In today’s world, we are living through an incredible acceleration in external time, chronologically and cognitively. This causes the social body to spend too much time outside while causing each of us to spend too little time inside, in internal time, which represents the time for feeling and for sentiment.

—Genovino Ferri
The Art and Science of Somatic Praxis

Published by the European & United States Associations for Body Psychotherapy & Somatic Psychology
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The current editorial team was formed in the summer of 2018. Three women who had never met, lived in different countries, and on separate continents formed the new IBPJ editorial team – Madlen Algafari in Sofia, Aline LaPierre in Los Angeles, and Antigone Oreopoulou in Athens.

Though the three of us had previous writing and publishing experience, we had little experience in handling our new positions at the helm of a journal. We did however have an angel in the wings – Jill van der Aa was there to advise, support, and encourage us.

A year and a half later, Christina Bogdanova joined our team.

Our connecting bonds were immediate – good vibes, a generous team spirit, and a common vision to make the IBPJ the voice of body psychotherapy around the world.

Seven issues later, we look forward to our bimonthly meetings. The challenges of life, or the inconvenient meeting times, never get in our way. However, change is part of life and this is the last issue we will be publishing in this team configuration. Madlen is stepping down as Editor-in-Chief in order to lead the organization of the next EABP Congress in Sofia, in 2023.

Aline becomes the new Editor-in-Chief, and Christina the new Deputy Editor. Antigone remains as Managing Editor.

As a tribute to these past three years, we reflect on our common journey, the evolution of the Journal, and share our feelings and thoughts with you.

We are looking forward to your comments on the IBPJ Facebook and Instagram pages.

With warm regards,

The Editorial Team
Holding the position of Editor-in-Chief for the past three years has been an important and productive challenge. I would like to begin these last words with a huge thank you to Jill van der Aa who offered me the position. She happened to reach me with her offer while I was walking the Camino de Santiago on the very day I was reflecting on my personal path and on the life challenges I had overcome. That is exactly when Jill called. I took it as a sign and accepted. I had done television, I had published articles, I had written 12 books, but I had never been a part of a journal team, let alone heading the editorial team of an international journal alongside colleagues, authors, and reviewers from all over the world. I thank myself for the courage to jump into the deep.

In these three years, I have learned so much about the production of a journal and about the new developments and research in body psychotherapy – what a wonderful opportunity it has been to learn from all the articles we received. I improved my use of English, I interacted with colleagues from various cultures, and I felt even more deeply what it means to be part of our large professional family. I have learned a lot about myself – how, with enthusiasm and willpower, one could start something totally new even after the age of 50.

I am happy that many of my ideas came to life – in these three years, we changed the look and content of the Journal, we introduced new columns, we expanded the sphere of knowledge offered, and we increased our readership. I wish the same passion and creativity to my remarkable colleagues who continue to work on the team.

The friendships born out of our work together are among the most valuable assets I have gained. I will continue feeling connected and, of course, remain a faithful reader of the IBPJ.

In every issue, I have shared pieces of my personal beliefs. I deeply believe that human beings need to grow up – to become increasingly aware of the urgent need to evolve from homo neuroticus normalis to homo humanicus normalis, to understand that we know more about the outer world than we do about the inner world, and that this is not only sad but dangerous. We need to understand that we are the very cause of our most painful suffering, that we are masters of becoming ill, and that we disregard the fact that we could become masters of curing ourselves from almost any illness. The gravest of all illnesses, the one that is at the root of all others, is our unawareness. I am so grateful that the IBPJ gave me the priceless opportunity to share this personal and professional appeal with my colleagues and readers. Let us never stop being a voice of awareness in the world.

This coming year, IBPJ is 21 years old – an adult according to all the laws. I will continue feeling like the proud parent of a child who is growing smart, with beautiful values, and endowed with a deep sense of meaning.
I have gladly accepted the offer to continue Malden’s outstanding work as Editor-in-Chief. I look forward to continuing to grow the Journal as a key communication tool that brings together our diverse somatic and body psychotherapy communities. I see the IBPJ as an ambassador, expanding the awareness of body psychotherapy and somatic psychology in the world and, perhaps more importantly, as an archive holding the historical record of the evolution of our profession – a legacy for our field.

When, in 2018, Jill van der Aa invited me to join the editorial team as Deputy Editor and as representative of the American community, I was honored. The new configuration of the editorial team marked a welcome rapprochement between our two sister organizations, the EABP and USABP.

It has been a satisfying endeavor to support Madlen and Antigone in growing the reach of the Journal. As past vice-president of USABP, I assisted in the process of evaluating how we could energize the Journal on our American side of the pond. We at USABP realized that our members are screen weary – they report spending altogether too much time staring at computer screens. Even though an online presence is an economical and convenient way to disseminate information, this led us to re-assess how we could ignite our members’ interest in the important source of professional growth that is a peer-reviewed journal for a given profession.

In support of the Journal, the USABP Board made the bold commitment to include printed copies of the Journal with each membership, thereby giving members concrete, in-hand added value. In the past three years, the attention our editorial team has given to redesign and develop the content of the Journal has been one of the factors driving our growth.

On a personal note, I join Antigone and Christina to thank Madlen for our fulfilling cooperation which has restored my faith in the power of aligning wisdom, knowledge, and generosity in team collaboration.

I will miss you dearly Madlen. It has been such a source of joy to witness how your open heart is in service of bringing love to all those who come in contact with you.
I would call my reflection Cycle, flow, homeostasis, and a valuable gift.

The cycle with Madlen Algafari at the helm of the IBPJ is coming to an end. At the same time, the life of the Journal continues to flow with Aline LaPierre as the new Editor-in-Chief and Christina Bogdanova as the new Deputy Editor. I sense homeostasis because, while change is occurring, the team spirit and the values of the IBPJ remain the same — connection, friendship, creativity, passion, diligence, perseverance, support, professionalism, and evolution.

The valuable gift for me is meeting, connecting, and becoming friends with these three ladies.

Jill van der Aa was already training me to be her successor as Managing Editor when the previous Editorial Team stepped down. Madlen was the first to join the new team. We had never met although I had heard of her through the EABP and during my travels to Sofia.

It was summer when the news came, and Madlen was in Greece. We agreed to meet in a restaurant to get to know each other and explore how to cope with our lack of knowledge about how to manage a journal.

Madlen arrived with her trademark radiant smile. She sat down, we ordered, and she immediately started firing ideas. I still remember how her contagious enthusiasm made me smile. As I listened, in the back in my mind, I instantly started thinking about how to bring her ideas to life. How to prioritize them. When we left, I felt like we had known each other for years. The rest is history.

In these past three years, we have met mostly via Zoom. We have shared more ideas, emotions, irritations, difficulties, solutions, enthusiasm, overcome hurdles, and through it all, had some good laughs. I have appreciated her precious ability to bond us into a strong team and lead us towards a common goal.

I am sure that in her role in organizing the next EABP congress in Sofia, Madlen will be as successful as in her leadership of the IBPJ. I am sad to see her leave our team, and happy to have gained a precious friend.

All the best in your next position Madlen!
I am the newcomer on the editorial team. The idea for my early inclusion belongs to Madlen, who believes in succession. Hopefully, thus we establish one more solid tradition – to have new members on board before the expiration of the mandate of their predecessors. Moving into the role of deputy editor, I have had enough time to orient myself to the process, become familiar with the style and principles of the Journal, gotten to know the other team members, and settled in the way of doing things. In this way, I can bring continuity to the flourishing practices already in place. All of this strongly reflects my understanding that each of us is a vital link in a chain – we carry on from where our predecessors left off, furthering their work, expanding their achievements for an even greater reach and expansion.

I joined the editorial team in the early spring of 2020, and from the first meeting, I felt at ease with the marvelous people who openly welcomed me and made me believe that I was in the right place. This was the period when we all agreed that a change in the Journal’s design and layout was urgently needed. At that point, the editorial team had already done substantial work expanding the Journal’s theoretical and clinical content. However, we knew that improving the quality, diversity, and scope of the content was not enough. We were aware that design and clear presentation are as relevant as the content. So, we developed a new layout for the Journal – a larger format, more readable fonts, more breathing space between letters, words, and lines, and new graphic elements. These changes contributed to increasing the interest in IBPJ and to better position it in our professional community. To this end, I am thrilled and proud to have contributed my knowledge, resources, and previous expertise in the field of design and printing.

Were it not for Madlen’s belief in my personal and professional capacities, I would not be part of this team. When she invited me, I remember my hesitation and her saying, “Oh, don’t worry, you can do it! And I will be there for you.” Her reassurance supported me in spreading my wings in this new arena of creating a professional journal. This means so much to me. And she was, and continues to be there for me. For this, I am touched and grateful. From my perspective, Madlen is an outstanding professional and human being. Her broad scope of knowledge, gentle but nonetheless remarkable presence, creativity, wealth of ideas and energy bring me to deeply respect and admire her. Thank you, Madlen, for being my teacher and inspiration.
We open the issue with Madlen’s interview with her Italian colleague Genovino Ferri, Director of the Italian School of Reichian Analysis (SIAR) and President of the Italian Body Psychotherapy Association (AIPC). He talks about his path from psychiatrist to body psychotherapist, about his contributions to our understanding of bodily language, and about the future of body psychotherapy. We partner this interview with a fascinating discussion between Professor Ferri and Dr. Porges. This deep and educational exchange between two colleagues and friends took place during the plenary closure of the 17th virtual EABP congress this past September. We offer you the full transcript of this exceptional public conversation between two expert masters in our field.

In the Research section, Yasuyo Kamikura and Hirohito Mashiko share their work on quantifying the integration of the sense of harmony between body and mind and its potential uses. We then delve into research conducted by David deBardelaben-Phillips on developing authenticity in the LGBT+ community. This research project focuses on the impact of Core Energetics group psychotherapy on authenticity outcomes for LGBTQ+ participants who are continually challenged by the fear of judgment and lack of safety perpetuated by homophobia.

Our Practice section includes two articles. Anchored in the work of Allan Schore, Lisa Mortimore offers a conceptual integration of theory-informed right brain (RB) to RB, body-to-body, somatic and relational practice as it interfaces with affect regulation theory and attachment repair. Nicholas Brink chronicles an interesting phenomenon – the usefulness and effectiveness of shamanic body postures for physical, emotional, behavioral, and spiritual healing.

Our professional experience teaches us how the profound link with our ancestors influences our lives. In Trauma Work, Michelle Rosenthal explores the implicit nature of transgenerational trauma transmission, and posits that body psychotherapy is uniquely positioned to help clients work with the challenges related to this type of trauma.

In Interdisciplinary Approaches, Stephanie Scarminach demonstrates how the addition of somatic trauma tools to the practice of Family Constellations could significantly increase the safety of the model. She illustrates how this approach could benefit from somatic interventions that support facilitators to create a stronger therapeutic container, better track participant regulation, and help close sessions in a way that diminishes potential harm to participants.

In our travels with Body Psychotherapy Around the World, we visit Hungary. Márton Szemerey traces the development of body psychotherapy, which emerged out of a repressive political environment, and since the 1990s, has evolved over three decades into the training model currently applied at the Hungarian Institute for Body Psychotherapy.

We have partnered with the Wilhelm Reich Museum in Rangeley, Maine, to bring you a new feature titled Getting to Know Wilhelm Reich. Board of Director David Silver introduces us to Orgonon, Wilhelm Reich’s home, laboratory, and research center. Operating with the stated mission of keeping Reich’s legacy alive, the museum recently retrieved Reich’s archives which were stored at Harvard University, and we have invited them, over future issues, to keep us abreast of their discoveries as they explore the archives. This issue’s introduction, covers, in broad strokes, the relevance of the work of Wilhelm Reich to the field of body psychotherapy and somatic psychology today. In future issues, we will present specific aspects of Reich’s work which we hope will enrich your understanding of the importance of his contribution.
Two useful and interesting books are presented in **Book Reviews**. Our colleague and Managing Editor Antigone Oreopoulou reviews Babette Rothschild’s *Revolutionizing Trauma Treatment*. The publisher, W.W. Norton, is offering readers a special time-limited discount on all of Rothschild’s books. With a brilliant sense of humor, our dear Jill van der Aa-Shand has fashioned an original presentation of *How to be a Bad Therapist* by Nick Totton and Allison Priestman.

For the first time, we present a **Film Review**, *The Wisdom of Trauma* with Gabor Maté. Alexandra Algafari gives us an emotional account of her experience at the film’s première in Sofia, hometown of Zaya Benazzo, the film’s co-director.

In this issue, we are also adding an **In Memoriam** rubric to honor the contributions of pioneers who have advanced and transformed our field. It is with great sadness that, following the *Tribute to David Boadella* published in our last issue, we now convey the sad news of his death on the 19th of November 2021. His wife, Sylvia Boadella, sent us his last words and poem expressing his immense gratitude for the richness of his life. David’s last words are accompanied by a farewell by Lily Anagnostopoulou. Equally touching, Rick Lepore remembers his journey under the tutelage of the great dance innovator Anna Halprin, who passed away this year at the age of one hundred.

Our shared professional path starts with Reich, and so for our **cover image**, we chose the symbol of the path. This image illustrates an important factor highlighted by Porges and Ferri in their discussion – the fact that our bodies and minds bear the mark of evolutionary time, and that on our human journey through time, we are at a critical juncture in the growth of our consciousness.

The path is always here. Time may be infinite, but our personal time is not. Where are you on your inner path? And what time is it inside you?

Enjoy reading!
Tribute to David Boadella

It is with great sadness that, as we print David’s appreciation of the tribute to his work published in our last issue, we also convey the news of his death on November 19th. We offer you, in the In Memoriam section on page 118, David last writings expressing his immense gratitude for the richness of his life.

Dear Antigone,
I am writing to thank you from the depth of my heart for creating the many levels of homage to me in the new issue of the EABP Journal.

I am most grateful to you and to Lily for such a wonderful tribute on my 90th birthday.

Thank you so much.
With love from
David

Dear David
I am so happy that you enjoyed this tribute and the way it was presented.

Dr. Aline LaPierre, our Deputy Editor, and Ms. Christina Bogdanova, our assistant Deputy Editor, designed this wonderful presentation with the material I sent them.

For my part, it was a joyful process and represents a fraction of my gratitude to you and Sylvia, and to Lily, for the many ways Biosynthesis has changed my life.

I wholeheartedly wish you a happy 90th birthday!

With love,
Antigone Oreopoulou

Dear Antigone and Dear Lily,
Congratulations for the wonderful issue!
Thank you from my heart,
Sylvia Boadella

Dear Sylvia,
I am so happy that you liked the issue and the tribute to David. Preparing it was a joyful journey.
A heartfelt thank you for your trust.
Warmly,
Antigone

Dear Madlen, Dear Antigone,
I just received the printed journal. Thank you very much again for the beautiful work you did.

It looks fresh and interesting.
It is so nice that we all love this issue! Congratulations and gratitude to all, it was really done with love!
May we continue to create in this wonderful way!
Best regards,
Lily Anagnostopoulou
About the Cover

Dear Madlen, Dear Editorial Team,

Again, I must congratulate you on another great issue!!!

And again, the cover is magnificent!! It says so much, the nautilus is, of course, as you say, about growth, and having the world in the center and the colors flowing out from it...... well, it is optimistic and hopeful.

Miroslava Manavska
Third-year student,
Bulgarian Institute of Neo- Reichian Analytical Body Psychotherapy

My congratulations to the designers.

Of course, what is inside is also of great worth. I haven’t been free enough yet to read much – presently the cover is sustaining me very well.

Warmest regards and kudos,
Judyth Weaver

Students from the Bulgarian Institute Send Us Their Feedback

I remember when I first opened the journal during my first year at the Bulgarian Institute. I was amazed by the diversity, the depth, and knowledge of every single article. I felt like a toddler in a world where so much is yet to be discovered. IBPJ has contributed a special extra piece to my learning to walk. I am especially grateful for the holistic view and approach about body psychotherapy the Journal offers.

Miroslava Manavska
Third-year student,
Bulgarian Institute of Neo-Reichian Analytical Body Psychotherapy

As a student taking my first steps in the fields of psychology and body psychotherapy, IBPJ allows me to meet professionals with various fields of expertise, focus, experience, and worldviews. It is not only the knowledge shared that enriches me, but also the contact with the authors – people whose wisdom and authority I can trust and with whom I would not otherwise have any contact. IBPJ is a shared space for all of us who are moved and inspired to understand the inextricably vital relationship between body and mind, and use that understanding to help ourselves and others.

Kalina Raycheva
Second-year student,
Bulgarian Institute of Neo-Reichian Analytical Body Psychotherapy

I expected a boring, dull journal, full of old stuff, but was pleasantly surprised when I opened it for the first time. It turned out to be full of life. I always find something that touches and enriches me as a person. I impatiently wait for each issue and want to thank the whole Journal team for this opportunity.

Stefka Petrunova
Second-year student,
Bulgarian Institute of Neo-Reichian Analytical Body Psychotherapy
How did you move from psychiatry to body psychotherapy?

If you don’t mind, I would like to turn the question around and tell you how I went from body psychotherapy to psychiatry, which was actually the journey I really made.

I went into analysis when I was 23 and a student of medicine. I had a thousand questions, but I had or received only a few answers. My doctor, to whom I would ask all these questions and reveal my concerns, very politely suggested that I speak with a friend of his, a well-known professor and psychiatrist. He in turn proposed a course of analysis, as I was an “intelligent” young man with significant questions. He assured me that a course of analysis would certainly be beneficial.

That is how I came to meet my first analyst, who had studied Adler but was also training in body psychotherapy. The first six months were only verbal psychotherapy, which was “nice” – a word I often use to say that a therapeutic element certainly doesn’t hurt, yet neither is it significantly effective.

I was about to walk away from the experience when my analyst, perceiving a possibility, proposed some “actings” or “psychocorporeal activations,” as I might call them today.

For me, this was an extraordinary turning point. I could feel associations, emotions, and sensations of myself that were bypassing my careful cognitive control. My ego was “offline,” and my corporeity was emerging, with all its unknowns, as a third confirmation for me and my analyst.

I was able to tap directly into information from my unconscious, which registered through my body, as Reich described in *Character Analysis and Character-Analytical Vegetotherapy* [1], although at the time I was unaware of his work.

The completion of my studies in medicine coincided with the end of my first course of analysis, and I was presented with a choice. Should I continue studying to become a surgeon, or a psychiatrist?

My analyst advised me to discuss the question with his then-trainer, Federico Navarro, who was a student of Ola Raknes, Reich’s former pupil.

The most sophisticated being on this planet, *humankind*, is the only one to emerge as a presumably-aware subject that dissociates itself from the planetary body and considers it to be a mere object.
The meeting was a great relational explosion between me and the man I consider to be my cultural grandfather. Today, using *Analysis of the Character of the Relationship*, I would interpret the explosion as being a formidable, syntonic encounter between implicit trait requests.

I decided to become a “surgeon of the mind,” not least because one of my concerns about working as a surgeon was that repeating the same operations might eventually become somewhat boring.

I liked surgery then, and I still do now – so much that I defined the bodily activations described in my last book, *Body Time*, as being “psycho–surgical.” Surgery is a true operational profession; you cut open, sew, and repair. But I was worried that the actions might become repetitive.

This doubt helped me to decide!

A psychiatrist/psychotherapist could be a surgeon for the mind, with continuous variation in the nature of the intervention. And, since everyone has their own ontogenetic history, an extremely specific, appropriate intervention could be required for every individual.

This is why I applied to study psychiatry, and two different worlds that I dearly love – deep analysis and acute care psychiatry – met and have since become embodied within me after sharing a constructive dialogue for over 40 years.

Further training in clinical-analytical body psychotherapy with Navarro, and postgraduate training in phenomenology and relational systems 1 were enhanced by managing a center for mental health and, following that, by becoming head of a hospital department providing psychiatric diagnosis and treatment. These experiences were permeated by the novelty and invigorating atmosphere produced by the closure of the asylums and the growing social awareness regarding difficulty and alienation.

This all represented a great opportunity for study, and the variety of converging viewpoints I had gave me the capacity to focus on seeking appropriate interventions for psychotherapy and psychopathology, leading me to consider body psychotherapy as an opportunity for excellence in the future of psychotherapy.

What have your patients and psychopathology taught you? What do symptoms tell us?

They taught me everything!

The people – I don’t really like the word “patient” – I have had the opportunity of examining, analyzing, and treating have taught me about life in its complexity. Someone who is in difficulty and expresses symptoms is using a particular code as a means of communication, with its own implicit richness and very powerful intelligent meaning, which should always be cross-referenced with “where,” “how,” “when,” and “why.”

Psychotic decompensation, for example, occurs when a person becomes disorganized and is losing energy and shouting out loud. Paradoxically, it represents their most efficient solution for interaction between themselves and the world, revealing extraordinary, unique complexity and an opportunity for us to learn.

Symptoms always tell us everything! They represent a clear guideline that can be traced back – if you take hold of it and follow it, the trait they are expressing emerges.

Psychopathology is really beyond–threshold 4 traits, or, rather, beyond–threshold dysfunctional relationships imprinted, during the corresponding developmental stages, in the corresponding relational bodily levels, and in the corresponding central, brain areas. This beyond–threshold excess marks and modifies the synapses and their neuromediators 5.

Symptoms tell us about yesterday’s vulnerability at a specific moment of development, which is re–actualized today because it resonates with external events, which have resurfaced and re–exposed the vulnerability.

What I am responding with is a primarily bottom–up, 3D view of evolution, which permits me to read the other both in the here and now and in the there and then, so that it is possible to make the analytical–therapeutic project appropriate in terms of its possible “active principles.”

What do you owe to Wilhelm Reich, and what would you like to discuss with him?

Let’s be clear that I love my “great–grandfather,” which is why I cannot go easy on him.

I am very grateful to Reich for the decisive contribution he made to psychoanalysis with *Character Analysis* in 1933, which represented the first, very important, nongenetic bifurcation from classical psychoanalysis. This work actually introduced complex systemic thought that was capable of examining a series of interconnected patterns as a functionally greater system and already implicitly included the body and corporeity.

I am very grateful to Reich for having introduced corporeity, which represents a very precious, active resource in the psychoanalytic setting. In 1935, just a few years after *Character Analysis* was published, and in continuity with it, vegetotherapy emerged and the seven bodily levels were identified, on the basis of which Reich performed the first therapeutic bodily activations.

I would, however, have strong words with him about his getting lost in the downward spiral of orgone therapy, while skating rapidly over the, albeit rough, diamond of vegetotherapy without studying or polishing it (and without really looking at it), about allowing himself to be distracted by illusions emanating from much more complex truths, about his lack of meta–communication, about his projection of guilt, about his inability to read himself with his own character analysis, and about his level of clinical competence.
I would like to have strong words about his beyond-threshold masochistic-depressive positions, which led to his death in 1957. And then, after this vehement protest, I would embrace him warmly, and thank him for the platform he gave us, which has permitted the wealth of developments in body psychotherapy today, including my own. Yes, I would embrace him warmly, and tell him of the position of honor he deserves in the all-time greats of “psy-world” literature!

What is your contribution to body psychotherapy?

One contribution I have made, although I was unaware of its full importance at the time, in 1983, was suggesting reading the basis for psychosis in the deep umbilical-abdominal area, which is a peripheral relational bodily level, and the central projection of the base nuclei of the reptilian complex. That was to say that clinical, beyond-threshold symptomatology of the ego’s field of consciousness represented only the most easily observed epiphenomenon when examining an individual, but was, in reality, only the attic in the building representing the person’s personality – which was collapsing because of deep seismic action striking its foundations.

This opened the way to unimaginable developments, which have progressively led to contemporary Reichian analysis.7

In fact, this insight turned out to be an extraordinary tool, unlocking the developmental sequence of relational functioning of the bodily levels Reich had identified, and introducing the negentropic arrow of time.8

The developmental stages were redefined, being amplified to include intrauterine time, while the bodily levels were connected to the other-than-self relationships of each stage, which imprinted the bodily levels with “incised marks,” outlining future trait patterns.

The true life story of the person was thus carried from the peripheral afferents to the central nervous system. Everything became clear and visible, and was, primarily, bottom-up and three-dimensional.

The key time, moving the window of observation back as far as the very beginning of life, meant that psychopathology was embodied in the depths, and that body psychotherapy was enriched by further bodily activations, which today are appropriate for, and specific to, evolutive stage, bodily level, and trait.9 Vegetotherapy’s rough diamond has been progressively polished, until it now shines brightly.

In 1992, the “relational-bodily” turning point guided me to the Analysis of the Character of the Relationship, which focused on countertransference of bodily level trait, which itself represents a precious, powerful resource in the setting.

I consider the relationship to be the first therapeutic active principle, and I interpret it as being a complex living system (1999), which is built together by the analyst and the person being analyzed in trait language.10 This is a third form of idiomatic communication, in addition to verbal and body language, through which relationships between people establish a dialogue. It came to my mind and is clearly evident if we decipher the harmonious or disruptive encounters there can be between the implicit requests that we all have, which are deposited in each of our traits.

This represents an indispensable resource for every psychotherapist, which makes the “how” the password for contact with the other.

I would finish this response with a final contribution from recent years, which is clinical body psychotherapy, which goes hand in hand with, and completes, analytical body psychotherapy.11

Bodily activations are phylo-ontogenetic bodily movements that have been neurologically stratified throughout the developmental stages and are common to all individuals. They have been redefined as passwords, granting access and the opportunity to act on the person’s relational bodily areas in the clinical setting.

In my book Body Time, the 20 main activations from four generations of therapists are described. Some of these have been used for over 90 years and date back to Reich; others are from Raknes and Navarro, while some are mine. They traverse time, and are highly coherently stratified in ascending order.

For each of us, bodily activations reveal the specific life experiences deposited in the various “apartments” from which our personality is built and has inhabited ever since our intrauterine life.

Bodily activations reveal the unconscious marked in our bodies, and our highly sophisticated subjectivity, which is the most recent, yet still vulnerable, evolution of the self.

Madlen Algafari
Bodily activations reveal the therapeutic afferents, which are true peripheral portals, granting access to the various “apartments” in the building of our own personality.

These bodily activations are precious. They can be appropriate for all, and they are capable of rebalancing dysfunctional relational patterns.

They pass along the corticospinal pathways, modulating yet another “language” – that of the neuromediators, which is a reflection of our life history in the central areas.

In the terms of this language of neuromediators, what do we lack, and what do we have in the world today?

Let’s be clear that I love my “great-grandfather,” which is why I cannot go easy on him.

As a preamble, I usually say that there are three As to describe the language of neuromediators:

“A” for alarm, “A” for affect, and “A” for action!

These three states can be generically and didactically associated with the three corresponding neuromediators: noradrenaline (NA), serotonin (5HT), and dopamine (DA).

They are continuously interdependent; they are always conversing with the different apartment-areas of our personalities in the then-and-there of every stage of development, and in the here-and-now of every relationship, and they should always be in dynamic equilibrium.

Let’s try moving to greater bodily orders of magnitude.

In today’s world, we are living through an incredible acceleration in external time, both chronologically and cognitively. This causes the social body to spend too much time outside, while causing each of us to spend too little time inside, in internal time, which represents time for feeling and sentiment.

Were I to make an evaluation of the social body, I would say that today, it is at risk of becoming borderline, and that, as Baumann said, society has become liquefied by the acceleration of time.

We could say that dopaminergic acceleration dissociates the social body from continuity with the planetary body.

Indeed, changed climatic conditions have been generated by the prevalence of a certain type of human, the “it’s mine” type, which, in the language of traits, I would say has a defectively insufficient oral trait with narcissistic reactivity. They treat the planet as being a mere object, like a form of prey, rather than as an entity in its own right within a two-way relationship.

We are today at a zero time limit, and a turning-point for our relationship with our world.

The dopaminergic action is beyond this limit, and it signals an attempt at reparative compensation. The excess dopamine is not only induced by a lack of serotonin, but also by correlated noradrenergic alarm, which continuously activates and re-activates dopaminergic acceleration.

This is an entropic trialogue that describes agitated depression masked by acceleration, the clinician in me would say.

There is great loneliness and great individual narcissism; there is no longer an affective network; the connections inside have been rarefied by the demands outside calling us away. The vertical continuity of developmental narration has been interrupted. The affective limbic circuits are under attack, and an amygdala-to-prefrontal-cortex axis, which is to say reptilian-to-neopallial, is strengthening more and more, bypassing the chest and the heart. The expression of aggression is increasing; the expression of violence is increasing; the reptilian brain is dominant and has the neopallial brain at its service. We should not forget that while diversity means enrichment for the neopallial, for the reptilian, it is the enemy!

We are today at a zero time limit, and a turning-point for our relationship with our world.
What represents cancer of the soul, and what are its metastases?

I believe that a lack of humility is both a symptom and cause of cancer of the soul, because being without humility leads to paralysis of life’s negentropic pulsation, which ebbs and flows throughout and permits being an undivided person.

A lack of humility reduces the organism’s energy, and disconnects parts of the self, contributing to the emergence of what Reich called the emotional plague, which in character-analytical terms belongs to a defectively-insufficient oral trait with narcissistic reactivity.

Being a person (etymologically, from per-sonare, meaning resounding throughout) and being humility have an extraordinary quantitative and qualitative energetic range and power as dimensions of being that are in continuity with having.

Narcissism, whether generated by defense mechanisms, by alarm, or by insufficiency, always leads to a hypertonic stiffening of the neck, which humility dissolves, restoring balanced muscle tone and permitting contact between the head and the heart – meaning that there is the opportunity to listen and learn.

In the language of the body, a lack of humility is therefore an indication of blockage at the neck.

The cancer of the soul, caused by the hardening of the neck, leads to a lack of empathy and relational capacity, and a lack of meta-communication about the scene in the world and about the self. Above all, it leads to a lack of downward return towards our humus, Mother Earth, preventing us from being able to sink our roots back into nature, preventing us from being able to tap into energy, and preventing us from reaching ever-greater heights. Being able to do this permits pulsational respiration, the vertical spirituality of our evolutionary narration as open, complex, living systems, and a form of continuity from chlorophyll and photosynthesis to our own awareness.

Cancer should be interpreted as a symptom of sub-systemic disorganization, which no longer shares identity or belongs to the self carrying it. Metastases should be interpreted as the new formation’s bridgeheads, attempting to expand and colonize the self. Were I to put it in clinical psychopathological terms, I would say it is a dissociative, psychotic beyond-threshold.

Which are the metastases of this particular form of cancer, the cancer of the soul, that can together bring on the emotional plague?

They are financial greed, preconceptions, mania for authority, career politics, gossip, pornography, defamation, thirst for power, racial hatred, usury, fundamentalism – anything using the other and taking from the other, which Reich, my great-grandfather, had already said, and I can confirm his diagnosis.

How do intersubjectivity and intercorporeity vary?

Intersubjectivity is the encounter between two subjects, and brings its own question: At what point do we become subjects?

If the indispensable pre-condition to being a subject is the capability of being in space-time, then we progressively emerge as subjects together with the development of our three-dimensional, stereoscopic, ocular vision, and the mastery of visual convergence. These developments accompany the activation of many other
motor circuits, which do not occur before the age of six months. Thus, according to this bodily evidence, intersubjectivity begins to emerge from weaning onwards.

Preceding intersubjectivity is intercorporeity, which is the contact throughout the primary object relationship during the first 500 days of life. From fertilization onwards, there is intercorporeal contact in which there are communicative codes and languages, which do not, however, represent those that are specific to subjectivity.

Intercorporeity both precedes and accompanies intersubjectivity in communication between people throughout our entire lives. Although we do indeed use words to speak, they are always accompanied by how they are said, and how they are said – the prosody – belongs, together with other bodily movements, to body language.

This is a similar situation for phylogenesis – the body language used by mammals, for example, to express emotions, has existed for 70 million years, while verbal neopallial language, emerging from three-dimensional ocular vision and bipedal deambulation, was added only two million years ago.

Intercorporeity and intersubjectivity go hand in hand throughout our lives, but the very beginnings of relationships are intercorporeal in a bottom-up, developmental sequence.

The self comes to mind in continuity, as I often say, paraphrasing Damasio.

Returning to one of the previous questions, subjectivity often falls into the trap of forgetting corporeity and the ego. In its little omnipotence, it dissociates itself from the body, as it does when considering a body on a greater order of magnitude.

The most sophisticated being on this planet, humankind, is the only one to emerge as a presumably-aware subject that dissociates itself from the planetary body and considers it to be a mere object.

Until humankind becomes aware of being an open, complex system and learns to consider the planet as living and intelligent, it will not have intersubjectivity or intercorporeity with the planet.

Achieving these will complete the continuity of a cosmic, evolutionary narration in respecting the other, which will be respect for the self and for its possibility of survival.

Life and humankind are indeed miracles, but the planet was already there before life, and life was there before humankind – we are not indispensable!

The unconscious was discovered on this planet only in 1895, and the narration of the continuity of humankind’s evolution, from the élan vital to us, optical mammals, is beginning to grow in our awareness; I really hope it continues to spread.

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**Some colleagues suggest that the world is living in a borderline area, how would you respond?**

It is true: humankind, the planet, and society are living in a borderline area. If the clinical emblem of today’s psychopathology is the borderline disorder, and if the planetary body is characterized as borderline by its beyond-threshold climate, then I would give a little more consideration to the time society has, which is itself, without doubt, become borderline.

A borderline area indicates the result of excessive acceleration, with a lack of pauses, restitution, and recovery, all of which are necessary to return to rhythmic, affective, limbic pulsation.

We are living in a time that is borderline, which is ever more rarefied and less liquid, never mind solid. There are more instants and fewer roots, more emotions and less sentiment, more excitement and less awareness, more communication and less relationship, more information and less knowledge, more indifference and fewer differences, more disembodiment and less embodiment. We are living more on time, rather than in time.

Technological attractors and the media in general, although they represent evolutionary genius, are today at the service of an unbalanced, corporate economy, with values in which having defines being, and they constitute a new superego, which is unemotional, demanding, persecutory, excluding, superficial, narcissistic, and without reciprocity. They perpetrate what I call the theft of time from affective relationships.

By fraying and breaking the network of circuits dealing with affective proximity, while pointing the individual’s flux vectors towards themselves, this superego can create a thoracic limbic vacuum, moving the other to constant oral insufficiency with ocular and cognitive effort constantly indicating the luminous object to pursue.

A lot of I’s and very few we’s.

Yes, we are indeed in a borderline area with very significant difficulties regarding the question of limits!

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**You often speak of intelligence, but don’t you find that people today have become less intelligent in terms of emotional intelligence?**

The word intelligence is derived etymologically from inter-legere, meaning reading between, and reading is not uniquely a neopallial cognitive capability. Intelligence is a property that belongs to living systems, and has been around for millions of years. In our specific case, it was born with our last, universal, common ancestor (l.u.c.a.), the first living organism from which we are all descended.

Even a single-celled organism has its own intelligent membrane, which can read the external environment and select substances to maintain its own auto-poiesis. The planet is also intelligent in that it is capable of reading the external environment and transforming energy
through chlorophyll and photosynthesis, which is the starting point for the negentropic evolutionary journey that has reached as far as us.

Intelligence is a property of life, and is proportional to both the complexity of organization of the living system and to its evolutionary stratification. Could we and should we be in continuous contact with intelligence, from the planet to ourselves, then I would have no trouble in affirming that we are the peak of a magnificent form of intelligence, because we have passed along and are running back over its vector at the thousands of points of evolutionary bifurcation.

Let me explain using MacLean’s three brains. The reptilian brain presents survival intelligence and precedes and accompanies the subsequent greater limbic brain with its affective-relational proximity intelligence found in the world of mammals. The limbic brain itself precedes and accompanies subsequent cognitive intelligence, bringing space time and organized projects, which is what sets us apart from other living organisms with our capacity for reflection, meta-communication, and awareness.

However, should the evolutionary continuity of the vector or arrow of intelligence be interrupted for whatever reason, then, as I mentioned in the previous response, the risk, which we are beginning to have some insight into, is dissociation — meaning that a different hierarchical ordering of the three brains may predominate in response to the demands of the external environment.

For example, in the case of threat and danger, primary reptilian intelligence is reactivated, which is very powerful and is not by definition relational. Cognitive intelligence can be enslaved to serve the reptilian project, which is destructive for the other, which always represents enemy to the reptilian.

Reptilian intelligence does not always have negative connotations, because, when it does not belong to one alone, it can be precious. The threat from Covid, for example, has reactivated reptilian survival intelligence, but for the species as a whole. And thus, future generations will change the object relationship so that it will no longer be mine but ours. They will try to save the planet and its climate, and the object will be read “commonly” and “in its entirety,” Greta Thunberg docet (from Latin, meaning “as Greta Thunberg teaches”).

Intelligence is a sum of different forms of intelligence, and the I-subject can, and must, reach and achieve a form of meta-intelligence that can coordinate and govern the self’s other forms of intelligence, including the three mentioned above, as well as many other sub-systemic forms. There must be a balanced, harmonious equilibrium with the capacity to reconnect forms of intelligence, rather than have them dissociate from one other.

In this way, the future will still be possible, and we can continue to encounter greater forms of intelligence, given that the 10 kilometers of membrane wrapped around the Earth that our biosphere represents is bursting at the seams with intelligent networks.

Those who predict the future suggest that cybersecurity and psychotherapy will become the two most important professions. What do you think, and how do you see the future of body psychotherapy?

I have some respect for futurists, but I am not one of them. In the theory of complexity, the countless variables inherent to a process of development make the outcome largely unpredictable.

On the topic of cybersecurity, I would prefer there to be less need, because continued necessity would mean that we were still in the patterns of the other as enemy, which is different and threatening.

This doesn’t mean that the reptilian mustn’t be present, just, rather, that it should be in the right measure, and not dominating the overall equilibrium among the three brains. In this way, threat is not so much attenuated by dopamine in service to paranoid patterns, but, rather, by serotonin-dopamine serving inclusive patterns — being with, granting the opportunity of being together and, thus, of climbing evolutionary stairs.

On the question of psychotherapy, my initial response is that it is true that there will probably be an increase in the demand for psychotherapy. This would indicate the degree of difficulty people are encountering in dealing with the new adaptive and organizational challenges that they face in today’s world.
People require greater awareness and new relational patterns, and they require new intercorporeity and new intersubjectivity. A psychotherapist must be a specialist in relationships, which represents the first active principle in psychopathology and in psychotherapy.

I would, however, associate the increased demand for psychotherapy with another increase in demand – for psychopharmacotherapy, which I consider to be the third active principle.

Antidepressants, atypical antipsychotics, and mood stabilizers reduce the entropic, clinical, beyond-threshold suffering, and are among the most common categories of medicines used around the world, which confirms the great difficulties that people are facing. However, if psychotropic medicine is not employed in combination with the first therapeutic active principle, the relationship, then their use is dissociated from the person’s analytical-therapeutic narration and from their implicit requests – meaning that instead of improving health, they generate senselessly-eternal patients.

As far as body psychotherapy is concerned, I firmly believe that it represents possible future excellence in psychotherapy. I am quite unable to think merely in terms of verbal psychotherapy because the body is always there even for that. How could it not be?

It is not possible to do anything but start from the complexity of the self, which displays a body-to-mind developmental direction. And it is certainly not possible to speak of the mind without the body, because we cannot really know without feeling, and we cannot feel without the body!

All psychotherapy must take the body into account and, preferably, by using specific appropriate activations (the second therapeutic active principle) which, above and beyond any specific school of psychotherapy, already have their own well-codified and systematized set of rules for application.

Activations are always used in coordination with specific, appropriate countertransference (the first therapeutic active principle) and, when clinically necessary, both of the first two active principles are used together with specific, appropriate psychopharmacological prescriptions (the third therapeutic active principle).

Clinically and analytically, the best guideline is to hold dear the coordinated use of these three active principles as part of a targeted project for the specific person. Words, and how they are said, modify synapses. Bodily activations and the correlated countertransference modify synapses. Psychopharmacotherapy modifies synapses. So, by using these three instruments in concert, you really can make some good music!

**Having had many decades of professional experience, what is your message for psychiatrists and psychotherapists?**

Do personal analysis! This is because good analysis permits you to better govern the psychodynamic levels of your own life story, the levels of your own neuromediators, and the complexity of your own relational patterns. Further, it permits you to distinguish your relational patterns from the other’s in the clinical setting, so that you are then able to accompany them towards awareness with full, ethical respect and great competence.

I would, therefore, suggest that having your own analytical experience is the priority, because trying it on lights the way to really knowing the other.

Then, of course, frequently doing training courses and clinical-analytical supervision is fundamental and, lastly, so is studying a lot.

All psychotherapeutic experiences are validated by evidence during the period of shared observation. Marrying into diversity, and contaminating yourself with that diversity means enrichment, and the most significant will pass the test of time and remain potent. Intelligence is spread everywhere, and various combinations produce new creative forms, leading to the emergence of solutions that are often unexpected.

**Where is God’s place in body psychotherapy?**

It is in the body’s intelligence, which is a marvelous, sapient, intelligible, objective sign from which to be informed. It opens us up to the greater intelligent design that we are in, as is our blue planet and its biosphere, the solar system, the Milky Way, and all the galaxies and black holes of the universe or the multiverse, be that as it may.

The greater intelligent design, about which we know almost nothing, is largely invisible to us, but we intuitively feel that it is probable. Certainly, one piece of evidence
is found in the intelligence of life, which becomes logos in the body, as I wrote on the flyleaf of my book, *Body Sense*.

--- *What questions do you ask yourself?*

You are asking me a question that touches me, and takes me back to my childhood and what I suggested at the time when I was asking myself what I would be when I grew up. I thought that I would really like to be an angel, because even traveling at the speed of light wouldn’t have given me enough time to get to know the whole cosmos. Even at 300,000 kilometers per second, you would see nothing of the universe, and 80 years of life is a heartbeat in which you can’t even get around the whole Milky Way, which is why the innocent solution, which occurred to me as a child to get to know space, was to become an angel.

Today, among the many questions, there are two, in particular, that accompany me: How can we find, and keep on finding, the beauty in Life? And how do we search for, and keep on searching for, appropriateness in taking care of people?

I believe that, starting from the possible responses to these questions, achieving good knowledge means bearing witness to future generations of psychotherapists, because, by taking the baton of evolutionary narration, they can become the new basis from which to continue intercepting more intelligence, more beauty, and more negentropy (as these often dwell together). I believe the new generation can assist people, society, and the world in finding greater awareness and better equilibriums.

Given that beauty certainly predisposes us towards pleasure, because it activates the mu-receptors, then appropriateness predisposes us towards negentropic ordering. As long as it is activated by a body code, by body-time and by body-sense, then we have a guideline which will allow us to move to and return from areas in the body, in time, and in a person’s relational patterns, while offering the differences to the other’s subjectivity.

By supplying information and permitting learning, it is only the differences that provide an opportunity for the other to make a choice. In this way, while reconnecting the other to their life-history, deposited in their corporeity, increased freedom can be granted to their subjectivity.

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**Glossary**

1. **Psychocorporeal or Bodily Activations**

Psychocorporeal activations are phylo-ontogenetic body movements that are neurologically stratified and correspond to the progression of the evolutionary stages. These movements are common to all individuals and act upon a person’s relational development – for example, the mouth’s sucking motion during the orolabial stage. Through the body, these movements reveal analytically-useful life experiences to the mind. These movements were laid down in bodily compartments at specific points in time. These bodily compartments can be thought of as separate apartments in a tall building that represents our personality. The apartments have been successively inhabited from intrauterine life onwards and reveal to the mind precious, therapeutic afferents that support integration in analytical psychotherapy. These activations have featured consistently in the evolution of this school of psychotherapy, from Wilhelm Reich through to contemporary Reichian analysis.

2. **Character-Analytical Vegetotherapy**

Vegetotherapy made its entrance in psychotherapy in 1935 when Reich shifted the emphasis of treatment from character to the body. The term Character-Analytical Vegetotherapy was used to confirm that analytical work on the mind and the body was one and the same. Reich identified seven bodily levels that could be treated by psychocorporeal activations, but had not systematized these activations. This was done later by Federico Navarro, in line with the activations suggested by Reich, and with the approval of Ola Raknes, one of Reich’s European students. The bodily activations were further systematized to include the developmental stages and the corresponding relational bodily levels by Genovino Ferri, with the approval of Navarro, who had been a student of Raknes.

3. **Systemic-Relational Formation**

Ludwig von Bertalanffy’s general systems theory and cybernetics for the study of communication have given life, in psychotherapy, to the relational-systemic approach in which the individual is an integral part of the evolution of the family system. The individual’s symptoms are the result of the complex interaction between subjective experience, the quality of interpersonal relationship, and the capacity to evaluate one’s own situation. Since the late 1950s, through the current work of the Mental Research Institute in Palo Alto, the main authors of this approach have been Paul Watzlawik and Gregory Bateson.
(4) Beyond-Threshold

Only bodily and verbal expression are a basis for psychopathological semiotics – the study of signs and symbols and their use or interpretation. Although a within-threshold trait can be considered functional within its normal limits, the dysfunctional amplification of relational patterns historically laid on the trait can lead to clear, clinical symptoms and beyond-threshold syndromal expression. This is psychopathology. There are fixed psychopathological configurations at specific developmental stages, acting on character traits and their corresponding relational bodily level that allow a degree of prediction and appropriate therapeutic treatment.

(5) Neuromediators or Neurotransmitters

Neuromediators – or neurotransmitters – are chemical substances (noradrenaline, adrenaline, serotonin, GABA, dopamine, melatonin, etc.) produced in the nerve endings for the transmission of impulses in the central and peripheral nervous system. Neuromediators are contained in the synaptic vesicles, which are thicker at the extremity of the axon at the point where it forms a synaptic connection with other neurons. They provoke excitatory or inhibitory response in the post-synaptic neurons that affect a person’s behavior. Words, prosody, psychocorporeal activations, and psychopharmacotherapy all modify synapses.

(6) Active Principles

In medicine, the term active principle indicates a substance that performs a specific biological action. This refers to all substances that have a beneficial or damaging therapeutic effect, based on the precise dosage administered which varies depending on the type of treatment and therapeutic aim. In addition to being used in psychopharmacotherapy, in psychotherapy, active principles refer to the effects of the therapeutic relationship and the significant effects of psychocorporeal activations that can modify synapses and neuromediator dynamics if they are applied appropriately, and in the right dosage. They may become harmful if used inappropriately.

(7) Contemporary Reichian Analysis

In 1983, locating the “earthquake” that causes psychosis in the depths of the sixth Reichian bodily level – the umbilical-abdominal area – led to the progressive evolution of the Reichian paradigm. The seven bodily levels identified by Reich are to be read from the bottom-up, and are connected to the other-than-self relationships precisely as experienced during the individual’s development. The bodily levels are the “first receivers” and are specifically marked by the imprints that reach them. They are the peripheral afferents for each of our future personality trait patterns.

The relational connection goes on to influence relationship in the environment with clarification of trait countertransference and the associated relational bodily level. The theory of complexity plays an important role in the development of Contemporary Reichian Analysis, as it is now called, given the fundamental developments and the ongoing triad between psychoanalysis, neuroscience, and the body. Contemporary Reichian Analysis now includes character analysis and vegetotherapy using the developmental stages within the analysis of the relationship between the analyst and analysand. The therapeutic setting is interpreted as a small biosphere where the three systems are the analyst, the analysand, and their interpersonal rela-tionship – all increase negentropy.

(8) The Negentropic Arrow of Time

In 1944, Erwin Schrödinger, the Nobel prize winner in physics and the founder of quantum mechanics, introduced the concept of negative entropy, or negentropy. This referred to a negative variation of entropy, which from an original value always moves towards greater orders of organization and developmental stratification. In Contemporary Reichian Analysis, entropy and negentropy can be represented by two opposite directions on the arrow of time, one moving towards entropic zero, and the other moving towards an increase in negentropy – for example, from the birth of an individual, the origin of life, or the beginning of a relationship.

"Close to equilibrium matter is blind and it begins to see only when it is far from equilibrium." Ilia Prigogine, Nobel prize winner in chemistry. 1977.

(9) Incised Mark

Etymologically, the word character means incised mark or impressed mark according to the history and the phonetic, mor-phological, and semantic evolution of the term. Character refers to a person’s own specific way of being. It represents their past and their adaptive and reactive behavioral responses to the incised marks they received from their relationships over their lifetime. These incised marks are registered on the bodily level associated with each developmental stage.

(10) Developmental Stage, Relational Bodily Level and Character Trait

A developmental stage is the period of ontogenetic evolution in which the self receives imprints from relationships with the partial objects of that time. It is the interval bounded by two transitions that are biologically marked on the evolutive arrow of time. Within each stage, an imbricated set of behavioral patterns and modules are deposited that have been estab-lished by the relationships with the other-than-self’s specific partial objects. These result from each of our own life stories in a specific stage, and
they define the trait patterns of our character. The relational bodily level is the somatic location associated with the time of that specific stage in which the imprints are recorded, and where the peripheral and implicit memory of that particular character trait is deposited.

11) **Trait Language and Communication Between Traits**

Trait language is an extraordinarily rich, intelligent, third language existing in addition to verbal and bodily languages. It is a fundamental metalanguage which includes verbal and bodily languages. Trait language allows the trait mind to decipher the connections between trait thoughts, trait intelligence, trait patterns and the associated bodily level. It is a language belonging to the self-system while the other two languages are subsystemic to the self. In fact, our phylo-ontogenetic history teaches us of their successive appearance and of their current contemporaneousness. Traits share a deep dialogue among themselves, exchanging the implicit developmental requests that have been experienced throughout a person’s life story. In other words, an implicit trait request will elicit an implicit request trait response from the other person’s own his-toxical “baggage.” This third language is the privileged language of relationship. It speaks of compatibility and incompatibility, of attraction and antipathy, of sustain ability and unbearableness, and of psychodynamic symmetry.

12) **Analytical Body Psychotherapy and Clinical Body Psychotherapy**

Analytical body psychotherapy and clinical body psychotherapy are not synonymous, and both are often present in the psychotherapy setting. Analytical body psychotherapy includes the relational aspect of a dyadic intercorporeal–intersubjective setting where a person is cared for by the analyst–psychotherapist. Clinical body psychotherapy includes the relational aspect of a monadic setting, where a person is the object of treatment and care. The focus on functionally resolving a person’s clinical symptomatic or syndromal beyond-threshold experience usually directs the analyst’s interventions towards clinical body psychotherapy rather than analytical body psychotherapy.

13) **Corporeity and Intercorporeity, Subjectivity and Intersubjectivity**

During the primary object relationship stage – from the creative explosion of conception through weaning – the mother–child relationship is intercorporeal. In ontogenesis, the I-subject is born because of the growing prevalence of the frontal cortex which develops from the progressive myelination of the pyramidal pathways and the striated musculature, prompted by the acquisition of the upright stance and bipedal locomotion. This allows threedimensional, stereoscopic, and volumetric vision. In this way, the conception of space–time – as in before and after – becomes possible, as does the ego’s field of consciousness. Ontogenesis resembles phylogenesis in the evolution of its development in human beings. The neopallium appeared only two million years ago and is wrapped around the mammalian limbic brain which is 70 million years old. From an evolutionary perspective, intercorporeity precedes and accompanies our interpersonal communication for our entire intersubjective lives because our words are always accompanied by how they are said, which belongs to the limbic circuits.

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**Genovino Ferri** is a psychiatrist and Reichian Analyst trained by Federico Navarro, who was trained by Ola Raknes, in turn trained by Wilhelm Reich. He is an international trainer of Contemporary Reichian Analysis in Europe and South America.

Dr. Ferri is Director of the Italian School of Reichian Analysis (S.I.A.R.), a post-graduate college offering psychotherapy degrees for Bachelors of Science in Medicine and Psychology. The school is recognized by the Ministero dell’Istruzione, Università e Ricerca, and accredited by the EABP Forum for Body Psychotherapy.

Dr. Ferri has been Director of the Psychiatric Unit at Atri Hospital, Italy, and Director of the Public Psychotherapy Service for the Province of Teramo, Italy. He is President of the Italian Association of Body Psychotherapy (A.I.P.C.), and founder of Studio Analysis, a socially–centered psychotherapeutic clinic in Atri, Italy.

He has been a member of the New York Academy of Sciences since 1999, and is also a member of the International Scientific Committee for Body Psychotherapy. He is Editorial Director of the CorporalMente series by Alpes Editore.

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Books and Translations

Selection of Articles Published in English
Ferri. 2016. The Mind... The Embodied Mind... The Enactive Mind... The Trait Mind. Somatic Psychotherapy Today, 6(1).
The EABP Congress, held online in August 2021, closed with a fascinating discussion between two important theoretical leaders in our Body Psychotherapy and Somatic Psychology community. Stephen Porges, creator of Polyvagal Theory, and Genovino Ferri, president of the National Italian Association for Body Psychotherapy discussed such fundamental principles as our evolutionary mandate and biological imperative as a species, coining the term neuroception, and creating a glossary for the language of the body so that we can understand and see the internal intelligence of feelings.

Together, joining their extensive experience as researcher and psychiatrist, they begin a discussion that serves as a needed bridge between clinical practice and neurophysiology, a project envisioned by Sigmund Freud whose time has finally come.

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**Porges**

When we start paying attention to feelings – and polyvagal theory puts feelings or physiological states between the context and our behavior and thoughts – we move into the notion of respecting and honoring our bodies.

I’m not a therapist and I’m not a clinician, but I was a researcher who had a vision, and the vision is sixty years old. That vision is to explore what we can measure about a person’s feelings without them knowing. My research used the psychophysiological to monitor autonomic function. But as the theory evolved, as I started to develop it, I began to understand that we are broadcasting our physiological state through our facial expressivity, through our voice intonation, through our muscle tension, through our posture, through all the channels that body psychotherapists feel and know. The question is, can we give this a name?

Gino and I will be dancing around some of these ideas and talking about the grammar of the body. What language is the body using? No matter what that language is, we are always left with one important point. We have neuroception that tells us what’s going on, and we have to become more attuned to our neuroceptive reactions, and respectful of our own feelings and how the cues of others trigger those feelings in us. And that’s therapy.

Gino, it’s in your hands now.

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**Ferri**

I was really intrigued by the concept of neuroception, and this morning I had the idea to translate it into a
more poetic or humane way – to align it with intelligence, life’s intelligence – etymologically, the ability to read, *interleggere*, to read between the lines. Intelligence is an exceptional quality of the complex open living systems that living organisms are. We can begin with the whole planet as an intelligent organism, and go all the way down to the paramecium, whose membrane selects elements in the same way that we humans select through our subjectivity. I like placing neuroception next to intelligence.

**Porges**

It’s a very important question. We first have to understand our biological imperative as a species. Our biological imperative is to connect with others, not to fight with others, not to dominate them, and not to isolate from them. It’s to connect, so that we can mutually co-regulate each other and benefit from feelings of safety, because when we feel safe, our nervous system is optimized for health, growth, and restoration. When we feel threat, we change those neural feedback loops and become defensive. We start excluding people from our environment.

So, our evolutionary mandate is to connect. That’s the embedded biological intelligence that we’re reaching for. But we have tremendous issues with the fact that the world does not see or understand this biological mandate. The world basically says that you have to take care of yourself, that you don’t have to feel your body. It tells us to turn off our feedback loops. It makes us protective, puts wrappers on our body and wrappers on our social environment, not allowing our core to be expressed.

As body and somatic therapists know, we’re always trying to open up people to their core. Metaphorically, what does this mean? It implies that we are safe to engage with others.

Engaging with others, caring for others, and co-regulating with others is a by-product of being safe. Now the conflict within our society – and I’m going to go back, because I can tell from reading Gino’s reflections that I’m dealing with a brilliant individual who thinks well, who expands, and likes dialogue and interactions – so, we can go back and think about what Descartes said. He said: “I think, therefore I am.” We are all the product of that philosophical perspective, and it’s a perspective that looks at us like product. It doesn’t look at the process inside.

The commonality between neurophysiological systems and psychoanalytic systems is that they’re both about an organism and how that organism reacts to the world. Now, the Cartesian view that led to an empiricist worldview says that it doesn’t matter what’s going on inside; the system will learn. And it does learn, but it learns by turning off its feedback loops, and when those feedback loops are turned off, they result in somatic illnesses and comorbidities. They are not comorbidities; they are part of the system.

So, I would like to play with a concept or a challenge to Gino. What if the world, what if Descartes had been mistranslated? What if he had said not “*Je pense donc je suis*” – “I think therefore I am” – what if he had said “*Je me sens, donc je suis*” – “I feel myself, therefore I am” – using the reflexive form of the verb to feel. In English, we don’t differentiate between feeling an object versus our internal feelings. That’s why, especially in English and U.S. cultures, we see a turning off of internal bodily feelings. The word is not used frequently; we don’t talk about respecting internal feelings.

**Ferri**

You are sparking a most intriguing inspiration since I have always believed that the head and the heart should be in conversation.
I believe that “I feel, therefore I am” is the basis of evolution. “I think, therefore I am” implies a dissociation between the heart and head, which carries the risk of accelerating time, dissociating us from the body, as well as dissociating the social body from the planetary body. We also dissociate through entering outer time and losing inner time. This is why I believe we should correct Descartes’ mistake by introducing feeling. Because the ability to feel belongs to the limbic circuits, to the ventral vagal pathways and the anterior cingulate gyrus, to the thoracic area, and, according to our bodily segments – to the heart. I believe that this link between feeling and thinking is the basis of the new intelligence we need.

The different types of intelligence have been stratified for millions of years now and connecting these layers would give us the opportunity to embrace the future. How do you feel about what I am saying?

— Porges

I, of course, am in total agreement. I would add, or qualify, that to create a degree of legitimacy and validity within academic and scientific communities, feelings never rose very high, but physiological state did. This is why my life’s work has always been focused on measurement of physiological state because I was not going to fall into the trap of being told that what I was doing is irrelevant.

Stephen Porges, Genovino Ferri

I believe that “I feel, therefore I am” is the basis of evolution. “I think, therefore I am” implies a dissociation between the heart and head, which carries the risk of accelerating time, dissociating us from the body, as well as dissociating the social body from the planetary body.
If we can quantify physiological states, and merely say that our narrative, that our top-down systems, are creating stories to describe those feelings, then we start understanding the world. But everyone in this Zoom meeting knows this is a story because people who have trauma experiences, or other psychological experiences, are telling us they don’t feel right. And their body is not the same.

To add to what Gino was saying about the ventral side, when a person is in the state of defense, there is a self-protection of the ventral side. It’s an interesting model, and if you look at the various somatic therapies that use hands-on bodywork, they are about opening the ventral side. If we just take our hands and pull them outward, we become accessible to others. If we’re tightly wrapped and curled inward, the cue to others is that we are not accessible. So, our neuroception of others detects intention, and we need to take and respect our neuroception to create a glossary of language of the body so that we can understand and see the internal intelligence of those feelings in protecting the body, rather than criticizing and shaming the individual for being defensive. We have to understand that the body interprets the context as threatening.

Ferri
If it’s okay with you, I will present the first of my three concepts about phylogenic and ontogenic evolutionary time.

If we have a trauma history, the economy, using your word, is, on a biological level, not to trust the cues of safety because you got hurt and you’ll get hurt again. Therapy is all about convincing the body that it’s safe enough to become accessible.

Porges

My wording for the adaptive significance is energetic economy – that is, the energy a person uses to adapt. It’s great that we have found a proper translation.

We’re basically saying that the behavior, or a person’s feelings, have an objective. Whether we use the words energetic economy or adaptive significance, we are trying to survive. Sometimes the survival has a metabolic economy, which is shutting down. Sometimes it has a metabolic expense, like fighting or fleeing. But the goal is survival. At that level, and this is where we’re going into some of your reflections, it goes into evolutionary time. The point being that we can only afford to be an efficient, compassionate, and benevolent co-regulatory organism if the cues of safety are sufficient to shift our physiology out of threat reactions. We have this truly biological intelligence of interpreting cues of safety.

If people have a trauma history, the economy, using your word, is, on a biological level, not to trust the cues of safety because you got hurt and you’ll get hurt again. Therapy is all about convincing the body that it’s safe enough to become accessible.

Ferri

I agree. We’ve been on the same page for some time now. I might also say that it’s important to ask ourselves about the intelligence of the symptom. A person’s economy tries to set them free of guilt, criticism, and judgment. Understanding the economy of even a single psychotic condition, even the gravest, is fundamental since it would let us see that this economy is the most appropriate for that individual at that moment. This allows us to introduce a novel relationship and open ourselves up, as you call it.

Porges

I’m going to shift a word. Rather than saying economy, I’m going to say the adaptive significance. The adaptive significance is always going to be mapped into relative survival.
on the other hand, are monads – they are lone animals. In phylogeny, 70 million years of this has resulted in mammals developing the ventral vagal circuit that activates behaviors such as intimacy, attachment, and cooperation. In this transition from reptilian to limbic brain, the value of feeling and having emotions stands out. From the perspective of phylogenetic stages that describe large steps of progress in hierarchical levels of time, it is an indication of higher evolutionary stratification.

This leads me to say that we see this evolution not only in the three brains and in the ventral vagal circuit, but in the locus coeruleus, which is the locus of the panic alarm, the amygdala, the cingulate gyrus, the neuromediators, the orbitofrontal cortex, and the prefrontal cortex – all of which tell us about this major leap that happened around two million years ago, when standing erect and becoming bipedal led to a massive new metabolic organization.

This is crucial for body psychotherapy as there are peripheral interfaces that correspond to this central position. What are these peripheral interfaces? They are the parts of our bodies that receive the initial imprint from the relationship with the caregiver during the developmental stages.

After this lengthy introduction, I can now pose the question I wanted to ask you: How important is the individual’s ontogenic narrative in giving us indications for emotional co-regulation? Because on the basis of ancient history, the ventral vagal circuit, which begins to function around the end of pregnancy and in the first few years of life, has different types of imprinting – exclusion, inclusion, acceptance, perceiving danger, support, destruction, security, or instability. Would having a careful background knowledge of an individual’s ontogenic history help us better co-regulate with them in the therapeutic relationship? Please excuse my long exposition, but I wanted to give you a frame for my question.

Porges

Let’s deconstruct what you said. What you are saying is that an individual’s developmental maturational history is important in the interpretation of the evolutionary stages that we assume all mammals, and specifically humans, go through. The literature shows a convergence between maturational, ontogenetic, and phylogenetic development. The question is disruptions. That’s embedded in your question. If there’s a disruption in the maturational pattern, how do we deal with that? Is that damage recoverable and what are its consequences?

We must start off by going back to approximately 26 weeks gestational age, which is when the autonomous nervous system starts getting its features. And it’s at around 30 to 32 weeks that the ventral vagus starts coming online. Now, the importance of the ventral vagal circuit in Polyvagal Theory is multilevel. One, it’s the body’s neural circuit that turns off threat reactions. If we can turn off threat reactions, we can connect with one another. We can be in proximity. We can create the various care bonds and social relationships, community cooperation, collaboration.

Connectedness requires the ventral vagus, or as my friend Gabor Maté says, humanity is really sociality. Sociality is our evolutionary heritage. Without it, we have no humanity. We are a social species and if we block this, we have trouble. But, if we block the ontogenetic transition, which is where you are going, what happens to sociality? It gets disrupted. Now, Polyvagal Theory takes an extraordinarily optimistic perspective. I want to share that with you. It doesn’t frequently assume that
there is structural damage. Rather, it emphasizes that there are functional changes for adaptation, meaning that the circuit is there.

Looking at preterm babies – and putting my compassion aside for a moment – is a wonderful research opportunity. We see these systems coming on, and we also see the consequences on systems that have been challenged too soon. Premature children often develop extremely well on a cognitive level, but they often have many social and emotional problems. This was a grave misunderstanding within the medical community, who thought that the mark of doing well was the IQ measurement. Was the cognitive function fine? They did not look at whether or not premature children could connect and co-regulate.

Now, let’s go back to what’s really happening. When babies are born too soon, the ventral vagus is not fully developed, so they can’t turn off threat reactions. In addition, part of the ventral vagal circuit is the coordination of the striated muscles of the face and head, basically sucking, swallowing, and breathing – or in the world that I would love to share with Gino, ingestion. We go out, eat and drink together, and have a good time. We use ingestion as a bridge for sociality. We do not use digestion as that bridge. Digestion is personal, it’s private, and it’s below the diaphragm. It’s not regulated by the ventral vagus.

The baby engages the world through sucking, swallowing, vocalizing, and coordinating this with breathing, which is ventral vagal all the way. Babies perform this wonderful neural exercise while nursing at their mother’s breast. And what do we know about preterm babies? One of the main issues is that sucking, swallowing, and breathing are compromised. That circuit is not developed enough, and that circuit is linked to the ventral vagal regulation of the heart. It turns off our threat reactions as we are ingesting. Our cultures have never forgotten this. We celebrate opportunities to ingest with others, because it is literally a signal to our nervous system to be social. So, to heal the ontogenetic disruption, we need to provide neural exercises that bring this circuit back into function.

Much of my work has involved this, especially with populations that have features of autism, features of behavioral state dysregulation. The intervention I developed, the Safe and Sound Protocol, was in a sense, a stealth intervention. It uses modulated sounds that our nervous system is hardwired to respond to, like the intonation of a mother’s lullaby. When we hear certain prosodic intonations, our bodies become accessible – we relax. We see this with babies. In our current research, we looked at the intonation of a mother’s voice following a still face experiment, where the mother freezes her face and then reengages. If her voice was more prosodic, the infant’s heart rate went down. If her voice had limited prosody, the heart rate went up, meaning that the neuroception of the infant was astute enough to detect slight variations in intonation. It means that the client’s cues are effective enough to trigger our physiology, to feel safe with a desire to connect. One final comment is that this gives us access to the language of neurophysiology to explain some psychoanalytic constructs. A little bit later in our discussion, I want to get into what you think is happening during countertransference.

Ferri

Of course, I agree. I have written about the first 500 days of the primary relationship* and I was very intrigued by the facts around swallowing. It should develop around the 13th gestational week. We know that during intrauterine life, around the fifth month of pregnancy, we observe different reactions to swallowing sweet or bitter substances. The rate of swallowing increases with sweet substances in the amniotic fluid and reduces with bitter ones. We observe something like mirrored taste, which precedes mirrored sight, which is described after birth. As if the body knows, it knows of the connection with the mother. This is truly stimulating because we are speaking of the time before myelination.

Porges

The interesting part of what you’re bringing up is that it’s also the ontogenetic principle that sensory systems develop before motor systems. This is critical because it’s actually occurring long before a top–down explanation and a behavior occurs. Sensory systems diffuse sets of feelings that are encoded on some level in the nervous system.

Ferri

Something else that is very intriguing about what you are saying is related to countertransference. When we feel tenderness, or we feel a need to include the other, what is happening within our body? Also, what is happening with the other’s time? It’s as if their “disconnected” time begins again. What do you think?

Porges

I started to think about this, this morning. I find this an extraordinarily interesting issue because throughout my life, I’ve interacted with many individuals and many therapists, and many have had what are now considered inappropriate relationships. But their narrative, their feelings, and how they justified their behaviors, had a degree of truthfulness. They were in a sense being honest to their body.

What polyvagal theory begins to explain is that if you are an effective therapist, and you are enabling your client to recruit their social engagement system and they are

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really using it, of course your body will react to this. The issue is that we are humans. We are therapists, not just academics, not just scientists, not just parents, and not just spouses. We are humans, meaning that we are sensitive to certain types of cues. When we learn the grammar of the body, we will understand that transference and countertransference are really examples of the neuro-reception of a social engagement system.

It’s a paradox because of the goal of therapy. From a polyvagal perspective, the goal is to reengage your client’s social engagement system. Now it’s working, and you have bought into it. You have literally been caught. We need a special type of intellectual understanding to enable a top-down understanding of our bottom-up feelings that prevents developing a complex narrative that justifies certain behaviors.

— Ferri

I like this answer. Countertransference is the complex living system of the relationship that is carefully mutually built by two people. This is the first principle of therapeutic engagement. It creates the field, the frame within which we can introduce activations, physical or whichever other therapeutic approaches. I find this very important. I am tempted to say that words modify synapses, but the way those words are said modifies these synapses even more.

— Porges

To translate, in my terminology, we create a top-down narrative to make meaning out of experience. We make meaning out of feelings, and that meaning is literally imprinted.

If we ask therapists who work with anxiety issues what anxiety is, they will say it’s not solely a psychological psychiatric disorder. It’s a physiological, locked-in, state of threat. People externalize their anxiety onto outer events to create a narrative. The therapists I know who work with anxiety begin by calming their clients’ bodies with visualizations of special moments in their clients’ lives when they felt safe, loved, and comfortable. They start by using top-down visualizations as a container for bottom-up defenses. It’s a bi-directional communication.

I want to add a couple of other comments, which I left out in the beginning. And that is, in 1949, Walter Hess, a Swiss physiologist and physician, won the Nobel prize for his work on the brain’s regulation of the autonomic nervous system. This is something very few people trained in medicine have ever heard about, because they were trained to focus on the brain and not on the body. I think that Gino would probably agree with me that psychiatry should be a sub-discipline of internal medicine, because connection and mental imaging are portals that can influence body regulation in a similar way that the body can influence the brain, which can be extraordinarily disruptive.

— Ferri

I believe that psychopathology is embodiment, that psychopathology is in the body. The manifestation of symptoms on the level of subjectivity is an effect, an epiphenomenon, but the main problem is in the body. That is why psychopathology should take the body into account, and psychotherapy should take the body into account.

— Porges

I would qualify. I don’t think it resides in the body. I think it resides in the brainstem’s regulation of the body. There is a communication at the brainstem level that affects the portals or actions to reach higher cortical areas. I visualize the brainstem area as receiving feedback from all our organs, and the neuroregulation needed to optimize health. When this gets disrupted, it creates a neural platform for psychiatric disease to emerge. You can have a variety of psychiatric diagnoses, but they can all have a common neurophysiological brainstem platform.

— Ferri

Let me clarify. When I say psychopathology is in the body, I don’t claim it is not in the brainstem, or in the basal ganglia of the corpus striatum. I am saying that, from a three-dimensional analytical point of view, psychosis is in the primary object relation, in the intrauterine period when we still had an umbilical cord, and the cord was the main channel through which we connected with the other. In this vulnerability, the eventual psychotic breakdown happens peripherally. This is a projection of the brainstem and the basal ganglia. For example, haloperidol is a neuroleptic that functions precisely there – it creates a shield in the brainstem, and it creates a shield on the level of the umbilical cord against the psychotic fear of death. These are different interfaces – central and peripheral. This is my three-dimensional understanding.

— Porges

There’s tremendous insight in what you’re saying, because there’s a convergence of models or ideas here. One, is that when you talk about the umbilical cord, it’s sub-diaphragmatic, and subdiaphragmatic neural regulation is where we feel a sense of betrayal and lack of trust. So that is the dorsal vagal reaction. I talk about immobilization without fear, and that is what you’re describing in the healthy fetus as well: the communication of the mother’s nutrients sub-diaphragmatically. I’m talking usually about this convergence between the ventral vagus picking up cues of safety that enable us to feel safe enough not to be in any sense of threat. They are parallels.

— Ferri

I like this simultaneous translation! I would like to introduce a hot topic: How do we deal with pharmacotherapy? It could be beneficial if we used it with the reading "Key"
we have been using up till now. What exactly are we ex-
pecting from drugs? Can they help us? For example, if I
may use your words, if a person is in a dorsal vagal con-
deration or in a situation of psychotic decompensation, do
you think it could be beneficial to use psychophar-maco-
logical means that bring the person to a higher develop-
mental level, where establishing a connection would be
possible? In small doses, and without side effects. What
do you think? Let’s exchange opinions.

Porges

Of course, this might be useful, but let’s discuss this for
a moment. It’s not my initial preference. The problem
is that pharmaceuticals do not have specific targets. We
are led to believe that the drug companies will save us by
finding drugs that target specific organs or organ sys-
tems, when in reality they tend to a certain number of
transmitters that are all over the place.

After reading your question on haloperidol and dopa-
mine, I did ask my wife, Sue Carter, the queen of oxy-
tocin, about it. She’s the one who discovered the rela-
tionship between social bonding and oxytocin. I asked
her about the relationship between oxytocin and do-
pamine. Now there’s an antecedent bit of information.
About 20 years ago, in expanding the polyvagal model,
I started to incorporate bringing in oxytocin and vaso-
pressin. The area of the dorsal vagus, the nucleus of the
dorsal vagus, is loaded with oxytocin receptors. I inter-
preted that as oxytocin enabled immobilization with-
out syncope, without passing out, without defecating,
which occurs during delivery, which is really where ox-
ytocin was first uncovered and studied. It becomes part
of the narrative that if we can stimulate in a way that
keeps that dorsal vagal system from shutting down but
still functioning, then we’re most likely going to take
care of freezing, dissociation, or collapse. What Sue says
is that the relationship between oxytocin and dopamine,
like everything else, is interactive and complex, so that
we have to think in terms of long-time effects. They are
initially synergistic but are not afterwards.

I saw oxytocin as this major transmitter floating around
in the body. I’ve never been a strong advocate of its ex-
ternal use, meaning using oxytocin as a nasal spray or
bringing it in like a pharmaceutical. I’m more interest-
ed in how to stimulate the body itself to produce more

oxytocin, so I’ve been leaning into the concept of neu-
ral exercise as optimizer or regulator. When I looked at
your question on dopamine, armoring, and haloperidol,
I wrote that we need to know if we can target the ven-
tral vagal complex, and target the dorsal vagal complex,
and more likely target the nucleus tractus solitarius,
which is a sensory vagus, and let the brain do what it
does best, which is interpret signals and calm us down.
A lot of treatments, such as vagal nerve stimulators, or
trigeminal nerve stimulators for the ear and forehead,
are being used in commerce to deal with PTSD and oth-
er anxiety. They come through the sensory pathway so
that the brainstem does the processing and says: “I’m
getting cues of safety. What do I do with them? Well, I’ll
calm my body down.”

I think pharmaceuticals may play a role, but I am not
convinced at the moment. I have a close friend who does
stellate ganglia blockades for PTSD, and he’s doing re-
markable work. My concern is whether it works for all
types of trauma features, because when people carry a
PTSD diagnosis, I don’t know if it’s a high anxious PTSD
or a shutdown PTSD. My prediction is that the reactivi-
ty to stellate blockade would be different depending on
these features. In a sense, being very polyvagal, the phys-
iological state that they’re locked into would be a major
mediator of how effectively the body takes the interven-
tion. And I think it’s the same with pharmaceuticals.

What I really want to come down to is that I think con-
ceptually, it’s a great idea on the acute level, which is
really what you were talking about, but not necessarily
on a chronic level, because chronic use replaces normal
neural feedback loops, and that is part of the problem.

Ferri

With acute conditions, the drug allows the establish-
ment of connection. I have 20 years of experience in
emergency medical services for young people with psy-
chotic decompensation, and I have established won-
derful connections with them through timely, correct-
ly prescribed, and well-dosed medication that allowed
patients to come out of psychotic breakdowns. I could
then establish an important connection with them that
served as co-regulator in the ontogeny and in their his-
tory. In such cases, medication can be very useful and
powerful.
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Development of the Shortened Version of the Sense of Harmony between Body and Mind Scale (S-SHS)

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ABSTRACT

The purpose of this study was to create a shortened version of the sense of harmony between body and mind scale (S-SHS), which quantifies the sense of integration of body and mind, and study its possible use for healthy individuals. First, in Study 1, Japanese participants (N = 368, 100 men, 267 women, one not specified) completed the S-SHS. We confirmed a five-factor structure, the same as the SHS, through higher-order factor analysis: self-existence of mind and body, relaxation of mind and body, balance of mind and body, sense of independence, and sense of physical stability. In Study 2, for Japanese students (N = 97), the two-week test–retest correlation revealed that the S-SHS had test–retest reliability according to the multiple imputation method. Thus, we confirmed that the S-SHS had sufficient validity and reliability and would make it easier to measure the sense of harmony between body and mind (SH) in healthy individuals than the SHS. Next, in a sample of Japanese students (N = 118), structural equation modeling confirmed that the SH is associated with lower stress responses and a higher sense of authenticity. Therefore, it was suggested that the SH is important in physical and mental health.

Keywords: shortened version of the scale development, the sense of harmony between body and mind, healthy individuals

In psychology and cognitive science, studies of the self have not yet fully explored body and mind integration. Although mind–body dualism had been mainstream in psychoanalysis, Stern (1985) introduced the mind–body monism perspective, partially to developmental stage theories, and proposed the concept of self–sense, including the body. In philosophy, as concepts that constitute the self, Gallagher (2000) further emphasized the body’s role. and also proposed the concept of self–consciousness, which he defined as consciousness of external and internal worlds related to self–awareness. Having taken a mind–body dualistic view of humans, he proposed two concepts in self–consciousness: the sense of self–agency (SoA), i.e., that one is causing actions and thinking, and the sense of self–ownership (SoO), i.e., the sense that contributes to one’s sense of self and developmental bias for psychological identity (Thakkar, Nichols, McIntosh, & Park, 2011). These senses are important for us to feel our existence, but previous studies on the rubber hand illusion (RHI) have shown that patients with schizophrenia have difficulty feeling SoO appropriately because of self–disturbance (Kamikura, Okawa, Ide, & Wada, 2020; Peled, Ritsner, Hirschmann, Geva, & Modai, 2000). Botvinick and Cohen (1998) first reported the RHI, that is, subjects gradually perceive...
the rubber hand as their own hand by integrating visual and tactile information.

Notably, Japanese body psychotherapy (Dohsa-hou) proposes that movements are body and mind as one, i.e., psychological and physical activities are harmonized. Founded by Gosaku Naruse, Ph.D. (1924–2019), Dohsa-hou has been widely applied to children, elderly people, and those with mental illness. In Japanese, Dohsa refers to a holistic process of movements that include physiological and psychological processing associated with the body's motor activity (Tsuru, 2002). Movements in Dohsa-hou, or Dohsa in Japanese, are witnessed as a psychological process of intention (effort activity). In therapy sessions, Dohsa-hou therapists require patients to perform specific body movement slowly. Body movements in Dohsa-hou have “arm raising,” “shoulder raising,” “shoulder opening,” “bending the upper body forward,” and “standing against gravity” tasks, etc. Dohsa-hou therapists are supportive and place the highest value on clients' self-dialogues. Clients' self-dialogues are interactions between their metacognitive and objective self. Therefore, we regard Dohsa-hou as psychotherapy that aims to harmonize body and mind from the conscious to the preconscious and the nonconscious level.

Although schizophrenia is viewed as a disorder of the sense of self, Dohsa-hou has been shown to ameliorate its symptoms (Kamikura, 2018; Kamikura & Shimizu, 2013; Kamikura & Shimizu, 2015; Kamikura & Shimizu, 2016; Kamikura, 2018; Tsuru, 1995). For instance, Kamikura (2018) examined the efficacy of Dohsa-hou for patients with schizophrenia in comparison to standard care. Dohsa-hou was applied in small groups in addition to standard psychotherapy care (five sessions over four weeks). Participants in the Dohsa-hou group significantly improved their ego disturbance on RHI compared to those receiving only standard care. Therefore, it was suggested that Dohsa-hou promoted their SoO and ameliorated ego disturbance by harmonizing the body and mind.

Thus, the concept of Dohsa-hou, meaning “body and mind as one,” is important for understanding humans. However, few studies have focused on the harmony between body and mind. In fact, most scales have been developed to assess SoA (Flury & Ickes, 2007; Polito, Barniera, & Woody, 2013) and sense of self to measure the conscious perception of one's mind, body, and the environment (Tapal, Oren, Dar, & Eitam, 2017). Although Asai, Kanayama, Imaizumi, Koyama, and Kagano (2016) developed the embodied sense of self scale (ESSS) based on Gallagher's concept, it deals with the minimal self; that is, it deals separately with the concepts of SoA, SoO, and the narrative self. It does not focus on the integration of body and mind. Recently, Kamikura (2018) proposed a concept about a sense of body and mind harmony by referring to the theory of sense of self (Stern, 1985), self-consciousness (Gallagher, 2000), and the theory of the mind–body unity phenomenon (Naruse, 2014). Kamikura (2018) assumed that the concept exists mainly in the preconscious to the unconscious, and that it would connect the sense of self and sensation of self. Kamikura defined “body and mind harmony” as an undifferentiated sense that consists of expanded SoA and SoO, a sense of the subject and existence related to the body and mind, and a sense of self-efficacy and self-acceptance (Kamikura, 2018).

Based on that concept, Kamikura (2021) developed the sense of harmony between body and mind scale (SHS). SHS items were collected and created through interviews with adult patients with schizophrenia who had experienced Dohsa-hou, interviews with a clinical psychologist, and academic literature research. In this study, patients with schizophrenia were interviewed because it was assumed that they would have a low sense of self-existence and inadequate SoA and SoO due to their ego-disturbances. Next, a preliminary SHS version was administered to 368 participants. After analysis, five factors—self-existence of body and mind, relaxation of body and mind, balance of body and mind, sense of independence, and sense of physical stability—and 31 items were retained for the final version.

However, no scale measures the elderly and/or schizophrenia patients' status from the perspective of harmony of body and mind. For the elderly, many scales have been developed to measure cognitive, physical, and psychological function, but no scale has been developed to measure psychological states from the viewpoint of mind–body harmony. Because the original SHS contains 31 items, elderly people and patients with schizophrenia who tire easily or cannot concentrate for long could be overly burdened by answering many questions completely and appropriately. Then, SHS measurements might be inaccurate. Therefore, a shortened version of the SHS (S-SHS) is needed to measure more easily these two populations' level of mind and body harmony.

A sense of harmony between mind and body (SH) might function to ameliorate stress responses and enhance a sense of authenticity (Kamikura, Mashiko, & Shimizu, 2020). In recent years, the World Health Organization has advocated the importance of developing life skills, and stress management has been emphasized in maintaining mental health. In addition, it is assumed that under stressful situations, the sense of authenticity, i.e., one's true self and sense of being oneself, could be easily reduced (Shimizu & Kamikura, 2019). Additionally, Kernis and Goldman (2006) suggested that the sense of authenticity would be enhanced by the following four characteristics: being aware of one’s emotions, processing one’s emotions and cognitions without distortion, acting on one’s intentions, and being one’s true self in intimate relationships. We assumed that people with high SH would satisfy these characteristics of sense of authenticity because they would be more open to the sensations of body and mind. Therefore, they could pay more attention to their emotions through their bodies (awareness), and accept themselves more as they are.
(undistorted processing). Additionally, they could decide how to change the sensations they perceive in their bodies and minds (e.g., whether or not they wanted to relax a tense part) (acting).

The primary objectives to develop the S-SHS were to measure body and mind integration and confirm its factor structure. The secondary objective was to examine the retest reliability and investigate the criterion-related validity.

## Study 1: Development of the S-SHS

### Method

#### Participants

We used the same samples as Kamikura (2021), who developed the SHS described below. Participants included 368 Japanese individuals (100 men, 267 women, one not specified: mean age = 32.29 years, SD = 14.46 years). The breakdown of affiliation was 12% for vocational school students, 35% for university students, 4% for graduate students, and 49% for working adults.

#### Materials

The items of the S-SHS (Table 1) were selected from the original version of the SHS (Kamikura, 2021), which has a five-factor structure: self-existence of mind and body (Factor 1), relaxation of mind and body (Factor 2), balance of mind and body (Factor 3), sense of independence (Factor 4), and sense of physical stability (Factor 5).

The internal consistency and test–retest reliability of the SHS were confirmed by calculating Cronbach’s alpha coefficient and correlation coefficients. For each factor, three items with high factor loadings .35 were extracted in the SHS’s 31 items, and analyzed with SPSS 24.0 to assess its underlying factors. For Factor 1, we included a fourth item: “I am in control of my own body,” which expresses a physical sense of self-existence, because three items for self-existence of mind and body consisted only of a psychological sense of self-presence. Finally, we completed the S-SHS with 16 items that include self-existence of mind and body (Factor 1, e.g., “*I cannot feel my own existence”), relaxation of mind and body (Factor 2, e.g., “I feel carefree and cheerful”), balance of mind and body (Factor 3, e.g., “I think too much before doing something”), sense of independence (Factor 4, e.g., “I can overcome problems”), and sense of physical stability (Factor 5, e.g., “My body and posture are firmly set”). The S-SHS contained 16 items, each rated on a 4-point scale from 1 (not applicable) to 4 (applicable).

#### Procedures

Participants completed the SHS using face-to-face or online interaction. Then, using the R software package, we performed higher-order factor analysis to examine the goodness of fit of the S-SHS factor structure. The higher-order factor analysis is a model that assumes the influence of factors of a higher order than those found in ordinary factor analysis. In the higher-order factor analysis, a higher-order factor that combines multiple factors is set up, and factor analysis is performed. Whether the assumption is reasonable can be judged by the goodness-of-fit index, such as RMSEA and BIC, and the lower the value of RMSEA and BIC, the more reasonable the assumption.

#### Ethical considerations

Procedures and policies to manage confidential information in the current surveys were approved by the ethics committee of the University of Tsukuba, Japan. We informed participants verbally about the study’s content and procedures, as well as their voluntary cooperation, and the fact that there was no effect of participation on academic grades for vocational school students, university students, and graduate students. We also informed participants who completed the SHS through the internet about the study’s content and procedures, and their willingness to participate. Consequently, those who agreed with these conditions completed the questionnaires.
Results. The higher-order factor analysis with the R software package showed that goodness of fit of the scale’s factor structure (RMSEA = .0434 (.026, .059), BIC = −210.165; Figures 1) was higher than that of the scale without higher-order factors (RMSEA = .137 (.129, .147), BIC = 196.531). Moreover, ω coefficients for each factor were satisfactory as follows: ω = .83 for self-existence of mind and body, ω = .77 for relaxation of mind and body, ω = .81 for balance of mind and body, ω = .68 for sense of independence, and ω = .77 for sense of physical stability. The ω coefficient, similar to the α coefficient, is an indicator of the similarity between multiple items, and is expressed between 0 and 1. 1 means that the items are similar to each other. Therefore, we confirmed that the S-SHS has the same five factors as the original SHS and a higher-order structure.

Discussion

The purpose of Study 1 was to develop the S-SHS and examine its validity. First, we specified five factors, as in the SHS (Kamikura, 2021), and compared the model’s goodness of fit with and without the assumption of hierarchy. As a result, higher goodness of fit supported the former model and suggested that the S-SHS has a five-factor hierarchical model. The factor structure in the S-SHS is robust because we confirmed the same five factors as in the SHS (Kamikura, 2021). In addition, since the goodness of fit was high when higher-order factors were assumed, it is appropriate to conduct analyses assuming higher-order factors when using S-SHS.

Study 2: Confirmation the Validity of the S-SHS

Objectives

The objectives of Study 2 were to confirm the test–retest reliability and the criterion-related validity of the S-SHS.

Method

Participants. A total of 97 (26 men, 71 women, mean age = 20.73 years, SD = 2.02 years) Japanese university students and professional training college students were involved in the test–retest investigation. Another 118 (12 men, 106 women, mean age = 24.50 years, SD = 5.50 years) Japanese university students and professional training college students joined the examination for the validity of the S-SHS.

Materials. The S-SHS: Sixteen items of the S-SHS developed in Study 1 were administered. They were rated on a four-point scale ranging from 1 (not applicable) to 4 (applicable). The New Psychological Stress Response Scale (SRS–18): SRS–18 measures psychological stress reactions experienced daily, and it includes three factors (Suzuki et al., 1997): depression–anxiety (e.g., “I am feeling...
depressed”), irritability–anger (e.g., “I become irritable”), and helplessness (e.g., “I am no longer very active”). Eighteen items were rated on a four-point scale from 0 (strongly disagree) to 3 (strongly agree) (Suzuki et al., 1997). The SRS-18’s reliability was confirmed by the Cronbach’s alpha coefficient, test–retest reliability, and Spearman–Brown’s coefficient and its validity between clinical and nonclinical subjects in Suzuki et al. (1997). The Cronbach’s alpha coefficient is an indicator of the similarity between multiple items and is expressed between 0 and 1. A value of 1 indicates that the items are similar to each other. Additionally, Spearman–Brown’s coefficient is a method to examine the reliability of a scale using the split-half method. In this study, Cronbach’s alpha coefficients were, respectively, $\alpha = .876$, $.845$, and $.802$, which suggests that the reliability of the data in this study as measured in previous studies can be ensured.

The sense of authenticity scale measures one’s sense of authenticity, which is the feeling of being genuine to oneself (Ito & Kodama, 2005). It consists of six items, including “I can always be myself,” rated on a five-point scale from 1 (not applicable) to 5 (applicable) (Ito & Kodama, 2005). The higher the score, the higher the sense of authenticity, and in this study, the Cronbach’s alpha coefficient was $\alpha = .850$.

**Procedures.** First, the S–SHS was performed, and the second survey was conducted with an interval of two weeks to confirm its test–retest reliability. Other participants answered the S–SHS, the SRS–18, and the sense of authenticity scale to confirm the S–SHS’s validity.

**Ethical considerations.** Procedures and policies to manage confidential information in the current surveys were approved by the ethics committee of the University of Tsukuba, Japan. We then verbally informed participants about the study’s content and procedures, their voluntary cooperation, and the fact that there was no effect of participation on academic grades. Consequently, those who agreed with these conditions completed the questionnaires.

**Results.** Test–retest reliability was checked using the multiple imputation method ($M = 100$) for 97 participants. All items measured at the same time were used for estimation to ensure accuracy. The following values were obtained: $r = .744$ ($p < .001$) for self-existence of mind and body, $r = .747$ ($p < .001$) for relaxation of mind and body, $r = .660$ ($p < .001$) for balance of mind and body, $r = .667$ ($p < .001$) for sense of independence, and $r = .789$ ($p < .001$) for sense of physical stability.

On the contrary, with 118 participants, we performed a covariance structure analysis with AMOS 22 to examine relationships among the S–SHS, the SRS–18, and the sense of authenticity scale. Consequently, we confirmed that the model has a good fit ($CFI = .937$, $TLI = .906$, $RMSEA = .067$, Figures 2).
Discussion

The purpose of Study 2 was to confirm the test–retest reliability and the validity of the S-SHS with the external standard scales. First, we confirmed the test–retest reliability, and a high positive correlation was clarified with university and professional training college students after a two-week interval. The S-SHS would be a variable difficult to transform in two weeks. Therefore, the S-SHS’s reliability was confirmed as we hypothesized. Second, we conducted a covariance structure analysis of the relationship between the S-SHS and the two predicted variables, stress responses and sense of authenticity. The results showed a strong negative association with stress response, and a strong positive association with sense of authenticity – all in line with the hypothesis.

The negative relation of SH with stress responses suggests this trait’s antagonistic effect on the stress response in the following ways. First, S-SHS’s items focus on feelings in the body and mind. In general, stressors produce physical and mental changes (e.g., muscle tension and irritation). In contrast, people with high SH are more likely to notice whether they are tense through changes in their bodies, because SH was negatively related to the inability to recognize and express feelings and emotions (Kamikura, 2021). Therefore, coping with their stress responses might be easier for them than for those who do not notice bodily changes. Second, in addition to noticing stress, given that the S-SHS has the relaxation of mind and body factor, relaxation could antagonize the stress response, and reduce stress. According to the path analysis of adolescents by Kamikura, Mashiko, & Shimizu (2020), relaxation factors have been shown to be effective in reducing stress responses. Thus, it is likely that SH was negatively associated with stress response. Furthermore, SH was found to be positively associated with a sense of authenticity, as it satisfies the factors that enhance sense of authenticity.

Consequently, the model fit of the higher-order factor analysis and the test–retest reliability were satisfactory, and the relation with external scales were all as hypothesized in Study 1. We confirmed that the S-SHS has the same five factors as the SHS, along with a higher-order factor structure.

Summary

Stern and Gallagher had begun to examine people by adding bodily factors to the traditional psychological concept. In Japan, Naruse, who established Dohsa-hou did not regard the body and mind as separate entities, rather as a “mind–body unity phenomenon”. Based on this theory, the mind and body can be viewed as a harmonious whole. Therefore, this study is a mind–body-oriented study created as a measure to demonstrate that there is no hierarchical relationship between the body and mind.

The purpose of this study was to develop a scale with a small number of items that could easily be applied to healthy individuals. This study examined the validity of the shortened version of the sense of harmony between body and mind scale (S-SHS), a measure quantifying an individual’s sense of integration of body and mind, and its possible use for healthy individuals. In Study 1, a total of 368 Japanese people completed the S-SHS. We confirmed a five-factor structure, the same as the SHS, through subsequent analysis: self-existence of mind and body, relaxation of mind and body, balance of mind and body, sense of independence, and sense of physical stability. In Study 2, for a total of 97 Japanese students, the two-week test–retest correlation revealed that the S-SHS had sufficient test–retest reliability. Thus, the S-SHS has sufficient validity and reliability, and could make it easier to measure the sense of harmony between body and mind than the SHS. Next, in a sample of 118 Japanese students, we confirmed through SEM that the S-SHS related negatively to stress responses but positively to sense of authenticity, as we had hypothesized. Therefore, it was suggested that the SH is an important concept related to physical and mental health.

Limitations

In this study, we developed the S-SHS for Japanese individuals, which enabled us to easily measure the effects of psychotherapy, such as Dohsa-hou and body psychotherapy. In the future, it would be desirable to examine the applicability of the S-SHS to the elderly and to patients with schizophrenia. Study 2 suggested that S-SHS is negatively associated with the stress response, and positively associated with a sense of authenticity. However, it remains unclear whether Dohsa-hou interventions to increase SH enhance these effects; thus, future studies are required.

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REFERENCES


Impact of a Core Energetics Process Group on LGBTQ+ Authenticity

David deBardeleben-Phillips

ABSTRACT

Authenticity is the ability to know and understand one’s thoughts and feelings, while acting in accordance with them. Authenticity is also called being aware of or synonymous with one’s true self. For many people who identify as a part of the LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer) community, being authentic is sometimes very challenging for fear of judgement, safety, and acceptance which is perpetuated by homophobia. This research is designed to understand the impact of participating in a Core Energetics group – a body centered psychotherapy process group – and the authenticity of the LGBTQ+ participants. The study focuses on determining if the use of Core Energetics and specific techniques in a group process (an unstructured group therapy technique) improves participants’ ability to show up more authentically in their lives. The study utilizes existing authenticity measurement tools to quantify authenticity scores pre and post participation in the Core Energetics process group and compares these scores to a larger population score.

Keywords: Core Energetics, authenticity, LGBTQ+, lesbian, gay, bisexual, transgender, queer, mask, lower self, higher self, homophobia

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“Internalized homophobia or meek acceptance of society’s homophobic and anti–gay tendencies has proved to be disastrous for LGBTQ+ individuals.”

“A thorough understanding of how humanistic psychologists would say that by definition, authentic people possess a number of common characteristics that show they are psychologically mature and fully functioning as human beings.” These include: 1) realistic perceptions of reality; 2) accepting themselves and other people; 3) thoughtfulness; 4) a non–hostile sense of humor; 5) ability to express emotions freely and clearly; 6) open to learning from their mistakes; 7) understanding their motivations. Joseph’s research shows that when people are in relationships in which they feel accepted, understood, and valued, they can remove their masks and drop their defenses. They naturally begin to examine themselves psychologically, accommodate new information, and live more authentically. In short, it is authenticity that leads to true happiness (Joseph, 2017).

In current counseling practice, authenticity is commonly recognized as one of the most crucial aspects of a person’s well-being, as well as a necessary component to achieve well-being. Lack of authenticity and self-awareness leads to unnatural attitudes and displays of violent behaviors, leading to feelings of unrest and unfulfilled desires, which lead the person to feel devalued and discriminated against. It is also very important to say that when people shed their masks and get more in touch with their authentic nature, this leads to increased well-being and a clearer sense of self, which results in self-fulfillment (Leary, 2003).
LGBTQ+ Communities, Homophobia, and Authenticity

In this paper, the term LGBTQ+ is used to represent the (L)esbian, (G)ay, (B)isexual, (T)ransgender and (Q)ueer communities, as well as affiliated identities and communities (+), which may include but are not limited to asexual, intersex, gender, and non-binary. LGBTQ+ encompasses a diverse culture based on sexuality and gender-based identity. While numerous other acronyms are currently in use, and the preferred terms associated with this community have changed relatively quickly in recent years, as of this writing, the term LGBTQ+ is widely recognized, commonly used, and inclusive.

LGBTQ+ individuals are one of the most stressed and misunderstood groups in society, having to deal with daily stressors such as homophobia, social discrimination, and limited support due to their gender identity or sexual orientation. Homophobia is experienced as a result of the chronically negative stereotypical attitudes faced by LGBTQ+ people. Such attitudes can be observed at both social and individual levels, and LGBTQ+ people may encounter derogatory and negative attitudes throughout their lifespan (Weber-Gilmore, 2011).

Some forms of homophobia and discrimination include the forced exclusion of LGBTQ+ couples on social media forums, alienation of LGBTQ+ individuals in normal everyday life, refusing to hire or rent out properties to LGBTQ+ individuals, or facing derogatory and disappointing attitudes and platitudes. Globally, LGBTQ+ communities are among those at risk of hate crime victimization, even in countries where acceptance of LGBTQ+ individuals is relatively high. LGBTQ+ communities in more conservative countries may face more widespread and organized discrimination from anti-LGBTQ+ religious and political groups that mobilize to roll back legal rights and impose new penalties for gender-nonconformity and non-heterosexual expression – for example, the repeated attempts by the Ugandan parliament to criminalize same-sex relationships in that country (McKay and Agnotti, 2016). Further, in more liberal societies, full social inclusion of LGBTQ+ individuals (including the expansion of legal rights and protections) has been slow to occur and faces frequent setbacks. For instance, marriage equality was passed in the United States in June 2015; however, 28 states (including Ohio, where this primary research was conducted) do not provide LGBTQ+ individuals with protections for employment, housing, and public accommodations. Existing protections need to include sexual orientation and gender identity or expression to the covered areas currently identified as unlawful discriminatory practices (Ohio, 2017). Recent actions in the United States government have created concern for many LGBTQ+ individuals.

The acceptance of society’s homophobic and anti-gay attitudes about LGBTQ+ sexual orientation is known as internalized homophobia. Internalized homophobia gives rise to an increase in feelings of low self-esteem, shame, guilt, depression, and increased levels of anxiety (Almeida, 2009). Verbal and physical abuse by the immediate family and friends, and rejection and the sense of non-accomplishment have also been significant contributors to internalized homophobia.

In addition to social level alienation, LGBTQ+ people may also face criticism and estrangement from their personal acquaintances and even family members. Homophobia can include unfair and scathing treatment by friends and family, while others may be unwilling to interact with people of “unknown gender identity.” Repeated exposure to casual homophobia, including anti-gay jokes, is hard to bear, both emotionally and intellectually. These events have very adverse effects on the lives of the LGBTQ+ individuals. Thus, many have historically chosen to limit their social gatherings and excursions to outings with only their own sexually-oriented group, or to clubs and businesses that cater to people of their own sexual orientation. LGBTQ+ individuals also develop disproportionate feelings of shame and negativity, and experience lack of confidence and negative self-attitudes (Weber-Gilmore, 2011).

These factors induce higher levels of stress and frustration, due to LGBTQ+ individuals thinking that they have to hide their true selves from those around them. Many people also develop a negative attitude and blame themselves for their same-gender sexual attractions. The acceptance of society’s homophobic and anti-gay attitudes about LGBTQ+ sexual orientation is known as internalized homophobia. Internalized homophobia gives rise to an increase in feelings of low self-esteem, shame, guilt, depression, and increased levels of anxiety (Almeida, 2009). Verbal and physical abuse by the immediate family and friends, and rejection and the sense of non-accomplishment have also been significant contributors to internalized homophobia.

Further, homophobia often prevents many LGBTQ+ individuals from showing up authentically. Homophobia and internalized homophobia have been significant determinants of self-imposed solitude by LGBTQ+ indi-
viduals and has an adverse effect on their ability to enter into society and associate with people who do not necessarily have the same sexual orientation. As LGBTQ+ individuals hide their sexual orientation and thus their actual identity, they often are faced with bouts of depression, and phases where they develop feelings of being "different," lamenting their condition, and experiencing inner conflict and a perpetual feeling of minority due to their sexual orientation. LGBTQ+ individuals also tend to be mistrustful of long-term relationships because of their history of facing derogatory and insulting attitudes based merely on the natural inclination of their sexual orientation (Malyon, 1982).

Studies on LGBTQ+ authenticity have typically been conducted in relationship to authenticity in the workplace. It is widely-known that there are problems of inequality for LGBTQ+ individuals, which do not allow them to be as open about their sexuality as straight people. However, as gay leaders have become more active in campaigning for their rights, American society is evolving. There is no doubt that revealing one’s sexual identity is not an easy decision, and one that requires careful deliberation. However, Scharmm (in Conrad, 2016) notes that openly revealing and accepting one’s own sexuality not only brings out the real self in front of others, but one also tends to be less frustrated and burdened. Leading from the front and being open about one’s sexuality is extremely beneficial in a professional setting, as well as in one’s personal life (Conrad, 2016). LGBTQ+ people are largely responsible for shaping their own positions in society. They can be artificial, authentic, private or transparent. But once they accept their sexuality and are open and frank about it, they can lead more effectively.

LGBTQ+ individuals need to consider the stance of a company before they attempt to join it. Some companies employ the transparency policy, which is very useful for a prospective employee. A transparent hiring process requires honest communication from the time the open position is posted to the final handshake upon the offer of employment. Applicants know what to expect when working at an organization. They can then understand the organizational culture of the company and tap into a network of gay leaders to navigate the new job more effectively (Conrad, 2016).

Employees who hide their personality within the company are not able to fully engage with others, and face challenges with full inclusion in the workplace. This is not limited to sexual orientation, but also in the contexts of gender, race, and capabilities. Ten percent of LGBTQ+ people leave their jobs because they are not fully comfortable and are sometimes even forced to leave in the wake of negative treatment and demeaning behavior. LGBTQ+ people encounter a myriad of policies and state laws that can prompt them to rethink their decision of being open about their sexuality and gender identity. The American workplace is still very far from a utopia for LGBTQ+ people. It is a common misconception that when LGBTQ+ individuals are open about their sexuality and engage in the same level of comfort as others, they bring their personal lives to work, whereas others do not. This creates an imbalance where straight and cis-gender people can talk about themselves, but LGBTQ+ cannot (Fidas, 2015). For employees who are not more engaging in their workplaces, this affects their productivity, and their professional connections and relationships. 54% of LGBTQ+ employees who are not open at work are accused of lying about their personal lives, as opposed to the 21% LGBTQ+ employees who are open at work. Trust and cohesion are qualities that are affected by the lack of authenticity. Derogatory comments and demeaning attitudes make it very unsafe for many gay people to be open about their sexual orientation (Degrees of Equality, 2009).

What is Core Energetics?

This paper examines the use of Core Energetics as a framework for addressing authenticity challenges for LGBTQ+ individuals. According to the Sage Encyclopedia of Theory in Counseling and Psychotherapy, Core Energetics is:

“a body-oriented psychotherapy that draws from developmental, evolutionary, and character theory. This approach posits the unity of human energy and consciousness and views each individual as having a center of energetic wholeness (the Core), whose vital energy is meant to inform and flow freely through the body, emotions, mind, will, and spirit. Core Energetics interventions restore energy flow that has been disrupted through the experience of developmental deficits that engender protective responses within the personality, known as character defenses, and within the body as energy blocks. Various techniques are used to liberate energy from constricted regions of the body, making suppressed material available to consciousness. The result is an expansion of clients’ capacity to express and contain emotion and use their energy toward creative rather than defensive purposes.” (Loustauau & Gleason, 2015)

Core Energetics is comprised of three primary tenets. The first tenet refers to humans as a psychosomatic being, meaning that the body and mind are not separate entities. The second tenet holds that the ability to heal comes from within. Unlike the medical allopathic model, where it is believed that the doctor or physician heals the patient, this tenet posits that the necessary healing capability comes from within the body. The third tenet says that all existence is united to pave the way towards creative evolution of both the whole individual and the countless components of the body (Pierrakos, 2005).

Core Energetics characterizes healthy functioning by supporting a balanced flow of energy through five fundamental levels of existence: body, mind, emotions, will, and spirit. When energy is flowing freely, there
is optimum health and body functioning. When energy is blocked, health is lacking. These malfunctioning energies can adversely impact psychological function. Core Energetics states that each person has the ability to love, grow and evolve, and this potential to love and care is the major or primary form of the life force. The level of health is determined by an individual’s capacity to remain in tune with their inner longings or feelings and provide outlets for that energy (Allison, 1999). Core Energetics also states that individuals are made up of layers of energy; at the core of existence is the life force, which is responsible for evolving and creating. When individuals are aware of this energy, they can more easily achieve balance.

The core energy is surrounded by the lower self, which is formed when we do not find a proper outlet for our negative and painful emotions. This is a defensive layer created to protect us from the feared ramifications of emotional expression. This layer of unexpressed emotional energy becomes fixed, hardened, and literally shapes our physical structure (Wilner, 1999). (Tickner, 2010).

Core Energetics emphasizes working out these energy blocks and emotional deficiencies in the body by using physical exercises and breathing techniques. These exercises include increasing or decreasing energy accumulated in various parts of our body, by grounding this energy or clearing away the blocked reserves. Some of these exercises include hitting pillows, kicking, screaming, and role play. This can be an outlet for negative energy, which can revitalize the individual (Pierrakos, 2005).

Core Energetics also uses unique equipment to assist clients to release energy. Two of the most common are a roller and a cube. The roller is directly used on the body for smoothing muscles in the back, feet, torso, and legs. The cube is a large piece of high-density foam that can be used to hit or kick. Touch and massage are also very important factors in Core Energetics. This bodywork focuses on blockages that can result in tension behind the eyes, jaws, and the diaphragm (Wilner, 1999).

According to Core Energetics, there are two main pathways of energy movement. Active energy is the flow of energy outward, as when we act upon something. Receptive energy is the flow of energy inward that opens us to love and allows us to feel moved (Wilner, 1999). According to Wilhelm Reich, founder of somatic psychotherapy, the body is divided into seven segments, which include the ocular, oral, throat, chest, diaphragm, abdomen, and pelvis. Energy can be repressed at any of these segments (Reich, 1945). Several types of somatic psychotherapy, including Core Energetics, work to open flow between these segments as well as balance active and receptive energy.

Core Energetics is a form of somatic psychology that brings together body, mind, and spirit, and allows us to channel our energies in a more positive manner. Core Energetics makes us realize that all individuals have the innate ability and tendency to give and receive love and allows us to evolve to limitless potential. Core Energetics offers cathartic and body-focused interventions that help us remove the blocks that hinder our emotional, physical and spiritual movement (Core Energetics, n.d.).

The Core Energetics model assumes a three-layered personality structure. In any situation, people tend to react from any of these three layers of the personality (Pierrakos, 2005). The three layers of the personality are referred to as the Mask, the Lower Self, and the Higher Self.

◼ **The Mask.** This is the outermost most layer of the personality that is on display for the world to see. It is the main defense mechanism in place to avoid the full impact of pain, mistakes, and unfulfilled needs. The mask is the idealization or standard of the persona the individual believes they should be. It is imperative to note that the strength of the person identifying with the mask translates into the difficulties faced while addressing the issues that were created to hide it. Repressing tension and curbing emotions results in muscular tension, jutting jaws, and slouched shoulders, for example. The mask can distort love into self-denying and submissive behaviors, and one’s power is reduced to controlling and aggressive attitudes. The mask is presented to the world and usually hides what the individual is actually thinking. Therefore, it lacks the authenticity associated with people who are well aware of themselves and their qualities (Pierrakos, 2005).

◼ **The Lower Self.** The layer that exists behind or below the mask is the lower self. This lower self has dis-owned energy and is a representation of destructive aspects of the personality that are normally kept hidden from the world. It is rich in energy and power, and is a result of the determination to avoid pain at all costs. This can cause people to move away or distance themselves from anything or anyone who might remotely cause them pain and develop a feeling of numbness toward intrapersonal and interpersonal interaction. This can be highly explosive and eventually lead to violent and cruel behavior against others or oneself (Pierrakos, 2005).

◼ **The Higher Self.** The layer underneath the lower self is the higher self. This is the true representation of an individual at the core. This is the pulsating energy of life, which holds the awareness of the originality and uniqueness of the individual. It is not in the category of either good or bad; this is simply the truth and reality. The higher self is associated with a wealth of connection, vitality, and encouragement to be more alive. The qualities associated with the higher self are love, power, wisdom, leadership, courage, and straightforwardness. Individuals who express qualities of the higher self are content, happy, relaxed, and experience joy in their lives (Pierrakos, 2005).

Looking at Core Energetics and the three-layer personality model, it is very prudent to say that individuals
who tend to be more in tune with their higher self are more capable of achieving a sense of true contentment in their lives. This is because they are more in tune with their needs, requirements, and qualities, and do not have energy blockages that can cause pent-up frustration and, at times, violent tendencies.

As a treatment paradigm, Core Energetics may potentially offer a means for LGBTQ+ individuals who struggle with their authenticity. The purpose of the current study is to determine whether LGBTQ+ individuals could benefit from an unstructured group therapy setting in which Core Energetics principles are applied. In particular, the study seeks to answer the following questions:

1) Do LGBTQ+ individuals experience an increase in self-acceptance, connectedness, and authenticity after participating in Core Energetics group therapy?

2) Which aspects of the Core Energetics group process program may be particularly beneficial to LGBTQ+ individuals in improving their self-acceptance, connectedness, and authenticity?

Methods

Participants. Participants in this study were selected using a homogeneous purposive sample (i.e., based on shared characteristics). In this study, the shared characteristics were: a) self-reported identification as a member of the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) community; b) age 18 or older; c) without self-report of substance abuse or untreated mental health issues. Twelve participants were recruited for the study. The gender identities of participants were male (6), female (5), and trans-man (1). Participants reported their sexual identities as lesbian (2), gay (3), bisexual (1), and queer (6).

Procedures. Each participant signed an informed consent prior to starting the study, which advised them that the study was investigating the impact on authenticity of participating in a Core Energetics process group focused on the LGBTQ+ community. Each participant agreed to the following research procedures: 1) complete pre- and post-group online surveys to measure authenticity and gathering demographic information; 2) participate in an eight-week Core Energetics Process Group; 3) complete an individual interview at the end of the process group.

The pre- and post-group online surveys included the same two inventories: Authenticity Inventory (AI) (Appendix A) and Authenticity Personality Scale (AS) (Appendix B). The pre- and post-results were then used to determine if there was a change in the authenticity scores of each participant and in the overall group.

Process group meetings lasted three hours each, and were conducted over a 10-week period. Participants were required to attend a minimum of six out of eight process group meetings, which all but one participant successfully completed. One participant completed only five meetings due to an emergency but was also included in the reported results. The participants learned basic information about Core Energetics and engaged in group exercises and weekly emotional process work utilizing the principles of Core Energetics. An outline of the eight meetings, including safety guidelines, is found in Appendix C.

Participants were asked to provide feedback via an online survey after select process group meetings. These were given after group meetings 1, 2, 4, and 7.

At the conclusion of the study, each participant completed a qualitative one-on-one interview with the primary researcher. The same questions were asked of each participant. Open-ended initial and follow-up questions allowed for exploration on the impact of participating in the Core Energetics process group. Each of these interviews was video recorded, with signed permission from the participant. The data was then transcribed to discover themes and impacts that could be synthesized into the findings. A complete list of the questions used can be found in Appendix D.

Finally, an online survey of the general public was employed to gather demographic data and completion of the Authenticity Personality Scale (AS), which was used to compare to the Core Energetics process group participants. 745 responses were gathered from this online survey. Participants were recruited through word of mouth, social media, emails, and newsletters.

Scales Used to Measure Authenticity. For an accurate study, authenticity needs to be measured and quantified. Several measures of authenticity exist, and the majority of these methods use self-report analysis. These measures can have challenges: first, people may answer in a filtered way because they want to appear in a certain way: as their “mask.” Second, people may be unaware of their authenticity due to a lack of available knowledge (Reich, 2013). The two authenticity measures used in this research are the Authenticity Inventory (Goldman, 2005) and the Authenticity Personality Scale (Wood, 2008).

- Authenticity Inventory (AI / AUT3). The Authenticity Inventory (AI) is based on a multicomponent conceptualization of authenticity. This scale has forty-five items with different roles. Twelve items measure the component of awareness, 10 measure unbiased processing, and 11 measure behavior. The remaining 12 items measure relational orientation. This scale provides a more well-rounded evaluation of authenticity, despite being rather lengthy for participants to complete (Goldman, 2005).

- Authentic Personality Scale (AS). The Authentic Personality Scale is based on a person-centered model of authenticity, with 12 items that measure three aspects of authenticity: self-alienation, authentic living, and accepting external influences. This scale was purposely kept small in size so it could be used in a counseling environment (Wood, 2008).
Results

Authenticity Measures

There were three quantitative measures used with the process group members to measure the impact on authenticity of participating in the process group. These included: 1) a Feedback Survey to measure the difference between week one and week seven; 2) an Authenticity Personality Scale, and 3) an Authenticity Inventory.

A feedback survey was administered during week seven. Participants were asked to indicate their level of authenticity based upon a seven-point Likert scale regarding week one and week seven. The results show the average group score increased from 4.3 in week one to 6 in week seven. This represents a 39.53% increase.

The Authentic Personality Scale was completed by each group participant before the start of the group and at the conclusion of the group to determine any changes as a result of participating in the Core Energetics process group. Positive changes were found in all components of the scale.

The Authentic Personality Scale (additional details and definitions in Appendix B) is comprised of three components. Each component had four questions worth seven points each, with the highest score then being 28 in each area. The components include:

1. Authentic Living
2. Accepting External Influence
3. Self-Alienation

In Figure 2, the results for Authentic Living show that the average score for the process group participants was 22.67 prior to the group. This number increased to 25 after the group, reflecting a 10.27% positive increase. The general population score was 24.09. Thus, the group was slightly ahead of the general population at the conclusion of the group.

The results for Accepting External Influence show that the average score for the process group’s participants was 14.25 prior to the group. This number decreased to 13.42 at the conclusion of the group, reflecting an 8.82% positive decrease. The general population score was 12.34, which is 1.08 better than the final group score.

The results for Self-Alienation show that the average score for the process group’s participants was 12.5 prior to the group. The general population score was 9.77%. After the process group, the group’s score decreased to 9.25, reflecting a 26% positive change as well as outperforming the general population.

The table in Figure 3 shows both the pre- and post-group mean scores for each of the 12 questions posed in the Authentic Personality Scale. The chart also shows the percentage change with a positive outcome indicator. Eleven of the 12 questions, or 92%, reflect a positive outcome after the group.

These results conclude that participating in the Core Energetics process group had a positive impact on the authenticity of the group participants, according to the Authentic Personality Scale.
The final quantitative measurement shown in Figure 4 was the Authenticity Inventory (additional details and definition in Appendix A), which utilizes 45 questions and captures the mean result of four components including: 1) Awareness; 2) Unbiased Processing; 3) Behavioral; and 4) Relational Orientation. Additionally, a composite score for all four components was calculated.

The results of the Authenticity Inventory show the positive impact of participating in the Core Energetics process group. There was a composite score increase, along with individual increases in each of the four measured components.

In addition to the quantitative measures described above, qualitative one-on-one interviews were conducted with each participant. Two questions were asked regarding authenticity in these interviews.

1. Did participating in the group help you to show up more authentically in your life?
   a. If yes, how?
   b. If no, do you have any insights why?

2. How has your experience in the group impacted your ability to live more authentically in your life?

In the narrative responses, all twelve participants indicated YES, that participating in the group did help them show up more authentically in life. Here are some of the ways authenticity was cited by group participants:

- I am just a little more grounded and comfortable. (Participant 001)
- Something shifted, and I am letting go of fear. (Participant 002)
- I have been trying to stop and pause if somebody says something or asks my opinion. I try to create a little bit of pause and space, and not try to figure out the way they would want me to respond, but how I really feel about it. Then I respond from my truth and what my feelings are. (Participant 003)
- I really try to be myself – not pretend to be somebody that I’m not. (Participant 004)
- I am challenging myself to be more “out.” (Participant 005)
- I had to let go of self-doubt and it pushed me forward. (Participant 006)
- It definitely made me really conscious of how I’m presenting myself. Also, more mindful about who I let in. I am not letting everyone through the door now. (Participant 007)
- I have learned it’s okay to be me. I am even more proud to be LGBTQ+. (Participant 008)
- I have learned it’s okay to be me. I am even more proud to be LGBTQ+. (Participant 009)
- I am learning to... take a pause, reality check, see what’s the big picture here. (Participant 010)
- Learning to say no. (Participant 011)
- I have created a much bigger awareness of the elements of authenticity, and I am more cognizant in my responses to questions like how are you. (Participant 012)
- I’ve been more fluent in my conversations at work about my personal life. (Participant 013)
As a part of the final evening of the process group, participants were asked to write a Love Letter to Your Authentic Self. Participants found this to be a very powerful exercise. Eight of the twelve participants agreed to share their letter as a portion of this report; these letters help to show the authentic results of the Core Energetics process group and the vulnerability of the group members, and can be found in Appendix E.

Evaluating the Impact of Core Energetics

A secondary goal of the research was to begin to understand what activities and methods employed in the Core Energetics process group had the most impact. During both closing interviews and weekly feedback, participants were asked to evaluate various exercises that were conducted throughout the program. Participants indicated that the following activities or exercises had high impact.

Figure 4. Authenticity Inventory

<table>
<thead>
<tr>
<th>Question: (week 4)</th>
<th></th>
<th>Question: (week 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel more connected with the group after sharing your story with the group?</td>
<td></td>
<td>Did you feel more authentic with the group after having participated in group processes versus just telling your story.</td>
</tr>
<tr>
<td>Yes, 72.7%</td>
<td></td>
<td>Agree, 33.3%</td>
</tr>
<tr>
<td>No, 18.2%</td>
<td></td>
<td>Disagree, 8.3%</td>
</tr>
<tr>
<td>Neutral, 9.1%</td>
<td></td>
<td>Totally disagree 0%</td>
</tr>
</tbody>
</table>

Figure 5. Impact of Sharing and Group Process Work
- **Real Story Exercise.** During the third and fourth meetings, each participant was given six minutes to share their story. The facilitator encouraged the participants to tell the “real” story; the story that they usually never share. A majority of group participants (73%) reported feeling more connected to the group after sharing their story with the group; relatedly, most participants (83%) reported feeling more authentic with the group after participating in group process work (Figure 5).

- **The Mask Exercise.** This exercise allowed each participant to create a physical mask to reflect how they present themselves to the world (see Exhibit F). Participants were then asked to make a list of both good and bad qualities that they hide behind the mask. Each participant then stood in the middle of the circle and had to make eye contact with every participant while wearing the mask. Finally, each participant was given the opportunity to share the qualities about themselves which they hide behind the mask. The statements below are quotes from each of the group members revealing two things they hide behind their mask. These quotes reflect the vulnerability and authenticity that the group participants were already achieving by week two.

  - “I shared that I am not perfect. I did not get to share more because of the intensity of emotions that I was feeling at that time.” (Participant 007)
  - “That I am scared to really get to know people, but I want to feel known by them, nonetheless. I am terrified of being hurt or even just let down by people. I did not attend college. I made a conscious choice not to, and instead live in intentional community. I often now try to hide the fact I don’t have a degree.” (Participant 001)
  - “I run away from romantic relationships. I avoid these to prevent a broken heart.” (Participant 010)
  - “That I am afraid to be seen and for my glorious light to shine! I dislike and am terrified of being judged.” (Participant 002)
  - “Bad relationships / discomfort with men. Disconnection with internal self.” (Participant 012)
  - “My fear of rejection and betrayal – if I open my heart to people in friendship, I am afraid that I ultimately will be rejected, found unworthy or undeserving of their friendship. I want someone to care for me in a way like the way I have cared for all those in my life who have needed care. Protecting my inner child from being hurt. Afraid of having no purpose.” (Participant 011)
— “Afraid of not being worthy of love. Afraid of not being seen.” (Participant 009)
— “The depth of the pain that I sometimes feel inside as a result of my sexual abuse/assault history. My sexuality/orientation... how I keep it hidden from the world for the most part, and that I’m not even all that comfortable with it myself a lot of the times.” (Participant 003)
— “That I am not confident as a father, even though many people perceive me that way. My bisexuality: while I am out to some, there are many I am not out to.” (Participant 005)

TRE® (Trauma / Tension Releasing Exercises) is a series of exercises that assist the body in releasing deep muscular patterns of stress, tension, and trauma. Created by David Berceli, TRE® safely activates a natural reflex mechanism of shaking or vibrating that releases muscular tension, calming down the nervous system. When this muscular shaking/vibrating mechanism is activated in a safe and controlled environment, the body is encouraged to return to a state of balance (Berceli, 2017). The impact and experience of each participant widely varies, which may reflect their personal histories (including trauma, stress, and tension) as well as held energy and emotions. The following quotes capture some of the feedback from group participants.
— “Somewhat painful. But I felt that I had to keep my pain in. It was very hard for me to yell out. I kept seeing my mother’s face saying, “You’re a boy – boys have to be strong and don’t show emotion. It is a sign of weakness.” So, it was somewhat stressful to me to let out signs of pain or emotion.” (Participant 006)
— “I feel like it is an ideal mechanism for my body to release trapped trauma that was never processed at the time of the trauma.” (Participant 003)
— “It was remarkable; I didn’t think it would happen, but it did. I felt feelings of great joy and I was able to see clearly. I saw faces of my loved ones and felt comfortable with my experience.” (Participant 010)
— “Made me very uncomfortable. Never had that happen before, so it was scary. Fear was my primary feeling.” (Participant 004)

Process work is an opportunity to have participants explore their feelings and emotions safely within the container of the group. Some of this work occurred in pairs, with the entire group focused on the same...
issues such as understanding boundaries. At other times, an individual would choose to “claim the space” to work on an issue in their life. Usually, these processes would include physical and energetic exercises to work with held emotions in the body. Some of these included: 1) the group cradling and rocking a participant; 2) hitting the cube; 3) boxing with the facilitator; 4) psychodramas. The comments below capture some of the feedback from participants regarding the impact of process work.

Cradling / Rocking a Group Member (individual work)
— “I really liked it because it helped me feel that my presence was valuable and important to the group.” (Participant 007)
— “I really liked it. It was so empowering to be able to physically care for a person, and to actually see and be that village that supports and cradles people. I found it to be so profound because we do not receive enough human contact, and we do not physically demonstrate healthy loving relationships and contact that is safe. How great does it feel to be completely vulnerable and cared for in a group. The exercise helped show the support that we all can lean on each other.” (Participant 009)
— “I found the opportunity to help nurture a group member to this extent extremely healing for me as well.” (Participant 003)

Meeting Different People with No Words and Placing Hands on Each Other’s Heart
— “I felt the other person, and sometimes my energy was drawn to some more strongly than others. I felt my body lean into some people, and others I could feel their heartbeat.” (Participant 009)
— “I felt much more comfortable and connected giving than receiving, I could barely even pay attention to that portion.” (Participant 001)
— “It made my heart physically hurt. It was very uncomfortable.” (Participant 008)
— “I felt very cared for when I was receiving the other person’s hand on my heart. I did not feel any body sensations in either receiving or giving, other than just a sense of calm. My experience when I was placing my hand on one particular person’s heart, was that of apprehension… I was concerned for this person… aware that touch may not feel good to them, and I noticed that they were not connecting with my hand and were only very slightly letting me actually touch and make contact with them.” (Participant 002)

Intimate Boundaries – Moving Toward a Partner and Determining How Close Was Safe
— Some parts were a little uncomfortable but, towards the end of the experience, I really felt my partner’s energy. It was nurturing and sincere. (Participant 009)
— Yes, I liked it… And it felt very good. My body was ready, and I was aware that I wanted and needed more physical contact. I felt very comfortable with my partner, and even though I have been less involved with him than some of the others, I was happy to now get a chance to have a more intimate experience with him. It helps that I find him attractive and that he is bigger in size than me. I like being the little spoon. He was open to me being the little spoon… my legs on top of his and then eventually on his lap for a delightful cuddle. It was needed and felt very genuine. (Participant 002)
— It was a little awkward the closer we became to one another. But knowing the intent made it easier. It’s easy to see how people defer to laughing and even unexpected sexual encounters. (Participant 013)
— I did like it. I felt like I have been yearning for it. We go through our lives and days and we are afraid to touch people and receive love. It was good to experience that. At first I was apprehensive, but then I got more open as my partner kept moving forward towards me. It was then like I was getting ready to receive their energy, and that is not something that I do regularly, so it was really comforting because that’s the kind of experience that I want to have more of in my life. (Participant 007)

Movement of Anger (individual process)
— It felt good to express some of the anger that I hold inside so tightly. I realize today that there is a lot more there, and that I may have held back some last night – not purposely but realize that I may have been unsure of what would have happened if I had totally felt the anger/rage inside of me. I was not afraid of others’ reactions, but was afraid for myself. I did take a very big first step though, and I am grateful for that. (Participant 003)
— It helped me to feel more connected because I can relate to his suppressing anger. I was able to yell with him and release my own knots internally. (Participant 007)
— I was happy and sad for him at the same time, happy that he was willing and able to get it out, but sad that he was forced to feel the way he does in spite of knowing that there are people who truly care for him. I felt very connected to him in the end, and it made me realize some things about myself that positively impacts my authenticity. (Participant 011)

Feeling Support (individual process)
— I think I am still processing my own process. It was very scary and uncomfortable for me to feel support. It didn’t feel real, but looking back, I can
After this process, I noticed that I have a hard time asking for support as well. This stems from different issues. I learned that you have to have the courage to ask sincerely, no matter what the response may be. I have to understand not everyone (including family members) will be willing or even have the capacity to support. (Participant 009)

I related. Sometimes I also say to myself, “What’s the point? They won’t be there/stick around when I need their friendship/love/support.” It made me feel more connected by reminding me that we share a lot of similar struggles. (Participant 003)

The feedback given by participants suggests that the process work done was very impactful in helping them to make changes. It is often said in a Core Energetics process group that...” Your work is my work.” This means that when you witness or are a part of another person’s process, you learn about yourself and are often impacted. The following quotes reflect feedback from group members in week seven when asked to “Describe how it was to participate in someone else’s process. How did it impact you? What feelings did it bring up? What did you take away from it?”

It definitely made me feel more connected to everyone, and also made me feel less alone in my own feelings and experiences. It made me feel hopeful that I could have genuine connections like these in my personal life. (Participant 008)

Being a part of someone else’s process was reflective. I was able to relate to most people’s issues and see what I needed to work on by watching their process. There was one process that had to do with anger, and the sound of the tennis racket hitting the cube brought up some very intense and uncomfortable feelings of real-world violence. It was a trigger for me. The sound reminded me of gunshots, and it shook me to my core. (Participant 009)

It was definitely difficult. I felt empathy for the other person, and I unconsciously started to see some of the ways their pain/struggle was similar to my own. (Participant 013)

All the things that people worked on were incredibly powerful for me, because I had to process some of their stuff, which helped me to release some of my stuff. So, it’s very important watching other people because it helps to facilitate my own issues. (Participant 007)

It was moving; it brought up mixed feelings from my perspective. In one instance, I was very happy for the person going through the process, but felt a little sadness from my own perspective. (Participant 011)

Twice I wondered if the person was exaggerating the story to be the center of attention. In each case, once the core was revealed, I understood the authenticity. I realized that it can be easy to judge or even deflect if I might not want to see my own issues revealed. (Participant 013)

**Discussion and Conclusion**

The goal of this study was to determine if participating in a Core Energetics process group could have a positive impact on the authenticity of LGBTQ+ participants. The statistical results clearly indicate positive outcomes among group participants.

After a comprehensive detailed study, it is important to say that Core Energetics can be a very impactful tool to improve authenticity in the LGBTQ+ group. Society’s derogatory treatment and forced social isolation can be very hard on an individual who is persecuted simply because of a “different sexual orientation.” The abuse, the insults, the social and cultural abandonment, the financial instability, and the lack of emotional attachment can wreak havoc on LGBTQ+ individuals. It is therefore very important that these individuals become more in tune with their inner self, and communicate with their higher self, rather than live in the mask. Once the mask is shed, and the actual hidden qualities of the individual come out, society may be more accepting of the status and position of the LGBTQ+ individuals in the community. The exercises and techniques employed in Core Energetics process group proved instrumental in making participants more aware of their true inner self and helping them bring their true qualities out into the open. And thus, shedding the mask. Expressing feelings in a safe and constructive manner and removing energy blockages will allow the LGBTQ+ community to become more self-aware and thus build their authenticity.

During the closing interview, participants were asked if they would encourage their LGBTQ+ friends to participate in a Core Energetics process group. One hundred percent of the participants indicated they would make this recommendation. Participants indicated that they did feel safer to explore their emotions knowing that every participant was a member of the LGBTQ+ community. One participant noted, “I like that the group was connected to our sexual orientation because I felt that we didn’t have to explain what it means to be gay.” At the same time, 100% of the participants indicated that they believe that the Core Energetics process group could have a positive impact on the general population, as well as other specialized groups. One participant indicated, “I would say we definitely need healing, so I would recommend it to as many people as possible; male, female, it doesn’t matter, as long as it brings us all together.” Another participant responded. “I just think
Impact of a Core Energetics Process Group on LGBTQ+ Authenticity

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David is the primary facilitator and creator of a retreat called Live Life Fully, as well as other collaborative workshops taught throughout the country including Who Am I – A Discovery Workshop, Finding Your Superhero, The Language of the Body – A Tension and Trauma Release Workshop, The 3 Faces of Me, and The Anatomy of Love. In 2017, David achieved Amazon #1 Best Selling Author Status as a co-author in the book, Your Shift Matters: Breakdown to Breakthroughs. In 2020, David was recognized by Crain’s Cleveland as a Notable LGBTQ+ Executive.

Although the results of this study are encouraging, several limitations should be noted. First and foremost, the small sample size limits the generalizability of this study to LGBTQ+ communities outside the narrow regional scope of the study. As noted earlier, LGBTQ+ communities encounter homophobia around the world, but the nature, extent, and consequences of homophobia varies widely both within and between societies. Further, LGBTQ+ individuals in different locations may internalize homophobia in different ways as a result of their local experiences, visibility within the community, and cultural context. Second, while efforts were made to be inclusive, the small sample size also limited the degree to which it represents the diversity of the LGBTQ+ community. In particular, these findings may not be generalizable to individuals identifying as transgender, non-binary, or asexual, as the sample included only a single person identifying as transgender and did not include many other possible identities under the LGBTQ+ umbrella. Third, this study was not designed to evaluate the efficacy of the group process model for LGBTQ+ individuals who may experience marginalization within the LGBTQ+ community and may not be sensitive to the internal authenticity struggles within LGBTQ+ communities between its constituent subgroups. Bi-phobia and trans-phobia are present even in LGBTQ+ communities, and therefore a group process model should be approached with sensitivity and caution when dealing with individuals who identify as bisexual or transgender.

This study generated insight into the positive impact Core Energetics had on the authenticity of LGBTQ+ participants. Additional research should be conducted with a similar group using a different therapeutic approach with the same authenticity measures to determine which modality has the more effectiveness. I would also suggest additional research be conducted with additional homogenous groups as well as the general population to determine if the effectiveness with these groups is the same when participating in a Core Energetics process group.

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REFERENCES


Impact of a Core Energetics Process Group on LGBTQ+ Authenticity


Body as Portal

Bringing the Body into Practice

Lisa Mortimore

ABSTRACT

This article offers a synthesis of practice; a conceptual integration of theory-informed right brain (RB) to RB (Schore, 2012), body-to-body, somatic and relational practice, interfaced with affect regulation theory and attachment repair. It exemplifies the diverse potential of right hemispheric processing and explores and explains the theoretical underpinnings of this body-centered or somatic practice, showcasing the body as a portal to the unconscious, and to the immobilized relational material that hinders the psyche and dysregulates the body. Through a composite clinical excerpt, I present an in-session experience of my integrative practice, a multi-layered rendering of the therapist’s internal clinical experience, which identifies layers of tracking the body in practice.

Keywords: somatic; affect regulation; right hemisphere; attachment repair; body-centered psychotherapy

Inhabiting the body – the ways in which we indwell, respond to, and are in relationship with our bodies, with their myriad of complex systems and drives – is deeply impacted by trauma and the fragmenting nature of the modern world. Many of us in the 21st century live a disembodied existence – a split between body and mind that traps us in the narrow focus of the brain’s left hemisphere (LH), separated from our bodily knowledge. The roots of dualistic living, introduced by Descartes (1596-1650), called for a separation of body and mind that co-opted rationality, reason, and objectivity as the superlative mode. With this shift, an over-reliance on the LH was established, and the body lost its legitimacy as an epistemological site (Clark, 2001), over time creating fragmented and disembodied ways of living on a mass scale that persists today.

Despite society’s fixation on intellect and logic, focus on the body continues to grow in clinical practice, and clinicians have a wider range of interdisciplinary knowledge to facilitate the remembering and re-integration of embodied knowledge and somatic processing. However, many therapists who work with the body lack a clear understanding of the expansive and varied processes that the body and right hemisphere (RH) avail. Such narrow focus maintains the misnomer that somatic or body-centered practice is limited solely to the sensate experience. Often, the result is that their body-based attention lacks depth and nuance; they attend merely to the sensate body, unaware of the diverse potential RH processing offers in metabolizing and re-organizing traumatic material. Through the RH, the therapeutic dyad has access to the unconscious, and is able to work with specific aspects of experience, including sensations, gestures, sensory motor movements, emotions, images, metaphor, and the symbolic or archetypal realm to process and metabolize material that can then be integrated into the client’s explicit narrative or knowing.

“...the threshold of consciousness...”
van Loben Sels
This article offers a synthesis of practice, a conceptual integration of theory—informing right brain (RB) to RB (Schore, 2012), body-to-body, relational practice, interfaced with affect regulation theory and attachment repair-oriented body-centered or somatic practice (i.e., the clinical application of working directly with the body’s innate ability to process traumatic material), which I call Somatic Attachment Psychotherapy. I present an in-session experience of integrative practice, a multi-layered rendering of my internal clinical experience, which identifies layers of tracking both the client’s and therapist’s body in practice. In the vignette, I intentionally use physicality as a portal to the unconscious and immobilized relational material that hinders the psyche and dysregulates the body.

My orientation to body-centered relational psychotherapy is based on Merleau-Ponty’s “introceptive philosophy,” which states that “embodied awareness is the prima facie of self-knowledge, and healing happens through experience” (Tantia, 2015, p. 4) and through relationship (Stanley, 2016). In this body-centered relational approach, psychotherapy is done seated, face-to-face, without physical touch, yet oriented to emotional connective touch, utilizing the eyes (gaze) and ears (prosody) as primary modes of communication, in concert with the client’s awareness of their felt sense and adult witness to somatically and relationally process trauma. Sessions often unfold with back-and-forth dialogue as in talk therapy, however, depart from traditional LH therapy and relational practice in the following ways:

- the primacy of the RH within (RB) relational psychotherapy;
- the focus on embodiment of the therapist and client; and
- the orientation towards the RH, the congruency between the narrative and the body, and the direct engagement with the body and RH processing as I consistently utilize and attune to both body and mind.

My body, my primary tool of perception, attunes to the neurophysiological underpinnings in the client’s body (somatic countertransference), using right-hemispheric processing to help regulate their autonomic nervous system (ANS) and metabolize implicit and explicit traumatic material. In this article, I use a composite clinical excerpt to illustrate somatic relational work, and show how engagement of right hemispheric processing can unearth unconscious material and aid in the expression, reorganization, and integration of dysregulated experience in the ANS, thereby facilitating relational and psychological change. Additionally, I offer an insider experience about what I am seeing or feeling in my body to elucidate nuanced somatic practice.

The Body in Clinical Practice

When we bring the body into practice, we connect body to body, RB to RB (Schore 2012), aware that our nervous systems are carrying on a conversation below our verbal interaction. We “situate the body at the heart” of practice (Johnson, 1998, p. 8), recognizing that “the basis of our psychic life is the construction of bodily states, gestures, and ways of moving which have social and emotional meaning” (Grand, 1998, p. 172). We enter into relationship by being deeply somatically and affectively attuned to the experience of the other, allowing our bodies to authentically meet and resonate. Conscious attunement to our felt experience aligns us with the body’s wisdom (Fisher, 2006), and, as therapists, we can use the body as our “primary text and starting point for knowledge” (Rountree, 2006, p. 98). In “reading the body as one would read a text” (Gustafson, 1998, p. 52), we can use both client and therapist’s bodies to track, inform, and guide clinical practice. We “behold” our client, prioritizing “the tactile, kinesthetic, rhythmic, and musical dimensions” (van Loben Sels, 2005, p. 221) of the body, in the content, and in the dyadic experience, offering our “somatic empathy” to “accept, appreciate, legitimize, inquire, cherish, and explore the unique configuration of another’s inner world” (Stanley, 2016, p. 106). This way of entry “breaks through defensive fixed-action patterns of the body and mind” (p. 106), slipping “beneath the words” (Mark-Goldstein and Ogden, 2013, p. 123) and allowing dysregulated material, both psychological and physiological, to emerge, to be digested, and to be integrated.

Inviting a confluence of mind and body into the therapeutic space builds an embodied narrative with a high degree of coherence between explicit and implicit memory systems. Explicit memory is constructed, revised, and edited throughout the lifespan, whereas implicit memory is represented “in the form of perceptual, emotional, and physiological experience” (Prince, 2009, p. 282). Working with implicit memory has the capacity to shift underlying neurophysiology to establish more regulation and open the system and self to healthier relational patterns.

My Body in Practice

I liken my body to a tuning fork (Marks-Tarlow, 2012) rather than a shield, whereby my body resonates with the client and the co-created intersubjective relational field, giving me direct, immediate feedback. The information is varied and can include several phenomena: the dysregulation or immobilization of another’s ANS; a client’s disavowed emotions; tension in the field—when something is unspoken or needs attention; the pull of intergenerational patterning, almost like a haunting; and intuited information in the form of words, awarenesses, or images. This sensitivity to the “somatopsychological arousal” (Montgomery, 2013, p. 35) and nuanced attunement to the “intersubjective somatic dance” (Pickles, 2015, p. 13) intimately guides my clinical perception moment to moment, enabling more finely-tuned interventions (Montgomery, 2013).
The Body-Centered/Somatic Therapist

Skillfully utilizing the body in clinical practice requires therapists to have a strong capacity to dwell in their RH, decipher information that arises in self and other, and possess considerable body literacy to sense and interpret their own bodily shifts as well as the other’s, moment to moment. These requirements call for the clinician to be grounded and regulated, and able to return to this state if or when dysregulation occurs. The body-orientated therapist witnesses dysregulated material, facilitates up- and down-regulation of the ANS, supports the client’s body to process undigested traumatic material, and opens the dyad to access sites of knowledge in and through the body. In order to engage in this way, therapists need to understand the body’s innate (re)organizational capacities, and interrupt the existing adaptational rhythm so that the body can “feel” the dissonance, process the disruptive material through the RH and body, and organize it into a new rhythm. Clinically, it is necessary to invite a slowing of the pace of the verbal dialogue and prioritize bodily experience over content, allowing (mal)adaptive patterns (relational/attachment and/or regulatory) to emerge into consciousness.

Body-centered psychotherapists use their bodily knowledge to:

- facilitate staying in the present moment and track shifts in the intersubjective field;
- track bodily-based shifts, non-verbal cues, and subtle changes in affect regulation;
- decipher, regulate, and process affective material, dissociated or otherwise;
- regulate the therapeutic dyad by being the “psychobiological regulator” of the client (Carroll and Schore, 2001, cited in Gill, 2009, p. 362);
- reveal countertransference information that is present in the therapeutic dyad;
- gather information for self-disclosure that aids in repair of relational ruptures, enactments, and attachment patterning; and
- engage the mirror neuron system to facilitate completion of a client’s thwarted impulses. The mirror neuron system, premotor neurons, fire through observation, activating the same neural substrates in the observer as the one who executed the movement (Gallese, 2009).

A body-centered orientation offers numerous advantages in clinical practice:

- It facilitates immediacy and authenticity, deepening intimacy in the dyad.
- Information translates faster and more efficiently in embodied practice.
- Congruence or incongruence is experienced in the body.
- Subtle breaches in attunement register physiologically in the moment, albeit sometimes unconsciously.
- It allows access to immobilized impulses of protection and defense, and to impaired attachment patterns that are implicitly and explicitly held in the body.
- It facilitates working within the window of tolerance (Siegel, 1999) and fosters application of the polyvagal theory (Porges, 2011), both theoretical frameworks explaining ANS functioning.
- Embodied presence offers the client a multilayered experience in the present moment of being relationally held.

The body-centered therapist is faithful to the body—own and the client’s—in that they attend and often prioritize the messages conveyed by the body over the narrative. This is not to say that verbal content is dissuaded, rather that the story of the body is integral to gathering the whole story, and ultimately organizing, integrating, and transforming traumatic material, as the body holds disavowed and unconscious material that is not integrated into the explicit narrative. The role of the body in processing traumatic experiences is demonstrated in the following composite clinical vignette.

Clinical Case Study
Jane

Before I can sit in my chair, Jane, 38, launches into her story. Her eyes are glued to me, and her speech is tight and unusually low in tone, as if she is working hard to control her emotion. I sit, feel my body land, and orient towards her, and I meet her, body to body. In a brief moment of eye contact and non-lexical vocalization (uh huh), there is a slight down-regulation in her ANS. She can feel me with her; our seventeen months of work steady her.

Jane is bright and fiery. Highly educated and successful in the corporate world, she carries an air of guarded sophistication, and is always immaculately put together but understated in her expensive attire. She is personable but shies away from emotional intimacy, is driven and primarily work-focused to the detriment of her interpersonal relationships. She struggles with low mood, is adept at auto-regulation, and tends toward being guarded in relationship. She sought therapy after being passed over for a promotion at work, which felt like a betrayal by her mentor.

Our relationship began with much relational negotiation. Initially she had wanted me to “push her,” because this was her familiar way of relating and being recognized. She had the misconception that therapy needed to be grueling, confrontational, and intellectual. It was difficult for her to access her internal experience; she once noted that “my body has been a machine.” Finding
common ground was a delicate dance. In the beginning, our work centered on her feeling safe enough to be met without having to perform, succeed, or push; to experience relationship on her own terms, including renegotiating a relationship with her body and becoming more embodied. 

In the interaction depicted in this case study, Jane was agitated about a recent visit with her father. Their relationship has been characterized by a long history of invalidation. Over the past several years, she had limited contact with him, set clearer boundaries, and looked elsewhere for connection and acceptance. Despite these attempts, she continues to be relationally hooked by his demoralizing and hurtful behavior. During the following scenario, she recounts his most recent infraction. Feeling angry, she was ready to process it through her body.

Client: “I’m so mad that I let him in. I told him about this opportunity not so he could support me, but just so he could be happy for me… there was no room for criticism, NO ROOM, it’s good, just all goodness.”

Therapist: I am aware that there is a lot of bodily-based material creating dysregulation in her ANS that needs to be processed before she continues with her verbal story, so I interrupt her. “And if we just take a moment here and check in with your body, what do you notice?” I note the sympathetic arousal in her system has increased; there is intensity in her voice, and constriction in her facial muscles. I can see that she is angry. I am also aware of some sadness in my body. Through my practiced awareness of self, I am able to decipher this as somatic countertransference, reflecting Jane’s disavowed sadness. It feels like she has not quite landed in the deepest part of her experience. It’s as if she is suspended in the anger, hovering over her bodily experience, which I suspect is early relational material. Instead of calling attention to the sadness, I remain curious and aware while continuing to track her conscious process. I trust the wisdom of the unfolding. As she pauses, I see an up-regulation of her ANS, a narrowing of her gaze and tension in her musculature.

C: “Okay, I feel so mad, he always does this AND I always do this, get sucked in and cave.” Jane continues her highly charged narrative, her speech is pressured, and she is unable to drop into her bodily experience. This reminds me of Quillman’s (2018) description of ventilating emotional and physiological pressure through disembodied speech. I recognize the need to slow the pace of our work, as it is outside of the window of optimal arousal where we have full access to our psychological functioning. This indicates to me the need to down-regulate her ANS.

T: “I can feel how intense this is for you. Can you feel me here with you?” I use the vagal brake (Porges, 2011) of embodied. This reminds me of Quillman’s (2018) description of ventilating emotional and physiological pressure through disembodied speech. I recognize the need to slow the pace of our work, as it is outside of the window of optimal arousal where we have full access to our psychological functioning. This indicates to me the need to down-regulate her ANS.

C: “Uh huh, tell me about the bull kelp.” I use image to help her regulate her ANS.

T: “It’s thick and strong… it moves with the ocean from swaying to… always holding on.” She meets my gaze and says, “Fiercely grounded.” Her ANS is shifting, and there is some vitality moving. Her eyes are clear and I can see she is engaged in the present moment. The heaviness and sadness in my body is diminished. After 45 seconds, I notice an expansion in her body, indicating a settling and lowering of the intensity of the sympathetic arousal. Her shoulders roll slightly forward, which I regard as a collapse of self, as her ANS moves from high to low/hypo-arousal as she touches into her interrupted bid for connection with her father, and her inhibited protective relational response. Wanting to stave off the lure of immobility, I say, “Uh huh. And where do you feel the energy in your body?”

C: “Mostly on the edges of the mountain.”

T: I can feel a heaviness in my body, and I am aware of sadness; again, my somatic countertransference guides me. I note this, and slowly alternate pushing my feet into the ground, a regulation technique to keep rhythm in my body and stay grounded, as hypo-arousal has a strong contagion effect (Brantbjerg, 2021). The immobility has emerged in her ANS, and I attempt to up-regulate her by asking for a counter to the cement mountain. “I wonder what the opposite of a cement mountain might be?”

C: Fifteen seconds pass. I can see a little color move up her face. Ten seconds pass. “A bed of seaweed, bull kelp.”

T: “Uh huh, can you feel that fierce grounding?”
C: I see her thigh muscles contract as she pushes into the floor with her feet. She gives a slight nod and carries on, closing her eyes to connect more deeply within herself. “It doesn’t matter what the ocean does; the kelp moves with it.”

T: “That’s right” I validate. “I wonder what it would be like to get a sense of that movement, watching how the kelp moves.” Ten seconds pass. “That’s right, just watching how it moves... and then noticing the fierce grounding... and feeling the sway of the kelp.” I invite her to oscillate between RH processes – the movement, her felt sense of the fierce grounding, and the image of the kelp. Her spine begins to straighten, her shoulders are less slumped, and some color returns to her face, indicating an up-regulation of her ANS. Twenty seconds pass. “What’s happening now?”

C: “I still feel heavy in my body, but I can feel the kelp moving.” She lifts her face, her eyes still closed, and responds. Her ANS is shifting, though the heaviness tells me we are still in the low/hypo arousal zone.

T: “As you feel into the movement, can you get a sense of how your body wants to move, wants to be the kelp?”

C: She takes a moment and then nods. “From my sit bones, up my spine.”

T: “Uh huh,” I validate. “Slowly move a trace of that movement, just a trace.” I know the potency of adding movement, and I use traces of it to awaken mobility. Larger movements can override the ability to attune in the nuanced way that is necessary to process immobility in the implicit memory system. Experienced in this kind of internal work, Jane takes her time to engage the movement in her spine, and experiments with how the movement works. After some time, it becomes more fluid, wavelike. As she opens her body to the movement of the kelp, I can feel energy moving up the front of my shins, thighs, and in my face, telling me there is a significant shift happening in her ANS. I see energy moving through her face, and her eyelashes flutter intermittently, again confirming neurophysiological shifting. “That’s right,” I encourage, “the movement and watching the kelp... back and forth,” wanting her to maintain the oscillation, the rhythm, to help her body process the immobility. We work in this way for a few minutes, with me watching and murmuring my support, and Jane’s body slowly undulating, then pausing until the undulation begins again. We trust that her body has its own wisdom to organize and metabolize. I can see and feel the vitality coming alive in her system as energy moves her body in minute ways, and color moves through her face. At times, the front of my legs tingle.

C: “I feel a lot of heat moving through my legs and torso,” she reports, eyes closed.

T: “That’s good, it’s a little reorganization of your nervous system... let’s give your body time to catch up.” I offer some psycho-education around what is happening (her shifting ANS), and what needs to happen (her body needs time to reorganize the immobile energy that has been mobilized) in order to reassure her and keep her LH at bay. We sit, both tracking her shifting internal state. About 25 seconds pass, and I notice her shift in her chair. On the next pause of the undulating movement, she lingers. “And, what’s happening now?” She begins talking about her father, and how this recent interaction began differently, about how things felt different relationally with him. She told him how excited she was that she had been offered an interesting work project abroad. But he could not share in her excitement. Instead, his critical lens emerged. She talked about how hurtful it was that he was her only family and couldn’t be happy for her. I can feel sadness once again in my body, a tightening on the edges of my eyes. Ten picks up a short phrase from her words. “He hurt you,” I state. She meets my steady gaze. Energy moves through her body up into her face.

C: “Yes.” Tears come into her eyes but they don’t fall. She continues to hold my gaze, and silently we track the shifting in her body.

T: As this happens, the feeling of sadness diminishes in my body. I can see color moving through her face, and feel how it shifts my body as a slight upward pressure. I hold her gaze. I can see she is feeling the edges of her sadness; it is coming into consciousness, her disavowed emotional experience. I want to support her in regulating this emotion, and moving the energy into organized coherency to avoid having her collapse under the weight of the chronic invalidating relational pattern with her father. The energy settles a bit. About 20 seconds pass. Tentatively, I ask, “What would it be like to feel the movement of the kelp, and listen for the sound that would go with it?”

C: Her eyes close briefly. More emotional energy moves through her system up through her face. Fifteen seconds pass. Her body begins its slow undulation from the bottom of her spine.

T: “That’s right,” I encourage. “Is there a sound that goes with it?” She looks at me and nods. “And if you could just make a trace of that sound, either inside, or very softly out loud.” Again, we are using a trace to open the system but not overwhelm it, which could push her to the edges of hyper- or hypo-arousal. Knowing how potent the combination of movement and sound are, particularly the use of voice when it has been silenced, I heighten my focused attention, my holding of the space, to help steady her ANS as she prepares to engage her voice. Her eyes close. At first, there is nothing audible as her body moves like the kelp. I can see color coming into her face, but not necessarily moving through. I can feel tension in my chest, a tightening on the edges of my eyes. Ten seconds pass, I begin to hear a whisper of sound as she
exhales. The movement in her body lacks the fluidity it had before, so I suspect we are working with a deeper piece of the immobility, the historical relational trauma. I notice a slight nausea in my stomach which informs me she is coming out of the immobility. “That’s right, is there a little nausea happening?” I ask this question to confirm my tracking, and keep her from worrying about the sensation, to keep her LH from interrupting the process. She nods, opening her eyes for a moment to make contact. “That’s right, it’s just a little immobility moving.” Her eyes close again, she knows I know what’s happening, which heightens her safety. “Is it tolerable?” She nods. The undulating and vocalization pause, and she sits quietly. The nausea subsides in my system. Her head and neck gently nod in a slow rhythm. Her body breathes a deep breath, and once again the movement begins. I can hear the whisper accompany her exhalation, nausea again in my body, which is also moving of its own accord in a slight rocking from my mid-back through my neck, telling me of our deep co-regulation and the metabolization happening in her system. “That’s right, at your own pace.” Her body is in process, and my role is to not interrupt it, to help her stay steady in her RH and body, and allow the shifting ANS to mobilize and metabolize the immobility. On her next exhale, she sounds a little louder. Color rushes into her face, and I can see a tremble move through what I imagine is her spine. Tears stream from her closed eyes and flow down her face; she begins crying aloud. “Uh huh… I know”, I sooth. About 45 seconds pass.

C: She reaches for a tissue and wipes her face. “My body is shaking inside,” she tells me. I notice that her spine has become more erect, her shoulders sit back, no longer rolled forward.

T: “That’s a good sign,” I reassure her. “In your core?” She nods. “It’s just the energy moving and finding its way.” I explain in simple terms how the immobi-

lization is moving out of a frozen/collapsed state, so she will not shift to her intellect (LH) to figure it out. I want to give her body as much time as it needs for the immobilization, now mobilized, to reorganize the vitality that has been bound in her system.

C: She nods. “And heat, lots of heat... in my face, too” she laughs. The heat moving through her face, the ventral vagal, tells me we deep relational immobility has opened in a new way. “I’m sweating.” She lifts her legs one at a time as if unsticking them from the chair. Our eyes meet, and we break into laughter, a deep belly laugh – a little play that helps metabolize and organize, the play linking the parasympathetic ventral vagal, or social engagement, with the sym-pathetic system. Our laughter slows, and then erupts again as she plays, “More heat,” she says, and pretends to wipe her brow. A minute passes as we sit, in connection, her body settling, the color normalizing in her face. “It’s slowing down, the shaking inside.” Ten seconds pass. Jane’s eyes slightly narrow. “He hurt me... again.” Her truth resonates through the field, and I see a quiver move through her system like an aftershock.

T: My body resonates in response to this witnessing of deep truth. I hold her gaze, “Uh huh.” My head nods.

C: “It’s normal that I want him to be part of my life, and want him to support me,” she states as she looks me in the eyes. This statement, emerging from the RH processing, a bottom-up process – from the body up – tells me that the immobility is shifting and a new sense of herself is emerging.

T: “Of course it is,” I validate.

After a few minutes, Jane goes on to talk about her internal conflict, wanting her relationship with her father to be different than it is. She speaks of the devastation that she feels in the face of invalidation, hurt, or rejection. She articulates how her anger flares to keep her from feeling devastated, and how, despite her knowing, the anger fires unconsciously, as if wired to protect (which it is). We talk about healing being in the tracking and attending to those fragments that have been disavowed in order to maintain relationship, specifically with her father. As we near the end of the session, she is able to feel and name the grief that companions this recognition, holding the awareness that while her father loves her, he is unable to engage with her in consistently loving ways. With support, Jane reflects and integrates her awarenesses that have emerged into a deeper understanding, and integrates and organize it into her explicit narrative, now bridging the right and left hemispheres.

In the weeks and months that followed, Jane continued to unravel the relational immobility that has held her captive in invalidating relationships, particularly with her father. The gains she made were built on months of previous work that allowed her to access and metabolize some deep relational immobility. This shift opened her to deepen some of her existing relationships and make new connections. The imaginal (the cement mountain, the bull kelp, and its sound) and her embodied movement were able to ultimately mobilize and contain the intense energies of the chronic relational injury so that she could bring the unconscious material forth, and regulate and process it through her body. “Repressed emotions and memory are held in the musculature and can be released... through expression of the body” (Esponak, 1981; Koch, Fuchs, Summa, and Miller, 2012, Lowen, 1967 cited in Tantia, 2015, p. A). Further, the impact on her psyche, her internal working models (IWMs – a framework for beliefs about oneself and how the world and relationships work), from repeated relational violations, was challenged, and the seeds of internal repair were planted: “a retreating and restitching of the fabric of the self can occur within the safety of relatedness” (Marks–Tarlow, 2014, p. 400). The important aspects of effectively working with the body touched on in this clinical example include the following:
use of short, directive, and validating phrases to avoid activating LH content processing;
- oscillation between different RH processes to differentiate and link (movement, image, felt sense, sound);
- a slow pace to engage the implicit memory system; and
- use of traces of movement and sound to make contact with the underlying immobilization of the relational rupture – in this case, her father’s chronic invalidation.

I also relied on our relationship to act as a vagal brake (social engagement system) through eye gaze and validation, offered psycho-education about what her body was doing in terms of processing the traumatic material, maintained a slow pace to allow her ANS time to process, and tracked my internal experience and somatic countertransference to inform and guide our journey.

**Linking the Vignette to Theory**

Bringing the body into practice rests upon several theoretical and conceptual understandings that are exemplified in this case study: embodiment, the hemispheric brain, the polyvagal theory, the window of tolerance, affect regulation, attachment and attachment repair, trauma, and trauma repair – all through the lens of interpersonal neurobiology. The implications of trauma, both incidental and relational, to the ANS underscores the fruitful nature of body-centered work that regulates affect, and facilitates integration and digestion of physiological traumatic material that is immobilized in the body. This underpins psychological and attachment/relational capacities and patterns of relating, which are neurophysiologically wired and scaffolded onto physiological structures of the body, establishing the IWMs. A comprehensive understanding of these theories provides the terra firma of this body-centered psychotherapeutic approach. I will now present relevant theory for this body-centered practice.

**Embodiment**

Embodiment, the conscious inhabiting of the corporeal body, is the bedrock of body-centered psychotherapy. It is our phenomenological experience in the body that anchors us and becomes the navigational instrument in guiding clinical practice. Totton (2014) recognizes embodiment as “the matrix for human relationship,” noting that “psychotherapy is perhaps the place where this can be brought most clearly into awareness” (p. 93). Embodiment is a widely-used term that lacks an agreed-upon definition across therapeutic orientations in psychotherapy, ultimately inhibiting our ability to cross-polinate ideas and applications for clinical practice. From my perspective, embodiment means to consciously inhabit one’s physical body: “to live in a fluid yet consistent state of inhabiting one’s body and utilizing the body as a site of knowledge whereby one’s awareness is consciously engaged in an intimate relationship with the internal self as it concurrently attends” (Mortimore, 2013, p. 174) to other(s), including the animate, sentient earth. Embodiment is a state of being where we are attuned to the present moment, wherein “the body is an intentional body, primordially relational, and co-arising with its situation that is not just fleshly perceptual but also full of implicit meanings and relational understandings” (Todres, 2007, p. 21). In this way, the body is purposeful in its functioning and relational at its core, serving as information gatherer, receiver, and messenger; embodying is “where knowing and being meet” (p. 20).

Body-centered clinical orientations understand embodiment as:
- flesh, blood, organs, tissues, and bones – the matter of the self that serves as container for the life force;
- receiver/transmitter of information – we experience the world through our bodies (Merleau-Ponty, 2002);
- an integral part of the ecosystem including our felt sense of relationship to earth;
- being continually shaped and reshaped through relationship(s);
- being sculpted by language and culture;
- holding the story of one’s life in both conscious and unconscious realms, implicit and explicit memory;
- not being amenable to comprehension as a decontextualized entity; and
- a site of, and a conduit for, knowledge (Mortimore, 2013).

Acting as an access point, the body serves as an entry to the psyche, whereby the varied and expansive inner landscape of the body reaches both in and beyond the world of matter to interface with another. This embodied relational experience (intra- and inter-, conscious and unconscious) brings knowledge from the ground up – from the body up through the RH and across to the LH. In this way, it is a living inquiry (Burstein, 1998), a phenomenological pursuit.

I discriminate between embodied practice, where therapists and clients use their bodies as a tool of perception, and body-centered practice, where we engage the body and RH processing to up- and down-regulate the ANS, and to process implicit and explicit traumatic material. I assert that embodiment is needed for both. The clinical excerpt demonstrates how I relied on my embodiment and utilized my body to gather information, including Jane’s unconscious emotion, regulate myself and the therapeutic dyad, track ANS changes, and aid in processing the traumatic material. This case study highlights the process of Jane re-inhabiting her body in association to the relational injury. This reorganization capacity, spanning the brain, body, and psyche, shifted her ANS over time, processed the traumatic ma-
The Left and Right Hemispheres

Understanding the hemispheric brain is essential for clinical practice. However, there is considerable misunderstanding regarding how the hemispheres function. McGilchrist’s seminal work (2009) clarifies that the hemispheres do not do different tasks (emotion, reason, language), as previously simplified explanations suggested. Rather, they approach these same tasks in radically different ways. The narrow focus of the LH allows for precise, detailed concentration. It disembodies the self and distorts the holistic and nuanced nature of issues, simplifies and decontextualizes complex relationships, is best utilized for local, short-term assessment, and is “relatively untroubled by the complexity of empathy, emotion, and human significance” (McGilchrist, 2016, p. 201). It seeks power (Hecht, 2014), and its fragmentary nature and lack of insight can distort reality and be manipulated.

Conversely, the RH allows for complexity, uncertainty, and a united worldview (McGilchrist, 2016). Life is experienced as alive, emotionally rich and nuanced, embedded in context, and reliant on our emotional sensibilities to make sense of the world (McGilchrist, 2016). The RH builds affiliation (Hecht, 2014) using a long, wide lens to engage the world, and allows one to be in connection, to live in community, and to hold the values of equality and justice (McGilchrist, 2009). The RH is primary in the experience of self (McGilchrist, 2009; Schore, 2014), and central for the recognition, expression, and communication of both verbal and nonverbal emotion (Schore, 2012). The implicit self, located in the RH, represents “the biological substrate of the human unconscious mind and is intimately involved in the processing of bodily based affective information” (p. 73), particularly traumatic material as it remains undigested in the right. This understanding is critical in regulating the ANS, and renegotiating trauma and attachment patterns held in the body.

Ideally, the LH should rely upon and take direction from the RH (McGilchrist, 2009). However, that is not the case for most people of Western cultures. Instead, they tend to over-rely on the LH, disavowing bodily (and emotional) knowledge to maintain safety, finding comfort in and accepting guidance from the intellect. This backward approach to processing experience renders us ill-equipped for living in a complex relational world. This predispossession accompanies therapists into practice and clients into therapy. Both parties tend to subjugate the body and embodied knowledge, identifying intellect (logic, cognition) as the avenue to change, rather than engaging in the wisdom of the body. “The mind-body clash has disguised the truth that psychotherapy is physiology. When a person starts therapy, he isn’t beginning a pale conversation; he is stepping into a somatic state of relatedness” (Lewis, Amini and Lannon, 2000, p. 168). Therapists must “find a way past the busy, defended left brain to negotiate a relationship with the patient’s right brain” (Quillman, 2012, p. 5) in order to process dysregulated material through the body.

Most clinicians have been trained to track and give priority to the narrative content in session. However, in the clinical exchange presented, I focused on how her story was held in her body. “Effective interactive psychobiological regulation requires paying more attention to how interventions affect autonomic arousal than to the content of the client’s narrative” (Ogden, Minton and Pain, 2006, p. 216). When Jane told me she was mad that she had let her father in, I interrupted the story, shifting her from her LH into her RH by asking her to attend to what was happening in her body. This shift in focus allowed us to first regulate the high arousal of her recent interaction, opening the way for her implicit memory of the unconscious (historical) relational injury to emerge and mobilize the collapsed self, digesting the immobilized material and allowing her protective response – her voice – that had been suppressed, likely to maintain relationship in her early life, to both aid in that process and speak her embodied truth: “He hurt me.” We used the body as a source of living knowledge, and worked with right hemispheric processing to reorganize, process, and integrate dysregulated energy and make psychological shifts.

Working with Right Hemispheric Processing

Traumatic experience (incident trauma or relational trauma) impacts the RH in creating over- or under-bound connections between the different hemispheric processes. This fragmenting of experience and/or self protects the psyche from intolerable pain through dissociative processes, and “different aspects of the traumatic experience (sensation, affect, image) are fragmented, divided into compartments” (Kalsched, 2013, p. 23). This underscores the necessity to connect and organize the over- or under-bound fragments of experience, and bring unconscious material into consciousness, digesting, organizing, integrating, and finding new meanings from the bottom up as the ANS regulates. Stanley (2016) explains, “Differentiating fused brain circuits and their neural networks allows linkage, a natural process of growth and development, to utilize the most adaptive brain circuits and create new neural networks” (p. 137).

To land in one’s body through the RH brings experience to life, which, in the case of re-inhabiting the traumatized body, must be done slowly and carefully so as to prevent further overwhelming the ANS and creating more dissociated pathways. The varied processes of the RH include:

- tracking and listening to the sensations of the body to witness and guide further somatic intervention;
- activating sensory motor processes (gestures and movement) to tell a story, or part of a story, and guide us;
■ using sensory motor information or relational gestures to complete thwarted protective/defensive impulses;
■ regulating affective expression;
■ processing images – auditory, visual, tactile, metaphors, myths, or dreams; and
■ exploring archetypal or symbolic realms.

In working with right hemispheric processes such as sensation, affect, or image, one can see how they are intricately linked. Greene (2005) aptly describes this linkage. Awareness often “begins with a physical sensation, it often transforms that sensation into a feeling or image so that the border between imaginal and embodied modes of experience is blurred, at which point their reciprocal relationship becomes apparent” (p. 202). Recall in the vignette how Jane started with an emotion, anger, and moved to the sensate experience of energy and agitation. In moving into the felt sense of the cement mountain, the underlying immobility emerged. We used the bull kelp (her resourcing image) to regulate, and invited traces of movement (sensory motor) and sound (imaginal) to mobilize, digest, integrate, and ultimately shift herANS and IWMs.

Trauma and the Body

The legacy of trauma has far-reaching implications for the neurophysiological body and psychological self. The body holds the story of one’s life. “Nothing in a body’s life goes unregistered, so wholeness enters through the body’s door” (van Loben Sels, 2005, p. 230). The body holds the immobilized energies of fear, terror, and anger deep in the ANS, often in frozen or collapsed states. Traumatic experiences can disrupt the cohesiveness of people’s lives (Kalsched, 2013), fragmenting the self psychologically, and wreaking havoc in the coherence of the body and bodily-based functions by dysregulating the ANS. Such impacts can create insecure attachment, interrupt development, impair affect regulation, create physical and psychological symptoms, and make people vulnerable to further traumatization. The traumatic energy remains undigested, often impeding a unified sense of self and hindering an organized internal experience. Trauma “disrupts or threatens to disrupt the continuity of self-experience” (Bromberg, 2011, p. 13). The narrative lacks fluidity and coherent meaning, and “we no longer make sense to ourselves” (Kalsched, 2013, p. 23). Confusion, chaos within the system, and an incongruence between the implicit and explicit narrative often accompany this disruption of the continuity of the self.

From a neurobiological perspective, the polyvagal theory explains how trauma incites hierarchical behavioral strategies that correlate with specific ANS states and psychological feelings. Further, it explains the acute and lasting physiological dysregulation in the ANS (Porges, 2011). When trauma is left unprocessed, the ANS does not return to homeostasis. Rather, it remains dysregulated, creating havoc within the body and psyche. The hierarchical cascade of response to the overwhelming experience of trauma creates high (anger/fear) and then hyper–arousal (rage/terror) of the sympathetic nervous system, and often moves into hypo–arousal (dissociation/immobilization/collapse). Our first line of defense to mitigate threat is relationship (ventral vagal) (Porges, 2011). If this is insufficient or is not appropriate to safely meet the situation, the flight or fight/engage or disengage response (sympathetic) will instinctively initiate (Porges, 2011). If these protective, defensive strategies are not enough to shift the trauma experience, they are thwarted. The ANS then moves into a parasympathetic dominant state of immobility with fear – a hypo–aroused state of the dorsal vagal (Porges, 2011). At this point, “there is a freeze response or a collapsed state” (Schore, 2012, p. 159) in and of the self. This lasting dysregulation in the ANS generates a propensity to operate with a bias toward either high/hyper-arousal (anxiety/panic) or low/hypo-arousal (depression/dissociation), creating activated or immobilized/collapsed parts of self that inhibit the self’s overall capacity and functioning, including the capacity to mentalize (Brant-Jørgensen, 2021), and distorts accurate perception of safety (Porges, 2011). We use neuroception, unconscious neural processes, to evaluate risk/safety in our environment, and guide our responses. If our ANS is dysregulated, our perceptual and neuroceptual capacities are impaired, and we are unable to accurately assess safety and employ the most adaptive survival response. This underscores Levine’s (1997) assertion that the key to healing trauma is through our physiology, the body.

In linking Jane’s experience to the polyvagal theory and window of tolerance, her struggle with low mood indicates a bias towards low arousal in her ANS, and tells of earlier unresolved traumatic experience. We can deduce that the underlying immobility in her system points to previous traumatic truncating of her protective relational responses due to a chronic and historical silencing of self in order to maintain relationship with her father – a dynamic that was established in early life, and unconsciously enacted. She entered the session in a highly aroused sympathetic state, indicated by the intensity of her speech and the energy and agitation she described in her body. However, as we regulated her ANS, the underlying immobility, a hypo–aroused state (from chronic relational injuries, leading to a distorted IWMs and a collapsed self) revealed itself, interrupting the processing of her anger and deep sadness (disavowed and contained in the cement mountain), both historical and current, and ultimately impairing her relational capacities. Through processing in the RH, Jane was able to access her vitality and regulate her ANS as the immobility was processed physiologically – seen in the shaking, heat, sweat, fluttering lashes, bodily shifts/energy, and tears. Processing the immobility shifted her physiological terrain, opening a new experience of self and her IWMs.
**Relational Trauma and the Body**

For people with a history and body formed in the wake of relational trauma — as with insecure attachment, where the primary caregiver was unpredictably available for relational and regulatory contact, leaving the infant in high/hyper- or low/hypo-aroused states without regulatory and relational repair for long periods of time, the cumulative impact of chronic misattunement and extended periods of affect dysregulation impair the regulatory and integrative capacities of the growing child (Siegel, 1999; Schore, 2012, 2014). Unconscious patterns are established, both relational and neurophysiological, that endure and underlie IWMs, and “are nonconsciously accessed at later points of interpersonal emotional stress” (Schore, 2014, p. 390) and in the therapeutic relationship. The relationship with the body is often conflicted, arising through abuse in the form of neglect and/or violence, or as an internalized response to invalidated emotional needs by the caregiver. In order to maintain relationship, the developing child disavows their bodily sensations signaling need, ultimately disavowing parts of self. These thwarted seeking and caring motivational states become wired into the affect-regulating system and corresponding relational strategies as well as into one’s sense of self, ultimately impeding regulation, health, and healthy functioning and relational capacity. “The body unconsciously expresses — is the site of — the reciprocal and mutual stimulations of caregiver and child (Grand, 1998, p. 176). It houses relational impulses to merge and withdraw in the IWMs, and is home to deeply frozen/collapsed/disavowed self-states. Attachment experiences are “affectively burnt in” (Schore, 2014, p. 390), establishing “nonconscious strategies of affect regulation” (p. 389) and imprinting, encoding, or wiring the self with specific affect management and attachment strategies that shape the RB, a process integral to emotional processing in the limbic system and ANS (Schore, 1994).

The legacy of insecure attachment includes affect-regulation issues, relational impairment, and a distorted sense of self, essentially an injury to RB functioning (Kalsched, 2013). Logically, we understand that “what has been broken relationally must be repaired relationally” (p. 13), and note the need for “affectively focused treatment” (p. 13). Because “implicit right brain-to-right brain intersubjective transactions lie at the core of the therapeutic relationship” (Schore and Schore, 2008, p. 15) psychotherapy that activates and optimizes implicit RB communication, can, over time, repair caregiver-infant attachment injuries. By bringing the body into practice, the body takes the lead role in signaling the emergence of underlying attachment patterns and concurrent (un)conscious affect. At the core of therapeutic work and the reparative process is regulation of unconscious and conscious bodily-based material and affective and physiological overwhelming through explicit processing in the RH. Through the co-regulation of this chaotic material, new neural pathways are established, and new relational experiences and options for interaction emerge. In this way, the body acts as a broker between the IWMs and new attachment experiences that build these emerging neural pathways.

The clinical excerpt demonstrated this sequence in Jane’s initial conflict of listening to her body as she had learned to prioritize relationship (with her father) over self-protection via silencing of her hurt: “Individuals who suffered chronic abuse as children, especially during a developmentally vulnerable period, and who may not have been able to capitalize on social engagement, attachment, or mobilizing defenses for survival, generally have come to rely on immobilizing defenses” (Ogden et al., 2006, p. 97). Jane’s chronically invalidating relationship with her father, stretching back into her early life, created an internalized conflict where her relational need superseded her need to protect herself, resulting in a collapse of the self — “the survivor kills his or her own truth to save a bond with the other” (Mucci, 2018, p. 180). This collapse was seen physically in the slumping posture of her shoulders and emerged symbolically in the cement mountain. Her sensitive experiences, lying “at the heart of emotions” (Stanley, 2010, p. 8) were disembodied as we began therapy: “these dead zones remain(ed) unverbalized and out of awareness. Thoughts, feeling, and memories lay frozen in time” (Gill, 2009, p. 263).

Seventeen months in, Jane was able to use the security of the therapeutic relationship, safety that had been earned over time, to steady herself and act as a vagal brake (Porges, 2011) to down-regulate her ANS. She demonstrated a new pattern of using relationship and her body (orienting, grounding) to shift her state so she was able to access her embodied experience, stay within the window of optimal arousal, and bring her disavowed emotion and instinctual protective responses to consciousness for processing.

**Trauma, the Body, and a Body-Centered Orientation**

In bringing the body into practice, body-centered therapists attune to their clients and to the intersubjective field, tracking nonverbal cues in themselves and their clients. The therapist’s regulated ANS offers a prototype with which to align and fall into rhythm. The entrainment of nervous systems requires the therapist’s regulation capacities to be strong, and reliable enough to establish co-regulation and maintain rhythm in the most chaotic of moments. This resonant circuitry allows for the client’s brain to rewire “regulation in parallel with the neural firing in the therapist’s more integrated brain” (Mark-Goldstein and Ogden, 2013, p. 128). The focus and direct engagement with RH processing allow the dyad to work directly with the ANS and with implicit memory in the body. However, a body-centered focus must go beyond simply paying cursory attention...
to the body – “Where do you notice that?” or “What’s happening in your body?” – in order to decipher what bodily information is present, and determine what is needed to facilitate optimal processing and reparation in the ANS. Because consciousness arises from the body (Wirtz, 2014), therapists need to bring awareness and curiosity to what is revealed physiologically and symbolically, and where those revelations may lead.

In order to go beyond mere attention to the sensate body, body-centered therapists need to engage, explore, and expand other processes of the RH (the imaginal, sensory motor gestures, affect, and symbolic representations), and weave aspects of an experience into present moment time. For example, when working with an experience in the past, the clinician should inquire about what is happening in the here and now, as demonstrated in the case study. Focusing on the present moment provides the opportunity to process chaotic undigested material, regulate and increase safety, and re-inhabit the body, all which must be done slowly and carefully to prevent further overwhelming of the ANS as “the threshold of consciousness is a bodily threshold” (van Loben Sels, 2005, p. 230).

**Conclusion**

To heal a body wounded by trauma, particularly relational trauma, is a tall order. Its legacy has deep roots into the psyche and the neurophysiological body. The implicit regulation and attachment patterns emerging from traumatic histories establish familiar ways of being in the world and in relationship that maintain a sense of safety at the expense of healthy relationships and a regulated ANS. The experience of being somatically attuned to, and resonated with, is a starting point from which to enter into relationship and begin the process of re-inhabiting the body, trusting it as a guide, and entering relationship on one’s own terms. In this process, the embodied body-centered therapist intentionally and actively engages in right-hemispheric processes that bring the body and implicit knowledge into the therapeutic dyad to be digested and integrated neurophysiologically and relationally, and, ultimately, to be embodied and integrated into the IWMs. As the clinical dyad processes up and down the RH while engaging with sensations, sensory-motor aspects of the body, emotions, images, and/or the symbolic, and attending to regulation of the ANS in the present moment, the body and psyche digest experiences and patterning held in the body – the activated, immobilized, or collapsed states – and make subtle shifts in the regulatory pattern of the ANS (as illustrated in the clinical excerpt). Over time, these shifts culminate by offering a change in the overall regulatory capacity, opening new avenues for relational patterns and new ways of experiencing and inhabiting self and the body.

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REFERENCES


Siegel, D. J. (1999). The developing mind: How relationships and the brain interact to shape who we are. New York: Guilford Press.


ABSTRACT

From examining the art of the hunter and gatherer cultures of the world, both ancient and contemporary, the anthropologist Felicitas Goodman found what she believed were postures used by their shamans. In experimenting with these postures while in an altered state of ecstatic trance, she found that the postures gave direction to the trance experience. Some postures provided strengthening and healing energy to the body, while other postures were for divination to find answers to questions. Some postures were for metamorphosis or shape-shifting to become one with a spirit guide. Others were for spirit journeying, or entering the underworld or unconscious mind. Others were used for journeying in the middle or upper worlds. Finally, there were postures for initiation, or for providing a death-rebirth experience — the death of some problematic behavior and the rebirth of greater health. These postures are useful and effective for physical, emotional, behavioral, and spiritual healing. A sequence of postures is also useful for soul retrieval, or for resolving the traumas and emotional problems learned in childhood, which analytic hypnotherapy has also been effective in resolving.

Keywords: shamanic body postures, analytic hypnotherapy, soul retrieval, ecstatic trance

Nicholas Brink

Using Ecstatic Body Postures with Hypnotic Imagery Therapy

The inseparable mind-body connection is becoming more central in the process of psychotherapy, and hypnotic imagery is recognized as an important avenue for connecting with the mind-body. When healing images are implanted hypnotically in the unconscious, they become the healing connections to the mind-body. I have used hypnotic imagery and valued its effectiveness over my thirty-five years of practice as a clinical psychologist.

But a new door to the mind-body opened to me about fifteen years ago after reading Where the Spirits Ride the Wind by the anthropologist Felicitas Goodman (1990) on her use of the body postures as used by hunting-gathering shamans, both ancient and contemporary. The healing offered by using these ecstatic body postures has been described in three of my books, The Power of Ecstatic Trance (Brink, 2013); Ecstatic Soul Retrieval (Brink, 2017); and Applying the Constructivist Approach to Cognitive Therapy: Resolving the Unconscious Past (Brink, 2019). These postures can also be used in our need to heal the Earth from the destruction that we have imposed upon Her as described in my book, Trance Journeys of the Hunter-Gatherers (Brink, 2016b).

Felicitas Goodman, in pursuit of her doctorate in anthropology, spent time in Mexico researching what brought the congregations of the Spanish- and Mayan-speaking Apostolic Churches to speaking in tongues, a form of ecstatic trance that she recognized as being much like the trance experiences of the hunting-gathering shamans of the people of the First Nations around the world. Her research brought her to define four basic elements that brought these congregations to speak in tongues when “moved by the Holy Spirit.”
The belief that speaking in tongues is not abnormal but healthy and pleasurable.

The experience takes place in a special or sacred space.

The mind is quieted by prayer.

Trance is induced by rapid stimulation to the nervous system, such as the clapping of hands.

She then created a more indigenous ritual that incorporated these four elements, and experimented with it with her students at Dennison University:

What to expect from an ecstatic trance experience is discussed with the explanation that the experience is not abnormal but healthy and meaningful.

The space for inducing trance is made special or sacred by first smudging and then calling the spirits from each direction.

The mind is quieted by paying attention to and following one’s breath for five minutes.

Trance is then induced by shaking a rattle or beating a drum at approximately 210 beats per minute for fifteen minutes to stimulate the nervous system.

The elements of this ritual are frequently seen in the healing ways of the indigenous shamans of the world.

When this ritual was used with her students, she found that they went into a satisfactory trance during the fifteen minutes of drumming or rattling, but the trance experiences had no direction. In the church the belief of being filled by the Holy Spirit gave the trance experience the direction for speaking in tongues, and among shamans of the First Nations, direction was from the intent of the shaman in seeking healing or seeking an answer to some question.

What happened next in Goodman’s research, though, is what is most important. She read an article by the Canadian psychologist V.F. Emerson (1972), who had researched the effect of different body postures on meditation experiences by measuring such body functions as breathing and heart rates, skin moisture (GSR), and bowel motility. What he found was that the meditative body posture had a direct and specific effect on the measured body functions. With this realization in mind, Goodman turned to the art of the hunting and gathering people of the ancient and contemporary world, as found in books and museum artifacts. There she found what she believed were postures used by the shamans of these cultures.

In bringing these approximately 50 postures to her students at Dennison University and incorporating the postures into her earlier designed ritual, she found that the postures give direction to the trance experience. Some postures bring a sense of healing and strengthening energy into the body. Some postures are for divination, for finding answers to questions, while others are for metamorphosis or shape-shifting. Then there are postures for spirit journeying, and for going into the underworld, middle world, or upper world. Besides a small number of postures for calling the spirits and celebration, there are also postures for initiation, or for providing a death–rebirth experience with the death of some unhealthy quality and the birth of increased healthiness.

After reading her book, I had the opportunity to lead a four–morning workshop at the annual convention of the International Association for the Study of Dreams in 2007, where I used Goodman’s ritual with several of the ecstatic postures. I was very much impressed by how the postures had the effect that Goodman found with her students. I then returned home to Central Pennsylvania, and invited friends over to experiment with these postures. The initial group of about fourteen people met weekly, and we all were quite impressed. During this time, questions arose and I found the email address of Belinda Gore, a student of Goodman who has written two books on the ecstatic postures (Gore, 1995, 2009). She was quick to answer my questions, was very supportive, and convinced me to join her workshops at Felicitas Goodman’s institute, the Cuyamungue Institute north of Santa Fe, New Mexico on the Pojoaque Pueblo, to become a certified instructor.

I have continued leading ecstatic trance groups in Pennsylvania and now in the Hudson Valley of New York, along with frequent workshops offered at various conferences and other events around the country, and have collected well over 3,000 ecstatic trance experiences from participants in these groups.

The Ecstatic Postures

The intent of the Ecstatic Postures as taught by Felicitas Goodman and the Cuyamungue Institute was initially determined empirically by examining the experiences of groups of individuals while holding the particular posture when in a state of ecstatic trance. The postures have been considered sacred to the hunter–gathering shaman and to those who practice the Cuyamungue Method. I value looking to the postures as sacred, but they have another important dimension. When examining what the postures non–verbally express, it becomes quite evident that they do express the intent of the posture, as determined by Goodman and the Institute.

Illustrations of a select few postures are provided in this paper. Other postures mentioned but not illustrated here can be found in one or more of my books, or those by Belinda Gore and Felicitas Goodman. In the Bear Spirit Posture (Figure 1), with the person’s hands resting on the lower abdomen, the rise and fall of the abdomen can be felt with each breath when breathing correctly from the diaphragm. Thus, the healing and strengthening energy is felt entering the body with the inhale, and tension leaving the body with the exhale. This figurine of the Bear Spirit Posture is a late 19th century Kwakiutl wood carving from the Pacific Northwest.
Several of the postures of divination have the left arm of the individual raised in front of the face, e.g. the Jama Coaque Diviner Posture (Figure 2). This Jama Coaque figurine was found in the coastal region of Ecuador. When participants are asked about what is experienced in this posture, the discussion generally turns to the statue of The Thinker by Rodin. The Thinker has his chin resting on the back of his left hand. The Jama Coaque Diviner, with his hand raised in front of the face, leaves an opening for receiving an answer, a posture of waiting in anticipation. Two other postures, The Tala Diviner (Gore, 2009) and the Freyr Diviner (Brink, 2016a) use instead the raised right hand, with the back of the open hand against the mouth of the Tala Diviner, and the right hand stroking the chin of the Freyr Diviner. Again, both postures express a feeling of thoughtfully waiting in anticipation for something.

The Olmec Prince Posture (Figure 3) for metamorphosis or shape-shifting is of the prince resting the knuckles of his fists on the ground in front of him as he sits on the ground cross-legged. This figurine from 800 to 300 B.C. was found in Veracruz, Mexico. With the knuckles resting on the ground, the arms become the forelegs of a four-legged animal, though I have often become a bird, a snake, or even a tree when in this posture. Each of the shape-shifting postures shows in some way the form of some potential spirit guide. These spirit guides may be human or some creature, substance, or feature of the Earth such as a river, mountain, trail, or canyon. The metamorphosis or shape-shifting experience is of becoming one with a spirit guide, a guide that has an important message for the person.

In examining the spirit-journeying postures, the figures of the underworld postures are generally lying prone on the floor or ground, as is seen with the Jivarro Posture (Figure 9). In this figure she is on her back, with the back of her left hand resting on her forehead. In the Sami Underworld Posture (Gore, 1990), he is lying on his stomach with arms outstretched above the head. Being stretched out on the ground takes the person into the underworld, whether into a body of water or into the Earth. Some postures take the person into the realm of the dead. One of my favorite postures, a standing posture, is from Germany: the 6,000 year old Hallstatt Warrior Posture (Figure 4), a realm of the dead posture. In considering what this posture expresses, it shows a feeling of apprehension with his shoulders lifted and his arms wrapped around hugging the body. This feeling of apprehension would be expected in journeying into the realm of the dead.

The middle world posture that I often use is the Priestess of Malta, (Figure 5), a 5,000 year-old figurine found in a temple on Malta of a heavyset woman planted on the Earth with the fingers of her right hand pointing down to the Earth, and the palm of her left hand resting on her solar plexus. In this posture, I generally find myself on an Earthly journey, sometimes back in time.

In the upper world postures, the person is often reclined at a 37° angle, or standing with the arms raised at the same angle. This posture is repeatedly seen in Scandinavian petroglyphs of battle scenes of the dead warrior rising up to Valhalla, such as the Tanum Skyworld Posture, (Brink, 2016a). The upper world posture that I prefer to use, primarily because of its convenience for not requiring a sloping pad upon which to lie, is the Venus of Galgenberg Posture, a figurine found along the Danube River and the oldest of the postures we use, from around 32,000 years ago. The Venus is standing with her left arm raised at a 37° angle from the vertical (Figure 6).

A common initiation or death-rebirth posture is of the person standing with the backs of the hands resting at the waist, fingers extending upwards, with elbows reaching outward to the side, as seen in The Feathered
Serpent Posture (Figure 7) that is now in the Los Angeles County Museum of Natural History. It was found in Zacatecas, Mexico, and dates from 100 to 650 A.D. I have eight examples of this posture found in figurines of other cultures. When participants are asked what they experience while standing in this posture, the response I most frequently hear is that it is of “my mother scolding me for something I did not do.” More accurately, it suggests a sense of determination, the determination of letting something of myself die with the rebirth of a healthier quality.

These are examples of understanding the posture’s intent. By having the participants lie, sit or stand in the posture, and asking the question, “What does the posture express?” a deeper understanding as to why the posture has the effect it does upon the trance experience becomes evident.

The Healing Nature of the Postures
All of the ecstatic/shamanic postures have a place in the process of healing. The Bear Spirit Posture (Figure 1) and the other healing postures bring into the body an increased sense of healing and strengthening energy, while the divination postures can provide answers as to the origin of a particular problem or what is needed in the process of healing. The metamorphosis postures can bring the individual an understanding of a spirit guide who ushers the person in the process of healing. Journeying into the underworld is frequently a journey into the unconscious mind, where the source of and solution for the problem may be found. While journeying in the middle world, something that is lost might be found, or the journey can take us back in time to find a solution. In the upper world, a spiritual or healthy peak experience often occurs. The initiation or death-rebirth experience generally represents the death of some unhealthy part of the self with the birth of a healthier quality, a change within the person that takes some determination as expressed in the Feathered Serpent Posture (Figure 7).

The following seven experiences are from using each of these seven postures: personal experiences that I have had over the past couple of years while leading the two Hudson Valley groups, with each group meeting twice a month.

The Bear Spirit
11/19/19. I feel a warm energy entering my body, and as I exhale it spreads throughout my body. The warm energy is coming from a bonfire that I am standing near. I can feel the warmth of the fire energizing me. As I look beyond the fire, I can see glowing eyes watching. I am very relaxed, and from past experiences, I know animals trust and come near me when...
I am in trance – rabbits, birds, and deer. This time, the eyes are of two wolves that feel my relaxing energy and know they can trust me. They are close to the ground and edge their way closer to the fire such that I soon can see their gray fur. I feel love and appreciation for them and wish I could pet them. There will be time for that, but the wolf energy is a healing energy. Wolves have two energies: one aggressive in finding food, but the other forms a lasting and loving relationship.

Healing is not always for a person with a physical or emotional malady, but can be for some community problem, or for me, addressing one of my major concerns – healing the Earth, an issue that has become part of many of my experiences. I believe that to heal the Earth we need to again become one with the Earth, as were our hunting and gathering ancestors, and to become one with the Earth means to become one with all that is of the Earth, in this case with the wolves.

The Jama Coaque Diviner

1/23/2019. The mouse returns from a number of my much earlier experiences and she is yelling at me “You’ve been ignoring me.” I follow her to her nest under the garden mulch. The nest is warm and cozy, made with bits of leaves, fluff from milkweed, and a piece of cotton cloth. It is a very pleasant nest with the mouse’s babies all tucked in. The experience brings me to my nest that has been divided between two places, Pennsylvania and New York, very schizophrenic. I’m looking forward to just one nest, the house in New York and especially the garden, looking to spring to see how it grows with edible and medicinal plants along the pathways that wind around the property. I’m looking to nurture the plants and watch them grow, a simple life.

For the last year and a half, I have been living in two places, in Central Pennsylvania and in the Hudson Valley of New York while we have been moving gradually to New York, a five-hour trip, a carload at a time. This experience was in January. In May, we will have finally sold the house in Pennsylvania, and will have completed our move. This experience of moving has felt quite schizophrenic, and I am looking forward to the life of retirement where I can write and work in the garden. The Jama Coaque Diviner (Figure 2) is telling me this will happen.

Also, the mouse became an important spirit guide for me back in the 1980s when it represented a mousy side of me with my feelings of inadequacy or inferiority. Then over the years the mouse spirit became more positive. It became a spirit of humility that I learned to cherish. Then I am back in New York at our cottage and listen to the coyotes howling. I again become a coyote and go hunting, find and catch a groundhog. I again howl to the other coyotes to come and join me in the feast. I realize the coyote has a life of its own and is telling me that I need to appreciate being me and the alone times I have in my life.

The Olmec Prince

11/28/18. I quickly become a coyote at night near the Institute, the Cuyamungue Institute in New Mexico, hunting and howling, howling to let other coyotes know where I am hunting in my own territory. I find and catch something small to eat, a chipmunk. I continue hunting and find something larger, a cat, and this time I howl to invite other coyotes to join me in the feast. I am on the hill on the other side of the small ravine next to the dormitory. As a human, I am in bed on the deck of the dormitory listening to the coyotes, missing the close relationship I had with this coyote that is now ignoring me. As the coyote, I leave the area.

Then I am back in New York on our place in New York, and again I am becoming one with the coyote, one with the Earth in healing the Earth. The coyote is one of my more recent spirit guides, the trickster who always confronts me on something that I am “hung up on,” that I too much want to be with or close to the coyote and other animals, as were my hunting and gathering ancestors, but in living the life we have been living separate from nature, it may not be possible – or at least it will take tremendous patience to again live in oneness with nature. The tick infestation of the deer and other animals in the area, like the pet dogs and cats, places a wall between us and in being at one with the animals.

The Hallstatt Warrior

7/10/18. I first go to the cemetery in Hurley as I have done before to the grave of my 9x-great grandmother. She was captured along with three of her children, including my 8x-great grandfather, by the Esopus Indians during the Second Esopus War, and held for three months before being released. But then I go back to the time of the First Esopus War three years earlier in 1659 when Pels, the son of Evert Pels, another resident of Kingston/Hurley, was captured. When in captivity, he decided to remain with the Esopus. In the trance experience I am with Pels and feel his appreciation as he goes hunting with the other men of the village. He appreciates so much of the Esopus life, the hunting, and the way they value the animals, killing only enough for the moment, with one deer giving itself in the hunt. After the successful hunt, they dance to the spirit of the deer. They embrace and are close to the animals. They know the deer and the deer knows them. The young Indians spend time getting close to the deer, feeding them out of their hands, and the deer learns to...
This experience begins with the factual history of my ancestors being among the first settlers in the late 1650s of what is now Kingston and Hurley, New York, only about 15 miles from where I now live in High Falls, New York. My ecstatic trance experiences with the Halstatt Warrior and other postures have taken me back to incidents in my ancestry and provide the story for my book *Baldr's Magic: The Power of Norse Shamanism and Ecstatic Trance* (Brink, 2014).

The Lenape Indians were a tribe that sought and valued peace and attempted to welcome the Dutch invaders to their land. The Esopus were the Lenape of our area of the Hudson Valley, and when at their wit’s end with the White men, they captured a number of the Dutch invaders with the hope that they would leave. The captured Dutch were treated very well and incorporated into the activities of the life of the village. In my ecstatic experiences with the Esopus, and this is just one, my 9x–time great grandmother was treated well, as was Pels, and found value in the life of the Esopus village where she was held about 30 miles from her husband in Hurley. But in returning to her husband, she was in a struggle to tell him and the others of Hurley and Kingston what she learned about the Esopus life. She knew they would not believe anything good about the life of the “savages.” Pels, being young and single, was free and decided to remain with the Esopus, something that the other Dutch just could not understand.

These experiences bring me to a much deeper level of living with the spirits of the land, in this case, the spirits of my ancestors and of the earliest Dutch settlers of Kingston and Hurley.

**The Priestess of Malta**

6/27/2018. I find myself walking through the woods above our place in Coburn, Pennsylvania. I see milkweed in bloom with monarch butterflies flying around them. Then I find myself with the milkweed in High Falls, a beautiful high stand of milkweed and again with monarchs. I turn and see behind me the large elderberry bush in the woods surrounded by multiflora rose and barberry. It is calling to me for help, wanting me to clear away these invasive plants that are taking energy from the elderberry. I begin clearing a path to the elderberry and circled around it, feeling the cleared area as saying to the elderberry I hear you and honor you.

That afternoon I do clear away the multiflora rose and barberry from around the elderberry. Again, this experience of journeying on our Earth is one of healing in becoming one with the Earth, to the milkweed and the elderberry, a central theme of many of my recent ecstatic trance experiences.

**The Venus of Galgenberg**

3/27/19. During the five minutes of silence of quieting the mind, I see a star explode, sending out waves of energy, energy that eventually coalesced into our sun with the planets surrounding it. I feel the wave energy coming together to form vibrating atoms and the atoms self–organizing to form molecules, and the molecules self–organizing into living cells, each with their own electromagnetic field, or in the words of Rupert Sheldrake (1995), their own morphic field. As two and more cells come in close proximity to each other, their fields start oscillating in unison to eventually coalesce and become some organ of the body with increasing sensitivity to receiving messages from other oscillating bodies – thus the waves of energy of the electromagnetic and morphic fields become particles that eventually merge into the world as we see it. But this transition takes the waves being observed to become substantial particles. Who or what was the original observer, God?

In this experience of journeying into the upper world, I experience with deeper understanding what I have been reading of the observer effect, that what is observed becomes what it is, that the electromagnetic wave when observed becomes a particle, that everything that we considered real was originally just waves of energy until it was observed, a concept that Einstein found “spooky,” and a concept of quantum physics that I have been struggling to understand. This ecstatic experience helped me in this struggle.

**The Feathered Serpent**

3/13/2019. I quickly become a tadpole in our Pennsylvania pond. I am growing legs and my tail shrinks. I am soon a frog swimming to the shore, and while sitting upon a rock, my tongue darts out to get a fly. Then I become a fly larva and hatch into a fly. I look behind me to my left at the mountain ash and the redbud and see the new–forming buds on these trees that are slowly opening into flowers. In the pond I see the blue iris, water lilies, and horsetails beginning to poke up above the water, and slowly the iris buds open into beautiful blue flowers. I am watching and becoming part of the new birth of spring, feeling it come alive. The water in the pond rises with the snow melt, and overflows into the creek below it. The water washes over rocks along the creek, releasing minerals needed by the life along the creek. The marsh marigolds and cattails begin to bloom and are calling for the minerals made available from the rocks. They like the muck in this stream below the pond. I feel the interdependency of this life.
In this initiation or death–rebirth experience, I am experiencing and feeling the rebirth of the cycle of life from the cold and sleep of winter. The cycle of life is the cycle of calling the spirits of each direction, to me a most important part of the ecstatic trance ritual that describes this cycle. Again, I am feeling at one with the Earth, experiences that I describe in my book *Trance Journeys of the Hunter-Gatherers: Ecstatic Practices to Reconnect with the Great Mother and Heal the Earth* (Brink, 2016).

**Ecstatic Soul Retrieval**

Healing does not always occur with the use of a single posture, but a sequence of postures can be especially powerful in the healing process. This I discovered when I was part of a group at the Institute led by the German instructor Ki Salmen in a sequence she used for ecstatic soul retrieval. I found in this sequence of postures a clear parallel to analytic hypnotherapy, a modality that I regularly used as a clinical psychologist. Ecstatic soul retrieval, though, uses far fewer words, with the direction to therapy coming from the postures. I have sought ways for these postures and ecstatic trance to be used in the conventional therapy session and find an increase in the effectiveness of analytic hypnotherapy and cognitive therapy as described in my two books, *Ecstatic Soul Retrieval: Shamanism and Psychotherapy* (Brink, 2017) and *Applying the Constructivist Approach to Cognitive Therapy: Resolving the Unconscious Past* (Brink, 2019).

With ecstatic soul retrieval, the starting point is to prepare the person with the strength needed to possibly face painful experiences in one’s life. In some cases, these childhood experiences may be considered traumatic, but at other times the childhood experience may be a learned response to a parental dysfunctional way of relating that the child experienced over the years that limited their ways of dealing with life. Typically, the emotional strengthening posture I use is the Bear Spirit Posture, (Figure 1), though Ki Salmen used the Tlazeolteotl Posture (Gore, 1995) for cleansing.

Following is my Tlazeolteotl experience of 8/26/07 that introduces my soul retrieval sequence:

I hear Ki’s rattle divide, hearing a deeper sound coming from behind her from the wall of the kiva saying, “Tell me, tell me,” over and over. It wants me to reveal something. I am sweating profusely the entire 15 minutes of her rattling. I think what I am supposed to reveal or do is to let go of my expectations or needs.

Typical of so many ecstatic trance experiences, they are in the language of metaphor, a language that may not at first be understood, but over time they eventually begin to make sense. This experience was preparing me for the sequence by telling me to let go of what to expect, rather than giving me the strength that I may need to face what I need to change. The sweating suggests that I am going to face something important and with anxiety.

To uncover traumas or early childhood experiences, a divination posture is used with the question ranging from the most general, “What do I need to be working on?” to a more specific question such as, “What do I need to overcome my feeling of anxiety?” Though any of the divination postures can be used, such as the Jama Coaque Diviner (Figure 2), the Lady of Cholula Posture (Figure 8) fits more comfortably into the psychotherapy setting. The Lady of Cholula was found in Cholula, Mexico and is pre–Columbian from 1350 A.D. It is currently in the Branly Museum in Paris. The Lady is sitting straight at the edge of her low stool, grasping her knees, again expressing the feeling of waiting in anticipation for something, i.e., an answer to the question taken to her.

However, in the session with Ki we used yet another divination posture, the Olmec Diviner Posture (Gore, 1995), which is similar to the energy of waiting in anticipation as the Lady of Cholula. But the Olmec Diviner is sitting on the ground with his right knee raised, his left leg crossed in front of him, and his hands resting on the legs. Ki gave the initial instructions: “Don’t bring back more than you can deal with. Don’t bring back more than three parts. And watch for an animal spirit guide to help you on this journey.”

The night before this experience in a semi-dream state while sleeping on the outdoor deck of the dormitory, I heard a coyote howling, joined him, or became him, and howled to/with the other coyotes. He is the trickster, the contrary, and I asked, “What is he saying to me?” or “What am I saying to me?” The next morning, in using the Olmec Diviner Posture, I see the Diviner sitting under a tree.

With a motion of his head, he beckons for me to sit down beside him. Sitting with him tells me that I can do the journey for myself. I look to him with the question how many parts of me am I seeking. By put-
ting his right hand behind his ear, he indicates to me to listen. As I listen, I hear a coyote yip and howl. Then a second coyote yips and howls. Then a third one yips but with no howl. I look at him perplexed, and he just shrugs his shoulders. This time I know that the coyote is to be my power animal.

The answer that comes from this experience is again quite metaphoric, as with nighttime dream experiences, but the experience does provide a spirit guide that I need to follow in the next experience. The spirit guide opens the door in defining the problem. In my use of ecstatic soul retrieval, I would likely carry this experience with my coyote spirit guide to the Olmec Prince (Figure 3) to become one with the coyote, bringing him alive within me in preparation for carrying him deeply into my unconscious. Ki though uses the Olmec Prince Posture for transformation. Later I would use the Feathered Serpent posture for providing a death–rebirth experience. The intent of both postures is similar in bringing about change.

Ki next goes into the world of the spirits or the unconscious mind using an underworld posture that brings to awareness the source of the problem. We both use the Jivaro Underworld Posture (Figure 9) for this purpose. It is a posture that can be comfortably used in conventional therapy, especially for those who have a couch, as used in psychoanalysis. This posture was found in Michael Harner’s book The Way of the Shaman (1986).

My Jivaro Underworld experience of 8/28:

I slide out the top of my head and along the ground outside of the kiva. As I glide along the ground on my back, a coyote is gently pawing at me. To get away from its paw I float up onto a tree branch. From there I see I am in a native village with grass huts circling around me. I float down to lie on the ground with the native dancers dancing around me. I am not alone. We, all nine of us in Ki’s group, are there lying in a circle with our feet towards the center. The smoke of small fires rises here and there between us. These geysers of smoke are rising from the ground, and several coyotes are jumping around from geyser to geyser pawing at them as if to try to stop them, but when the coyotes leave my geysers of smoke, I am able to breathe them in, all two or three of them. They feel cool, a cool breeze, but they smell of smoke. Then I find myself back in my body with the cool breeze and feel myself back in the kiva.

What are these soul parts, again two or three? Is it working with the Institute and doing/promoting this ecstatic shamanic posture work? What is it that will complete my soul?

From the underworld understanding of what needs to change, whether understood logically or with metaphoric images that have embedded within them what needs to change, this experience provides the story that is to be carried to the next posture, the Feathered Serpent (Figure 7). The Feathered Serpent sets the stage for the death of a painful habit or experience and the rebirth of innocence, the retrieval of the soul. In dealing with the metaphoric nature that comes in these experiences, what dies and what is born may not be logical, yet the healing rebirth of innocence is experienced.

On 8/29 instead of the Feathered Serpent death–rebirth posture that I would generally use, Ki used a metamorphosis posture. She suggested the Corn Goddess Posture (Gore, 1995) of sitting on your heels, which I find very painful so I used instead the Olmec Prince Posture (Figure 3) that allows me to sit cross-legged.

Along the road leading down into the Institute, I have found two power spots. At both power spots beside the road, I am the mouse looking up at me. I can feel my nose twitching as I am calling out, “Don’t ignore me,” over and over: “Don’t ignore me as you did for so many years.” Then I/we notice a coyote to my right beyond the mouse–me. He comes over to me and puts his face right against mine, then he turned his back to me, repeating this behavior over and over.

I interpret the coyote’s actions as telling me to not take myself so seriously. The mouse was one of my very early spirit guides from many years before, my mousy or inadequate sense of self that I experienced for so many years. But I have as of late not paid much attention to her. In the soul retrieval sessions with Ki, we ended with this metamorphosis posture, though I have found using the Venus of Galgenberg (Figure 6) a good posture for ending the sequence for rising to a new level of spirituality.

The Parallels between Ecstatic Soul Retrieval and Analytic Hypnotherapy

Analytic hypnotherapy begins with a hypnotic ego strengthening exercise before identifying the affect of
the problem the client brings to therapy to be used with the affect bridge. The affect bridge, as described by John Watkins (1971), uses the hypnotic procedure of time regression to carry the problematic affect or emotion back in time to its origin. The affect bridge brings the person to some traumatic experience or parental behavior to which the client learned to respond with this affect or emotion. Edgar Barnett (1981) then uses a hypnotic cathartic suggestion of “Let your adult self go back and help your younger self understand.” I have added three additional steps: First, hypnotically identify the words that the client needs to hear from the parent. These words need to be positive. Saying “Dad, please stop abusing me” does not express what is needed. Such words as “Dad, I need you to be gentle and patient with me,” or “Mom, I need you to protect me,” are needed. The client is asked to think of as many different ways of saying what was needed as possible. We then use these words in hypnotic rehearsal for the client to become the good parental figure with family, friends, and work associates. Finally, the client reports back in therapy, recounting what happened when using these new ways in relating with others (Brink, 2019).

Ecstatic soul retrieval begins similarly with the Bear Spirit Posture (Figure 1) for gaining strength and healing energy. The problem is then identified using the Lady of Cholula Posture (Figure 8) before carrying it into the underworld to find its source and a solution. The Feathered Serpent Death–Rebirth Posture is used for letting the problem die as the new solution is learned. The new self then journeys into the spiritual realm using the Venus of Galgenberg upper world posture (Figure 6) to provide spiritual strength for the new behavior. I have written extensively about the parallels between these two therapeutic modalities in *Applying the Constructivist Approach to Cognitive Therapy: Resolving the Unconscious Past* (Brink, 2019).

**Bringing Ecstatic Soul Retrieval into Conventional Psychotherapy**

For the person coming to a conventional psychotherapy session, the use of these postures may seem somewhat disquieting or bizarre. But beginning with the standing Bear Spirit (see Figure 1), explaining to the client the healthy and natural way of breathing from the diaphragm can make the use of this posture at the beginning of each session seem natural. I do not use the names we have given to these postures but describe their use in terms of the intent they express. Then, of the various divination postures, the Lady of Cholula Posture (Figure 8) of sitting in an alert manner waiting for an answer can be explained in an acceptable way. As we proceed in using the hypnotic language of analytic hypnotherapy, the elements of the experiences that come forth in the session can easily and comfortably be referred to as spirit guides or guiding spirits.

At this point I would generally go into the unconscious mind using the Jivaro underworld posture (Figure 9), which can feel very natural in a psychoanalysis session. When clients feel comfortable with these postures while seeing their significance in the process of therapy, there comes a time when I would explain the origin of these postures. When clients first come to therapy, their world is very self-centered and restricted, but with therapeutic progress they begin to open to the world outside of themselves, a world of greater diversity. In this world of greater diversity, the story of these postures can open them to even greater diversity.

But before I tell the story of these postures, I might use the Feathered Serpent Posture (Figure 7) for death and rebirth, a posture that can be explained as expressing a sense of determination in the death and rebirth process. What comes first, the story of the postures or the use of the Feathered Serpent Posture, depends upon my judgment of whether or not the client is ready to hear the story. When I feel the client is ready for the story, I will start using the names we have given the postures.

The Olmec Prince Posture (Figure 3) would likely feel especially strange in a conventional therapy session, so this posture is used sparingly until after the story of the postures is told, as is the Venus of Galgenberg posture. The Venus is used near the end of therapy. The cycle of this sequence of soul retrieval postures is often or generally repeated several times as therapy goes into deeper and deeper levels of healing, and with each cycle the words of hypnosis are used less and less, while depending more upon the direction given by the posture. The Olmec Prince and Venus might be used only in these latter soul retrieval cycles.

**Going Beyond**

While I am writing this paper, the pandemic of the coronavirus is changing the way we see the world. Is there a place for ecstatic trance and the ecstatic postures? Our two ecstatic trance groups here in the mid–Hudson Valley are using the healing postures to send needed healing energy out to the world. I joined in on a recent virtual Zoom meeting led by Belinda Gore with sixteen of the ecstatic trance instructors from Canada to Chile and Argentina, many of whom are joining in with their groups to send this needed healing energy out to the world. I believe we can have an effect in healing the Earth. Whether Lyme disease, the coronavirus, or other new diseases that trouble the human population, these diseases are taking hold because the pathogens are losing their needed host in order to survive, losing their host to extinction caused by the damage we have imposed upon the Earth, or because our increasing population is moving into the habitats of these hosts. By returning to the ways of our hunting-gathering ancestors, ancestors who respected and venerated the Earth, the Earth can be healed.
The energy from the practice of ecstatic trance by many people from around the world can also bring healing to the Earth. Several years ago, fires raged in New Mexico near the Cuyamungue Institute. When the ecstatic trance groups from around the world called for rain in New Mexico using the Chalchihuitlique Posture (Gore, 1995), a metamorphosis posture, rain came the next day to help quench the fire.

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REFERENCES


ABSTRACT

Trauma experienced by past generations, or intergenerational trauma (ITT), may affect clients’ current functioning. Trauma, while stored in the body, is also transmitted from person to person on a body level through biological and environmental means. While many trauma experts are beginning to learn the importance of somatic interventions for the healing process, there is limited research on the use of somatic interventions for help with symptoms resulting from ITT. This paper explores the implicit nature of the transmission of ITT and posits that body psychotherapy is uniquely positioned to help clients working with challenges related to this type of trauma.

Keywords: Intergenerational trauma transmission, intergenerational trauma treatment, body psychotherapy, multigenerational trauma, generational trauma

Michelle Rosenthal

Introduction

The residue of our ancestors’ unresolved injury does not simply disappear. In fact, it often weighs most heavily on the introspective, sensitive members of the next generation.” Firestone, 2019, p. 5

As therapists continue to explore the importance of how trauma can affect their clients, they are also becoming aware that trauma experienced by past generations, or intergenerational trauma (ITT), can have a lasting effect on clients’ current functioning. As trauma is stored in one’s body (van der Kolk, 2014), it is also transmitted from person to person on a body level. In order to heal ITT (also called generational trauma, multigenerational trauma, lineage trauma), it is important to understand that transmission occurs through the body, and therefore must be treated through the body. Many trauma researchers have stated that meaning-making is an important aspect of the healing process and can involve integrating traumatic events and memories attached to them (Koch, Caldwell, & Fuchs, 2013). While making-meaning may involve such integration, due to the nature of ITT and its transmission, the information used to create meaning may not be available to the client, or, if known, might have a dissociative feeling to it. The theory presented in this paper states that a somatic approach is imperative in treating lineage traumas, and that recreating the story is not always necessary for meaning-making. While the role of body-based approaches in trauma research has grown significantly in the past two decades (van der Kolk, 2014; Herman, 2015; Rothschild, 2000; Levine, 1997), there is limited literature on the significance of treating ITT through a somatic lens. This theory does not aim to explain how one should use somatic interventions; rather it aims to highlight the importance of such interventions when working with ITT in a holistic manner.
For the purposes of this paper, the terms story and narrative have been differentiated. Story is the actual events that have occurred — the facts. This is what is stored as declarative memory and is part of one’s explicit memory. Narrative is a form of memory that involves both explicit and implicit memory (Siegel, 2012). Narrative is how one makes meaning of one’s lived experience and declarative memory (Siegel, 2012). While both narrative and story can be influential in the healing process, it is necessary to distinguish them in order to clarify what has happened and the meaning-making that follows. In the case of ITT, one might never know the actual events that caused the trauma response. The event was not part of the individual’s lived experience, yet it is woven into their narrative.

**Literature Review**

**Trauma**

Menakem (2017) describes trauma as a physical reaction to an event or events perceived as potentially dangerous. Trauma has also been described as an overwhelming experience accompanied by a feeling of powerlessness, loss of control, and fear that could have negative long-lasting effects on functioning and overall well-being (Herman, 1992; Siegel, 2012). This process involves a disconnection from self and others, and can be followed by periods of intrusive thoughts or flashbacks, hypervigilance, constriction, and preventing traumatic memories from resurfacing in the conscious mind through fragmentation (Herman, 2015). During traumatic experiences, individuals may dissociate, go into a hypnotic-like trance, experience depersonalization, and perceptions may be numbed or distorted (Herman, 2015). While these experiences and memories are disconnected from ordinary consciousness, pieces of memory may be produced as intrusive symptoms and nervous system reactions. According to Porges (2017), when an individual is reacting to past trauma, their nervous system might function from a sympathetic state (hypervigilance) or from a low-tone dorsal vagal state (freeze). These are ways for the body to protect itself from threat, yet these processes will take a toll on the individual’s mental and physical health (Porges, 2017). Not only do individuals instinctively protect themselves through their nervous system responses, they have a drive to heal themselves as well (Levine, 1997). In doing so, trauma might be reenacted in an attempt to produce different results by internalizing or acting out past trauma in relationships, experiences, and through motivations or drives (Levine, 1997). Without integrating or healing traumatic wounds, individuals can continue to reenact the story, hoping for a new ending — thus perpetuating violence, trauma, and oppression.

Healing from trauma and returning to optimal functioning requires reintegration within the self, as well as reconnection to others (Herman, 2015). Connection to self involves self-awareness, or conscious access to the present moment (Siegel, 2012), and is integral in reconnecting parts of the self that may have been fragmented due to the trauma. Many trauma experts agree that meaning-making is also part of the trauma healing process (Herman, 2015; van der Kolk, 2014; Rothschild, 2000; Ogden, et al., 2006). Koch et al. (2013) describe the body as a “meaning-seeking system searching the environment for coherence” (p. 86). Meaning-seeking and meaning-making aid in the verbalization of experiences and help individuals by making change more explicit (Koch, et al., 2013), thus assisting in the integration and healing process.

**Intergenerational Trauma Transmission**

According to the concept of intergenerational trauma (ITT), psychological trauma can not only impact one’s lived experience, but can also be transmitted from parents to children, and continue to be passed on by families and communities across generations (Danielli, 1998; Firestone, 2019; Goodman, 2013; Knight, 2017). While hundreds of studies exist supporting the ideas of ITT, researchers are still unclear about how and why trauma is transmitted generationally (Kellerman, 2013), which may confound the process of healing this type of trauma.

Transmission of unconscious material is both a biological and environmental process, meaning that both genetic makeup and lived experiences affect how an individual learns to make sense of the world and act within it (Matosin, Cruceanu, & Binder, 2017; Firestone, 2019; Stanek, 2015; Loman, 1996). The study of epigenetics supports this idea by exploring how genes can be expressed differently based on environmental factors, though one’s DNA remains unchanged (Williams, 2013). According to research on epigenetics, exposure to psychosocial challenges, traumatic events, or severe and chronic stress can lead to epigenetic shifts in gene expression that result in either gene expression, repression, or enhancement (Matosin, et al., 2017). Not only can these changes be long-lasting, affecting overall health and mental health in one’s lifetime, but they can also be passed on to future generations (Matosin, et al., 2017). According to epigenetic studies, while trauma does not affect one’s DNA, gene expression and how one reacts to certain stimuli can be passed down from parent to offspring (Kellerman, 2013; Dias & Ressler, 2013). For example, research by Dias and Ressler (2013) suggests that fear-induced olfactory experiences can be transmitted structurally without any social transmission. Mice subjected to odor fear conditioning behave in a manner similar to their offspring when exposed to these same odors. This phenomenon is known as intergenerational transmission.

Studies examining deprivation periods throughout history, such as the Dutch Hunger Winter (1944-1945), the Swedish famine (1867-1869), the Montreal ice storm (1998), and the Holocaust (1941-1945) support epigenetic transmission of traits by stud-
Current societal and psychological trends are leaning in the direction of a more emotional and body-based approach to treating trauma, yet most still adhere to a top-down cognitive approach to trauma treatment. In contrast, using a somatic lens to heal ITT through a bottom-up approach can be more appropriate due to the implicit nature of the transmission process.

Memory

Memory shapes how individuals interact with the world, as well as how they make sense of the world (Siegel, 2012). Much of what is thought of as memory is based on recall of factual information and autobiographical memory, or explicit memory. This type of memory is encoded and stored using the hippocampus, which does not develop until a child’s second year of life (Siegel, 2012). Before this time, individuals rely on implicit memory, or body memory, which is based on perception, emotion, behavior, and body sensations (Siegel, 2012). Body memory is attained through body sensation and is responsible for helping individuals navigate the world without using deliberate thought (Koch, Caldwell, & Fuchs, 2013). During development, a child learns about body sensations and emotional meaning through somatic interactions with caregivers, such as touch, tone of voice, movement patterns, facial expressions, and tension in the body (Wallen, 2007). Trauma can be stored in one’s body as somatic symptoms without explicit awareness (Herman, 2015; Koch et al., 2012; Ogden & Fuchs, 2013). During development, a child learns about the world through observation as well as through body interaction and transference of body memory, through movement, mirror systems, imitation, and resonance (Cozzolino, 2014). Through actions, emotions, and body responses, children learn how the world works, and can learn that the world is a dangerous place. This may result in repeating patterns of engaging with the world that they have learned from their caregivers, and transmitting trauma responses on an unconscious level from generation to generation. When caregivers have not healed from traumatic experiences, traumatic memories can be passed on to the next generation through nonverbal interactions, as well as how children learn from their caregivers how to interact with the world.

Body Psychotherapy

Body psychotherapy, a form of somatic psychology, is a holistic approach to mental health counseling that affirms that mind and body are not separate (USABP, home, 2018). Body psychotherapy posits that the body communicates through sensation, breath, and movement, and that trauma stored in the body can be released through listening to what the body has to say (Caldwell, 1996). Therefore, all events have an impact on the entire person. In order to heal, the body and mind are both integral to the healing process. Traditional psychotherapy takes a top-down approach, focusing on cognition, while body sensations are deemed less important or discouraged (Siegel, 2012). Current societal and psychological trends are leaning in the direction of a more emotional and body-based approach to treating trauma, yet most still adhere to a top-down, cognitive approach to trauma treatment. In contrast, using a somatic lens to heal ITT through a bottom-up approach can be more appropriate, due to the implicit nature of the transmission process.
Body Psychotherapy for Treatment of ITT

Due to their specific training related to the integration of mind and body, as well as the emphasis on body sensation in therapy, somatic therapists are uniquely positioned to help clients working with the challenges of ITT. While current trauma treatments consist of predominantly top-down, cognitive, or pharmacological approaches to healing, somatic therapists use both cognitive and body-based approaches, including somatic and sensory information (Mulloy, 2019). Though inter-generational trauma is transmitted through the body, many practitioners do not conceptualize the healing of ITT through somatic interventions. There also is limited evidence on whether a cognitive method, using story and declarative memory, is an effective way to address the treatment of ITT.

In order to explore how one has been affected by ITT, many would assume that revisiting the trauma of their parents and ancestors would be necessary. Others believe that it is not necessary to acknowledge such parts of our identity to work with one’s present moment experience, letting go of the importance of the trauma story, and instead working with ways in which the client is currently affected by such trauma (Levine, 1997; Rothschild, 2000; Ogden and Minton, 2006). Exploring trauma through a somatic lens does not discount the importance of cognition; it offers a more expansive take on how the individual may be experiencing trauma symptoms. This can involve examining body sensations, but might also include memories and meaning-making through memory. ITT results from events that the individual seeking treatment did not experience, therefore those memories may not be accessible to most individuals. Because of this and the implicit nature of transmission, working with a somatic approach is essential if healing is to occur, since trauma has been passed down at a body-to-body level.

Some individuals believe understanding trauma stories will bring comfort and accelerate the healing process (Wajnyrb, 2001), and thus feel a need to restate old stories, potentially inducing the repeated trauma responses. While this may help them connect with their ancestors’ experiences and explain why they feel or react the way they do, this is not all that is needed to further the healing process. It is important that the implicit nature of ITT transmission be taken into consideration when deciding how to foster the healing of ITT. While stories may help, the wounds and scars that the client is reacting to live in the body and therefore must be addressed in the body.

If trauma recovery is an integration and meaning-making process, treatment must include ways to do this without access to memories involved in the original trauma response. How this can be achieved is a question being posed by some trauma therapists, but seems even more important when clients have not consciously experienced it, and do not know the story. While some have heard stories of their ancestors from caregivers or history books, others are not connected to their ancestors, and do not know their familial histories. For these individuals, and for those who do not have access to ancestral stories and trauma histories, other ways to heal from symptoms created by ancestral trauma must be examined. To assume that in order to heal ITT, these stories must be made known is to say that those who cannot connect to their familial past are destined to reenact these patterns and cannot heal. Individuals do not need to know their stories to be influenced by them, and should not need to know these stories in order to heal from the pain they cause. Individuals must be able to make meaning of ancestral trauma without direct connection to these stories.

Since the events that caused the trauma response are not part of one’s lived experience, the person experiencing ITT will never know the “true” story, only the parts that have been passed down implicitly or through other’s narratives. Connecting one’s experience and trauma responses to another’s pain can be helpful in meaning-making, yet it is not necessary to reexamine others’ wounds to heal oneself. Thus, it can be helpful to acknowledge that others’ experiences have had an influence on behavior and responses to the environment.

Trauma recovery involves meaning-making and integration happening in the here and now. Therefore, it is important that clients are able to make meaning of their current experience. In order to connect to and understand one’s environment, individuals are constantly searching for commonalities in objects and circumstances (Koch, et al., 2013). When one does not have a memory to tether their meaning-making to, one must make meaning of what is happening in the present moment. This can involve an acknowledgement of ITT, without recall of the story. Many clients see a therapist to feel better and make sense of their current situation. For healing to occur, acknowledgment of one’s connection to current survival strategies and ITT might or might not be necessary. However, these experiences and reactions have a direct link to how our ancestors once survived. By making this link, without closely examining the actual events or stories, individuals might still be able to invoke meaning, therefore promoting healing.

Integration involves connecting the past with our present moment. Integrating ITT can involve acknowledgement and a detachment from the emotional component of the survival mechanisms of our ancestors. To do so, individuals do not need to recreate a narrative. A client might be able to accept that these are survival mechanisms of the past that are no longer necessary for survival. While these skills may be helpful for survival, they must be able to use them appropriately and intentionally. Through detachment from the emotions of their ancestors, clients might be able to recognize where parts of their identities are enmeshed with the survival skills of the past, and develop new ways of navigating their world.
While story may not be important to healing ITT, some clients have heard the stories of their ancestors within their lifetime. For some, these stories of their ancestors and ancestral trauma have been repeated throughout their lives. Other individuals may not have a strong connection to these stories, resulting in the stories having a dissociative feeling. For example, individuals can read in history books and hear that their ancestors were oppressed, but may not have made a personal connection to these stories. For those individuals, it is important that they have an opportunity to feel and connect to the stories they have already heard. In order to heal these parts, one must acknowledge that there is connection, and feel it in their bodies. In this way, the individual can integrate what one knows on a cognitive level with what they inherently feel on a somatic level in order to begin the healing process.

Other individuals might have learned their familial stories and have a strong association and sense of the struggles of the past. In turn, many internalize these stories, can be enmeshed in the stories, and might have integrated the symptoms of trauma into their identities. For these individuals, it can be important to explore how these stories might be influencing their identities, and how they can create new ways of being in the world by disengaging from patterns that might not be aiding their well-being, although they might have been useful for their ancestors.

Mental health practitioners must be aware that ITT can have a powerful influence on their clients, whether or not they, or their clients, are aware of the specific impact. This is a part of one’s behavioral patterns and nervous system reactions that must be acknowledged. While it might not be necessary to help clients make such links between their familial trauma and their current symptoms, it must be a consideration in treatment that ITT could be affecting their daily functioning, as well as having a strong impact on one’s core beliefs about themselves.

Discussion

While story and narrative have been intertwined with current methods of treating trauma symptoms in individuals, it is important to recognize that ITT is different from lived experience trauma and needs to be acknowledged when treating individuals in a holistic manner. Western society tends to place a higher value on cognition, like story and facts, more than other body experiences, such as emotions and body sensations. This hierarchy thus bleeds into the fabric of current psychotherapy practices. Many therapists rely on clients to tell their stories, narratives, and memories in order to help them make meaning of their lived experience and create change in their responses to the world. For many, this means connecting their past to their current lived experience. While this can be effective for some, it is important to recognize that not only are these memories unreliable truths, but for some there is no story to connect to because these experiences did not occur during the client’s lifetime.

Although it is important to acknowledge that ITT exists and that it might be playing an important role in the lives of clients, it is also necessary for practitioners to follow the lead of the client. If the exploration of ITT or connections made to ancestors is not important to clients, therapists must drop such agendas, yet hold the possibility in their own awareness and conceptualization. Not all clients will benefit from ancestral and familial exploration. For some individuals, making meaning through exploring the stories of their ancestors will be very important, even if the practitioner does not understand or believe it to be relevant. For many individuals, it will be extremely difficult to make meaning without story while living in a society that is so cognitively driven. Telling one’s story or the story of one’s ancestors might feel both liberating and oppressive. It is the job of the therapist to make room for such exploration, while remembering that this might not be necessary for healing. All clients and individuals are different, as is their healing process. There is no prescriptive way of working with clients, and therefore, making the decision to explore one’s ancestral story should be examined on an individual basis. Even though this might not be part of a client’s therapy trajectory, it is imperative that therapists hold the possibility that clients can be affected by the wounds of their ancestors, and might have incorporated those reactions and patterns into their identities.

While this theory explores healing on an intrapersonal level, it is important to acknowledge that many people still experience systemic oppression related to the traumas of their ancestors (i.e., ancestors of those afflicted by genocide, war, or displacement). It is important to recognize that the trauma story can have a different impact when including the influence of systems of oppression. No individual is separate from the systems or communities they live in. When helping individuals heal from wounds and symptoms related to ITT, it is necessary to explore how systems of oppression might be affecting the client, and how telling one’s story, or silence, can affect the healing process.

Limitations and Suggestions for Future Research

There is a large gap in current literature on the topic of using somatic interventions for healing intergenerational trauma. Further exploration is needed on how one should use somatic interventions. While many trauma experts and counselors are moving towards a more somatic approach to treating trauma responses, the field of psychotherapy needs to acknowledge the somatic and implicit nature of ITT transmission and explore how this might or might not be different from lived experience trauma. Exploration into how treating this type of
trauma could be different than treating other traumas is also necessary. Although treatment might be the same or similar, more research is necessary in order to make such conclusions. Research involving the use of current somatic trauma therapies with the intention of healing intergenerational trauma wounds could help with this distinction. Inquiry into the significance of story in the ITT healing process is also an area of research yet to be explored. Studies involving how and when exploration of story is helpful or hurtful, necessary or not necessary could further understanding of an individual’s healing process. Research on the creation of meaning from trauma, and whether story or memory are necessary for this process, would also further understanding of this topic.

**Conclusion**

Due to the implicit nature of ITT transmission, somatic therapies are particularly suited to help clients explore how ITT may be affecting them. While many trauma experts acknowledge that the present-moment somatic experience of the client is necessary to heal trauma wounds, more research is needed in order to bridge the gap between one’s lived experience and the experiences of their ancestors. This theory posits that retelling stories of our ancestors is not always necessary, but the integration of a somatic approach is paramount for healing to occur in a holistic manner. While clients might never know the stories that impact them, they will feel the imprints of the past on a very basic somatic level.

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**REFERENCES**


Herman, J. L. (2015). *Trauma and recovery: the aftermath of violence, from domestic abuse to political terror*. New York: Basic Books, a member of the Perseus Books Group.


ABSTRACT

In the field of group therapy, Family Constellations is a practice that remains mysterious. This phenomenological group process has opened a great many emotional doors in family systems. However, there are numerous components in the practice that operate without considering therapeutic safety. While Family Constellation work has shown itself to be impactful, it neither prepares individuals to participate, nor does it conclude in a manner that supports the aftermath experiences of those involved. The approach discussed in this paper provides a theoretical layer that could be integrated into the Family Constellation model to combat this lack of structure, safety, and regulation for all those involved. This proposed model includes a number of body psychotherapy practices that support facilitators in using somatic interventions to create a stronger therapeutic container, track participant regulation, and successfully close the experience in a way that diminishes the potential for harm.

Keywords: Family Constellation, somatic, body psychotherapy, group process

This paper posits that the incorporation of body psychotherapy and somatic principles can increase the efficacy, safety, and ethical considerations of the existing Family Constellation model. Body psychotherapy principles that offer somatic intelligence provide the important safety net that is currently lacking in the classic Family Constellation model. These are necessary for facilitators to ethically hold space, for clients to receive the full potential healing from the practice, and for participants to be able to sufficiently develop and maintain healthy boundaries pre-, during, and post-participation. While Bert Hellinger claimed that writing about how the model works causes it to lose its vitality (Hellinger, Weber, & Beaumont, 1998, p. v), it is imperative to discuss how the addition of a strong somatic overlay advances the model’s ability to connect to the very lifeblood its founder spoke of. This article offers background for the Family Constellations model, its founder, and the psychotherapeutic practices most commonly associated with it. While there are critiques of the model and its founder, they will not be discussed at length. The Family Constellations processes, though important to understand, are not the focus of this paper. The focus is on how these processes may be improved by the addition of somatic theory and practices.

Literature Review

Family Constellations

For over three decades, family constellations have been used to take a more in-depth look at the unseen dynamics of family relationships (Hellinger, Weber, & Beaumont, 1998, p. xii). Fam-
ily constellations are facilitated within a group format hosted with therapeutic supports (Stiefel, Harris, & Zollmann, 2002). This particular type of processing touches on “trans-generational, phenomenological, therapeutic intervention with roots in family systems therapy, existential phenomenology, and the ancestor reverence of the South African Zulus” (Cohen, 2006). Bert Hellinger has been credited with originally developing the practice (Hellinger & Ten Hövel, 1999; Hellinger, Weber, & Beaumont, 1998), and his name remains strongly attached to family constellations (Cohen, 2006). While this method has little to no academic writing quantifying or supporting it, there are increasing numbers of case studies and compelling personal accounts that speak to its effectiveness (Lynch & Tucker, 2005; Payne, 2005; Stiefel, Harris, & Zollmann, 2002; Stuart, 2005; Ulsamer, 2005; Cohen, 2006). In reference to this anomaly in supported research, Bert Hellinger focuses the question on the deeper inner workings of the human experience as a reminder to not “keep the peel and throw away the truth” (Hellinger, Weber, & Beaumont, 1998, p. xii).

Depending on the group, there can be 15 to 30 participants in a family constellation. Group members are asked by the client to be stand-in representations for members of their family of origin. Participants represent these members on a volunteer basis (Winnicka, n.d.; Talarczyk, 2011). The client physically places each representative somewhere within the room as the facilitator asks for minimal specific information about each family member regarding deaths, partners, and children. Often the spacing and facing of the family representations is quite significant and telling (Stiefel, Harris, & Zollmann, 2002). After the placement of participants, the facilitator and client observe aspects of the family system through the client’s body language and participant selection (Winnicka, n.d.; Talarczyk, 2011). From there, the facilitator asks for the “here and now” experiences of participants in relation to their arising physical sensations (Harris, Stiefel, & Zollmann, 2002; Winnicka, n.d.; Talarczyk, 2011). The facilitator might shift the locations of some participants until the underlying issue appears to have untangled. Some facilitators will then ask the client to step into the new arrangement of the system, standing in the place of the individual who represents them. However, for some it is sufficient for the client to witness the movement (Winnicka, n.d.; Talarczyk, 2011). This describes the most classic practice as taught by its founder, Bert Hellinger. However, since Hellinger did not patent the method or techniques, facilitators are free to adjust the method to meet their own modalities. Hellinger believed the new wave of practitioners would expand upon the style, and thereby enhance it (Cohen, 2006).

Hellinger’s background with group psychotherapy, psychoanalysis, primal therapy, transactional analysis, and NLP (Stiefel, Harris, & Zollmann, 2002) can all be seen when dissecting the structures of Family Constellations work. In addition to these more commonly known modalities is the influence of the Zulu tribe of South Africa (Meyburgh, 2009). Hellinger originally went to the Zulu tribe as a missionary, and after 16 years (Talarczyk, 2011), came away with the Zulu’s strong beliefs for the need to acknowledge ancestors and past generations (Meyburgh, 2009; Lawson, 1985, pp. 24–25; Cohen, 2006).

There have been a number of critiques regarding Family Constellations and Bert Hellinger’s methodologies (Talarczyk, 2011). These include the argument that the practice, at its base, is not psychotherapy. Nor is it systemic work, though it is often referenced as such (Talarczyk, 2011), as it is inconsistent with the theory and practice of systemic therapy (Talarczyk, 2011). This is due in part to the inexplicable phenomenology of participants (Hellinger, Weber, & Beaumont, 1998, p. xii) experiencing symptoms similar, if not identical, to the original family members. However, the sensations experienced by participants is a highly contested area of practice that goes beyond the structural arguments. Additional critiques appear regarding Bert Hellinger’s orientation, including his 25 years spent in a convent, his missionary trip to the Zulu tribe (Talarczyk, 2011; Stiefel, Harris, & Zollmann, 2002), and his white cis-gender identity (Cohen, 2006; Talarczyk, 2011; Stiefel, Harris, & Zollmann, 2002). In addition, Hellinger’s commentary has been seen as challenging and at times disturbing. Hellinger’s explanations of the shock factor are also cause for critique, though they do challenge the individual to find truth within themselves (Hellinger, Weber, & Beaumont, 1998, p. ix). This applies to Hellinger’s orders of love precedence, inclusion, and balance (Hellinger, Weber, & Beaumont, 1998), which could be perceived as influenced by his many privileged identities, such as his religious background or gender (Cohen, 2006), which he discusses in many of his books (Talarczyk, 2011). Though important for consideration, this article will not further discuss critiques of the model. If the reader wants more information regarding the critiques of the model, please reference Talarczyk’s Family Constellation Method of Bert Hellinger in the context of the Code of Ethics for Psychotherapists (2011).

**Gestalt and Psychodrama Comparisons**

**Psychodrama**

Family Constellations has been noted to have major influences from psychodrama and Gestalt (Cohen, 2006). Speaking to the re–enacting process integral to psycho-drama, and the very involved manner in which clients play within the process, Psychodrama’s founder, Jacob Levy Moreno, has been famously quoted as “teach[ing] the people how to play God” (Moreno, 1985: 5-6, Wilkins, 1999). Psychodrama roles are described in vivid detail, and the client can switch and try on other roles in the group (Davies, 1976) and become a “psycho–dram-
atist” by embodying rather than intellectually learning (Wilkins, 1999). Psychodrama emphasizes action over verbalization (Davies, 1976; Wilkins, 1999), believing that by releasing emotional blocks through spontaneity, clients are led to new solutions for old problems (Jay, 1992; Wilkins, 1999). There is also space for discussion wherein the participants are encouraged to speak about their experience (Davies, 1976). The idea is to shift the client’s perception to deal with change (Jan Costa, 1995; Wilkins, 1999). Early forms of psychodrama appear similar to Hellinger’s model, although the action-based approach and emphasis on group member ego differs from the intuitive facilitator direction seen in Family Constellations (Stiefel, Harris, & Zollmann, 2002).

The representatives in Family Constellations are placed with little to no information related to who or what they are representing (Crawford, 2013). They remain open to the unknown dynamics that will emerge when the client biases are reduced (Hellinger, Weber, & Beaumont, 1998, p. 75). In addition to minimal information about the arrangement of the family, and after the completion of the constellation, client and participants are encouraged not to reflect out loud (Harris, Stiefel, & Zollmann, 2002). It is important to note that unlike the acting encouraged by psychodrama, in Family Constellations, representatives are expected to feel strangers’ symptoms (Hellinger, Weber, & Beaumont, 1998, p. xii). Family Constellations remove the “drama” of Moreno’s practice (Cohen, 2006) to instead hold a larger space for hidden dynamics that need to be brought to light (Hellinger, Weber, & Beaumont, 1998, p. xii).

**Gestalt**

The Gestalt influence on Family Constellations (Cohen, 2006) can be seen by examining the principles and practices Gestalt teaches. Gestalt explains that “growth starts with conscious awareness of what is occurring” (Corsini & Wedding, 2014, p. 300), reflecting Fritz Perls’ personal beliefs and personality (Wagner-Moore, 2014; O’Leary, 2013). Gestalt is a process-based psychotherapy focused on the engagement of the client with their environment (Bowman, 1998, p. 106; Toman & Woldt, 2005), with an emphasis on the present moment, potential biases are reduced (Hellinger, Weber, & Beaumont, 1998, p. xii). The approach shows Satir’s distinct perspective that those with this “should” symptom was the cause of an individual’s unique experience of oppression. She saw that their innate life energy was displaced and surfaced in their physical symptoms or challenging behavior (Satir, 1998). She offered the perspective that those with this energetic conflict experience deprivation caused by the pressures of their family “should,” and by the fact that they know no other way to express their internal energetic struggle (Satir, 1998). Her model’s approach is systemic, and offers transformative depth work that can be effectively done within a short time frame (Banman, 2002).

It is apparent that many Gestalt techniques have largely influenced Hellinger’s Family Constellation model (Cohen, 2006). In addition to the minimal information being requested of either the client (Hendlin, 1987) or Constellation participants (Stiefel, Harris, & Zollmann, 2002), the current moment body awareness Gestalt offers can be seen in the present moment sensations dialogue of participants in Family Constellations (Stiefel, Harris, & Zollmann, 2002; Winnicka, n.d.; Talarczyk, 2011). Gestalt’s focus on spontaneity (Corsini & Wedd, 2014; Toman & Woldt, 2005; Yontef & Simkin, 1989; Meier & Boivin, 2011) is seen in the spontaneous way the ancestral lineage and hidden dynamics appear in Family Constellations (Bradway, 1979; Kalff, 1980; Cohen 2006). While similarities appear, and Gestalt styles of group therapy are practiced around the world (O’Leary, 2013), the phenomenon of representatives experiencing in their own bodies what other individuals do not know have experienced is unique to Family Constellations (Hellinger, Weber, & Beaumont, 1998).

**Satir Family Systems**

Family Constellations is grounded in the clinical study of Virginia Satir’s family systems therapy (Cohen, 2006). Satir’s work has been closely associated with parts work and the practice of role-playing internal dynamics among the parts of the self. This is useful for self-development (Carlock, 2015), as well as for family reconstruction and understanding the effect of family systems on the individual within (Banman, 2002). As a pioneer of the family therapy movement (Banman, 2002), Satir’s model teaches that children define themselves through the lens of their parents (Satir, 1998). The model shows how toxic the “shoulds” within a family system can be, shedding light on how children are led to believe that in order to be loved they should show up in a specific way and attempt to live based on the “shoulds” of their environment (Satir, 1998). Satir believed this “should” symptom was the cause of an individual’s unique experience of oppression. She saw that their innate life energy was displaced and surfaced in their physical symptoms or challenging behavior (Satir, 1998). She offered the perspective that those with this energetic conflict experience deprivation caused by the pressures of their family “should,” and by the fact that they know no other way to express their internal energetic struggle (Satir, 1998). Her model’s approach is systemic, and offers transformative depth work that can be effectively done within a short time frame (Banman, 2002).

The Family Constellations approach offers a way to see how our family systems operate (Edward Lynch & Tuck, 2005), and the way the group consciousness and dynamic affects and touches each individual (Hellinger & Ten Hövel, 1999). The approach shows Satir’s distinct influence (Cohen, 2006), wherein a system’s complexities can be untangled and have life breathed back into them and the individuals involved (Edward Lynch &
Tucker, 2005). Family Constellations approaches family dynamics in the way a flock of birds moves together. While a single bird might turn in many directions on its own, the flock turns as a whole, and the single bird becomes subject to the flock. Through this acceptance of submission to the greater whole, individuals maintain their place with the system (Hellinger, Weber, & Beaumont, 1998), believing they should turn with the flock. Family Constellations is a short model, lasting one to two hours at most with an immediate debrief (Stiefel, Harris, & Zollmann, 2002), just as is Satir’s model (Banman, 2002). Although the manner through which constellations are conducted might not be considered psychotherapy, it is recognized and considered to be a systemic model (Basinski, n.d.; Talarczyk, 2011).

Body Psychotherapy

Body psychotherapy is a complex modality with therapeutic practices that stem from disciplines presented by Freud (Rolef, 2014), and from bodywork modalities presented by Reich (Johnson, 1995; Rolef, 2014). It is known as a somatic methodology wherein the body and mind develop an interwoven relationship. One of its basic principles is embodiment, indicating that we are alive in our bodies (Rolef, 2014). Reich connected the Freudian id with the autonomic nervous system (Carroll, 2002), which led to the teaching “I am body mind among other body minds, therefore I am.” Body psychotherapy offers a way of unifying the psychic and the somatic (Reich, 1942; Rolef, 2014). In more recent years, the body’s experience of the world has been given even more weight with the argument that without connection to the body, there would be no connection to the world or to experience (Judith, 2004; Rolef, 2014). This has been elucidated through the memory’s reliance on the nervous system, synapsing between the brain and points in the body (Rothschild, 2000). When the link between proprioception and the kinesthetic sense became apparent, body psychotherapists were able to make the connection between memory and body (Rothschild, 2000), bringing to light the concept of body experiences stored in sensory and emotional ways such as images, sounds and sensations (van der Kolk, 2015). In body psychotherapy, the engagement of the body as a tool to contact and calm the nervous system allows clients to process their trauma, rather than relive it (van der Kolk, 2015). Many of these somatic phenomena are seen in Family Constellations work. While there is not much research supporting this connection, the following section will provide the missing link.

Applied Theory

The proposed model is an addition to the current original theory of Family Constellations as taught by Bert Hellinger (Manné, 2009). Family Constellations can gain a more stable container with the addition of structure, using body psychotherapy tools such as supportive opening and closing practices and titration guidelines. Increasing awareness and tracking would provide a new level of safety to each section of the constellation. This author’s proposed somatic model outlines three key additions to create this safety framework: 1) setting the container, 3) a titration practice during the constellation and, 3) closing the container to complete the experience. To demonstrate how the model could be implemented, these are interwoven into Hellinger’s current model (Figure 1).
Somatic Structure

1. Setting the container

Introducing somatic groundwork is imperative when asking clients to delve into potential traumas. Basic body awareness techniques give participants and clients the ability to track, pause, and engage in states of aroused while still keeping themselves regulated (Rothschild, 2000). This begins with creating a safe environment (Cornell, 2013), which, in a constellation, can be introducing an active group warm up. Though the format may vary, this must include guidance on how the individuals in the group can focus on their personal felt sense (Cornell, 2013) and somatic experience. This establishes a baseline sensation of self that client and participants can remember and return to during and after the constellations. Using body awareness as an anchor helps participants identify their specific sensations in order to differentiate themselves from the group experience (Rothschild, 2000). This will become extremely important once the constellation is underway, as constellations often delve into a family system’s lived trauma (Ulsamer, 2005; Hellinger, Weber, & Beaumont, 1998; Hellinger & Ten Hövel, 1999). While facilitating such an opening, the facilitator should engage in their own somatic awareness as well. This tracking of self allows facilitators to come to know their own countertransference (Page, 1999) so that when it arises, they may recognize it as their own, and return to the client’s needs (Martin, 2016). The intensity and risk of constellations require a higher level of self-command on the part of the facilitator, but the danger in this need is that they may become authoritarian in their direction (Ulsamer, 2005). By facilitating a somatic opening, the intent is for the facilitator to be aware of what their body is saying so that they may track and care for their own body while facilitating (van der Kolk, 2015), and minimize the potential for projection and subsequent harm.

Failing to integrate a somatic intervention in setting the initial container is a disservice to the client and participants. A container offers edges wherein the clients may delve into vulnerable territory while maintaining a feeling of safety (Martin, 2016; Cornell, 2013; Rothschild, 2000). Creating a container builds a structure that can support the intensity of opening traumatic experience and memories without as high a risk of re-traumatization (Cornell, 2013; Rothschild, 2000). When the facilitator sets the container by opening with a somatic activity, a space is created where clients develop trust for the facilitator, themselves, and their own felt sense (Cornell, 2013). Creating a container also sets up the practice itself; how much can be brought into the room greatly depends on the container set up by the facilitator (Cornell, 2013). When the facilitator develops and upholds this somatic structure as they introduce participants and clients in the practice, they create a group that will be able to report back more direct, specific, and authentic reflections (Cornell, 2013), rather than convoluted personal projections.

2. Titrating representations

One the container is set, the client’s constellation focus is established, and representatives are chosen to participate in place of the client’s family members (Manné, 2009). After choosing representatives, the client will arrange the physical placement of each one in relationship to the others. When the client steps back, the representatives will often begin to have sensations and experiences similar to the family member they are representing (Ulsamer, 2005; Harris, Stiefel, & Zollmann, 2002; Hellinger, Weber, & Beaumont, 1998). This embodied experience is part of what makes Family Constellations so effective; without the energetic body processing of a traumatic event, its effects will remain attached (van der Kolk, p. 184, 2015) to the family system (Faust & Faust, 2005). It is in these moments that somatic titration becomes extremely important. When stepping into a representation, participants place themselves into someone else’s shoes, so to speak, and become subject to whatever experiences that might entail (Manné, 2009). Participants are prone to have body experiences, sensations, and feelings that are not their own as a result of stepping into the field (Manné, 2009; Ulsamer, 2005; Harris, Stiefel, & Zollmann, 2002; Hellinger, Weber, & Beaumont, 1998). This can be extremely risky if a participant does not understand somatic titration to self-regulate in and out of the experience (Rothschild, 2000; van der Kolk, 2015). If individuals are hyperaroused, they are not able to vocalize or integrate the experience (van der Kolk, 2015), but by asking clients and participants to track their sensations, they maintain a gauge by which they can self-regulate (Rothschild, 2000).

Participants, clients, and facilitators who track their sensations will be more likely to notice if they are within their window of tolerance, and if not, to engage in self-regulatory activities such as focusing on breathing and non-activating sensations (Cornell, 2013, Martin, 2016). This requires a heightened awareness from all parties. Engaging in titration offers participants in particular an additional tool to observe the experiences they have as representatives, and their personal place in relationship to the constellation (Rothschild, 2000).

It must be noted that the facilitator should be tracking the emotional movement of the client and participants in relation to the constellation, reminding those involved to slow down or pause so as to maintain the structure and safety of the container (Martin, 2016). In addition to directing the constellation, the facilitator’s engagement is demonstrated through reminders and management of the titration, thus communicating their continued presence and holding of the container, and allowing client and participants to trust that they are held (Martin, 2016). This enables client and participants to remain with the representation experience without becoming overwhelmed, and ensures their ability to separate from it afterwards. In order to remain present with challenging material and not lose themselves
in the experience, participants must oscillate in and out of the experience and stay within their window of tolerance (van der Kolk, 2015). This offers the layer of safety needed for participants to feel safe in their bodies so they can sort and translate the experiences into language without becoming overwhelmed or enmeshed (van der Kolk, 2015).

3. Closing the container

By using somatic titration of the sensations experienced in a constellation, participants are less likely to take home the direct sensations after the constellation has ended. This “take-home” issue is mitigated through a more expansive window of tolerance gained from titration techniques, as discussed above. Both client and participants may have a challenging time “leaving” the representation and experience behind, and may inadvertently take portions of the experience with them in the form of transference and projection (Benz & Chartrand, 2015). This can show up in many ways, but one example is a client continuing to see participants as representatives even after the completion of the constellation. They may have a desire to engage and interact with participants as if they were still in the experience. While Hellinger teaches variations of closing rituals (Manné, 2009; Ulsamer, 2005), such as final statements and turning physically away from the encounter (Manné, 2009), incorporating an additional piece wherein client and participants are facilitated back into their own awareness and somatic sensations would offer a more tangible and supportive closing structure. By returning to the personal body sensations established in the opening container, client and participants are able to return to an anchor that was established at the start (Rothschild, 2000). After the constellation is complete, the facilitator should offer an experience of tracking a here-and-now sensory activity, which, as Rothschild (2000) writes, is a “current time activity.” The initial established container now acts as a return point during the closing activity, a tether that client and participants can use to return to their somatic sensations, allowing them to “apply the brakes” (Rothschild, 2000) and separate from the experience. It offers the deeper knowing that they do not have to remain in the constellation experience, a reminder that it was simply information (van der Kolk, 2015) rather than take-home sensations. The clear differentiation from the constellation experience, and the recognition of a need for a personal landing place is a gap in constellation work this model addresses.

Bringing client and participants back to the sensations they identified earlier helps them distinguish between the momentary experience of the constellation and the personal self-awareness they want to take home. The client should take home the experience of the constellation, while participants must separate from it. The somatic emphasis on the body allows client and participants to recognize the separation between themselves and the representation so as not to impose their own attachment onto the representation. Clients having a constellation facilitated often feel drawn to speak with participants afterwards regarding their experience in the representation. Questions such as “Is it helpful to others to share my experience?” or “What am I sharing this experience for?” can be useful for client and participants to reflect on and maintain boundaries post-constellation. The desire to discuss or share notes afterwards is common; however, it is most likely not appropriate for the receiving party (Ulsamer, 2005; Benz & Chartrand, 2015), and actually interferes with the participants’ process of separating from the experience and the clients’ reflection.

The time frame just after trauma work is a delicate one wherein clients should be integrating the discoveries into their daily lives (Rothschild, 2000) rather than attaching them to representatives. Those who stand in as representatives are undergoing their own levels of process, and the potential for caretaking and unhealthy bonding can occur should this space not be respected (Benz & Chartrand, 2015). While this creates an air of mystery and ambiguity that many have a challenging time maintaining, discussing the representation not only diminishes its potency (Hellinger, Weber, & Beaumont, p. xii, 1998; Hellinger & Ten Hövel, 1999), but also allows for enmeshment with the representation.

Limitations of the Model

This model requires facilitators to reflect on their personal somatic markers and develop a more attuned sense of self. Active facilitation requires engagement, concentration, feeling, and attuned empathy (Martin, 2016), making this subjectively intense work. The somatic tracking of a constellation also demands an additional level of attunement with client and participants (Martin, 2016), as well as additional time before and after the constellation when giving individuals the space to connect or reconnect with themselves. While facilitator bias cannot be avoided, as seen in critiques of Hellinger’s style and model, (Cohen, 2006; Hellinger & Ten Hövel,1999; Talarczyk, 2011), somatic tracking and integration invites higher levels of reflection regarding countertransference (Rothschild, 2000; Cornell, 2013; Page, 1999).

This model did not delve into the phenomenological effects of constellation work (Cohen, 2006; Hellinger & Ten Hövel,1999; Manné, 2009; Ulsamer, 2005), and it can be difficult to believe that anything will change in the family system without having conversations with the individuals who are part of it. Hellinger and his students have written extensively about the phenomenological method (Manné, 2009); for more information regarding this, please reference The Healing Power of the Past (Ulsamer, 2005).
Conclusion

Body psychotherapy and somatic sensations show that when we follow the sensory pathways to our internal experience, our system begins to change (van der Kolk, 2015). By experiencing an issue from the vantage point of directly and physically engaging in the constellation, our bodies have the chance to experience a different kind of interaction within a system, thus allowing us to embody the new way of being (van der Kolk, 2015; Rothschild, 2000; Cornell, 2013). This Family Constellations theoretical model offers a body-focused orientation that brings a new level of integration to clients, participants, and facilitators. It requires distinct tracking of what is happening in the moment (Martin, p. 239, 2016), which keeps all involved within a safe window of tolerance (van der Kolk, 2015; Rothschild, 2000; Cornell, 2013). The opening and closing containing activities act as anchor and tether, giving the client a sense of the edges of the therapeutic container, and how somatic titration can keep their body regulated. The facilitator’s responsibility in holding such a delicate space in the uncovering of trauma has previously gone undiscussed in relation to constellation work. This model addresses that gap, as well as offers support to clients and participants to directly track and regulate themselves. These containing activities offer a concrete solution for what has been missing in Hellinger’s model. Family Constellations is seen to have a powerful and impressive impact on clients and participants (Ulsamer, 2005; Hellinger, Weber, Beuamont, 1998; Hellinger & Ten Hövel, 1999). By engaging body sensations and maintaining new levels of security, participants, clients, and facilitators can all engage in constellations with increased awareness, safety, and a reduced potential for harm.

Stephanie Scarminach

Stephanie Scarminach is a practicing Somatic Psychotherapist and Coach who’s approach to healing and mental health integrates the body’s wisdom and family dynamics. Her time working with Family Constellations at the California Institute of Relational Constellations peaked her interest in family systems, and she pursued a MA in Somatic Counseling from Naropa University which she completed in 2019. In the past year, she worked with teen boys struggling with addiction and found great success integrating the somatic approach. She now has a private practice and hopes to continue expanding her work with family systems in the coming year.

REFERENCES


Improving Upon Family Constellations – A Body Psychotherapy Model


Herman, J. L. (2015). Trauma and recovery: the aftermath of violence; from domestic abuse to political terror. New York: Basic Books.


Body psychotherapy in Hungary has a relatively short history, as the repressive political environment did not allow any substantive contact with Western developments in the field before the 1990s. Over the past three decades, there has been a growing presence of various body-oriented schools of psychotherapy in Hungary. This paper provides a brief introduction to the training model currently applied in the Hungarian Institute for Body Psychotherapy, as well as a range of related activities offered primarily through the Hungarian Association for Body Psychotherapy.

**Keywords:** body psychotherapy, Sándor Ferenczi, Hungarian Association for Body Psychotherapy (HABP), Hungarian Institute for Body Psychotherapy (HIBP), Hungary

**Historical Context**

Body psychotherapy in Hungary has a relatively short history spanning less than two decades. Despite its relatively recent emergence, Hungary has a long tradition of paying attention to somatic aspects of psychological healing, with roots reaching back to the 1920s. That was when Sándor Ferenczi, a close colleague of Freud, enthusiastic student of Georg Groddeck, and mentor to Wilhelm Reich (Downing, 1996), originated a body-oriented approach to mental disorders. Many of Ferenczi’s technical innovations and theoretical insights have thus been present among Hungarian psychotherapists for almost a hundred years.

However, efforts to maintain and further refine Ferenczi’s concepts after his early death in 1933 remained sporadic for a rather lengthy period. The vicissitudes faced by the country during the 20th century have allowed little space for any systematic, long-lasting study of bodily features in the psychotherapeutic process. First, there was the far-right radicalization of the political milieu lasting until the end of Second World War, and then the communist takeover in 1949 created an atmosphere in successive totalitarian governments characterized by an intense distrust of psychotherapy in general, accompanied by an ensuing repression of the entire profession throughout the Cold War era. For the same reason, the years our country was behind the Iron Curtain were spent in nearly complete isolation from the streams of global progress in psychotherapy, including those in the burgeoning field of body psychotherapy in the west. Some of the highly esteemed figures making ample contributions during that period, like Stanley Keleman, Ana Veronica Mautner and Sándor Pethő, were immigrants of Hungarian origin, but apparently, they had no connection to the country either. In contrast to this vacuity, the democratic turn of the early 1990s resulted in a permissive legislative and bureaucratic environment, welcoming vigorous growth in the helping professions in both the academic
and clinical areas. Among many others, it enabled the multifaceted legacy left by the Budapest School of Psychoanalysis to gain attention once again, shedding light on the Ferenczian approach as well.

The Beginnings: from ÉEPSSA to HAPB

It was against the above backdrop that body psychotherapy began its appearance in Hungary in the early 2000s. It must be noted that there were occasional contacts with certain schools of body psychotherapy from the late 1980s, with the only true exception among these short-lived attempts being the successful implementation of Focusing. Gendlin's modality has been present in Hungary since the early 1990s and is the best-known of the schools mentioned below.

However, it was chiefly the cooperation with the École Européenne de Psychothérapie Socio- et Somato-Analytique (ÉEPSSA; Lipsheim, France) that proved to be the decisive impact in the formation of a clearly body-oriented section within the broader community of Hungarian professional helpers. In 2004, a group began training with Dr. Richard Meyer and his colleagues in ÉEPSSA, paying regular visits to Lipsheim, and attending workshops by the French school in Budapest.

At a certain point, some participants decided to establish an umbrella organization to coordinate the growing number of activities related to body psychotherapy. In 2008, their efforts culminated in the foundation of the Hungarian Association for Body Psychotherapy (HABP). Its aim is to officially represent somatic psychology and body-oriented branches of psychotherapy in Hungary.

For a few more years, HABP members continued to be closely connected to the various training programs offered by ÉEPSSA. Over time, however, HABP got in touch with trainers and body psychotherapists from other institutes on the international scene. By early 2010s, in addition to the numerous weekend workshops held in Budapest by professionals from all over Europe, full-length training programs were launched with trainers from Belgium, Croatia, Italy, and other countries. After a vivid and colorful initial period of searching boldly for new developments in the world of body psychotherapy, the field gradually settled down. So far, four modalities have established themselves in Hungary firmly enough to offer regularly new training groups, and develop a team of Hungarian trainers and assistants:

1. Biosystemic Psychotherapy (Società Italiana di Biosistemica, Bologna, Italy)
2. Focusing-Oriented Psychotherapy (The International Focusing Institute, New York, U.S.)
3. Haptonomy (École Européenne de Psychothérapie Socio- et Somato-Analytique, Lipsheim, France)
4. Integrative Core Dynamics (Centar za Integrativni Razvoj, Zagreb, Croatia)

Next Steps: HIBP and its Mixed Model of Training

By 2013, it became clear that the scope of HABP had grown to where it needed to become a professional training institute, possibly accredited by the Hungarian state and international organizations. Therefore, a general framework for a body psychotherapy training was designed to meet the standards of the European Association for Body Psychotherapy (EABP) and the Hungarian Council of Psychotherapy (HCP). This training was launched in 2014. However, in 2016, with the EABP Forum accreditation underway, it was suggested that trainings should be separate from HABP, because it is an association with a much broader range of activities (see below) than a conventional training institute. Therefore, the Hungarian Institute for Body Psychotherapy (HIBP) was founded in 2018 to organize body psychotherapy trainings.

The training program presently offered by the HIBP relies on the understanding that the different modalities of body psychotherapy, including those currently active in Hungary, emphasize rather different aspects of therapeutic work and rely on different theoretical assumptions. However, since they all define themselves as belonging to body psychotherapy, a common ground for professionals representing these modalities is needed.

The mixed model presented briefly below can be regarded as a tentative response to the dilemma of representing different modalities under an umbrella organization, while still wanting to offer a training that is unified at least in the fundamental aspects outlined by professional bodies like EABP and HCP. After extensive debate, it was decided that 1) the training processes of all four modalities should be upgraded to meet the above-mentioned standards, and 2) a separate course offering a firm and broad general theoretical background should be available to any trainee wishing to enter even deeper the field of body psychotherapy. This way, each modality can continue to be respected as a distinct tradition, while trainees can opt to acquire further knowledge about body psychotherapy beyond the boundaries of their chosen modality.

Even though such modality-specific limitations may be hard to grasp, it seems essential to address them. Most HIBP core members have completed trainings in multiple modalities, both within and outside of body psychotherapy. Our experience shows that the longer a modality has been in existence, the more it tends to lose flexibility and balance. Despite its trainers' best intentions, the tight schedule during a training and the insistence on a specific professional point of view can contribute to a distorted presentation of body psychotherapy. In addition, there are cases where deficient training is due to a lack of knowledge about the latest findings, or an unwillingness to acknowledge them. This can easily result in trainees receiving a narrow, and occasionally even questionable or outdated, view of...
body psychotherapy. An important function of the HIBP module on general theory is to overcome limitations of this sort without harming the integrity of the distinct modalities.

As a result, students have the option to train in the modality of their choice and end their studies at any stage, as has always been the case. Full HIBP training means that the trainee must complete an entire course of training in at least one modality as defined by EABP – from personal psychotherapeutic experience to supervision within the same modality – as well as attend the training in the general theory of body psychotherapy. Depending on the chosen modality, the number of hours needed to complete the four sections from personal experience to supervision can vary between 800 and 1,300. The theoretical module lasts an additional 400 hours and covers a vast range of subjects in a systematic manner, ranging from the history of body psychotherapy and its many modalities to the somatic aspects of developmental psychology and psychopathology, including theories of embodiment, body-centered transference dynamics, research methodology, and the ethics of touch, to name just a few. Trainees wishing to attend both the training in a modality and the theoretical module are encouraged to enroll in them simultaneously in order to graduate in four years. There is an oral examination at the end of a theoretical module, whereas the four-year-long full training ends with a written case study along with some minor requirements.

In one of his recent books, Nick Totton ponders the difficulties that confront body psychotherapy trainings in the 21st century. In a remarkable passage, he writes:

The fight to gain recognition across Europe has meant that EABP has worked towards a considerable level of standardisation of BP training – a total shift from the old dispensation where different modalities had completely distinct systems, theories, and training methods. To gain EAP recognition, trainings must conform to a universal model, a master’s-level four-year part-time course; there is also strong pressure for integration and common curricula, to the extent that some schools offer a generic training in body psychotherapy. I think there is enough discussion in this book of the diversity within BP to thoroughly problematise the idea of a generic training, which I suggest would mean leaving out entirely a great deal of BP’s most creative work. A lot of one thing, a little bit of everything, or a sort of generalised fudge? These are to some degree always the three choices for a psychotherapy training. (Totton, 2020, p. 88)

To the best of my understanding, the mixed training model currently offered by HIBP has some capacity to avoid the extremes of the one-sided approaches described by Totton. Training in a modality does mean learning “a lot of one thing,” yet the immense theoretical knowledge of somatic approaches, accrued in the last hundred years, means learning “a little bit of everything.” Such a simultaneous microscopic and panoramic view does not necessarily take the shape of a “generalised fudge.” Obviously, this form of mixed training is far from being a panacea for the problems raised by Totton, but it must be possible to find the right balance between supporting distinct modalities and providing trainees with a solid foundation in body psychotherapy by giving them a thorough introduction to the comprehensive theories that embody the common ground of the field.

This autumn, a fourth group of students began the theoretical module. The material now included is a greatly modified version of the one presented to the first training group in 2014. Year by year, the content is carefully adjusted according to feedback from both participants and lecturers, and this process of refinement is expected to continue for a long time. So far, experience shows several advantages to inviting students with backgrounds in different modalities. Conversations about clinical cases and problematic situations in the therapeutic process are stimulating and refreshing. Participants often share information about how their respective modality approaches certain forms of psychopathology, or what technical expertise they have when working with the body. They gradually acquire the clinical vocabulary to describe their impressions in a more precise way that is also intelligible for those training in other modalities. They often report that their experiences and skills become more integrated when reconsidering them from the bird’s eye view of the newly discussed theoretical perspectives. The aim of this mixed procedure is not to make trainees less identified with their original modality, but to help them find access to larger territories of body psychotherapy and clinical thinking in general. This endeavor can be thought of as a unique characteristic of HIBP training and, until now, it seems to be a worthwhile effort indeed.

**Further Activities of HABP**

As mentioned above, HABP was originally established to coordinate the growing number of activities related to body psychotherapy in Hungary. That goal has remained the same. The following list informs the reader about some of the pursuits that have occupied members of the association since 2008.

1. **Translation of publications related to body psychotherapy**

   Many Hungarian trainees cannot fluently read literature in English, German, French, or other foreign languages. Until this changes substantially, it is crucial that high-quality texts about body psychotherapy be made available in Hungarian. Some of the books published so far with the contribution of our members as translators, copy editors etc. include:
2. Organizing congresses about body and body psychotherapy
Since 2010, HABP has organized a biennial congress and occasional symposia to commemorate an anniversary, or some such marker:
- 2010: Issues in Tissues: The Body in Psychotherapy
- 2012: Energy in the Mental and Somatic Therapies of the 21st Century
- 2014: Social and Individual Bodies: Carriers of Transgenerational Trauma
- 2016: Body, Myth, Body Psychotherapy: Maps to the Labyrinth of Bodymind
- 2017: Wilhelm Reich Symposium: His Legacy 60 Years after his Death
- 2019: Body and Power: Somatic Aspects of Power Relations in Society and in Therapy

3. Holding public lectures about body psychotherapy
From 2013, a series of monthly open lectures has been organized at a medical university to introduce important pieces of literature on body psychotherapy to the audience, and create a space for discussion after the lectures.

4. Holding university lectures about body psychotherapy
Some of our members are working as teaching staff in academic institutions, mostly lecturing on subjects related to psychology. There is a growing interest in neuroscience, trauma therapy, and other somatic issues in Hungarian universities, allowing our members to include several topics directly related to body psychotherapy in their courses. Also, practical demonstrations of our modalities are now part of the curriculum in some psychology departments.

5. Conducting research about body psychotherapy
As part of this increasing curiosity, a research project about the effectiveness of Focusing-Oriented Psychotherapy has been under way for several years at the institute of psychology of a university in Budapest.

6. Authoring papers and books about body psychotherapy
Our members regularly represent the association at Hungarian conferences and congresses related to psychology and psychotherapy, and publish articles and book chapters on topics central to body psychotherapy.

7. Editing online journal about body psychotherapy
For some years, HABP has been experimenting with editing an open-access online journal about body psychotherapy in Hungarian. This journal used to be an excellent opportunity both for members to author articles and for translators of shorter papers to get their materials published, but the lack of necessary editorial skills in the association made it rather difficult to maintain the journal in the long run.

8. Application for accreditation to professional organizations
Since 2016, considerable efforts have been made to take steps in the process of accreditation to EABP and Hungarian Council of Psychotherapy, some facets of which were also highlighted in the previous part of the present paper. Currently, HIPB training in body psychotherapy has a partial accreditation from the EABP Forum, with a number of requirements to fulfill in the near future, while the accreditation process in Hungary is under preparation.

Concluding Remarks
Young (2012) makes a strong argument in support of his thesis that body psychotherapy is not a science but a craft. While largely agreeing with this viewpoint, it cannot be overlooked that recent works by Heller (2012), Barratt (2013), Cornell (2015), Totton (2015b), Geuter (2015, 2019) and several other authors delineate highly sophisticated explanations about what body psychotherapy is, making extensive use of scientific concepts to prove the proposed assumptions. These explanations clearly reflect the diversity of the different authors’ opinions. At the same time, in certain fundamental aspects, they tend to blend into a coherent theoretical structure that is recognizable behind the practical work of any body psychotherapist.
In that sense, HABP and HIBP can be said to be oriented first and foremost toward presenting the art-like craft of body psychotherapy, along with its theoretical background, to the extent it can be articulated today. Apart from the complex situation recounted above, our ambition is also fueled by the fact that the latest changes in the legislative environment of psychotherapy in Hungary require training institutes to become increasingly professional, stressing the importance of scientific and theoretical verification of therapeutic modalities.

The pandemic, beginning in 2020, has presented our community with a serious challenge. It has disrupted our organizational life as well, but we are planning to restart most of our usual activities soon.

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REFERENCES


Getting to Know Wilhelm Reich

A Twenty-First Century Introduction to Wilhelm Reich

David Silver

“We say that the common functioning principle of the living is pulsation …
You can see it in the movements of walking, swimming,
in the movements of a fish or a bird or any animal …
A child wriggles … This pulsation is basic.”
—Wilhelm Reich

The Wilhelm Reich Museum is excited to work with the IBPJ in bringing you this inaugural presentation of a new feature called “Getting to Know Wilhelm Reich.” This issue’s introduction covers, in broad strokes, the relevance of Reich’s work to the field of body psychotherapy and somatic psychology. In future issues, we will seek to draw insights from presentations on specific topics of a historical or practical nature, which we hope practitioners and other readers of IBPJ will find valuable. We also hereby extend an invitation to readers to visit the Wilhelm Reich Museum in Rangeley, Maine, both in-person and virtually, and to become acquainted with its programs and offerings.

Emerging from the halls of the Freudian school of psychoanalysis in the 1920s, Wilhelm Reich was dedicated to the unity of body and mind. His pursuit of psychosomatic medicine clearly establishes him as the “founder” of body psychotherapy and many of its variations.

The intuition and clinical work that gave rise to Reich’s character analytic vegetotherapy originated at a time when Reich operated firmly within the boundaries of Freudian psychoanalysis. Ultimately, this work produced a transformational, robust foundation upon which many of the various somatic-centered modalities of psychotherapy were built.
Reich’s later study of the newborn infant, and his focus on prevention of ar- moring during early phases of development as the ideal path toward a better future for humanity, parallels and fore-shadows subsequent neuropsychological investigations into infant bonding and attachment.

Whether it be Alexander Lowen, Fritz Perls, Arthur Janov, Will Davis, Genovi-no Ferri, Peter Levine, Stephen Porges, Bessel van der Kolk, Allan Schore, or Ron Kurtz – and this list could continue with dozens of pioneer researchers and innovators – the intersection between the bodies of knowledge of these groundbreakers in the field of somatic psychology with the foundational work of Wilhelm Reich is striking. For those theorists and practitioners who are not well-versed in Reich’s work, there is much to be gained from studying the content of this intersection.

In addition to the innovations Reich developed in therapeutic theory and practice, his activities during the 1920s and 30s cemented his status as a thinker and courageous pioneer in other areas. Reich was a ferocious advocate for social equality, worked tirelessly for the elimination of repressive marriage laws and for enlightened childcare provisions, stood for the protection of the rights of homosexuals, and so much more. He established the first sex clinics in Austria to bring treat-

“*The concepts of traditional psychology and depth psychology are bound up with word formations. The living, however, functions beyond all verbal ideas and concepts. Verbal language is a biological form of expression on a high level of development. It is by no means an indispensable attribute of the living, for the living functions long before there is verbal language.*”

—Wilhelm Reich
Welcome to Orgonon
Reich’s Home and Research Center

On a hilltop nestled among the mountains and lakes of Western Maine in the United States sits a curious site – a stone structure of Bauhaus design. This is the centerpiece of Orgonon. Once Reich’s home and research center, this 160-acre (65-hectare) property was transformed after his untimely death in 1957 into a museum, conference center, and nature preserve.

The Wilhelm Reich Museum at Orgonon was conceived by Wilhelm Reich in his last will and testament. He wrote:

“During the years following 1949 my life was running its course within and around the walls of the Orgone Energy Observatory. I supervised the building myself for two summers. I paid out upwards of $35,000 from my privately earned possessions for the construction. I have collected here all the pertinent materials such as instruments which served the discovery of the life energy, the documents which were witnesses to the labor of some 30 years, and the library of a few thousand volumes, collected painstakingly over the same stretch of time and amply used in my researches and writings.”

The Wilhelm Reich Infant Trust operates the museum and its programs, maintains the property, administers the worldwide publication of Reich’s printed works, and also manages his extensive archive of letters, diaries, manuscripts, photographs, films and recordings.
The Wilhelm Reich Archives

What were once called the Archives of the Orgone Institute were for many years housed at the Center for the History of Medicine at the Countway Library of Harvard University. The Wilhelm Reich Museum has recently taken over stewardship of the Wilhelm Reich Archives and initiated an indexing and digitization project to preserve the materials and enable remote searching and access by scholars and researchers.

Education

Another core part of the mission of the Wilhelm Reich Museum, a nonprofit educational organization, is to promote understanding of Reich’s work through conferences and various online programs. In the summer of 2021, the museum sponsored an online conference entitled Wilhelm Reich and Psychoanalysis, which attracted attendees from over 15 countries. A hybrid in-person/online conference is planned for the first week of August, 2022 in Rangeley, Maine, entitled The Living Body: Wilhelm Reich’s continuing influence on contemporary psychotherapies.

The Wilhelm Reich Museum

The beautiful mountains of Western Maine are a popular destination in both winter and summer, and we encourage those interested in the work of Wilhelm Reich to come visit the Rangeley Lakes region and consider attending one of our summer conferences in-person. At the museum one will find a variety of interesting arti-
facts on display, along with Wilhelm Reich’s study and extensive library, painting studio, and the tomb in which he rests. Our conferences bring together attendees from various backgrounds and professions from all over the world, both in-person and online. Complete information is always available at wilhelmreichmuseum.org.

David Silver is Executive Director of the Wilhelm Reich Museum and has lived in Rangeley, Maine since 2019. A native of New York City, David has been involved since 1980 with the New York-based Institute for the Study of the Work of Wilhelm Reich, originally led by Victor Sobey, M.D., a student of Wilhelm Reich. David holds a B.F.A. in Film and Television and an M.S. in Computer Science, both from New York University.

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“here there is only agreement, there is stagnation”

Rothschild, p. xvii

This statement could well guide us on how to approach this book.

The first thought that comes to mind is that this book should be read with an open and inquisitive mind, moving forward in linear fashion, or backwards, browsing through, stopping on chapters that catch our attention, inhaling it, visualizing how to apply the techniques to our own sessions, or immersing ourselves in the amazing foldout chart of the autonomic nervous system.

I found it useful to frame my reading using the disclaimers the author gives in her introduction, which offer a solid, upfront preview of what to expect.

The first disclaimer is “Nothing we know for sure... the thing about knowledge is that it changes all the time... One of the shortcomings is trying to apply the evidence base to all situations.” When she states that “it is only the client who knows and can tell what helps and what hurts and the best thing any therapist can do for clients is to equip and empower them to evaluate what is useful and what is not,” Babette Rothschild puts us on notice that she will deconstruct the two pillars of evidence base – the choice of subjects and the presentation of results.

The second disclaimer is that making mistakes is a good way to learn. Treatment failures are a useful base from which to evolve treatment guidelines, and, she warns us, one of the causes of failure is adherence to a single treatment modality.
The third disclaimer is that the proposed techniques and strategies may or may not be appropriate for all clients, or for clients with additional diagnoses.


In the first section, *Theory and Principles*, Rothschild guides the reader in re-envisioning trauma therapy and its underlying ongoing clinical issues by offering different perspectives and connecting the dots between these various theories and perspectives. Based on the work of Janet, she clearly identifies the first phase of trauma treatment to be the establishment of safety and stabilization. Clinicians might overlook this first phase due to time constraints, and as a result, cause relapses in the therapeutic process. The second phase consists of the processing and resolution of trauma memories, and the third phase entails the “integration of gainings into the mainstream of daily life.”

Based on these three phases and on PTSD’s hallmark of “pulling of one’s awareness into the past, via intrusive images and flashbacks,” the author fleshes out therapy goals, the need to differentiate between trauma recovery and trauma resolution, the difference between “working in context vs working on trauma,” the timeline of past vs now and the future, and how to make meaning from trauma.

Chapters two and three are devoted to Rothschild’s famous chart, *Autonomic Nervous System: Precision Regulation – What to Look For*. Compared to the usual two-column autonomic nervous system (ANS) chart, Rothschild’s chart delineates six levels of arousal. Each level distinguishes subtle categories of the function of the sympathetic and parasympathetic nervous system: ventral and dorsal vagus activation, bodily symptoms such as muscle and skin tone and respiration, levels of arousal and the emotions connected with each level, possibilities for integration, along with the recommended level of intervention. The back of the chart includes a summary of the six levels in relation to affect tolerance and integration. The chart “aims to offer trauma therapists a new and improved tool to monitor their clients’ and their own level of autonomic arousal at any given moment in time.”

In both chapters, she seamlessly integrates theory, observations, and clinical case studies. She offers a short review of the autonomic nervous system and of Porges’ polyvagal theory, describes two categories of freeze and two types of hypoarousal, and, finally, gives directions on how to use the chart. Throughout, she highlights the need to reconcile the old with the new.

In chapter three, Rothschild’s therapeutic guidance focuses on the importance of using the sensory nervous system to repair the loss of dual awareness “which distinguishes the present from the past... and which [dual awareness] is a necessary part of stabilization and safety, a prerequisite to trauma memory processing and to relegation of trauma memories to their proper place in personal history.” She interweaves theory and clinical cases to show how the recovery of dual awareness achieves a balance between exteroceptive and interoceptive branches of the ANS, and how focus on the exteroceptive offers clients stabilization and safety.

In chapter four, she reclaims the value of history taking and treatment planning as keys to establishing safety, and therefore as the important first steps in trauma therapy. She sees history taking as a way to “get a three dimensional picture of clients” in order to “gain a perspective on the client’s talents and resources” and offer tools to “help the client to develop and increase her ability to defend herself.” She gives valuable guidelines on how to interview and what to focus on, and describes the pitfalls therapists can encounter. She presents this process using enjoyable cooking metaphors, injecting common sense into history taking and treatment planning.

In the book’s second part, *Practice: Applying Theory and Principles*, she uses clinical cases, the history of famous people such as Maya Angelou, personal stories, and the theory described in part one to focus on how to find and modulate resources, and explore how good memories can be transformed into “powerful antidotes.” She enriches her presentation by adding references to the work and theories of pioneers in the field, such as David Boadella and Antonio Damasio. She masterfully explains pacing, portioning, organizing, experimentation, the importance of baby steps,
and the adaptation of mindfulness and other techniques, always careful to discuss how to prevent adverse effects when applying these techniques. Last but not least, the Appendix offers more valuable insight on “avoiding common hazards.”

In reference to her second disclaimer regarding mistakes, Rothschild reviews the importance of language, verb tense, the distinction between reliving and remembering, focusing on memories of resources, knowledge vs intuition, good timing, avoiding hurry, and the mistakes that might happen in these areas.

This book belongs at the top of a therapist’s reference list. It brings to fruition yet another of the author’s disclaimers: “It is the responsibility of every trauma therapist to train and be familiar with a large variety of theories and methods so they can adapt every course of therapy to the particular needs of each individual client.”

At the outset of this review, I wrote that there are many ways we could read this book. I conclude with one more: One reading is not enough. I hope you will find this book as useful, provocative, therapeutically supportive, and enjoyable as I did.

Antigone Oreopoulou is a body psychotherapist and Biosynthesis practitioner whose work is focused on eating disorders, pre- and perinatal psychology, and effective communication in personal, family, parental, and business relationships. She lives in Athens, Greece.
Since on some level I always thought of myself as a bad therapist, I wanted to check if I had it right. I had the sense that this book would give me some insight into my compulsion to do good, to help, to be of assistance, to do things properly and by the rules, etc. – all those worthy aspirations I have always struggled with, having been brought up to be a good girl who gives back to her community. I always thought these qualities would make me a good therapist, but perhaps in the end, they led me up the garden path, so to speak, instead of out into the woods, the savannah, the deserts, the Antarctic – and into my domesticated garden.

During my twenty years of administration and organizational work with the EABP, I have always been concerned with such issues as regulations, membership criteria, training standards, accreditation, ethical guidelines, good practices, research, publications, resources... all good, because of course these are of great importance – on an organizational level. They all contribute to enhancing our profession, grounding our work, and making it accessible to more people. Dealing with these issues makes us think – they stimulate discussion, along with a sense of community. We learn from each other in the process.

But then, when you sit in that room with another person opposite you who has come to you most probably because in some way they are suffering, you are alone, you are naked, and all the knowledge, rules, and guidelines in the world do not help you relate directly. You are thrown back on your uncomfortable sensations, on your own fear of intimacy, perhaps your ideas of right and wrong. You hang on to that label of therapist – the one who knows. You think of all those things you could say, that the client could do – the techniques you could use to get through to them. Between you and your client are a filter of dos and don’ts, maybe, coulds, shoulds, and woulds.

This delightful book brought such feelings of relief. In a warm and fun way, it deals with how to “unde-domesticate” yourself, how to leave aside all that knowledge to be in the moment, how to take off the gloves, get messy, make mistakes, come back to yourself and to the person in front of you, and let that wild part of yourself out of the cage – that curious, playful part of yourself who can react in the moment, trust yourself, and the possibility for relationship.
The authors open with this declaration of intent:

... we aim to throw open some windows, to bring fresh air into the discourse about what makes a good or bad therapist and to offer some redefinitions of therapy. We suggest that therapy isn’t an expert knowledge system, open to being standardised and manualised, but is more akin to local, indigenous, embodied, and relational forms of knowledge. Therapy isn’t primarily an academic activity, and we would argue is not best taught in an academic, rigorously assessed context. We are interested in questioning who sets the rules. Are the rules and expectations of how to be a good therapist the most helpful ones? In the search for high standards and protection of the client has something been lost?

Rather than offering a restrictive model of what should and shouldn’t be done, training could reframe itself to look at what’s getting in the way of the practitioner’s ability to be in contact, offer intimacy, create, and maintain an appropriate relationship. Training to explore how to work creatively with, rather than act out from, our wounding.

The reality of working with clients is that much of the time we are flying by the seat of our pants. Counselling and psychotherapy, especially when we work relationally, is often an unpredictable process. We will explore how to embrace the inherent messiness, awkwardness, and un-knowableness.

The book grew out of group work done on Zoom during the pandemic — an ideal time to explore new ways of working in a creative way — a time when no one knew the rules, so everyone was open and curious about what came up. And the message that appeared was:

“...you do not have to be good.” It is possible to work ethically, relationally, with awareness of power dynamics, to relax and trust in your personal embodied knowledge and that of your clients.

The book chapters address the following topics:

- Good and Bad Therapists (and People)
- Ethics and Technique
- Intimacy, Disclosure, Mutuality and Enactment
- Privilege and Power
- Therapy as Wild
- Play and Relaxation

Nick Totton says of himself, “Regulation and accreditation hardly existed when I started, and when they knocked at the door, I didn’t like the sound of it, so I never signed up.” However, this has not stopped him from working as a psychotherapist for nearly forty years. In addition, he is a trainer, supervisor, and has written wonderful books that contribute to our professional knowledge and thinking: Psychotherapy and Politics; Embodied Relating: The Ground of Psychotherapy; Wild Therapy: Undomesticating Inner and Outer Worlds; and Body Psychotherapy for the 21st Century.

Co-author Alison Priestman has worked as an Embodied-Relational Therapy psychotherapist for nearly 20 years and as a trainer for 13 years. She is a member of the Embodied-Relational Therapy training team and has worked extensively with Nick Totton.

This highly readable book convinced me that perhaps, I am not so bad after all!
FILM REVIEW

The Wisdom of Trauma
Directed by Zaya and Maurizio Benazzo

Alexandra Algafari

When was the last time you saw a movie that was so deep and powerful you had to see it twice just to make sure you didn’t miss anything? I know it hadn’t happened to me in a very long time.

My colleagues and I had the wonderful opportunity to see The Wisdom of Trauma in a theatre at its first ever screening, which surprisingly took place in my hometown of Sofia, Bulgaria. Two hours later, we knew why one of Sofia’s independent cinemas was the lucky venue – it turns out one of the movie’s directors, Zaya Benazzo, is Bulgarian and visiting family when she and her husband, Maurizio Benazzo, the movie’s co-director, decided to give The Wisdom of Trauma a chance in front of a Bulgarian audience. Little did they know that their expectations of a few dozen viewers would be exceeded a hundredfold, ending up with sold-out screenings for the next two months and counting. Oh, you should have seen the amazement on the faces of the two long-time U.S. residents when they discovered Bulgaria had a thriving body psychotherapy community, and colleagues stood up from their seats to wave at them. It is always such a beautiful experience to meet like-minded people from the other side of the globe.

Maurizio and Zaya Benazzo’s personal healing journey led them to the work of our colleague Dr. Gabor Maté, a physician and psychotherapist. Hungarian–born, his family endured Nazi atrocities during World War II, but managed to flee to Canada, where he resides to this day. Dr. Maté recalls some of the events of his childhood in Hungary as the baseline traumas that formed his own character, but jokingly claims his mother’s love and affection compensated and saved him from being crazier than he already is.
The movie focuses on Dr. Maté’s groundbreaking work with drug addiction, antisocial behavior, and cancer patients. It demonstrates, in a simple yet profound way, how trauma can affect our whole life and lead to relational difficulties, deep sorrow and suffering, and mental and physical illness.

Beautiful and moving animations depict metaphors of the feelings of neglected or abused children coming to life. I cried, I was furious, I was desperate. But I also felt hopeful and full of love for every single person whose story was told in The Wisdom of Trauma.

The movie explains brilliantly how trauma does not necessarily stem from extremely dramatic events such as war or famine, but rather from events that our nervous system interprets, at the time, as threatening to our life or integrity. Every child has the need to be loved, and to be spontaneous and authentic, and trauma can be any circumstance that hinders these dimensions of existence.

I absolutely loved how the movie portrayed inmates, drug addicts, and homeless people as the human beings that they are. Our subconscious desire to see ourselves as good and honorable often lures us to view these people as lesser beings who deserve their fates. But being trauma-informed lets us see through the haze of our own egos, and allows us to discover the pain and suffering of the human being behind the label of criminal or hobo that we might use to degrade them. We learn that being an addict is not a lifestyle choice, but can often be the only coping mechanism that a person has found to soothe their broken inner child.

But, the filmmakers ask, “can our deepest pain be a doorway to healing?” Yes, yes; it can. As in Robert Frost’s poem – “the best way out is through.” We all well know that if we wish to heal trauma, it cannot be sugarcoated and sprinkled with distraction techniques. All the yoga and positive affirmations in the world cannot silence our suffering if we do not allow ourselves to face the ugly parts of healing too – like admitting and expressing our anger, letting our sorrow stream down our faces, finding compassion for our broken parts, and standing up to our fears. In Jung’s words: “Where your fear is, there is your task.” The only way to heal trauma is to confront what ails and scares us. And, as one of my all-time favorite quotes goes: “I must not fear. Fear is the mind-killer. Fear is the little-death that brings total obliteration. I will face my fear. I will permit it to pass over me and through me. And when it has gone past, I will turn the inner eye to see its path. Where the fear has gone there will be nothing. Only I will remain.” (Litany Against Fear from Frank Herbert’s Dune). For this is the only way to embrace that integrated, whole, healthy self that lives in every single one of us. It’s there, even when life’s mucky road has covered it in dust and grime. And the way to clean that road is through working with both mind and body, as the body can become a scapegoat for our mental suffering, and a beacon that points the direction back to health.

I have recommended The Wisdom of Trauma to all my clients, and to anyone who was willing to listen while I was still on the hype train after seeing the movie. And again, after seeing it for the second time. It already has a score of 8.1 on IMDB, which should tell you that I am not the only biased one. So, you should definitely get your hands on a copy, a screening, or an online event, because this is a movie that will make you feel proud of the global body psychotherapy community you are part of, and the work that you and your colleagues do.

Alexandra Algafari has a bachelor’s degree in psychology from the University of Exeter, UK and a Master’s in Psychology from Marbella University, Spain. She finished her postgraduate qualification in Neo-Reichian Analytical Psychotherapy in 2020 and has been working as a body psychotherapist since 2018. She is a member of the Board of directors of Bulgarian Neo-Reichian Psychotherapy Association, member of the European Association of Body Psychotherapy, and a member of the Editorial Team of the IBPJ. She has an interest in psychosomatics, intergenerational trauma, depression, panic attacks, anxiety and eating disorders. Alexandra lives in Sofia, Bulgaria.
first met Anna Halprin after seeing her work *Circle the Earth, Dancing with Life on the Line*, created for people with HIV or AIDS. This was 1989, Marin County, and my partner, Brian, who had just recently received notice that he was HIV positive, was a participant. There were about a thousand of us waiting in the parking lot of the high school auditorium at dusk with a view of Mt. Tamalpais in the background. As bagpipers guided us inside the building, Anna, speaking through a megaphone, told us that what we were about to see was real, that those in the ritual were dancing their real lives.

*Circle the Earth* was a modern-day community ritual; it used dance to help people heal. The dancers included people who had HIV/AIDS and others who did not, representing the community of people affected by the disease. At one point, the dancers who carried the virus ran toward the audience and shouted, “I want to live!” At another moment, they danced, expressing what it was to have HIV in their bodies, looking like they were expelling a demon. They then collapsed into the arms of the other dancers.

Our job as witnesses was to be emotionally present for the dancers. Anna understood the power of witness, the power of attending to someone else. Brian died some years later, but he did heal
from the experience, empowered by his own embodied and creative responses to confront this overwhelming force.

Anna Halprin, who died in her home this year at the age of 100, was a pioneer, credited for transforming the field of dance into its postmodern phase even as she returned it to its early roots. Anna refocused the practice of movement and dance from making stylized forms to something more universal and spontaneous. This left her with the emphasis on exploration itself. What was so captivating about Circle the Earth was that rather than watching choreography, we watched each person create their own movements as they expelled those demons moment by moment, in the moment, throughout the dance.

As body psychotherapists, we provide witness for our patients with our unconditional presence, helping them deal with experiences that at times feel terrifying. And we provide comfort. We also know it is ultimately only our patients who can discover their own moments of internal sensations that can lead to healing. We provide them with relational containment and a process, as Anna did in Circle the Earth, but the impetus eventually must come from within each person to carry them through.

In the late 1930s, Anna studied with movement educator Margaret H’Doubler at the University of Wisconsin, Madison. “She never demonstrated anything,” Anna said about H’Doubler. Unlike other dance programs of the time, H’Doubler, who was a master dance educator in her own right, returned to the study of the structure and function of the body. Anna learned about anatomy and body mechanics in part through observing cadavers and applied this knowledge toward a methodology of exploration. She focused on extension, flexion, and rotation of the spine to generate core movements, and differentiated non-stylized movement from stylized movement. Non-stylized movement allowed her to explore tension patterns in the body rather than glide over them. A process of exploration became a way to diffuse these patterns and access authentic emotional expression.

In an intimate interview with Anna, Jamie McHugh, who was core faculty at Tamalpa Institute, focused on her education with H’Doubler. Worth mentioning were the Jewish quotas at universities and colleges at the time, which made the Madison campus her only option and consequently changed the field of dance. Regarding the absence of demonstration by H’Doubler, Anna says, “She always figured out a way that we would find the movement which was very clever, she was a very clever teacher.”

“If I am going to dance, I want to dance about real things in my life.”

Anna was very clear about the importance of the kinesthetic sense to cultivate self-awareness. In her book Movement Ritual, about a sequence of movements to practice on a daily basis, she writes, “If you can imagine what it would be like to live without a kinesthetic sense, imagine how exciting and ALIVE you would be if your kinesthetic sense were to be heightened and cultivated leaps and bounds beyond its present consciousness.” When we offer simple movement explorations with our patients, Anna would say this, in and of itself, leads to a sense of being alive in the moment. We then use our skills as body psychotherapists to help our patients process how their kinesthetic sense changes their internal awareness.
While assisting her at a somatic conference, she taught a class on the kinesthetic sense, and used blindfolds to quickly generate proprioceptive awareness. At first the task was not to touch as we moved through the space. As we made physical contact a new dance unfolded, and at the end she asked us to hold our shapes before removing our blindfolds. When we realized what we had created this connection of our bodies as one body there was a spontaneous and audible expression of awe and joy.

Anna often said, “If I am going to dance, I want to dance about real things in my life.” Personal issues and societal concerns became material for her to explore. Later in her life she helped diagnose herself with cancer through her own body awareness, and used the same process to dance and expel her own demons as she used in Circle the Earth. This was a turning point in her career where she more directly integrated emotions and the body for healing, a type of dance one does for oneself rather than for others.

Anna learned that if she wanted to make dances about real issues in people’s lives, she first needed to find a way to channel personal material into a creative process. She used a process she called “scoring,” which included the three levels of awareness: the kinesthetic, the emotional, and the imaginal, all of which she considered aspects of somatic awareness. Using movement, drawing, and writing, she created a feedback loop where these levels of awareness informed one another. Movement explorations generated emotional themes and images, and could be channeled back into the same process, a form of praxis.

If, as Sparshott says, architecture is counter to dance, why is it not more commonplace to use the art form of dance to address real issues in our lives, since our bodies are our homes? (1981) When Anna brought together 100 people living with HIV and AIDS in the 1980s, people who were infected were shunned. Anna offered a particular kind of dance process so people could live again with hope and dignity. She shed light on an imperative to learn about exploration, discovery, making things up, the nature of the creative process, and taking risks. In her work, you enter into the unknown, and each time it is different. And that is the point. Those courageous people who joined Circle the Earth trusted Anna and the creative process, and because of this, tolerated unimaginable fear.

Circle the Earth was a modern-day community ritual; it used dance to help people heal. The dancers included people who had HIV/AIDS and others who did not, representing the community of people affected by the disease.
As body psychotherapists, Winnicott’s phrase “keeping on keeping on,” is relevant here. This inherent curiosity in the child which we try to restore in our adult patients through engaging with the body is lifesaving. In Circle the Earth and in all of Anna’s work, the dance is the container. This is why she made sure each of us understood our role as witnesses. Our relationships with our patients provides the container, ultimately allowing them to take over and enter their creative process. Perhaps we are cultivating with our patients what Anna might have called an artistically-inclined observing ego when we work in a psychotherapeutic way with the body.

When I trained at Tamalpa Institute with Anna’s daughter and co-founder, Daria Halprin, I danced my overactive dorsal vagal system through the work Daria developed, a more psychotherapeutic process informed by Fritz Perls (among others) who worked with Anna in the 1950s. During one exercise, I remember feeling like a dusty burlap bag of potatoes. But what also came out was a quick-moving, light-on-its-feet, Puck-like character, smiling and stirring a cauldron of soup, preparing to nourish this entrenched part of me who decided it was better to be quiet and disappear in order to survive. I still remember the excitement when I discovered this part of myself not through words but in an embodied way. In classes with Jamie McHugh, a focus on pure movement explorations allowed this part of me to feel as if I were in flight.

Anna’s work as an artist was radical, and her constant experimentations led her to create Circle the Earth. For example, in the 1950s she began to use words, gestures, and tasks in performance, which deepened the emotional content of her work. In the 1960s, she joined her all-white dance company with an all-Black dance company in response to the racial uprisings in the Watts area of Los Angeles, and formed the first interracial dance company where issues around race became raw material for the dancers to explore between themselves. In the 1970s she created City Dance, where she first used dance as a form of protest, and staged a performance including nudity, in Parades and Changes. And in the 1980s she took on the AIDS crisis.

Anna’s achievements included five honorary doctoral degrees, one from the University of Wisconsin, Madison. She was awarded the esteemed Lifetime Achievement Award by the American Dance Festival, up there with the likes of Martha Graham. She was honored by museum exhibitions and performance venues around the world. She was finally credited by the dance establishment for her primary West Coast role in changing dance from modernism to postmodernism in the United States and around the world.

Anna spent decades developing her dance work in nature. Having left the East Coast, she was free to explore in this way, and dance in nature was one of her most beloved ways to experience dance. Here she emphasized universal movement to include forces of weight, momentum, and inertia. The same forces that impact a crashing wave can be mirrored in the body. No doubt, when a line of a hundred or so performers in Circle the Earth, arm in arm, created warrior-like movements to protect the community from the virus, the force of these movements seen in the bodies of the dancers in part comes from her experiences dancing with these forces found in nature.

After I had witnessed Circle the Earth, and after Brian died, Anna invited me to join a group of dancers focusing on dance and nature as healing. It was here that I was able to process some of my grief and loss, using the same approach of universal movement, and moving, drawing, and writing. I remember her reaction as she witnessed my performance; she was very focused when she would witness. Afterwards she recalled it with wonderment as we all sat in the backyard of her home and had dinner. “You drew yourself as a cat! You flung yourself into the air!” she exclaimed, with both compassion and delight. She also couldn’t get over a drawing I made of Brian one afternoon, his face embedded within the bark of a redwood tree.
Anna was asked often why she danced, and after everything she had accomplished, she included, amongst many responses, “For the fun of it!” On a walk during one of her dance workshops in nature, she slowed down as we made our way to the beach to do dance explorations for the day, and said to me, as if coming up with the idea for the first time, “You know, sometimes when I walk down this path, I slow down so I can feel all the little rocks and grass through my feet and how this changes my movement." What impressed me so much about Anna was the endless amount of curiosity she had to be in her body in a creative way, and to make as much out of this as she possibly could.

Anna Halprin’s work continues to develop worldwide through Tamalpa Institute, under the creative direction of Daria Halprin. The training program focuses on personal and community transformation through dance, somatic movement, and the expressive arts.

Rick Lepore, MA, MFT, RSMT, is a body psychotherapist in private practice in Los Angeles. He is a graduate of Tamalpa Institute, and his work also includes NeuroAffective Touch, Somatic Expression, and relational psychodynamic. He is a Registered Somatic Movement Therapist with ISMETA. He teaches and supervises MFT interns at Antioch University, Los Angeles.
IN MEMORIAM

David Boadella

First of all, my immense gratitude for the gifts of life.

For the deep care and support as a child from my parents: for the songs and paintings of my mother, Jessie, and for the bedtime myths and spiritual “glimpses of the light” from my father, Harold.

For the time with my first wife, Elsa, who shared her love of poetry and mountains and swans with me.

For my deep partnership with Silvia, with whom I could share my love, my therapeutic work, and my search for clearer knowledge. For her love of beauty, in healing, in art forms, in her flower gardens, and in her creative writing. For her deep therapeutic work in our trainings, which she has organized so well for the past thirty years and more. For her endless support and care at so many levels, and for the love from the depth of her heart.

For what I could share with my three children:
Adam, who wished me a crown of stars and the everlasting flowers;
Eilidh, who taught me how to reach out from my heart, and to find my inner ground;
Till, who showed me his passion for creativity, strength of freedom, and natural pride.

David Boadella passed away peacefully at home on November 19, 2021

David’s Farewell
I and my body

Do I carry my body through this life
or does it carry me?
Do I take care of it,
for richer, for poorer,
for better, for worse,
in sickness, in health,
as long as we stay together,
or does it take care of me?
When I rise out of bed,
I leave an imprint in the sheets,
the shape of my body.
When I rise out of my body,
I leave an imprint in the flesh,
the shape of who has been living there.
When the light goes out
my shadow is gone;
when the life goes out
my body is gone.

Who dies?
Not I.

Farewell to David

He counted his life from full moon to full moon and in the last big eclipse he rode out of sight.
He had a strong body and on his solid chest we could lean to heal our wounds.
He had an enlightened mind by which he illuminated our spirit.
He had a warm heart through which he instilled in us the devotion to the juices of life. And so, we remain devoted to his work.
He had a generous spirit by which he gifted us with the jewel of Biosynthesis.
He changed the lives of thousands of people around the world, who will continue to do the same through the power of his legacy.
Blessed are all of us who were touched by his presence.
So long, dear David, until we all meet again on the other side of the moon.
We remain in full gratitude to your gifts, and in the place of your loss we hold the joy of the precious moments of the poetry that your life had been, and which you generously shared with us.

Lily Anagnostopoulou
President of the European Association for Biosynthesis
Call For Papers

Spring • Summer 2022

The IBPJ Editorial Team feels that now, more than ever, our field must bring forward body-centered methodologies that foster diversity, equity, inclusion, and belonging. This coming year, we will highlight how the science and practice of body psychotherapy and somatic psychology can inspire and energize integrated body-mind approaches in the fields of trauma and addiction, and social justice.

Trauma and Addiction

Guest Editor • Jan Winhall  M.S.W., F.O.T.

Jan is the author of Treating Trauma and Addiction with the Felt Sense Polyvagal Model, Routledge, 2021. An author, teacher, and psychotherapist, she is adjunct lecturer in the Department of Social Work, University of Toronto, and director of Focusing on Borden, a psychotherapy and training center. Jan presents internationally on trauma and addiction.

Suggested paper topics should include but are not limited to:

- Deconstruct the current pathologizing model of addiction and offer a new paradigm that shifts the lens to reflect an embodied approach.
- Present a detailed description of one or more somatic therapies and their application in treatment with addicted clients.
- Describe alternative approaches that reflect cultural differences in the conceptualization and treatment of addiction.
- Research papers that focus on studies using an embodied approach to addiction treatment.

Papers should be submitted by February 15th 2022
submissions@ibpj.org
Call For Papers

Fall ▶ Winter 2022–2023

The IBPJ Editorial Team feels that now, more than ever, our field must bring forward body-centered methodologies that foster diversity, equity, inclusion, and belonging. This coming year, we will highlight how the science and practice of body psychotherapy and somatic psychology can inspire and energize integrated body-mind approaches in the fields of trauma and addiction, and social justice.

Social Justice in Somatics

Guest Editor ▶ Karen Roller  PhD, MFT, FAAETS, DNCCM, CT, CFT, C-SCR, RYT

Karen is an Associate Professor of Counseling at Palo Alto University, and Clinical Coordinator at Family Connections, a parent-involvement preschool serving the low-resource migrant community along the San Francisco Peninsula. Karen is co-author of Lifespan Development: Cultural and Contextual Considerations (in press). She presents internationally on trauma-informed care for the underserved.

Suggested paper topics should reference anti-racist guidelines *
and include but are not limited to:

- **BIPOC, LGBTQ+ Ability Leadership.** Outline how somatic practices show up in decolonizing ourselves ▶ Elevate the voices of the historically marginalized ▶ Humbly engage in anti-oppression and liberatory work-in progress.

- **Clinical Intersections.** Center the historically marginalized ▶ Share somatic practices that bring heartfelt healing and cohering ritual.

- **Holistic Healing.** Integrate the unbroken lineage of indigenous ancestors ▶ Highlight how somatic practices that heal bodyminds and the Earth bring balance and right living, free of domination.

- **Ethical Responsibilities.** Manage power and privilege dynamics in somatic practice ▶ Emphasize shared decision-making and participatory action in assessment, treatment, termination, and related research.

Papers should be submitted by August 1st 2022
submissions@ibpj.org

* https://libguides.umn.edu/antiracismlens
Call for Peer Reviewers

If you are interested in becoming part of the Journal family, and wish to contribute your expertise to the field of body psychotherapy and somatic psychology, send your CV and field of competency to

editorinchief@ibpj.org

Our deepest appreciation to the peer reviewers who have contributed their expertise to this issue:

Adam Bambury, Alicia Scott Zollinger, Allison Priestman, Bernhard Shlager, Betsy Zmuda Swanson, Brian Folk, Celal Eldeniz, Chris Walling, Dan Lewis, Homayoun Shachri, Ivan Mumic Silva, Kathrin Stauffer, Marc Rackelman, Marc Rackelman, Rae Johnson, Ronaldo Destri de Mura, Rubens Kignel, Will Davis
New EABP Policy

Continuing Professional Development (CPD)

Following the decision taken by the 2014 General Assembly, EABP requires its full members to fulfill Continuous Professional Development (CPD) hours.

During the EABP Congress, the CPD Committee consisting of Fabio Carbonari (Chair), Lilamani del Soldato, Kathrin Stauffer, and Arber Zeka presented the new design for the online CPD recording platform.

Every full EABP member must complete a total of 250 CPD hours or points (they are the same) during a five year span. This translates to 50 CPD hours per year, but can be distributed unevenly over the five years. EABP strongly recommends completing a minimum of 20 CPD hours in any one year.

In order to log your CPD activities, you need to keep a record of what you complete and have proof of completion. This can be Certificates of Attendance; photos of a meeting; or if teaching is part of the CPDs, a confirmation from the training organization. The CPD system accepts most files including pdfs, word documents, and pictures in jpeg format from your phone.

The CPD computer system counts your hours and can tell you, at any time, whether you are on track for the target of 250 hours in five years, or whether you need to do more, or at least evidence more CPDs.

The login link is on the EABP website Member Page. First login as an individual member. You will be asked for the EABP Website password, and from there you will enter into the River CPD log without further need for a password.

Most members have never logged into the EABP site or can’t remember their password. Thankfully, the system is set up so that you can request a password reminder. There shouldn’t be any problem.

The site is up and running now. In theory the start date is December 2021 – but I would say that the start date is 2022.

The site is set up so that you can log CPD events from the current year in addition to CPDs from the past 4 years for a total of 5 years. The time frame will roll, meaning that currently you can log CPDs all the way back to 2016. It will move to 2017 in January, and so on.

Until now, we offered CPD hours to abstract translators only. In view of the EABP policy regarding the work offered at IBPJ, we can now offer CPD hours to our published authors, peer reviewers, abstract translators, book and article reviewers, and cover artists. A CPD Certificate will be given to all participants of a journal issue who request it, as an acknowledgement to their contribution, regardless of their membership.

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References

Kathrin Stauffer, personal communication
Aber Zeka, Power Point presentation
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First consideration will be given to articles of original theory, qualitative and quantitative research, experiential data, case studies, as well as comparative and secondary analyses and literature reviews. Authors must certify that any material presented to the International Body Psychotherapy Journal is original unpublished work not under consideration for publication elsewhere.

Our editors and reviewers will read each article with the following questions in mind:

- Does material in this manuscript inform the field and add to the body of knowledge?
- If it is a description of what we already know, is there some unique nugget or gem the reader can store away or hold onto?
- If it is a case study, is there a balance among the elements, i.e., background information, description and rationale for chosen interventions, and outcomes that add to our body of knowledge?
- If it is a reflective piece, does it tie together elements in the field to create a new perspective?
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