not taken lightly. Because I know how important this organization is to so many of you and to me, it's been essential for me to handle the role with care and thoughtfulness. I've been perplexed about why it's been difficult for us to find candidates for the office of president. Years before, I watched other presidents of the Academy whom I admired and respected for their achievements. They inspired me to lead this organization.

After a careful evaluation of the president's duties and term of office, EC voted to reconfigure several aspects of the presidential track. We've redistributed some of the functions to lighten the responsibilities of the president, particularly during the final two years for the immediate past president, who now serves largely in an advisory role, as a sage consultant to EC. Leading the Academy has been a high point for me. I've been able to reach a new level personally, a place I've not been before. It's certainly been challenging along the way, but I've grown in ways I never imagined. I'm grateful,l as I complete my term of office, that you elected me to lead this extraordinary organization and honored to have worked so closely with so many of you, to advance our cause. Oh, how I've enjoyed myself.

I found myself successful largely due to the team of dedicated EC members and volunteers who've been working with me throughout, like a well-oiled machine. Our greatest resource in the Academy is our members, who give so much of their time and energy. EC keeps us up and running through their dedication, insight, knowledge of the community and intensive hard work. During my tenure as president-elect, from 2013-14, and as president from 2015-16, I've served with the following people:

1. Executive officers
2. Councilors who served on EC
3. Editors of *Voices* and the newsletter
4. Chair people of respective committees, and
5. Chair people of national conferences during 2015 and 2016.

I thank each of you for enriching my time on the Executive Council.

We like to circle up in the Academy. I've looked across so many Academy circles in workshops and community meetings over the years, and I've looked into your eyes, as you've looked into mine. It's been a way for me to mark time as my own face has changed and aged. I've been watching your faces as well. I remember being a young man here, so eager and fascinated by all I saw. Now I'm in my middle years as I complete the presidency and feel a great sense of personal accomplishment. I hope and plan to grow old here if possible. I look across this room and remember faces of friends who are no longer here. I also see new faces of people with whom I'm not yet familiar. But if you stay around, I'll come to know you as well. I see my supervisors, therapists and patients among you. Ours is a fraternity or sorority, a guild of people joined together throughout our lives. We've gotten to celebrate the circle of life together, for which I've felt most fortunate

I thank you. ▼

Instead of Unwritten Letters

Tom Large

The letter I just posted
was not anything important,
just a form for my doctor's file,
except that it prescribes,
after all is said and done,
what others should do with my body.
Here, alive, I've never been sure
and doesn't one need a destination?

I could have written a letter to you
saying I was sorry not to be in touch,
or to my daughter across country
saying, my dear daughter,
did I tell you you're terrific?
just terrific? Did I say it enough?

Good friends, old friends,
could have been contacted.
Plans could have been made
for lunch or a meeting on the train
to somewhere I have never been.
You could have all come over.
We might have played some blues
or I could have met you downtown
for dinner and a show.

Forgiveness could have been asked for,
or we could have giggled our way
through a second bottle
and not continued old arguments.

But no. Today was the day,
hanging out at home alone,
I secured my body's afterlife.

Another Room

Tom Large

My friend is dying. This means
each time I call he takes the phone
to another room. I hear
his oxygen, I hear
a door closing. We are alone.

His Monday nurse, she's pretty, he says,
has just drained the space around his lungs.
Like any birth this procedure
makes him cry and lets him breathe.
Yesterday he could barely walk to his garden.

After the jokes about all the young women
it takes to maintain him, he tells
me about his father, a Boston lawyer,
who took the train on summer Fridays
to join his family at the beach.

My father, a Philadelphia doctor,
did the same. They were always leaving
too early on too many Sundays. Together we
remember
those long weekdays without our fathers
hours and hours beside the ocean

where we played in the sand and learned
you could build lots of things at the water's edge,
elegant castles with towers and walls
you knew would be gone with the incoming tide.

Bob Rosenblatt

Bob Rosenblatt, PhD: "I have been sitting in my chair delivering individual, couples and group psychotherapy since 1974. Every day is a new adventure. I never know what I am going to learn, teach or feel in any given session. This is what keeps me coming back hour after hour — day after day. Supervision and practice consultation for other mental health practitioners in Washington, DC, and Atlanta, Georgia, make up another part of my professional life. When I am not in my office, I relish time with my family, especially my grandchildren; I enjoy traveling with my wife, golfing with friends and, now, writing about lessons learned over the years in practice."
dr13bob@aol.com

Breaking Up Is Hard To Do

Our present case study has many issues, treatment themes, and questions to consider and discuss. To name a few: boundaries, email exchanges, the overlap of individual and group work, the level of responsibility group members have to work with others, cultural issues in therapy, resistance and surrender, and termination, among others. I focus here on the ever-present issue of termination.

Paul Simon, in his 1975 song "50 Ways to Leave Your Lover," articulated the varied ways and speed with which relationships can be terminated. There is no difference in terminating the relationship between client and therapist. Throughout my career, I have been amazed by clients' inventiveness of new ways to get the hell out of a consultation room. Why work so hard when there are many well-worn modes of ending treatment?

Termination of treatment—regardless of whether the therapy lasted one meeting, one year, or longer—is a critically important phase of our work. A successful termination of a long-term client is one beast, and a premature ending for whatever reason is another. In either case, it is still incumbent upon us to provide care up to the last moment of the work together and to foster the best possible closing. A client departing with a bad taste in his mouth, feeling like a failure, feeling beaten up or manipulated by the therapist, does not bode well for the client, nor for one's practice or our profession.

Every termination is different. The manner in which we engage with each departure is critical to the well-being of the client, as well as ourselves. As I see it, the primary reason for a premature termination is resistance to the work of therapy. The client may reference the cost of therapy, insurance benefits, workload, time conflicts, and so forth. Nevertheless, these are mostly useful excuses that center on a refusal to deal with the complicated dynamics of psychological problems. In many cases, psychotherapy is much more than the client bargained for or understood upon entry. These excuses are in the service of resistance.

What is resistance? There are many definitions in the literature. Here is mine: Resistance is the client's belief that there are no alternatives or choices for her problems in living. It is directly connected to the notion of despair or the absence of hope. The client believes that there are

no other choices or roads available to navigate her life. Suggesting changes in behavior, attitude or awareness is like asking the client to jump out of the frying pan and into the fire. The therapist is then stuck holding the hope for the client. Further, we have to believe that there is some part of the client that is ambivalent and wants to change. That is why she showed up in our consultation room. This therapeutic approach consisting of hope and the possibility of change must be presented to our clients, either in termination mode or not. If anything will push back against a client's resistance, this is it!

During termination, this resistance is possibly the deepest level of what is going on in the room. In no way should the therapist ignore or negate the client's stated reasons for or feelings about proceeding or terminating the therapy. One must affirm the cost of psychotherapy, the rigors of the therapeutic process, and the huge risk of commitment inherent in undergoing treatment. All of this must be addressed with the client to enable the client to work through his ambivalence towards psychotherapy. Our responsibility is to facilitate the client's capacity to make an informed decision. It is definitely not our work to badger the client into staying for our benefit—for financial reasons, control and power, or our interpersonal needs. With some clients with more ego strength, the therapist is able to push harder. With others, you need a softer and more delicate approach. Every client must decide to go or stay of his own free will and to surrender to the work of psychotherapy. Manipulation, control dominance and the subordination of the client are of no value. Passively allowing your clients to go, stay, return, depart, whatever, is also of little use. Even though these are the extremes of this continuum, this is a tightrope for all therapists to navigate.

Below you will find a complicated case study. It has provided much food for thought from our respondents. There are so many issues that this case study brings forth. How did the therapist handle this case? What will you agree with? What will you take issue with? What pitfalls do you resonate with? What could the therapist have done better for the client, for herself and for their therapy group? Enjoy the case and the responses. *Share the craft!*

Kelly Haines

The Case

Asalah, a 27-year-old Afghanistan-born female, was in individual treatment once or twice a week for 10 months and weekly women's group for 6 months. Asalah's health insurance covered all cost of care. I had a warm, positive regard for her and was interested in and identified with her fiery energy. I felt the way she saw the world and described her experiences was keeping me young, present to the intersubjective realities of our globalizing world, and current on social justice issues in the eyes of millenials.

Asalah presented with a desire to "better herself." Throughout our work, she described hating the hypocrisy of her strict religious Muslim upbringing. She resented the misogyny, repression and condemnation of female sexuality, and shunning of naturally occurring relationships with American (non-Muslim) peers. She described her "daddy issues" as obsessive fears of abandonment by men. Asalah described her desire and ideal not to depend on males for attention and affection, which she felt could override

her logic. We explored codependent behaviors. We continually talked about letting go of disappointments related to a previous romantic dyad with a cute, blonde Caucasian male. She had lost her virginity with him in her mid-20s; she had lived with him and was thus ostracized by several family members. She described being fine with the lack of relationship with her father. Shortly after emigrating, the mother left the father after serious physical threat to mother and client's life. This was a result of father's jealousy of Asalah's needs as a baby, which were depriving father of expected attention and affection from his wife. Asalah described feeling humiliated at a funeral when she learned that an unknown man she had greeted with respect was her father.

Asalah is politically active on social media. The summer of our work together, she was engaged with her rage about the multiple murders of unarmed young Black men by police. Asalah immersed herself in social media dialogue, which enraged her more. She resented having to explain why "Black lives matter" or to school others about why Donald Trump was not a good presidential candidate. In professional settings, Asalah routinely felt disrespected and experienced numerous micro-aggressions because of gender, ethnic and racial injustice, or the "weird" food she consumed.

In August of 2016, I informed my clients that commencing in January 2017, I would no longer be an in-network provider; Asalah would be expected to pay me directly and seek reimbursement for the cost of therapy. This practice shift provided opportunity for transformative work in both group and individual sessions for my clients. Specifically, Asalah focused on quitting her job and leaving behind unhealthy, undervalued work relationships and environments. Quickly, Asalah was able to obtain new employment. She transitioned from being an over-worked assistant at an organization in which she was the only person with heritage not affiliated with the dominant culture and who did not identify with the institution's ideals and passions. Her new position was a directorship at a non-profit agency with which she was proud to be associated.

At the end of November, it became clear that although the new position doubled her salary, the healthcare benefits offered no out-of-network reimbursement. Asalah's group expressed feelings of jealousy, anger, sibling rivalry, and invalidation. Compulsive care-giving and putting others' needs before one's own was also part of group process. This was critical for a group filled with survivors of trauma, neglect, and abuse in their families of origin.

The following week, Asalah realized the true cost of her treatment. During what turned out to be our final three $0-copay individual sessions, she discussed her desire to avoid feeling sad, her experience of being seen and cared for in therapy, and the value of psychotherapy. Asalah also pondered how she might remain in the relationship via a sliding-scale fee structure. Asalah stated that her new priority was to invest for retirement and pay off consumer debt. Her new salary was the root of this excitement. She carried much shame about spending money on herself and a splurge on covering a recent bar tab. Asalah expressed pride in her new financial situation which would allow her to buy gifts for her mother and sisters. Sending money home is an important part of Afghan culture. This was a way she could repay her mother for all her parental sacrifices. Despite sustained exploration of her relationship to money in those three individual sessions, the client repeatedly avoided trying to figure out how to remain in therapy, asserting that she couldn't know her budget until her first paycheck.

Four hours before her next group, Asalah emailed me that she had food poisoning.

She also stated that she would prefer to find someone who would take her insurance. She was not going to feel comfortable just paying what she could. Asalah felt that was unfair to me and would make her uncomfortable. She inquired about her next steps and was aware that this would impact her group. I immediately called her and left a voicemail to arrange for us to connect. Then, just prior to our 5-6:15 p.m. group (a time she's aware I am with a regularly-scheduled client), she left a voicemail stating her availability for a return call was only until 6 p.m. The following week, she continued to evade contact. An hour before her next group meeting, I emailed her to be clear about the expectation that we would discuss the contents of her prior email that night. I stated that I was seeing my regularly scheduled client at 4 p.m., so I wouldn't be able to meet with her before group. I was hopeful that in discussing her impact upon the group, the group members would align with the part of her that wanted to stay. That evening, group members joined on topics of boundaries, group as safe container, assertiveness, anger, bitterness, desire for praise and idealized body-image.

Asalah was particularly vocal about her bitterness with the woman her ex-boyfriend partnered with. "She's so perfect. Men idolize perfect blonde women who always smile! What about valuing deep women, who give a shit, get angry and get sad? Real women!" As the leader, I was excited to have members expressing their feelings of anger. I questioned whether there might be some resentful feelings in regard to me, a blonde woman. Asalah laughed nervously. She said that was implausible because it was difficult for her to get angry. "I am such a people pleaser!" Asalah valued the group as a safe place to come and vent. Group ended, and again we had not processed the content and impact of her email.

During the next group, Asalah described being ambivalent about her future in the group due to cost. Group members, who had all committed to continuing and paying out-of-pocket, readily empathized with her decision to leave based on finances and discussed their attachment to me and her.

A few hours before what would be her final group, Asalah emailed me again and stated, "I just wanted to send a formal notice in advance that my final group session will be on February 1st. I've really enjoyed group and gained a lot from it. I'll be sure to mention it during session today." What a way to sever our relationship! What a loss for me. What were the group members going to think of me for not being able to keep her? Although I could feel this coming, I was furious, sad, hurt, and frantic. I was aware that these were feelings that I wanted her to become aware of, especially in light of her father's abandonment. I wanted her to stay in the healing sanctuary. I knew she had the finances. I wondered if I was not being a good enough parent and how intolerable her pain was.

Asalah informed members that night that she would be terminating at the end of the month and asked for tips on how to find a good therapist. Group members endorsed their attachment with me and declared how lucky they were to have this therapeutic relationship, despite the new costs. This appeared to have no impact on Asalah. I expected the other three (Caucasian) members to rally to convince her to stay, but this did not happen. I was confident that I would be able to persuade her and began to feel an unbelievably strong sense, as if channeling something bigger than me, of a way to get her to. Directly, but not aggressively, I spoke of my reactions to her. I confessed how cold I had found her emails declaring her ending treatment. I wondered aloud whether I had done a good enough job. If so, would that make her inclined to stay and pay? I expressed

that something unconscious related to her father's leaving might be happening. I spoke of how I felt pulled to find the right thing to say to make her stay and this seemed incongruent and uncomfortable. Group members said it felt like a "break up" conversation. I declared that it was my job to fight for her to stay in a therapeutic relationship that was working. None of this was well received. After group, I felt like I'd been run over by a train and the interaction was on my mind for days. I continued to try to understand what had happened and how to keep her in therapy.

A few days later I received a termination email. She cited two panic attacks as a result of feeling targeted, attacked, uncomfortable, and unsafe. She felt I was "incredibly unprofessional" because "I felt you manipulated the group setting in hopes that the other members would pressure me into staying. We spent 40 minutes discussing my finances on the value of spending money on therapy." To her, it appeared that my focus was to keep her in group primarily for monetary reasons. She was angry that I had described my experience of her as cold, saying, "...this is something that has never been used to describe other group members." Asalah felt that I used her complicated relationship with her father as a way to hold her in group. She stated that her leaving had everything to do with insurance and nothing to do with her ability to open up in group. Asalah professed to have been more honest with me and the group than with anyone ever before.

After reading the email, I immediately called her and left a voicemail about connecting for an individual session. After supervision I called again to encourage her to meet for a final session to process the strong, significant feelings she was obviously left holding.

In the next group, members briefly processed Asalah's termination and joined in discussing a new sense of safety post-Asalah. I noticed that as a result of watching the prior week's direct communication and interaction, one client felt empowered to interact differently with an authority figure. I sensed my work from the week before wasn't a totally horrible and worthless experience.

Many questions still remain for me. Was I missing on the cultural piece, especially related to valuing women? What was going on with me that kept me from processing the email in group? Were there equal amounts of people-pleaser in both my client and me? Had I just made the group a place for Asalah to vent and not really do her work? Should I have been more direct about my feelings for this client? Was my identification with the client getting in the way of our work? Should I have been more sensitive to how intolerable her pain was and how it was triggered by the work in the group? Should I have pushed more directly through her resistance to pay for therapy? Were there clues to her feeling unsafe that I was missing? What would you have done differently?

* * *

Response 1

I am struck by how similar the life paths of the therapist and client were. During their time together, the therapist elected to become emancipated from the bounds of insurance and offered herself the freedom to be a professional in her own right. At the same time, her client showed similar courage in leaving a job where she described feeling "disrespected" and not valued for who she was. The therapist changed her contract with the group, making a risk-based decision herself. She gave up a secure income—insurance and managed-care reimbursement and referrals—for private practice. This is a Herculean move, and one that usually leaves

the therapist in a state of uncertainty for a time. The prospect of losing clients is scary. Since Asalah had been on the managed care gravy train, she had a major reaction to the new contract. It was an abrupt change, and she may not have allowed herself time to process her intense feelings. I also believe that this client may have taken in all that she could under the contract that was initially in place. She stated early on in her therapy that she had a "desire to better" herself. She appears to have achieved a lot for herself in therapy, especially in building self-confidence and taking risks. This mirrors the therapist's process.

It's complicated to begin therapy and then have benefits change. When clients have coverage and then do not, they have a huge reaction that goes deep into the character. Having coverage seems to beget an entitlement that is intertwined with the therapist's idealized parent or caregiver role. Sometimes my clients and I can work through this, and sometimes not.

I address the countertransference issue with the awareness that hindsight is 20/20. The client truly bungled the leaving process, as many of our wounded clients do. Asking for a referral in the group, resisting efforts to discuss one-on-one prior to announcing in group, and not following up with her agreement to announce her termination in the next group, all make for a difficult space for the therapist. I would have needed a lot of support, encouragement and constructive feedback/instruction from my peer supervision group as I navigated this journey. It seems to me that the therapist became more invested in keeping the client in group than did the client or the group members themselves. When Asalah mentioned that "blonde smiling" women make her bitter and that she had hoped to be seen and valued by her ex-boyfriend as being a "real" woman, she was also speaking about her difference in the group. At this point in her process, she may have started to feel less homogeneous and not as safe as she once did. The group also reacted to the intensity with which the therapist pursued the client. The themes of "jealousy, anger, sibling rivalry and feeling invalidated" were mentioned as the group processed Asalah's termination plan. Did the group want her to leave? The group reported that they felt lucky to have their attachment to the therapist and they did not try to influence Asalah to consider staying. Was there already a competition to have the therapist care this much about them and how they were reacting to the financial structure change? Perhaps in her desire for Asalah not to feel different in group, the therapist over-functioned. I also found myself wondering whose primary need it was for Asalah to stay in group. What unfinished family-of-origin business did Asalah's work activate for this therapist? How did Asalah's new financial security feel to the therapist as her own financial security grew shaky? These possibilities would be helpful to process in supervision.

I believe the role-modeling about self-care offered by the therapist to the whole group was valuable. In getting free from managed care dictates and strictures, the therapist showed her courage to stand up for what she believed in. This is exactly what Asalah did in her own way. I do not see her leaving as a failure for the therapist or the group process. I also noticed that the group continued to function and thrive after Asalah's leaving. Progress was made and others stepped up to the task of assertion and continued to work hard on themselves. Perhaps this process was inevitable for the life span of this group given all of the dynamics.

I want to thank the therapist who dared to reveal and expose herself. I am always blown away by the willingness, openness and honesty of our striving for excellence, which is one of the Academy's primary missions. I am hopeful that having another's eyes on this case might allow for both self-forgiveness and actual pride in the work that the therapist clearly did with heartfelt commitment.

—Maureen Martin, MSW

Response 2

When I sit with individual patients, I often imagine myself as Mother. Every week, Baby comes in on the same day, same time, to receive my undivided love, attention and nutrition. I show up as best I can, attempting to stay attuned to the different needs of each baby—some hungrier than others—without letting my own needs become a distraction. This is often challenging. I think about brewing a cup of coffee, except it's 4 p.m. and it might keep me up until midnight, and I'd really like to get a full night of rest so I can do a barre class in the morning. Or, I think about the fact that "The Bachelor" is about to start and all I care about is

who's getting the final rose. As important as it is for each baby to have her own lap time with me—Mama Bear—I'm so relieved when Tuesday night rolls around. Group time! I get to watch my little children play. I'm highly attuned and engaged, scanning the room to see who's on the swings or the monkey bars or racing down the slide. Who's alone and who's paired off? Where are the mini groups tonight? Who's wandering near the bench waiting to be invited? And who's jumped in the sand pit encouraging others to get in on the mess? I love seeing my babies play. It's a reminder that we're constantly evolving with thoughts and feelings floating in, out, and around us throughout the day. We undulate between a desire to hide and a desire to be known, are hungry for and repulsed by contact, connection and vulnerability.

I believe we see this contradiction consistently play out in the case of Asalah. We watch the push and pull with her therapist as they discuss the potential of a reduced rate, dance around a follow-up phone call, and careen toward the jarring end of treatment. Those endings are the worst. We've all been there. We see the writer drop into self-blame and shame. Asalah isn't finished with her work and we shout from our insides, "There's still more to do!" But we must remind ourselves that we can't save them all.

And Asalah is a good reminder.

She tells us that she can't tolerate feeling full. At the beginning of her story, we see how deprived she is in her job. She's an outsider because of her race, religion, and ethnicity. She's often invisible and lost, taken for granted and underpaid.

But not when she goes to therapy. She's alive. She's seen by Mom and all the other babies on the playground— her siblings. We celebrate when Asalah gets a new job. She finds a place where she's valued and trusted in an environment where her moral compass is aligned with the values of the company, and where she's financially compensated in abundance. In fact, we quickly learn that for Asalah, this is too abundant. She can't possibly keep it all for herself so she sends a portion of it home to her family. Her seemingly generous actions tell us that she's being over-fed. So where must she make her next cut of nutrition? Therapy, of course. Good for her. We can applaud our child for knowing she's full. "Wonderful, Asalah, I'm so happy you can tell me when you've had enough. I'm sad because I have so much more to give you and so much more that I think you'd enjoy, but I hear you telling me that you're good for now. If it's okay with you, I'd like spend the next four weeks giving you a really good goodbye. You deserve the time to reflect on how far you've come in our individual work and within the group."

Hopefully, Asalah feels heard and respected for making the choice to end therapy on her terms, while still being made aware that there's much more yumminess for her when she's ready.

One of my most difficult tasks in being a therapist is putting aside my own wants for each patient and allowing them to set the pace. It's hard especially when my financial stability depends on others being in pain. But from all of my time spent on the couch revealing the ugly, dark, scary, secret parts of me that even my own dog doesn't know, I can think of no greater gift than my therapist letting me go, in my own time, with dignity, love and a full belly.

—Sharilyn Wiskup, LPC

Response 3

The essence of this therapy is unfulfilled longing. The central enactments occur between a woman who longs for acceptance and connection but fears rejection and abandonment (the patient), and a woman who longs for acceptance and connection but fears rejection and abandonment (the therapist). Their respective defenses keep them from being aware of their similar, unconscious needs, and the therapist's shyness in venturing into a deeper encounter allows the therapy to proceed, seemingly going well, but the underlying dynamics remain invisible and unaddressed, and thus hazardous.

This is not a criticism of the therapist, who I assume is young, at least in experience. She works hard and successfully, especially in helping Asalah leave an oppressive, unsatisfying job for a much better position—a step in the service of Asalah's individuation. Much of the therapy, however, is on the surface of things, the product in this case of a young patient and a young therapist, each with attendant anxieties about opening the door to her unconscious. In the ther-

apist's extensive description of the work, she reveals little exploration into the patient's (or therapist's) intrapsychic and unconscious material; does not link defense with internal conflict; and fails to delve into deeper thoughts and feelings. Asalah, who came to therapy to understand and be freed of her conflicted and painful childhood feelings, especially surrounding the absence of her father, believes she is "fine with the lack of a relationship with her father." Maybe this father, but is she fine with not having any father? She is placed in a group where, as at her job, she is "the other." What is that like for her? Is she angry with the therapist? If she is a people pleaser, will she tell how she really feels? These issues are not addressed. Without genetic interpretations that reassure Asalah of the therapist's ability to help her understand her deepest conflicts and longings, Asalah's desire for acceptance and for someone to fill that emptiness goes largely unfulfilled, and she is vulnerable to fearing that once again she will be abandoned. Her therapy relationship is thus weakened and rendered expendable.

The therapist has her own unconscious desires for Asalah. She reveals early on her identification with Asalah's energy and how "the way she saw the world and described her experiences was keeping me young." Later, the therapist's profound hurt and anger that Asalah is leaving her, by leaving therapy, speaks to the depth of the therapist's attachment and how dependent she is on Asalah for her sense of self-worth and competence. I imagine the therapist has her own intimate understanding of rejection or abandonment from her own childhood. To the degree she is unaware of how her history affects her (and her work) she is vulnerable to fears of rejection and to enactments to ease her internal conflict, such as her desperate attempts to manipulate Asalah into staying in therapy.

The overt and painful unraveling of this therapy began with a significant change in the financial contract; a change that meant Asalah would pay the therapist directly. It is unclear whether the therapist helped Asalah understand her feelings toward the therapist about the change. Was she hurt and angry that she could no longer keep the money out of sight, that her pure, idealized relationship with the therapist was now contaminated? Did she feel shame? Is it here that she feels abandoned? I believe Asalah's ambivalence toward continuing therapy reflects her feeling that the therapist is not reaching her deepest concerns; the change in the financial contract, however coincidental, tipped the balance for Asalah, who begins making her exit from therapy. Because so much that transpires between the therapist and Asalah is unconscious, the therapist is unable to keep her reactions contained, and in her desperation to keep from losing Asalah, she resorts to tactics that are informed more by her neediness than by her clinical judgment. Ironically, in the final act both patient and therapist manage a powerful I-Thou encounter, but it comes too late to salvage the therapy. The group got it right: It felt like a "break up" conversation.

—Reginald Schoonover, PhD

Lisa Kays

Lisa Kays, MSW
lisa@lisakays.com

My Super-Secret Love Affair with ISTDP

Book Review

The Lies We Tell Ourselves: How to Face the Truth, Accept Yourself, and Create a Better Life
by Jon Frederickson, MSW
Seven Leaves Press
2017, 168 pages

My introduction to Jon Frederickson was as a student in the first-year Intensive Short-Term Dynamic Psychotherapy (ISTDP) program at the Washington School of Psychiatry. I was still working towards licensure, working as a substance abuse counselor at a women's prison. The program was entirely CBT-based and my supervisor detested psychodynamic work. So, naturally, I hid that I was taking the course and made up medical excuses on the one day per month I would take "early release" and joyfully make my prison break and head to class.

Frederickson blew my mind. Something about what I was learning as a young clinician felt covert and clandestine, new and alluring. As I re-read this, I realize it seems like I'm describing an affair.

I won't lie—it was seductive. As we were taught the methods of ISTDP, and its almost mathematical formulas for when to say what and why, and were shown, via video, over and over, that it *worked*, almost miraculously, I was enthralled. I loved learning about the triangle of conflict (anxiety—defense—feeling), which I realized was a reflection of the same theoretical base my therapist had been using over many years with me, but this was so much *faster*.

I secretly began to wonder why she had spent *years* doing what he could do in five minutes. Was I particularly fragile? Was my defensive structure so complex that it took extra time to break it down? Or, gasp, was I in subpar therapy, working with someone trained before this magical cure was developed by Habib Davanloo between 1960 and 1990? Should I defect?

Now I was cheating on not only a supervisor, but also my therapist.

The power and seemingly all-knowing wisdom of the skilled ISTDP practitioner was intoxicating. We learned with awe about the session numbers seasoned ISTDP practitioners used to describe their work. "I cured somatic symptoms in 45 sessions," we were told some practitioners said to one another behind closed doors. The race

would be on. Who could do it faster, better?

How could I *not* want to learn this fully, completely, to become so transformative and in such a short time to so many people? *Not* to practice it seemed almost cruel, and at best, withholding.

Though I knew that my own experience in therapy had worked, quite effectively, I was now confused by how that could be, since it hadn't been *this*. I began to ignore the real data of my experience and to supplant it with the texts and case studies I was seeing.

Halfway through the course, my prison supervisor left our organization and then my program was pulled from the prison entirely. I took a job in a clinic working with men on federal probation. I began working with an attachment-based supervisor I chose and trusted and we formed a strong relationship. She was open to my ISTDP training and encouraged me to bring it into the supervision.

Suddenly I was no longer having an affair—it was more of an open relationship—and I had the opportunity to look at my questions, doubts and presumptions in the light, with the help of someone else. As Frederickson writes in *The Lies We Tell Ourselves,* "We go to a therapist to face the facts of life and the feelings they trigger" (p. 28). I struggled with how to balance my work with mandated patients and Frederickson's initial opening question of every session, "What is the emotional problem you would like for me to help you with today?"

"If they say they don't have a problem," I would earnestly explain to my supervisor, "I don't have permission to treat them according to ISTDP."

"Of course you do!" she would say. "The federal government is giving you permission!"

When I would lead with a, "Well, Jon says..." in our sessions, she would boldly and with great conviction say, "Well, *I* am your supervisor, not Jon!" When this happened, I wondered if she was insecure.

But as the ISTDP course, my own therapy, the new supervisory relationship, and my work with patients and continuing growth as a clinician occurred, it became clear that she was pointing out what I had sensed all along was missing from ISTDP: the relationship.

It was the fact of life I may have been trying to avoid, preferring instead, as a new, young, uncertain clinician that there *were* right answers, that there *was* a clear path, that ambiguity and the unknowns of our profession could be swapped for the sure mechanics of technique.

I must have been so desperate for this lie that I found it in Frederickson's training even though I am fairly certain he would be mortified at this interpretation of his work. In *Lies*, he states, "A therapeutic relationship cannot be merely a method, a technique, or an act done to us. To heal we must be devoted to discovering the truths we avoid" (p. 2), which are not the words of a clinician who believes that just because you have a hammer, every patient is a nail.

Indeed, ISTDP is the clearest, most concise structure for understanding defenses, anxiety and their relationship to suppressed feelings that I have encountered. I give some patients the ISTDP list of anxiety symptoms, broken into three levels (striated, smooth and cognitive perceptual), to help them learn to recognize and sooth their anxiety, and it is a valuable tool in my assessment of patients' anxiety (and my own). And ISTDP

does focus on the relationship between therapist and patient, and points out how anxiety and defenses interfere in intimacy, as many clinical orientations do.

To me, though, something about its methodology felt too formulaic, too prescribed, too mathematical to feel like a *real* relationship. The short-term nature of the work, as part of its goals, also conjured this up for me.

I realized that I had never asked my therapist why she had been holding out on me and not magically doing in 45 minutes what had taken us years to accomplish, because I knew the answer: that it was those years that had done it. Our relationship felt real, and authentic, and genuine, and there were many, many moments that I couldn't tie to the triangle of conflict or any theory at all. And, if I am honest, maybe I hid my questions the same way you don't tell your mom about that one boyfriend: because you know deep down something is missing and you don't want to have your bubble burst just yet.

Perhaps there was a lesson I needed to learn from these two men—my dreaded male, CBT-only supervisor and the idealized male with the shiny new "one right way"—before I would be ready to break up with them. Frederickson compassionately explains, writing in *Lies*, "We believe we are victims of others because we do not see how we victimize ourselves. Instead we blame others for what we do to ourselves, becoming blind to the real culprit…The therapist must question our song of victimhood" (p. 20).

While there was truth to my experience of these men to a degree, there was also an aspect of it that was a lie I was telling myself—in this case a projection—about my power in the relationship, my ability to speak my truth to these men, and my overestimation of the negative consequences if I did so.

My supervisor attempted to tell me this, and I dismissed her as insecure. I knew my therapist would do the same so I kept her in the dark. I kept my affair to myself in order to preserve the lie to myself just a little longer. I needed to be an obstinate child, perhaps, just a little longer, rebelling at the patriarchy's expectations of utter capitulation, rather than move into the more adult territory of carving out my own practice and philosophy.

Frederickson's newest book helps the clinician to identify similar "lies," and gives nuanced language and ideas for how to work them through with patients. He states, "The phrase 'You are wrong,' really means, 'I am frightened of the truth you evoke in me.' As a colleague said, 'The truth will heal you, but first it will hurt like hell'" (p. 16).

His words and approach come across as loving and compassionate, much more so than when the same techniques and framework are presented in his more technical book, *Co-Creating Change: Effective Dynamic Therapy Techniques*. I read *Co-Creating Change* as part of a study group of clinicians who couldn't imagine having the discipline to read and process the tome on their own. It is long (536 pages), it is detailed, and it is comprehensive. At a pace of 2-3 chapters per month, it took us a year to complete, at which point we had a party. It is worth reading and is invaluable as a clinical reference, providing a detailed roadmap of how to troubleshoot stuck or difficult moments with patients, or ways to work with specific defenses, that are tremendously helpful. But ISTDP and Frederickson's message, when spelled out technically, can seem a bit, well, manual and scripted.

Lies, in contrast, is 168 pages and I read it in a matter of hours, on my own, without moral support. I did not throw a party after. As with *Co-Creating Change* and ISTDP training, Frederickson's voice has a way of rapidly getting into my head and tangibly

shifting how I see patients and my work with them, particularly those whose defenses may be less readily obvious to me, or who may have defenses I find particularly challenging. *Lies* seems to be the prose version of Frederickson's manual, filled with heart and language that illuminates a more authentic, genuine relationship between therapist and patient. Students of ISTDP will recognize the "formula" in these words, but here it is presented more softly.

Frederickson writes, "What do we learn in therapy? The truth. How do we learn? By embracing it. Who is our teacher? This moment" (p. 21). In *Lies*, the interventions seem more human, and Frederickson's discussions of his own trauma and pain, and its role in his work as a therapist, as well as sharing some of the lies he has told himself, furthers this more humanizing take on his approach.

Within the text, I frequently associated to the lies I tell myself, as well as to those our nation may be telling itself in this era of "fake news" and "alternative facts." I flashed to patients and immediately saw them in a new, more compassionate, clearer way. I found myself immediately bringing "lies" into sessions, in my own voice, and many patients over the past few weeks have repeated these moments back to me as having dramatically shifted their thinking or ways of being in relationships.

In some ways, when I think of Frederickson's two books, I think of Mr. Miyagi in *The Karate Kid*. *Co-Creating Change* and beginning ISTDP training are the drudging "wax on, wax off" part of the learning process. He has to simplify and teach the basics in a way that is perhaps more formulaic and rigid than it needs to be, before allowing the student to play with these basics in his or her own way. In *Lies*, he seems to be writing for a clinician or colleague whom he trusts more and can lead into a more flexible, playful dance.

In sum, in *Lies*, Frederickson's voice and confidence remain seductive and give us new ideas with which to flirt and even bring into our dance with patients. ▼

Reference

Frederickson, J. (2013). *Co-creating change: Effective dynamic therapy techniques.* Kansas City, MO: Seven Leaves Press.

John Rhead, PhD
jrhead@gmail.com

Book Review

When Breath Becomes Air
by Paul Kalanithi
Random House
New York
2016, 225 pages

When Breath Becomes Air

When Breath Becomes Air is a fascinating and moving autobiographical account by Paul Kalanithi of what he learned as his cancer advanced and ultimately claimed his life. The final chapter, labeled as an epilogue and written by his widow after his death, was to me the most moving. Clearly what came before it had opened me up, so that the last 25 pages caused me to weep powerfully as I read each page.

Paul Kalanithi was an utterly brilliant young neurosurgeon who loved being a doctor and was also powerfully drawn to understand the meaning of life. He planned to spend 20 or so years in the OR doing surgery and then another 20 or so writing. However, cancer ruthlessly compressed that timetable.

Among the many complicated decisions he and his wife faced in light of his cancer was that of having a child. They had clearly intended to have a family when their future appeared to be much larger—before the seriousness of the cancer made itself known. They ultimately decided to have a child—a child whose lifespan ended up overlapping with her father's for only eight months. When I read what he had written to his daughter, I was prompted, before starting on this book review, to write my own daughters about my enormous gratitude for having more than eight months with each of them.

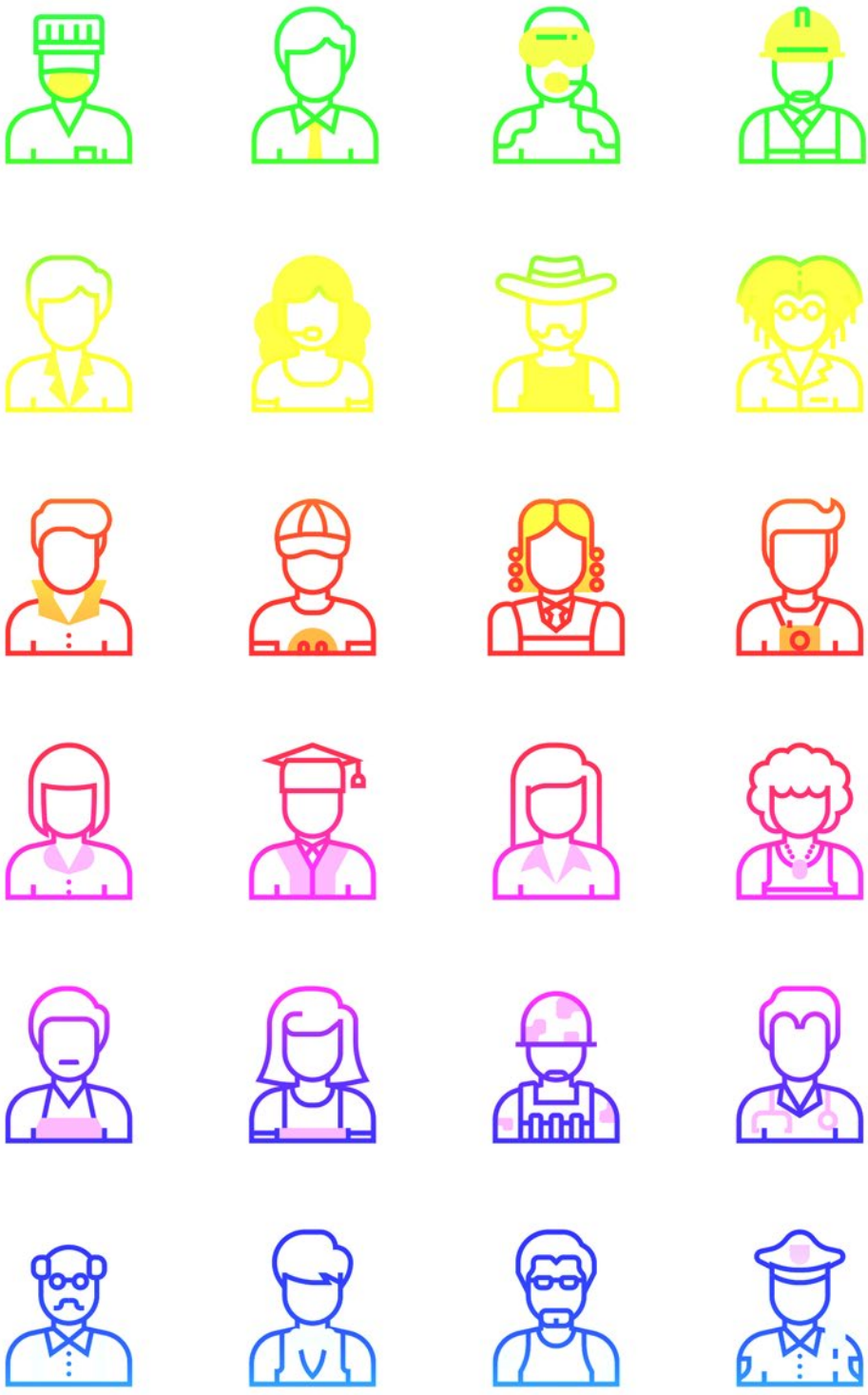
I was fascinated by the insider's view of the world of the neurosurgeon that this book provided. That this view was seen through the lens of a man passionately seeking answers to the most basic existential questions makes it all the more fascinating and powerful. It also makes clear that being a neurosurgeon is a ballbuster—physically, emotionally, and perhaps spiritually as well—and that nobody could possibly do it just for the money and prestige.

Paul Kalanithi was fortunate to be treated by a skilled oncologist who was also part guru. She constantly deflected his questions about how much time he had left and urged him to focus on his deepest values to determine how to use that time, however long it might be. As unrelenting in this way as the author's cancer, she clearly

is speaking to all of us about letting our deepest values inform how we spend each precious day of our lives.

After finishing the book I found myself comparing my psychotherapy calling to Paul Kalanithi's neurosurgery calling. At first I started to think of myself as just a little old psychotherapist who could hardly be compared to this giant of a neurosurgeon and philosopher. But then the gap between what he did and what I do started to shrink. Both approaches to healing require the cultivation of great skill before entering the OR or the C(Consulting)R. Once there, those skills are honed and integrated with one's evolving intuition and deepening self-awareness. The neurosurgeon must know/feel how to cut very near vital organs, just as the psychotherapist must know/feel how to challenge defenses powerfully while operating very near the soul. Both kinds of healers must be willing to be close to enormous suffering and to accept that making mistakes and doing harm will sometimes happen in spite of their skill and diligence. And both must remain open to learning each day more about what most matters in life and what constitutes true healing.

When Breath Becomes Air did not inspire me to become a neurosurgeon, but it did move me to stay open to my evolving awareness of my deepest values and thereby to seek each day to be a better psychotherapist and human being. ▼



Call for Papers

Aging and Psychotherapy
Voices, Winter 2017

Deadline for submission: August 15, 2017
Direct questions and submissions to the editor, Kristin Staroba
kristin.staroba@gmail.com
or to the guest editors.
See Submission Guidelines on the AAP website:
www.aapweb.com.

Winter 2017 Guest editors:
Barry J. Wepman
bjwep@aol.com
Don Murphy
doncm38@gmail.com

The afternoon knows what the morning never suspected.

— Robert Frost

The brilliance of the poet is in being able to contain, in just a few words, an idea that opens into vast territory. In this issue of *Voices* we ask you to think about how Frost's notion of afternoon wisdom applies to your view of your work, practice, patients and continuing evolution as a therapist. We are also interested in how this same notion may apply to your older patients, their work, and the work you do with them.

How has the therapy you provide evolved? How has your growth as a person changed the ways in which you conduct yourself with patients? What is the impact of marriage, divorce, friendship, children, grandchildren, on your work? What might you want your age-mates and younger colleagues to know about? What are the issues that older patients bring, and how is the work with them different from that with younger patients?

While the practice of psychotherapy is very fulfilling and can continue late into our afternoons, many of us have other aspects of ourselves that may beg for time and attention, often with increased urgency as we age. We invite you to share your processes around life balance issues, and about what you do to stay vital as the years pass.

We also welcome younger therapists to reflect on their work both as therapists with older patients, and as colleagues and mentees of older therapists. What have you learned from them, and what do you have to teach?

Guest editors Barry Wepman and Don Murphy welcome submissions in the form of personal essay, research- and case-based inquiry, art, poetry, and photography. ▼

Technology and Psychotherapy
Voices, Spring 2018

Telephones. Cell phones. Podcasts. Facebook. Twitter. Blogs. Websites. Email. Voice Over Internet Protocol. Texting. Video chat: Skype, FaceTime, Google Hangouts. Online banking. Credit cards. Virtual therapy. Electronic records. Kindles. HIPAA Business Associate Agreements. Talk-to-text. Fax machines. Gaming. Apps. Online dating.

Sent from my iPhone...

Deadline for submission: January 15, 2018
Direct questions and submissions to the editor, Kristin Staroba
kristin.staroba@gmail.com
or to the guest editors.
See Submission Guidelines on the AAP website:
www.aapweb.com.

Spring 2018
Guest editors:
Eileen Dombo, PhD
dombo@cua.edu
Lisa Kays
lisa@lisakays.com
Rosemary Moulton
rmoultonlicsw@gmail.com

Is technology threatening the intimacy, healing power and value of therapy, or can it be used in service of the therapeutic process and the patient-therapist relationship? What are our personal and professional biases, judgments, comfort levels and attitudes about technology? As new technologies flood our lives, psychotherapy faces a host of questions. This issue of *Voices* will explore the leading edge of practice in the digital age.

Can we develop intimacy via technology rather than "in the room"? What is lost seeing someone on video chat? What is gained? In your work, are boundaries changed or challenged?

How much do you know about patients' online identities and behavior? Is this important? How do therapist online identities and information impact a therapy? Is "blank slate" psychotherapy possible in a world of increasing social media and online disclosure, intentional and unintentional? Does it matter?

Are technology-based relationships "real"? We think here of relationships that exist only online such as through virtual reality, video games, or Twitter "friends" who have never "met" face to face. How do these patient experiences show up in the work? How do clients—or you—experience on-line versus in-person community?

How does technology impact therapist training, education and professional identity? Does it have ethical implications?

How must therapists and therapy change to adapt to new technology and communication? Do you love or detest the increasing incorporation of technology into our work? Do you foster it—or find your patients are dragging you along?

How does therapist marketing online impact therapy? How can online tools be used in therapy? How might younger generations approach psychotherapy in ways that are affected by access to technology?

Guest editors Eileen Dombo, Lisa Kays, and Rosemary Moulton welcome submissions in the form of personal essay, research- and case-based inquiry, art, poetry, and photography on the theme of the intersection of technology and psychotherapy. We invite your personal reflections, clinical experiences, and exploration of areas of "not knowing" that emerge when reflecting on these questions. ▼

The American Academy of Psychotherapists invites you to be a part of an enlightening journey into...

VOICES

Voices is a uniquely rewarding publication providing a meeting ground with other experienced psychotherapists. A theme-oriented journal, *Voices* presents personal and experiential essays by therapists from a wide range of orientations. Each issue takes you on an intimate journey through the reflections of therapists as they share their day-to-day experiences in the process of therapy. *Voices'* contributors reveal insights inherent in our lives, our culture and our society.

As a subscriber, you'll have the opportunity to experience contributions from noted luminaries in psychotherapy. Using various styles from articles to poems, *Voices* is interdisciplinary in its focus, reflecting the aims and mission of its publisher, the American Academy of Psychotherapists.

VOICES SUBSCRIPTION

Please start my one-year subscription to AAP's journal *Voices* at $65 for individuals PDF only; $85 for individuals PDF & print copy. Institutional subscriptions may be reserved directly through the AAP office or through the traditional subscription agencies at $249 per year. *Voices* is published electronically three times per year and is delivered to your email address as an ePublication.

Name .....
Address .....
City State ZIP .....
Telephone Fax .....
Email .....

❑ My check made payable to AAP *Voices* is enclosed.
❑ Please charge to my credit card, using the information I have supplied below:
Form of payment: ❑ Master Card ❑ Visa .....
Account # Expiration: .....
Signature .....

Address all orders by mail to:
Voices
230 Washington Ave Ext, Suite 101
Albany, NY 12203
You may also fax your order to (518) 240-1178.
For further information, please call (518) 694-5360

Guidelines for Contributors

Voices: The Art and Science of Psychotherapy, is the journal of the American Academy of Psychotherapists. Written by and for psychotherapists and healing professionals, it focuses on therapists' personal struggles and growth and on the promotion of excellence in the practice of psychotherapy. The articles are written in a personalized voice rather than an academic tone, and they are of an experiential and theoretical nature that reflects on the human condition.

Each issue has a central theme as described in the call for papers. Manuscripts that fit this theme are given priority. Final decision about acceptance must wait until all articles for a particular issue have been reviewed. Articles that do not fit into any particular theme are reviewed and held for inclusion in future issues on a space available basis.

Articles. See a recent issue of *Voices* for general style. Manuscripts should be double-spaced in 12 point type and no longer than 4,000 words (about 16 to 18 pages). Do not include the author's name in the manuscript, as all submissions receive masked review by two or more members of the Editorial Review Board. Keep references to a minimum and follow the style of the *Publication Manual of the American Psychological Association, 5th ed.*

Submit via email, attaching the manuscript as a Word document file. Send it to Kristin Staroba *(kristin.staroba@gmail.com).* Put "Voices" in the email's subject line, and in the message include the author's name, title and degree, postal address, daytime phone number, manuscript title, and word count. Please indicate for which issue of *Voices* the manuscript is intended.

If a manuscript is accepted, the author will be asked to provide a short autobiographical sketch (75 words or less) and a photograph that complies with technical quality standards outlined in a PDF which will be sent to you.

Neither the editorial staff nor the American Academy of Psychotherapists accepts responsibility for statements made in its publication by contributors. We expect authors to make certain there is no breach of confidentiality in their submissions. Authors are responsible for checking the accuracy of their quotes, citations, and references.

Poetry. We welcome poetry of high quality relevant to the theme of a particular issue or the general field of psychotherapy. Short poems are published most often.

Book and Film Reviews. Reviews should be about 500 to 750 words, twice that if you wish to expand the material into a mini-article.

Visual Arts. We welcome submissions of photographs or art related to the central theme for consideration. Electronic submissions in JPEG or TIFF format are required. If you would like to submit images, please request the PDF of quality standards from Mary de Wit at *md@in2wit.com* or find it on *www.aapweb.com.* Images are non-returnable and the copyright MUST belong to the submitting artist.

Copyright. By submitting materials to *Voices* (articles, poems, photos or artwork), the author transfers and consents that copyright for that article will be owned by the American Academy of Psychotherapists, Inc. ▼

Vision Statement

Our vision is to be the premier professional organization where therapeutic excellence and the use of self in psychotherapy flourish.

Mission Statement

The mission of the American Academy of Psychotherapists is to invigorate the psychotherapist's quest for growth and excellence through authentic interpersonal engagement.

Core Values

- Courage to risk and willingness to change
- Balancing confrontation and compassion
- Commitment to authenticity with responsibility
- Honoring the individual and the community

Full Membership

Full Membership in the Academy requires a doctoral or professional degree in one of the following mental health fields: psychiatry, clinical or counseling psychology, social work, pastoral counseling, marriage and family therapy, counseling, or nursing, and licensure which allows for the independent practice of psychotherapy.

- Specific training in psychotherapy with a minimum of 100 hours of supervision.
- At least one year of full-time post graduate clinical experience (or the equivalent in part-time experience) for doctoral level applicants, at least two years for others.
- A minimum of 100 hours of personal psychotherapy.

A person who does not fulfill the above requirements but who is able to document a reasonable claim for eligibility, such as a distinguished contributor to the field of psychotherapy, may also be considered for full membership.

Other Categories of Membership

In the interest of promoting the development of experienced psychotherapists, one category of associate membership is offered for those with the intent of becoming full members. These members will be working with a mentor as they progress to Full Membership.

Associate Membership

- has completed a relevant professional degree
- is currently practicing psychotherapy under supervision appropriate to the licensure
- has recommendations from at least three faculty, supervisors, and/or Academy members
- has completed or is actively engaged in obtaining 100 hours of personal psychotherapy
- agrees to work with an Academy member mentor
- may be an associate for no more than five years

Student Affiliate

For students currently enrolled in a graduate degree program. Application includes acceptable recommendations from two faculty, supervisors or Academy members.

For information regarding membership requirements or to request an application, contact the Central Office. Membership information and a printable application form are also available on the Academy's Web site, www.aapweb.com.

Executive Offices

aap@caphill.com
230 Washington Ave Ext, Suite 101
Albany, NY 12203
Phone (518) 240-1178
Fax (518) 463-8656

2017 Officers

Doug Cohen, PhD
President

Gordon Cohen, PsyD
Immediate Past President

David Donlon, LCSW
President-Elect

Diane Shaffer, PsyD
Secretary

Philip Spiro, MD
Treasurer

Executive Council

2014 – 2017
Maureen Martin, MSW
Donald Murphy, PhD
Lyn Sommer, PhD

2015 – 2018
Ellen Carr, MSW
Jacob Megdell, PhD

2016 – 2018
Judy Lazurus, MSW

2016 – 2019
Neil Makstein, PhD
Stephanie Spalding, LCSW
Linda Tillman, PhD

Journal of the American Academy of Psychotherapists

VOICES

THE ART AND SCIENCE OF PSYCHOTHERAPY