the usa body psychotherapy journal



The Official Publication of

THE UNITED STATES ASSOCIATION FOR BODY PSYCHOTHERAPY

Table of Contents

Editorial	
Jacqueline A. Carleton, Ph.D.	3
Slow Attending: The Art of Forming Intimacy Stanley Keleman	5
Feeling Moving: Wandering Through the Flesh of Personal and Human Development Mary Abrams	12
The Relational Turn and Body Psychotherapy: Part III: Salsa Lessons and the Emergent Self – Somatic organization, relationality, and the place of self in body-psychotherapy Asaf Rolef Ben-Shahar, Ph.D.	22
A Ritual for Resolving Chronic, Habitual, and Pathological Implicit Memory and Emotional Disorders, Including Grief and Trauma Robert LoPresti, Ph.D.	32
New Words: Exploring Embodied Language as a Holding environment in Body Psychotherapy Bernadette St. George	53



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The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity.

The USA Body Psychotherapy Journal Editorial, Volume 10, Number 2, 2011

It is not often that the articles in an issue of the USABPJ can be grouped around a theme, but this time, several of them can be seen as different ways of looking at the voluntary muscular effort that is a centerpiece of Stanley Keleman's incredible body of work in our field. Our conference in 2012 is entitled "The Body in Psychotherapy: The Pioneers of the Past, The Wave of the Future. Stanley is representative of both. He is certainly a pioneer of body psychotherapy, probably best known for *Emotional Anatomy*, which is soon to be "re-issued" as a DVD. And, with projects such as this DVD, he continues to lead us into the future of body psychotherapy and creative ways of transmitting it to the next generation.

In his article entitled "Slow Attending: the Art of Forming Intimacy", Stanley stresses the importance of slow, voluntary muscular effort in creating links between and brainstem and the cortex and this between individuals in an intimate relationship. Such movement, he suggests, influence and reorganize aspects of what might be seen as inherited behavior to form a personal motoric, self-regulating, self-forming entity which becomes our identity and forms the foundation of a kind of somatic formative awareness leading in turn to "satisfaction and a kinder life."

In "Feeling Moving: Wandering through the Flesh of Personal and Human Development", Mary Abrams explores, in a scholarly, personal narrative, how the development of interoceptive awareness of sensation as movement supports effective flow of affect, feeling and emotion. She highlights Continuum Movement as one of many somatic movement practices utilizing silent movement, typically as Stanley suggests, voluntary and slow, as a way to discover one's inner and outer movement potentials. She interweaves her own personal experience of movement with relevant theory and research utilizing the work of Silvan S. Tomkins, Donald Nathanson, Antonia Damasio and others to illuminate her journey. She echoes Stanley Keleman in concluding that "we are moving body stories, and through feeling moving and moving feeling, we have the capacity to create new movement, new thoughts, new behaviors, and new meanings with every experience throughout our entire lives."

Asaf Rolef Ben-Shahar, in "Salsa Lessons and the Emergent Self: Somatic Organization, Relationality and the Place of Self in Body Psychotherapy", interweaves poignant clinical vignettes with relational/psychological theory and philosophy. Exploring the connections between somatic, linguistic and relational organizations and the place of the self in relational body psychotherapy, he allows us to experience both his client and himself. The juxtaposition of form and flow are embodied in this piece ,as we experience the author utilizing the form of theory with the flow of clinical material. And, he cites Stanley Keleman's assertion that symptoms are caused by not knowing how to organize and disorganize ourselves.

Neuropsychologist Robert LoPresti presents "A Ritual for Resolving Chronic, Habitual and Pathological Implicit Memory and Emotional Disorders, Including Grief and Trauma". He details how his own experience of traumatic grief led him to explore and refine this protocol, and then only slowly use it with clients. He explains neuropsychologically each aspect of each stage of the protocol and then gives several clinical examples of how and why it was effective to various degrees with different patients.

Our final offering in this issue by Bernadette St. George, entitled "New Words: exploring Embodied Language as a Holding Environment in Body Psychotherapy" is an attempt to begin a dialogue within body psychotherapy about the significance of verbal attunement both in early development and in the therapeutic process. It is also a bridge to traditional verbal psychotherapies. She points out how important an aspect of attachment speech is as evocation of experience and as a method of supporting the meeting of meaning making and tangible lived experience. As she points out, for many individuals, unverbalized experience and emotions can be verbalized perhaps for the first time in psychotherapy.

With this final issue of the 10th anniversary volume, I am putting to bed the USA Body Psychotherapy Journal after 10 years as its founding editor. With the able assistance and the indispensable sense of humor of Robyn Burns, I have had the pleasure not only of birthing this journal, but of watching it grow until it is now ready to leave home. And, when it awakens, it will find itself in a new format.

In fact, I would like to announce a wedding: the US Association for Body Psychotherapy and the European Association for Body Psychotherapy will join in a reincarnation of the USABPJ, which we are going to call the *International Body Psychotherapy Journal* (IBPJ). I have agreed to serve as its editor for the next 2-5 years, with the probable addition of a European co-editor in the near future. The new offspring was formally approved by the boards of directors of both organizations early this year, and we are in the process of forming the new organizational structure. Jill van der Aa and I have taken the lead in forging the agreement and setting up the various committees and procedures that this joint venture requires.

The joint publication evolved from the USABPJ in response to tremendous growth in the field of body psychotherapy worldwide over the past ten years. As the field continues to expand, the new Journal's aim will be to broaden its readers' horizons by inviting submissions of original theory, qualitative and quantitative research, experiential data, and case studies, as well as comparative and secondary analysis and literature reviews from clinicians and researchers practicing in all health care fields across the globe

The Journal's mission will be to support, promote and stimulate the exchange of ideas, scholarship and research within the field of body psychotherapy as well as encourage an interdisciplinary exchange with related fields of clinical theory and practice through ongoing discussion.

We have in place an editorial committee that will support me along with an honorary advisory board. We are also inviting suggestions for members of a peer review board. I am looking forward to submissions from virtually all across the globe. After consulting the Authors' Guidelines (on both the USABP and EABP websites), please send submissions to me at jacarletonphd@gmail.com.

The first issue of the new *International Body Psychotherapy Journal* will be published in the spring of 2012. It will remain biennial and will be distributed as part of membership entitlements to members of both the USABP and EABP. Subscriptions will also be available. For more information on the composition of the committees and boards thus far, please refer to the announcements on both the USABP's (www.usabp.org) and EABP's (www.eapb.org) websites.

Jacqueline A. Carleton, PhD September, 2011 New York City

Slow Attending: The Art of Forming Intimacy

Stanley Keleman

Abstract

In this article I present the argument that the human organism is attracted to the future and is therefore an anticipatory system; and that the act of attending is a motor activity, be it voluntary or involuntary. Motor activity generates sensation and is the foundation of awareness. Voluntary muscular effort done in a deliberate, slow, measured style not only generates sensation; it widens the field of synaptic connections. Voluntary effort anticipates motor and sensory responses. Needs, desires, emotions, and cognitions are motor acts that have specific intention and anticipation for connection because they are part of a system of being received and replied to. Voluntary muscular cortical effort supports this anticipatory connection and also influences its intention. Intensity and duration are essential for differentiating an act and its intention. In my Formative framework, the fast response and the slow response are interacting. Additionally, I argue that the glial network, especially astrocytes, interact with the neuronal system of focused, anticipated intentions and flash memory, the glial system is a slower response organization that supports voluntary muscular effort and also regulates the neuronal excitatory pattern through its layers of myelin, helping to create long term memory. These two patterns, the fast and the slow, grow the cortex and our inherited instinctual and social patterns of behavior and experiencing. The slow, measured, deliberate style is an important aspect of the Formative Process for it not only alters neuronal responses and supports voluntary effort; it also generates a wider field of connections and differentiation and long term memories. Slow motoric acts influence inherited behavior to form a personal motoric, self-regulating, self-forming entity which becomes our identity and is the foundation of a somatic formative awareness which generates satisfaction and a kinder life.

Keywords

Formative - Attending - Anticipatory - Awareness - Motoracts - Voluntary Effort - Slow acts - Glial cells-networks

Slow Voluntary Muscular Effort of Attending Generates the Awareness of Aliveness

The body's readiness to act, or the inhibition of an organization to act, is a muscular neural organization that sends feedback about its readiness to act. This feedback is the awareness of the aliveness of attending. This holds true for an act that is held up from completion or waiting for completion. This readiness to act generates excitation, kinesthetic tactile sensations, and cortical awareness of intention in the organism's field of experience. In this paper, i discuss how the readiness of attending is a motor act that generates excitement in different degrees. If the motor act is not completed, kept in its inhibitory organization, the sensations of its intent are perpetuated as a state of organismic awareness. In other words, awareness results from the inhibition or suspension of an action that is being formed or is ready to be performed.

The innate, inherited, involuntary, pulsatory process of extending and gathering is a primary motor activity that generates and sustains the excitatory seeking or avoiding of anticipated pleasure or danger. Voluntary muscular effort influences this muscular pattern of anticipation and attending and its accompanying awareness of too little or too much excitatory activity. Motor and cortical efforting is an anatomic continuum of motile-porous and rigid-dense structures and their excitatory patterns.

The dynamic of voluntary muscular effort reinforces the intent of a behavior by being able to influence its anatomic organization which becomes the basis of one's personal style of awareness of being bodily present in the world. This dynamic is the basis of personal and interpersonal intimacy which voluntary muscular effort influences. This paper addresses the process of a measured style of voluntary motor muscular effort that makes experiential the excitement between the body and its cortex and the surrounding world, and provides a way to influence these structures.

Voluntary muscular effort begins an organization of preparing to act that generates excitement which has gradations ranging from minimal awareness, to heightened interest, and intense alertness. To attend is muscular and cortical efforting that gives birth to the awareness of attending. As motoric behavior intensifies so does awareness, or the state of attention, which is experienced as alertness or alarm. The organism's preparation to reach generates an excitement, an awareness of its effort and intent. The effort of attending is a motoric pattern that invigorates cortical activity through heightened excitement. Think of two neural axons as focused excitement extending, reaching for each other to form a connection.

The organism's pattern of reaching is a focused, sustained effort to reach the expected. An infant reaches for an expected nipple that is also aroused to reach, to receive, expecting connection; the infant and mother are in a system of expected connections. The motoric pattern of reaching demands focused, constant muscular participation and an excitement that is an extended act of anticipation of connection. Reaching for connection alters anatomy and the excitatory experience of making a connection. This behavior elucidates how organismic motor activity of expected connection and excitement are a gestalt. In this extending to connect there is also the anticipation to be received, like two adults who are mutually attracted to each other simultaneously reaching to each other and receiving each other's excitement.

The body's pulsatory process of extending and gathering back (active receiving) is the organization of forming a connection. Just as the body reaches to its cortex expecting to be received, the cortex reaches to its body expecting to be received. This is a pulsatory process; both extend toward each other and receive each other's reaching, creating motor connections with sensory associations and memories. The mouth-nipple connection is an analog of how the body's excitement

Slow Attending

Attention or being aware is rooted in the organism's involuntary and voluntary muscular cortical motor efforts and excitatory responses. The alteration of the muscular pattern's anatomy from a minimum muscular rigidity to an increasingly more intense spasticity generates a feedback awareness which might be categorized as a comfortable calm in one case, or an alarm in the other. This behavior can be both involuntary and voluntary.

Awareness grows from the body's striated and smooth organ muscles' intense and swift electrical responses and from the body's smaller, slower, swelling motoric efforts. Distinct motor management's slower organization makes widespread connections that help organize social interactions, sustain long-term metabolic and developmental goals, and stabilize new memories. We are encouraged in our current society to have quick, electric-like, neural and muscular responses. This encouraged pattern is closely aligned with distress. The slower, deliberate, muscular neural attending is rooted in the muscular organizations of gazing, grazing, investigation or curiosity and is accompanied by a slow pulsatory pattern of various intensities of attending and attention which sustain somatic moments of self intimacy between the cortex and its body and the organism and other bodies.

Using voluntary muscular effort to influence motoric attending gives duration to the development of the differentiated muscular organization which is accompanied by layers of excitement and related awareness. Voluntarily organizing a specific muscular behavior of attending, such as to inspect, to hold in sight, or concentrate on a sound, influences how the organism alters or differentiates the intent of its behavior and experience, thus developing new possibilities for being more or less intimate, with itself and others. Voluntary muscular effort is important in developing social and personal motoric patterns of attending and the resulting experiences of the multi-layered pulsatory pattern of relating. Voluntary self-management is about forming something other than what is.

Voluntary muscular cortical effort modifies the involuntary or learned muscular intensity of reflex attending, and reorganizes the reflex's intention by creating new excitatory connections and an accompanying awareness of aliveness. Voluntary muscular cortical effort thus personalizes a pattern and memory of awareness. As the organism applies voluntary muscular effort to alter its muscular cortical behavior and its original intent and resulting consequences, the organism also develops a formative awareness. The organism's formative pattern is a particular, ongoing, muscular cortical experience of developing differentiated muscular neural shapes and feelings that change the experiences of being bodily in the world. Voluntary muscular effort gives rise to feelings, images and a thought of what is forming and how forming is influenced.

Voluntary muscular cortical attending efforts influence the brain stem and emotional limbic system, as well as the glial neural system. The glia help regulate the neuronal system's electric-like excitatory currents by wrapping themselves around neuronal axons to form myelin sheaths in the central nervous system. This glial system helps make voluntary effort more efficient. With slow, voluntary, muscular cortical micro movements, the organism intensifies its kinesthetic and tactile experience and organizes a wider and deeper electrochemical pulsation of excitement and accompanying radiations that influence behavior, as well as emotions and thoughts. The voluntary practice of slower reorganization of the reflex patterns of the readiness to act grows a unique muscular cortical pattern of forming a personal bodily presence, and awareness of being in the world.

How we muscularly attend influences how we experience a specific style of being in the world. When we recognize our somatic organization, experience it kinesthetically and cortically, we experience the porosity, rigidity or density of how we approach or respond when approached: with porous shyness, or porous malleable receptivity, with empathy or rigid caution, or with assertive investigation.

Using voluntary muscular effort awakens the cortex and awakens us from the realm of the brainstem's certainty. Voluntary effort also organizes a personal knowing, an awareness of the organism's organization of behaviorally altered intention and possibilities. Voluntary muscular cortical effort develops motoric sensibility about when and how to moderate how the organism approaches or avoids receiving what is present. Formative work differentiates and reorganizes anatomic structure, its emotional and cognitive behavioral intentions, as well as its awareness. In this formative dialogue of voluntary muscular cortical effort, the organism develops a personal interior aliveness throughout its life.

Voluntary muscular effort connects the organism to its remembered past, present and possible future muscular acts, such as caution, reserve or optimism that extend the range of possible acts. As voluntary muscular cortical behavior develops a personal muscular cortical attending pattern and its different phases of aliveness and attention of being bodily engaged with how it is forming and experiencing its expressions, a formative orientation of being in the world is also developing.

As adults develop voluntary somatic self-forming skills, they affect immediate and long-term anatomic, motoric, emotional and cognitive changes that result in an enriched self-empowerment of being bodily in the world and of having a rich library of motoric, emotional and cognitive experiences and memories. This library that I call the personal self, some others call subjectivity.

The Formative Cortex is a Slower Cortex

Humans start molding their body and brain early in life by differentiating and reorganizing fixed action patterns. This process continues throughout life. The cortex's plasticity is designed to manage unpredictable situations and to even create

behavior. To do this, the cortex has to recognize its organism's present behavioral situation and be able to reorganize and help make present motor memories. This voluntary process initiates motor plans for anticipated future situations. A cortex like this is not hardwired; it has evolved to respond to its own changing body's unique individual environmental situations to form a personal anatomic form of attending and attention in its self.

The Slow Brain

Alongside the neuronal brain is an older network that does not communicate with itself or neurons through synapses, but rather through glial cells. These different types of glial cells influence synapses in the brain and body as well as neurons and axons by modulating the excitatory frequencies, amplitudes and rhythms, and the time sequences of excitement. Glial cells are part of a communication system that carries out important functions in managing neural transmitters, healing of neurons, and myelinization, to support voluntary muscular effort as well as monitor neuronal excitement patterns by responding to nerve cell information to influence the command pattern's intent, thus influencing, remodeling, and growing synapses. This process of making myelin promotes voluntary muscular effort, supports the growth of communication in the cortex, learning, and making memories. The slower glial cells wrapping of myelin not only supports voluntary effort, but also regulates neural excitatory transmission. The glial cells communicate through a slower chemical process. This slower processing helps organize a wider field of synaptic connections that supports cortical muscular growth and its memories, which leads to the development of a personal anatomic personhood, a self regulating voluntary entity.

In the organism's organization of a behavior and its attending, the neural electric brain and its non-electric brain, associated with glial cells and their neurotransmitter chemicals which regulate neuronal firing patterns, prevent excitatory loss to facilitate more efficient voluntary effort and its intentions. Slow, deliberate, measured, voluntary muscular and cortical effort makes use of macro and micro muscle acts to mobilize non-linear responses. Slow, measured, voluntary muscular acts influence neuronal excitatory frequencies, thus supporting the cortex's differentiated motor acts and their remodeled synapses. Glial cells exert their influence by their slower but more direct organizing chemical signals that help stabilize new connections and memories. Glial cells, by wrapping themselves around neuronal axons, make myelin that helps ensure more efficient neural connections. This offers hints of why slow voluntary muscular attending is important for creating malleable and intimate zones of learning and for forming an intimate somatic dimension and cortical formative awareness.

Voluntary muscular practice increases glial myelin formation, making the neuron's long distance electrical transmission more effective. It also regulates impulse velocity and makes ATP available for protein manufacture for axon growth during stages of development, from the intense motile to the slower porous organizations, and the firmer rigid and dense organizations and experiences. Slow, deliberate, measured voluntary muscular cortical effort helps neural voluntary regulation of autonomic functions. An example would be cortical influence in disassembling danger alarm behaviors that send emergency speed-up signals to the heart and phrenic nerve stimulation for increased diaphragmatic excursions. Voluntary muscular cortical influence on the alarm motor patterns slows the heart, taking it to a quieter mode, a slower, elastic, semi porous-rigid organization where we can experience the pulsatory nature of patterns of social cooperation rather than just the alarm state. This formative interplay develops the cortical muscular voluntary management of reflex shapes to organize a unique human attending and awareness of how to be bodily different from the inherited way to be in the world in many situations.

The Deepening Practice

Voluntary somatic management is an ongoing organizing process within the ocean of the organism. Voluntary muscular cortical effort invokes a response from the deep anatomic ocean which the cortex gives voice to. Formative awareness is the crest of the excitement arising out of the organism's motor acts.

Voluntary muscular cortical effort done in a measured manner develops the cortical awareness of a malleable structure. Voluntary efforts, where there is contact with the organism's semi motile porous thick liquids, form a boundary and a response time different than the quick, electric speed of focused neural excitement. There the connection within the deep layers of the organism brings forth the experience of slow time acting. This process of voluntary effort is developing an elastic time in the organism and an awareness of the malleable timelessness of the organism's forming process. The deep practice elicits the many layers of time in the organism, its time of division, of gastrulating, of differentiation, of assembling a behavior, of disassembling, its glacial time, its neural time, its hormonal time, species time, and personal time. This is the stuff of somatic interiority which forms a personal self within the inherited body.

The primal body structure is an ancient animate pulsatory sea with different currents of arousal that are consistent with generating and sustaining somatic existence. This animate, intercellular, complex matrix is an anatomic structural memory of ongoing and repeatable behavioral patterns. This is innate self-organizing behavior that embodies its history of learned and remembered responses. This same process is brought into action with voluntary muscular effort as we learn to use it to differentiate inherited reflex behaviors and their emotions and expressions. There is also the growth of this formative awareness growing out of the memory of past motor acts and of efforting to manage and differentiate forming new motor acts and a new time frame for how the organism knows itself.

Slow Attending

The glial cell reads the activity of its neuronal linear axon's excitatory nerves that demand immediate body changes, and responds to these currents as if it were its food, regulating its frequencies and amplitudes. Using voluntary muscular cortical effort stimulates the glial cells, which organize sheaths of insulation around axons, making voluntary management of excitatory transmission that helps develop voluntary evolution in one's lifetime. This organismic process helps the organism's cortex form a long-term commitment to developing new behavioral structures. The sum total of glial cells forms a glial brain or system that has a slower processing speed, since it operates in a time frame of seconds or minutes rather than milliseconds, that helps the newer cortical messages transcend the organism's inherited millisecond reflexes and support voluntary behavior.

The organism using VME in a measured slow style to organize rigidity in the body wall can then differentiate the rigid structure into a semi-porous-rigid structure, forming a zone of anatomic malleability within its body wall. This voluntary development of an elastic boundary forms a distinct surface and a distinct interior. Using slow, micro voluntary muscular efforts develops a range of distinct anatomic layers within the body. This forms a zone of intimacy that has a slow simmering style of making connections and cortical knowing and is the basis of the organism's formative relationship with itself. The zone of intimacy is a personal organization, a subjective realm of somatic existing in which motor activity and kinesthetic experience are the fuel of personal satisfactions.

The deep practice consists of voluntary, muscular, cortical efforting in slow time that extends, broadens and deepens an anatomic excitatory field to make a complex intercellular field of interactions and connections that increase motoremotional experiences and their cortical awareness. Slow, deliberate, voluntary muscular effort helps create another somatic organization within the organism, a distinct personal organization. It is a multi-layered dimension, a unique structural organization, a personal somatic style of existing. The Bodying Practice's¹ intent is to develop the voluntary muscular cortical effort which introduces a voluntary ability to influence living a daily life and having a personal relationship with the processes of evolution.

The Deepening Practice: The Learning Forming Zone

The deep practice develops in a slow, measured style. It starts with a voluntary act that freezes a moment in the trajectory of an expression before its completion. This is the first phase of making a muscular model, a distinct shape that can be developed. Using voluntary muscular effort to assemble and disassemble this distinct pattern of expression begins to define personal slow time. The slow step-by-step assembling or disassembling, and waiting for organismic responses, recruits patterns that were originally initiated by the voluntary muscular effort's quicker excitatory signals. A slower, chemical, visceral swell begins to extend toward its anticipated receiver that is connected to the cortex. Slow, deliberate, voluntary muscular effort thus becomes cortical connection and effort. This is the organizing and experiencing of personal time. Voluntary muscular effort touching its own body is a reaching into the body, a reaching and an anticipation of being received and responded to. This zone of learning and forming is the dynamic of self intimacy and its accompanying feeling of knowing.

Slow muscular and cortical efforting and its kinesthetic, tactile responses are given support for their duration and voluntary repeatability by the glial network chemical scaffolding with its slower, thick pulses of a deep anatomic ocean. The organism's voluntary muscular cortical effort organizes an anatomic excitatory neural firing and is accompanied by a living map of the voluntary effort. A slow style of voluntary motor effort maps a new field of pulsatory excitement and meaning created by the glial pulsatory cellular field with its complex cortical associations and behavioral meanings.

Slowing a response using deliberate voluntary effort and the slower glial process is not a shutting down of activities, as seen in apathy and coma. Slow, deliberate, voluntary muscular and visceral effort generates a simmering metabolism, not a depressed metabolism: a runner's bradycardia with the slower and deeper amplitude heart beat, not the hibernation of depression. Voluntary slowing in the neural system stimulates the older glial structure of direct, physical, chemical contact and transmission. The slower, deep processes are where powerful reconstituted connections and deep motor memories are formed that allow for a wider, deeper, richer pulsatory field of interior connections, a timeless realm of relationships, and an enduring time that complements the cortical, neural dynamic of the electrical reflex time.

In doing the somatic exercises in a slow manner, we change the intensity of the organism's excitatory spikes' peaks, and its troughs of compressed excitatory density. A slow, deliberate, voluntary motor act increases the neuronal excitatory electrical spikes of the pulsatory tissue mass, changing it to a more diffuse undulation of excitement, from the quicksilver sap to a thickened, elastic, elongated peristaltic pulse with rounded peaks, whose stretching pulsatory dynamic is a primary experience of the warm to cooler awareness of existing.

¹ Bodying Practice, as described by Stanley Keleman in USABP Journal Vol. 6, No. 1, 2007

The slower, deepened, and extended pulsatory field, organized and supported by the glial field of complex connections within the organismic ocean of bio-genesis, and grounded in the body proper and its cortex, is a similar dynamic to that of our planet's quicksilver light and slow motion generated by mass and gravity. The glial dynamic is an alternate, parallel, experiential reality of our somatic awareness of our deep and contemporary cortical reality that tells us about the many layers of the world that we are in and are from. The soma's deep, ancient structure is the glial matrix for the cortical second personal adult and its cortical awareness that helps form a future, instead of just repeating what was.

Slow, voluntary muscular cortical effort organizing the learning zone is similar to learning to ice skate; each step is a porous-rigid unstable risk needing voluntary muscular cortical attending and attention which stabilizes the range of behavioral ability. The learning zone is a malleable zone where voluntary micro-muscular efforts, with slow intentional acts, simmer attending and attention and bring past neural and glial associations into the present to make new maps. This muscular effort organizes a depth of plasticity that makes possible a continuous forming, experienced as a layered awareness of forming.

The learning zone is a malleable anatomic behavior; it demands constant voluntary participation which links motoric experiences in a continuum of minimum-medium-maximum intensities and durations which enriches experience and makes for a complex awareness of our existence.

Making a commitment to doing this Bodying Practice² exercise of voluntary muscular effort in a slow process takes our efforts out of the range of reflex experience and into the arena of voluntarily forming long-term personal expressions, values, and meaning. Recognizing when and how you enter the deep zone, giving it duration and recognizing when you exit it are all important for forming a cortical intimate zone of a layered pulsatory bodily existence and an awareness of the formative dynamics that are the nuts and bolts of our life.

Voluntary Acts for Forming Intimacy

In the first stage of embryogenesis there are two tissue layers, the ectoderm and the endoderm. Following numerous cell divisions and the transformation of a solid ball into a hollow sphere, a process of migration, called gastrulation, occurs. The outer ectomorphic layer begins to migrate into the sphere forming a third layer, the mesoderm. The development of the mesoderm is connective tissue which is the movement support function. This mesomorphic layer originates from the ectoderm, showing that the neural and connective tissues are a singular tissue layer before differentiation occurs. The neuronal and the mesomorphic are linked; that is, muscle and neural tissues function as an integrated system for the regulation of motility. What is also significant is that the inward migration of the ectoderm also begins to give the outer neural layer interiority. With the development, through evolution, of voluntary muscular effort, a more deliberate, slower pattern of action, a regulator of reflex speed, is introduced. Voluntary efforts are slower than reflex acts giving the organism defined response patterns of speed, amplitude, and intensity of movement and expression that organize cortical and muscular growth and its accompanying patterns of somatic cortical awareness.

The internalized process which continues through life is grounded in the neuron's ability, through the neural crest cells, to spread itself throughout the whole body for a direct, external-internal organization. The glial cells are part of this two-speed dynamic. Glial cells have both a connective tissue function and a neural function. Glial cells help manage and regulate axon excitation speed, intensity, amplitude and frequency which make possible both voluntary muscular effort, and the establishment of motoric and neural excitatory memory. Voluntary muscular and cortical activity leads to a more differentiated life of expressions and relationships as we accumulate years. This personal style of differentiated responses makes possible a personal style for a kinder life through all the stages of our existence, including senescence.

A slow style is based upon the experience of our motor efforts' gradations of intensity and duration that organize an awareness of the time of how the organism assembles muscular tension and disassembles it, and of the pause time of waiting for the response, viscerally and cognitively, to the muscular effort. It is from the managing of the habitual response to react quickly that slow time emerges and forms its awareness. Slow organizing forms the person by the direct experience of what glial time is and what electric brain time is. A slow style of efforting brings to the fore the innate pulsatory dimension of the soma's formative process, its pre-personal and personal time. The times we spend living in slow time create an inclusive dimension of being intimate with the gastrulation of personal and collective experiences of somatic shapes coming into existence and leaving the field of personal existence. This is the arena of forming personal understanding and meaning in our life, and processing the cortical quick time and glial slow time of a personal formed reality from the outside in and from the inside out. It is the voice of our ever present, deep, anatomic voice.

In summary, the Voluntary Acts:

1-Define the structural situation: using voluntary muscular effort to define the amount of density, rigidity or porosity present and its pulsatory and excitatory grades and emotional associations.

2-Use voluntary effort to increase or decrease the range of muscular efforting, using minimum, medium and maximum muscular effort and increased and decreased muscular cortical excitement, intensity and duration.

² Bodying Practice, as described by Stanley Keleman in USABP Journal Vol. 6, No. 1, 2007

3-Through the use of voluntary effort, define your motoric experiences of an excitatory comfort-risk-danger zone and your responses to it.

4-Allow for the experience of how muscular effort stimulates and influences tactile, kinesthetic excitement as well as the experience of emotional responses or mental images, and how these help organisms enrich our subjective lives and relationships with others, making for a kinder life.

5-Allow for learning through slow voluntary muscular effort, forming a link from the brain stem to the cortex and the cortex to the brainstem, from the inner world to the outer, that applied in daily life also enriches our lives and quality of living.

6-As voluntary effort, generate zones of intimacy and the skill of managing and forming personal excitatory, emotional, muscular experiences and meaning.

Correspondence with a colleague regarding this paper:

Hi Stanley,

I love your ideas about the deep zone, and the learning zone and the malleable zone and that these are anatomic behaviors. Your suggestion of the glial cell network as a candidate structure for the support of slow intimate self contact is an intriguing and bold idea. When I try to understand the function of cells I like to look at the cells evolutionary development and embryological development. Glial cells have an interesting history from what I've read. They use direct cell to cell communication that must have preceded the development of neurons, and embryologically glia precede neurons to act as a guiding scaffolding for neuron growth; however, in vertebrate evolution smaller simpler brains have fewer glial cells than more complex brains such as ours. In smaller animals there are more neurons than glia, and in our brain there are more glia than neurons. The nematode has about 1 glial cell for every 5 neurons, but the human brain has at least 10 glia for each neuron. So the glia seem to have features of evolutionarily older cell types, but also play a recently evolved function. Your idea that one of those recently evolved functions is to support voluntary evolution in one's lifetime is very interesting. They seem well suited in structure and function to a slow non-verbal state of non-linear self contact and self knowing that is independent of but closely interactive with neurons, with both glia and neurons influencing each other. One researcher commented that it is very difficult to look at glial activity by itself, so I think it will be difficult to establish experimentally to what extent glia facilitate voluntary effort, memory, and self intimacy as opposed to neuronal activity in general. It is certainly interesting to think that one can attend to a glial network state independent of a neuronal network state. I would think the glia have an anatomic structural memory and this memory may be older than neuronal structural memory. Could the glia be part of the animate matrix, the ancient animate pulsatory sea out of which neurons arose and which now sustains their existence?

Dear -----

Thanks for your response. Glial cells introduce an anatomic basis for the slow aspects of the organism which opens a whole new relationship between the quick neuronal electric brain and the slow hormonal cell-to-cell brain and which has something to do with the complexity of the relationship between VME and VMCE and VCME and the fast-slow dialogue, and even the connection between the right and left brain and the maturity of our behavior and experience as we acquire years. I agree with the suggestion that glial cells are part of the animate primary matrix. Here we enter into memory of the primal soup itself which we see happen in the early stages of embryogenesis. I do not think of the glial cells as more important than the neuronal tree but as a partnership since both are essential in the maintaining of older matrices and newer synaptic organizations and in the regulation and support of a complex organization. However, I do want to point to the importance of the slower system as a primary awareness of the organism, of the slower system as having a bigger range of connections and, more important, as a face of self contact and relationship and a time range of experience and self identity supported by the function of myelin grown through voluntary muscular effort.

Stanley

Further conversations with Stanley Keleman (interviewed guest in Serge Prengel's Somatic Perspective Series):

- http://somaticperspectives.com/2008/03/keleman/

- http://somaticperspectives.com/2009/06/keleman-2/

Biography

Stanley Keleman is the director of the Center for Energetic Studies in Berkeley California, where he teaches a formative approach to human development. He maintains a private practice and teaches classes while continuing to research and develop his original method for influencing inherited behavior. In 2007 he was awarded an honorary Ph.D. from Saybrook Graduate School for his contributions to the field of Humanistic Psychology. He is Director of Research in Formative Psychology at the Center of Form and Development in Zurich, Switzerland and Solingen, Germany and visiting lecturer at Spectrum School of

Slow Attending

Keleman

Feeling Moving: Wandering Through the Flesh of Personal and Human Development

Mary Abrams

Abstract

This paper explores the question "What becomes possible in the processes of thinking, feeling, and being human, when a person develops more awareness of experiencing silent movements?" Written as scholarly personal narrative, the author links personal and professional experience of inner body awareness, movement, and Continuum Movement with the theories and research of Silvan S. Tomkins, Donald Nathanson, Antonio Damasio, Lisa Feldman Barrett, J. Samuel Bois, and Gary David among other scientists, psychologists, and philosophers; and somatic researchers including Emilie Conrad, Bonnie Gintis, and Amanda Williamson. A key concept throughout this paper is that developing more interoceptive awareness of sensation as movement supports more efficient flow of all affect, feeling and emotion. Continuum Movement is highlighted as one among many somatic movement practices as a way to discover one's own inner and outer movement potential. The author concludes: We are moving body stories, and through feeling moving and moving feeling, we have the capacity to create new movement, new thoughts, new behaviors, and new meanings with every experience throughout our entire lives.

Keyword

Movement - Interoception - Embodiment - Somatics - Affective System - Somatic Psychology - Continuum Movement

Whether we are conscious of it or not, we are movement even at the most microscopic level of being and an essential feature of what it means to be human is movement. (Williamson, 2009, p. 35)

We cannot move theory into action unless we can find it in the eccentric and wandering ways of our daily life....[Stories] give theory flesh and breath. (Pratt, 1995, p. 22)

This essay is moving, feeling a way through aspects of the human story in the micro and macroscopic intelligence and mystery of biology. A story that is both spontaneously creative and woven with deliberate patterns necessary to develop life. It moves through deeply personal inner terrain, through the time and space specific to one person, and through physical and emotional terrains seemingly common to all, though uniquely influenced by culture. It tells the story of how the past and present are moving in the now, together breathing life into the flesh of our future. This story asks, when a person develops more awareness of experiencing silent movements, what becomes possible in the processes of thinking, feeling, and being human?

It is October 1992, four months after leaving my husband, and one month after finishing the performances of my first full evening choreographic work; I slouch, arms and legs limp, torso deflated, on the floor sliding under my new boyfriend's modern four-post bed. My mind swirls down a bottomless dark void, a relentless voice drones, "I have failed at everything. Nothing I do succeeds. I am a worthless...." My belly races in circles tightening inward, my lungs close in millimeter by millimeter around my heart. I spend the rest of the autumn forcing myself to get to dance class, rehearsal, or a minor part time job, then running home as fast as I can. Home, perhaps hiding under the bed is my only place of safety.

At 15 years old living in Iowa, my father was hospitalized with a diagnosis of clinical depression. For the next 15 years, I watched as he was in and out of hospitals for 1-3 months at a time, spending the better part of some years struggling to get out of bed, go to work, have social interactions, eat, and sleep. His blue middle-aged eyes would stare and dart, ineffective medications forcing his body to jerk and shake until he eventually fell limp and blank after electro-shock therapy. I sat with him many hours, days, weeks, and months listening to him say, "I have failed at everything. What is going to happen to your mother? I'm a horrible father. I've failed you, your brother and sister. I am worthless." My family talked about depression, chemical imbalances, his mother's depression, his repressed grief from my grandfathers' deaths, and his anger regarding changes at the railroad where he worked. Witnessing my father's experience, I became determined to insure myself against depression. I disciplined myself to get up at 8 a.m. or earlier every morning and each time uncomfortable feelings arose, I walked, ran, and danced to keep these feelings from dragging me down into paralysis.

When I awoke, aware of myself helplessly sliding under the bed, I recognized my father's voice as my voice. This black void of paralyzing feelings was not new. I had been spiraling down for at least a year, maybe two. Smoking, drinking alcohol, dancing, sex, religion, keeping busy, destroying and creating relationships, nothing was strong enough to keep the pain at bay. My inner familial gut-wrenching voice, "I have failed, I am worthless," became a siren alerting me to a future filled with long hospital stays and drug experimentation. The terror of what felt too familiar and hopeless drove me to find help. Thanks to a friend who had explored low cost therapy, I found a psychotherapy service in New York City. During my first session, I tell my therapist, "My throat is jammed. When I feel my throat open, I begin to cry." She nods her head, and asks, "What are you feeling?" Her question baffled me. Had I not just told her what I was feeling? What more was there to know? Feeling jammed or opening to a torrential rain of tears, doesn't this say it all?

Awareness of internal somatic (body) sensations is called "interoception," which means to orient inward. All inner parts of the human body have receptors that send information to the brain to create brain maps for registering feelings of

hunger, thirst, air, and other visceral sensations. There are also receptors on the surface of the body including the teeth, gums, and tongue. These receptors carry information about homeostasis, the body's ability to maintain internal balance. This information is carried to and from the brain through an evolutionarily older set of fibers in the spinal cord. Dr. Hugo Critchley, a researcher at the Institute for Cognitive Neuroscience at University College London, explored emotional sensitivity with nine women and eight men. His experiments show that the more visceral awareness, or capacity a person has for interoception, the better a person is at experiencing the full gamut of emotions and feelings, and the more emotionally attuned or empathic a person will be (Blakeslee, 2007).

Psychologists William James and Carl Jorge Lange long ago developed a theory that emotion arises when a person perceives a bodily change. Antonio Damasio, a contemporary neuroscientist and head of the Brain and Creativity Institute at the University of Southern California in Los Angeles has updated James and Lange's theory with his somatic marker hypothesis – the notion that feelings in the physical body strongly contribute to even the most "rational" decision-making in life. What James called a "preorganized mechanism," and many other psychological theories refer to as affect, Damasio calls primary "early" emotions, with "adult" emotions being secondary. According to Damasio:

We are wired to respond with an emotion in preorganized fashion, when certain features of stimuli in the world or in our bodies are perceived, alone or in combination. All that is required is that early sensory cortices detect and categorize the key feature or features of a given entity, e.g., animal, object, and that [brain] structures such as the amygdala receive signals concerning their conjunctive presence....Consciousness buys an enlarged protection policy. Primary emotions (read: innate, preorganized, Jamesian) depend on limbic system circuitry, the amygdala and anterior cingulate being the prime players. (Damasio, 1994, pp. 132-133)

At 30 years old, I had developed vague emotional knowledge through interoception, sensing my inner body. I intuitively sensed into the "early" emotions, my affect system. Yet, despite 15 years of living with my father's diagnosis of mental illness, I had few vocabulary words to describe my "secondary" adult emotions, and very little practice talking in depth about my feelings. Meeting with my therapist several times a week provided me with support to talk about my feelings related to family history, relationship experiences, and various beliefs contributing to my strangling inner voice of failure. After a year, the therapist and I agreed I was ready to move on from therapy. Yet, I found myself wondering why my therapist never inquired further with me into how my limp, deflated, twisting, contracting, racing, jammed, opening gushing-with-tears-body, eventually ran me to her office in desperation, fear and hope. I also heard myself saying, "I need to build an emotional economy."

What is an emotional economy? At the local level, economy means the management of household income and expenses. Economics can also be applied to the flow of resources in regional, national, and international communities. Initially my need was local. I needed to cultivate a more diverse and effective flow of personal vital resources. I needed to create a sustainable more rewarding emotional sense of being. As a modern dance choreographer and performer, I wondered how am I going to build an emotional economy with empty space and moving bodies.

During the months following the end of therapy, I spent many hours of dance rehearsal feeling my entire body leadweighted, plastered to the floor and wondering if I would ever find a way to freely and easily stand on my legs and feet again. I continued to slug my way through daily ballet class forcing my legs into high grand battement then slamming my feet back to the ground in fifth position. After class my teacher Cynthia Babat started saying, "You really must take this Continuum workshop, cellular movement with Emilie Conrad. You will really like the movement." I had no idea what she was saying or why, yet respecting her opinion in November 1994 I attended my first Continuum workshop.

Emilie Conrad, visionary and teacher of Continuum, grew up in a Jewish ghetto in Brooklyn, New York. She started dancing the mambo in the corner store and went on to study Haitian influenced modern dance with Katherine Dunham in Manhattan. As a young adult, Conrad spent five years in the late 1950's living in the non-industrialized island culture of Haiti. Returning to the United States in the 1960's she was deeply struck by the differences she saw in the effects that industrialized and non-industrialized cultures have on how we perceive and move as human bodies. Seeing this led her to distinguish the difference between what we call a body, a form that needs to function in a given cultural context; and an organism, an ancient process that is growing and expanding in its capacity for interaction and communication. With this insight her question was, "As a living organism are we participating in activities that lie below the threshold of our awareness? And if we became aware of them, would they be important?" (Conrad, Continuum: Fluid new meanings for life, 2001).

Conrad's questioning inspired her to explore ways to awaken, and to listen to deep impulses of silent sensation and movement in the organism of her body. Her exploring grew into a vision: a continuous inquiry into the expanding capacity of the human organism for interaction and communication. Eventually, she began to share her vision and explorations with others, calling it Continuum Movement.

As an inquiry into what humans call "the body," Continuum offers an opportunity to develop interoceptive awareness that highlights silent level¹ activities. As silent level activities move into awareness, at their most basic level we call them

¹ Using the phrase "silent level" is an attempt to point to activity that is non-symbolic. Most events occurring in the living process of human beings are silent events occurring uniquely as themselves. Examples of this are movements in the brain related to cognitive processes, movements of digestion, and most organ functions. Even the heart beat is usually silent in one's awareness even though one can feel it and hear it when attention is brought to the heart beat. When

Continuum Movement encompasses many dimensions in its inquiry process. One essential part of the Continuum inquiry is acknowledging that all life forms, including the human form, are composed of fluid dynamics. One of Emilie's most important insights is that the fluid system occurring in our bodies is a resonant system. We first experience this fluid resonance in our human development as a permeable cell of membraned water. Our cellular origin shares the same fluid movement and planetary process as that of the first living cell that appeared billions of years ago. Cellular fluid movement is in the origins of all species and of all life forms. Throughout our lives, we continue the dance of the first cell and the origins of all life forms in free-flowing, undulating, multi-dimensional wave motions. It is in this fluid movement that we resonate as one unbroken whole: human to human, species to species, with the planet, and with the galaxy.

Eventually this flowing cellular dance develops into an embryo. As an undulating embryo we are enveloped in amniotic fluid. We simultaneously develop our internal fluid systems. One is the circulatory system, a complex array of riverlike arteries and veins in which blood and lymph are circulated within the membrane of our own skin. Another is the virtual sea of fluid in which our organs undulate as they perform vital life functions. Yet another system that develops early in our embryonic process is the nervous system, which streams with electrical currents. These currents internally messenger information linking together our thinking and feeling processes. The very nature of our prenatal cellular origins and our amniotic environment defines us as fluid, moving beings. This suggests to Emilie that even as adults and for as long as we live, we continue to move in an undulating cellular and embryonic process that is resonant with the planetary process.

At birth, we emerge from the world of amniotic fluid to life on land. Our fetal breathing is compelled to adjust to the requirements of the earth atmosphere. Our new breathing process involves two aspects. Gently penetrating inhalations inspire us with oxygen to maintain the form of our organism. Exhaling dissolves the form of our organism back into the environment we inhabit, by releasing compounds created by the oxygen we inhale. Inspiring, the taking on of form, and expiring, the dissolving of form, is yet another dance of the original cell. In this dance the fluid substance within the cell membrane moves throughout its life from a gel, or form state, to a sol, or dissolve state. In our experience the gel state is bound by time, is stable, and organizes our functional activities. The sol state is less bound by time and form, and is one of creative flux and fluidity.

As adaptable and resilient organisms, at birth and throughout our life process we maintain a dynamic balance between gel and sol, stability and fluidity, as we respond to the effects of gravity and to the complex stimuli generated in our external environment. Stability involves functional activities that orient our organism to survive the demands of the planet, species and culture. Fluidity heightens movements in our organism that increase communication with our internal and external environments. Like all creatures who move about in space maintaining stability and fluidity, and who have reached a certain level of evolutionary development in brain function, we embody an affective system. The affective system resides in the earlier structures of our brain. All stimuli in our internal and external environments, and our response to these stimuli, are linked in us by the affect system.

When the stimuli and our response become amplified by affect, the affective system releases a known pattern of biological events that we feel over our entire body. The patterns make the stimuli/response feel important to us, stirring us to create meaning out of our experience. These biological patterns guide us in novel or unexpected circumstances to monitor our well-being. Affects are the motivational and directional movements in the fluid system of our organism, and they are an essential part of the biological roots for our psychological and emotional development.

In a healthy body there is a dynamic flux between the stability and fluidity of movement at all levels—thinking, feeling, and electrochemical. Stability in our nervous system comes in our ability to delay responses. This function resides in the newer part of our brain, which unlike the earlier brain, is not in immediate contact with our current environment. The newer brain is concerned with higher-order functioning and records past experiences. The earlier brain emphasizes lower-order functions that have immediate fluid communication with all stimuli. We characterize the lower order as "spontaneous." These delaying and spontaneous responses function as messengers that link us as an organism to the challenges of our present environment. The duality of these functions maintains the integrity within us as an organism as long as the proper timing is operating. In a culture that values one over the other (the higher over the lower), the timing is thrown off and the organism cannot maintain its essential fluid movement. We see how this timing gets thrown off in corporate America, where day in and day out the activity is to make a "profit," which is a higher-order value. In this pursuit, people push themselves to function for extended periods of time without sunlight, fresh air, sleep, and *fresh* food intake. We also see this in spiritual belief systems that identify God as an entity separate from an unfolding organismic earth process, and who can only be contacted by transcending from the body with a higher-order definition of the mind.

As we mature, and our organism continues adapting to the physical requirements of the stimuli in our gravitational world, we also adapt to the affective-emotional and habitual requirements of our social world. This adaptation takes place initially in our family and later as we move further out into our culture. We currently find ourselves adapted to the demands of

Abrams

awareness occurs the experience has risen from a purely silent level activity to a symbolic experience of what in English we name heart beat. Alfred Korzybski was one of the first philosopher's to articulate the silent level as significant in human life (Korzybski, 2005).

a hi-tech, mechanistic society, unconsciously—often ritualistically—repeating the same movements, both neuro-muscularly and feelingly day after day. Examples of this are driving a car, sitting at a computer, and watching television. Unfortunately, repetitive action like this creates a stable sameness feedback loop, which reduces variables and our ability to respond in fresh ways to a complex array of stimuli. Stable sameness also amplifies our silent-level (not words-level) value system for experiencing the same forms and intensities of sensation over and over. This value system diminishes our essential ability to adapt and to be creative, and results in a trapped condition known as over-stabilization. We experience over-stabilization physically by feeling sluggish, dense, and lacking in resiliency; by breathing rigidly and shallowly; and by losing our capacity to recognize and value subtle sensations and movement. We experience over-stabilization psychologically by feeling the same emotions to the same degree in repetitive loops. One very common example of over-stabilization is stress. The lack of fluid movement created by stress takes many forms. In the joints this lack of fluidity becomes a painful paralysis preventing a person from performing simple daily hand functions. Over-stabilization can be brought on by a traumatic internal or external bombardment. Examples of this are the neurological blitz from a stroke and a spinal cord injury from a motor vehicle accident or fall. Both of these often cause neurological damage and paralysis. Waking up our flow of feeling-sensing-moving appears to be essential in order to insure the dynamic flux within the duality of our higher and lower orders, and to mediate any degree of the paralyzing effects of over-stabilization. To do this, an arousal of motivation (affect) is essential in order to inspire value in us for feeling subtle sensations and movement. An effective way to awaken and inspire our value for and awareness of our flow of feelings--our innate cellular fluidity--is through Continuum Movement.

Continuum Movement is an ongoing process. In this process the over-stabilized organism is able to regain lost fluidity, which enhances communication between all we have highlighted above: higher and lower orders, earlier and newer brain systems, as well as fluidity and stability. This enhanced communication increases the potential for further life processes to develop through two elemental biological functions: wave motion, which began with our original cellular conception; and breath and sound, which began in the womb and adapted at our birth (Abrams, 2001).

The use of breath, sound, wave movements and micro-movements allows silent level activities to awaken into sensations. An example of a Continuum exploration is a sequence. One sequence begins with four to seven Theta breaths, a long thhhhhh sound on the exhale. This breath slows down the exhale, increasing CO_2 in the blood stream helping to quiet the nervous system. Following the Thetas is a set of Blurrs, a deep inner throat-guttural incremental sound. The increments of sound interrupt and deconstruct patterning that language and swallowing create in the throat, tongue, and mouth. Interruptions like this soften tissues of the head, neck, throat and related tissues preparing them for other possibilities of movement. Next unfolds several minutes of very slow undulating wave motion in a quadruped position with forearms, hands, knees, and lower legs supporting the body with the belly-side facing to the ground. The last element in the sequence is releasing the body from the quadruped position allowing the body to twist, spiraling on the ground while limbs explore spontaneous tentacle movements lingering effortlessly in space. At the end of the sequence, the explorer spends time sitting or lying down in a state of "open attention." During open attention breath or movement play stops and with open interest the explorer can become aware of subtle sensations and movement flowing deep within her/his body.

During the exploration of a sequence and in open attention, an individual may become aware of pleasurable or not pleasurable feelings. Continuum focuses on staying in touch with the movement of sensations, the physical expression of these feeling flows instead of focusing on what feelings mean via thought. Focusing internally on sensations and their flow patterns is a key to gaining felt-sense experience of the biological movements of what is commonly called the affective system in the neurosciences.

After six years of exploring Continuum with Emilie Conrad and her long term associate Susan Harper, I was among the first group of teachers to be authorized. Daily I was discovering new feeling meaning in the silent depth of my sensingmoving experience, and I longed for more language to communicate my new understanding to others. After a conversation about my longing with Conrad, she introduced me to her former husband Gary David a jazz musician and epistemologist. Living with Conrad for 23 years, David was influential in supporting Conrad's understanding of the journey through silent realms of experience and language. Years prior to meeting Conrad, David's creative journey had led him to the work of J. Samuel Bois, a leader at the Viewpoints Institute in Los Angeles. Bois, author of The Art of Awareness, traveled through careers as Jesuit priest and psychologist until discovering the work of Alfred Korzybski and General Semantics. Bois dedicated the rest of his life's work to creating a model of "Epistemics," a process of applying self-reflexive thinking to thought, and teaching at Viewpoints Institute. He mentored David until his death in 1978. During these mentoring years, David pursued his PhD in Epistemics through Union Institute and University.

Bois writes:

As a first step, we put aside the standard definition of Homo sapiens, such as "rational animal," or any of its present-day equivalents as for instance, "the naked ape." We see the human individual as a continuously transacting and expanding process that includes seven clusters of activities: (1) electrochemical; (2) sensorymotor; (3) feeling; (4) thinking; (5) environing (ecologically and psychosocially); (6) memory guided; and (7) anticipative of the future. (Bois, 1996, p. 26)

From this cluster model of the human individual David began a process of inquiry into how human feeling as emotion is functioning at the silent level of the organism – to repeat Bois, "a continuously transacting and expanding process," and

Conrad, "an ancient process that is growing and expanding in its capacity for interaction and communication." David's research into the silent feeling cluster brought him to the work of psychologist-philosopher Silvan S. Tomkins and his four-volume work Affect Imagery Consciousness. Tomkins' first two volumes were published in 1962-63 with volumes three and four posthumously in 1992 and 1993.

Many describe Tomkins as one of history's most original psychologist-philosophers, and consider him the founder of modern affective science. In early adulthood, he started out studying to become a playwright. His quest to understand human beingness inspired him to a achieve a master's degree in psychology, a doctorate in philosophy, and to do post-graduate work at the Harvard Psychology Clinic studying Personology with Henry Murray (Tomkins, 2008, p. xi). Along with his clinical research, while on sabbatical he observed for long hours a day the development of his infant son. From his scientific and personal observation, he developed a theory of the biological necessity of emotions for animal survival and human development. He extensively researched evolutionary developments in varied interactions and flexible biochemical processes in the human brain, seeing them as stimulus patterns, felt all over the body, telling us via internal processing that a change has occurred. He called these general information patterns affects, a term commonly used in psychology but one subordinated to early psychology's focus on the drives. He also studied the face of the infant with early equipment designed to focus on the detail of affect expression. According to Tomkins, the primary motivational system is the affect system, and the biological drives have motivational impact only when amplified by the affect system (Tomkins, 2008). Tomkins' affect patterns are ignited by amplified neurological stimulation on the skin (inside and out), especially the face, or sensory input from the environment. He also developed Script Theory to account for how we create repeated patterns, powered by affect, that allow the affects to amplify themselves. Affect Script Theory offers a way to link the silent biological movement of inner feeling flows with the emotions humans create and learn through repeated experience and social conditioning. Tomkins' insight, research, and writing about the affect system were ahead of his time. He was a pioneer in visioning what he called a shotgun marriage between physiologists, engineers, experimental psychologists, learning theorists, personality theorists, and clinical psychologists (Tomkins, 2008). Since the 1980s, his work has slowly begun to influence thinkers of all kinds involved in human development.

In his book, Shame & Pride: Affect, Sex, and the Birth of the Self, Donald Nathanson, M.D., psychiatrist and Tomkins researcher, articulates a precise language of emotion in which he distinguishes differences between affect, feeling, and emotion. Affect or innate affect is strictly the internal biological process of emotion, activation within the brain releasing a known pattern of neurologically transmitted events, highly specific and unmodulated psychological reactions present from birth. These patterns can last from a few hundredths of a second or up to two seconds (Nathanson, 1994, p. 49: Tomkins, 2008, p. xiv). Feeling is the word used to describe the organism (human in our case) becoming aware of an affect. Feeling implies the presence of higher order, newer evolutionary developments in the brain needed to become conscious of something happening. If affect is biology, emotion is biology plus biography. Emotion occurs in an organism that has brain processes allowing storage and retrieval of memory information. Emotion is the combination of affect triggered by memories of previous experience of the affect, and the affects triggered by the memories (Nathanson, 1994, pp. 49-50). Tomkins eventually dropped the term "emotion" in favor of a much larger category of coassemblies of affect-memory experiences that he called "scripts" (Tomkins, 2008, p. xiv). Nathanson says, "Affect lasts but a few seconds, a feeling only long enough for us to make the flash of recognition, and emotion as long as we keep finding memories that continue to trigger the affect" (Nathanson, 1994, p. 51). Distinguishing affect, feeling and emotion in this way, attempts to articulate the difference in how affect and feeling reside in the silent realm of our experience, and emotion combines silent realm activity with movements in the verbal realm of experience.

Innate affect patterns are felt throughout the entire body and activate to give the organism information about changes that feel positive (rewarding) or negative (punishing). Nathanson outlines a model of the affect system as working like the firmware in the operating system of a computer (Nathanson, 1994, p. 37). A computer's body of hardware (plastic, metal, glass parts linked with wires and glue) transmits electricity. The operating system tells the hardware what to do with all the transmitted signals, and when software is added to hardware, the firmware informs the hardware of the software, making it possible for the software to run and create more information in the "body" of the computer. Similarly, the affect system requires the physical and electrical parts of our body to function. When functioning, the affect system amplifies internal flow of activity into conscious form. Stimulus can be from events perceived in the world around us, and from events happening inside the body's skin. Affects inform a person whether changes in the inner flow are optimal for well-being, and if not, the density of the rate of stimulation is helpful information for what rate is needed to improve responses to what is going on.

Computer models for the brain and nervous system were popular starting in the middle of the last century. Since the late 1980s, neuroscience has revealed more and more that the brain's function in the body of human experience is more complex than how computer systems function. Although Nathanson's computer model may be an effective description for certain purposes, I long for a more up to date model that visually inspires more alive, dynamically embodied understanding of this complex, multi-dimensional process that communicates through planetary moving bodies. Advances in neuroscience since Tomkins' theory was published and his death in 1991 are making this possible. Damasio, is one neuroscientist whose research attempts to describe the anatomy of "early" emotion. Jaak Panksepp, psychobiologist and neuroscientist, refers to the system as basic emotions that emerged from other preexisting brain functions and from older preexisting components (Panksepp, 1992). Two neuroscientists Lisa Feldman Barrett and Eliza Bliss-Moreau describe the affective system as follows:

The distributed circuitry for core affect can be found in every mammalian brain and is particularly elaborated in the human brain. These areas represent crucial components of a network that binds sensory stimulation from inside the body to that coming from outside the body, and in so doing each gives the other informational value. Some parts of affective circuitry are strongly interconnected with sensory cortical areas, whereas others are strongly interconnected with areas that direct the autonomic and hormonal responses to regulate the homeostatic state of the body. The strongly re-entrant nature of neural activity makes it difficult to derive simple cause and effect relationships between the brain and the body, or between sensory and affective processing. (Barrett & Bliss-Moreau, Affect as pyschological primitive, 2009, p. 173)

From this description of circuitry I imagine a continuous flow of micro-movement inside my skin dancing along weblike pathways. Cascading from my head in all directions, winding around and through my spinal vertebrae to the tip of my tail bone, seeping out my sides through soft tissues of organs and muscles, spiraling down the bones and tissues of my arms through to my fingers, pouring through the thick bones and muscles of my legs oozing into my refined articulating toes, lighting up and vibrating from front to back and in every diagonal direction. This continuous, flowing micro-movement dances with the vibrations of sound, light, color, odors, and tastes coming in through my skin, ears, eyes, nose, and mouth. These movements journey back and forth to my brain, sometimes with ease and sometimes with dis-ease, so fast and silent I am unable to be aware of them. Eventually rippling out to my conscious awareness as feeling messages, they silently sing through my entire body, calling my attention to silent level needs at play in my entire being.

So what about this circuitry dance within the human body? What do we need "preorganized mechanisms," "early" emotions, affects and fully developed emotions for? Tomkins elaborated why humans and other animals need an affect system:

Increasing complexity of behavior in general did not necessarily require consciousness. Did nature need a mechanism like consciousness to guarantee the viability of living organisms? Certainly not for all living organisms: the plant lives but appears unconscious. We find consciousness in animals who move about in space but not in organisms rooted in the earth. Mobility is the key. Consider how much information would have been required to be built into an organism which is never twice in exactly the same place in exactly the same world, when that world contains within it complex organisms whose behavior would have had to be predicted and handled. (Tomkins, 2008, pp. 7-8)

Living systems that move through their spatial environment need to be receptive. They need receptor processes capable of registering constantly changing information from both their internal and external environments. This information also needs to be exchanged through a central site for analysis and transformation into conscious form, so the living system knows what is going on and potentially what to do (Tomkins, 2008, pp. 7-8). Affective neuroscience shows there are multiple locations in the brain involved in affect activation. This multiple site activation is referred to as "neural reference space" and is how information received through receptor processes is analyzed and transformed through the brain into conscious form.

Barrett and Bliss-Moreau substantiate Tomkins' basic idea about information flow:

The circuitry within the neural reference space for core affect binds sensory information from the external world to sensory information from the body, so that every mental state is intrinsically infused with affective content. When core affect is in the background of consciousness, it is perceived as a property of the world, rather than as the person's reaction to it. It is under these circumstances that scientists usually refer to affect as "unconscious." We experience a world of facts rather than feelings, and affect gives us a sense of confidence in those facts. (Barrett & Bliss-Moreau, 2009, pp. 178-179)

What we see, hear, taste, touch, and smell becomes fact to us through the unconscious internal process of core or innate affect. These researchers classify core affect as a neurophysiological state characterized along two dimensions pleasure vs. displeasure, measured along a continuous scale from positive to negative; and high arousal vs. low arousal, measured along a continuous scale between these endpoints.

In Barrett's perspective articulated in her Conceptual-Act Model, she combines the linguistic relativity principle and findings from affective neuroscience to say that, emotion is generated when a person categorizes his/her core affective state using knowledge about emotion. According to her model, what we drink tastes good or bad. Some people are nice, others are mean. Some flowers we like, others we dislike. According to Barrett when affect is experienced as fact, we translate it directly into behavior. We eat more ice cream because it tastes good, we avoid a co-worker because she is mean, or we stand for hours looking at a flower because the color is captivating (Barrett & Bar, 2009).

Barrett and her colleague researchers say affect is "backgrounded and foregrounded in consciousness." When affect is backgrounded it is referred to as unconscious affective stimuli, however affect is never a property of the stimulus. "An object is said to have affective value precisely because it has the capacity to influence an individual's core affective state" (Barrett & Bliss-Moreau, Affect as pyschological primitive, 2009, pp. 178-179). Gary David counters their statement saying, "An object has value, positive or negative, when it is amplified by affect," (David, 2010) backing up his view with Tomkins' perspective:

By being immediately activated and thereby coassembled with its activator, affect either makes good things better or bad things worse, by conjointly simulating its activator in its profile of neural firing and by adding a special analogic quality which is intensely rewarding or punishing. (Tomkins, 2008, pp. 8, vol. 3)

Tomkins' says, affect is general and combines with anything. It can combine with sensory input, drive, thought, memory, imagination, and other affect. In other words, the feeling we discover when encountering ice cream, a co-worker, or a flower is not in the object or person, the affect is the value inspired inside the body moving with the stimuli of ice cream, coworker, or flower. The object itself is not inherently good, mean, or captivating; we say the object feels good, mean, or captivating. What is going on is we are feeling our feelings, and the object (depending on what it is) may or may not have its own feelings. When affect is "foregrounded in consciousness" we are aware of reactions we have to the world, we like or dislike a food, person or a painting (Barrett & Bliss-Moreau, Affect as pyschological primitive, 2009).

Similar to Barrett's ideas about backgrounded and foregrounded core affect, Tomkins is famous for saying "Cognitions coassembled with affects become hot and urgent. Affect coassembled with cognitions become better informed and smarter" (Tomkins, 2008, p. xxv). In psychology, the term cognition involves mental processes by which we acquire knowledge. These processes include perception, intuition, and reasoning. Tomkins used the word cognition differently. He saw cognition as an assembly of sub-processes, not a singular process in its own right. His definition included perception, motricity, memory, and linguistic-like functions. Affect provides general information, while cognitive mechanisms transform the general into specific information. This viewpoint shows the organism as both affective and cognitive, each functioning differently within what he called "the minding system." One aspect functions to bring general information into awareness and the other to bring specific information to awareness; both are forms of "knowing." Even the infant without language "knows." The difference is that an infant does not know that she knows. This comes later with language acquisition and the development of self-reflexiveness (David, 2010).

The experience of knowing something, a beverage, person, or flower, is weak or mild in our experience when no affect-feeling awareness is present. When our knowing is combined with affect-feeling awareness, our experience of a beverage, person or flower is stronger, more full-bodied and urgent in our experience. When affect is present without conscious awareness (feeling); we move through life acting without awareness of how the affect is motivating us. When we bring our ability to learn and know the feeling presence of affect through inner awareness, our movements or behaviors can become more informed, specific and clear to us.

In their paper "Affect as Psychological Primitive," Barrett and Bliss-Moreau conclude the intensity with which we are aroused pleasantly or unpleasantly will influence our judgments and decisions about engaging with the objects in our world. Tomkins concludes similarly regarding the intensity of affect influencing our judgments and decisions and engagement with our world, however he offers a rate and density perspective differing from Barrett's arousal of pleasure and displeasure measurements on a continuous scale. According to Tomkins, the terms positive and negative refer to the sense of what is optimal or less optimal for the sustainable well-being of the organism. We need positive affect to let us know all is functioning optimally in living experience, we need negative affect to let us know when adjustments need to be made to resume an optimal rate and density of information flow. Tomkins suggests we have positive, neutral, and negative affects.

Observing many infants and his infant son from birth onward, was critical to how Tomkins created his understanding of the innate patterns of affect. Barrett's Conceptual-Act Model requires the presence of language for affect to have conscious meaning as emotion. Tomkins' theory purports to suggest that infants and caregivers are immediately communicating through affect expression via facial expression, sound, and eye contact. This is essential for the infant who is dependent on the caretaker because she is born unable to move through her environment to tend such needs as food, safety, and novelty. Through this immediate and non-verbal communication and experience the infant is beginning to build emotional "understanding" from the processes of innate affect.

In an effort to create some common ground of language and a basic starting place for affect research, Tomkins distinguished nine innate affects. He chose words for the innate affects that most accurately described for him the expressions resulting from the rate and density of stimuli activating the nervous system in the organism. After many hours of scientific research, contemplation, and observation of infants and adults across cultures responding to inner and outer environments, Tomkins proposed: We are born with six basic affect flow patterns and we develop three more immediately after birth. Altogether, there are two positive affects, one neutral, and six negative. He put seven of the affects on a spectrum from mild to intense. The six we are born with all run on a spectrum of increasing or decreasing densities and rates of stimulation over time (1/100ths of a second to 2 seconds).

The six we are born with include:

Positive: Interest to Excitement	An optimal increase in rate and density of stimulation
Enjoyment to Joy	An optimal decrease in rate and density of stimulation
<i>Neutral:</i> Surprise to Startle	An equally instant spike and drop in density and rate of st
Surprise to Startie	The equality instant spike and drop in density and rate of

Negative:	
Distress to Anguish	A steady state of very dense stimulation
Anger to Rage	A higher steady state of very dense stimulation
Fear to Terror	A speedy escalation of dense stimulation

After birth, we soon develop Disgust and Dissmell (a word created by Tomkins). They interrupt the hunger drive and give the organism information about the toxicity of a potentially digestible substance. With Dissmell, we back up and away from a toxic smelling substance to avoid intake. With Disgust, we push up, out, and away from what we have ingested that turns toxic inside.

The last affect, Shame to Humiliation, is the most recent affect in the evolutionary development of the brain. Shame to Humiliation is an affect that is auxiliary to positive affect and occurs when the positive flow of Interest-Excitement or Enjoyment-Joy is incompletely interrupted, causing the muscle tone of the organism to deflate with a few seconds of cognitive confusion.

Affect patterns flow as moving aspects of the fluidly dynamic currents of the central nervous system. Uninhibited efficient affective flow is essential to the vitality and well-being of the organism's body and the development of the human being. When affective flow is inhibited, obscured, or backed up, vitality diminishes and may express itself in a variety of somatic-emotional conditions. Examples include negative moods we feel unable to turn off, repetitive stress injuries, addictions, and eating disorders. Tomkins rate and density descriptions offer possibilities for a variety of ways to explore inner movement experience and outer movement expression in support of the full flow of all affect.

When I feel into the inner silent realm of what I call my body, first I notice a small expanding up and out followed by a dropping down and inward movement of my breathing. I feel weighted in my crossed legs, warmth on my skin from the computer sitting on my lap, a slight contraction moving in and down in my teeth and jaw bones. As I drop the word Interest into the silence of my body, I feel a narrowing channel, dropping straight down the center of my belly through the bottom of my pelvis between my legs. I shift position to sit up more straight and feel a sense of rising from my belly through the center of my torso out the top of my head. The contraction in my teeth bones has diminished and my breath is lighter with more volume.

Dropping the word Anguish into my silent body, I immediately notice drooping around the outside of my eyes and mouth. My arms and legs collapse toward my torso, my skin feels open and vulnerably exposed. My breath instantly loses all volume and begins to quiver. I drop Anger into my body and the palms of my hands and feet light up with full skin aliveness. My eyes open with sharp focus, my heart beats faster, my skin contracts, bones feel steady, and muscles quicken. My teeth clench slightly as my breath picks up speed and volume.

As I hear myself articulating sensations and feelings from my inner world with Tomkins' language for nine innate affects, I discover a sense of internal support for moving the expressions of readiness, loss, and forceful clear action. As I return to writing, I feel more ease and clarity in my entire body, a renewed sense of flow, energetic resource, and free clear thinking. Tomkins articulates in his theory that enhancing flow of all affect, by maximizing positive, minimizing negative, and minimizing the inhibitors of all affect flow will support a sense of well-being and vitality in the organism. The same repetitive stimulation from environment, thoughts, or faulty internal mechanisms will create organismic Distress (a steady rate and density of stimulation negative affect). Likewise, positive or negative affect that does not fully resolve expression will back up affective flow and encourage negative affect to build. Affect that flows efficiently and fully brings vitality to the organism and to one's overall sense of being.

Although language is not immediately available to the infant human, for effective and efficient communication, language is important to a growing child and especially to a developing adult. How a person learns to describe feeling and emotional experience to her/himself can affect her/his silent level movement. Since affect is a silent level activity, how a person describes feeling and emotion to her/himself can participate in backing up affect, amplifying affect, or supporting efficient resolve of affect flow. Bois' model of the orders of abstraction (Bois, 1996) sheds light on how this works in humans. By "abstraction" Bois does not mean the opposite of "concrete." He means, "To leave out" (David, 2010). Bois gives a clear example of how human thought moves via abstracting. From the entirety of what is going on (WIGO) in the universe at any given moment, the first abstraction, the first thought form, is into the silent level form (i.e. the general movements of organisms); then from the silent level, humans enter the symbolic realm of language from description to interpretation, to judgment, and to conclusion (generalization). Each level removes us more and more from the vastness of WIGO. The silent level and descriptive orders of abstraction are closest to the vast movement, resources, and choices available in WIGO. Our conclusions feed back into the universe of what is going on (WIGO) and become part of our silent level process. As expressed in writing above, using Tomkins' innate affect words as an entry point, when I linger in descriptive language my attention and interest grow more extensions into the silent level, where more movement possibilities and more opportunities for supporting flow of all affect reside. I also access more potential for developing new conclusions instead of repeating the same affectfeeling-emotional movements, the same judgments, decisions, and behavioral conclusions.

Continuum offers a way through breath, sound and movement explorations to bring Interest (positive affect) to sensations and feeling awareness. Each breath, sound or movement in Continuum can stimulate positive or negative feeling flow by increasing or decreasing density and rate of stimulation. By bringing in new rates of neurological stimulation Continuum elements can interrupt distress patterns, and can also increase support for more full expression of both positive and negative affects. Both the interruption of repetitive stimuli and support of full affect expression offer a space for positive affective flow to reinstate itself more fully. While exploring elements in a Continuum sequence, each participant is invited to

take time, to feel their way through the process with each breath and sound. This allows increases or decreases in the rates of neurological stimulation at an optimal rate for the unique organization of each body, each organismic process. This also creates an environment rich with affective resonance, in which participants recognize all silent level needs as a group. In this resonance, an ocean full of feeling swells. At the end of a Continuum experience people often speak of feeling comfortably vibrant with a deep sense of connection and satisfied joy. The silent level needs of each organism have been recognized and supported to flow with affective freedom. Each organism silently smiles with harmonious ease and appreciation.

Continuum's inquiry into the fluidly dynamic human nature offers many ways to develop the joy of vitality through interest in the silent realm and enhanced flow of the affect system. Through the elements of breath, sound, and movement explored in sequences and creatively supportive environments, people are invited with unending interest to discover the rhythms and pulses of their own being. Encouraged to grow endless value for every nuance and murmur of sensation, they recognize themselves again and again and again. Deep internal satisfaction manifests in silent self-recognition. Belonging increases, minimizing isolating negative self-beliefs, offering space to grow fresh emotional responses, and resonate with new meaning from the information flow of sensing and feeling.

During my first five years of consciously diving into silent realms of sensation and movement I spent several hours each day, sometimes days at a time, alone breathing, moving, feeling, and sensing into long forgotten and untouched parts of my body: starting with my belly and legs, oozing into my arms, pelvis, and chest, finally radiating throughout my brain and skull. At times, a critical inner voice haunted me, "You're being awfully self-indulgent." Yet with each subtle movement inwardly and outwardly expressed through softening, vibrating juicy wet organ tissues, tingling breathing skin, and contracting, elongating, undulating weighted bones and muscles, a deep relief, deep nourishment, and rest settled in me. After months of listening to this inner voice, I eventually heard myself respond, "Yes, I am self-indulgent. I need to indulge in relief if I'm going to survive. I trust these feelings of quiet relief. They are making me stronger. One day I will understand how and why, and so will you." Each day I experienced more frequent and greater positive feeling flow and fewer periods of strangling negative feeling. My personal "household" emotional economy began to thrive.

Eventually, dancing alone in my inner experience needed to expand. I needed a greater flow of resources and to thrive in community. Emilie Conrad and Susan Harper, both based in California, travel throughout the world teaching. I needed more than attending bi-coastal workshops with them. I needed daily and weekly moving, feeling communion. After intense personal study, many workshops, and conversations with Conrad, I organized a Continuum practice group in New York City with others who had attended workshops with Conrad and Harper. Along with practicing sequences learned from my teachers, I also longed to begin teaching my own discoveries. In 1996 I began with a small group of friends who courageously and whole-heartedly supported my awkward journey into teaching Continuum. With the practice group and my first classes, my personal household emotional economy had begun to increase in flow of exchange with regional resources.

Three years later, I was fully self-employed teaching Continuum classes, workshops, private sessions, and sponsoring workshops with Conrad, Harper, David, and other Continuum colleagues. Seventeen years later, I continue these activities while running Moving Body Resources, a center in New York City where Continuum teachers thrive along with a myriad of other professionals oriented to body wellness leading group classes and offering private sessions. Through the blessings of Continuum and my understanding of affect-feeling flow, I have emerged into a greater field called Somatic Movement, a nationally and internationally developing field of research, teaching, education, therapy, and practice. Somatic Movement acknowledges the moving, thinking, feeling experiences of the organism as essential to developing a greater sense of inner well-being and connection with everything in the environment, world, and universe.² My life and work have expanded contributing to the national and international economy through the field of somatic movement, as I teach myself, people in my local region, locations in the USA, and in Europe. Likewise, people from all over the world journey to Moving Body Resources to participate in many of the activities I teach and sponsor. These people are Latino, African, African-American, Caucasian, Asian, Native North and South American; and they range in age from 23-92, include every gender, a variety of spiritual beliefs, and a very wide range of physical abilities.

Together my inner world and outer world are moving, breathing, feeling the exchange of resources. During the 19 years since the moment I awoke in gnashing inner anguish, spiraling down a black void of shame-filled failure, I have discovered a vast universe of support in feeling as moving experience. From deep within, my interested eyes look out with wonder onto the world. The ocean of my body ripples, undulates, spirals, eddies, barrels, settles, quiets, and glistens in every direction with affective value appreciating in me moment by moment.

In almost every workshop I have attended with Emilie Conrad she has said, "Movement is what we are, not something we do" (Gintis, 2007). As biological living organisms, we become bodies as we navigate our historical, familial, and societal oceans and landscapes. We are moving body stories dancing with the past, in the breathing moment of now, tending our hopes, dreams, and unknowns toward our moving future.

² There are a wide variety of educational and therapeutic professional practices involving somatic movement. To name a few along with Continuum: The Feldenkrais Method®, The Trager® Approach, Body-Mind Centering®, and certain practices involving Laban Movement Analysis/Bartenieff Movement Fundamentals. The field of work is vast with training programs inspired by pioneers like Emilie Conrad, Bonnie Bainbridge Cohen, Moshe Feldenkrais, and Milton Trager; and training programs that incorporate a wide range of techniques that support people to develop somatic awareness through movement. My personal influences include Susan Harper, Caryn McHose, Kevin Frank, Hubert Godard, Amanda Williamson, and Robert Litman. The International Somatic Movement Education and Therapy Association (ISMETA), maintains a list of international training programs and registered professional practitioners.

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Biography

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Acknowledgements: Sasha Dmochowski for superb editorial assistance, along with Gary David, Donald Nathanson, Emilie Conrad, Susan Harper, all my Continuum colleagues and students, Goddard College's Individualized Masters Degree program, the University of Central Lancashire, my partner Eric Hansen, and my father and mother for inspiration and support.

The Relational Turn and Body Psychotherapy III. Salsa Lessons and the Emergent Self Somatic organization, relationality, and the place of self in body-psychotherapy

Asaf Rolef Ben-Shahar, Ph.D.

Abstract

This is the third of four papers, together forming *The Relational Turn and Body-Psychotherapy*. These papers examine the touching points between bodypsychotherapy and the exciting and encompassing field of relational psychoanalysis. The first paper *From Ballroom Dance to Five Rhythms* (Rolef Ben-Shahar, 2010), explored some basic concepts in relational psychotherapy. It also pointed out the relevance of relational thinking to the history and practice of body psychotherapy. The second paper *Something Old, Something New, Something Borrowed, Something Blue* (Rolef Ben-Shahar, 2011) expanded the discussion on intersubjectivity and examined the balance between regressive and novel aspects of intersubjectivity. This paper will explore connections between somatic, linguistic and relational organizations, and the place of the self in relational body-psychotherapy. Lastly, the fourth paper: *Gliding on the Strings That Connect Us*, will demonstrate the use of resonance (somatic countertransference) in body psychotherapy within a relational framework.

Keywords

Somatic - Linguistic - Relational - Emergence - Flow

Shiva and Micky

Everything is in flux. Only after we have been stunned by the infinite diversity of processes constituting the universe can we understand the importance of the organizing principle that creates order from chaos. Fritz Perls¹

Like the Hindu deity Shiva, the creator and destroyer, all organic matter pulsates between form and flow, organization and deconstruction. The dance into assuming organizations, deconstructing these, and reassuming forms exists on all levels of nature, which Jung and Bateson (1979, 1987) called *creatura*. The alive world of creatura is revealed only in the process of distinction and differentiation (assuming form).

Belonging to the world of *creatura*, we too organize our reality through forming and deconstructing. This organized reality, in turn, shapes us. We are created by assuming forms, through the process of making distinctions. We impose models of reality on the world and actively shape our reality, which in return shapes our thoughts, feelings, and actions. Life could therefore be understood as a movement through patterns of reality-making in which we partake (Rolef Ben-Shahar, 2001). This, in my understanding, is the essence of Freud's developmental model and Reich's character analysis.

Viewing our life task as creative-organization was expressed by philosophers, therapists and in spiritual approaches for many centuries (Carroll, 2009; Grand, 1998; Judith, 1996; Keeney, 1983; Sullivan, 1953). This paper uses the term *form* to describe organization (structure, the noun) and *flow* to represent the *in between* space of flux (the verb, of becoming). These two phases are forever in continuum. At each present moment some elements of our reality are formed and others are not, the terms *flow* and *form* are therefore metaphoric approximations.

An important assumption when arguing for life as an organizing principle is that dynamic movement is at the basis of reality. According to this worldview, the universe is pulsating, and we partake in its pulsation. Arguably, the universe has not fully emerged out of *tohu bohu*, the biblical state of pre-creation: undifferentiated chaos is still in our midst, but in the process of creation we temporarily give *tohu bohu* shape.

My friend Micky Gerber offered the metaphor of the ocean and waves. We could be discussed both as an ocean (the universe we're a part of) and as individual waves. On some level our existence could be distinguished; on another level, speaking of individual waves is meaningless. The truth of the ocean is in its movement. The water is not the same water; it evaporates only to transform and return from the rivers. The landscape changes too but the coming and going of the ocean, the currents and undercurrents, the flow, the unifying movement of aliveness is always there.

This idea of universal flux relates to and is informed by the Buddhist notion of emptiness (Preece, 2000; Sumedho, 1992) as well as by Taoist philosophy (Lash, 1989). The concept of a pulsating universe also connects to some philosophers and psychoanalytic thinkers like Immanuel Kant (1781), Schopenhauer (1818), Fairbairn (1952), Merleau-Ponty (1962), Harry Stack Sullivan (1953), and of course Wilhelm Reich (1973).

Our dynamic reality within this flux therefore depends on the temporary forms we assume – the waves we become. This subjective existence, short as it may be, bittersweet as it is, is transient and can only be captured in the here-and-now. As Daniel Stern (2004) wrote: "The only time of raw subjective reality, of phenomenal experience, is the present moment" (p. 3).

¹ (Perls, 1948, p.51)

In this paper, using some theoretical concepts and clinical vignettes, I hope to illustrate the relevance of the form-flow cycle to relationality and to body-psychotherapy.

Alex – the gentle giant and the forms we made

Life makes shapes. These shapes are part of an organizing process that embodies emotions, thoughts, and experiences into a structure. Stanley Keleman²

When I first saw Alex, he seemed like a living contradiction; over six foot tall, heavily built and sporting a charming smile, Alex nevertheless seemed to have no impact on those around him, as if he only barely existed. Having moved to England from Germany nine years earlier, Alex, now thirty seven, was depressed, lonely and anxious for as long he could remember. Alongside his successful career and highly lucrative salary in a banking company, he had no friends and no substantial relationship or sexual experience to speak of. He was socially awkward, both in his body language and in his speech. His traumatic family history screamed from every movement, from every connection we made. An unspoken (and even unspeakable) family secret that had affected Alex all his life would only be discovered three years into therapy. On the one hand, Alex expected me to *do him*, and was reluctant to engage psychotherapeutically, yet on the other hand, he actively defeated any initiative I presented. Perhaps, as my supervisor once offered, he needed to devastate me and witness my survival. Perhaps he wanted me to accept him for who he was, even if it was impossible for him to do so himself – and at the cost of his wish for change.

During the first year of therapy with Alex, I noticed that I've come to dislike Tuesdays. My main countertransference with him was terror; I felt frozen and frightened a great deal of the time with him, and listening to my body, I elected to go slow, as to allow myself to breathe without dissociating. At the same time, I would think very little about him between sessions, and (untypically) would not remember important biographical details from his life.

Behind the scenes of struggling to engage with Alex, of dialoging with his desire for doing more (and quicker), and with my sense of needing to wait, we slowly found ourselves in a relationship. It was not an easy relationship for me, as Alex was always reiterating his dissatisfaction with therapy and with me (yet kept coming back), and refused to surrender to the therapeutic process; he did not want to go to the places he would later visit. But, thankfully, he kept demonstrating what he called "my German nature" and arrived, week after week. Increasingly Alex allowed us to connect, and at the same time started making some very small changes in his life. Change was painstakingly slow, though, and his huge, robust and robot-like body – just like his frightened attitudes – would move very rigidly, risk very little.

One day Alex arrived at the session after visiting his father. He looked sad, tired, and bodily defeated. This emotionalphysical stance would occur once a month or so. Following his routine moaning about therapy not working, about my passivity and his despair, he looked at me for help with big puppy eyes, sadness, and yearning, "can't you do something to help?" Moved by the extent of his pain, I managed to contain my savior fantasy and thought this might be an opening for us to connect, but instead Alex expressed some suicidal ideation and quickly withdrew into his isolated shell. This was a known territory for us: the familiar transferential organization of an authority figure (both parents) that witnessed Alex's plea for help, and while they accepted his helpless positioning, were unable and unwilling to help. His father, the teacher, believing men should stand up for themselves yet never having managed to do so himself; his mother giving up before she began. In his family, learned helplessness was the coping strategy of choice, resulting in limited social skills, depleted motivational aspirations and external attribution of control (Fincham & Hokoda, 1987; Maier & Seligman, 1976; Mikulnicer, Yinon, & Kabili, 1991). I felt stuck, my body stiffened. We both entered a familiar position between us, our dear old shared impasse. Then, faint music could be heard from outside, and we both heard it, our eyes met, and we smiled.

Form and Flow – three organizing spheres

I propose that the three major channels through which we take form are somatic (bodily), linguistic (cognitive), and relational organizations. These axes will be further explored below. To function in the world we need some constants, some order in the chaos. We impose these artificial distinctions upon our reality by assuming forms to support the mediation between inside and outside.

Somatic organizations

The basis of our psychic life is the construction of bodily states, gestures, and ways of moving which have social and emotional meaning. Ian Grand³

² (Keleman, 1985, p.xi)

³ (Grand, 1998, p.172)

Relational Turn and Body Psychotherapy

We make life shapes through cellular, muscular, neural and structural dynamics, mediating between inside and outside. Amoebas define themselves through their flexible membranes, creating a boundary and maintaining fluidity of dialogue with this boundary; to an extent we do the same. Our process of making forms allows us to survive in the world: we need somatic organizations to breathe, digest, think and act in the world. But our somatic organizations require a degree of flexibility for us to successfully respond to the changing (inner and outer) environment. The less mobility and flexibility a form attains, the more likely it is to become rigidified and maladaptive. When somatic forms rigidify they become character armor. The shapes of our somatic organizations and the knowhow of reorganizing somatically are probably two of the most important contributions of body-psychotherapy to the wider field of psychotherapy.

The understanding of somatic organization expressed in this paper is largely based on Stanley Keleman's formative psychology (1981, 1985, 1987; Keleman & Adler, 2000) but is also informed by other psychoanalytic and body-psychotherapeutic philosophies and practices (Boadella, 1985; Carroll, 2002; Lowen, 1958; Merleau-Ponty, 1962; Painter, 1984; Reich, 1933, 1950, 1973; Roffman, 2003; Winnicott, 1960b).

Linguistic organizations

Language is a tool for imposing distinctions upon the world. Bradford Keeney⁴

Cognition is presented here as an interactive process of distinction-making (through language), in which we create our world and at the same time limit it with this very creation. Our thoughts and beliefs, language and cognitive schemas create impositions (forms) that mediate between the flux of reality and our capacity to contain it and tolerate flow. Just like our somatic organizations provide us with a (both real and illusory) bodily container, so does our language equip us with a similarly real and not-real psychic container. Through our linguistically-based cognition we engage in continuous reorganization of meaning: we reorient ourselves to the past and future, to others and self (Fangarette, 1963).

To illustrate this cognitive organization, consider the case-vignette of John, a 38-year-old single man, who arrived to therapy with a narrative that was almost impossible to follow. His highly associative and jittery language made it extremely difficult for me to relate to him. John had a depressed, alcoholic, and schizophrenic mother, and he himself was bordering on schizophrenia, with periods of excessive paranoia and a somewhat amusing affinity for conspiracy theories.

John had a very fragile sense of self, and was unable to fully differentiate his feelings and thoughts from those of others. He was certain that he could read everybody's mind and that, in return, he too was transparent to people. We spent long sessions in which John got angry with me for thoughts I supposedly had about him, which he could easily read (and mostly were not true). Curiously, in his speech, John rarely spoke in the first person, regularly omitting *I* from his sentences. Three years into psychotherapy, and without specific therapeutic focus on his speech, John's conversation was more coherent, his *I* more present in his talking. His reality changed alongside his language: each informed and created the other.

Interpreting linguistic organizations as a crucial aspect of human development is based on the philosophy of Ludwig Wittgenstein, who in 1921 stated: "The limits of my language mean the limits of my world" (p.148). Other contributing theoreticians and theories are Noam Chomsky's transformational Grammar (1957), Systemic thinking (Bateson, 1972, 1974; Keeney, 1983; Korzybski, 1924) and the field of Neuro-Linguistic-Programming (Bandler & Grinder, 1979; Dilts, 1988, 1999; Gordon, 1978; Grinder & Bandler, 1981).

Relational organizations

The infant organizes its feeling-experience relative to the feeling states of others, and there is a clear interactive learning process between the infant and others right from the beginning. Franklyn Sills⁵

Relational theory understands identity to always be organized in relation to others. As the two previous papers labored to argue, we emerge out of a union and the initial self is primarily dyadic; a separate subjectivity develops much later. It is through our attachment relationships that we are created as individuals (Greenberg & Mitchell, 1983; Mitchell, 2002; Sullivan, 1940). Throughout life, one major way of organizing our identity is engaging in relational shifts – entering and leaving relationships. The qualities of our identity-formation and our ego-strength are dependent on our capacity to open to different orders of relational forms, to surrender our individual self into the creation of a dyadic self, a familial or organizational self, and a social self. Our early forms of (attachment) relationships become the relational matrices which we impose on our reality in adulthood (Bowlby, 1988). Our character, personality and identity are therefore in ongoing dialogue with our real and internalized attachment figures (Whitaker, 2000). Unless we actively learn to identify these relational forms, it is doubtful that we can have significant relationships other than those we have always known: we need to claim our identity and consciously shape our relatedness to truly become human subjectivities.

⁴ (Keeney, 1983, p.25)

⁵ (Sills, 2009, p.53)

Dyadic forms of consciousness (or wider minds) are deeply challenging to Western-indoctrinated philosophy where the self is seen as localized within clear bodily boundaries and is sharply distinguished and separated from its environment. We are asked to consider the individual as a partial system, a partial self. The following example is presented to clarify how somatic, cognitive and relational organization may change in relational body-psychotherapy.

Alex – letting it come

It will come if it is there and you let it come. Gertrude Stein⁶

Having heard the music from outside, I asked Alex to teach me salsa. Alex loved Latin dancing and danced since a very early age. Ten minutes from their house in Munich, there was a Latin-dancing school and, wishing to spend as little time as possible at home, the dancing school became a perfect haven for him; he was also a natural. Whenever he spoke of dancing his entire demeanor changed, his eyes would light up and I saw a different man with me. "Teach me to salsa," I asked Alex and he looked at me shocked, his eyes searching to see if I was joking, and then smiled and with great simplicity stood up and took my hands, "stand up," he said.

We spent the session dancing. It was slightly embarrassing for me - I love dancing but was never good in following choreographed movements and it took me a long time to master these moves.

This mountain of a man, who seemed to move without coordination or charge, danced like the wind. He reminded me of the elegant hippos in Disney's fantasia, dancing as if they were born to ballet. I, on the other hand, could not have been less comfortable. Alex held me patiently, his hand resting assuredly on my hip, he explained the moves and demonstrated them but it didn't really work for me. I became increasingly awkward and shy. Alex let go of my hand and hip and showed me, step by step, the moves. I could do them all when they were disconnected but wasn't able to do them cohesively.

"This is really quite embarrassing for me," I told Alex, "I don't think I can do this." Alex smiled "of course you can." He took my hand again, held my hip and said with an air of authority and a smile: "You remember the steps well enough. Now just forget about the steps and let go into us dancing together, just be with me."

There was no music in the room, just a hint of some faint tunes from outside and the muffled sound of our footsteps on the carpet, but it made sense to surrender to Alex and to trust in his agility and guidance. And before I managed to think, my feet were doing the moves they were supposed to. In those moments, I had to let go of the therapeutic position. In hindsight, perhaps it was this very holding on to maintain my therapeutic stance which shamed me and rigidified me, so I became a student, a lover, a dance partner. It was ok.

Actually, it was more than ok, it became fun. I started to discover my own rhythms, and began to enjoy myself. For the first time in forty minutes I stopped looking at my feet and looked at Alex; he was beaming. Both of us knew that we had done more than salsa. The *us* that was co-created between us had to be outside of the therapeutic positioning which was saturated with rigid transferential organizations. The intersubjective connection, which had later allowed us to deepen our therapeutic work and for Alex to emerge out of his isolated lonely-self took place in a seemingly non-therapeutic setting⁷.

Once our bodies were organized differently, we could speak in different tongues. The salsa-lesson was by no means the end of our work, but it had become an anchor, a reference point to which we were able to return, time and again, in our attempts to soften rigid muscular positions, thought patterns or relational oganizations.

In that respect, the therapeutic task was playing. Not unlike the Gestalt principle of "differentiation and integration" (Perls, 1966, p.7), Alex and I were safely deconstructing rigidities, tolerating unknown factors, and recognizing the inevitability of a new form, a new mind, that will emerge.

The salsa lesson represented a shift in organization on all the three levels mentioned above. The culture which developed between Alex and me, despite holding a curative and generative potential, had become a stagnant agent in our work. Normally, he would sit tightly, allowing very little motion, and even if somatic interventions were possible, they would involve a rigid relational organization (of me 'doing something' to him), thus carrying a limiting and limited scope. But teaching me salsa allowed for the necessary suspension of disbelief: Alex was able to position himself differently in relation to me (which was aided by my own stumbling and reorganization) and so change had become possible. The novelty that was made possible, and would later characterize our work together emerged from a willingness to get lost (i.e. to loosen rigidified forms, both Alex's, my own and ours). Something new was created.

It is my belief that other therapeutic modalities would greatly benefit from the knowledge gained in bodypsychotherapy about recognizing somatic forms and changing somatic forms. At the same time, we body-psychotherapists could benefit from expanding our horizons in identifying and learning from disciplines where other organizations are explored and taught. I hope that these four papers have managed to raise curiosity and interest in the relevance of such an expansion of expertise and exploration.

⁶ Quoted in Stern (1983, p.96).

⁷ Barbara Pizer's (2005) discussion on the power of the *non-analytic* third demonstrates this point.

The Emergent Self

"The doctrine of emergence," according to philosopher Donald Davidson (Davidson, 1970; Field, 1996), "is the claim that when basic physiochemical processes achieve a certain level of complexity of an approximate kind, genuinely novel characteristics such as mentality, appear as 'emergent qualities'" (Field, 1996), (p.48). Fritjof Capra (2002) further elaborated: "Emergence results in the creation of novelty, and this novelty is often qualitatively different from the phenomena out of which it emerged" (p.36).

The phenomena of emergence relate to both Eastern and Western ideas. For example, the great theoretician Gödel (1931) presented his famous mathematical theorem, claiming that any mathematical structure which is at least as big as the system of whole numbers, contained elements (propositions) which could not, *even in principle*, be proven true or false within the system itself. Gödel did not maintain that these could not be proven at all, but instead that they needed to be weighed from a larger mathematical structure.

Looking at the ideas presented by Gödel and Davidson as psychotherapists, we may come to consider that some changes cannot take place within a system, but require a larger system of which it is a part. Simply said - we cannot do it all by ourselves. How comforting! A mind that emerges from a body, cannot simply be explained in physiological terms, but may require a social explanation. An individual within a family might similarly require a systemic, familial, or social explanation to understand its motivations, wounds, or healing prospects.

The therapeutic relationship is one such larger system, a place where we do not have to do it all by ourselves. By our very willingness to enter a relationship with our clients, we change the setting of the wound. Pains and hurts now exist in a world that includes us, therapists, in them. Healing can take place since a significant relationship has already changed the experiencing-self, the phenomenological-ego. Humanistic psychologist Carl Rogers (1957) said it most succinctly: "I am hypothesizing that significant positive personality change does not occur except in a relationship" (p.221).

Emergent phenomena are at the heart of relational psychotherapy. Ogden's 'analytical third' (1992, 1994) is possibly the clearest example of an emergent entity. However, the forerunners of relational psychotherapy already described emergent phenomena. Harry Stack Sullivan, for instance, was a radical psychiatrist, and an important influence on relational psychoanalysis. Sullivan devised the concept of "interpersonal field" (1953) to describe a mind that was not personally carried in our physical brains, but was instead an interpersonal context. For Sullivan, mind emerged in interactions with others (ibid).

Despite the novelty of the emergent self, it is ever so tempting to still use metaphors belonging to previous paradigms (older classes). There are some beautiful descriptions of brain-mind interactions. Shlain (1998), for example, described the right hemisphere as "the realm of altered states of consciousness where faith and mystery rule over logic" (p. 19).

However, describing mental and relational processes using metaphors of brain mechanics, physical localization and neural networks is, in my opinion, an epistemological and an aesthetic mistake. It is a mistake not because it is *wrong*, since physical metaphors as well as systemic metaphors are still just that – stories and metaphors. It is an aesthetic mistake because it keeps us glued to an inappropriate, old paradigm. It was not merely the physical movement that turned our salsa lesson into a pivotal moment of change in therapy, nor was it solely my shamed attitude that invited Alex to step fourth and define himself differently towards me. Rather, it was all of these and more – it was a momentary surrender of *the system* that allowed for the creation of something new, which deserves a new language (we were created).

My wife, Tom, once offered me the metaphor of a music box to ponder the relationship between mind and brain (Rolef Ben-Shahar & Rolef Ben-Shahar, 2005). Could the music be said to be in a music box? Is it outside of it (in the composer's mind, the music box's builder)? Surely, we must realize that both answers are true yet both are partial and limited, that we are called to change our language when we talk of music: it is no longer appropriate to speak of springs and screws. Speaking of the tune that comes out of a music box in mechanical terms is not an ontological mistake, of course, yet it misses the better story – it is a phenomenological error.

Taking into account the historical context of psychotherapy, the medico-physical model of mind has been speaking about mind in brain-terminology, using causal connections to explain mental and relational processes. Descriptions of mind and relational processes using similar terminology still tend to be taken for truth and used by us (therapists) to *qualify* the validity of the practice, instead of being used as metaphors. Moreover, such descriptions easily tempt us to forge erroneous causal connections between biochemical, genetic, or otherwise physical activities and the emergent phenomena (e.g. you're depressed *because* your brain-chemistry is imbalanced; I've got fat genes; hypnosis exists *because* of left-hemisphere inhibition and right-hemisphere predominance; or - we need relationships *because* they cause our brain structure to change and secrete serotonin...).

A Mind that no longer lives in the Brain

Fritjof Capra's (2002) lucid description may deepen our discussion of emergence:

The brain is a specific structure through which this process [cognition] operates. The relationship between the mind and the brain, therefore, is one between process and structure. Moreover, the brain is not the only structure through which the process of cognition operates. The entire structure of the organism participates in the process of cognition (pp.32-33).

As a body-psychotherapist, by no means am I attempting to dispute the mind-body or mind-brain connection; on the contrary – our existence – and our mental processes cannot be said to be anything but embodied. We cannot *not* have a body: we cannot think, feel, exist, or relate other than as embodied organisms. However, I would like to question the validity of reducing one to the other, and of the frequently presented linear causal-connection between mind and body. The bodymind is not similar to the mechanistic body or to the ethereal mind; it belongs to a different class of organization. Similarly, the transition from one-person to two-person psychology (the relational turn) is an understanding that *I* and *Thou* cannot be reduced to one another or explained in causal, classical-physics terminology. The *us*, the intersubjective third, is deeply connected to me and to you, but is of a different class of organization, and cannot be explained simply in terminology of me, and you.

Moreover, should we accept the dialectics of the relational position, in the final account; mind and body do not exist separately, as these emerge in connection with others. We may similarly argue that you and I do not exist, only I-in-relation-to-you (self-in-relation). Gregory Bateson (1974) elaborated: "an individual in a system is always part of that system and is therefore subject to all the constraints and necessities of the particular part-whole relationship in which he exists" (p.27).

The temptation to explain an emergent phenomenon (e.g. a bodymind, or the *us-ness* created in a relationship) is great – after all, we possess the language and description of the old while having to be created afresh in the new. This has sometimes resulted in an attempt to explain psychotherapy in pseudo-scientific language, or indeed a scientific (physical) language. That connections between the two classes of experiences exist there is no doubt, but is this connection causal? As long as psychotherapy (and bodywork modalities) try to justify their efficacy via their own class while using previous-paradigm terminology, we will remain stuck in a Gödelian loop (a system that tries to prove itself from inside), resembling Baron von Münchhausen, trying to escape from drowning in a swamp by pulling our own hair.

When a baby is born, the two adults (traditionally) involved in its making become parents, and a family is created. This family now requires a new language, a new frame of relating – I say to my daughter: "I'm ok with you eating this cookie, but let's ask mom how many you've had." My wife became a mom and we, as a family, need to reorganize and find new form – inventing ourselves as we go along. Elaborating on the work of biologist Garstand, Jungian Analyst Nathan Field (1996) explained: "evolution itself can be seen to proceed by retracing its steps, as it were, along the path which led it to the dead end and making a fresh start in a more promising direction" (p.15).

The dance between form and flow

The ability to laugh, temporarily regress, lose control, and then reintegrate may be seen as a cardinal sign of well-being. Frank Farrelly⁸

To sustain physical and mental health we need to be able to remain sufficiently flexible: to regulate our fluidity and manage to challenge our somatic, cognitive, and relational habitual positions and play with life. Without this we lose our responsiveness and aliveness, we become rigidified (and life becomes rigidified for us) and unable to successfully respond to our changing environment. Health does not only demand the capacity to continually take new, more adaptive forms, but also to cultivate the transitional space of flux and flow. If we are unable to tolerate flow, and need to quickly find a new organization, we would in all likelihood assume our habitual organization.

Stanley Keleman (1985) depicted the need for fluid movement most beautifully in writing: "The state of liquidity reveals the state of human life. An embryo or an infant is somewhat liquid-like, fragile yet flexible. Growth makes an organism more dense, stringy, solid" (p.56). Keleman (1987) further regarded symptoms as resulting from not knowing how to organize and disorganize ourselves. We therefore require re-training in forming ourselves in the world. Whereas body-psychotherapy invested a great deal in learning how to somatically organize and reorganize, relational psychotherapy offers theoretical and clinical suggestions for reorganizing relational forms. Body psychotherapists can probably recognize those trancelike states which accompany a change in somatic organizations and those where relationships seem to shift (not unlike our salsa dance).

Uninterrupted, the self is self-regulating in nature and maintains a dialectic (homeostatic) relationship with inside and outside influences. The organismic process of organization is similar to the process of scientific revolutions described by Thomas Kuhn (1962). It begins with a specific adaptive organization. As situations change, the particular organization becomes increasingly maladaptive until it is obstructive for the system, at which point great pressure is operating on the system to change alongside an activation of the investment of preserving the status quo; our desire to stay the same strengthens when change approaches. The form begins to deconstruct and an intense period of uncertainty and not-knowing, which I call *flow*, follows. From the flow a new form emerges – more or less adaptive to the new situation. This cyclical movement⁹ is not a process that simply *happens to* us: we are active participatory-agents within it.

Psychoanalyst Thomas Ogden (1985) wrote: "The dialectical process moves toward integration, but integration is never complete; each integration creates a new dialectical opposition and a new dynamic tension" (p.131). Indeed, when we shift from our habitual formation into yet-unformed transitional spaces, we enter a trance-like process. For me, those moments

⁸ (Farrelly & Brandsma, 1974, p.100)

⁹ In presenting this cycle, I was influenced by Ilana Rubenfeld's (2001) seven steps of change

Relational Turn and Body Psychotherapy

of unformulated experiences are rich with potential for change, growth, and healing. Psychotherapy makes use of this natural phenomenon by studying the sufficient and necessary conditions for mobilizing impasses on this cycle.

As I have proposed before (2002), we experience those trance-like openings whenever we shift from our habitual way of being in the world to a new organization. These moments of flow may therefore be understood as our natural creative mode, and are thus necessary for biological and psychological growth. Do trance-like moments not happen regularly when we help a client soften a muscular organization?

Attachment relationships: dyadic selves and surrender

As the previous two papers suggested, we begin life as a dyad, sharing a primary intersubjectivity (Trevarthen, 1974) from which our individual subjectivity later emerges. Localized identity is possibly the one form we are most invested in preserving (but it's me!), or at least the deconstruction of which is accompanied by most anxiety. To recognize that self and mind are not individually localized but are also fluid as any other experiential organization comes as a shock to many people.

During one of our sessions, I asked Charlie to imagine knocking on heaven's doors of his mother's womb. At 41, he still called his mother nearly daily and was unable to form any romantic relationship or real friendships. Charlie did not recognize his difficulty separating from his mother, "what's wrong with speaking to Mum every day?" he asked repeatedly. When he one day spoke of Dylan's *Knocking on heaven's door*, I suggested he imagined himself begging his mother's womb to open up and allow him back inside. Charlie was first appalled but then became increasingly curious, and readily engaged with this idea. His face became contorted almost immediately and his breathing accelerated. For the first time in our work together, Charlie spoke of his yearning for his mother's love – "this is what I've been doing throughout my life," he said.

Charlie was born premature, and always felt rushed to grow up (his sister had some developmental disabilities, and his mother craved a helper). Following this session, Charlie began to view his reaching out to his mother through the complex matrix of providing for her needs and secretly wishing for her to provide for him. He recognized how, through the years, he survived on the breadcrumbs of his continuous giving. With these understandings, his mourning process began.

As discussed in the previous two papers, attachment theory regards our formative relationships as supplying us with the relational form through which we relate to others during our life (a big-enough-self to hold the individuating child). When we experience good-enough parenting a wider dyadic self is created that enables us to explore the world with less fear (Bowlby, 1973, 1988; Winnicott, 1958, 1960a, 1965).

Loosening rigid forms and surrendering to flow

Playing is always liable to become frightening. Games and their organization must be looked at as part of an attempt to forestall the frightening aspect of playing. Donald Winnicott¹⁰

A man is running terrified in the woods. He is running as fast as he can, since a tiger is chasing him and tigers, as we all know, run faster than men. Suddenly the woods make way to a plateau and for some odd reason the man is relieved. He looks back: the tiger is still after him; he looks straight ahead and realizes that it's a cliff. Death by a tiger or death by jumping, what a choice! Heaving, the man nears the edge of the cliff and jumps, but his arm - terrified even more than he is, reaches out and clasps a branch. The tiger approaches, groaning. His long strong claws start scooping the man up, the smell of blood and fear touches the man's breath. He looks up, despairingly and cries: "Please, help me God."

Momentarily nothing happens, but then the man notices that everything has frozen in time. The clouds disperse and from within the clouds the man hears God saying: "Ok. I will help you. But first you have to let go."

This story might sound melodramatic, but our lives begin quite similarly. Inside the known (if increasingly uncomfortable) safety of the womb all is cared for. Our every need is being contained - we are fed without eating, provided oxygen without having to draw breath, protected without an active immune system. Hell, even gravity doesn't affect us as much as the amniotic fluid buffers its impact. And then we are washed into a land of possibilities, of yet unrealized potential, and therefore of dread. Upon our emergence from the womb, we face such dramatic experiences, and this is before the system is conscious enough to voluntarily trust and let go. Each surrender thereafter is saturated, in my belief, with the potential and dread of leaving the birth canal, of leaving the Garden of Eden. My father used to tell us how his scariest skydiving was his second. The first one was simply unfathomable; the second required consciousness – he knew what was coming. Perhaps psychotherapy is a form of skydiving?

In a similar vein, Alexander technique teacher Michael Gelb (1981) explained: "The Technique teaches a pupil to trust reason at the risk of feeling disorientated, to venture from the 'known to the unknown' [*sic*]. This journey necessitates a willingness both to make mistakes and to profit by them" (p.100). Many people seek therapy because of an outdated form: a *vow* they have unconsciously taken as children which is no longer relevant and becomes obstructive (e.g. "I shall never cry again"), a self-limiting belief (e.g. "nobody can love me without me having to give first"), or a harmful transferential construct

¹⁰ (Winnicott, 1971, p.67)

Relational Turn and Body Psychotherapy

(e.g. seeking physically strong and emotionally dependent men to find the father that would protect you, only to be abandoned time and again). Forms, however outdated, demand respect: they had their contextual use, they have emerged from a systemic attempt to foster self-regulation; most painful relational forms are evidence of sacrifices we (thought we) made for love.

I believe it is imperative to honor and respect even the most obstructive forms (e.g. pains, self-hate, and perversions) and approach the venture to surrender with this appreciation in mind. Surrender to flow is potentially a risky, frightening, and disorientating business. Under the appropriate facilitative circumstance it is also highly beneficial, but premature or mindless surrender to flow could be dangerous (Fellows, 1986).

Psychologist Wilson Van Dusen (1958) acknowledged both the terror and the potential in flow: "At the very center of psychotherapeutic experiences there is an awesome hole" (p.87). Van Dusen continued: "The state is characterized by total uncertainty. One doesn't know answers, one doesn't know solutions. Even the problems besetting one may be unclear. This uncertainty can be painful" (ibid, p.93). However, the way out from the void emerges not from actively seeking, but through surrender: "It is chaotic with possibilities. One feels helpless and waits. It is central that one's own will can no longer find a way out" (ibid).

Body psychotherapist Ilana Rubenfeld (2001) echoed this voice saying: "we cannot experience with new, *non*habitual behavior unless we experience the discomfort of our old ways breaking apart. We cannot change without first falling into what I have called 'the fertile void'"(p.20).

All psychotherapy involves assisting clients in loosening rigid forms and awakening their capacity to flow. Different modalities apply different skills, techniques, and theoretical constructs to facilitate the process. Psychoanalysis, for example, is possibly the most rigorous therapeutic discipline for tolerating flow, as it does not rush to provide or suggest alternative forms. Body psychotherapy brings an incredible wealth of working with somatic organizations, supporting these forms and assisting us in considering alternatives. Touch could be invaluable to tolerating the terrifying surrender to flow.

Douglas Flemons (1966) compared psychotherapy to jazz improvisation, encouraging "freedom within form" (p.236). Approaching the same phenomenon from a different angle, Wilhelm Reich saw the goal of therapy as attaining the capacity to fully give in to the involuntary pulsation of breath (Gilbert, 1999). So what is it that we are really doing when we play therapeutic jazz?

A Salsa lesson and an emergent self

I can remember Alex's hand over my hip very well. I recall my surprise in discovering that his rigid hand felt so confident, fluid and natural on my body. I remember the inner homophobic voices giving way to his expert leading. I have since tried to duplicate those steps with limited success. Admittedly, the thought of taking dance classes still gives me the creeps, although it's a shame, if more teachers like Alex are about. I also know that the good dancer that was there, in the end, was only partly me. As I remember the me (us) who danced so elegantly, I miss him, I miss the me that was discovered there.

It has been over five years since I saw Alex last and the memory of our dance is still a formative power in my personal, let alone my clinical life. I left that session a different man, and frankly I leave most (at least most long-term) therapeutic relationships a different person from the person who entered them. The thought that my clients can change me so deeply, frequently in unexpected and sometimes in very challenging ways – is a scary thought. However, the possibility that I may enter a meaningful therapeutic relationship (as a therapist or as a client), one that is affect-laden and involves two individual subjectivities, without significant change – well, I find this thought scarier still. And, as a very frightened man, it is no surprise that I usually opt for the least scary possibility.

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Biography

Asaf Rolef Ben-Shahar, PhD is a relational psychotherapist, writer and trainer from Israel. Asaf integrates Body-psychotherapy and trancework within a relational framework. He teaches in a variety of academic and clinical settings in Israel and Europe and is widely published. Asaf is married to Tom and a father to Zohar and Shuy Grace, he collects tattoos, enjoys country music and loves animals and birds. asaf@imt.co.il

A Ritual for Resolving Chronic, Habitual, and Pathological Implicit Memory and Emotional Disorders, Including Grief and Trauma

Robert LoPresti, Ph.D.

Abstract

A neuropsychobiologically supported protocol/ritual is described for healing implicit memory and emotional disorders. The ritual is consistent with healing protocols associated with Dan Siegel's Interpersonal Neurobiology, Peter Levine's Somatic Experiencing, Candace Pert's *Your Body is Your Subconscious Mind*, Ronald Ruden's *When the Past Is Always Present*, Alan Fogel's *The Psychophysiology of Self-Awareness*, Jon Kabat-Zinn's mindfulness in *Full Catastrophe Living*, and the results of recent neuroscience findings associated with the re-consolidation of memory, and amygdala depotentiation. The paper attempts a unifying theory of trauma therapy. With the psychotherapist's guidance, the patient is able to permanently change the emotional memory of the trauma or grief with writing and mild aerobic exercise in a very controlled and titrated way

Keywords

Implicit memory - Trauma/grief erasing ritual - Somatic Experiencing - Aerobics re-consolidation - Mindfulness

Sometimes grief and trauma become chronic, habitual and pathological memories causing our patients to become dysfunctional socially, vocationally, academically, economically, or medically. Sometimes grief can be experienced as repetitive, inescapable trauma where "first line" fight/flight adaptations have failed. Although patients may not be depressed, they may appear somewhat sad, dissociative, numb and stressed (Schore, 2009). When grief and trauma become pathological and habitual, the problem often involves unintegrated implicit memory systems mostly of the fast acting limbic system and the right hemisphere of the brain (Cozolino, 2010; Lanius, 2005a; Schore, 1994, 2003, 2009; Siegel, 2007, 2010a). Parts of the fight, flight, freeze system of the autonomic nervous system may appear to be overactive, underactive or partially stuck, and unable to discharge, de-activate or work through the trauma. There is a breakdown of integration in many areas, especially between explicit and implicit memory systems (Rothschild, 2000, p.161; Siegel, 2010a). Sometimes a tonic immobility or freeze state has developed and the patient has a diminished ability to pendulate between pleasant-unpleasant and comfortableuncomfortable states. Autonomic dysregulation has developed and has caused the trauma symptoms (Levine, 1997, 2005, 2008, 2010). Massive or widespread amounts of endogenous opiates may be protecting the patient through numbing (Drolet et al., 2001; Fields, 2004; Lanius, 2005b; Pert, 1997, 2006; Scaer, 2000, 2001, 2005; Urry et al., 2006). When conscious awareness has been blocked during grief/trauma, the hippocampus and prefrontal cortex have been taken off-line, and the memory of that experience including sensations, behaviors, images, emotions, feelings, meanings, beliefs, and other cues is typically stored, fragmented in implicit rather than explicit memory. The implicit memory cues for trauma/grief can be unconsciously conditioned and stored as in classical conditioning, as CS (conditioned stimuli), or the cues can become part of an operant conditioning event(s). These conditionings can be out of explicit awareness. Trauma/grief triggers the release of stress hormones which can shut down hippocampal and cortical areas while leaving the amygdala active or hyperactive (Anderson et al., 2007; Bremner et al., 1999; Francati et al., 2007; Cozolino, 2010, pp. 274-278; Maroun, 2006; Rothschild, 2000; Siegel, 2010a, pp. 151-162; Urry et al., 2006). While the evolutionary recent explicit memory circuits are largely contained in cortical areas that include the medial temporal lobe, the hippocampal areas and prefrontal cortex, the evolutionarily older implicit memory circuits are widely distributed throughout the brain and body (Fogel, 2009; LeDoux, 2000, 2002; Pert, 1997). With habitual grief/trauma there appears to be a fragmentation and lack of convergence of internal and external sensory systems and brain maps. The rhinal cortex, sensory perceptual association areas, the hippocampus and several other areas play a significant role integrating sensory/perceptual information while making coherent maps of these sensory elements. With significant trauma, especially of the PTSD variety, the whole prefrontal cortex including Broca's speech area may be offline and the languaging of the experience may be impaired (Lanius, 2005a). When the hippocampus is off line, it's as if no explicit maps were made of the experiences.

Ortony, A., Norman, D. & Revelle (as cited in Ronald Ruden, 2011, p.10) classify emotions into three states: reactive or primary emotions, which are limbic system controlled including fear and defensive rage; reflective or secondary emotions, which are prefrontal lobe managed including jealousy, frustration, indignation and others; and routine emotions such as brave, sweet, irritated, calm, and others. The protocol has been effectively used for reactive and reflective emotions.

The protocol that follows can be viewed as a dually mindful, present in the moment and in the past, process that facilitates the uncovering, organizing, differentiating, integrating, and releasing of traumatic implicit memories and emotions from unconsciousness, such as grief and trauma, as well as a process for a healthy, titrated, slow, step-by-step re-integration and reconsolidation of these experiences into some explicit memory without total immersion, re-living or retraumatization. Blakeslee characterizes Peter Levine's Somatic Experiencing technique as a process that "recalibrates your bodymaps so that you can feel yourself from the inside out" (Blakeslee, 2007, p.48). Interoceptive awareness modulates our emotional memories and processes (Gendlin, 1982; Pollatos & Schandry, 2008). The protocol supports these processes.

Dan Siegel defines the human mind as the "embodied and relational process that regulates the flow of energy and information" (Siegel, 2010a, p.52). He views the healthy human mind as an "integrated system of eight domains" (Siegel,

Ritual of Resolving

1999, 2007, 2010a). When there is an implicit memory or emotional disorder, there seems to be inadequate integration in one or more of the eight domains of integration (Siegel, 2007, 2010a). Communication between the upper and lower cortical layers may have been blocked preventing top-down and bottom-up integration in cortical layers 3 and 4 (Siegel, 2010b, p. 105). Cognitive awareness as reflected in the dorsal medial prefrontal cortex has often become distinctly segregated from perceptual/felt sense awareness as reflected in the ventral medial prefrontal cortex. This protocol exercises each of these eight domains of healing integration by allowing the patient to facilitate and manage the regulation and flow of energy and information of the grief/trauma state as well as reactive, reflective and routine/ordinary emotional states. The domains of integration are consciousness, memory, state of mind, horizontal, left-to-right and right-to-left hemisphere, vertical (topdown/bottom-up), time (past/present), interpersonal or narrative integration, and others. With trauma, various parts of the brain and body do not appear to be communicating freely, "flexibly, adaptively, coherently..." (Siegel, 2010a, p.70). There is usually over and/or under-coupling of events, emotions, feelings, thoughts, sensations, even images (Levine, 1997, 2005, 2010). The hippocampus, rhinal cortex, corpus callosum, cerebellum, anterior insula, anterior cingulum, prefrontal and medial prefrontal cortical interneuronal integrating areas do not appear to be fully engaged (LeDoux, 2000; Siegel, 2010). Broca's area in the frontal lobe, responsible for articulating speech, may have been shut down with the trauma, even in the recalling of the trauma/grief (Cozolino, 2010, pp. 274-278; Rauch et al., 1996; Schore, 2009). The following protocol addresses many of these issues since it is a mindful process engaging the conscious mind in an "embodied and relational" way while titrating and facilitating the regulation of the "flow of energy and information," using Dan Siegel's eight domains of integration and Peter Levine's Somatic Experiencing Techniques (Levine, 2010). It has helped many of my patients to feel better. Many have reported complete relief from their problem.

The nine basic processes that Peter Levine's Somatic Experiencing therapists use in transforming and healing trauma are reflected in this protocol/Ritual. The purpose/intention of these nine processes is to: "1) Establish an environment of relative safety; 2) Support initial exploration and acceptance of sensation; 3) Establish 'pendulation' and containment: the innate power of rhythm; 4) Use titration to create increasing stability, resilience and organization. Titration is about carefully touching into the smallest 'drop' of survival-based arousal, and other difficult sensations, to prevent retraumatization; 5) Provide a corrective experience by supplanting the passive responses of collapse and helplessness with active, empowered defensive responses; 6) Separate or 'uncouple' the conditioned association of fear and helplessness from the (normally time-limited but now maladaptive) biological immobility response; 7) Resolve hyperarousal states by gently guiding the 'discharge' and redistribution of the vast survival energy mobilized for life-preserving action while freeing that energy to support higher-level brain functioning; 8) Engage self-regulation to restore 'dynamic equilibrium' and relaxed alertness; 9) Orient to the here and now, contact the environment and reestablish the capacity for social engagement" (Levine, 2010, pp. 74-75). This protocol/Ritual utilizes all nine of these healing processes.

Trauma/grief as used in this protocol will be defined as the "aftermath of a consciously or unconsciously perceived life-threatening or overwhelming experience(s)" (Levine, 2005, p. 7). When grief turns into inescapable trauma, PTSD may follow. When the diagnosis is acute stress disorder, posttraumatic stress disorder, or "normal" grief, the treatment protocols are fairly well established. However there are many patients who will come into therapy with many symptoms of chronic PTSD that do not meet full criteria for PTSD or acute stress disorder. There are others with PTSD diagnoses who have not responded to traditional PTSD or grief treatment protocols or refuse to pursue traditional grief/trauma therapies and deny that their problems are related to unresolved grief/trauma. They are unaware that certain implicit memories or emotions are causing their unhappiness. They will complain about distress or dysfunction in one or more areas of their lives. The amount of distress does not seem normal to them or to others. Many of these patients are mildly to severely dissociated from their emotions and their bodies (Schore, 2009; van der Kolk et al., 2005). As therapists, we must decide whether to treat the grief/trauma as normal or pathological. Typically "normal" grief/trauma is fairly short-lived and can be treated with traditional techniques, supportive therapy and psychoeducation. This protocol has been mainly used for treating chronic, habitual, pathological grief/trauma. Typically habitual, chronic grief/trauma, whether PTSD or not, is "unintegrated, bringing chaos or rigidity," anxiety or depression into patients' lives, often for years (Siegel, 2010). These are unhappy patients who often want to know why they are so unhappy. There is often the loss of a significant relationship, whether temporarily or permanently, with their body, self, and/or others; and there are posttraumatic stress disorder-like symptoms. The protocol has been used successfully with reactive, primary implicit emotions such as fear and rage, and with reflective painful emotions that were partially implicit and partially explicit such as jealousy, shame, guilt, and hatred. Some of my colleagues have used the protocol with their patients who were suffering from routine everyday emotions that were upsetting such as feeling confused, annoyed, agitated and others.

A major problem with many implicit memory and emotional disorders, including grief/trauma, and PTSD is that the person is often not aware that the memory/emotion is being recalled from the past and not happening now as a current explicit episode or event. It is like they are having a dream episode, but they do not always know it. What feels very confusing can be partially explained by the fMRI findings: regions of the brain involved in recalling a past, present or imagining a future event partially overlap. The past and the future feel as one (Eisenberger & Lieberman, 2004; Green, 2010). So if the recall of a painful event overlaps with any present or future associated events, pain is experienced and there is shutdown and avoidance. "The right frontal insula is active both when you experience literal physical pain and when you experience psychic pain" (Blakeslee, 2007, p. 188). Stephen Porges (2001, 2009, 2011) has coined this partially unconscious interoception, "neuroception." The brain continuously monitors internal and external environments to assess safety and threat and it takes action to prepare for survival. Patients often say, "I cannot imagine the future without that person, it is too painful." Sometimes a patient cannot integrate self into the future because imagining the future brings up the nociceptive signals of

Ritual of Resolving

physical and social pain of past events, and the mind avoids thinking or developing any plans for the future. These disorders appear to develop when interneuronal integrating areas of the brain such as the prefrontal cortical and hippocampal areas have been depressed, inhibited or shut down by massive stress (cortisol and/or adrenalin secretion from the hypothalamic pituitary adrenal axis, norepinephrine from the locus coeruleus and activation of the periaquaductal gray) preventing the left hippocampus from integrating experiences and autobiographical time with a resulting decrease in the "feel good" neurotransmitter serotonin, and others (Pert, 2000, 2006; Schore, 2009; Siegel, 2010; Ruden, 2011). The adaptive purpose of neuroception and the initial prefrontal and hippocampal shut-down is to perhaps give our survival mechanisms the highest priority without distractions from past memories of searches for where to put the new information, and to debate whether or not to act. It allows time for the fast and efficient analog part of our brain, the implicit memory system and the amygdala, to get into the quickest possible action. That quick action does not include giving time and space to neural circuits and processes that are designed to organize, analyze, and store information in a linear, logical, methodical way. However, without temporal integration of the memory facilitated by the left hippocampus (Andersen et al., 2007; Siegel, 2010), the regulatory emergent self (possibly involving anterior insula, anterior cingulate cortex, orbital and other prefrontal cortices including dorsal and ventral medial prefrontal nuclei, extrastriate body area, temporal parietal junction, right angular gyrus, cortical layers 3 and 4, and other areas) assumes that any strong memory/emotion is happening in the now. There is little awareness that the memory has come from the unintegrated implicit memory system. Another problem is that implicit memories do not seem to respond to logical, linear, left hemisphere reasoning. These memories seem to be more right brain and right hippocampal facilitated memories and experiences that are felt as intuitive, relational, non-linear, spatial, analog, divergent, holistic, or without a context of autobiographical time (Schore, 2009). Patients will describe them as dream-like. The subjective experience and awareness of implicit trauma memory may share some of the qualities of electrons. You cannot predict exactly where they will be at any one time except with a probability statement; they appear to have little mass and can change from one form to another like electrons switching from waves to particles and vice versa (Siegel, 2011). Yet another difficulty is that these memories will surface at odd times and often unpredictably, thereby temporarily confusing the person or leaving the self in chaos, rigidity, or even in fight/flight, withdrawal, or freeze patterns (Levine, 1997, 2005, 2010; Siegel, 2007, 2010). Somatic complaints such as tension, constriction, muscle spasms, or pain in muscles, organs, viscera and/or parts of the nervous system are common. The chronic activation of the fight, flight, freeze system of the limbic and the autonomic nervous systems results in the habitual shunting of blood, oxygen and nutrients to striated muscles and away from internal organs, sometimes creating chronic disease syndromes (Levine, 2005, pp. 18-20, 2010).

The first challenge for the therapist and patient in dealing with pathological, reactive trauma or grief is the problem of generating motivation and courage to explore and heal chronic, habitual trauma/grief. With less disturbing reflective or routine emotions, patients are more willing to give the protocol a try. Exploring unintegrated trauma or grief is normally very painful. The traditional way our patients deal with and defend against these chronic, unwanted or unpleasant experiences (sensations, thoughts, emotions, beliefs and others) is to ignore, deny, withdraw or dissociate from them and possibly to flood the memory with excessive endorphins (Lanius, 2005b: Pert, 2006). Sometimes these defenses are helpful in the short term. However, defensive behaviors when applied chronically to grief/trauma ensure that they will remain with the patient in an unintegrated way, possibly for the individual's lifespan. The brain needs to use energy to keep these unwanted and unpleasant events out of active, conscious awareness. Sometimes when there is too much trauma/grief, the brain-body will produce numbness associated with the overproduction of endorphins, which block both physical and psychological pain. Endorphins are produced in many parts of the brain, especially in the limbic system, and in many parts of the body. Endorphin receptors are widely distributed throughout the body (Pert, 1997, 2000, 2006). Since trauma and grief do not resolve as long as there is excessive endogenous opiate numbness or numbness from other neurochemicals, healing cannot occur. Naltrexone, an opiate antagonist medication, can often reverse the endorphin numbress and allow the trauma/grief to be reprocessed and healed (Lanius, 2005b; Levine, 2010; Pert, 2000, 2006). The orbital frontal cortex, the periaquaductal gray, the amygdala and the ventral tegmental area (limbic system) have abundant amounts of endorphins and opioid receptors at their disposal for use in numbing. Patients often have great fear in opening or exploring what appears to them to be the "Pandora's box" of trauma and its associated sensations. Since sensation appears to be a mediator between the mind and body, patients often choose to block integration and sensation coming from the body. Since interoceptive awareness can modulate emotional memory and facilitate integration, these patients have lost a major healthy process (Fogel, 2009; Gendlin, 1982; Pollatos & Schandry, 2008; Siegel, 2010b). The thalamus is involved in the early stages of integration of all sensory communication coming into the brain, except for the sense of smell. During trauma/grief, Bergmann (2008) believes that thalamic activity is reduced and with treatment, there is a restoration of thalamic activity. As you will see below, the protocol/Ritual provides a major increase in bilateral sensory input and sensory integration. With trauma/grief, patients often block sensation from the body, keeping the pain away from central awareness and in effect separating the central from the somatic peripheral nervous system. Some of these patients could be misdiagnosed as depressed. Some patients have become so generally numb that they seek out excessive external stimulation in daredevil stunts, or risky adventures, so that sensations can break through the numbing blockade and they can feel alive again. Levine (2010, p.283) states, "The degree to which we cannot deeply feel our body's interior is the degree to which we crave excessive external stimulation." Most trauma/grief patients have tried to deal with the trauma/grief only to have gotten so frightened by the sensations and feelings that they have learned to try to avoid almost all related thoughts, sensations and feelings. They describe pushing sensation awareness out of consciousness. Excess secretion of endorphins will accomplish their goal, but the endorphins are often not very modality-specific in their blockade. Several sensory systems, both interoceptive and exteroceptive, can become dampened or blocked. Unfortunately, the more we try to push away or block a memory or neural network, the more energy we put into that memory network, the greater the probability that the network will get stronger and more salient, and the more likely it is to be reactivated when the blockade is released. Try not to think of a "pink elephant" several times and notice what happens. Neural networks get stronger, more likely to fire, the more we use them. Trying not to activate an emotion activates part of the network of the emotion that the patient wants to block. The more the network is activated, the more easily and more quickly it will reactivate the next time it is triggered. Neurons that fire together, wire together (Hebb, 1949).

Therapists need to be able to offer patients something to replace the grief/trauma, something to replace the fatigue and numbness associated with trying to keep trauma out of awareness, and some hope that they will be freed of trauma suffering. The therapists who have already explored this territory who have taken at least one mindful trip from trauma to healthy differentiation, re-consolidation and integration with their own trauma/grief will be more likely to encourage the patient to undertake the journey knowing full well the rewards and the improved health that await the completion of the trip. These therapists describe the journey with contagious enthusiasm, excitement, and encouragement. They also know how scary it can be to take an adventure one has never taken before. Patients need to know that the therapist has been on this trip and will be there for them before and after the trip; and if needed, they can call on the therapist during the trip for coaching. (This protocol/ritual was more fully conceptualized only after I had taken this trip a few times, and I strongly suggest you use it on one or more of your traumas before treating others with it. If you do not have grief or a trauma, you can try the protocol on an unpleasant routine or reflective emotion.) "In treating traumatized individuals, a therapist first needs to cultivate a deep and enduring relationship with his or her own body. Only when a therapist's embodiment skills are intact and engaged can he/she mentor or self-empower a client." (Bandura et al., 1969; Levine, 2010, p. 138; Siegel, 2010b). The patient's mirror neuron system likely resonates with the embodied self-awareness of the therapist (Fogel, 2009; Gendlin, 1982; Iacoboni, 2008). The rewards of taking the trip need to be spelled out clearly and individually for some patients to assist with their motivation for healing and health. For example, one of the rewards of healing the grief over the loss of a loved one is that the positive memories will be recalled without being overcoupled, overshadowed, swamped, or flooded with the negative memories associated with their loss. The loss may then become a small, almost insignificant part of their memory. I sometimes suggest that they will be able to feel the positive, joyful events associated with the loved one. Or if they are overcoming a trauma, they will be able to regain the felt sense of joy in their body that was so familiar before the trauma, and without numbing. If the patient has a long history of many traumas, or developmental traumas, I will sometimes suggest that they will feel a lightening, a little less stressed, a little more open to experience. During this discussion I look for a physiological response indicating that they have a positive memory and immediately ask them to notice or embody the positive feeling, reminding them that they can have those memories and positive feelings again without the negative associations after using the Ritual a few times. One helpful analogy is that of a radio or TV. I sometimes say to my patients such things as, "Of course, you could just mindlessly turn on the radio or TV and find yourself engulfed in the traumas of world news. You could choose a TV station that does not dramatize the news. You could decide to read or listen to the radio rather than the TV news. Or you could choose to just notice the trauma news and decide to tune into fun, pleasant broadcasting; or you could put on your pre-recorded station and experience your favorite programs. Or you might decide to watch the news in the company of your significant supportive others." Sometimes it is helpful to remind the patient that they have a neural network of positive memories that they can summon at any time. It is helpful to encourage the patient to visualize a positive memory, and bring awareness to the "felt sense" of that resource (Bloom, 2001; Gendlin, 1982; Levine, 2010; Pert, 1997, 2006). This pendulation process appears to instill hope, calmness and a sense of safety and positive attachment in patients, reminding their nervous system that it can pendulate between positive and negative experiences and not be stuck in the negative trauma/grief. Applying this process in the session with the patient helps them to experience mindfulness and attachment in a safe, supportive environment. Hopefully this process engages the orbital and medial prefrontal cortex and calms the amygdala's alarm system (Akirav & Maroun, 2007; Amat et al., 2005; Bechara et al., 2000; Phelps et al., 2004). If the experience in the session was the least bit positive, I will again remind the patient that eventually they will be able to re-experience joy and positive memories again regularly after practicing the protocol/Ritual several times. The validation of the felt sense of the positive memory is an important part of the protocol. Interestingly, when dealing with implicit memories I have often found that multiple repetitions of instructions and guidelines are necessary. Our patients are often reliving parts of their trauma/grief consciously or unconsciously as we talk about the protocol/Ritual. We often push away and dissociate from our negative memories. This undercoupling or dissociative process may be interfering with the explicit memory instructions necessary for the carrying out of the protocol/Ritual. For therapists trained in Somatic Experiencing (Levine, 2010) this process will be very familiar and easy.

You may find this protocol immediately successful or just helpful for relieving your distress from the loss of a loved one, a relationship, or some other implicit memory problem. It works best when the logical part of your mind tells you that there is no good reason for this problem to be this upsetting. These thoughts are suggestive of an implicit memory/emotional problem with lack of right left-brain integration. It has also worked for problems in which the distress was accepted as reasonable, logical and normal. In this case, there may be partial integration of implicit and explicit memory of the grief/trauma. To be successful, you must follow the Ritual very closely and faithfully. I intuitively and implicitly uncovered this Ritual in the process of trying to resolve some of my most horrific, multiple griefs/traumas twenty-six years ago, long before Somatic Experiencing (Levine, 1997), Interpersonal Neurobiology (Siegel,1995), EMDR (Shapiro, 1989), and Coherence Therapy (Ecker & Hulley, 1996) were developed. It was discovered at a time when my logical, psychologically sophisticated mind, brain, and body were totally unsuccessful in resolving extreme psychological pain. The ritual was not planned, thought about, or logically discovered; it was simply followed intuitively, implicitly as if I was doing something that I had done a thousand times. Yet I had never done it before. You can read the details below as "The Original Case."

The process of healing the trauma/grief appears to be rather sudden for some of my patients. Although they are told to repeat the ritual several times, monitoring their progress with a Subjective Units of Distress Scale (SUDS), usually there is an "aha" moment, possibly as reconsolidation takes place and the trauma/grief memory has been recapitulated, modified, depotentiated and resynthesized (Nader et al., 2000; Hupbach et al., 2009; Kindt et al., 2009; Monfils et al., 2009; Myers et al., 2006; Pedriera et al., 2004; Schiller et al., 2010).

The way the protocol/ritual is introduced to your patients is very important. I always give my patients careful instructions, being very certain that they understand the ritual and are motivated to practice it. They carry out the ritual without much help from me other than encouragement, support, availability, coaching and hope. Occasionally, you may have to remind them to follow the procedure without modifying it. Usually the patients will be anticipating, imagining themselves carrying out the ritual on their trauma/grief as you are describing it to them using their mirror neurons. The instructions are given slowly, reassuringly and repeatedly, as needed. The calm, confident, compassionate, mindful presentation of the ritual is very important. The therapist/patient connectedness is very important for success here. Taking time is crucial; slow is better. "Slow" gives conscious, embodied awareness, and allows the mirror neuron system and the hippocampus time to integrate information. I have sometimes suggested to my patients, "My voice will be with you." Since the ritual is consistent with the basic principles of Interpersonal Neurobiology (Siegel, 2007, 2010) and Somatic Experiencing (Levine, 1997, 2010) as well as the molecular biological findings and writings of Candace Pert's Molecules of Emotion (1997) and Your Body is Your Subconscious Mind (2000), William Bloom's The Endorphin Effect, John Ratey's Spark, (2008) and recent findings in the neuroscience of fear memory (Bergmann, 1998, 2000; Harper et al., 2009; Hupbach et al., 2007; Kindt et al., 2009; LeDoux, 2000: Lee, 2009: Monfils et al., 2009: Mvers et al., 2006: Nader et al., 2000: Ruder, 2011: Schiller, 2010: Wang & Morris, 2010), the protocol can be modified only if the principles and findings are honored. I suggest you follow the protocol completely for the first five sessions. In my experience, patients have significantly reduced or eliminated the implicit memory/emotional problem or grief by the fifth session, and sometimes after the first couple of sessions. I have rarely had a patient who needed more than five sessions of the protocol, as I have witnessed having used it successfully for over twentyfour years. Every few years a different explanation of why it works comes to mind. Yet, the protocol has hardly changed in over 26 years. The latest explanations of why the protocol works come mostly from the recent conceptualizations of Dan Siegel, M.D (Interpersonal Neurobiology Theory), Peter Levine, Ph.D (Somatic Experiencing), Joseph LeDoux, Ph.D. (Synaptic Self), Candace Pert, Ph.D.(Molecules of Emotion), Allan Schore, Ph.D.(Affect Regulation), John Ratey (Spark) and the many neuroscientists publishing on fear memory and reconsolidation listed above. Psychotherapists using this protocol may be interested in exploring the following therapies which include some elements of my protocol: Dan Siegel's *Mindsight*; Peter Levine's In an Unspoken Voice; Zindel Segal's Mindfulness-Based Cognitive Therapy; Leslie Greenberg's Emotion-Focused Therapy; Jeffrey Young's Schema Focused Therapy; Ricky Greenwald's Progressive Counting; Francine Shapiro's Eye Movement Desensitization and Reprocessing; Steven Hayes' Acceptance and Commitment Therapy; Ronald Ruden's When the Past is Always Present; and Alan Fogel's The Psychophysiology of Self-Awareness. For your patients who are interested in reading about pathological grief/trauma and healing, you might refer them to one of these user-friendly books on the topic: Jon Allen, Ph.D.'s Coping with Trauma, 2nd Edition, 2005; Judith Herman, M.D.'s Trauma and Recovery, 2nd Edition, 1997; William Bloom's The Endorphin Effect; and Peter Levine's Healing Trauma. For those patients wanting more experience with mindfulness, you might mention works such as those of Jon Kabat-Zinn (Wherever You Go There You Are, and Full Catastrophe Living: Using the Wisdom of Your Body & Mind to Face Stress, Pain and Illness), Saki Santorelli and Jon Kabat-Zinn (Heal Thyself: Lessons in Mindfulness Medicine), Bob Stahl and Elisha Goldstein (The Mindfulness-Based Stressed Reduction Workbook), Les Fehmi and Jim Robbins, (The Open Focus Brain: Harnessing the Power of Attention to Heal Mind and Body), Thich Nhat Hanh (Peace is Every Step: The Path of Mindfulness in Everyday Life and The Miracle of Mindfulness: A Manual on Meditation) and Pema Chodron (Taking the Leap: Freeing Ourselves from Old Habits and Fears).

The Protocol and Ritual

When introducing the protocol to my patients, I prefer to call the protocol **The Ritual**. The idea of a ritual implies that the problem is shared by cultures around the world; rituals are a normal part of life as is trauma. Ritual also implies that the person needs to take some ownership of the process and the outcome, with only the help or coaching of a healer/therapist. This particular ritual is consistent with a trauma healing paradigm that many human cultures have used to deal with habitual grief/trauma. This universal paradigm involves variations of four processes:

1) **communication with a resource** [with presence, attunement, attachment and resonance] between individuals (oneon-one or imagined), with a therapist, a priest, a shaman, a God, a group, a family, a nation, using narrative, song, prayer, chant, and more recently, TV;

2) **re-enactment** [symbolic, abstract, concrete or real, with Sensations, Imagery, Behaviors, Affects, and Meanings (SIBAM, from Somatic Experiencing), using one or all senses, and eye movement (Levine (1997, 2005, 2010)]. There is autonomic nervous system involvement including sympathetic, ventral vagal and possibly dorsal vagal activation, depending on the trauma experience (Porges, 2011);

3) **movement** [running, fighting, collapsing, ritual, dance, shaking, trembling, quivering, drumming, posturing] This also includes imagined movement, implicit extrapyramidal movement, as well as explicit voluntary striatal muscle activation, possibly as a means of reconnecting numb and disconnected body parts to re-integrate body and mind, and;

4) **mindfulness** [including mindful body awareness, being aware in the moment (now) of internal and external senses, thoughts, emotions, sensations, spontaneous body movements, beliefs, all without reacting to them (Kabat-Zinn, 2006; Kinslow, 2008; Siegel, 2010a, 2010b]. Mindfulness provides a "now versus then" experience, letting the mind know that a part of it has survived the trauma/grief. Cortical layers 3 and 4 are activated, along with the anterior cingulate, anterior insula, dorsal medial, dorsal lateral, ventral medial prefrontal nuclei, orbital cortical areas and others. The following protocol and trauma healing Ritual is consistent with that paradigm, and emphasizes dual awareness of "now and then."

As you read through the rest of the paper and experience the protocol/Ritual, it is helpful to remind yourself of the definition of "mind" that I have quoted from Dan Siegel: "[The] human mind is an embodied and relational process that regulates the flow of energy and information" (Siegel, 2010, p.52). The protocol is embodied in the "felt sense" and interoceptive experience of the patient, and in the resonance of the therapist; it is relational between patient and therapist, as well as relational between the mind and the body in both patient and therapist; and, it involves the regulation of energy and information in a very controlled way throughout, as you will see and experience below. The process of explaining and teaching the protocol/Ritual is actually a process of "mindsight" healing. With presence and attunement, the therapist is modeling, through verbal and non-verbal resonance, a way of re-establishing healthy "mindfulness" (Siegel, 2010b). The postural resonance appears to bypass conscious awareness (Levine, 2010). The dyadic relationship between patient and therapist can be seen as resonating systems, right-brain to right-brain and left-brain to left-brain processes. The attunement with the patient provides the secure, safe activation of the attachment circuitry needed for the journey into the scary, unknown, implicit memory territory (Fogel, 2009; Main, 2000; Ruden, 2011; Siegel, 2010b; Wallin, 2007). I have chosen to use the pronoun "you" in describing the protocol and ritual since I suggest the therapist practice the ritual before coaching others. If necessary, you could ask a colleague to help you through the process, "holding the space" for you. If you are not in touch with a trauma, you might use a routine or reflective emotion that you would prefer to eliminate from your life.

Before starting the protocol for your patient or yourself, it is helpful to model and experience embodied mindfulness regarding the choice of the event(s) to process. For example, if there are several events in a series, I have asked patients to mindfully place the events on a shelf and feel which event is the right one to take off the self to work on for this protocol. After the trauma/grief has resolved, they can take another trauma/grief off the shelf for healing. Lately, I have been using my arms to visually demonstrate spreading out the events on an imagined shelf possibly activating "place and grid neurons" of the hippocampus (Gendlin, 1982; LeDoux, 2002). If the patient finds the shelf too close, and/or my resonance supports that felt sense, I will suggest that the patient could visually place the events on separate TV screens and see how that feels. I wait for the patient's embodied response. Then I might say, "You could choose the first or last event, the most intense, the most representative, or if you believe the stress is extreme, you might select the least intense event." Often, just letting the patient choose for his or herself works out best. If the trauma is severe (based on the therapist's resonance and evaluation of severity), I usually suggest that only a discrete, circumscribed event become the subject of the ritual for the first series. I have found that my resonance is more accurate an assessment of severity than the context of the patient's story. Since patients often have little access to unconscious, implicit memories, they are frequently poor judges of the severity of their traumas. It is up to the therapist to help gauge the severity of the trauma, sometimes by content, but mainly by the patient's physiological symptoms, signs and reactions. However, if the patient has a strong preference, I suggest you go with it.

Step One: Find a suitable time and place for expression (oral and written) that would also be suitable for a follow-up with mild aerobic exercise...

First, find a time and pleasant, peaceful and relatively safe place where you can explore and express, write and verbalize out loud, the emotion(s), feelings, images, sensations, issue, problem, memory, behaviors or event without anyone interfering with your emotional expressions, shouts, wailing, laughter, cries, collapse, writing, moving and activity. These expressions are a way for your nervous system to reconnect with disconnected parts of the embodied self. Often my patients will find a time and place at home when everybody is out. Perhaps the best place is the patient's bedroom where it is possible to assume different positions while allowing the nervous system to de-activate, discharge, renegotiate and re-integrate. The discharging can be somewhat upsetting as there may be shaking, quivering, trembling, temperature changes, bracing and a need to collapse mindfully. The patient's bed can provide a safe haven before moving on to the next steps of the protocol. If the bedroom does not work you might consider driving your car to a comfortable safe place, such as the seashore, where you can park your car, write, and evocatively express and explore your feelings, images, perceptions, beliefs, thoughts and behaviors such as shaking, trembling, shouting, screaming, or crying and others. I often have to remind the patient that if they shut the windows on their car no one can hear their evocative expressions.

When designating a suitable place to engage in mild aerobic exercise...

The most effective places to exercise, jog, or fast-walk are the out of doors on a beach, a boardwalk, near a lake, in a park or forest, or just out in your safe neighborhood. Jogging barefoot on a sandy beach appears to be the best place and it has the advantage of truly grounding the body by connecting the body with the negative ions of the earth (Ober et al., 2010). The beach and boardwalk have the advantage of providing your brain, body and mind with the natural rhythms of life, the ebb and flow of waves and sounds, along with mood-elevating negative ions, bright anti-depressing light, fresh air, and an endless beautiful horizon; the lake, park or neighborhood provide a nature setting where you will feel grounded and your heart can feel at home. Some people decide to do the Ritual in the parking lot of their gym, then tear up the writing and go into the gym using the treadmill for mild aerobic exercise with their friends. Jogging or fast-walking outside seems to work best; however, I suspect that if you could engage in spontaneous, authentic aerobic dance, you might experience a shift in state of mind that may be more powerful and healing for you than the jogging or fast-walking. There is a caveat here: none of my patients have tried this type of dance yet.

Step Two: Estimating the time for each session...

You must decide how much time you can deal with this problem in one sitting. This step is about the duration and intensity of exposure. I usually recommend a maximum of one to two minutes for the first session if the problem is severe, or longer if the grief/trauma is not severe. This is a titrating, step-by-step, gradual exposure protocol. You do not want to explore to the point at which it is so painful that you will not want to return for further explorations. You do not want to fully re-live the trauma. "Flooding" will sometimes do that. You probably have been avoiding the implicit memory or emotion for a long time. It is best to allow less (rather than more) time to process the experience. Allowing yourself to get overwhelmed could re-traumatize you. This step is extremely important. You must be mindful of your body and the felt sense of stress you are enduring. If a session felt too stressful, you might shorten the next session. This process is a form of titration of the grief/trauma into smaller pieces. Alternatively, if nothing stressful happened in the first session, you might on subsequent sessions consider increasing the time of the writing and exploration by about 100% or more. For example, in the second session, if the first session was one minute, you might allow two minutes of exposure, writing and expression of the memory; in the third session four minutes etc. If a session felt too stressful, you might shorten the next session. I emphasize that you must be mindfully monitoring your level of distress during this step. On a subjective unit of distress scale (SUDS) of 0-10, if you sense that the SUDS is above a 7, it is usually time to proceed to the next step. It is also helpful to take a SUDS reading before and after each session of the ritual to get an idea of the effectiveness of the overall process. Shifting of awareness from the felt sense of the body and evocative expression to cognitive awareness with the SUDS is a pendulation process that promotes healing and integration of several brain areas. It will also inform you of how to proceed with the ritual. This process of attending to the distress and cognitively labeling it (Creswell et al., 2007) enhances mindfulness, dual awareness, the "felt sense" (Gendlin, 1982) of the body, and gives you and the patient some control over a problem that has been out of control. The mindfulness appears to activate several prefrontal areas of the brain including the ventral medial prefrontal cortex, which is one of the few nuclei in the brain that can dampen the amygdala's alarm system (Amat et al., 2005; Bremner et al., 1999; Kalisch, R. et al., 2006; Maroun, 2006; Phelps et al., 2004; Scaer, 2001; Wang & Morris, 2010; Urry et al., 2006). Mindfulness also engages the anterior cingulate and anterior insula, the two cortical areas that mediate between the brain stem and the prefrontal cortex (Corrigan, 2002; Siegel, 2010a). The process of continuously monitoring and managing your stress level as you go through the protocol is a very important part of the mindfulness process and is needed for integrating and healing the trauma/grief. You are coaching your mind to do what it normally does, and what it did naturally before the trauma/grief: successfully managing the flow of energy and information in your systems. The mindfulness engages the executive function of the prefrontal cortices including the orbital (social, attachment, reward potential, positive/negative valence), ventromedial (body input, embodied self-awareness), and dorsolateral (working memory, attention, holding) areas as well as others including the anterior insula and cingulate with their felt sense of the body. Eventually, in subsequent sessions, it is desirable to achieve at least a ten-minute exploration, which will allow for further re-consolidation of new learning and emotional memory. The final re-consolidation appears to take place during the mild aerobic exercise of Step Four.

Step Three: Communicate, resource, write and speak...

Step Three is a controlled re-enactment of the trauma/grief. It will activate various memory systems including episodic, explicit, implicit, autobiographical and psychoneurobiological anticipatory systems, right hemisphere and limbic systems as well as procedural body memories. In some ways, it will surprise unconscious defenses and perhaps allow a lifting of one layer of defense at a time (Main, 2000; Main et al., 2008). Dan Siegel (2010b, p. 114) remarks that "we are a storytelling creature. We could even call ourselves Homo sapiens narrativatas—the one who knows we know and tells a story about it." This step is a very stressful part of the protocol where adrenalin, norepinephrine, dopamine and several neuropeptides can be released into the brain and body. While you are exploring you will be writing both positive and negative feelings, emotions, sensations, perceptions, images, and thoughts. Some patients decide to explore only their positive and

negative feelings. That can work. Other patients decide to talk and write (both positively and negatively) to the person that they lost; that can work too. Some will imagine or visualize the person sitting in an adjacent chair as they talk and write about the positive and negative. Some will imagine what the person would be saying to them if they were in the adjacent chair and what they would be saying in return - both positive and negative. You need to feel free to express verbally, out loud, both positive and negative emotions and feelings including anger, rage, loving, caring, and loneliness. The evocative part of Step Three can activate unconscious alarm calls of the amygdala that were part of the original grief/trauma, making that cue vulnerable to extinction and re-consolidation (Kindt et al., 2009; Meyers et al., 2006; Ruden, 2011; Schiller et al., 2010; Wilkins & Wakefield, 1995). The major expression is about your positive and negative emotions, feelings, and experiences; you must explore both the positive and negative for this protocol to work. For example, if the implicit memory is about the loss of a loved one, the expressions must be about both positive and negative emotions, feelings, images, sensations, memories and any associated perceptions, thoughts and beliefs. You cannot just explore the positive or just the negative and have this protocol work. The right anterior insula appears to contain re-representative maps of viscerally stored emotions which are "expressed as polar opposites: love-hate, lust-guilt, gratitude-resentment, self confidence-embarrassment, trustdistrust, empathy-contempt, approval-disdain, pride-humiliation, truthfulness-deceit, atonement-guilt. These emotions cause you to approach or retreat..." (Blakeslee, 2007, p. 188). The orbital-frontal cortex assigns positive and negative valences to body sensations and so gets involved in this process. There appears to be a need to balance or pendulate between your positive and negative, approach and avoidance, left and right brain tendencies. The balancing and pendulating also helps to keep the three parts of your autonomic nervous system - sympathetic, dorsal vagal parasympathetic, and ventral vagal parasympatheticbalanced, so you are open and in your zone of resilience and health (Levine, 2010; Porges, 2007). Bringing your attention to the emotion, sensation, memory and experience, exploring it mindfully, writing about it, expressing yourself vocally, and exercising afterward (Step Four) will help you feel more regulated, coherent and integrated because this process mindfully engages the interwoven memory systems of your brain, body, and mind (Pennebaker, 2000, 2004; Creswell et al., 2007; Siegel, 1995, 2010a). Implicit and explicit memory systems will have been integrated. The central, peripheral, and somatic nervous systems that may have re-activated fight/flight/freeze anticipation memories with the writing will be de-activated and reintegrated and re-consolidated in Step Four. It will feel like energy has been discharged or de-activated and integrated (Levine, 2010).

As soon as there is distress that is difficult to handle with a felt sense of stress greater than 7 (0-10 scale), you must tear up the writing and throw it in the wastebasket. If stress gets too high, your body will release enough adrenalin and/or cortisol to down-regulate hippocampus function, inhibit the ventral medial prefrontal nucleus, orbital cortex and other prefrontal areas. Thus it will prevent further new learning, memory, integration, re-consolidation and healing. Mindfulness can get lost. The "tearing up" is an action and a metaphor for bringing back a sense of control and for consciously distancing the self from the emotion, memory, and events. The use of the SUDS scale is another way to enhance mindfulness and dual awareness of sensation and thoughts, while managing energy and information. "Change only occurs when there is mindfulness, and mindfulness only occurs when there is bodily feeling." Levine (2010, p.338). Conscious, mindful writing enables the hippocampus and other neurointegrating functions to remain on-line and to possibly uncover and enhance the transfer of the implicit memory from right to left-brain functions, via corpus callosum and anterior commissures, where it can be more effectively, logically and coherently handled. The out-loud verbalization activates Broca's area that may have been shut down with the grief/trauma (Rauch, 1996). The two hemispheres of the brain, right and left, appear to become more integrated and communicate more effectively. Horizontal integration is enhanced. The writing also helps to integrate and modulate the overwhelming emotion arising from brainstem and limbic system arousals. Naming takes the trauma/grief fragments out of direct sensory experience and eventually gives them left hemisphere representation (Kiser, 2010; Margola, 2010; Pennebacker, 1997, 1999, 2004). The rhyme is convenient: name it to tame it (Creswell et al., 2007). Vertical integration is enhanced. Although implicit memory and implicit emotion are often unconscious, this protocol appears to be one way to bring some of the implicit into the realm of explicit memory. However, there have been a few patients who could not verbally describe what happened with the ritual. All they described was that the grief/trauma no longer bothered them. Over the years, a couple of patients refused to write. Instead, they used the morning shower to verbalize the material that I suggested they write about. The shower, like therapeutic touch and massage, can release serotonin and endorphins, which can diminish emotional and physical discomfort and pain. The shower experience for these patients was apparently relaxing, comforting, distracting and private enough to allow them to explore the distress without re-traumatizing themselves. However, these patients did not get as much relief as the patients who were writing as described above. Interestingly, the patients who insisted on the shower venue, had families that were very intrusive and there were usually no private places for them to explore the protocol, as well as the possibility that they did not fully engage in the mild aerobics afterward. Why would they get sweaty after a shower?

Step Four: The correlation of aerobic activity with healing and growth...

You must go immediately for a 20-minute jog, fast walk or some other mild aerobic exercise with the intention of letting go of the grief/trauma memory and discharging some of the arousal energy through striated muscle activity. Some may conceive of this step as a running away from the trauma/grief and running toward a previously familiar experience of joy, calm, beauty, and safety as a way of completing a fight/flight/freeze response (Levine, 2010). Others may conceive of this step as a

Ritual of Resolving

distraction that prevents the consolidation of the original trauma/grief (Nader et al., 2000). Still others may conceive of this step as an integration and re-consolidation of new memory (Harper, 2009; Hupback et al., 2007, 2009; Pert, 1997, 2000, 2006; Ratey, 2008; Rasolkhani-Kalhorn & Harper, 2006; Schiller et al., 2010; Schofield & Abbuhl 1975). At the end of the exercise you will take a SUDS reading again to engage the explicit memory system. Re-consolidation (depotentiation, elimination) of reactivated grief/trauma memories can occur soon after the retrieval of the memory. If the mild aerobic exercise is delayed, the window of opportunity for depotentiation of the amygdala's alarm system, re-consolidation of the memory and elimination of the grief/trauma may have passed (Myers et al., 2006; Schiller et al., 2010). Once the trauma/grief or strong emotion has been reactivated or brought out of memory, there is a labile period during which the memory can be modified and re-consolidated (Kindt et al., 2009; Lee et al., 2006; Nader et al., 2000; Schiller et al., 2010). During this period, partial flashbacks to the original memory usually occur for patients; however, the body, being in a relaxed state, no longer has a conditioned response to the conditioned stimuli that triggered the grief/trauma/emotion in the first place. The proprioceptive feedback and context of the trauma/grief memory has been changed (Guthrie, 1952). Patients may sometimes need to be reminded that when fragments of Step Three appear, they are to just notice them mindfully without analysis, evaluation, or rejection. Step Four could be considered a period of classical conditioning extinction training. The conditioned stimuli of the trauma/grief are activated but are not followed by the unconditioned body response of trauma/grief. However, unlike a classical extinction procedure, this protocol has not been followed by spontaneous recovery of the conditioned response even after presenting the original conditioned stimulus. The change appears to be permanent. Several patients have been followed for a few years with no recurrence of the trauma/grief. During the retrieval and during the reconsolidation period, conflicting information is introduced, such as a relaxed state, positive emotions and feelings. The patient senses that it is safe to be with the trauma/grief feelings, thoughts, images, beliefs without getting retraumatized. Jogging or fast walking stimulates the brain within a delta frequency (0-4 Hertz). My fast walking is between 1-3 steps per second which is similar to the bilateral calming frequency used in EMDR. The delta frequency is the frequency of the EEG during slow wave sleep, the period when memory consolidation is enhanced. Heart rate, nursing and other frequencies are all within the delta range. The delta frequency appears to be associated with deactivation and depotentiation of the amygdala's alarm system, as well as activation of the hippocampus, the dorsolateral and orbitofrontal cortices, the cerebellar processing center, and the medial prefrontal cortex, the inhibiter of the amydala's alarm system (Bergmann, 2000; Harper et al., 2009; Nader et al., 2000; Lin et al., 2003; Rasolkhani-Kalhorn & Harper, 2006; Ruden, 2011). Step Three appears to bring out a mild stress response, a mimic of the original stress reaction, a minor re-enactment of the original trauma/grief; Step Four appears to resolve that response in a natural way. The context of the trauma/grief has changed and context detectors in the hippocampus and rhinal cortex have probably detected the change in the trauma/grief experience. The nervous system re-experiences the natural pendulation from stress to resource that it has perhaps forgotten. The joyful response associated with the mild aerobic exercise is incompatible with the painful grief/trauma response. These incompatible responses appear to set the stage for depotentiation, re-consolidation, and new learning. Studies have shown that some of the neuropeptides and neurotransmitters released during mild aerobic exercise enhance extinction, including brain derived growth factor (BDGF), endocannabanioids, and fibroblast growth factor-2 (Chhatwal et al., 2009; Graham et al., 2010; Peters et al., 2010; Ratey, 2008).

The aerobics must be mild, not moderate or extreme. A word of caution and concern is that the central nucleus of the amygdala could send a signal to the brainstem's locus coeruleus, which could activate the sympathetic nervous system with widespread release of norepinephrine, leading to retraumatization. The norepinephrine energizes and mobilizes the mind and body, while the dopamine sharpens the focus (Jacobs, 1985; Siegel, 2010). As long as this response is mild and significant amounts of cortisol, glutamate, norepinephrine and activating neuropeptides have not been released, the hippocampus and medial prefrontal cortex will remain on line and the experience can be reintegrated. We seem to need to be somewhat conscious and aware for the hippocampus and prefrontal cortex to work best. "We become consciously aware of an emotional stimulus only when that stimulus is processed by networks involved in...working memory" (LeDoux, 2002, p.123). Working memory is believed to involve, among other areas, the dorsal lateral prefrontal cortex. The whole frontal area of the brain often goes "off line" with reactivation of trauma (Lanius, 2005a). During Step Four the frontal lobes, the hippocampus, medial prefrontal cortex and other higher centers will hopefully come back on line. For a million years, man has used movement and "defensive orienting responses" such as running, and fighting to cope with stress. Even the basic "exploratory orienting response" involves movement of the stapes muscle of the ear, the pupillary sphincter muscles of the iris, the head and neck muscles to turn the head and body toward the object of interest (Levine, 2010). Patients report that it feels right to run and/or fast walk after Step Three. Perhaps thwarted fight or flight responses get expressed, completed, and de-activated by the mild endorphin promoting exercise. However, strenuous aerobic exercise does not seem to work as well as mild aerobics both in my experience, and in that of Berceli (2005). Since the publications of Yerkes and Dodson (1908), we have known that low levels of stress or arousal promote learning of new information, but that high levels of stress impair new learning. Perhaps the strenuous exercise causes too much stress for the body, using up endorphins for body discomfort, leaving fewer hormones and peptides for learning and re-consolidation. An alternative hypothesis is that moderate or severe exercise triggers the release of a flood of endorphins to block the muscle pain involved. Such a flood would impair mind-body integration (Lanius, 2005b). Excessive moderate or extreme aerobics may produce too much norepinephrine and/or cortisol, or activate the amygdala's alarm system, which we know can shut down the hippocampus and prevent integration (Lanius, 2005a; McEwen, 1992). Over the years, I have found that patients who used the gym for mild exercise did not fare as well as those who engaged in the mild exercise outdoors, whether it be jogging or fast walking. The guideline for the amount of aerobics is to exercise to the point where you perceive that breathing is just noticeably harder. The right amount of exercise will be accompanied by the reduction

of muscle discomfort, a shift toward positive emotion, and sometimes an increase in energy. Most patients achieve these changes within 10-20 minutes. Of course, medical clearance for the exercise needs to be verified. The mild aerobic exercise done mindfully in this context changes the brain by triggering the release of neurotransmitters, neuromodulators, neuropeptides, brain derived neurotrophic factors, and hormones while facilitating synaptogenesis, neurogenesis, interneuronal stem cells, gene activation, and learning (Chhatwal et al., 2009; Doidge, 2007; Graham et al., 2010; Peters et al., 2010; Siegel, 2010, Ratey, 2008). John Ratey in Spark describes aerobic exercise as "Miracle Grow" for the brain in the form of Brain Derived Neurotrophic Factor (BDNF). The molecules of positive emotion released by the exercise can resonate with endorphin receptor cells throughout your body (Bloom, 2001; Pert, 1997, 2000, 2006). The attention to the memory and emotion, the novelty of the experience and the mild aerobic exercise all facilitate neuronal activation and growth (Pert, 2006; Ratey, 2008; Siegel, 2010). The BDNF, endorphins, endocannabinoids, serotonin, dopamine, and norepinephrine released by the exercise all decrease the stress throughout your body and produce an anti-depressant effect (Pert, 1997, 2000, 2006; Ratey, 2008; Varga-Perez et al., 2009; Warner-Schmidt & Duman, 2006; Russo-Neustadt et al., 2000). Exercise also turns on the genes that produce gamma aminobuteric acid (GABA), which is the brain's major inhibitory neurotransmitter that can calm the amygdala. From the perspective of Somatic Experiencing, the whole protocol facilitates a mindful and titrated re-awakening of Gendlin's "felt sense" and an embodied self-awareness. This embodied self-awareness activates several brain areas including the sensory motor cortex, the anterior insula, and most importantly, the ventral medial prefrontal cortex (VMPFC). The VMPFC has the ability to dampen and attenuate amygdala alarm responses (Hariri et al., 2003; Kalisch et al., 2006; Phelps et al., 2004; Schofield & Abbuhl, 1975; Urry et al., 2006). After several sessions, the body that has formerly been numb, denied, or dissociated from grief/trauma can be brought back to awareness without the fear, rage, anger, shame, guilt or helplessness that triggered the trauma/grief response in the first place and prevented it from being brought to light for healing. The disembodied, lonely, traumatized, grief-stricken sufferer regains connection with the body, the earth, and life. Within minutes, there can be a pendulation between the chaos of revisited trauma – with its disembodiment, dissociation, and denial, to a state of re-embodiment, joy, calm and exuberance. Integration has occurred from the Interpersonal Neurobiology perspective of Dan Siegel. A Chinese proverb states that emotions must be experienced and expressed if they are to be healed. Peter Levine (2010, p.310) remarks that Austrian-born psychiatrist Wilhelm Reich (1933, 1972) "was adamant that the (trauma) cure could only be realized when there was a powerful emotional release at the same time as the patient remembered the traumatic event." Reich's bioenergetic approach to healing trauma involves dealing with the "bioenergetic armour" associated with constriction, in addition to other changes to muscles and organs that result in the restriction of the flow of body energy. Eastern medicine would call this the restriction of Chinese chi, or Indian prana. Interpersonal Neurobiology might refer to this process as the failure of integration (Siegel, 2010a). The protocol/ritual validates Reich's belief. The human nervous system's response to grief/trauma initially involves the activation of the social engagement system via the ventral vagal nerve; if that doesn't work, the fight or flight sympathetic nervous system engages; if that fails, the immobility response of the dorsal vagal system engages and there may be tonic immobility or collapse "fold" (Levine, 2010; Porges, 2001). Step Three of the protocol/ritual may facilitate activation of ventral vagal social engagement defenses that were thwarted with the onset of the trauma/grief. The mild aerobic exercise and movement may also facilitate a completion of a thwarted flight or fight response that was frozen by the trauma (Levine, 1997, 2005, 2010). Peter Levine (1997, p. 29) described his first glimmer of understanding trauma in Waking the Tiger, when he was able to help his patient overcome severe panic attacks by encouraging her to imagine running to a safe place. He reports saying to her, "You are being attacked by a large tiger. See the tiger as it comes at you. Run toward that tree; climb it and escape!" This protocol/Ritual uses actual flight to a safe, comfortable, joyful state. Separating fear from immobility is the task of the trauma therapist; the patient learns that he can have fear and still have mindful fight/flight. He can have excess emotion - even fear, without becoming immobilized (Levine, 2010). When the system cannot cope with grief/trauma with social engagement, fight, or flight, it proceeds to immobility and endorphin-induced numbness (Levine, 2010; Porges, 2001). Coming out of the comforting state of numbress can be very frightening for these patients. As the sympathetic nervous system begins discharging the thwarted fight/flight energy, then anger, rage or aggressive tendencies may threaten to emerge. Prior to doing the Ritual, patients have usually had experiences of excessive fear associated with their attempts to bring the grief/trauma out from under the numbness. During the mild aerobic exercise, the sudden surge of sympathetic arousal and energy that is released by the re-negotiation of the trauma is discharged safely through the peripheral somatic nervous system and striated muscle activity. The adrenalin has been used up. The patient learns that he/she has survived, and the numbness, suppression, and/or repression are no longer needed. Depotentiation of the glutamate receptors within the basolateral amygdala complex has occurred and re-consolidation of memory is facilitated (Harper et al. 2009; Rasolkhani-Kalhorn & Harper, 2006; Ruden, 2011, p. 105). Patients will sometimes report they "shook off" or "blew off" the distress. They usually come back to the therapy sessions with smiles on their faces as they relate what happened after they finished the Ritual. They will have uncoupled the fear from the immobility that Levine says is the essence of trauma therapy (Levine, 2010). Most importantly, the patient feels he has done the healing himself/herself.

With the mild aerobic exercise, the body will have a chance to reset itself, feeling the normal flow of energy, information, coherence and integration, as well as enjoy a mild anti-depressant effect. It is preferable to get dressed for the exercise before starting the protocol so that the window of re-consolidation is still open and there is no wasted time before integration and neuronal growth can begin. The exercise will be done without delay and without thinking about the memory or the emotion; it is just a matter of enjoying the exercise and allowing your body to release the endorphins and endocannabinoids that will manage the adrenalin and/or cortisol that were and are continuing to be released with the exploration of the grief or negative implicit memory. The positive feelings, images, sensations, beliefs, and meanings identified during Step Three will

Ritual of Resolving

have a chance of being integrated possibly via re-consolidation into the trauma/grief memories. You will feel calmer after your exercise, because the endorphins (the body's natural morphine) will have reduced your psychic and physical pain, and you will have experienced expansion, increased integration, and consolidation of your new learning. Patients report that it feels like: "I 'shook off' the stress." Some patients report a euphoric experience - possibly endocannabinoid releases - during the exercise, which has been described as "pronking" (Levine, 1997). It appears to be an expression of achievement, accomplishment, and celebration. Perhaps it is the effect of depotentiation of the amygdala's alarm reaction to the trauma/grief. The exercise will also enable your brain, mind, and body to develop new integrative neural processes and networks to deal with your past grief or implicit memory experience. The exercise and the dual awareness and mindfulness during Step Three enhance the ability of your hippocampus, corpus callosum, insula, cingulate, orbital-frontal and prefrontal cortices to remain on-line during the processing of your grief or implicit memory disorder so that the memory and experience can be more integrated into your left hemisphere, and its more explicit and logical memory system. Integration of autobiographical memory can occur. Without the exercise and the hormone changes brought on by exercise, your pain will likely remain, and it will prevent your forebrain, mind, and body from integrating the new experience. Without the aerobic exercise, remnants of the trauma could shut down your forebrain and allow subcortical and brainstem excitatory networks to dominate your mind, preventing the neural vertical and horizontal integration that is so necessary for healing. You are likely to return to your old habit of dealing with the grief or trauma, and you do not want that to happen. Many patients who follow the protocol report an exercise bonus: brighter mood, clearer mind, and decreased pain, a release of negative emotion, more energy and sometimes a transformational experience. The transformational experience could be the result of the exercise-induced release of dopamine and endocannabanoids (Ratey, 2008). Dan Siegel (2010b) talks about a transformation event in which the "I" becomes "We," and there is a sense of belonging to the world of humanity.

Step Five: How do I know when to repeat the session and the exercise?

Repeating the ritual is a way to mindfully peal off layer after layer of defenses against awareness of the grief/trauma, whether it is big "T" trauma (PTSD) or little "t" trauma (pathological trauma such as healing of routine emotions, or the trauma of reflective emotions). Some patients will do it once a week, others more than once a week. You could do it again in two weeks; whatever works for the body, the mind, and your intuition. Mindfully and interoceptively listen to all three, and check the SUDS and your resonance. The major concern is re-traumatization, because if it happens you will not want to adhere to the treatment and will continue to suffer from the implicit memory/emotional disorder. With each repetition of the ritual, more of the implicit memory becomes explicit or moves more toward consciousness. If there has been some relief, my patients will go on to repeat the trial at the interval that seems right. If there is a question about whether they should repeat the protocol, they consult their therapist. Remember to check the SUDS, both before and after each session of the ritual.

Although it is uncommon, patients will sometimes fail to follow the ritual. Some forget to write; some forget to exercise; some forget to vocalize their feelings or emotions; some will try it only once; some will keep re-reading their writings; some will engage in analysis, evaluation and judgement during the exercise; some will forget to mindfully assess their SUDS level. In this case, I will remind the patient again to record the SUDS before and after the ritual. Asking them to describe what they did will usually unveil the problem. After this brief discussion, I find that just reminding the patient of the ritual and asking them to try it again is usually enough. I will say something like, "When you do it again, you will repeat the ritual including all the steps: find a quiet, safe, private place to write and explore your feelings, emotions, perceptions, body sensations, and thoughts. You must include both **positive and negative**. As soon as you feel distressed beyond what you can handle, you tear up the writing, and go for 20 minutes of exercise, leaving the implicit memory behind in the wastebasket with the writings. It is very important to destroy the writing since it is only for reprocessing, not for re-reading and re-traumatizing yourself. The tearing up is a ritual that symbolizes a new beginning." Often my patients tell me that after the first session, they can increase the time of the writing, exploring, expressing and vocalization.

Step Six: When and how do I know I am done?

Patients will report that with repeated sessions they uncover more and more of their experience, until with their last session they notice that they have nothing else to say, explore, or write, and that the emotion associated with the memory has gone down from intolerable to just a memory with little or no emotion. They often do not know what to expect or how to describe what has changed. Some formerly grieving patients report that they now have the spirit of the person that they lost back with them, and they can remember the good times without the intrusive memories of the trauma and the loss. Some patients will report that they can converse calmly once again with the person they lost, because now they feel their spirit again, this time unblocked from negative, implicit memories. Others will report that the implicit memory is now just a memory from the past, without significant arousal in the present; they feel differently about that person or event. Interestingly, some patients will report a new sense of trust in their bodies, and trust in the instinctive tendency to share their traumas with safe, knowledgeable others, including therapists. This trust might have been lost when the patient tried to bring up the trauma/grief event, and instead of feeling resolved, wound up having the sensations associated with the original trauma/grief surfacing in a pure re-enactment. The patient quickly learned that it was unsafe to explore trauma/grief with anyone, even oneself. These

Ritual of Resolving

events are the processes associated with the after-effects of trauma/grief. Some patients report a transformational experience that changes their lives in significant ways. There are sometimes comments such as: I feel more whole; my panic is gone; my sense of humor is back; I am not alone anymore; I can see more clearly; I feel like the world is a safer place; my nightmares have stopped; my dreams are more positive. A few patients have been courageous enough to try the protocol on other implicit trauma/grief memories from their lives on their own.

Step Seven: Email me...

Let me know how the protocol /ritual worked for you and your patients at <u>DrLoPresti@verizon.net</u> Please note that this protocol is not a replacement for psychotherapy with a licensed mental health professional. You may replace my email with your own email in the ritual for patients below. However, I would appreciate learning from you what experience you had with the protocol.

Cases

Stephen was a 47-year-old married male executive, complaining about panic attacks that had not resolved with traditional therapies. The panic was threatening his ability to function at work. He had sought me out because he had heard that I gave workshops on panic and was a local panic expert. At the time, my training was limited to cognitive behavior therapy. We tried some of my traditional and "expert" therapies and techniques, with no success. He was beginning to challenge my panic-expert reputation. I reviewed his history again carefully, and came up with nothing. It did occur to me though that during one session, he inadvertently revealed a fact that suggested to me that he had not dealt with the death of his mother, 16 years ago. Stephen had said that her death had nothing to do with his panic, but his facial expression told me otherwise. We had good rapport and he was willing to give my grief/trauma ritual a try. He was instructed carefully, slowly, calmly, and compassionately on the purpose of the ritual and I shared with him how it had helped me with some of my grief, and that grief can sometimes express in certain situations as panic. He reported that he did not have grief, but seeing how I was the expert, he would give it a try. Within three practices of the ritual, a week apart, Stephen reported that the panic attacks had stopped; he was able to function better at work, able to visit and discuss his mother's passing, and to re-unite with a sibling. He was experiencing joy in his life. The follow-up a year later revealed that the panic had not returned and he had even been able to be present with the death of a sibling without the return of his original symptoms. Note that the shortened description of the Ritual was used with Stephen because, in spite of his complaints, he was very compliant and "present."

John was a 27-year-old, single male with a stable career and a good income. He presented as somewhat hyperactive, hypervigilant, and complained of chronic anxiety and depression, which we discovered had started seven years ago, about the time that his mother died. John had been extremely close to his Mom, and her loss was devastating for him. John's current romantic relationship was becoming troublesome and he was beginning to fear for its stability. He wished his Mom was still around so he could talk to her about the relationship; however, whenever he thought about his mother, his mind would go blank. He said he could not describe what happened to him when he tried to think about his Mom. He would say, "What's wrong with me Doc, I'll pay you anything you want to fix me." John reported that neither traditional psychotherapy, nor a grieving group or medications had helped him. The Ritual was explained to him in detail and the procedures described carefully until I was sure he had memorized them. I told him stories about the positive things that happened to my patients after they had dealt with their grief/trauma. In particular, I told him that after I had mourned the death of my grandfather, he had come back into my life in a way that I could remember conversations with him, and feel his spirit with me whenever I wanted it. John left the session saying he would call me. It was not clear to me if he would ever come back to therapy. I did not hear from John for three weeks, and assumed that he was not ready to deal with these problems. Then I got a phone call from a very excited patient insisting he needed another appointment right away. John had hardly sat down in his chair when a huge smile came over his face, relieving my anxiety. He reported that his depression and anxiety were beginning to lift. He was happier, and he had written several letters to his Mom; he reported she was back in his life. John needed to talk about what happened to him as he began healing from the grief. We had a couple more psychotherapy sessions, and John decided that he was fine, happy, and no longer needed psychotherapy. He was informed that he was welcome to come back if his symptoms returned. I never heard from John again, except when he referred a traumatized friend of his to me, a year later.

Matthew was a 49-year-old married executive of a large company who was suffering nightmares, flashbacks, and anxiety about a professional relationship that had violated his professional boundaries. These symptoms were disrupting his life, threatening his company and livelihood. He appeared to be an extremely active man who was very competent, intelligent, and hypervigilant. The violation of his boundaries was a recurring theme in his life since late adolescence. The betrayal involved in this latest violation appeared overcoupled with earlier betrayals in his life. The ritual was described and the procedure explained several times. He understood it very quickly and I was convinced he would carry it out faithfully, and probably that day. The next session, Matthew came into therapy very excited. He had tried the Ritual immediately after the session. He reported that the nightmares and flashbacks about the betrayal had ended and he felt very happy. Some of the positive feelings about the boundary violator had returned without the overwhelming sense of terror, abuse, shame, and anger that followed him whenever he thought about the violation. He felt surprised that he could now recognize and validate both the

positive and negative sensations and feelings. There was a new "felt sense" about himself, as well as about the person who had violated his boundaries. There was an uncoupling of his sensations, emotions, and events (Levine, 1997, 2005) along with horizontal and vertical brain integration (Siegel, 2010). He could now experience them independently. We continued working with his issues for a few sessions, but he felt that the resolution of the boundary issues had restored his health.

Joann was a 37-year-old widow and mother of three teenagers. She was financially stressed and suffering from depression and anxiety, along with flashbacks and nightmares about her deceased husband who had been a wonderful provider for her and her children, as well as a major emotional support. She reported that she had grieved and mourned his death repeatedly without any relief. She deeply missed her husband and the life they had together. Her depression, anxiety, flashbacks, and nightmares had not resolved after four years of constant attempts to resolve her pain. Joann did not have health insurance or much money and wanted to know how fast I could help her resolve some of these problems, which were becoming overwhelming. Grieving groups and therapy had not helped her. The ritual was described and the procedures explained many times to her. She appeared to have more difficulty than most of my patients in accepting hope that the ritual might help her. I assured her that if it did not work, then we could explore other ways to help rid her of the symptoms. She was encouraged to call me after her first ritual session or at any time between sessions. She called after the first session worried that her grief had not disappeared, and voicing that she only felt a little more hopeful. After four sessions of the ritual, Joann reported with a smile that she no longer had the negative flashbacks, and that her dreams had taken a turn for the better. The dreams now included her husband but often they were about funny experiences that they had shared; she reported that she felt very relieved and that she was going to start losing weight and possibly consider finding a male companion. I never saw her again.

Original Case—Current Perspective

The following case and original experience gave birth to this protocol/ritual.

I was a 44 year old psychologist experiencing occasional feelings of numbress, confusion, short term memory problems, insomnia, anxiety, and mild depression. I was suffering from flashbacks related to several traumas and grief of the past three years and was having some difficulty functioning at work. Three years prior, I had suffered a concussion from an attack by an employee at the hospital where I had worked. Within several months, I was served divorce papers and became to my surprise, a single parent for the first time. I remained "in love" with my ex-wife, and hoped that someday we might remarry; I think I was delusional. I had moved into a rental apartment with my fourteen year old son, but soon discovered that it was both flea and bat infested. After several months of trying to be a successful parent to my son, learning how to cook and care for a teenager, and dealing with the turmoil of a worksite where my employee had attacked me. I decided to leave the job that I loved and move to New Jersey to be nearer to my supportive, Italian family. I had good relationships with them, my son, and with co-workers at the new job. The protocol/ritual was used for several of the traumas, one at a time. Each experience that I reactivated was resolved after one to three sessions of the ritual. I was soon able to resolve the grief from the divorce, to accept my new role with my son, and to feel an alleviation of the flashbacks from the assault. Sleep and short term memory recovered. The numbness, sadness, anxiety, and insomnia were no longer issues. The biggest concern was raising a teenage son alone. The ritual appeared to bring some insight, but it was not dramatic. I still had loving feelings for my ex-wife and still missed my former job; but I was able to adjust to the new circumstances. When I was jogging on the beach after the writing in Step Four of the ritual, I would often experience brief fragments of the grief/trauma, but the fragments would not last, nor were they as disturbing as they had been in the past. With each session of the ritual, the fragments diminished further; usually new fragments would emerge with each repetition of the ritual. I never needed to go beyond five repetitions, and I always stayed with one problem until it was resolved. Eventually, even the fragments were gone and I thoroughly enjoyed the mild aerobic exercise. At the end of the jogging I always felt more hopeful, alive, and thankful that I had survived so many traumas and grief. I returned to work more optimistic and ready to explore new relationships in my life. The relationship with my son improved as we began doing more fun things together.

Discussion

The protocol/ritual appears to be consistent with several models and techniques for healing trauma/grief including the Interpersonal Neurobiology and Mindsight Model of Dan Siegel, the Somatic Experiencing Model of Peter Levine, the Depotentiation and Re-consolidation Model of recent neuroscience research, as well as other cross cultural models of trauma/grief healing. Many religious and spiritual traditions have abbreviated methods for healing trauma/grief using these general guiding principles: 1) Be open, present, attuned, and resonant with God, with your life force, or its surrogate; 2) Briefly bring conscious attention to the trauma/grief; 3) Focus your awareness on your specific intention for healing; 4) Immediately let go of conscious control. Common phrases are: Let it be; So be it; Let God; Amen. Throughout these spiritual/religious models there is communication, re-enactment, mindfulness, attention, intention and resourcing, The processes could enhance the integration, contextual change, re-consolidation, and healing that are consistent with the more recently discovered protocol/ritual.

In addition to utilizing the eight domains of integration of the Dan Siegel's Interpersonal Neurobiology model, and Peter Levine's nine steps of his Somatic Experiencing model, the protocol has elements of cognitive behavior therapy, exposure and response prevention techniques, counterconditioning techniques, EMDR, Gestalt, and among others, mindfulness therapies, emotion focused therapies, and attachment therapies. The counterconditioning involves the replacement of the typical proprioceptive reaction to thoughts, memories and emotions associated with the grief/trauma with a pleasant proprioceptive experience associated with the mild aerobic exercise of Step Four. The protocol is also consistent with the model of Alan Fogel (2009, pp.23-24) for treating "lost embodied self-awareness." Fogel outlines several principles: activating resources, slowing down and shifting from thinking to feeling into the "subjective emotional present," regulating autonomic arousal, finding words to place onto interoceptive sensations, bringing awareness to body integration, and encouraging the use of the patient's own body as a resource. The protocol/Ritual is also consistent with the model of Ronald Ruden (2008, 2011). Ruden outlines how the trauma memory can be removed by depotentiating the glutamate receptors in the amygdala that are keeping the trauma memory alive. He postulates a "havening" process, a felt sense of safety and security that involves touch and a close intimate (physically and psychologically) relationship with the therapist. Ruden's theory is consistent with the work of LeDoux and his group (Doyere et al., 2007; Monfils et al., 2009; Nader et al., 2000; Phelps et al., 2004; LeDoux 2000, 2002) who hypothesize that after activation of the trauma memory, there is a "labile" period involving protein synthesis when the trauma memory is vulnerable to revision and removal. In my protocol/ritual, this period is in Step Four when mild aerobic exercise (fast walking or jogging) is bilaterally stimulating the brain with a calming delta frequency of 0-4 hertz, promoting a re-consolidation process in the prefrontal cortex, medial prefrontal nuclei, and amygdala (Bergmann, 2000, 2008; Harper et al., 2009; Rasolkhani-Kalhorn & Harper, 2006). When jogging or fast walking, my frequency is usually 1-3 steps/second, the same frequency of the electroencephalographic waves of slow-wave sleep, a time in the diurnal circadian cycle when many researchers believe memory consolidation occurs. Interestingly, this stimulating frequency is about the same as the bilateral sensory stimulation associated with EMDR, and the frequency of tapping in Emotional Freedom Technique (EFT) and Thought Field Therapy (TFT), as well as the frequency of fast walking, jogging, heart rate, and nursing rates. It is reasonable to assume that mild aerobic exercise outdoors, either fast walking or jogging, activates the thalamic sensory nuclei. This activation has been associated with new learning in EMDR (Bergmann, 2008). While fast walking, jogging, or just walking, and bringing the felt sense of awareness mindfully to internal and external sensory systems, there is a quieting of habitual thoughts and calming of the mind (Chodron, 2010; Nhat Hanh, 1975, 1991; Kabat-Zinn, 1990, 1995, 2006). The fast walking, jogging and mild aerobic exercise of the protocol may be an activation of the "havening" process of Ruden's theory. The mild aerobic exercise may be a brain process which could be called "kindling" resources, in contrast to the process of "kindling" a seizure-like alarm response.

The works of Alexander Lowen (1958), Wilhelm Reich (1933, 1972), and Marion Rosen (2003) emphasize the importance of body armor, regional muscular bracing, the body's ability to hold patterns of unresolved motor tension (Levine, 2010) and the influence of these motor patterns on personality and psychological symptoms (Guthrie, 1952). It is tempting to suggest that the mild aerobic exercise in Step Four of the protocol/Ritual provides a corrective experience, an uncoupling of the grief/trauma motor patterns from the implicit memory of the grief/trauma; the mild aerobic exercise accompanied by mild euphoria or at least a mildly pleasant experience is incompatible with the rigid unpleasant structure and experience of the body armor (Drolet et al., 2001; Fields, 2004; Reich, 1972; Schofield & Abbuhl, 1975). The mild aerobic exercise helps to keep the patient in the "subjective emotional present" as flashbacks to Step Three occur simultaneously with an "embodied self awareness" produced by the aerobic exercise, the two conditions necessary for healing trauma (Fogel, 2009). During my first sessions of the ritual there was a sense of surprise that the old grief or trauma could be remembered or activated at the same time that the felt sense of the body remained pleasant and comfortable. The surprise appeared to trigger an exploratory orienting response. The incompatibility of past and present experience simultaneously held in the dorsolateral prefrontal cortex could set the stage for new learning, re-consolidation and depotentiation of the old amygdala response.

In some of the patients who experienced the ritual, implicit memories and emotions became conscious. They would talk about them in sessions, revel in the marvel of the process, and most wanted to talk about their experiences. They were able to recall events that had been blocked for years; they remembered conversations, scenes, images, beliefs, and sensations that had been scattered, unorganized and out of conscious awareness. Vertical and horizontal integration was apparent, as well an uncoupling of events, emotions, and sensations.

How were these patients able to access implicit memories and emotions? My guess is that the Ritual provided a relatively safe, self-empowering and controlled environment, a mindfulness process which down regulated fight, flight, and freeze processes, several techniques for diminishing fear and enhancing self-control and self-efficacy, and the release of healing hormones and neuropeptides both in the central nervous system and in the body, facilitating re-consolidation of memories pulled out of implicit subconsciousness during the writing and expressing of the trauma/grief. A critical part of the protocol was the structure that allowed for only limited exposure to the grief/trauma in each session, which was then followed by mild aerobic exercise which prevented the patient from fully re-experiencing all of the grief/trauma response. This may be conceptualized as an exposure (Step Three) and response prevention (Step Four) cognitive behavioral technique. Another unique and critical part of the protocol was the elicitation of both positive and negative emotions, feelings, and images. This conscious positive-negative pendulation process appeared to be essential for the success of the protocol/ritual. It appears that the anterior insula cortex, especially the right insula, maps visceral emotional states in positive-negative dimensions. The elicitation of the positive and negative may have added new positive information to the trauma/grief that was integrated during the re-consolidation phase of memory retrieval. The mismatch between what was negatively expected from the activation of

Ritual of Resolving

the trauma/grief, and what was actually experienced in the protocol/ritual, especially in Step Four, could be the trigger for reconsolidation or extinction (Pedreira et al., 2004). The orbital frontal cortex is involved in placing positive and negative valence on experience, so it was likely activated by the writing phase of the protocol. The instructions may have facilitated both pendulation, the natural healing rhythm of the mind and body, and the natural expression of the anterior insula to map visceral states. There was possibly the activation of the VMPFC, the modulator of the amygdala alarm (Harper et al., 2009; Rasolkhani-Kalhorn & Harper, 2006). There was also integration of the eight domains defined by Siegel in *Mindsight*. There was some evidence that the grief/trauma memories were state dependent; and, as the state normalized and changed, the access to memories changed (Fields, 2004). The cognitive memory of the grief/trauma remained, but the felt sense, the embodied emotion of the experience changed. This new association was possibly re-consolidated into a new form of the grief/trauma.

It is important to note that there were a few patients who had relief from their grief/trauma, but seemed unable or unwilling to describe explicit experiences other than positive outcomes. This group is very interesting. In Somatic Experiencing Therapy, it is not uncommon to find that a patient has resolved a trauma without any conscious awareness of what happened, other than the feeling that the trauma has resolved. These cases reflect the views of Peter Levine and others that the trauma is in the body, and can be healed without the talking therapies. The healing takes place unconsciously through the regulation and discharge of the autonomic nervous system. The importance of this observation for the therapist is that the positive outcome is more important than whether the patient can explicitly describe what happened and what was uncovered by the protocol/ritual. The proof of the effectiveness of the ritual will be in the positive behavioral outcomes for the patient. Interestingly, a similar phenomenon of healing without explicit knowledge of what happened occurs frequently with EMDR, TFT, EFT and David Grand's Brainspotting.

Teaching of the ritual has always been by word of mouth, with modeling, resonating and sometimes sharing the narrative of my personal experience with trauma resolution. The ventral vagal social engagement systems of both therapist and patient are engaged. "As mammals the very stability of our nervous system depends on the support from a safe other" (Levine, 2010, p.293; Bowlby, 1982, 1988; Main, 2000, 2008; Ruden, 2011; Solomon & Tatkin, 2011; Schore, 1994; Wallin, 2007). The Ritual has never been written to share, but there have been requests to craft a version for patients. There are several caveats. No written version can capture or replace the embellishment, enthusiasm, body resonance and realism that come from a therapist sharing his/her story or their patient's stories. The teaching of the Ritual is an interactive, relational, somatic experiencing process that is filled with secure attachment feelings. In the eyes of Dan Siegel, it would be called a "Mindsight" experience for both the patient and therapist (Siegel, 2010a, 2010b). Many studies have supported the notion that it is the relationship between patient and therapist that is the major healing force in psychotherapy (Gendlin, 1982; Norcross, 2002, 2005; Siegel, 2010b). The key to that healing may very well be the felt sense of the resonating mirror neurons accessing the VMPFC, anterior cingulate, orbital frontal cortex, anterior insula and other resonating circuits of both patient and therapist. During the teaching of the steps, there is also experience and practice in regulating the autonomic nervous system. Over the years, I have added increasingly more information about brain function and body physiology which patients have found very helpful in being more mindful of their emotions and feelings, and in being able to let go of shame, embarrassment or guilt associated with the grief/trauma. The information about the brain and body is best done in session as the ritual is being modeled and taught. If we think about the ritual as a mind healing process, and remember that the mind as defined by Dan Siegel and others is an embodied and relational process that manages energy and information, then we can see that the one-onone patient-therapist relationship can be part of the healing. The therapeutic relationship facilitates and models the management of the energy and information of the grief or trauma; the therapist's voice acting as a resource can go with the patient when the ritual is practiced. In describing the writing and expression, Step Three, the therapist teaches again the importance of mindfully managing the patient's relationship with the trauma/grief. The therapist encourages management of the energy of the process with the discussion of the SUDS and the mild aerobic exercise. During the teaching, the Somatic Experiencing therapist models mind-healing as the patient begins to think about and activate the grief/trauma in the session prior to using the ritual.

Although the protocol seems quite elaborate and somewhat cumbersome, there have been many patients who, after developing rapport and right-brain to right-brain attachment with me, were able to successfully resolve their grief/trauma with the following simple instructions: "Find a quiet, safe, private place to write and vocally explore your positive and negative feelings, emotions, perceptions, body sensations, beliefs and thoughts. You must explore both the **positive and negative** emotions and feelings. As soon as you feel distressed beyond what you can handle, at or above a 7 on a scale of 0-10, you tear up the writing, and go for your 20-minute **mild** aerobic exercise leaving your implicit grief/trauma memory behind in the wastebasket with your writings. It is very important to **destroy the writing** since it is only for reprocessing not for re-reading and re-traumatizing yourself. The tearing up is a ritual symbolizing for you a new beginning. Often you will find after the first session, that you can increase the time of the writing, exploring, expressing and vocalizing, as long as your SUDS remains 7 or below. You will find your grief/trauma has been relieved or gone after a few sessions."

Step Four of the protocol/ritual has also been used after a Cognitive Behavioral or Emotionally Focused couples therapy session, with some success. The couples fast walk or jog together without conversation for the 10-20 minutes of Step Four. Some couples have used Step Four after having an Imago Dialogue (Hendrix, 1986). The protocol/ritual appears to facilitate re-consolidation of what has been heard and processed during the "Mindsight" Imago Dialogue.

A simplified protocol/ritual is available below. Much of the neuroscience and technical language has been removed. The therapist can decide on an individual basis whether to give the Healing Ritual to the patient. As of this writing, none of my patients have used the written Healing Ritual.

The Healing Ritual

The Healing Ritual has been used by hundreds of people to help resolve habitual grief and trauma. They have followed the ritual as described below. As your therapist, I will be your guide, resource and coach along the way should you encounter any difficulties. Most people find it easy to follow. You have already decided what experience, event or events need to be healed. As your therapist, I will guide you through an understanding of the following steps, giving you examples and answering any questions you may have. You can think of the Healing Ritual as a process of resetting your home alarm system that was set off by the invasion of trauma/grief into your life. This alarm system can be reset only during a short period after the alarm goes off. If the alarm is not reset during this period of time, it will continue to go off with the same triggers over and over again. The resetting of the alarm requires the programming of new information into the alarm. Here are the seven steps of the Healing Ritual that will reprogram your alarm system:

Step One: Location

Find a time and place where you can privately explore the feelings, emotions, images, sensations, issues, problems, memory, or event without anyone interfering with your emotional expressions, shouts, wailing, laughter, cries, writing and activities.

The best place is usually your bedroom when everybody is out. As you allow your nervous system to reset itself, it may mildly shake, quiver, or tremble. You may want to lie down briefly. Those symptoms are part of the resetting and can be very healing as long as you are mindfully monitoring stress levels, which we will describe below. An alternative to your bedroom might be to drive your car to a comfortable safe place, such as the seashore or park in winter or early morning where, with your windows closed for privacy, you can **write**, and **vocally express** and explore your feelings, images, perceptions, beliefs, thoughts, and behaviors. The major expression is about your **positive** and **negative** emotions, feelings, experiences etc. You must explore both the positive and negative for this Healing Ritual to work. For example, if the memory is about the loss of a loved one, the expressions must be about both positive and negative memories, emotions, feelings, images, sensations, and any associated perceptions thoughts and beliefs. You cannot just explore the positive or just the negative and have this Healing Ritual work. It appears to be necessary to balance or pendulate between your positive and negative feelings, approach and avoidance, left and right brain tendencies. The balancing and pendulating also helps to keep your autonomic nervous system balanced and happier. Your task is to bring attention to the emotions, feelings, sensation, memory and experience, exploring them mindfully, writing about it, expressing yourself out loud, and exercising afterward in **Step Four**.

Step Two: Time

We will **estimate and decide how much time** you can deal with this problem in the first sitting. I usually recommend a maximum of **one to two minutes** for the first session if the problem is severe. This is a "baby steps" exposure procedure. You do not want to explore to the point where it is so painful that you will not want to return for further explorations. Your nervous system/brain probably has been trying to avoid the memory, emotions and feelings for a long time. It is best to allow less than more time. Allowing yourself to get overwhelmed could re-traumatize you. This step is extremely important. If a session feels too stressful, you might shorten the next session. Alternatively, on subsequent sessions you might consider increasing the time of the writing and exploration by 100% or more. For example, in the second session, if the first session was one minute, you might allow two minutes of exposure and writing of the memory; in the third session four minutes, etc. If a session felt too stressful, you might shorten the next session. I emphasize that you must be **mindfully monitoring** your level of distress during all the steps of the Ritual.

A guide for determining how much time to spend on each session is the Subjective Units of Distress Scale (SUDS) which ranges from 0-10, with 1 being very little stress and 10 being extreme stress; if you sense that the SUDS is above 7, it is time to proceed to the next step. This process of attending to the "felt sense" of the body, embodied self awareness, while attending to the writing and speaking, is also called mindful dual awareness. This dual awareness will give you some control over the "felt sense" of a body that has sometimes been out of control because of the setting of your alarm system. The process of continuously monitoring your stress level as you go through the Ritual is a very important part of the mindfulness process and is needed for integrating and healing the trauma/grief. The mindfulness engages and manages the executive function of the forebrain including your short term, working memory systems and the alarm system of the limbic brain. Eventually after several sessions, it is desirable to achieve at least a ten-minute writing and speaking exploration, which will allow for a confirmation of the re-setting of your alarm system, re-consolidation of new learning and memory, and relief from the habitual way of experiencing the grief or trauma.

Step Three: Communicating and Resourcing: Writing and Talking Out Loud.

While you are exploring your experience and keeping your therapist/healer/resource in mind, you will be writing both positive and negative feelings, emotions, sensations, perceptions, images, beliefs and thoughts about the grief or trauma. Some people decide to explore only their positive and negative feelings. That can work. Some people decide to talk and write (both positively and negatively) to the person that they lost; that can work, too. Some will imagine or visualize the person sitting in an adjacent chair as they talk and write; that can work. Some will imagine what the person would be saying to them if they were in the adjacent chair and what they would be saying in return. You need to feel free to express verbally, out loud, positive and negative emotions, and feelings including anger, rage, loving, caring, loneliness and others. As soon as there is distress that is difficult to handle with a felt sense of stress greater than 7 (0-10 scale), you tear up the writing and throw it in the wastebasket. If stress gets too high, your body will release cortisol and/or adrenalin, enough to stop your conscious mind from being aware, integrating, and healing. The "tearing up" part of the Ritual is also a metaphor for bringing back a sense of control and for consciously distancing a part of yourself from the emotion or memory of the event(s) so that you have a safe enough space to make sense of the event(s). The use of the SUDS scale is another way to enhance mindfulness. The writing also helps to integrate and modulate the overwhelming instinctual emotion arising from "reptilian" brainstem and limbic system arousals. Naming takes the trauma/grief fragments out of direct sensory experience and gives them left hemisphere representation. (Name it to tame it). Over the years, a couple of people refused to write. Instead, they used the morning shower to verbalize the material that I suggested they write about. The shower, like therapeutic touch and massage, can release serotonin and endorphins, which can diminish emotional and physical discomfort and pain. The shower experience for these people was apparently relaxing, comforting and private enough to allow them to explore the distress without re-traumatizing themselves. It enveloped the grief/trauma in a new, more pleasant context. However, these individuals sometimes did not get as much relief as those who were writing as described above. Interestingly, the individuals who insisted on the shower venue, had families that were very intrusive; and there was usually no private place for them to perform the Ritual. I suggest using the shower as a last resort place.

Step Four: Aerobic Healing.

You must go immediately for a 20-minute jog, fast walk, dance, or some other mild aerobic exercise. Gentle jogging or fast walking seems to get the best results. Strenuous aerobic exercise does not seem to work. The guideline for the amount of aerobics is to exercise to the point where you perceive that breathing is just noticeably harder. The right amount of exercise will be accompanied by the reduction of muscle discomfort, a shift toward positive feelings, emotions or thoughts, and sometimes an increase in energy. Most people achieve these changes within 10-20 minutes. Of course, check with your medical doctor to be sure that you can do mild aerobic exercise. The mild aerobic exercise done mindfully in this context changes the brain by triggering the release of neurotransmitters, neuromodulators, neuropeptides, brain derived neurotrophic factors, and hormones, while facilitating synaptogenesis, neurogenesis, interneuronal stem cells, gene activation, myelinization, and learning. In short, your experience of the trauma/grief will eventually change. John Ratey in Spark describes aerobic exercise as "Miracle Grow" for the brain. The molecules of positive emotion released by the exercise can resonate with cells throughout your body. The brain derived neurotrophic factor (BDNF), the endorphins, the endocannabinoids, the serotonin, dopamine, and norepinephrine released by the exercise all decrease the stress throughout your body and produce an antidepressant effect without drug side effects. Exercise also turns on the genes that produce gamma aminobuteric acid (GABA), which is the brain's major inhibitory neurotransmitter and natural tranquilizer that can temporarily calm you, your alarm system in the amygdala, and other areas of the brain. The calming will allow you to intuitively reset your alarm system without the alarm going off.

The whole Ritual facilitates a mindful and step-by-step re-awakening of the "felt sense" of your body, the embodied self-awareness. If your body has been numb from grief/trauma, it can be brought back to awareness and life without the pain, panic, fear, rage, anger, shame, guilt or helplessness that triggered the trauma/grief response in the first place. If your grief or trauma has been very severe, and you have felt numb or disembodied, you may begin to feel you are being reconnected and re-acquainted with your body, the earth, and life. The changing experiences, from Step Three to Step Four, from writing and expressing to aerobic exercise - like the ups and downs of the rhythms of life - will remind your body of its natural healing rhythm called pendulation, which may have been lost with the trauma/grief. A Chinese proverb states that emotions must be experienced and expressed if they are to be healed. The mild aerobic exercise and movement may also facilitate a completion of a thwarted flight or fight response that was frozen by the trauma. You may feel that you "shook off" or "blew off" the distress. Completing the first run through the Ritual is the hardest. Some people use their therapist as coach for the first run-through. It is your choice. When you get through the first run, consider it a success and a change in the habit of avoiding the healing process. Eventually after a few runs through the Ritual, you will likely come back to your therapist with a smile on your face as you relate what happened. During the aerobic exercise, just enjoy the exercise without deliberately bringing up the grief/trauma, without analyzing, judging or reacting to the fragments of your trauma/grief.

Regardless of the setting of the exercise, your body will have a chance to reset itself feeling the normal flow of energy, information, and coherence, as well as enjoy a mindful, anti-depressant, tranquilizing effect. It is preferable to get dressed for the exercise before starting the Ritual so there is no wasted time for integration and neuronal growth to begin. The

Ritual of Resolving

exercise will be done without delay and without thinking about the memory or the emotion; it is all about enjoying the exercise and allowing your body to experience the release of the endorphins and endocannabinoids that will manage the cortisol and adrenalin that were and are continuing to be released with the exploration of the grief or negative implicit memory. You will feel calmer after your exercise, because the endorphins (the body's natural morphine) will have reduced your pain and you will have experienced expansion, increased integration and consolidation of your new learning. People report that it feels like they "shook off" the stress. Some patients report a euphoric, marihuana-like experience during the exercise which is best described as "pronking" (Levine, 1997). It appears to be an expression of achievement, accomplishment and celebration. Without the exercise and the hormone changes brought on by exercise, your pain will likely remain, and it will prevent your forebrain, mind, and body from integrating the new experience. Without the aerobic exercise, remnants of the trauma could shut down your forebrain and allow subcortical and brainstem excitatory networks and the "reptilian brain" to dominate your mind, activate your alarm system, and prevent the re-setting of the alarm and healing. You are likely to return to your habitual ways of dealing with the grief or trauma; and you do not want that to happen. Many people who perform the Ritual report an exercise bonus: brighter mood, clearer mind, decreased pain, a release from negative emotion, more energy and sometimes a transformational experience. The transformational experience could be the result of the exercise-induced release of dopamine and endocannabanoids (Ratey, 2008). Dan Siegel (2010) talks about a transformation event in which the "I" becomes "We" and there is a sense of belonging once again to the world of humanity if that world has been lost.

Step Five: How do I know when to repeat the session and the exercise?

Some people will do it once a week, others more than once a week. You could do it again in two weeks; whatever works best for your body, mind, and intuition. Listen to all three and check your SUDS. You can also check with your coach/ therapist. The major concern is that you do not re-traumatize yourself, because if you do, you will not want to continue the Ritual and you will continue to suffer from the grief/trauma. If there has been some relief, go on to repeat the Ritual at another time. If there is a question about whether you should repeat the Ritual, consult your therapist. On the subsequent trial, you will repeat the first five steps: find a quiet, safe, private place to write and explore your feelings, emotions, perceptions, body sensations, and thoughts—positive and negative. As soon as you feel distressed beyond what you can handle, you tear up the writing, and go for your 20-minute mild aerobic exercise, leaving your implicit grief/trauma memory behind in the wastebasket with your writings and enjoy the exercise and environment. It is very important to destroy the writing since it is only for reprocessing - not for re-reading and re-traumatizing yourself. The tearing-up is a ritual symbolizing for you, a new beginning. Often you will find that after the first session, you can increase the time of the writing, exploring, expressing and vocalizing, as long as your SUDS remains 7 or below.

Step Six: When do I know if I am done?

People will report that they have nothing else to say, explore, or write, and that the emotion associated with the memory has gone down from intolerable to just a memory with little or no emotion. Some formerly grieving sufferers report that they now have the spirit of the person that they lost back with them, and they can remember the good times without the intrusive memories of the trauma and the loss. Some people report that they now can talk calmly with the person they lost, because they feel the spirit of that person again unblocked from negative implicit memories. Others will report that the implicit memory now is just a memory from the past without significant arousal in the present. They will report that they have clearer boundaries. They feel differently about that person and about themselves. Interestingly, some patients will report a new sense of trust in their bodies, and trust in the instinctive tendency to share their traumas with safe, knowledgeable others, including therapists. This trust might have once been lost when the patient tried to bring up the trauma/grief event, and instead of feeling resolved, wound up having the sensations associated with the original trauma/grief surfacing in a pure re-enactment. The patient quickly learned that it was unsafe to explore trauma/grief with anyone, even oneself. These events are the processes associated with the after-effects of trauma/grief. Some people report a transformational experience that changes their lives in significant ways. Their alarm system is no longer going off at unsuspecting times. There are sometimes comments such as: I feel more whole; my panic is gone; I am not alone anymore; I can see more clearly; I feel like the world is a safer place; my dreams are more positive. A few patients have been courageous enough to try the protocol on other implicit trauma/grief memories from their lives on their own, with some degree of success.

Step Seven: Feedback

Email me. Let me know how the Ritual worked for you. Please note that this Ritual is not a replacement for psychotherapy with a licensed mental health professional.

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Biography

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New Words: Exploring Embodied Language as a Holding Environment in Body Psychotherapy

Bernadette St. George

Abstract

This article explores the relationship between language and attachment, specifically focusing on how language shapes one's development and experience, and whether an embodied form of language is possible and also relevant to the task of body psychotherapy. Although body psychotherapy often focuses on non-verbal communication and attunement within the therapeutic process, words and language are essential aspects of reparative attachment experiences, and thus verbal attunement may play an important role within the field of somatic psychology. This article inquires into and seeks to define the concept of embodied language, incorporating elements from phenomenology and attachment theory, with the goal of facilitating recognition of this phenomenon in body psychotherapists such that they may be able to use embodied language as both a resource and a conscious intervention.

Keywords

Attachment - Language - Somatic Embodied - Development

Introduction

Body psychotherapy is a form of therapy rooted in the premise that every aspect of a person's knowledge, understanding and perception is fundamentally embedded within his or her lived somatic experience. This form of psychotherapy seeks to affirm and to deepen the connection between the body and the mind, and among different parts of the body in order to help the client create a broader movement vocabulary and repertoire, which ultimately allows for more freedom and choice. Within this process, the locus of attention for a body psychotherapist tends to be on a client's non-verbal expression, in order to facilitate the client's ability to experience interoception and proprioception and to allow for the client's movement impulses to arise and sequence.

Verbal language is usually not given as much emphasis or consideration in the field of body psychotherapy, and with some clients, can be interpreted as mere resistance or deflection, or even as a way of dissociating from the body. Additionally, many of the aspects of verbal language that are considered relevant within a body psychotherapy session are those that involve the non-verbal domain. As Wallin (2007) describes, "Facial expression and tone of voice, posture and gesture, the rhythms and contours of speech and behavior – these are the elements that compose what is essentially a medium of body-to-body communication" (p.119). This orientation in body psychotherapy is in part based on what we now know from neuroscience – that much of a person's relational ways of being are encoded from a time that is preverbal (Cozolino, 2002; Schore, 2003), and such patterns can thus be very difficult to amend through talk therapy alone.

However, while it is clear that attuning to the client's non-verbal experience has been central to the goal of body psychotherapy, both in decreasing the difficulties brought about by the widespread influence of the notion of mind-body duality, and in allowing more of the client's experience to inform the therapeutic session than in traditional talk therapy, a question arises as to how and in what way the significance of verbal language is to be acknowledged and developed within the field of body psychotherapy. This question presupposes that the experience of language is in some way fundamental to human existence and development – an idea which must also be questioned and addressed in this exploration.

In this quest we may be aided by the findings of the philosophical tradition of phenomenology, which lends itself very well to a conversation concerning body psychotherapy, in that this school of thought indirectly underlies many of the principles of body psychotherapy. Phenomenology involves a movement away from schools of thought such as rationalism, which separates body and mind, and empiricism, which creates artificial constructs to determine what is allowed to be considered "experience." Phenomenology rather calls for a return to experience itself as a means by which we can form univocal concepts about reality, through collective shared meaning produced by exploring inescapable human experiences from the inside-out.

In a similar way, body psychotherapy works against the influence of rationalism and empiricism in the therapy room. In fact, body psychotherapy can be seen as a concrete way of applying the theory of phenomenology, in that body psychotherapy also looks to the immediacy of experience as the main source of knowledge and wisdom, and invites the lived experience of the client to inform the ground of the therapeutic process.

Inquiring into the Possibility of Embodied Language

To begin, we must acknowledge the vast nature of the topic at hand, and the fact that part of the intention of this exploration is that of merely beginning a dialogue within the field of body psychotherapy concerning the significance of verbal attunement in the somatic therapeutic process. The focus here is that of verbal language, and how this aspect of human existence is itself part of our lived somatic experience, and thus part of the work of body psychotherapy.

Here a couple of questions come to mind – first, what role might language play in development and attachment, and what elements would comprise a kind of language distinct from description, reflection or interpretation within body psychotherapy? Also, how might the quality of such languaging be recognized in a felt way in order to be consciously developed and used within a therapeutic setting? The kind of languaging we are talking about is what we will here refer to as *embodied language* – which is an integration of present moment bodily experience with the fullness of human language.

It is clear that it is no easy task to practice embodied language; Aposhyan (2004) states that "Embodied speech is perhaps the most difficult aspect of cultivating embodiment." It is also challenging to talk about embodied language, as there is something inherently immeasurable and elusive about a person's subjective experience of her words and bodily sensations, and the impact of these upon a listener in whom the words reverberate and who responds at both the sensate and verbal level. Aposhyan (1999) gives us some clarity on the matter:

Embodied speech involves telling the truth, but it is more than that. Embodied speech refers to the ability to stay in touch with one's bodily experience while speaking, and to allow one's internal truth to sequence out through the body and into speech. This is a practice that requires much patience and ongoing development. (p. 50)

Hence we begin to see that there is possibly something about the interface between the spoken and unspoken messages of the whole person - body, mind, and soul - that is potentially psychologically transformative and also must arise from a state of being that is in tune with one's physicality.

Reclaiming the Wisdom of the Body While Retaining the Wisdom of the "Talking Cure"

As we have mentioned, in body psychotherapy the body itself is seen as having a kind of language which is of primary importance to the therapist – Caldwell (1996) says of body psychotherapy:

It operates on the premise that sensation, breath, and movement are the body's form of speech, and that if we listen to this speech we can complete and release stored trauma, relearn how to feel excitement and pleasure, and engage in activities that nourish (Caldwell, 1996, p.4).

It is admittedly the case that there is a need to listen to this speech in our work with clients, in part because "Given the prelinguistic roots of the patient's original attachment patterns, and the disavowals and dissociations they may have demanded, the therapist must tune in to the nonverbal expressions of experience for which the patient has as yet no words" (Wallin, 2007, p. 3). Yet it also makes sense to remain curious about the wisdom of psychoanalysis, which "is about using language to effectively attune to the client" (Z. Avstreih, personal communication, September 8, 2009), and to explore what that might look like in body psychotherapy, in which interpretations are not used, and meaning-making is generally suspended. This is in part because many body psychotherapists share the belief that it is important for both client and therapist to remain in a state of curiosity and unknowing in a session; trusting that the body will reveal whatever is most salient for their work together. By speaking of meaning-making, we are referring to the process of seeking to create understanding and meaning about experience through logic and reasoning – a process which is unique to humans, and which can be helpful in developing insight and compassion. This process can be problematic, though, if it becomes detached from experience, as then it isn't actually taking into account all of the available information, and can lead us to create false and unhelpful conclusions in which we can become trapped.

Hence we are seeking the place where meaning-making and tangible lived experience meet. In regard to this, Winnicott (1987) gives us some insight; speaking of psychoanalysis, he explains that:

It is not just a matter of verbal communication. The analyst feels that a trend in the patient's material that is being presented calls for verbalization. Much depends on the way the analyst uses the word, and therefore on the attitude that is at the back of the interpretation. (p. 95)

Here we see that even in what is usually considered the strictly verbal sphere of psychoanalysis, it is not only the content of the therapist's interpretation, but also the way the therapist holds and embodies the word, and the internal attitude that he brings to the therapeutic encounter that makes it an effective intervention. This also relates to Winnicott's concept of the "holding environment" which refers to the way in which a caregiver provides adequate space and containment within which a child may develop. For Winnicott there are many different ways to hold someone – for example, he says, "A correct and well-timed interpretation in an analytic treatment gives a sense of being held physically that is more real...than if a real holding or nursing had taken place. Understanding goes deeper" (as cited in Casement, 1997, p. 96-7). While Fonagy (1995) proposes that "The biological need to feel understood...takes precedence over almost all other goals" (pp. 268-69). There is something about this need to understand and to be understood that is at the center of our question concerning what language has to offer to the field of body psychotherapy, since it is only through words that a certain kind of understanding takes place. Although Fosha

(2000) proposes that language is best utilized at the end of the therapeutic process, as a way to integrate the work of therapy, it here appears that language may instead be an essential part of the process of therapy.

Accordingly, Heidegger (1971) states that "To speak *to* one another means: to say something, show something to one another, and to entrust one another mutually to what is shown" (p. 122). It thus may be in this showing and entrusting that one becomes able to engage more authentically with others from his or her true self. Furthermore, Silverman (1981) states that from the perspective of the phenomenologist Merleau-Ponty, "The appropriation of language is already a movement of reciprocity, a tendency toward communication" (p. 125). Here we see the inherently relational aspect of language, which calls us out of ourselves and negates the dangers of solipsism – yet, it is not mere words that grant us this growth and connection, but the truth that is spoken and felt in these words, both by speaker and listener. While truth is sometimes considered difficult to define, the lens of body psychotherapy allows us to see our own experience as a manifestation of inarguable truth. It could thus be that the degree to which we are in tune with our experience – not as we imagine it or judge it to be, but simply as it is – influences the degree to which our language carries a quality of freedom and spaciousness which allows for more dimensions of experience to be named and articulated.

Concerning this relational and experiential quality of language, brain imaging studies have shown that language activates regions in the brain which involve ways of interacting with the world, namely action and perception (Bookheimer 2002). Additionally, Vivona (2009) posits that "Thinking...involves not just the rule-based manipulation of abstract symbols, but also the reenactment of perceptual and motor experiences; understanding language involves experiencing" (p. 1330). Here we begin to see how language and embodiment have the ability to mutually influence each other.

Language in Development and Attachment

A 2004 study shows that there is a positive correlation between having a deficit of emotional or subjective language to express one's internal state, and an insecure attachment style (Lemche, Klann-Delius, Koch, & Joraschky, 2004). It is also believed that there is a certain coherence in the language of securely attached individuals, which is lacking in the speech of those with insecure attachment styles (Main, 1996, Siegel, 1999). Cozolino (2006) gives us a neuroscientific perspective:

Language, in combination with emotional attunement, creates the opportunity to support neural growth and network integration. When a child is left in silence due to parental inability to verbalize internal experience, the child does not develop the capacity to understand and manage his or her world. The ability of language to integrate neural structures and organize experience at a conscious level is mostly unavailable. (p. 232)

Here we are made aware of how crucial the role of the caregiver is in shaping the child's perception of reality, and in fostering either understanding or confusion through a quality of language. Again it is evident how essential it is for us as humans to simply be able to understand. This could almost be said to be an essential feature of development – that of moving toward a deeper sense of understanding one's experience and one's world with each stage of the process. Yet this understanding can only come about through the presence of the attuned language of the caregiver, which reflects and supports the development of embodied language in the child; especially through the caregiver's availability to witness and hear this embodied language. For as Heidegger states:

What is unspoken is not merely something that lacks voice, it is what remains unsaid, what is not yet shown, what has not yet reached its appearance. That which must remain wholly unspoken is held back in the unsaid, abides in concealment as unshowable, is mystery. That which is spoken to us speaks as dictum in the sense of something imparted, something whose speaking does not even require to be sounded." (Way to Language, p.122)

Consequently, if someone grows up in a household wherein certain aspects of experience are not allowed into language, it could very well be that this person's sense of the world and of herself would be somewhat diminished, and that there would be a longing to regain what was lost.

There might also be a sense of loneliness connected to the unverbalized emotions and experience which would continue to exist and to have an impact, albeit a mainly unconscious one. For this reason, Wallin (2008) tells us that "putting hitherto unverbalized experience into words allows us to feel less alone with it. And feeling less alone helps us to feel less overwhelmed."

However, while we have seen the value of language, Daniel Stern (1985), in speaking about the development of the verbal self, points out the intrinsic danger in language of actually reducing experience. He says that although the acquisition of language allows us to share our experience with others, it also takes away from the preverbal wholeness of experience, in that what we are able to share verbally is often only one dimension of our experience. For example, he talks about being in a room filled with sunlight – an experience that involves all of the senses and is multidimensional until it is verbalized by someone who exclaims "look at the yellow sunlight!" – at which point the experience becomes strictly visual. Here we see both the power and the danger of language, which can either focus and sharpen our experience, or else narrow and constrict it.

This obviously has implications for development, since language can be used by caregivers in a way that reduces the experience of the child. This is why it is important to be mindful that the language we are choosing as therapists is open to the manifold phenomena of being, as this can allow the client to begin to gather and recollect some of the dimensions of his lost modes of experience. As Siegel (2004) states, "How we use language with our children creates a new level of meaning, a new dimension for how they come to understand their experiences" (p.231). This applies equally well to the responsibility of the therapist in choosing how to engage verbally with clients.

Recognizing Embodied Language

We have all had the experience of encountering language that is disembodied – for instance, when speaking with someone who is simultaneously watching TV, is distracted, or simply "isn't there," or when in conversation with someone who might be referred to as a "talking head" in the sense that something is lacking in the verbal exchange – a kind of flatness and lack of affect in the words which make it difficult for either person in the dyad to fully engage with each other. This is because there is a bi-directional quality to communication, such that if one person is speaking from a place that is disembodied, it will influence the response of the listener as well. Fortunately, this mutual resonance also allows for someone speaking in a way that carries embodied language may have detrimental effects on the attachment process, in which language plays a significant role (Siegel, 2004). For instance, in an embodied caregiver/child dyad, a new language (composed of both verbal and non-verbal elements) is created which is very specific, and particular to that unique dyad. This also happens in couples, who create new languages in order to become closer to each other, to further their attachment – they develop certain ways of speaking and joking, which only exist between them, along with the non-verbal languages that are created.

In fact, one could say that this happens within every authentic human relationship – a new language forms that facilitates the attachment process, and which influences the shape and texture of the intersubjective field. This is in part because each person has a different word, something unique to offer to the world, which is made manifest especially in the state of being-with and bonding, as trust and safety are paramount to revealing this hidden truth. Hence the development of this new language is crucial in the therapist/client dyad, which often serves as an experiential paradigm for the client of an authentic, safe and trust-filled relationship.

Therapist as Poet

Our discussion leads us to the idea that in many ways, the art of therapy is akin to the work of creating poetry. True poetry might be taken as a clear example of embodied language, in that it arises from a state of authentic connection with one's experience, and also creates a language by using words in new ways. Poetry exhibits both an intentional and a spacious quality, and is perhaps the only mode of language in which the vast realm of human experience is fully acknowledged and held. Stern (1985) states that "The paradox that language can evoke experience that transcends words is perhaps the highest tribute to the power of language" (p. 177). Thus it could be this evocation that reveals itself as the place where language becomes distinct from description, reflection or interpretation in body psychotherapy – in that there is a creative calling-forth that occurs when one feels seen and understood through the embodied words of another, which can allow for a physical felt experience of change.

In relation to this idea, Avstreih (2009) states that "Embodied language stems from a direct connection to the body – like poetry, it has language which speaks to the right brain and integrates both right and left brain" (as cited in Bellingan, 2009), and interestingly, Keleman describes the formation and development of the self as "self-poem" (as cited in Kummer, 2007). Thus, it could be that having poetic knowledge alongside scientific and clinical knowledge would be helpful in the therapeutic process; for as humans, we are fundamentally connected to and impacted by embodied words and language. There are also many who hold language to be at the center of what it is that makes humans human, rather than seeing it as a by-product of human consciousness, or as a mere function of communication. As Rome (2010) states, "Humans are essentially beings who language" (personal communication, February 5, 2010). Likewise, Anderson (1997) calls psychotherapy "a linguistic event" (p. 2), and Gadamer (1989) holds that "Experience is not wordless to begin with, subsequently becoming an object of reflection by being named, by being subsumed under a universality of the word. Rather, experience of itself seeks and finds words that express it" (p. 417).

Conclusion

Embodied language is the connection between one's physical aliveness and the manifestation of this aliveness within the way this person languages reality. While body psychotherapy has traditionally focused more on movement, posture and gesture, with a goal of helping these unconscious movements to become conscious for the client, this exploration suggests the importance of noticing the way in which hearkening to the nature of language itself – as dynamic, new and ever-unfolding – informs and

influences our clinical decisions and process with clients. It also proposes the significance of learning to recognize the *quality* of language that arises from embodiment, by paying attention to our internal experience while speaking, in order to make this aspect of relational existence more available for conscious use in therapy. Additionally, it helps to make apparent how essential it is for therapists to address and continue to attend to their own trauma, attachment patterns (and how they cope with and compensate for these attachment patterns) and the ways in which reality was languaged for them by their caregivers.

It is clear that there is a need for intentional and purposeful language in body-centered psychotherapy, as in any form of psychotherapy, to facilitate corrective attachment experiences; as language that is caring, present and embodied is the birthright of all people, and therapists often need to tend to clients' unspoken needs. Thus we see that in the same way that a poet creates a new language to express that which cannot be communicated in purely rational and linear communication, so an attuned therapist finds new ways to language reality; attuning to the very being of a client, and listening for what is longing to be spoken.

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Biography

Bernadette St. George, MA received her MA in Body Psychotherapy from Naropa University in Boulder, CO in July 2011. She received her B.A. (2004) in Philosophy from the Thomas More College of Liberal Arts in Merrimack, NH, and has attended workshops and trainings in: Polarity Therapy, Biodynamic Craniosacral Therapy, Sensorimotor Psychotherapy, Therapeutic Touch, DBT and Love and Logic. She intends to open a private practice in the Boston area in the fall, and is grateful to everyone who lent her their support during the creative process. She can be reached at: bernadette.stgeorge@gmail.com.

USA BODY PSYCHOTHERAPY JOURNAL

The Official Publication of United States Association for Body Psychotherapy Jacqueline A. Carleton, Ph.D., Editor (jacarletonphd@gmail.com)

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