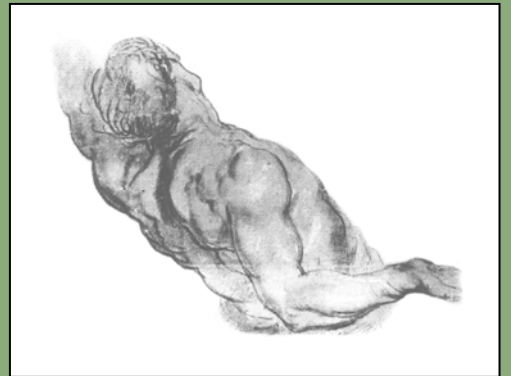


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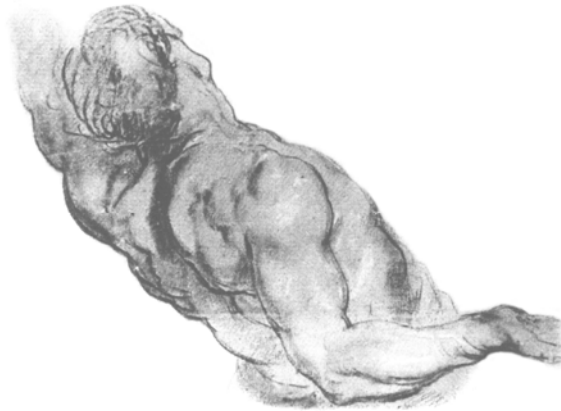


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USABP Mission Statement

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 8, Number 1, 2009

As we begin our eighth year of publication, I note with pleasure that the USABP Journal has begun to acquire a momentum of its own. As it becomes increasingly difficult to select from among the excellent submissions that come in, it seems clear that we are ready to expand, either by increasing the number of pages or by adding another issue each year.

How interesting to have such abundance of word in a time when much of the world is feeling that there may not be “enough” of many of the things we thought were absolute necessities, or in the case of USABP, not enough financial resources to facilitate the increase in publishing. It can remind us that this can be a time of generativity resulting from creative solutions to challenges that face us. Those creative solutions can be seen as investments. We will remain more resilient and in possession of the resources we have found and invented even after this time has passed. Publishing the Journal online is hopefully one example of this. What started as a temporary necessity may become a permanent fixture. And, by publishing online as well as in print, we hope to reach a wider readership and make the Journal more accessible to students and researchers.

In our lead pieces, Stanley Keleman, one of the most prodigiously generative people I have ever known, provides a creative insight into what has been called the second half of life. He has contributed two thought-provoking challenges to the topic of aging. In a poem provocatively entitled “Mirror, Mirror” and in a poetic essay, he delineates a view of mature, late adulthood. “Making Later Life a Formative Somatic Adventure” articulates how the cortex and voluntary effort are a unique duo in forming a personal somatic identity. He sees them as the agency of self development, thankfully far more powerful than the gene story.

The following article commemorates the passing of Eva Reich, who died in August of 2008 at the age of 84. Judyth Weaver, her longtime friend and colleague, has written a memoir of the many things she learned about Eva over the years of their friendship. A related article includes more memories of their father by Eva’s sister, Lore Reich Rubin.

William Cornell and Lore Reich Rubin take the film, *WR: Mysteries of the Organism* as case material for a discussion of Reich’s clinical and political work in a formal version of papers the authors gave to the Pittsburgh Psychoanalytic Society and University of Pittsburgh’s Film Studies and Eastern European History Departments in conjunction with the showing of Makavejev’s film.

As a psychotherapist originally trained as a classical Reichian, I always found the film confusing and embarrassing. So the analysis by Cornell and Rubin has been quite illuminating to me. Distortions and confusions are clarified by a number of specific critiques by both authors. Cornell appraises it from the point of view of a longtime serious reader of Reich’s works as well as practitioner of Reichian and subsequent body psychotherapies.

Unlike Eva Reich, who identified with and followed her father, Lore Reich Rubin identified with her mother, Annie Reich, and became a classically trained, quite orthodox psychoanalyst in Pittsburgh. In recent years, since her retirement, she has been engaged in a reevaluation of her father’s work. (This was her first public presentation as Reich’s daughter.” [personal communication 3-11-08]). Rubin’s insightful comments on Reich’s life, published here for the first time, illustrate a part of him insufficiently known and understood.

Rae Johnson, Somatics Chair at Santa Barbara Graduate Institute, presents a very sophisticated, far-reaching analysis of the embodiment of oppression. In this deliciously dense and condensed article, Dr. Johnson follows her introductory narrative of her own embodiment of her topic with an outline of her interdisciplinary conceptual framework and a review of the relevant literatures. She then analyzes five narratives gleaned from her tape-recorded interviews with participants in the study (mainly students at the University of Toronto), both in relation to how societal oppression became embodied by each as well as how each was ultimately able to use her body as a source of knowledge and empowerment. The relationship between embodied responses to oppression and the somatic effects of trauma is strikingly evidenced. She discusses the contributions of this research to embodiment theory, traumatology and somatic psychology as well as its important implications for clinical practice.

“Let There Be Light” was written jointly by British-Israeli psychotherapist Asaf Rolef Ben-Shahar and his client, Kate Wood. It recounts their courageous work together over the course of several years utilizing relational body psychotherapy to create differentiation and safety for the many “parts” of the highly dissociated Kate. Wood’s narrative is interspersed with Ben-Shahar’s explanations and observations, illustrating how the body organizes through both musculature and language.

We conclude with a review article by Aline La Pierre, whose primer and literature review of the neuroscience literature in earlier volumes of this journal helped to orient and ground us to the challenges of that emerging field. She has now taken on the subject of aging. Reviewing eight books published between 1993 (Betty Friedan’s *The Fountain of Age*) and 2008 (Louis Cozolino’s *The Healthy Aging Brain* and D.R. Hill’s *Seven Strategies for Positive Aging*), Dr. LaPierre grapples with redefining later life as a ‘powerful stage of life during which we [hopefully] complete the task of birthing ourselves.

It is fitting, as the Journal continues to grow and evolve that we “bookend” this edition with thoughts on aging and maturing. It is through the process of time and the journey on earth, that all organisms, including this publication, continue to grow and mature, refined by seasons and fire, and come out better on the other end.

Jacqueline A. Carleton, PhD
NYC, May, 2009

Mirror, Mirror

Stanley Keleman

above the sink, the mirror's face is mine,
the expected one,
no different from what
I see,
it tells the truth,
like it or not

my face, is my mirror.
the one I
show,
and others recognize,
as my age,
acknowledging,
I am in time with myself,

to see,
the truth,
of impermanence,
the face I do
and do not
recognize
like it or not.

the face, the mirror,
the clock of time,
shows and tells,
the shapes
of experiences
temporalities
the shadows,
memories
of what has formed,
my expressions
mirrors
my present.
like it or not
showing
the times

Making Later Life a Formative Somatic Adventure

Stanley Keleman

Abstract

From a formative perspective addressing our adult body during its aging is not about loss, it is about how one shape of existence ends and how we make a transition to another shape and way of being in the world; it means taking the time and making the effort to develop new behaviors, new ways of thinking and expressing. Maturity and aging offer the opportunity to engage and experience deeply what is present and what is forming in the next phase of life.

Keywords

Maturity, Aging, Formative Psychology, Formative Method

Forming my own adult life has always been a somatic adventure where the new and unpredicted are permitted and valued. Charting the unknown, taking the time to be in the transition of middle ground, disorganizing what is passing, and using voluntary effort to form what is emerging --- all these endeavors bring their own challenges and rewards.

As I approach the end of my 7th decade, this sense of adventure continues and my experience grows deeper and richer. The key for me is to have an orientation, an understanding of human life as part of a universal process that makes shapes, changes them and takes them away, and to use voluntary self-influence to form one's life, not just be lived by life.

Many people do not know the rules of our biological forming process, how shapes come into being, change over time and eventually disappear; for them life simply happens, growing older means losing youthful appearance, physical vigor, mental responsiveness and waiting to be either the beneficiary or victim of one's inheritance. This passive approach has never suited me. I have spent my life exploring and developing a conceptual and practical approach to living a formative, personally created life in which a self- dialogue takes place between our inherited body and the body we develop through voluntary effort.

All of us are destined to accumulate years. How do we grow older? Is it nothing more than a series of losses and trying to preserve what was? Or is it a question of how to make a transition to a new somatic shape? How to keep growing appropriate excitement and finding and forming muscular expressions and relationships?

From a formative perspective addressing our adult body during its aging is not about loss, it is about how one shape of existence ends and how we make a transition to another shape and way of being in the world. In this short essay, I point to a few topics that may be of use in considering how to keep our soma and its cortex generating new possibilities.

Formative psychology and the formative method are based in the principle and process of how body shapes come into being and how they change over time. Understanding how our somas are formed, how our anatomical structures, shapes and behaviors, are assembled, disassembled and reassembled allows a person to cooperate with the universal forming process to influence what is inherited by creating shapes and behaviors that are personally organized and which come to fruition by using voluntary effort.

In every stage of life, from conception to childhood and young adulthood, through what we call the middle years and maturity into the different stages of aging and even into our dying, the formative dynamic is operational in its assembling, disassembling and reassembling on an inherited level and on a personal level.

Muscle and brain inherently know how to dialogue to influence anatomic structure. But learning to voluntarily use muscle and cortex to influence our structure is how we create new possibilities for living. As adults we can learn to shape a somatic subjectivity, a personal realm of anatomic experience. By choosing to form ourselves, we have the opportunity to create experiences and values that give orientation to our lives

As a mature adult this means taking the time and making the effort to develop new behaviors, new ways of thinking and expressing that are not born from trying to imitate or re-invigorate what has passed but to engage and experience deeply what is present and what is forming in the next phase of life.

The organism's innate formative urge is an orienting function that teaches us how to form behaviors in known and unknown situations. Knowing how to act, how to organize oneself to meet familiar or novel situations is dependent on forming and stabilizing tissue structures we call memory. Genetic, familial, and personal memories are anatomical structures, neural-muscular cell colonies that are essential to the orienting function which is how we know where we are and who we are so we can act in the outer world; it also helps us know our internal subjective states.

When the organism initiates a stimulus to itself with voluntary muscular cortical effort there is a direct response from the body about its efforts. The cortex captures these responses by making neural maps and thereby giving a muscular pattern duration and repeatability. Stable neural maps form complex, layered anatomic dimensions that become new memories of how to be bodied and how to respond and act.

Mature and late life is a metabolic ripening, a continuum of slow pulses displacing the dominant need to race toward peaks of instant expression. It is time to live the waxing and waning, the swells and troughs of desire and contact. Slow time organizes a porous, malleable new dimension that deepens contact with one's self and with others.

The key to personalizing our maturity and aging is to use voluntary muscular-cortical effort to manage our changing shapes. Making new memories by supporting and differentiating our anatomy makes it possible to orient ourselves toward a sense of new adventure and to create what has never existed before rather than retreat to earlier memories of what was lived

An important ingredient in developing our maturity is a slow tempo. Slow tempo means taking the necessary time to wait for your responses. In the process of organizing and disorganizing a behavior pattern slow tempo means to extend the pausing and containing phase, this allows the motor pattern of assembling and disassembling to develop stability and duration.

Slowing and waiting is especially important in the phase of disassembling because it is here that the greatest differentiation occurs; and it is here that we want to contain and hold a response in a malleable yet firm container. It takes effort to manage the tempo and the emerging expressions. Taking time for a response to collect itself and form another response gives us the sense of the time of our own existence.

Transition into the next phase of our bodied shape is where the action is. How we manage transitions and give them personal shape is the challenge. Using voluntary effort to shape our emerging maturity becomes the leading edge in forming our unknown selves. By making slow transitions, we can learn to live from our own waves and tides of swelling and gathering back. Voluntary influence makes it easier to be porous and malleable, to receive what is coming.

As adults who are acquiring age, we have experienced the swelling and gathering back of all the different body shapes that have created our lives. As older adults we form our future and personalize our lives by building new experiences, new neural maps and muscular patterns, rather than trying to replicate shapes and behaviors that are past. When we learn to form our coming shapes in an unhurried, malleable way, we are able to make unrushed transitions to receive what is coming. In this way, maturing becomes a style of forming and living that brings its own deep intimacies and satisfactions.

Biography

Stanley Keleman is the founder of Formative Psychology and is a pioneer in his study of the body and human experience. He is the author of numerous books including *Emotional Anatomy* and *Your Body Speaks Its Mind* and a soon to be published new book about dreams and the body. He lives in Berkeley California where he maintains a private practice and an active public teaching program. He was a featured author in Vol. 6 No.1 2007 spring issue of USABPJ.

Eva Renate Reich
April 27, 1924-August 10, 2008

Judyth Weaver, Ph.D.

Abstract

Author recalls her many conversations with Eva Reich and shares some of their intimacies. Stories of Eva and her father, her own quest and professional journeys.

Keywords

Reich – Orgonomy - Country Medical Practice - Butterfly Baby Massage – Welfare of Infants and Families
Emotional First Aid – Maine - Gindler School

Eva Renate Reich, eldest daughter of Wilhelm Reich and Annie Pink, passed away early the morning of August 10th, 2008.

A dear friend and mentor, at one point, Eva asked me to be her biographer. We would sit in her warm farmhouse in the evenings and she would tell me stories of her life. I'd like to share some of them with you.

Born in Vienna, Austria, Eva said she was always a lonely child. Both her mother and father were always busy. They traveled a lot and when they were home they worked. Eventually she had a hired caretaker named Mitzi to whom she became very attached. Eva's parents were atheists and Mitzi was catholic. Mitzi's mother lived across Vienna and she would take Eva on long walks in her pram to visit her mother. In the cold winter they would stop in churches in order to get warm before they continued their journey. Eva credits those early experiences for her feelings of being good and safe in churches. "I learned from Mitzi that children were important people and you could always talk to God." Her atheistic parents could not rid her of this connection. During difficult times when her parents argued a lot Eva said she would kneel by her bed and pray for them in spite of her father forbidding it. Although later, in school, when the students had to say a prayer to start the day, Eva would secretly make a fist and sing "The Internationale" to herself.

In 1930, Eva and sister Lore were put in a communist home for children. Eva did not like it. She said the food was terrible and insufficient. Eva said she had been educated about sexual matters very early. "I knew where babies came from when I was 3 or 3 1/2, and I had the function of telling the other children." Later on, she also went to what she called a "Gindler School" which she did like. She said they were allowed to crawl under things and over chairs, and she had a very good time. Elsa Gindler, as most of you know, is considered the grandmother of the somatic psychology field. Both of Eva's parents were very influenced by Gindler. Her mother, Annie Pink, studied directly with Gindler and her father, Wilhelm, one might say, studied indirectly, through talking with his friends. Best friend and colleague Otto Fenichel studied with Gindler, having been introduced by his wife, Clare.

Eva contracted diphtheria when she was 5 1/2, and was consequently put in total isolation. As she put it, "isolation again."

In 1929, Eva was left in Vienna while her mother and father went to the Soviet Union. She said when they returned, it seemed to her that they were different people and she felt she didn't even know them.

Grandfather Pink, with whom she and her sister often lived, had a microscope. Eva was very interested in it and he was very pleased at her interest. It seems this was her first connection with science.

Eva was sent to analysis for many years. She said she was severely brainwashed and very confused by the therapy. The focus was her father being the "bad one." She was told he was insane and she was instructed not to have anything to do with him. She eventually gave in and agreed to the "therapy" and accepted its dogma.

One of the most amazing stories Eva told me about her father is how one day while she, her sister and her mother were living with Grandparents Pink, there was a knock on the door and without any prior announcement Wilhelm Reich was standing at the door dressed as a ski tourist with his backpack. He had walked all the way over the Bohemian mountains in this ski disguise in order to avoid the Nazis just to come and see his daughters before he moved to Denmark.

In 1938 Eva and sister Lore immigrated with their mother to the United States and lived in New York City. Even on the boat coming over, she was amazed at the abundance of foods such as she had never experienced. She stuffed herself. She said adaptation in New York was difficult... and then the war broke out.

When both parents were finally in New York, although her mother did not want her to have contact with her father, Eva decided she wanted to talk to her father again and have a relationship. She would ride the subways for one hour, changing three different trains, to visit her father where he lived in Forest Hills.

At the beginning of 1941, when he was interred on Ellis Island, Eva was forbidden to visit him there. She understood later that she also was considered an "enemy alien" and therefore was in danger too.

From this history I am sure you can see what a struggle it was for her to become her own person and decide to have contact with her father and eventually work and study with and assist him in the laboratory. She said, "I believed in my father and his work...Both of us were willing to be soldiers, because it wasn't a war against life, but for life".

Eva says she became a country doctor in rebellion against her parents.

She would tell me how, as a medical student she saw horrid births in hospitals: nitrous oxide given to mothers whether they wanted it or not, episiotomies & etc.; women in labor having their arms tied down and being made to lie flat on their backs; they would arch and hollow their backs expressing great pain. She recalls “seeing things that were totally crazy.” As a medical student, once she heard horrible screams and followed them into a room where a woman was alone and birthing her baby by herself. There was no time to call anyone. No one was there. With unwashed hands Eva caught the baby. She was scolded by the administration for doing that.

She also told me that as a resident doctor in the NICU she would make and use small orgone accumulators on the premature infants. It seemed to help them a lot. And that is where she developed her light, orgonomic touch to energize infants that she called “Butterfly Baby Massage.”

Eva finished her medical residency in 1951.

In the *Handbook of Body Psychotherapy*, (Marlock & Weiss, Eds., 2006 Verlag), in the article entitled, "Emotional First Aid", there are interesting accounts of how as an intern in Philadelphia, Pennsylvania, Eva spontaneously worked with a woman in the hospital in a great deal of pain and on morphine. In just a few sessions of gentle breathing and touch, the woman was assisted in letting out some of her repressed emotions and was greatly helped and able to continue her life. In another account as a country doctor, she worked with a man who, in a great deal of pain, dropped in from the road to her office and she helped him in a very short amount of time.

Eva had a brief first marriage. Her main relationship was with Bill Moise, an artist, whom she met while they were working in her father's laboratory at Orgonon. They married and moved to Hancock, Maine in 1952. They purchased property with a house that was over 150 years old at that time. It is now over 200 years old. No matter how old and what repairs were needed, she always exclaimed about how good the house felt, how it didn't creak because it was made of such good, old lumber.

There was no hospital in the area in which they lived. A retiring M.D. gave Eva his practice and his four medical bags and at age 28 she became a true “family doctor.” She was the first female M.D. in the area. She made house calls, did home births, home deaths, etc. Because her husband was an artist working on his own, he was available to drive her to the calls that were at a distance. Eventually a hospital was built in the nearby town, and sometimes, if a birth was potentially difficult, Eva would drive the mother to the hospital's parking lot and help her birth in the car – just in case they needed the hospital facilities. She said to me, “I took a lot of risks in those days.”

Eva said she knew she was always watched very closely by the authorities to see if she did anything against their rules.

While Wilhelm Reich was in prison, Eva and Bill moved to Alexandria, Virginia to be near him.

She told of the horrid experience of being informed of her father's death and going to retrieve his body: On the phone the authority from the penitentiary asked if she wanted to have an autopsy performed and she said “no.” They did one anyway. When she walked into the room where his body was, she could see clearly they had done an autopsy--his organs had been pulled out and dropped on the floor. (Usually the organs are put back into the body cavity.) She had to pick them up and clean it all. (Yet another statement of the disrespect to Wilhelm Reich.)

She did not want to be her father's trustor and executor of his will and estate, but he importuned her and she finally agreed to do so. Eva was instrumental in protecting her father's wishes and in providing the first steps for the functioning of The Wilhelm Reich Infant Trust. She was extremely uncomfortable in the role and eventually handed it over in 1959 when Mary Higgins was found to manage the Trust and Orgonon.

Back in rural Maine, Eva plunged herself even more deeply into her private medical practice. She was loved and respected as a country doctor. She applied many of the principles she had learned from her father with good results. She and Bill lived simply and, ahead of their time. They operated a small organic farm and were forerunners in the organic food movement. Eva preached the benefits of natural food, gentle birth, and mother-child bonding long before these ideas were popular at all.

Eva closed her medical practice in 1962. She had had difficulties becoming pregnant. Her daughter, Renata, was born at home in 1960 and after that, Eva suffered several miscarriages. She told me she felt her difficulties were because of the adverse effects from the Oranur Experiment in the early 1950's. She had become ill with radiation sickness from the exposure. After that, she was always hypersensitive to radiation. Even nuclear tests held in other parts of the world affected her daily health.

Eva established a Montessori school in her home for her daughter and other children. She had founded an independent birth control and women's clinic. In 1970, she established mobile birth control clinics for people of all ages that served central and eastern Maine. She had her medical bag and a small travel trailer equipped with an exam table. (This recalls to me the vans that her father had in Austria, which he took into the countryside with sex education and contraceptive information for the people.) Eva's principle was to make her efforts available to all people at low cost or free. Father and daughter, in different cultures and times, had very similar intentions and actions.

After her divorce in 1974, Eva began traveling the world teaching her father's work and her own work that she called “Gentle Bioenergetics.” She spread knowledge of the orgone accumulator as well as the special butterfly touch massage therapy for healing trauma in newborns. She gave lectures on orgonomy, gentle birth, breast-feeding, sexuality, organic foods, and baby massage, as well as running therapeutic workshops. She eventually rounded the world 8 times, traveling to 30 countries: in Europe, behind the iron curtain, to Japan, Australia, and South America. Whatever money she earned was soon

passed on to support clinics or other peoples' good works. She was very generous and encouraging. At home, she lived simply and economically.

In 1989, at the 4th International congress of Pre- and Perinatal Psychology Association in Amherst, Massachusetts, she presented "Applications of Gentle Bioenergetics Before, During, and After Birth." She was always working for people to have better lives—most especially families and babies. She worked assiduously for the welfare of infants and mothers, and never forgot that fathers were an important part of the picture.

Over the years, Eva influenced many people throughout the world. There are clinics named after her in Europe and South America, a book has been written on how she has influenced others and several documentary videos have been made about Eva and her work. The library at Santa Barbara Graduate Institute (SBGI) is named in honor of Eva Renate Reich.

In 1992, a small stroke encouraged her to retire from so much travel and she returned to live on her farm and involve herself more fully with gardening, skiing, hiking, and canoeing. She lived quietly and close to nature.

In 1999, with Renata as companion, she presented a lecture at the EABP conference in Travemunde. This was the last time for her to travel.

In 2001, New Years Eve going into 2002, Eva slipped on an icy sidewalk and suffered a massive stroke to her spinal column. She was paralyzed in her hands and from the chest down and was not expected to live, but she rallied and surprised everyone with her strength, gumption, and spirit to prevail.

Every time I visited Eva or spoke with her on the phone, she would always exclaim how lucky she was, how Renata was taking such good care of her.

In 2002, USABP awarded Eva a "Lifetime Legacy Recognition" Award "For embodying spirit in your life, in our work, and in the world." After our conference at Johns Hopkins University, I went to visit Eva and I was able to present the certificate to her at her bedside. She always kept in on the wall. It is still there.

Even though bedridden, Eva was, until recently, still very involved with the happenings of the world. She had a radio at her bedside and listened to many commentators and news programs late into the night. We had myriad conversations about world issues. Whenever I called, one of her first questions to me would be "And now what are you doing with your work?"

In the Spring of 2003, still so involved with the world's situation, she had a large sign made for her that said "NO WAR," as if she were marching in a peace protest and she had her photo taken holding the sign even though she was lying in bed. That photo was sent to various newspapers in the area, and stories were published with it.

I am very glad to be able to report that Eva's passing was very different from her lonely, early life and the unfortunate death of her father. Her daughter, Renata, took wonderful care of her. Renata, being a nurse and a midwife, really knew how to care for her mother and even created an agency in order to hire other caregivers to support and tend to Eva as needed. Eva would tell me she was taken care of better at the end of her life than at any other time.

On August 10th, an email told us that Eva had passed early that morning. Renata wrote that after her mother passed, they lit a candle in the window and a hummingbird came buzzing.

Eva was honored more in foreign countries than in the U.S. where she was never accepted by her contemporaries because, as she was told, "orgonomy is not a recognized science" and because she did "unusual practices." Her assessment was that she, "had good results with home births and other medical care and nobody complained about my work. As much as they tried they could not find any thing against me."

Eva Renate Reich was an extraordinary person. The somatic therapeutic field has lost a loyal and innovative member.

Biography

Judyth O. Weaver, Ph.D. has been a somatic psychotherapist for 35+ years. Initially trained in Reichian Therapy and integrating her many years study of Sensory Awareness and the psychology and therapy of prenatal and perinatal issues, she has developed what she calls "Somatic Reclaiming." She is co-founder of Santa Barbara Graduate Institute and creator and founding chair of its Somatic Psychology program. She maintains a private practice in Mill Valley, California; Seattle, Washington; and Cortes Island, British Columbia; and gives workshops and teaches internationally.



Eva Reich
1924-2008



Wilhelm Reich and the Corruption of Ideals:
A Discussion in the Context of Dusan Makavejev's
WR: Mysteries of the Organism

Lore Reich Rubin, M.D.
William F. Cornell, M.A.

Abstract

This article utilizes Dusan Makavejev's semi-documentary film on Wilhelm Reich, *WR: Mysteries of the Organism* as case material for an examination of the interplay of idealization and ideology in Reich's work and that of his followers. The article seeks to clarify the original political and clinical intent of Reich's work (first presented at a meeting of the Pittsburgh Psychoanalytic Society and Institute, October, 13, 2006).

Key words

Wilhelm Reich – Body Psychotherapy – Idealization – Ideology – Dusan Makavejev

INTRODUCTION TO THE FILM: Idealization & Ideology

William F. Cornell

World War I had left Sigmund Freud deeply dispirited. Freud determined that his psychoanalytic movement had a fundamental social (though not political) responsibility (Danto, 2005), and at his urging each city with a major psychoanalytic center established a clinic offering free psychoanalysis and education to the poor and working class, first in Berlin in 1920 under Karl Abraham and then in Vienna in 1922.

Reich's experience in the Vienna clinic had a profound influence on him. In *The Function of the Orgasm*, Reich described his experience in the clinics as pivotal in his work:

The psychoanalytic clinic became a fountainhead of insights into the mechanisms of neuroses in impecunious people. I worked in this clinic from the day of its opening as the chief assistant physician... The consultation hours were jammed. There were industrial workers, office clerks, students, and farmers from the country. The influx was so great that we were at a loss to deal with it... Every psychoanalyst agreed to give one session every day without charge. But this was not enough. ...According to the standards of the time, it was believed that treatment required one session per day for at least six months. One thing became immediately clear: *psychoanalysis is not a mass therapy*. The idea of *preventing* neuroses did not exist—nor would one have known what to say about it. Work in the clinic soon made the following very clear:

Neurosis is a mass sickness, an infection similar to an epidemic, and not the whim of spoiled women, as was later contended in the fight against psychoanalysis.

Disturbance of the genital sexual function was by far the most frequent reason given for coming to the clinic.

Neither the psychiatrist nor the psychoanalyst thought to inquire into the social living conditions of the patients. It was known, of course, that there was poverty and material distress, but somehow this was not regarded as relevant to treatment. Yet, the patient's material conditions were a constant problem in the clinic. It was often necessary to provide social aid first. All of a sudden there was a tremendous gap between private practice and practice in the clinic. (1947/1961, pp. 74-75)

In this passage we see the themes that dominated Reich's work—the influence of peoples' actual life circumstances on their psychological and emotional well-being and the role of sexuality in emotional health. The experiences in the polyclinic radicalized Reich and drew him to Marx and the Communist movement as potential solutions to the mass-social problems he witnessed there.

By the time Reich moved to Berlin in 1930 and became involved in the free clinic there, he was deeply involved in Marxist politics, to the dismay of many of his psychoanalytic colleagues (including Freud, especially Anna Freud). The German Communist Party set up an organization called the German Association for Proletarian Sexual Politics, under Reich's leadership, and the Sex-Pol era, "celebrated" in a certain way in Makavejev's film, was born. Within years, Reich became deeply disenchanted with the gulf between Marxist theory and its practice in the Soviet Union. He was especially dismayed by the Communist turn away from a freer and more informed sexuality, returning to conventional, state-imposed moralities. In speech and writings he began to criticize the Party. In 1933 he was expelled from the Communist Party, and in

1934, having escaped from Nazi Germany, he was expelled from the International Psychoanalytic Association, which—for more than a decade—he had both inspired and criticized.

A word about the structure of the film—it is, in Makavejev's words, "a satirical paraphrase, a black comedy in the form of a pop art collage, of documentary, political circus, philosophical essay, and science-fiction" (Durgnat, 1999, p.55). How accurately it portrays the work of the man it seeks to honor is the question we will take up in our discussion of the film. The editing, at times, is difficult to follow. I saw it when it was first released and imagined the editing represented Makavejev's effort to recreate an experience of free association. But Makavejev explained it as his effort to reflect the fragmentation of life, which he saw as an essential element and emphasis in Reich's writings (Makavejev, 1972). Much of the cutting of the film is to diametrically oppose scenes of freedom of movement and expression with those of frozen or sadist reactions (often at the hands of authoritarian governments). It was his intention to maintain a certain ambiguity of message and perspective, so as to allow the audience its own meanings and interpretations.

When first shown at the Cannes festival in 1971, WR received a standing ovation of 15 minutes, won the Luis Bunuel Prize and was shown 6 more times at the festival. Long out of print and very hard to find, *WR* (Makavejev, 2007) has recently been re-released in a digitally re-mastered DVD with the original and current interviews with Makavejev.

We will use the film itself as a kind of case study in an examination of the interrelationships among idealization, ideology, and disillusionment.

Idealization and Disillusionment in the Life and Work of Wilhelm Reich Lore Reich Rubin

During the 1960's and 70's there was a tremendous resurgence of interest in both the political and psychotherapeutic work of Wilhelm Reich in the United States and Europe. In the US, Reich seems most widely known (and discredited) for his theories of a universal "orgone energy" (1950, 1973) and his creation of the orgone energy accumulator. But in Europe there is a greater appreciation for his whole body of work, especially his early involvement in socialist politics and his evolution of a body-centered therapy out of his earlier psychoanalytic efforts.

Reich came to psychoanalysis while in medical school in 1919. He idealized Freud and was especially fascinated by Freud's theories about libido energy, the development of human sexuality, and the role of sexuality in the formation of the neuroses. I think he never stopped idealizing Freud, despite their later differences and the ultimate dissolution of their relationship. Until the end of his life Reich thought that his work was truer to Freud's most fundamental concepts than the ways in which Freud's work had been promulgated by his more "loyal" followers (1967). Reich's idealization of Freud was but the first in a series of intense idealizations over the course of his lifetime. As we'll see, Reich's life included several periods of intense, rather naïve, and ultimately tragic idealizations.

Basing his thinking on Freud's theories, Reich developed a theory that psychic conflict about sexuality and aggression, with the consequent anxiety reactions, led to defenses which were incorporated into the character structure. Then going beyond Freud he postulated that the sexual energy which was being repressed in the conflict would be bound into unconscious patterns of muscular constrictions. He called this binding of the energy "body armor". Reich went even further and decided that by working directly with his patients' muscular patterns, one could undo the armor and release the bound energy, thereby opening up deeper capacities for sexual and emotional experience. At this point Reich no longer considered himself a psychoanalyst.

Reich further theorized that a proper sex life with a complete orgasm would prevent this binding of the energy and therefore would prevent or attenuate the formation of neurosis and character pathology (1947/1961, 1949). Though Freud, in a letter to Fliess, had had similar ideas about a proper sex life preventing neurosis, by the 1920 Freud made severe objections to these ideas. Much later Reich expanded Freud's libidinal energy theory into a more universal energy which he called "orgone energy"

Reich became radicalized in the late 1920's as Austria was giving up its civil liberties. As Reich's relationship with Freud became more troubled and he was increasingly ostracized by Freud's more conservative loyalists, Reich entered his second phase of idealization. As his ideas were so deeply tied to the sexual liberation of society so as to prevent the neurotic, fascistic trends in society, he started going around with a mobile sex clinic in working class neighborhoods. He emphasized sex education, especially birth control, as this would free youths to express themselves sexually and prevent neurosis. At the same time he was prominently active in the Socialist Party.

All this activity was too radical for Freud, who feared that it would besmirch the psychoanalytic movement. There was a cooling off between the two men that finally led to Reich's leaving Vienna in 1930 and settling in Berlin. There the Nazi's were beginning to be a threat to democracy. So as he settled in the new city, Reich joined the Communist Party and, besides continuing his psychoanalytic researches, dedicated himself to fighting the Nazis (1970).

Reich at that time idealized the Russian revolution which he thought, because of their radical reproductive freedoms, would lead to a neurosis free society. But, just as he met Freud at the time that Freud was backing off his interest in sexuality, he found communism just as the Stalinists were becoming reactionary and backing off from their liberal stands on reproductive rights. However, Reich was not immediately aware of this.

In Berlin he expanded the ideas of his sexual education clinics into a huge organization called "Sex-Pol," an abbreviation for sexual-politics, which according to Stasi files had between 10,000 and 40,000 members. So he was a very

vocal and prominent figure in Berlin (Cattier, 1971; Reich, 1972; Cohen, 1982; Goggin & Goggin, 2001; Lothane, 2001). Sex-Pol was supposedly a communist front organization, and the Communist Party tried to control Reich and his activities. But, he was not a good party follower, refusing to follow the party line. He stood for birth control and the right to an abortion when the Communists were now opposed to both. They wanted control of his publishing house, but he refused. His final disillusion with the party came when they in the 1933 elections said “the Socialists are our main enemy”, “after Hitler our turn” Reich started calling the communists “Red Fascists” (1945).

In 1934 both the Communist Party and the International Psychoanalytic Association kicked him out of their membership. The psychoanalysts, using a technicality to expel Reich from the International Psychoanalytic Association, were afraid that people would think psychoanalysis was a communist organization and they wished to compromise and appease the Nazi government of Germany (Reich, 1976; Rubin, 1997; Lothane, 2001).

In the midst of all this activity and controversy Reich published a number of seminal books: *Die Funktion des Orgasmus* (1927), *Der Sexuelle Kampf der Jugend* (1932), *Charakter-Analyse* (1933), *Massenpsychologie des Faschismus* (1933), and *Dialektischer Materialismus Und Psychoanalyse* (1934).

Perhaps the most pertinent for today’s society is Reich’s conceptualization of fascism. In *The Mass Psychology of Fascism* Reich postulates that in all authoritarian organizations—the state, organized religions, and the family—control their subjects by suppressing sexuality. This is done either by law, codes of morality, or creating an atmosphere making sex shameful or evil. This creates a neurotic populace that subjugates its sexual energy to admiration and submission to the leader. But this suppressed sexuality creeps out sideways in resignation, pornography, sadism, and violence. At the same time the leaders feel free to keep sexual prowess, often of a pornographic nature, for themselves.

The “sexual revolution” as portrayed in Makavejev’s film was meant to allow youth freedom for sexuality. However, Reich’s concept of a sexual revolution was staid compared to the actual revolution in sexual mores that took place in the late 60’s and early 70’s, though paradoxically this burst of “freedom of expression” was seen as based in his writings. I suspect that many young men and women in that era owned his books, but few had actually read them. He would have been horrified at what transpired and would call much of it pornography or characterological acting out. He never anticipated the teenage pregnancy rate, the AIDS epidemic, was unfamiliar with the gay rights movement, the concept of transexuality, or sex change operations. Nevertheless, Reich is blamed in some circles for these events, especially as the French student revolt of 1968 held him up as a hero. In other circles, as these things go, Reich is credited and admired for his influence on the student and sexual revolutions (Chesser, 1972; 1980, Mann & Hoffman).

Reich fled the Nazis, settling first in Denmark and finally in Norway through the remainder of the 1930’s. It was there that he developed more fully his techniques for working with the body and engaged in research into the activities of the nervous system in anxiety and sexuality. He had left behind the psychoanalytic style of verbal free association and verbal interpretation. Reich now called his work “vegetotherapy” (a therapy of the vegetative autonomic nervous system) so as to contrast it with psychoanalysis. He now worked directly with the body, its movements and its patterns of muscular armor. In these years we see yet another period of idealization, this time of the body itself. Reich developed his theories of “self-regulation,” imagining a body that once freed of its armoring would move naturally—like that of a healthy infant or child—into a life of emotional health, free sexuality and pleasure. Later, as he saw that his idealized expectations were not being met, he posited something called “the emotional plague of mankind” which seemed to tilt humanity inevitably toward neurosis and character pathology (1948, 1953). He seemed to view mankind as caught up in (and ultimately losing) a battle between the universal life energy of the orgone and the forces of the emotional plague. Reich’s vision seems to cast Freud’s speculations of the struggles between libinal desires and the death instinct onto a grander, nearly cosmic plane of ideation.

In 1939 Reich fled the German invasion of Norway and came to the United States on the last boat. He was now virulently anti-communist and abhorred the psychoanalysts who had so rejected him and submitted to the authoritarian regimes around them. But now in the United States, Reich again found idealization in his admiration for the U.S. Constitution, democracy, and Eisenhower. As typical of his life, this idealization reached its peak just as the McCarthy era swept the country with its antidemocratic, quite fascist, aims. There were campaigns everywhere, yet again, to root out “evil,” which was now enshrined as the Communists. Reich became a victim of this era. It is suspected that it was the Stalin Regime in the Soviet Union, which was trying to eliminate its enemies abroad, that facilitated an article by Mildred Brady in the New Republic, “The Strange Case of Wilhelm Reich”, which first turned the attention of the FDA to Reich’s experiments with the orgone box to cure cancer (Reich, 1973; Greenfield, 1974). It seems clear that the U.S. government’s campaign against Reich had much less to do medical science than with his having mistakenly associated with communism.

Makavejev’s film, *WR: Mysteries of the Organism* (Makavejev, 1971, 1972, 2007; Durgnat, 1999) documents Reich’s persecution by the FDA, the burning of virtually all of his books and publications, the injunction against transporting the orgone box and his published works across state lines, the contempt of court charges leading to an unusually long sentence of two years, and Reich’s subsequent death at 60 years of age in the Lewisburg Penitentiary.

A life like Reich’s would have exhausted many by the time of his arrival in the United States. This was the fourth dislocation and emigration of his life. His final decade in the U.S. was marked by two realms of idealization, the first being democracy (and the U.S. itself) and the other being cosmic orgone energy. Reich dedicated the final years of his life to what he saw as the scientific investigation and validation of orgone energy and into research into the mother-infant relationship and healthy child care, which he came to see as the only possible salvation from the emotional plague.

Now to turn to Makavejev’s movie portrayal of Reich and the implications of his presentation. I liked this movie despite its conveying of some serious distortions of Reich’s ideas. In the fictional Yugoslav story of Vladimir and Milena

which unfolds in the midst of the documentary portions of the movie, Makavejev directly illustrates Reich's concepts of character types, as well his ideas about authoritarian states suppressing sexuality and substituting subjugation to and an idealization of the state. Vladimir, the great Russian ice skater and sex symbol, can only deflect Milena's sexual advances by mouthing empty Stalinist propaganda. Though fluid on ice, he moves in real life with a bodily stiffness, reflecting severe body armoring. It is only after he is assaulted and humiliated by Radmilovic (Milena's ex-boyfriend) that he relaxes sufficiently to seem human. When Milena finally tries to overtly seduce him, his sexual urges overcome him but then turn into violent aggression and murder. This illustrates Reich's point that the sexuality will come out sideways in distorted ways when they are armored and suppressed, emerging in Makavejev's movie as an unfolding sequence of narcissism, masochism, sadism, and finally a release of sexual desire which triggered a violent assault and murder. But in the end, after the murder, we see the real, pitiful, Vladimir who complains, "What about me?" more bereft for himself than guilty about the brutal murder. Here we see the original child who has been suppressed, destroyed and made into a puppet. Milena, on the other hand, represents Reich's idealized genital character: open to real relationships with others, and open to a deep sexual relationship. In keeping with Reich's observations, the "genital character" was destroyed by the forces of sexual and social violence.

There are other minor characters in this fictional part of the movie that portray other character types described by Reich. Jagoda (Milena's roommate) and her soldier boyfriend, Ljuba, represent phallic narcissistic type character pathology. They have compulsive sex but without deep, satisfying orgasm. Radmilovic illustrates the impulsive character who has to act out his urges and cannot relate deeply to others.

In the political discussions in the fictional part of the film, as well as the scenes where Milena preaches sexual freedom and complete orgasm to the courtyard full of her neighbors, one can see that Makavejev idealized Reich's sexual politics, and seems to believe that a "good" socialism is possible.

The other part of the film that impressed me was the magnificent portrayal of the repeated corruption of ideals during a history that is well within our memories, perhaps reflecting my own cynical view of the 20th century:

1) The communist revolution, surely idealistic originally, is portrayed as degenerated into the fake pomp of Stalin, representing Reich's view of the psychopathic character, strutting in an old Tsarist palace with brilliant crystal chandeliers. At the same time the inhumane treatment of prisoners is illustrated with the torture of mental patients. The equally idealistic Chinese communist revolution is shown degenerated into an anti-sex society with the sex drive subjugated into hero-worship of one man.

2) The Anti Vietnam Peace movement acted by Tully Kupfenberg in his pseudo military march in midtown Manhattan is comic, especially the studied ignoring of the bizarre performance by all types of New Yorkers varying from genteel old ladies, businessmen and the police. But it also depicts with comic amusement the degeneration of the ideal of peace into the revolutionary warlike slogans for more war, only revolutionary war.

3) The Reichian therapy of undoing the muscular armor with deep breathing and other exercises is turned by Alexander Lowen's "Bioenergetic Therapy" into hyper-ventilation and strained muscular movements until muscular fasciculations and convulsions are achieved, which corrupts Reich's ideal of undoing armor and misrepresents his style of work. The group sessions turn into screaming, stomping, aggressive riots which only sado-masochists would tolerate. Reich told his son, Peter, he hated this type of treatment.

But when we come to sexuality we see that Makavejev himself is a corrupter of ideals. In an interview he himself labeled Reich's sexual revolution as tame. He idealizes the 1960-70 sexual revolution, with all its extremes. Here are some examples:

1) The film starts off in the first scene, depicting a couple having intercourse. This is declared to be actual footage of a sex-pol film. By proximity to other scenes it is meant to be intercourse between my parents Wilhelm and Annie Reich. But Reich would never have filmed this scene. *He believed in privacy for the sex act.* Actually this film clip was shot in 1969 at the hippie Woodstock music festival. Is Makavejev tweaking the nose of his admired idol, Reich?

2) In the fictional part of the movie Milena, who I think is Makavejev's mouthpiece, defends the over-public, and over-extended sex scenes between Jagoda and Ljuba to an obviously sexually frustrated female neighbor. This is in opposition to Reich's idealized complete sex with the merging of the partners and the full orgasmic experience. Makavejev is defending defiant sexual freedom. "In your face!!!" intercourse. But at the same time he portrays Ljuba as obsessed with his sexual prowess in a scene when he first meets Jagoda. Makavejev is portraying the phallic narcissistic character type, described by Reich. I believe this is an example of Makavejev's ambivalence to Reich, both fully comprehending what Reich was saying and at the same time putting his own spin on it. Makavejev was born in Belgrade, Yugoslavia, into a Serbian family and was raised under the Yugoslav communists. He was always an antiauthoritarian rebel, though perhaps at same time admiring authority. His biggest rebellion, I would suggest from what I see in this film, was about sex.

3) Milena's rants on the balcony of her apartment house, preaching true revolution and sexuality. But this rant comes across as more of a parody of Reich's sex-pol writings than as an homage to Reich's political ideals.

4) In the documentary part of the film Makavejev films a sculptress as she makes a plaster cast of a man's penis. In another scene a female painter lovingly paints pictures of people masturbating. Again, I believe this is Makavejev's rebellion against Reich's "tame" sexual revolution. Reich would have considered both these scenes pornographic, diminishing the value of true intimate, orgasmic sex.

5) Then there is a scene of people parading about nude, with defiant facial expressions, in the offices of the magazine "Screw". Here again Reich would have disapproved, as it would go directly against Reich's idealization of the seriousness of work. He believed in Freud's dictum that mental health consisted of love and work. Reich idolized work; never would he approve of this mixing of work with sex.

6) It is not clear whether Makavejev deliberately and ambivalently distorts Reich's concepts of energy streaming or whether he misunderstood the concepts. There are many examples of this in the movie: the mass streaming and swaying of the red guards in Tiananmen Square; the muscular fasciculations during Lowen's bio-energetic treatments; the convulsions during group sessions which he juxtaposes to the convulsions of ECT. He extols these instances whereas Reich would have found them negative, destructive moments.

Why is Makavejev distorting Reich's ideals? Why does it so often happen that we distort ideals and turn them into their opposite? We can't know this personally about him save for the things he says in interview. It is really considered unethical to speculate about peoples unconscious without some verification. But let us talk about it in general.

I am not talking about cynical politicians who utilize the idealism of their subjects by perverting them to their own purposes. But even politicians can have psychological needs. We can say that for instance Stalin, having exerted so much power and killed so many people can no longer trust anybody. This heightens his need for grandiose power, a form of being loved by the masses instead of individuals. Here narcissism is replacing real object relations.

But why do individuals corrupt ideals?

The formation of ideals often requires the repression of conflict revolving around aggression. The ideals are generous and good and altruistic, opposite negative trends have to be pushed underground into the unconscious. Freud labeled this "reaction formation," through which excessive goodness denies or covers excessive badness. But then we get the "return of the repressed." The repression cannot hold down the unconscious and the aggression and hostility will out. The aggression is now expressed in sadism.

The idealization is now marked by ambivalence toward the idealized object. As an example we can think of this in terms of the Oedipus complex described by Freud. The son loves the Father but is at the same time his rival. He wants to take the father's place, but to do so he has to "kill" the father first, thus losing the thing he loves.

We can also view this as a narcissistic struggle, wanting to get the glory for oneself, envy of the famous man, a kind of one-upmanship. So we might say that Makavejev admires Reich and wants to promote his ideals and theories to let us mourn his unjust imprisonment. But at the same time he feels rivalrous and wants to be the famous man himself. The upshot is that he begins to make fun of Reich and his theories after making a film showing just how wonderful and original the theories were.

Nevertheless, taken as a whole, "WR: Mystery of the Organism" is a powerful and moving film, at times brilliant and insightful, at times horrifying, and at times amusing. It also is a wonderful reminder of the ethos of the 1970's and a strong warning about the perilous times we find ourselves in at present.

MIS/REPRESENTING REICH: The Psychotherapist

William F. Cornell

To my reading of Reich's work and my practice as a body-centered psychotherapist, the images in Makavejev's film often outweigh the spoken text and create substantial distortions of both Reich's body-centered psychoanalysis and theories of sexual functioning. I first discovered Reich's work as an adolescent, and encountering his writing was a revelation, perfect for the adolescent mind. He was radical. He was passionate, a stunning contrast to other psychoanalytic writings I was exploring which seemed to me so often pretentious and distant from lived experience. In stark contrast to other analysts of his time, Reich did not wish to simply understand human misery. He was dedicated to relieving human misery, to eradicating it. He wrote explicitly about sex. I reveled in his sexual and political writings. As a young man and naïve therapist, I aggressively pursued training in neo-Reichian body therapy. My early training was very much in the mode you witnessed in the scenes of the bioenergetics therapy. Rather quickly I became dissatisfied with this mode of work, and returned to a more informed reading of Reich's clinical papers. I discovered that the way I had been trained was a significant distortion and simplification of his work.

Crucial to Reich's evolution, and central to the work of body psychotherapists, was what he came to call "the breakthrough into the vegetative realm" (1961; pp.234 ff), "vegetative" then referring to the autonomic nervous system, a realm of psychological and emotional organization operating outside of conscious awareness and reflective cognitions. Reich's "vegetative realm" would now be framed in the language of implicit memory or subsymbolic experience, arenas of contemporary attention in both psychoanalytic theory and cognitive research. With this theoretical breakthrough, Reich

began to create a new psychotherapy, one grounded in precognitive neural and somatic processes, leaving behind his identification as a psychoanalyst. He opened a new realm of understanding and technique to the therapeutic process centered in careful attention to shifts in bodily aliveness and movement within the therapeutic hour. In Reich's words from *Character Analysis*:

...We learn much about this phenomenon [of inner emptiness and deadening] if we make the patient relive the transition from the alive to the dead condition as vividly as possible, and if we pay the closest attention to the swings from one condition to the other during treatment. If one does so, one observes very peculiar reactions. One patient, for example, experienced the transition by having to repeat mechanically, "it's no good, it's no good at all," etc. The meaning of this was, "It is no good to try, to make sacrifices, to try to get love, because I'm not being understood anyhow." Small children have the most tragic experience: Not being able to express their wishes and needs in words, they appeal to the adult in some form for understanding; the adults, as they are, are quite unable to feel what is going on in the child; the child tries and tries to make himself understood in vain; finally it gives up the struggle and resigns: "It's no good." The transition from full living experiencing to inner deadness is usually caused by severe disappointments in love. (1949, pp. 325-326)

In Makavejev's film, the powerful and supposedly representative images of body-centered psychotherapy were those of Alexander Lowen and bioenergetic therapy. I suspect other therapists and analysts were unwilling to exhibit their patients in that way. The other body-centered psychotherapist besides Alexander Lowen, was Myron Sharaf, whose style of therapy was much closer to Reich's than was Lowen's. Sharaf became Reich's major biographer. Sharaf's brief description of his therapeutic experience with Reich captures Reich's clinical work much more accurately than the bioenergetic scenes. To remind you, Sharaf said, "He would ask me to breathe first of all...Breathe!...your eyes!...your eyes are going out!...Look at me! I looked at him...your mouth...you're hiding your smile!...Let it go...Oh!...even in the sobbing...don't stop, breathe!...because everybody cries...I mean, it would be nothing to get someone to cry, you can get any sadist to get you to cry!...but to cry and feel the person keep pressing forward...keep the breathing!...Don't stop the breathing...Let it come through fully! With a full sob!...Let it come, don't stop...Don't! No. You're running away, don't run...Let it come!" (Makavejev, 1972, pp. 53-54). As we can see here, Reich was a more active participant in the therapeutic hour than the standard psychoanalyst. He was directive, deeply engaged, and could be mercilessly confrontive, but also deeply tender and compassionate.

What I want to stress here in the context of this movie are two aspects of his work, the first being that Reich worked in the here and now, carefully tracking the shifts on the patient's bodily and interpersonal expression that either brought the patient more fully alive in the session or deadened internal and interpersonal contact with the therapist. He actively called the patient's attention to the mechanisms, the means by which, one deadened and defended oneself or opened oneself up. The second is that his work, at its heart, was profoundly interpersonal. Reich did not simply seek the *discharge* of affect; he sought to promote the *expression* of feelings to the therapist. "Show me... let me see... give me your eyes... let me hear it in your voice..." The goal for Reich was to develop the capacity for deep emotional experience and surrender in the presence of another. Much is required of the therapist as well as the patient in such an enterprise.

There has been a revolution in body-centered psychotherapy within my generation, and it represents a return to Reich's original therapeutic intentions. Body psychotherapy today rarely engages in the massively physical and characterological interventions that have typified bioenergetics and some periods of Reich's work. Our understanding of the centrality of the body in therapeutic change is now framed in models of the transference and countertransference matrices, of implicit memory processes, and of the enduring effects of subsymbolic experience and organization. We work with body process and expression as a process of interpersonal communication, often imbued with transference needs and distortions, inhibited by shame and anxiety, often delicate and easily disrupted. We no longer take touch for granted and often work with body process without direct physical contact. It is an intimate psychotherapy.

In *WR*, Makavejev seems to applaud the expressions of sexual freedom (although he may be mocking them). Unlike the multitude of scenes in *WR*, Reich's emphasis in sexuality was on intimacy, tenderness, freedom, and surrender. He wrote a deeply personal diatribe, *Listen Little Man*, shortly before his imprisonment. It was illustrated by the cartoonist William Steig. One of the cartoons is that of a judge attired in militaristic garb seated behind a high bench on which there is a sign declaring: "Love is Against the Law – Fucking is Allowed" (1948, p.82). Another cartoon shows two men and two women smoking, eating and cavorting, more with themselves than with each other, with the caption "You devour happiness" (1948, p.48), a scene quite like those of Jagoda and Ljuba fucking their way through the apartment. Accompanying the cartoon, Reich writes, "Never have you enjoyed happiness in full freedom. That's why you greedily devour happiness, without taking responsibility for securing happiness. You were kept from learning to take care of your happiness, to nurture it as a gardener nurtures his flowers and a farmer his crops. ...it is easy to devour happiness but difficult to protect it" (p.47).

Reich believed fervently that the capacity for sexual pleasure within a loving relationship was rendered virtually impossible by authoritarian family, social and political structures. He argued that social and political structures had to kill the capacity for healthy sexuality in order to create and sustain the kinds of submissive masochism and hate-filled sadism necessary to maintain authoritarian social structures and economic arrangements. During the Sex-Pol period he campaigned for the freeing of sexuality from social and governmental restraints, with a program that was decades ahead of its time. Reich

demanded the free distribution of contraceptives and public programs for birth control to minimize the need for abortion; elimination of all obstacles to abortion, free abortions in public clinics and financial and medical safeguards for pregnant and nursing mothers; the guarantee of sexual privacy for adolescents; the abolition of laws against homosexuality; the abolition of legal distinctions between married and unmarried couples; public teaching about venereal disease and maintenance of sexual hygiene clinics; and the training of all health care professionals in matters of sexual hygiene. Three sex education books were published for the public. The first, for mothers, *If Your Child Asks You*, was written by Annie Reich (Reich's first wife and Lore's mother); the second, *The Chalk Triangle*, for children 8 to 12; and *The Sexual Struggle of Youth* written by Reich, which was to be published by the German Communist Party, but it was rejected by the Party, so Reich published it himself.

Reich became a hero of the student movements in the U.S., France and Germany during the late 60's and early 70's. His work became the hallmark of what was considered sexual freedom. I doubt that most people at that time had ever bothered to read his work in any detail or subtlety. His was not an advocacy for casual or promiscuous sex. While Reich was stridently opposed to the legislation of sexuality, his was a sexuality of passion, tenderness, and mutual responsiveness—freed from the intrusions of church and state. Reich was keenly aware that true freedom also entailed deep interpersonal and social responsibility.

But Reich was also a deeply haunted man. He often lived a profound contradiction between his written ideals and his actual life. There was often a naïveté to his thinking and a relentless sense of being driven in his life and work. Nick Totton, a body psychotherapist in the United Kingdom, recently observed, “Reich has a repeated tendency noisily to assert some unimportant and often untenable theses, while quietly articulating something else of great importance and originality” (Nobus & Downing, 2006, p.142). Reich would become intensely fixated on every new idea he had, always framing them as revolutionary discoveries, typically leaving earlier work behind—thrown aside, rather than reconsidered: left behind. His writing was strident and often breathtakingly self-certain. He wrote, for example, in the 1926 preface to the first version of *The Function of the Orgasm*, “I publish this work fully aware that it deals with very ‘explosive material’ and that I must therefore be prepared for emotionally-based objections. ...there is always danger of distortion or ideological coloring of factual judgment. The question, however, is not the presence or absence of an ideology but rather the type of ideology involved; that is, whether an ethically evaluative attitude toward the problem of sex leads one away from the truth or whether a different moral attitude compels one to pursue it” (1926/1980, p.5). Reich deeply believed he was driven by the quest for the truth and was willing to suffer repeated ostracism in a quest he could not question in himself.

We have focused here on Reich, but the patterns of idealization and ideology have carried on among his followers. The second generation of Reichian theorists and trainers has, more often than not, recreated these patterns. Medical Orgonomy is little more than a cult, slavishly dedicated to Reich's theories, treating his writings as sacred script, offering fundamentalist, literal renditions of the Reichian bible. John Pierrakos and Alexander Lowen were charismatic and authoritarian leaders, each deeply identified with their own work, with little dialogue with other disciplines. Charles Kelley, the founder of Radix body education, called his short-lived journal, Chuck Kelley's Radix Journal and was the only person allowed to publish anything of substance in it. Our field as body psychotherapists has not been served well by these narcissistic, idealized theories and theoreticians. It has been only with some second generation, but primarily the third generation, of practitioners of these neo-Reichian modalities that these ideologically defined theories have entered dialogues of any substance with other disciplines and been able to put the validity of theory and efficacy of technique ahead of identification with a leader. We speak here of the neo-Reichian practitioners, but these patterns have been all too common among the body-centered modalities. Work with the body and sexuality has always been at odds with cultural and professional norms, so there has been identity, comfort and security derived from the idealization of the leader/teacher.

Reich invited idealization; he longed for it. And he dreaded it. In *The Murder of Christ*, another deeply personal and anguished diatribe, he wrote, “Disciples have no hearts. They only want to get inspiration and warmth from the master.” The stridency in his writing was, and is, very easily converted into ideology. Reich's work changed constantly, but at each stage, those who worked with him far too often idealized him, seemed certain that only they knew the true Reich. Reich's self-proclaimed loyalists and true believers simultaneously enshrined and embalmed his work in idealization and ideology.

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Oppression Embodied: The Intersecting Dimensions of Trauma, Oppression, and Somatic Psychology

Rae Johnson, Ph.D.

Abstract

Through narrative somatic inquiry, this study investigates the lived embodied experiences and understandings of individuals who identify as oppressed. It explores the somatic impact of their oppression – how they embody oppressive social conditions through their non-verbal interactions, and how oppression affects their relationship with their body. The participants' narratives suggest that a relationship exists between the somatic effects of trauma and embodied responses to oppression, and that the body is an important source of knowledge and power in resolving the traumatic imprint of oppression. These new insights are linked to the developing fields of somatic psychology and traumatology, and implications for diversity work in body psychotherapy are discussed.

Key words

Somatic Psychology – Trauma – Oppression – Diversity - Embodiment

The research discussed in this paper explores the somatic imprint of oppression – how we embody oppressive social conditions through our non-verbal interactions, and how oppression affects our relationship with our own bodies. The study integrates somatic perspectives with narrative inquiry (Clandinin and Connolly, 2000) to investigate how oppression is enacted and reproduced through the body, using a “body stories” approach (Johnson, 1997; Olsen, 1991; Sullivan, 1995) to access and document the lived embodied experiences and understandings of five women who identify as oppressed. This knowledge is then framed in the context of psychotherapeutic and psychoeducational practice, with particular emphasis on understanding how the somatic imprint of oppression may be linked to our emerging understandings of the body's role in mediating trauma, and how somatic psychotherapists can more effectively incorporate issues of diversity and social justice in their work.

An Introductory Narrative

For many years – well into my twenties, in fact – I would have insisted to anyone who asked that I was not oppressed. I was raised in a family of gentle introverts with a quirky disregard for social norms, and believed that my unique upbringing had successfully inoculated me against the kind of gender and sexual oppression that I knew other queer women experienced. For example, neither of my parents particularly treated me like a girl as I was growing up. Not that they treated me like a boy, either. Rather, they simply encouraged me to be myself - to identify and articulate my preferences, make my own choices, and take responsibility for my actions. My parents taught me by example and instruction to be more self-referenced than socially-referenced. They were always asking me what I thought, so I learned what I thought - and as a result, I knew myself much better than I knew the world.

It wasn't until I started school that I began to recognize how different this made me, and how the combination of quiet, polite dependability and self-assured autonomy placed me outside traditional gender categories – I wasn't really like the girls (too strong minded), and I wasn't really like the boys (too reserved). More significantly, I understood somehow that I couldn't choose between being “just like the boys” or “just like the girls” without sacrificing something essential to myself. So I didn't. With the tacit but unquestioning support of my family and a series of friends who were attracted to my capacity to know my own mind and my relative disregard for what other people thought, I instinctively refused to “do gender” the way I was expected to. Of course, I refused to do many things the way I was expected to – not with any particular desire to rebel, but simply because it never really occurred to me to do otherwise.

The eccentricity that naturally developed from repeatedly choosing my own course when faced with an endless series of small but significant social choices pervaded all aspects of my identity. “Not fitting in” became such an intrinsic element of my day-to-day lived experience that it went relatively unnoticed, and was not understood by either myself or my family to be inherently problematic. Certainly, the effects of having constantly to choose between being true to myself and belonging to a social group were not analyzed, problematized, or politicized in any substantive way. It was just “the way I was,” and “the way things were.” Sustained by the care and understanding of a small circle of kindred spirits, the cost of my deviance remained unexamined until much later in my life.

Although I deeply appreciate the degree to which privilege undergirds the preceding statements – that I lived in a context where my oppression was not a vivid and painful figure, but rather an invisible but pervasive ground – I must also acknowledge the unique challenges it presents. One of the women I interviewed for this study remarked that she felt that one of the most destructive aspects of covert abuse was its capacity to render its victims unaware of the damage it inflicts, and my own process of reclaiming embodied knowledge lost to oppression echoes that experience.

As I noted earlier, this reclaiming process did not really begin until I was well into my twenties, through deep immersion in psychotherapy training that integrated bodywork, and a dramatic exposure to the ideas and practices of radical feminism. As a student in a professional training program in Gestalt Therapy, I was exposed to the full range of bodywork

approaches that had influenced the development of Gestalt – bioenergetics, Alexander Technique, Feldenkrais, Rolfing, and massage, for example – and this exposure was as much experiential as it was theoretical. Around the same time, I formed a women's group with a number of my closest friends, and every Tuesday night for two very full years, we wrestled (sometimes literally) with the personal and interpersonal impact of living as women in a patriarchal society. I also began working as a counsellor at a shelter for homeless young women, where I witnessed first-hand the devastation of body, mind and spirit that violence against women perpetrates. My first night on duty at the shelter, I spent an hour cleaning dirt out of the ragged scrapes on a 16-year-old girl's face after she was dragged across the pavement during a gay bashing outside a local dyke bar.

After years of quietly accepting the notion that my refusal to conform to society's expectations was my individual choice (and therefore, my responsibility), I began to realize how very few genuinely satisfactory choices I really had with respect to gender and sexuality. For the first time, I began to question why I was repeatedly forced to refuse a social norm (to behave a certain way, to dress a certain way, to respond to men a certain way) and accept the consequences (alienation and marginalization), rather than feeling free to choose from a range of possible options, or to create my own. Radical feminist theory helped me to frame my discomfort and disconnection as systemic and political, rather than merely an introvert's existential dilemma. Although very few feminists were talking about the body at the time (Price and Shildrick, 1999), my own work with the body in psychotherapy provided a rich source of material that linked clearly and directly with issues of oppression. Lightbulbs were going off – but they were going off in my body, not just my head.

These lightbulb flashes of insight illuminated a somatic landscape far more damaged by the effects of oppression than I would otherwise have imagined. As I undertook additional professional training in dance/movement therapy, psychodramatic bodywork, crisis intervention, and traumatology, I began to recognize a pattern of impact that echoed what I was seeing in my clinical practice working with survivors of childhood trauma. Specifically, the effects of oppression on the way I used and felt my body seemed very similar to the somatic effects of trauma.

A research study I conducted on movement therapy with survivors of trauma (Johnson, 1996) reinforced for me the importance of recognizing the ways in which the body deals with traumatic experience, and helped me begin to articulate the somatic dimensions of post-traumatic stress disorder (PTSD). Subsequent trauma research (Levine, 1997; Nujenhuis, 2000; Ogden, Minton, and Pain, 2006; Rothschild, 2000; van der Kolk, 1994, 1996) has affirmed the role of the body in mediating trauma, and describes the somatic impact. These effects may include a sense of disconnection from the body (experiencing the body as somehow unrelated to the self, or an inability to feel all or part of the body) that the literature often refers to as somatic or somataform dissociation (Nujenhuis, 2000). The somatic impact of trauma may also include a constriction of body movement (and a related discomfort with being physically expressive), somatic re-experiencing of traumatic events (body-based implicit memories in which only the physical sensation is present), a heightened startle response, and a range of somatic complaints (Scaer, 2000).

As I began to make these links for myself, I grew more attuned to the somatic manifestations of oppression in others, and began to attend more carefully for connections between what students and clients told me about their bodies and the social contexts in which they lived. I became increasingly curious about the ways in which the somatic imprint of social injustice might be experienced and understood through the bodies and voices of the oppressed themselves. What follows is the result of my research into the somatic dimensions of oppression, viewed through the lens of the accumulated knowledge of twenty years as a body-centred psychotherapist and somatic educator. To help locate this research in the context of my own professional work, another brief story is in order.

Several years ago, I was facilitating a movement therapy group for women in recovery from addiction. One of the participants brought an intriguing combination of enthusiasm and reticence to the work of the group – she struggled with group dynamics and finding her voice in group discussions, but was game to try any movement experiment I suggested. Her body language was hesitant, and her use of space limited, but there was often a smile on her face and a sparkle in her eyes. During one session, we improvised to music using large chiffon scarves, imagining that our bodies were expressing the qualities of air. As the sound of harp strings floated through the room, I noticed that Julia was moving with more freedom and ease.

When the group sat down together afterwards to discuss our experiences, the grin on her face was impossible not to notice. Beaming with pride, she confided that she had put her arms over her head. I think we were all a little mystified by that statement at first, until she explained that her childhood experiences with a physically and emotionally abusive alcoholic father had so stifled her ability to feel free in her own body, that she had become unable to raise her arms over her head without feeling completely exposed and vulnerable. She had been taught not to take up space, not to reach or strive or rejoice. She had also learned not to expose the vulnerable core of her body to possible attack by others. Although she was now well into her thirties, she couldn't remember ever before feeling comfortable raising her arms over her head in the presence of others. It struck me again how critical the relational dimension of embodiment is, and how the ways we are with others (or fail to be) is so much an issue of the body.

From my perspective, there were incredible forces preventing Julia from being in her own body, in her own way. Although that morning Julia had named her father's abuse as one of those forces, I had heard her name many other factors in the course of our work together – being a street kid, a lesbian, a drug addict, a psychiatric survivor, a woman. I resolved then to focus my professional work on understanding how multiple social forces work through the body to bring oppression into being. The research described in this paper is grounded in that resolve, and hopes to offer new insights, knowledge, and understandings that are relevant to scholars and practitioners alike.

Conceptual Framework

The theoretical foundations of this research are located in the scholarly literature of a number of fields and disciplines, including embodiment and non-verbal communication theories, somatic psychology, and feminist and critical traumatology. Key findings in the existing literature are described below in a sequence intended to guide the reader through the interdisciplinary conceptual framework from which the study rationale and research questions emerge.

1. In short, embodiment theories and nonverbal communication research tell us that:
 - a. we become who we are through our bodies (not just our minds) (Hanna, 1970; Merleau-Ponty, 1962),
 - b. our embodied experience is necessarily also a social experience (Merleau-Ponty, 1962; Price and Shildrick, 1999; Weiss, 1999), and
 - c. the nonverbal component of social interaction (rather than institutional structure) is the locus for the most common means of social control (Henley, 1977; Henley & Freeman, 1995).
2. Traumatology theory and research tells us that:
 - a. trauma is significantly mediated through the body and manifested in embodied experience (Scaer, 2005; van der Kolk, 1994), and
 - b. oppression can be located on a continuum of trauma, and understood as chronically traumatic (Burstow, 2003).
3. Lastly, somatic psychology proposes that it is possible to transform individual experience through a process of somatic psychotherapeutic intervention and psychoeducation that supports the cultivation of an integrated, embodied consciousness (Hartley, 2004).

Given that embodiment theory and research suggest that the body is a significant locus for experience through social interaction, and critical trauma theorists argue that oppression is traumatic, it is reasonable to assume that oppression may manifest in embodied experience in ways that parallel the somatic effects of trauma. Establishing this link through empirical research provides direction for somatic psychologists who engage in teaching, research, or psychotherapy with individuals who have experienced oppression¹.

Although this study represents a preliminary foray into a rich and complex area, it does offer the beginnings of new knowledge. Specifically, it starts to uncover how oppression affects the way some individuals experience and relate to their bodies and the bodies of others. It also suggests that what we “know in our bodies” is critical to our understanding of social justice, and to psychotherapeutic and psychoeducational approaches to diversity work.

Emerging from the conceptual foundation and research rationale described above, my study asked the following questions:

- 1) How is social oppression experienced in and through the body?
- 2) How do we bring our bodies to the navigation of power differentials in relationships with others?
- 3) Can somatic psychotherapy/psychoeducation provide a means for becoming more conscious and skilled in the ways we embody power?

These questions will be revisited throughout the text as various concepts presented in the review of the literature relate to them, and in elucidating the research data.

Review of the Literature

Scholars working in the area of critical social theory are making significant contributions to understanding the role of the body in social experience (Cohen and Weiss, 2003; Price and Shildrick, 1999; Shilling, 1993; Turner, 1996), and offer important insights into how the body and society interact, affect and/or create one another. In particular, the work of social theorists emphasizes the role of the body in reproducing society – both through conscious modification and unconscious use. Despite the significance of these contributions, few of these ideas have been applied to practices developed to enrich the lived embodied experience of individuals. At the same time, most of the emphasis in somatic psychology to date has focused on the subjective internal experience of the body, with little reference to how that experience translates to the social and political realms (Knaster, 1993; Hartley, 2006). By linking key findings of critical embodiment theorists with somatic theory and emerging trauma research, I believe that there exists significant potential for somatic psychology theory and practice to become a source of social as well as personal transformation.

Evolving Perspectives on Embodiment

In contrast to the primal and Eastern conceptions of the body/mind (Godagama, 1997; Yuasa, 1987) that conceptualized the body/mind holistically, the Hellenic intellectual tradition separates body and mind, and devalues the body and its perceptions as unreliable and illusory (Murphy, 1969). In a philosophical legacy extending from Plato and Socrates through to Descartes, the physical senses are regarded as imperfect instruments in perceiving the objective truth of external reality. Only the mind is considered capable of accurately discerning and understanding the true essence of existence, and

¹ For the purposes of this research, oppression is defined as a system of multiple social forces that unfairly privileges the members of some groups over others, and subsequently limits access to resources and opportunities for members of socially subordinate groups.

bodily experience is actually thought to inhibit and impair our attempts to understand the nature of reality. This perspective has been profoundly influential on the Judeo-Christian theological tradition, as well as on later philosophical schools of thought.

Phenomenology offers perhaps the most significant Western philosophical challenge to Cartesian dualism. In particular, Merleau-Ponty's work offers an embodied, existential form of phenomenology that emphasizes the role of the body in human experience, and attempts to resist the traditional Cartesian separation of mind and body. In *Phenomenology of Perception* (1962), Merleau-Ponty argues that consciousness, the world, and the human body are intricately intertwined and mutually engaged, and that physical reality is not composed of the unchanging objects of the natural sciences, but is a correlate of our body and its sensory functions. His elaborations of body image and embodied intersubjectivity provide key concepts in understanding how becoming fully embodied depends on being with other lived bodies. His notion of intercorporeality acknowledges that the individual lives in a multi-personal field, and that this field conversely inhabits the individual. Embodied experience and the relational world are so deeply intertwined that intercorporeality grounds and sustains our ability to relate to the world.² The conceptual significance of intercorporeality to this research is the implication that we remain exposed to the other through embodied experience, and can take the other's different perspectives into ourselves through our bodies. In short, what happens to us on a body level in relation to others (including the embodied dimensions of oppressive social interactions) is both meaningful and profoundly important to our self-identity.

Somatic theory as articulated by Hanna (1970, 1986 - 1987) and others (Greene, 1997, 1998; Johnson, 1983, 1985, 1997) offers further insight into the question of how we bring our bodies to our social relationships with others. Somatic theory draws upon existential, evolutionary, and phenomenological perspectives to suggest that what we experience as reality depends on the quality of somatic perception we bring to our engagement with the world, and that privileging the subjective experience of the body corrects an historical imbalance that marginalizes this dimension of human experience. A somatic perspective understands one of the implications of this imbalance as a narrowing or constriction of consciousness that results in less freedom, fewer choices, and less functional patterns of embodied engagement with the environment (Hanna, 1970). In tracing the philosophical developments that support somatic experiencing, Hanna argues that the need for a return to the lived experience of the body is related to the evolution of the human species, in response to industrialization, rationalization, and the commodification of the body. From this perspective, somatically informed psychotherapeutic and psychoeducational practices could be understood as facilitating the awareness of body experience in support of its modification toward a more functional and intentional relationship among body, mind, and environment.

The Body and Critical Social Theory

Despite phenomenology's (and somatic theory's) conceptual linking of the individual and social worlds through the experienced body, the body is rarely directly referenced in sociological writings (Levin, 1988; Ritzer, 1996), and has only recently become a legitimate topic of study in its own right (Shilling, 1993). Gradually, however, the incorporeal abstraction characteristic of Cartesian dualism is beginning to be contested by feminist, queer, and other critical social theorists, who have made connections between disembodiment and gender oppression, as well as other forms of marginalization.

For example, in their preface to *Feminist Theory and the Body*, Price and Shildrick assert that "The association of the body with gross unthinking physicality marks a further set of linkages – to black people, to animals, and to slaves" (1999, p. 2). Feminist theorists are also noting how embodiment has historically been characterized by binary norms – male/female, well/ill, heterosexual/homosexual, black/white – and that these norms are both threatened and confirmed by the existence of bodies that fall outside them.

Queer theorist Judith Butler (1991, 1993) provides a key concept in understanding how bodies are implicated not only in the social production of difference, but in notions of identity as well. Drawing on Irigaray's (1985) notion of multiplicity beyond the binary and Foucault's social construction of the body (1990, 1991), Butler's notion of *performativity* – identity as constructed through a process of bodily reiterative acts and gestures – suggests how our experienced and experiencing body *is* us. Through performativity, the body "text" shifts from being comprised mostly of stable, unchanging nouns to becoming significantly about verbs. One of the important implications of performativity with respect to this research is that it provides a conceptual foundation for how somatic interventions (both psychotherapeutic and psychoeducational) might transform the somatic impact of oppression by providing alternative ways of performing embodied experience.

Critical race theorists are also addressing the somatic impact of oppression by examining how it promotes a dissociative relationship between self and body. For example, Laura Doyle (in Cohen and Weiss, 2003) suggests that traumatic oppressions such as slavery and racism work to colonize the body of the abject subject³, so that access to our own bodily experience as self must be filtered through the lens of those colonizing others. Like many somatic psychotherapists, Doyle suggests the art of language as a way of "touching" into the body without pain, and her analysis of the somatic impact of oppression aligns with (and complexifies) how many traumatologists currently understand the dissociative dimensions of trauma.

² The discovery of mirror neurons about a decade ago (Gallese, Fadiga, Fogassi, & Rizzolatti, 1996) provides fascinating evidence of the possible neurobiological basis for intercorporeality, and ongoing studies in mirror neuron research include discussions on the possible implications and applications of this embodied intersubjectivity (Decety and Lamm, 2003).

³ The concept of the abject body was first posited by French feminist psychoanalyst Julia Kristeva in 1989, who proposed the idea of "abjection" as the turn against the maternal body. This highly ambiguous, ambivalent distancing represents rejection without separation.

By mapping the intersections of critical social theory and the body, scholars and activists are moving issues of embodiment to the center of cultural and political analyses. For example, poet and activist Eli Clare (1999, 2001) articulates the links between disability, class, race, queerness, environmentalism, and child abuse by placing the lived experience of the body at the center of these experiences. In critically examining personal experiences with cerebral palsy, class oppression, and identification as a transgendered individual, s/he argues that attempting to avoid the body as the identified source of problematic difference simply perpetuates and entrenches those differences, and that reclaiming the body as self is a profound act of political resistance.

Trauma, Oppression, and the Body

Over the years, psychological researchers and theorists have developed differing understandings of how human beings respond to and are affected by trauma, ranging from early Freudian connections between neurosis and child abuse, to “shell shock” during the First World War, to more recent brain research. Increasingly, the social contexts of interpersonally-inflicted or relational trauma are being examined, in order to identify some of the underlying roots of this persistent source of human distress and suffering.

Judith Lewis Herman (1992) was one of the first to make connections across different forms of violence, and draw parallels between the private violence experienced in the lives of women and children and the public violence of war and terrorism. She asserted that there are important relationships between our personal experiences and the political context in which they occur, and that the legacy of various forms of trauma touches every facet of our society. Subsequent theorists and researchers in the field of traumatology also suggest that much of the violence and abuse resulting in post-traumatic stress disorder (PTSD) exists on a continuum (and within the larger context) of social oppression (Scaer, 2005). For example, violence in the Native American, African American, and LGBTQII (lesbian, gay, bisexual, transgendered, queer, intersexed, and inquiring) communities has been framed by some scholars as a maladaptive response to racism and heterosexism (Bent-Goodley, 2001; Leventhal and Lundy, 1999; Wahal and Olson, 2004).

While it may seem self-evident that the explicit and implicit violence that attends various forms of social oppression can be traumatic for those who experience it on a regular basis, little scholarly research exists to support such a link. Feminist theorist Bonnie Burstow (2003) is one of few trauma specialists making explicit conceptual associations between trauma and oppression. She cites theorists working in the area of trans-generational trauma and community trauma to argue that individuals from oppressed and marginalized groups are violated in ways that have lasting psychological effects. She writes, “The point is oppressed people are routinely worn down by the insidious trauma in living day after day in a sexist, racist, classist, homophobic, and ableist society” (Burstow, 2003, p.1296). Burstow describes trauma not as a disorder, but as a reaction to a kind of wound, and argues that there is a physicality to trauma that must be recognized even when no overt bodily assault occurs. In particular, she notes that the trauma of oppression often results in some degree of alienation from the body, and there is now some support in the research literature to suggest that systemic oppression and socially constructed imperatives about the body combine in ways that support marginalized subjects to experience their bodies as if they were outside them (McKinley and Hyde, 1996).

While the conceptual framework within which this research is grounded is aligned with theoretical perspectives that problematize a purely medical approach to trauma (Burstow, 2003; Herman, 1992), it is important to recognize that traumatologists now identify trauma as a physiological as well as a psychological and social experience (Levine, 1997; Ogden et al, 2006; Rothschild, 2000; Scaer, 2005; van der Kolk, 1994). Rothschild (2000) notes that, “Even when the traumatic event causes no direct bodily harm, traumatic events exact a toll on the body as well as the mind” (p. 34). Within the field of trauma research, the somatic effects of trauma have now been well documented (Rothschild, 2000; van der Kolk, 1994; van der Kolk et al, 1996).

In particular, somatic dissociation⁴ is strongly associated with reported trauma (Van der Hart et al, 2000; Waller et al, 2000), and there is now considerable evidence that somatic dissociative symptoms are prominent in the response of individuals undergoing trauma and in its immediate aftermath. Although somatic dissociation can be measured as a normal phenomenon, potentially occurring throughout the population, it is also highly correlated with trauma (Speigel, 1994). Research also indicates a relationship between posttraumatic stress disorder and other somatic complaints. Although the physical complaints of trauma survivors (such as headaches, stomach or digestive problems, immune system problems, asthma or breathing problems, dizziness, chest pain, and chronic pain) are often treated symptomatically, rather than as indications of PTSD, Van Ommeren, Sharma, Sharma, Komproue, Cardeña, & de Jong (2002) found that the number of PTSD symptoms (independent of depression and anxiety) predicted both number of reported somatic complaints and number of organ systems involving such complaints. Neurobiological changes (alterations in brainwave activity, in size of brain structures, and in functioning of processes such as memory and fear response) and psychophysiological changes (hyperarousal of the sympathetic nervous system, increased startle response, sleep disturbances, increased neuro-hormonal changes that result in heightened stress and increased depression) have also been noted (Jaffe & Segal, 2005).

⁴ While a universally agreed upon clinical definition of dissociation is not yet available, its features include “...a disruption in the usually integrated functions of consciousness, memory, or perception of the environment” (DSM-IV, p. 477). Extending that disruption to the somatic level, the dissociative mechanism that serves to protect the individual from distressing material also serves to disconnect them from an overall sense of kinaesthetic awareness.

The trauma literature reviewed here emphasizes the somatic dimensions of trauma in order to establish the importance of the body in mediating trauma, and highlight the ways in which critical trauma theorists are reconceptualizing oppression as traumatic. This research extends that knowledge by describing how oppression manifests in and through embodied experience, and to what extent it manifests across established categories of trauma response.

Method

Participants were chosen for this study based on four criteria – 1) they expressed an interest and willingness to explore their somatic experience of oppression both verbally and non-verbally, 2) they claimed to have sufficient perspective on their experience (either psychological and/or chronological) that an exploration of it would not likely be detrimental to them, and 3) they reasonably expected that participation in the study will afford them increased personal insight into their experience. Participants were recruited mainly from the student body at the University of Toronto in Toronto, Canada. Many students at this culturally-diverse university face significant social and economic barriers to higher education, and experience ongoing oppression and marginalization.

Each of my participants engaged in two private in-person tape-recorded interviews with me, each lasting approximately 60 to 90 minutes. The interviews focused on their personal experiences of oppression, and how these experiences have affected a) their relationship to their own body and the bodies of others, and b) their non-verbal communication patterns. During certain parts of the interviews, some of my participants also engaged in one or two somatic “experiments” drawn from well-established somatic psychotherapy techniques. These experiential exercises included a guided Focusing® exercise (see Gendlin, 1987), as well as an interactive “boundary” exercise to explore issues and patterns in the use of personal space. This experiential component was intended to allow us both to have an opportunity to develop somatic connections to the material raised during the interview/discussion – to get a feel in our bodies what was being described in words - and to assist us both in understanding the nature of the participant’s experiences of oppression.

Five narratives were developed from the interviews, and although the length of the original narratives does not permit their inclusion in this paper (each runs to about 20 pages), highlights from the narratives are interspersed throughout the elaboration of the research findings. The participants referenced in the findings include Crissy (a mixed race aboriginal woman with a history of addiction and disordered eating), Natalie (a woman in a primary relationship with an Indian man who has struggled with body image issues for most of her life), Zaylie (a bisexual mixed race black woman who currently works as a physiotherapist and as an exotic dancer), and Pat (a middle-aged lesbian whose recent experience with a Bartholin cyst evoked feelings reminiscent of an earlier abusive relationship).

Findings

A number of common threads were woven throughout the participants’ body stories that allowed for a discussion of larger meanings in the context of the research questions, and permitted links to the existing scholarly literature that were grounded in the conceptual framework of the thesis. While several themes emerged from the information held within the narratives, this paper will focus only on two:

1. The relationship between embodied responses to oppression and the somatic impact of trauma
2. The body as a source of authoritative knowledge as well as personal and social power, and as a site for resisting oppression.

In my discussion of these themes, I will highlight how they provide insights into the research questions, how they extend what is already known about the role of the body in oppressive interpersonal interactions, and what these stories contribute to the theoretical literature and to professional practice in body psychotherapy.

Embodied Trauma

One of the questions posed by this study was how oppression was experienced in and through the body. The narratives offer a number of important insights by the participants into the ways in which experiences of oppression have affected the felt sense of their body. In particular, participants described experiences that focused on a) embodied memory, b) somatic vigilance, and c) withdrawal or alienation from the body.

Embodied memory. Several of the participants offered insight and understanding into how the body may “hold” or remember experiences of oppression. For example, when I asked Crissy to reflect on the bodily impact of oppression in her life, she offered a vivid description of the sensation of her body being shaken in response to an oppressive experience. Drawing on the implicit knowledge accessed through the Focusing® technique, she talked about feeling as though her body was being violently shaken by an external force, and feeling a “jolt of fear” course through her body. This sensation of being shaken leaves her feeling confused, helpless, and frozen, as if “stuck between fight and flight”. Moreover, Crissy notes that these sensations of disruption and disorientation are very familiar to her, and often accompany experiences of feeling oppressed. By linking this description to the traumatology literature (Rothschild, 2000; Van der Kolk, 1994), it is possible to understand Crissy’s embodied memory of oppression as resembling the somatic impact of trauma, and exemplifying one aspect of traumatic intrusion, which is characterized by “physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event” (APA, 1994).

Pat's explanation of her experience with a Bartholin cyst may also suggest a link between the somatic impact of trauma and oppression. As she described the physiological and psychological impact of having a vaginal cyst, Pat talked about uncovering the deeper symbolic layers of what the cyst represented about her childhood experience and the power imbalance in her relationship with her older brother. She described how her vagina held some memories of her relationship with her brother that needed to be held until she developed the psychological strength and capacity to look at these particular issues of oppression. By connecting with the felt experience of her body, Pat was able to access layers of grief and loss that are "laid down in the body". While Pat's training as a psychotherapist has provided her with a conceptual framework for making the links between trauma and the body, it is in relation to my asking about the effects of oppression on her body that she offers this example. Further, she clearly indicates that she understood it as a form of embodied memory, and as a symbolic somatic manifestation of an earlier traumatic wounding.

Another example of the impact of oppression on the felt experience of the body is provided by Zaylie's recounting of her experience engaging in the Focusing® exercise during our second interview, in response to my query about how oppression has affected her body:

When you first asked me...what came to me was that my body is hungry and dry and parched. Then the more I thought about it, I started to feel uncomfortable...that there was this kind of tar coating all of my insides that was stopping me from absorbing anything. Like everything that would come into me would just pass through.

Zaylie describes this tarry substance as something she ingested from the outside world, and that now exists within her body as the residue of her experiences of oppression. She further acknowledges that this residue prevents her from absorbing emotional, psychological, and relational nutrients – from being affected by positive experiences with others. It is not just that her body lives with the residual effects of oppression, but that oppression interferes with her capacity to engage with and be nourished by the world. Although Zaylie does not describe this experience as an intrusive traumatic memory, it is clear from her description that repeated experiences of oppression have left an imprint on the felt experience of her body that could be understood as a form of damage. This echoes Burstow's (2003) assertion that trauma is a reaction to a kind of wound, and that the physicality of trauma that must be recognized even when no overt bodily assault occurs. Recent research into the somatic effects of trauma (Ogden, 2006; Van der Kolk and Courtois, 2005) underscores the role of the body in mediating traumatic experiences, and the participants' descriptions of their embodied experience of oppression provides important insights into how oppression as a form of trauma may be held and remembered in the body.

Somatic vigilance. All of the research participants spoke about how highly sensitized and attuned they feel to the reactions and responses of others, and although their narratives also describe the ways in which they now take advantage of this heightened awareness in a positive way, it was clear in my conversations with them that their relational sensitivity was initially borne of necessity resulting from difficult and problematic experiences with others.

In her narrative, Zaylie referred to a type of somatic vigilance with respect to men, and spoke about needing to be able to read their non-verbal communication, especially when in close physical proximity. Given that she also names sexism and sexual assault by men as part of her experience of oppression, it is perhaps not surprising that her vigilance is oriented to them as a potential source of danger. Natalie also made reference to her vigilance in noticing men in her environment, and notes her discomfort as something felt in her body. Pat observed that she is especially attentive to the bodily dimension of interpersonal interaction, and acknowledges that she becomes increasingly self-conscious when she feels that others do not respond to her nonverbal cues with some degree of kinesthetic empathy. As a young child, Crissy's somatic vigilance was focused on her mother, and her narrative describes the ways in which she learned to be highly attentive to her mother's smallest nonverbal cues in order to help Crissy anticipate and avoid an angry outburst of verbal abuse. This increased alertness to the body signals of others has continued into adulthood, and Crissy noted that she remains highly sensitive to nonverbal indicators from others that might suggest interpersonal conflict or difficulty.

Since human somatic responses to danger (even when that danger is not necessarily physical) are hard-wired into our autonomic nervous systems (van der Kolk, 1994), it makes sense that participants would report feeling increased body alertness around potential sources of harm – whether that source is a group of men standing on a street corner, or a conference table full of white, middle-class physicians (as is true for Zaylie when she attends case conferences at the hospital where she works). The experiences of participants as related in their narratives illustrate the ways in which this somatic vigilance became established for them as a habitual pattern of response. Although the catalysts for this response are experiences of oppression, participants' descriptions of the response itself are similar to those found in post-traumatic stress (APA, 1994).

Somatic withdrawal and alienation. In describing the somatic impact of oppression, all of the participants spoke about the profound disconnection from the felt experience of their bodies. In many cases, this disconnection was something that participants only realized recently through the process of addressing the impact of oppression. At the same time, participants also described this withdrawal from the felt experience of the body as strategic – something that allowed them to survive the painful feelings generated by their experiences of oppression.

Pat spoke to the experience of somatic disconnection at some depth, and notes that her regaining of body awareness has proved crucial to her sense of healing and empowerment. She described the inability to fully inhabit her body as one of

the core pieces of traumatic fallout, and a “certain state of collapse” in her body that reflected a similar state of collapse in her psyche. At the same time, her use of various bodily mediated substances - smoking, alcohol, food – can also be thought of as coping strategies that induce the desired effect of bodily detachment and numbing. Crissy’s elaboration of her years of drug and alcohol abuse echo a similar strategy. Interestingly, Zaylie described how she learned an effective dissociative strategy through the process of dance education, in her description of how dancers are trained to view their own body as an object, as explicitly taught in “white” dance forms such as ballet.

The descriptions of somatic withdrawal and alienation provided by participants appear to correlate in some ways to the PTSD “avoidance” criteria described in the literature on trauma. These criteria include feelings of detachment from self and others, which on a body level might refer to what Nijenhuis (2000) and others describe as “somatic dissociation”. The experiences described in the narratives also bring to mind the work of McKinley and Hyde (1996) on objectified body consciousness, who suggest that systemic oppression and socially constructed imperatives about the body combine in ways that support marginalized subjects to experience their bodies from the outside, rather than from within.

Overall, it seems clear from the stories told by participants that some relationship between the somatic effects of trauma and embodied responses to oppression exists. While some of the somatic dimensions of oppression cited in the narratives lent themselves quite easily to a comparison with the body’s known responses to trauma, the descriptions do not map precisely onto the post-traumatic stress disorder (PTSD) or chronic post-traumatic stress disorder (C-PTSD) criteria. Although the psychobiology of trauma is an emerging and rapidly-developing field, and the somatic dimensions of traumatic experience increasingly recognized (van der Kolk, 1994; Odgen et al, 2006) empirical correlations between trauma and oppression (and oppression as a form of chronic trauma) have not yet been established. However, theoretical links do exist (Burstow, 2003) and the descriptions of experiences of oppression by participants in this study suggest that further research to articulate the specific somatic effects of oppression as a form of trauma is worth pursuing.

Body Knowledge and Power

Despite the embodied wounds inflicted over a lifetime of unjust and inequitable power relations, each of the participants in this study also experienced her body as an important source of knowledge and power, and a as site for resisting oppression. Although safely regaining access to this source of power often required the same patient creativity that Laura Doyle (in Cohen and Weiss, 2003) describes, each of them recognized the importance of doing so. Natalie described a process of increasing reconnection to her body as she grows older, and echoes Pat’s observation that she didn’t know how somatically dissociated she was until after she regained more feeling, sensation, and awareness in her body.

Crissy talked about how yoga has helped her address the disconnection she once felt from her body, and Zaylie found that “black” dance forms provide her with a similar path back to her body. For Zaylie and Crissy both, dance forms that reconnect them with their cultural heritage provided a medium for embodied expression that helps them reclaim the power of their bodies for themselves⁵. Zaylie noted that dance has provided her with an extensive movement vocabulary, and that she consciously uses her learned capacity to articulate concise non-verbal messages as a way to resist or deflect oppression.

For Natalie, yoga provides a means for connecting with her body in a gentle and compassionate way that helps to soften some of the critical voices that have become embedded in her body image over the years. Crissy’s movement classes serve a very similar purpose, and allow her not only to engage with her body in positive ways, but to facilitate that engagement for others. Pat and Natalie both acknowledged that finding ways to experience themselves as athletically capable has helped to foster a growing sense of their bodies as powerful, although it is perhaps worth noting that neither has yet undertaken this reclaiming through team sports.

In nearly every case, this reclaiming of the body as source of personal and social power seems to have evolved through a process of intuitive selection and fortunate circumstance. In all cases, it has also proceeded through a process of education, whether that learning occurs independently and informally, or through more established frameworks. However, except for Zaylie (whose capacity for embodied knowledge has been consistently cultivated over many years of movement training), the way back to the body has not been an obvious or accessible path. Certainly, participants acknowledge that safe forums for such explorations are rare, and that public health and education systems have not been sites for reclaiming their bodies as primary sources of experience, knowledge, and power.

Discussion

The knowledge generated by research participants on the somatic impact of oppression contributes to existing knowledge in several fields. The themes that emerge from the embodied narratives in this study underscore the significance of the body as a source and site of social injustice (Henley, 1977; Henley and LaFrance, 1984; Henley & Freeman, 1995; Price and Shildrick, 1999). The embodied experiences of oppression described by participants also reflect the more complex, nuanced understandings of social oppression as multifaceted (Johnson, 2001) and provide new insight into the way experiences of multiple forms of oppression are mediated in and through the body, by making connections to the trauma literature that

⁵Zaylie engages in African and Caribbean dance forms, as well as hip hop. Crissy is involved with traditional North American aboriginal dance forms.

acknowledges the traumatic nature of oppression. Specifically, the findings illustrate how oppressive interpersonal relations elicit traumatic reactions, and point to how the emergent nature of the experienced body (Grosz, 1994) provides a medium for transforming oppression. The narratives in this study also offer vivid illustrations of the way in which the body is a potential source of personal knowledge, agency, power, and creative expression.

This section discusses the contributions of the research in relation to scholarly knowledge and professional practice. First, the contributions to knowledge in the related fields of embodiment theory and somatic psychology are discussed. Contributions to traumatology are also examined. Next, the implications for practice are discussed as I draw on the experiences of research participants described in the narratives to suggest how these new understandings of embodied experience could inform current practices in somatic psychology and body psychotherapy.

Contributions to Embodiment Theory

Embodiment theories are currently situated across a number of fields, including anthropology (Csordas, 1999), sociology (Shilling, 1993, Turner, 1996) and women's studies (Price and Shildrick, 1999). Social theories of the body offer important insights into how the body and society affect and/or construct one another. They elaborate the role of the body as a site of personal identity, how our social status is reflected in our relationship with our body and the body language(s) we speak, and the role of the body in reproducing society through conscious modification and unconscious use. Critical social theorists (Butler, 1999; Clare, 2001; Grosz, 1994) have theorized the body as crucial in the articulation of social difference, and an important basis for social oppression as well as a site for resistance. However, few theories of embodiment have been linked to practical applications that might transform the daily lived experience of individuals within particular social contexts (Weiss, 1999).

The narratives of lived experience related by the participants in this research provide unique insights into how oppression is embodied, how the subjective felt experience of oppression is understood and expressed in the body, and how the body can provide a medium for transforming personal experience and social interaction. These stories put flesh and blood onto the bones of embodiment theory while simultaneously challenging the tendency of some embodiment theory to focus on the body as an abstract social concept or surface for cultural inscription (Fielding, 1996).

For example, all of the participants described the impact of oppression on their bodies as occurring on an inner, visceral level as well as on the surface - Zaylie spoke about the sensation of tar coating her insides, and Natalie talked about her body as feeling "cocooned". Crissy revealed that she used to dust her skin with baby powder to make it seem whiter, and Pat noted how she uses her arms to gesture into the "relational space" between two people as a way to navigate boundaries. In short, these narratives suggest that the embodied experience of social oppression occurs on all of these levels (inner, surface, and relational) at once. The implication for embodiment or somatic studies is that any abstraction of the body provides an incomplete understanding of a lived experience that is complex, multi-layered, and unique.

The research further suggests that embodiment theorists might productively focus on the body's capacity to transform (rather than simply enact and reproduce) oppressive experience. Participants spoke clearly and convincingly about how they began to reclaim their bodies as a source of knowing about the world, and how becoming more attentive to the messages they conveyed to others through the language of the body provided an opening to shift their relationships with others toward a more equitable balance of power. For example, Pat notes that coming to terms with the past and current wounding of her body feels very much like a victory, and that the journey of healing and reclaiming her body has provided a model for being in relationship with others that addresses abuses of power in a way that Pat feels has the potential to provide a larger healing for social oppression.

Contributions to Traumatology

Recent traumatology research has established that trauma is significantly mediated through the body and manifests in embodied experience. The psychobiology of trauma is an emerging and rapidly-developing field, and the somatic dimensions of traumatic experience are increasingly recognized (Ogden et al, 2006; Rothschild, 2000; van der Kolk, 1994). The effects of trauma are generally grouped into categories that assist in recognizing and understanding how trauma impacts embodied experience (APA, 1994). At the same time, empirical correlations between trauma and oppression (and oppression as a form of chronic trauma) have not yet been established. However, sound theoretical links do exist (Burstow, 2003). What has not been researched until this study is how oppression manifests in and through embodied experience, and to what extent it manifests across those established categories of trauma response.

The insights and understandings of research participants offered a unique glimpse into the complex ways that oppression is mediated in the body as a traumatic experience. Overall, it seems clear from the information participants provided that some parallel relationships between the somatic effects of trauma and embodied responses to oppression exist. The findings of this study provide the first known basis in research for this connection, and suggest that further research to articulate the specific somatic effects of oppression as a form of trauma is worth pursuing.

Contributions to Somatic Psychology

Somatic psychology relies on the internal felt sense of the body as the basis for working with and understanding lived human experience (Hartley, 2004). In working with the body, somatic practitioners address not only the mechanical, physical body, but also the engaged body - the one that feels and connects us with our emotions, sensations, memories, ideas, and beliefs. Although somatic psychology is essentially holistic in orientation, and recognizes the integrality of the

environment with the soma, somatic psychologists have largely not taken up social issues, with a few exceptions (Hanna, 1970; Johnson, 1995; Mindell, 1996). While somatic psychotherapists are well situated to address these issues, current somatic approaches almost universally ignore the cultural, social and political dimensions of embodied human experience. Despite a commitment to a holistic perspective that includes soma and environment, (Greene, 1997), most of the emphasis in somatic psychology to date has focused on subjective experience through the body rather than on embodied relationship, or how interactive embodied experience with others translates to the social and political dimensions. It has been my experience in training and practicing in the field for over twenty years that somatic psychotherapists rarely provide clients or students with directed opportunities for exploring power differentials among individuals as members of groups, communities, and societies. Issues of social justice, diversity, and equity are almost never directly addressed (Knaster, 1996).

The narratives in this research study offer important new understandings to somatic psychology theorists and practitioners about the significant impact of oppression on embodied experience. Participants were unequivocal about how important social interactions were in forming an embodied identity, and the damage that inequitable power dynamics had on their inner felt experience of the body. Pat describes how she grew up feeling that her body wasn't ever good enough, Natalie mourned the loss of opportunity for her body to develop its full capacities, and Crissy's struggles with body hatred and shame threatened her very survival. Given that these debilitating effects resulted from interactions within social, cultural, and political realities, this research suggests that a shift in somatic psychology to emphasize the sociocultural dimensions of somatic experience would address the somatic impact of oppression more directly.

The research also provides valuable suggestions to somatic psychologists about some of the aspects this shift toward the sociocultural dimensions of somatic experience might include. Participants described a range of somatic effects of oppression, from body image to movement vocabulary. Their narratives also addressed issues of embodied boundaries, body language, and trauma. By making links between these issues and the felt experience of the body, somatic psychologists could harness their expertise on transforming the subjective experience of the body to more directly address its sociocultural context.

Implications for Practice

As somatic psychologists, therapists, and educators working in complex multicultural environments, we have increasingly come to recognize the significance of the diversity and equity issues embedded in the process of personal change. There is also a growing appreciation of the notion that we each bring a unique perspective on these issues into our clinics, offices, and classrooms, based on the intersecting dimensions of our own personal history and professional development (Kellner, 2006). Our clients, of course, bring a similarly complex set of understandings, assumptions, and practices.

This section will focus on how the research informs our practical understanding of the ways in which the body is implicated in the navigation of these complexities, and how the embodied knowing of the research participants might inform the ways in which we address (or fail to address) diversity and equity in our practice. While the contributions of this research to scholarly knowledge discussed in the previous section fell across a range of disciplines (embodiment studies, somatic psychology, and traumatology), the contributions of this research to practice will focus on somatic psychotherapy.

A number of questions emerge from the research with respect to implications for practice. In particular, I was struck by Natalie's observation during her interview that although she values an increased awareness of how her body engages with social power dynamics, she still feels at a loss about what to do with this awareness. If critical reflection is not connected to strategic action, how do we embody change? Or as Natalie pointed out, how does she help to make the world different for her children? To that end, many of the topics in the review of the literature provide some conceptual grounding for applying the research findings to the practice of teaching and learning. And although none of the participants in this study described the exact process through which they engaged in reclaiming embodied experience, it might be useful to theorize briefly about that process here, to help elaborate more precisely how somatic psychotherapy might incorporate both critical and embodied perspectives.

Somatic theory (Gendlin, 1978; Hanna, 1970; Johnson, 1983; Yuasa, 1987) suggests that cultivating embodied consciousness produces/elicits an altered state of consciousness, and Hanna (1970) suggests that this shift in consciousness can serve as a locus for resistance against oppression. More specifically, some somatic practitioners argue that being comfortably anchored in a solid felt experience of the body in relation to other bodies is so phenomenologically different from the experience of "othering" or being "othered" that it provides a compelling counterpoint to hierarchical models of social power – a place from which to experience the world differently even when the social structures through which that experience is shaped have not yet changed (Johnson, 2003).

Pat described this phenomenon in her narrative through her observation that feeling connected to her own body fundamentally changes her relationships to others in a positive way, and it has been her own body journey that has made issues of social justice real for her. Somatic theory (Greene, 1997) as well as social theory (Foucault, 1991; Johnson, 2001) would understand this process as having profound implications for social structures, based in the premise that social structures are created (and reproduced) through a web of interpersonal relations. When those relationships change – body by body - so, slowly, do the structures.

Extending that process to the practice of therapy suggests that interventions that support the embodiment of clients simultaneously encourages the cultivation of more grounded and equitable relations with others. I contend, however, that the embodiment cultivated through these somatic psychotherapy strategies is not re-embodiment - that is, not a return to some

idealized, natural, or “authentic” state of connection with our corporeal selves (i.e., we used to be connected to our bodies as children, but the adult demands of modern society have forced us to disconnect). Rather, this integration of somatic experience and conscious awareness should be viewed as a cultivation of a capacity for deeper and richer forms of consciousness. Yuasa (1987) calls this “bright consciousness”; Hanna (1970) describes this as the evolution of the soma. They suggest that conscious embodiment is new territory for us as a species, not a reclaiming of old ground. However, this should not align the project of embodiment with a modernist grand theory of progress – rather, the specificity and multiplicity of embodiment might be more congruent with a postmodern sensibility that recognizes the unique, fluid, and contingent nature of embodied experience.

By integrating these understandings with the concept of performativity (Butler, 1993) it is possible to suggest further implications for practice that speak to the question of how critically informed somatic psychotherapy might address the embodied effects of oppression. If the unequal social categories upon which oppression is predicated (Johnson, 2001) are culturally constructed through “regulative discourses” (including nonverbal communication as discourse)(Manusov, 2006), it is the repetition of acts shaped by these discourses that maintains the appearance of a coherent identity. In short, if oppression depends upon naturalized social categories of unequal power and status, the idea that identity is performative (that is, it depends not on naturalized differences but on reiterative acts) then changing those acts disrupts the categories upon which social inequity depends. Given the value of nonverbal communication in the development of critical consciousness articulated by participants in this research, it follows that anti-oppressive somatic psychotherapy that incorporates psychoeducational material on nonverbal communication could provide clients with an opportunity to experiment with such changes, and develop a more refined and effective degree of somatic literacy (Linden, 1997).

While the cultivation of conscious embodiment and the development of somatic literacy form the two key implications for practice based on the knowledge and insights of participants in this research study, several additional implications also emerged from the findings. The first suggests a particular quality of therapeutic relationship, based on Zaylie’s description of the residual somatic effects of oppression. As she talks about having “this kind of tar coating all of my insides”, she further acknowledges that this residue prevents her from absorbing emotional, psychological, and relational nutrients – from being affected by positive experiences with others. It is not just that her body lives with the residual effects of oppression, but that oppression interferes with her capacity to engage with and be nourished by the world. It follows that if Zaylie’s experience of oppression has impaired her capacity to be affected by positive (and potentially transformative) experiences as well as protected her from damaging experiences, the importance of genuine engagement between therapist and client in the therapeutic encounter is underscored. Taking the time to establish a safe and nurturing environment in which the unique ways in which individuals embody oppression (and learn ways to protect themselves from oppression through the body) may be even more important than usual for clients struggling with its somatic effects.

This particular finding also has another possible implication for practice. Laura Doyle (in Cohen and Weiss, 2003) suggests that the art of narrative becomes a way to safely slip back into the subjective body. For the abject subject, words offer a way of touching the body and being touched by it without pain. Given the remarkable degree to which participants were able to disclose very personal and deeply troubling wounds, this study is able to provide some affirmation of the value of narrative in psychotherapeutic practices designed to help clients access similar material.

Conclusion

This article describes the embodied experiences of individuals who have faced various forms of oppression, and connects those experiences to implications for somatic psychology theory and practice in an increasingly diverse social world. Although the stories they tell offer examples of the trauma and disconnection that result from the misuse of interpersonal and social power, they also offer the promise of hope and change. Despite the embodied wounds inflicted over a lifetime of unjust and inequitable power relations, each of the participants in this study still experience their body as an important source of knowledge and power.

This research provides some evidence of the relationship between the somatic effects of trauma and embodied responses to oppression. While empirical correlations between trauma and oppression (and oppression as a form of chronic trauma) have not yet been established, sound theoretical links do exist (Burstow, 2003) and the data from this study suggest that further research to articulate the specific somatic effects of oppression as a form of trauma is worth pursuing. The study also points to how the emergent nature of the experienced body (Grosz, 1994) provides a medium for transforming oppression, and the narratives in this study offer vivid illustrations of the way in which the body is a potential source of personal knowledge, agency, power, and creative expression. It suggests that the hope of social justice can be realized in part through reclaiming our bodies as the necessary ground of our (inter)subjectivity (Csordas, 1994).

Although this study offers only the beginnings of suggestions about how the project of transforming the lived experience of oppression through somatic psychotherapy and psychoeducation might proceed, I hope that it will serve as an intriguing and inspiring point of reference for researchers, practitioners, educators, community activists, and others who are interested in engaging the body’s capacity to resist and transform oppression.

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Let There Be Light

Creating Differentiation and Safety with a Highly Dissociative Client Through Relational Body-Psychotherapy

Asaf Rolef Ben-Shahar
Kate Wood

Abstract

Dissociative Identity Disorder presents a unique challenge to any therapeutic process, and even more so to psychotherapists who choose to work relationally. This paper is a collaborative effort of psychotherapist and client, exploring together various aspects of the journey of creating differentiation and reclaiming secure attachment within a highly dissociative presentation. Through Kate's experiential account of her therapeutic process, the paper examines the impact of severe trauma on the relational field, and offers a body-centred and relational approach to psychotherapeutic work with Dissociative Identity Disorder. The paper further demonstrates the countertransference journeys, and therapist's own work as it unravels parallel to the client's and suggests that relational body-psychotherapy stands a genuine chance of interrupting disorganised attachment schemas; that psychotherapy as a primarily loving relationship can, when allowed in, touch even the most wounded of places and illuminate the darkest corners of the psyche.

Key words

Dissociation - Disorganised Attachment – Relationality - Dissociative Identity Disorder

In the beginning God created the heavens and the earth. Now the earth was formless and empty, darkness was over the surface of the deep, and the Spirit of God was hovering over the waters.

And God said, "Let there be light," and there was light. God saw that the light was good, and He separated the light from the darkness. God called the light "day," and the darkness He called "night." And there was evening, and there was morning—the first day.
Genesis 1:1-5

I had a recurring dream as a young boy, where I was eaten alive by the Metro-Goldwyn-Mayers lion. I would approach the big MGM ring, watching with awe the lion inside it, feeling compelled to draw closer. As the lion roared I came closer still and let my head drop into his jaws.

I remember the dark quietness inside and recall the thoughts I used to have there, inside the lion's head, inside my dream. I would wonder what it meant if I died in my dream. People always told me that it was impossible, that you woke up in the last minute. And then, in a slow motion of stillness and dissociation the lion would lock his jaw, biting my head off.

There was a sharp pain and then a long period of nothingness, a blessed nothingness.

Asaf: Introduction: form and flow

The dialogue between understanding that is acquired theoretically, and knowledge gained through experience always intrigues me. My client Kate, who has co-written this paper with me, has taught me extensively about attachment and love, dissociation and trauma, hope, pain and connection. It is my hope that through her story, a personal account of therapeutic journeying, you will gain a taste of both the theoretical and experiential aspects of our work together, and of the complexity of Kate's story. But before plunging into her fascinating world, perhaps we can take a look at form and flow.

Life begins with distinction, with organization. In the bible, creation began with a distinction – the naming of light, that separated it from darkness. Before the time of distinction, the world was all flow, formless, chaotic. All was possible, yet nothing distinct; all choices were open, yet none was realized.

The egg opens to receive the sperm; the fertilized egg travels down the fallopian tube and grounds itself in the uterus. How do the embryonic cells differentiate? How does the embryo know which cells are going to form a leg and which a liver? Which would become a nerve cell and which a muscle? The cells organise themselves in relation to one another. The principle of organising, of creating form, is not singular, but a matrix of relationship – in space and between different levels of cells. Every aspect of organisation takes place within context, and the context of human organisation is one of relationships.

All organisms move between organisation and change; between 'being organised', taking form, and the process of organising – being in flow. The former allows us to function in the world – it is about stability, knowing what things are, how things are. The latter, allows us to adjust and adapt to new changing conditions, both outside of us and within us.

This 'dipping' into the land of pre-distinction, of chaos and of possibilities is a biologically necessary process. As every new experience requires adaptation, it requires both form and flow – both the capacity to 'be in gear' and the in-between process. But what if we get stuck in chaos, what if something happens to us where distinction and form cannot be completed? What if we get stuck in trance?

Two major ways we organize our reality and create forms are through our muscular structure (how we hold ourselves, where we 'hold') and linguistic organisation. Both linguistic and structural reorganizations are processes of integration. The unity of linguistic and structural reorganization is necessary in reuniting the split self by owning, holistically, all of what is me.

But sometimes this reuniting is ill-advised. Sometimes, fragmentation and separation are necessary to maintain the safety and survival of the person.

Rosenberg, Rand and Asay (1985) relate to splitting as separating from the body to avoid pain, resulting in avoidance of feelings – good and bad – and deadening oneself. This paper will allow you a glimpse into a person who chose such a deep, deadening split as a creative feat against psychic death.

When such extreme measures are taken, when the very core of the self is split; when the form that a person takes is one of multiple, disconnected fragments of selves, the return to the land of the living is a long and slow journey. Dissociative Identity Disorder (DID) represents one such brave attempt to sustain life in unliveable situations through tearing the matrix of self. And the story here, told by Kate, is an heroic account of such an attempt.

Kate: Before the beginning

Kate

Deep down I always knew something was wrong. I often thought how good it would be to see a psychotherapist, but I ignored it because who wants to be sick or crazy? Difficulties with acute stress at school and then at university led to a breakdown in my early 20's. Then, wrenching myself out of a disastrous first marriage to an abusive man, I decided to "forget" deliberately all about what had happened and just get on with my life, make something of it. I didn't think about my first marriage for many years. The sexually abusive aspect of my experience in that first marriage was quite simply missing from my memory.

When I was thirty, I set up my own company and it has gone from strength to strength, one of the global leaders in its field. I married and had two children. But aged 46 I had another breakdown, this time much more serious.

I sought therapy for help with fear of flying, one of my numerous phobias, but finding a safe place simply allowed me to collapse, and soon I had stopped working and was able to do very little, overwhelmed by anxiety and sheer panic. In fact, the thing that appealed to me most was to be hospitalized in some kind of catatonic state that required me to do nothing. Above all, the memories of my first marriage began to resurface and went round and round in my head obsessively. I just couldn't stop them.

At the beginning of therapy, I was not conscious of parts, just that my experience of life had become bewildering. I was swimming in a soup of confusion. Notes of a typical session, which I sent to Asaf, said:

I had been feeling a bit distant, a bit detached from reality, it was a bit difficult to keep a grip on what I should be doing, so I was late leaving the house, and I was nearly late for the session because I was wandering around and forgot the time. I wanted to look at you, but it was hard to do. I think I was rocking because I was trying to stay present and it's comforting to rock. When you held me, it was nice to be held and I felt safe. I thought I could lie there for a long time. But after a while, I began to feel anxious, and I could feel energy inside my body. At first it was small and I could cope with it, but then it began to come in waves like it does at night when I wake up, like fear, what I used to feel as pain. And when I had this feeling, I felt like I wanted to move, but I couldn't work out how, but then I had this feeling like when you are trapped or restrained and you panic and I just wanted to get out, and I wanted to hit with my arms and kick with my legs, anything to get out.

I came to session after session and was unable to say more than a sentence or two. Asaf asked me to send him an email after each session describing my feelings inside. I wrote these stream-of-consciousness accounts of the sessions – which I am quoting from in this article - later the same day when I could still remember what had happened. Reading them now is like visiting a distant country:

I wanted to push the cushion off, and I did want to hit the cushion and hurt it. I wanted to say things, but it was very difficult to speak and I had to try very hard to say 'get off me, stop it, I don't like it, leave me alone.' Then, when I had pushed the cushion and hit it a lot, I rolled onto my stomach because I thought I had finished and I wanted to rest but then suddenly I was really in the scary space and I could feel the spasms in my chest really strongly and I felt pinned to the floor and I felt crushed and choked and I couldn't breathe and all around me was fear and panic and it was over my head and it was really scary. So I rolled on my side and the feelings began to subside and then in a wave I felt this feeling of emotional hurt and it was in front of me like before when I felt this mountain of pain, and it hurt to sense these feelings were there, but I felt a bit removed from them like I was protected from feeling them fully. You asked me where was the pain but I just felt frightened and I looked inside but I couldn't feel anything in my body, there was nothing there, it was all outside my body.

Asaf & Kate: The Beginning

When philosopher Simone Weil wrote (1947): “The false god changes suffering into violence; the true God changes violence into suffering,” I believe she spoke of the process of healing. Severance is violence, and healing goes through the ability to suffer, to bear the broken heart, allow it to burn with hurt, and be supported through this process, so as to come out on the other side, still human.

My cousin Alon was killed in Lebanon a few months short of my Bar-Mitzvah (thirteenth birthday). I remember my dad coming into my room, telling me that the teachers were on strike and there was no school that day. He looked distraught but I attributed it to the hour, and was jumping with joy. When I was later told of the ‘real’ reason for skipping school, my mood shifted. Not to sadness or distress, but instead to numbness, an ever so familiar numbness with which came great shame, for being so inhuman.

I was not allowed to go to the funeral, but went to the grave at the end of the ‘Shiva,’ seven days after the funeral. Many people stood by the grave. Many familiar faces, many soldiers. I knew that something horrid had happened. I understood, as much as I could the loss and could clearly sense that my uncle, my father, my family will never be the same, but felt nothing. A veil had fallen. To be more accurate I did feel that I ought to have felt sadness, and was anxious and shamed of my lack of empathy, sadness or tearfulness. I stood by the grave, trying to will myself to cry, contorting my face and keeping my eyes open without blinking, in the hope that my humanness will awaken, that my suffering will come; nothing. In my shame, I wet my fingers with spit and secretly applied it to my eyes, so I would seem to cry; such was my wish to join the realm of human feelings.

At twelve, though, my dissociative tendencies were already well in place. I could do many feelings: anxiety, insecurity, anger, shame and also extreme excitement or playfulness. I could do these very well. Yet the softer, more vulnerable spectrum of the emotional rainbow was inaccessible for me: sadness, grief, yearning, needing. Even when I could feel it: I couldn’t express them.

The curse and blessing of dissociative tendencies go far back to my infancy. My training and practice as a psychotherapist and particularly in the choice of working relationally as a body-psychotherapist represents, for me, the journey of reclaiming my capacity to feel. Having spent many years worshipping the false god, seeking practices that would help me disconnect and sever those aspects of myself that I found too painful, I am now seeking the true god, that of recovery, of healing.

I open my heart to receive myself and others and endeavour to remain open, not to allow life experiences – my own and others’ – to sever my connections within myself, with another and with something larger. I try to connect to that which resides both inside us and outside of us. Knowing my default tendency to cut off, to observe rather than participate, I engage in constant reminders that with severance life disappears; that, as Tennyson so beautifully posed (1850): “’tis better to have loved and have lost than never to have loved at all.”

But it was very difficult to be true to this ethos with Kate. Our first two years were dreadfully taxing. The dissociative patterns were both familiar and unbearable, and I was filled with compassion and helplessness, anger and full-blown narcissistic desire to save. In those two years Kate would come into the sessions and if she said more than a sentence, I felt celebratory. She would easily regress to places where I felt an abuser, and I could not call upon an adult part of her. In my countertransference, in the resonance, I was distressed, anxious, washed over by waves I was not certain I could survive. At first, when Kate presented all flow and very little form, it was my role to hold the chaos, to bear it without severing myself from her, from our relationship and from myself. And not always was I successful in that task.

Kate

Alongside the pattern of regressive memories was the struggle between the part of me that just wanted out, to end it all, and the part that was clinging to life, sometimes just by my fingertips. Part of me went to pharmacy after pharmacy buying packets of paracetamol while part of me inside was shouting “no”. And alongside this in the sessions and in my personal life was the presence of an uncomfortable mixture of fear and repulsion with sexual arousal, the two intertwined so that whichever started first, the other feeling would follow not far behind.

And our sessions were taken up with giving space to the part that wanted an end to it all or to the difficult task of trying to separate out my sexual feelings from feelings of fear and repulsion or in trying to avoid me lapsing into the non-speaking space. The draw to go to the part where I couldn’t speak, or the struggle I faced between the part that wanted suicide and the part that wanted life, the part that wanted to come to the sessions and just be, not to have to do anything, or the angry part; I learned that I needed to give all these parts of me space and not ignore parts of me as I had always done before, so that I could develop a healthier way of being in the world.

Asaf

I could sense Kate’s story. I could sense the dread, the abuse, the confusion of safety, sexual arousal and terror: not only in Kate, but inside of me too. I have to admit that these sessions brought into my attention that I am not as good a person as I would have liked to imagine, that my thoughts and feelings could easily visit the darkest of shadows; and coming back to remembering

choice, to choose life – because how can I expect Kate, with history of incestuous, familial sexual abuse from such an early age, to make a choice of life if I cannot do so myself?

Kate & Asaf : Shadows of abuse

Kate

The flashbacks continued throughout the fourth year of therapy. We put a lot of work into helping me see that I was choosing to go to these scary spaces, but to be honest even now I'm not convinced. Something would trigger a flashback, bringing feelings that quickly overwhelmed me. Some tension developed between us. We discussed being stuck:

Asaf said that after the last session he felt sad because we are a bit stuck and I keep going to these places and abandoning the adult me. And he talked about how if we are going to work in these spaces my adult must be present. He pointed out I get lots of signals of what's happening. I said I couldn't stop it, it was too powerful. He said I could go there, but I must name what's happening to me and keep the adult me present. He said that when the signals came I knew what was happening, that it seemed nice and safe but that then it becomes unsafe and scary. I said I need to be able to hide. I was feeling dizzy. Asaf asked what was happening, so I explained I felt dizzy and I said I was regressing. It was difficult to speak. I decided to get up and walk around but it was more of a shuffle and I couldn't stop it, the process. I lay down on the cushions and I cried and cried. Asaf sat next to me and put his arm round me. Asaf asked me if I knew that he loved me and I said 'no, I can't feel that.' I couldn't speak very easily.

It was useful to learn the things which triggered flashbacks, which included being held with both arms, lying on my front, having my hair stroked, feeling trapped or restrained, anything covering my mouth, lying on my back, touching certain sensitive points in my back.

In a session that I found very significant, we made a hypnotic journey into the dark space in my mind. Imagine an arid, colourless desert landscape, the grey stones and boulders eerily lit by a distant yellow sun low on the horizon, almost obscured by an oppressive roof of rolling, dark clouds. There, by a large boulder, we met Roxanne, a beautiful leopard whose fierce yellow gaze is matched by her menacing growl. My younger parts are intimidated by her subdued ferocity; they aren't allowed to touch her, but they feel very safe with her standing guard on their safe space, the den. When I summon Roxanne I feel much safer and I love imagining running my hand through her luxuriant, soft fur.

Asaf

It took a long while, but through the insistence on attachment, a lot of holding, and withstanding the story (and with much therapeutic and supervision support) we started to have a system. Now Kate no longer had to send me long emails between sessions. After a while, she could read these emails to me in the sessions, then shorten her emails into poems, then read the poems. Two years later, we could actually speak.

The adolescent parts frequently pretended to be an adult, resulting in a quick spiralling down into terror and panic, and it was despairing to watch, and witness. They are still struggling to announce their presence, which is understandable given Kate's background, but makes the therapeutic work unstable at times. However, once we understood some more about the inner working of Kate's parts, we could engage in creation: making distinctions between parts was beginning to take shape, and as there was (slightly) less fear in the system, the younger parts began to speak. Sometimes they were fully separated from Kate, and at other times, as you can notice in the paragraphs below, two or more parts speak together.

Kate

We had once before made a list of all the things I had learned which help me feel safe when I'm afraid, over twenty of them, and now Asaf suggested we put them in a safety box. We spent a session that felt very special to me preparing the box. After decorating it with stickers we drew cards with reminders of exercises like imagining my safe space - a beautiful green room - going walking or jogging, listening to music, listening to a hypnotic exercise which Asaf recorded for me. Lining the box with tissue paper, we added a small bottle of oil perfumed like the oil burned in the therapy room, coloured strings to make a safe space, special stones and shells I had collected. Last of all, a little toy leopard that Asaf gave me. I love my safety box. The message inside the lid reminds me that, "*when you need this box it will feel as if nothing will help but the things in this box really will help you*".

Asaf gave me the DES questionnaire (Dissociative Experience Scale) to complete, my first introduction to the idea that I might be diagnosed with a dissociative disorder. I filled it in several times, noticing that every time I wanted to give a different answer. The first time I scored low for most questions. I explained to Asaf that this was "because I couldn't remember how it feels

being me. Then I was playing the piano the next day, and I really couldn't play very well, my hands felt small and weak and they couldn't find the notes that are usually quite familiar. Then the penny dropped. This is one of the experiences described in the questionnaire. I found that every question needed careful checking against my experience several times. "Asaf suggested going for an assessment for a dissociative disorder, but I wasn't sure about doing it. Part of me thought Asaf was wrong.

Asaf, Kate & Sally: EMDR

Spending most of our sessions simply making Kate safe was important, but very different from 'normal' psychotherapy. It was very taxing to discuss anything that had any emotional significance whatsoever without slipping into terror. Once Kate froze, we had to spend long minutes 'bringing her back' from the contorting, shaking, nonverbal regressive terror she was sucked into. We did it through holding, incredibly proactive interventions (even going for walks in the park) and continuous investment in our here-and-now relationship. But still, we spent the majority of our time putting out fires, and it was a painful process for the two of us. I wanted Kate to experience some joy; and my offer for EMDR (Eye Movement Desensitization and Reprocessing) was in order to attempt some trauma work that would not spin her quickly into trauma-land. Our EMDR processes were with Sally, a nine-year-old part of Kate. They wrote:

Kate & Sally

The first session of EMDR was a luminous experience which ended when the young Sally smiled at me and said she didn't understand my sadness. "It doesn't matter, let it go" Sally said. The second session of EMDR was more difficult. I had chosen to work with an accident when I fell in the garden aged nine and broke my arm. I visualized the scene and remembered running into the house to my mother holding my lifeless arm up and crying.

The first thing that I came up with was to do with Mum not listening. 'Why doesn't she pay attention to me?' I remembered how I never felt that my feelings were acknowledged, that I didn't feel valued, so I was always trying hard, terrified of failure. I knew my parents loved me, but I didn't **feel** loved. They didn't show me or tell me that they loved me. I remembered the shock of going to a friend's house to a family that was much more openly affectionate than mine. 'It's not good enough' I said about how my mother parented me, and I felt angry with her. I went back to the broken arm incident, and I saw that I felt angry with her. I could see that she was frightened and didn't know what to do, but I didn't want to let her off the hook. She just wasn't listening to me as I screamed and screamed, she wasn't giving me enough respect to realize that I wouldn't be screaming unless there was really something wrong.

I felt stuck on the fact that I could see that my mother was frightened and didn't know what to do and in my frustration at not communicating that something was really wrong. Why wasn't she more caring and sympathetic when I was hurt? Something inside was shifting and I felt waves of fear pass through my body from my feet to my head. We worked through it with eye movements. Once the familiar spasms started, but we went back to the scene and carried on. Suddenly I had the feeling that something was breaking through from another time and place, like someone switched channels.

I had the feeling I don't want to be touched and I put my hand up to push someone away. When I withdrew my hand it reached out again to push away. I had the sense of a struggle; fear mixed with sexual arousal. We worked through it but then it changed again and I had the sense of being overwhelmed, of a big feeling of pain in front of me, over me and I asked Asaf to stop. We returned to the scene in my dining room when I was nine and I asked my mother why didn't you pay attention to me, listen to me, pay attention to my feelings? And I felt these waves of feeling going down my body which I couldn't identify - an energy, not unpleasant but healing. And we finished the EMDR thinking of feelings of being loveable and safe.

Asaf

Following these EMDR sessions with Sally, she has become the least frightened of all of Kate's parts, and was a great help when Kate, or another part, got stuck or too frightened, I now had an 'inside ally' to call upon in troubled spaces. Still, very little of what happened was revealed. She would write in children's handwriting short sentences on a paper: "Stop it, Dad. Don't touch me, Dad. Leave me alone." But no matter how many parts emerged, they seemed to remember next to nothing, even though their bodies expressed the terror, pain and betrayal they have experienced.

Kate, Asaf and others: a first glance at a complex system

Kate

We planned to do more sessions of EMDR but I began to worry about the part of me that didn't want to know. In my mind's eye, I kept seeing her sitting with her arms hanging in her lap and her head hanging down. I told Asaf that I didn't want to proceed without listening to this part of me. Asaf said he wanted to speak to her. He said we could have a conference with all of my parts but I had begun to droop my head and straight away I started crying.

I think I said she's very sad, this part of me." I couldn't stop crying. Asaf asked if I wanted contact. "She's very frightened." I replied and all the time I was crying and I couldn't stop even though I tried. Asaf said "you look very isolated." and I said, "That's how it is for this part of me." When the fear had subsided a little, Asaf asked to hold me. Now that I was feeling safer he asked to talk to the part of me that doesn't want to know. At first I talked of this part of me as her, but then something switched inside and I was her, speaking in a girlish voice. Asaf spoke to her very gently and she was still crying. He asked how old she was, and she said twelve, and he asked what had happened to her to make her split when she was twelve, but she said she didn't know.

As we began to acknowledge my parts more fully and began to get to know them, they started to blossom in a way that really surprised me. In one session Asaf asked me to describe all the parts of me. "I explained that there was a little baby wrapped in a shawl, a year-old baby who sometimes cries but sometimes is happy, a three-year-old girl, a nine-year-old who always wears a dress, the twelve-year-old and the teenage me."

The angry teenager was a strong feature of the sessions for a while: "And the teenage me was angry again, and Asaf got her to make angry noises, and she could do that quite easily even though I couldn't. And she said **she** wanted to be in charge, not the grown up, but Asaf explained that no part needed to be in charge, all the parts of me have to work together." She had no problem saying things that Kate couldn't give voice to, like telling Asaf that she didn't want him to go away on holiday, and through this I learned the value of giving voice to and owning my feelings instead of pushing them away if they were painful or inconvenient. "I needed the brave teenage me to feel very safe so I could say it to Asaf; the grown up me couldn't do it."

Asaf asked if the twelve-year-old would talk to him, and I said I don't know. He asked if he could hold her, and I said yes so he held me and asked to talk to the twelve-year-old. 'I spoke to him in a whisper because I couldn't speak any louder even though I tried very hard, and I said that I was very frightened and that nobody realized how frightened I am.' I can't remember everything but I remember Asaf suggesting that she had her own secret space and she liked that idea. Then Asaf asked to speak to the teenager and I wondered if I could just switch to her and if I was just making it all up but she came out and was her usual feisty, bolshy self. She said 'the grown up doesn't want me to keep coming out.' We talked about anger and how angry she is, and she said, "I have to have all the anger so that it doesn't inconvenience the grown up."

Asaf

As body psychotherapists, and indeed many attachment-conscious psychotherapists, these descriptions may not seem abnormal. We all have parts, we all work with parts. You may wonder, how does someone with dissociative identity disorder differ from our normal dissociation? I think that the answer lies in the relationship between the parts and the whole and the means by which they are kept separate. Kate's 'switching' is not a result of therapeutic practice, it happens naturally. The parts cannot always remember what other parts did (she would tell me things dozens of times, from different parts, not remembering that she had), and they have different relationships with me. As Valerie Sinason, a brave woman and a forerunner for believing, in supporting and raising awareness of DID in the UK had written (2002): "At one level the idea that five different people could all have timeshares in one body seems absurd. And yet, it is both delusional and real and all at the same time" (p.7).

The first few years of psychotherapy with Kate were so distressing because I often ended up with babies, who could not speak or express themselves in any clear way: and nobody was there to help. Although I knew that Kate was highly dissociative, it took me a few years to realise the extent of her dissociation – and recognise that she was DID. The amnesic barriers never ceased to surprise me, and while part-work as a therapeutic tool usually aims at integration, I am not certain that integration is what we were seeking here, with Kate. We wanted peace, safety and a good operational communication system. To some extent, Kate has no hierarchical cohesive ego system. On some level, Kate is not 'the real' person while the others are 'parts'; on some level we simply helped discern what structure (form) could be extracted from life that required constant flow, from life under continuous threat to the very survival of the ego. This required not only unstoppable humorous interventions (so as to avoid the seriousness of terror), and continuous creative means, but more so – it demanded that I loved my own self-loathed child, that I opened to receive that which was within me that I, for long many years, refused to open to. And that I learned to be with more ease with oceans of not knowing.

Kate

Asaf devised creative exercises to help distinguish my parts:

He said that when he was a child there was a washing line between his bedroom and his sister's and they used to send each other messages and gifts via the line and pulley, so he said we could send messages and gifts to my parts and so we did. And to the fourteen-year-old I sent a purple fleecy blanket to curl up with if she feels afraid; to the five-year-old Asaf sent a chocolate muffin and I sent a box with something in it for when she feels frightened but I don't remember what. I don't remember all the gifts but to the adult Asaf sent a special mobile phone that she could use to keep in contact with all the parts and I sent her magic shoes that when she wore them danced around joyfully. They sent gifts back to me. One sent me a spider in a box and I was frightened because I don't like spiders, but it turned out to be a silly spider that spoke to me and said something like "don't be afraid" and it had silly red lips and made me laugh. And at the end when my grown up came back I noticed that I feel more complete when we spend time with my young parts.

As well as looking in the imaginary mobile phone to see who it was, we tried various other techniques for identifying who came out like going to my den and asking parts who it was, or seeing who was missing from the den. None of these felt very reliable or meaningful to me.

One day the nine-year-old said she had a name, Sally, and it felt good that she had a name and she really likes her name. One week Sally told Asaf how during the week the twelve-year-old had been very angry and imagined coming to St Albans and sitting near the door and refusing to come into the room. Soon after that I switched and the twelve-year-old came, her voice soft and fragile.

I told Asaf I had been sad and angry and we played at discharging anger by stomping on the floor. I said how I get frightened and Asaf said 'there's nothing to be frightened of here. Are you frightened of me?' And I said 'a bit.' He asked why and I said 'Because you're a man.' Asaf asked whether I had a name, and I thought about it and then suggested Rebecca. Asaf asked why I hadn't been around for so long, and I said I was frightened and shy. Asaf laid his hand on my tummy, and after a while I felt a warm sexual glow spreading through my body. Asaf said 'sexual energy is the energy of life.' I was fidgety and Asaf said 'All of your feelings are welcome here including your sexual feelings. You are safe here, I won't act sexually towards you so your feelings are safe.' Asaf said that at the moment it's like his bag of strings are if they aren't tied in balls; my personalities aren't defined enough. But he hopes that if we work this way my parts will get better defined and things will be easier. Asaf said that he liked me, and he asked how it felt to hear that and I said 'squirmy.' Asaf didn't understand the word so I explained that it's how your body goes if someone is holding you down and you are trying to get away. 'But I'm not holding you down' he replied, so I explained that it can also mean feeling embarrassed.

Asaf

The safer Kate became, the more easily discernable were the switches – and this, in turn, helped Kate and the others with healthier emotional regulation and 'being in the world.' The distinction of parts also helped us make sense of amnesic gaps in Kate's presentation.

Kate

On my way to the next session I noticed the unfamiliar sensation of part of me not wanting to go. Asaf suggested that we ask this part to be present for a few minutes.

I felt myself switching and lay there wondering who's this and when Asaf asked the answer came back 'I'm Hannah..' A new part, around Sally's age, but unlike Sally this part was terrified. She couldn't stop shaking and she burst into tears and cried for a long time. Asaf covered her with a blanket but still she was shaking. So he tapped lightly on my face with his fingertips and focusing on that physical sensation helped her stop shaking. She said 'I've been here before.' and Asaf said 'I know' but the adult felt a bit baffled.

We both noticed that we knew when Sally came out because suddenly I would be wide awake and Asaf speculated that Sally is wide awake because she is the least frightened part and that my parts feel sleepy because they were used to going to sleep when they were frightened, so that when they woke up again it would all be over and I thought this resonated with my experience.

The three-year-old announced one day that her name was Amelia. She loves making up stories like the story of a fish named Danny who went to visit a wise old shell at the bottom of the sea.

The wise old shell offered Danny one wish and Danny had to decide what to wish for. He wanted to wish for lots of things to eat or lots of new friends or for his mother to come back. He couldn't decide which then he decided to wish for lots of food to eat, but straight after he wished he realized he really wanted to wish for lots of new friends. But he got lots of food, so lots of other fish came to look and he let them share the food and made lots of new friends, and one of the fish who came to look was his Mummy, so the wise old shell was looking after him anyway. I'm very proud of my story. (Amelia, 3)

Asaf, Sally and Kate: Diagnosis, a recognition of multiplicity

As soon as we started working with the assumption of multiplicity, therapeutic progress was clear and Kate was happier, and less frightened. Indeed, there was always great sadness and fear in the background, as all the young parts were subjected to horrible abuse, even if they did not talk about it, but Kate's life was easier. Our sessions became more manageable and communication flowing. The new form was unlike any other I know. It was not of integration, but one of multiplicity and relationship between parts, but it was working. It was as if I had to be ten different therapists for ten different people. With the young parts we played, sang songs and made up stories, with the older – we conversed. Different parts had different vocabulary, and I would use humour, varied vocabulary and continuous observation of body signals to discern switches and shifts between parts. My body-psychotherapy training helped me notice shifts before verbal content was presented, and it was particularly useful with charged emotional content. Periodically, someone would disclose a piece of disturbing biographical data, including touching genitalia, penetration, choking sensations and description of abuse. Consistently, these descriptions were quickly forgotten. I felt like the person telling the story had yet to come to the surface.

But Kate was always functioning and seemed healthy and powerful and although she struggled most of her life, nobody else believed that she suffered. Kate could speak about her difficulties in ways that made you think she was a doctor diagnosing some pathetic distant tribe. And professionals failed to recognise time and again her vulnerability. We thought of getting a diagnosis of dissociative disorder for a variety of reasons. The first was to help her make sense of herself and the world around her, in particular, when facing healthcare services; the second was to attain a recognition for her multiplicity – an anchor for her progress and her reality. The third was more complex. I was contemplating moving back to Israel in two or three years, and although I hadn't made up my mind at that point, I knew that, with a formal diagnosis of DID Kate might find specialised support more easily.

There are two main places for assessing DID in the UK, one through the Clinic for Dissociative Studies headed by Valerie Sinason, the other through Remy Aquarone of the Pottergate Centre. While exploring both possibilities, Kate chose the latter because of the difficulties of getting NHS funding to go to the Clinic for Dissociative Studies.

Kate

Getting the date for the assessment for a dissociative disorder plunged me into more fear, waking me at night, and during the day using up my energy like a computer slowed down by a programme running in the background. I couldn't imagine the adult allowing the little ones out during the assessment in a new place, where I probably wouldn't feel safe, in front of people I hadn't met before. How would they assess me if they only met one part? Asaf suggested that I speak with Remy Aquarone on the telephone beforehand. I wasn't sure I could do it but we arranged to ring him from one of my sessions and we fixed a date.

I was apprehensive about speaking to Remy. I decided we could think of some questions to ask about the assessment. There were eight questions like "what colour is the room? Can I arrive early and ring Asaf first? Does one person ask all the questions or does each of them ask different questions? Will I be able to have a drink of water and a box of tissues? Do you need to meet all my parts? What do you do to help people feel safe?" I think different parts wanted to ask different questions.

Then we had to decide who would speak to Remy. Kate had gone already, so Asaf asked if someone would like to volunteer. Sally loves helping and organizing things, so she said she would like to do it. And when I switched to be Sally, suddenly I didn't feel so frightened, in fact, she enjoyed being in charge. 'I said to Remy that I had a list of questions to ask him.' Even though she was less frightened my body shook all the time Sally was on the phone. Sally said to Remy 'there are eight questions.' and she asked them one by one, but when she got to question seven, she asked question eight instead because it was easier. Asaf pointed to question seven. It was the question 'Do you need to meet all my parts?' I knew I had to ask it, but it was just a bit scary, and I shook even more when I asked it. But it was OK, Remy said that he only needed to meet whoever wanted to come and that they would work with whoever is there, though it would help if they could meet some parts. I said that's all the questions. Then Remy said could he ask me one and when I said 'yes' he asked 'Is this Kate I'm speaking to?'

and I said ‘no, it is Sally.’ Remy asked ‘Right, Sally, do you ask all the questions then?’ and I said ‘no, it’s just that I’m not as frightened as the others.’” (Sally, 9)

That evening I sent Remy an email listing my parts, and as I typed out the list with their names and ages, Sally came again. “I put in all of their favourite colours because I really like it: I like mauve, Milly likes pale blue, Amelia loves pink, the babies have yellow and white because they are too little to choose. Hannah’s favourite colour is red, Rebecca’s is turquoise because it’s more grown up, and Miranda’s is purple. I really enjoyed typing this list and sending it to Remy.”

These favourite colors have since become my own creative and reliable way to identify my parts.

Asaf

When we are not certain who is in the room, I ask the person with me what their favourite colour is. They usually know immediately, and we have a useful reference to know who is there. How difficult it is not to know who you are!

Kate

During the assessment, the adult was being hyper-vigilant and didn’t want any parts to come out because she was embarrassed to be so weird. But it was difficult to keep a lid on them, and the effort made her speak in a robotic, expressionless voice and my body shook. After an hour of questions, I felt exhausted from the effort and shaky, so I asked for a break. I decided that as Remy had spoken to Sally, and she was less frightened, it would make sense for her to come to the assessment. I realized that it was going to be difficult to get her to come, so I took Doobie, the teddy who works as Asaf’s assistant, in with me for the second part of the assessment. They asked me lots more questions, and I held Doobie. Then right at the end Remy asked whether Sally would come. Kate said she wasn’t sure but he said ‘Come on Sally, you’ve spoken to me before, do you remember?’ and suddenly there she was.

I was feeling shy but not too frightened, and I told Roger (the psychiatrist) and Remy about Doobie and how there is Panda as well in Asaf’s room, but we always play with Doobie and Asaf says we are mean to Panda. Remy looked at the list of parts from my email, and we talked about them all. I explained how some parts had come with a name like me and Amelia, and the others chose names. Then I explained how Rebecca whispers all the time and that there’s a very angry part that might be Miranda. Then I said we need to get Kate back, and I explained about the magic questions, and Remy asked what book Kate was reading, and I had to make a huge effort to bring Kate back but she did come back and we went home.

Kate and others, Asaf: Post Diagnosis

Kate

Getting the DID diagnosis was a shock, even though we had been working with my parts for a long time. And Miranda (14) usually refuses to accept having parts: “*Asaf commented that I seem to resist, and I said that’s because part of me doesn’t want all this. ‘What do you mean by all this?’ he asked ‘I don’t want to have parts, it’s silly and I want them to go away.’ So Asaf said ‘OK let’s put all your parts in a box and throw them away.’ I thought about this and began to laugh because I immediately felt that I love my parts and I really didn’t want to get rid of them*”.

We spent an entertaining session recording all my parts talking into Asaf’s iPod. They were all keen to contribute, Sally first, then Amelia, then Milly (the six-year-old), then Rebecca, whispering as usual, then bolshy Miranda, then Hannah, who hadn’t been to a session for ages. I couldn’t remember what they had all said afterwards, but I remember we laughed a lot, and it was fun. Then Asaf said he wanted to speak to the cynical part that doesn’t believe any of this stuff. And I replied that they wouldn’t speak into the microphone, so we switched it off. Then I was speaking to Asaf in this deeper voice, quite a different part, not frightened, quite angry, who looked Asaf in the eye. I don’t remember much about this conversation except that he said that he was a boy, and I remember observing in my head and thinking ‘I’m making this all up’, but then again I couldn’t speak in Kate’s voice.

Asaf

Richard, the boy, claimed to have seen it all. He made all the other parts ‘sleep’ while dad and granddad did horrible things to them from babyhood. Nothing was done to him, he said, because he was a boy. Richard told me a little bit of what he had experienced, but it was very difficult for him. The other parts did not know he was protecting him, and I was called to protect this boy, who took upon himself to be the carrier of such unfathomable burden. I commended him for his bravery, and

was very saddened by our meeting. I guess I was hoping, too, that Kate made it all up. It was better than hearing of what she had been through. Kate had almost complete amnesia to Richard's first conversation, but remembered more of his later appearances.

Kate

One day a phone session was hijacked from the beginning by a completely new part who said she was called Karen, who didn't seem to know why she was speaking to Asaf or what she was doing there, while Kate was inside wondering what was going on. Karen knew that Kate wanted to speak, but she said "I don't know what to say, why am I talking to you?" She felt very confused. I had very little memory of the conversation, and Asaf told me about it at my next session. Karen has reappeared recently:

Asaf pointed out that I wasn't an adult, and he asked who I was but I said 'I don't know.' I was speaking in a whisper. He asked what my favourite colour was, but when I looked inside I couldn't tell. All the time I felt cold, but Asaf said the room was hot, and it was fear that was making me cold. Asaf asked 'Are you Karen?' and I nodded. He said I could choose a favourite colour, and I told him it was orange like the blanket. I told Asaf how I live in a cave on my own. Asaf asked 'Didn't I want to be with the others?' but I told him how they mess around, and I don't want to. I told Asaf I was very sad. Asaf was shutting his eyes like he was sleepy. I asked why he was shutting his eyes, and he said so he could listen more carefully. 'So you can listen with your tummy,' I said, and Asaf said yes. I told Asaf the sadness was in my tummy, and I shut my eyes, and Asaf said 'Listen to your tummy.' so I did and I said there was a lot of hurt there, as well as sadness, and as I felt it more strongly I said there was pain there too. I told Asaf about my cave which has little shelves with lights in and lots of cushions. (Karen, 7)

*

Milly (5-6) is feeling left out, and she wants to say that she is very creative too and once she made up a special song:

*I'm a cucumber long and green,
lift my leaf and I'll be seen,
pick me up and take me in the kitchen,
slice me up and crunch, crunch, crunch.*

I sang it twice, and it was funny. And I made up a story about a bear called Boris who got lost in a dark forest. He was rescued by a badger called Brandon and his wife Brenda and then he had to choose between two tunnels, one where he could go to a beautiful, happy place with rivers of chocolate and the other back to the dark forest where he was lost and had no friends and family. He chose to go back to the dark forest because he knew he had to, but Brenda told him to go to the clearing where someone would help him. So he went to the clearing where Asaf said he made a friend out of strawberries and cherries and his beary godmother turned him into a real friend, and they were rescued by a beautiful white flying horse. Asaf made up some bits of the story.

The most recent part to emerge is Richard.

Then I switched again and it was really difficult to speak, and it's difficult to remember what happened. Asaf asked questions like, 'Are you someone who's been here before?' 'No.' 'Are you a girl?' 'No.' 'It's very difficult to speak', he said in a croaky voice. Asaf said 'it's safe.' 'How is it safe?' The boy asked. 'The door is locked and there is just you and me,' Asaf replied, 'no-one else can get in. Do you have a name?' But the boy shook his head. 'You should have a name, what name would you like?' Asaf asked, and the boy said 'Richard.' Asaf asked if Richard knew who Amelia was pushing away because Amelia said she didn't know. The boy said 'Yes, it's her Dad, but she can't know that.' Asaf had asked Amelia if one of the others knew who she was pushing away, and she said they did and they said to her 'It's our Dad.' and she said 'they said it's my Dad but that can't be right, can it? Because he wouldn't do anything nasty to me.' And Asaf said 'No, he wouldn't.'

Richard said 'I've got all the memories because the girls can't have them.' Asaf said he was very very brave to have all the memories, but that now he didn't have to hold them on his own any more. He could give them to Asaf. Richard said, 'I'm not allowed to tell.' Asaf asked if he had been told that, and he nodded because he couldn't speak. Richard told Asaf things about seeing Amelia on the bed and her Dad leaning over her and holding her to the bed so that she can't move and can't breathe. Richard said 'I have the memories so that the girls don't have to have them and to save Amelia because otherwise she would die.' And Asaf said it was very clever to save Amelia because probably she would die if she knew. And he asked Richard if he had made Amelia sleep, and Richard said 'Yes, she's asleep. Amelia wants him to stop, but Dad likes it so he doesn't stop.' Richard said 'I like trucks and airplanes and cars. I don't like girly things, and the girls always choose girly

stickers.’ Asaf said he had stickers Richard would like, airplanes, lorries, cars, etc, and that he could choose one at the end. Asaf said ‘It’s good to hand over the memories to me, now you can offload a lot of fear.’ And then Richard said he was going to go back to the den.’

The next session Richard came again, and he looked at Kate’s body and felt revulsion.

‘I don’t want to be a girl’, he said. ‘You’re not a girl’ Asaf replied, and he explained how he was a boy existing in Kate’s body. On the phone after this session, Richard asked Asaf if he could come to the sessions and just be there and not have memories. He asked Asaf if he had any boy’s books, and Asaf said he would bring some.

Asaf & Kate: Let there be light

*You, darkness, of whom I am born
I love you more than the flame
that limits the world
to the circle it illumines
and excludes all the rest.*

*But the dark embraces everything:
shapes and shadows, creatures and me,
people, nations – just as they are.
It lets me imagine
a great presence stirring beside me.
I believe in the night.*

Rainer Maria Rilke (in Barrows & Macy, 1996)

I have recently written another paper about a dissociative client. It was a very emotionally charged piece for me, one that required a deep reaching into my soul and kept me awake for long weeks. When I offered Kate to write this paper together, I imagined it would be a similar experience. Kate took a long time to write this, and as you can probably see from the writing, different parts – different ages – are involved, expressing a variety of styles and grammatical complexities. I was faced with a choice of either minimising Kate’s writing and adding an academic frame that would illuminate the points I wanted to make, or allowing her to take centre stage, trust that the story of Kate and the others can entice, educate and raise questions in you and so, let go of what I thought this joint effort would look like.

In so doing we have written a piece that is more a therapeutic narrative than an article, and I have intentionally avoided giving too many details of the traumatic material in Kate’s background. This is both for your sake, as graphic details of abuse can easily divert attention from Kate to her story, and also for Kate’s sake: I promised Richard not to tell her too much. I hope that you could appreciate it from the complex web of responding to the world she has employed.

The chaotic world of dissociation Kate had inhabited was one where only few feelings were recognised. Either auto-pilot or non-functioning were the main organisational structures. She had sadly declared her incapacity to love, and I feel that through our work Kate has experienced the first genuinely intimate and loving relationship in her life. May many more come.

During our work, emotions, feelings and sensations were named and thus the inner world of fragmentation, Atlantis, was slowly allowed and encouraged to emerge from the depth of the ocean. I want to emphasise that such complex dealings with the world and its threats are not a ‘first line of defense’ but result from severe, life threatening trauma. Dissociative identities are created on platforms of real abuse, trauma and torture by attachment figures or at least without any secure attachment figures supporting the person. We are not shattered like this with appropriate love.

The rupture of life occurring when the hand that feeds us is the same hand that deeply harms us and threatens to destroy us is irreparable for the child. The very core of organisation, of identity, of self-sense, is torn apart.

So when form has been reorganised through secure-enough flow, when disorganised attachment is named, supported and some gained security takes place, the darkness is no longer as dangerous.

The brave and creative act of dissociation ensures that these horrors are not experienced as happening to me, but rather to this ‘other.’ This act both saves us and damns us at the same time. It leads to a chaotic life of isolation and fragmentation, when life and love themselves are associated with fear and death. And the way back home, through the slow recreation of secure attachment, through the gradual separation of love from hate, from harm, goes through the body. Two people touching; two people are reminded of life, and hopefully – choosing to say yes, to allow it in, to embody it fully, to connect.

Kate

So here I am now, still trying to make sense of life with parts instead of life ignorant of my parts. For the first few years of therapy I had this idea of “getting better”. I didn’t want to get better, I think because it represented life lived with constant

fear and anxiety, as I now realise my life was before all this. But there was always this assumption that I was going to some better place in my experience. More recently I've been trying to think that this is how it is from now on and explore what that feels like. The therapeutic journey continues.

Asaf

In July 2009 I am going back to live in Israel. After seven years of working together psychotherapeutically with Kate, our shared journey will take another shape. We shall continue to have phone sessions, and email contact. For the young parts, 'appropriate therapeutic ending' has very little meaning. And so, in order to leave without abandoning Kate, Amelia, Milly, Karen, Sally, Richard, Hannah, Rebecca, Miranda and the two babies, we will stretch our connection further into the future.

It saddens me to witness the atrocities that we are capable of as humans, and to know that my own shadows are just as dark. It saddens me to experience the injustice and unfairness in the struggle of those who suffered early trauma and experienced inadequate attachment. I am in awe of Kate's ingenious ways of maintaining a living, hopeful and human presence through segregation and dissociation; somehow this extreme measure sustained a powerful and lovely person, a person (or persons) that I love deeply.

And so it leaves me, nonetheless, hopeful. I am hopeful in witnessing how love can penetrate the most painful and damaged of places and remind it of life; that attachment and connection can reach beyond psychobabble and diagnoses, beyond pathologies and through defences, and touch it.

I am hopeful as I feel how, through touching Kate and all her parts, both of us became better people, kinder to ourselves and our surrounding, more able to cultivate the opposite of trauma in the world: secure attachment, connection, love, belonging, holding. Secure attachment is, in my opinion, not only the main ingredient of a healthy, functional person, but that of a healthy society. And, in order to go back to Israel, where trauma and dissociation rules, I need to hold on to this faith; to hold on to it tightly.

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The Changing Face of Age

Aline LaPierre, Psy.D.

Abstract

This article chronicles the author's coming to terms with aging and her search for inspirational literature to help define a time of life whose powers are too often devalued or outright hidden. In such luminaries as Betty Friedan, James Hillman, and Robert Johnson, among others, she found the unheralded pioneers who are redefining age as a powerful stage of life during which we complete the task of birthing ourselves.

Key words

Baby Boomers – Character – Elder – Longevity - Neural Plasticity - Positive Aging - Wisdom

Books Reviewed

(In the order presented)

The Fountain of Age by Betty Friedan. Simon & Schuster, 1993.

What Are Old People For? by William H. Thomas. Vander Wyk & Burnham, 2004.

The Healthy Aging Brain: Sustaining Attachment, Attaining Wisdom by Louis Cozolino. Norton, 2008.

Aging With Grace by David Snowdon. Bantam, 2001.

The Force of Character and the Lasting Life by James Hillman. Ballantine 1999.

Living Your Unlived Life: Coping With Unrealized Dreams and Fulfilling Your Purpose in the Second Half of Life by Robert Johnson. Tarcher/Putnam, 2007.

The Next Fifty Years: A Guide for Women at Midlife and Beyond by Pamela Blair. Hampton Roads, 2005

Seven Strategies for Positive Aging by Robert Hill. Norton, 2008.

At 57, Judith was a housewife out of a job. Her children were grown, her youngest one just off to college. In her empty nest, Judith found herself with a lot of time and energy on her hands and no purpose. All of a sudden, no one needed her and uneasy feelings began to surface, soon followed by anxiety-provoking questions: "Who Am I?" "What is my purpose in life?" "Who am I if nobody needs me anymore?"

In the old days, when she was busy cooking, helping with homework, driving the children to school, and supervising all their activities, the answer to these questions had been easy: "I am a mother and my children need me." Although a talented artist, she had set her own career path aside. She had lived her life to be of service, responded to circumstances with whatever was needed of her: "I did what I had to do to make the best out of any situation." But now, the identity question begged new answers and she had none. She was in a transitional phase where she needed to redefine herself: "Now that there are no demands and I can decide my own fate, what do I want?" Judith was faced with the task of developing a new identity: "I've never lived for myself, I don't know what I want." She had been a great mother, and now she did not know how to regroup. "Is it too late?" she wondered. No longer tied down by obligations and commitments, she was searching for new possibility.

Increasingly, I am called to explore issues of aging with my clients. The vignette above is but one of the many scenarios I have encountered in my practice. Aging is particularly poignant to me as I face my own and witness my mother slowly lose her mind to senile dementia. Many of my clients, who are facing issues of aging themselves, also struggle to manage their ill parents' end-of-life passage.

The Fountain of Age

Wrinkles are the sum of all the days we have lived and will never live again.

William H. Thomas, M.D.

Rosemary is an actress in her early 50s. As a new client, she quickly made herself at home in my office. "I have many issues," she said, "but before I deal with any of them, I have to do something about this upper lip. Do you know a good plastic surgeon?" In my practice this is not an isolated incident. When it comes to aging and body image, I was alerted to the severity

of potential problems by a client who shamefully admitted that she had secretly spent her daughter's college fund on plastic surgery. Another client reported being concerned for her 14-year old daughter whose friends are injecting themselves with bootleg Botox from Mexico as a wrinkle preventative. These examples are indicative of a culture which largely views aging as a disease and desperately struggles to hold on to the illusion of youth.

The face of age is changing. The new cosmetic technologies are shifting the way our culture relates to aging and increasingly, a face that reveals its owner's age is considered out of style. Across the board, the numbers show the trend: about \$12 billion spent on cosmetic medical treatments in 2008, and another \$49 billion on cosmetics and toiletries. Since 2000, the American Society for Aesthetic Plastic Surgery reports a 48% increase in elective cosmetic procedures. As the latest Chanel age-minimizing fluid makeup advertisement counsels: "Firmly resist the look of aging." The media's image of "growing younger," of becoming "ageless," implies that graceful aging means hanging on to our youthful physical appearance.

Every eight seconds someone turns 50. For the first time in history, we who are 50+ face the prospect of longevity *as a group*. We are on the leading edge of history. It is up to us to redefine aging and use the scientific advances to explore hopeful, empowering new ways of thinking about ourselves and our bodies.

When it became clear that I could no longer deny that age, like an unwelcome visitor, was knocking at my door, I was grateful to find Betty Friedan's last major work, *The Fountain of Age*. In the late 1950s, Friedan's book *The Feminine Mystique* launched the women's liberation movement and changed my life. In a repeat performance, *The Fountain of Age* challenges both men and women to look at what is obsolete in the way we think about age.

Good questions help refocus our thinking and set us on a path of higher understanding. The authors that held my attention for this review were all guided by key questions about the evolution of our inner life as we age. For Betty Friedan, three powerful consciousness-raising questions act as the cornerstones of her inquiry:

- When women grow beyond the limits of their biological role and find new purposes for their lives, could that larger human dimension change the very biology of the aging process? (p. 15)
- Can women's aging process actually be affected by a change in their definition of themselves? (p. 16)
- Might a new dimension of our humanity emerge with age? (p.19)

She takes a courageous look at the clichés about senility, at our hopes, our fears, our prejudices, and more importantly at the new trends that are emerging. Once again, as she did in the 1950s, Friedan's methodical research and forthright insights work their consciousness-raising magic.

Redefining Ourselves

Old beliefs must crumble before the new can emerge...and the new must emerge for the old to crumble. The changing face of age leads us away from a declinist view of "old" into an optimistic new and unknown territory. This unknown territory has as yet no rituals, only a sense of hope arising from our increased longevity.

As I read Friedan, I finally "got" it: *It is not aging that is the disease; the disease is the attachment to youth*. The denial of age places the mind in conflict with the biological reality of the body. When we deny our age, we create a conflicting split between the mind and the body. The mind feels betrayed by the aging body and the aging body is distressed because it can never satisfy the mind's desire for immortality. At its best, this split results in an uncomfortable anxiety that arises whenever aging is mentioned. "Aging? No, not me. Look at me...I look much younger than my age!" At its worst, when under the scrutiny of a youth-and-beauty-obsessed critical mind, the body becomes victim to all manners of critical judgements and questionable cosmetic procedures.

Growing Older

Friedan devoted the end years of her life to researching age. She charts her own voyage of discovery into a different kind of aging full of new possibilities for intimacy and purpose. Ageism, she notes, whether silently or overtly, is a prejudice that runs through our lives in innumerable ways. Unlike racism or sexism, which is generally directed at others, we who are aging hold the ageism prejudice against ourselves, and few prejudices are as powerful as that concerning aging.

Today's longer life expectancy, which should be cause for joy, is often an occasion to roll out horrifying statistics about how the Social Security system will collapse under the influx of millions of dependent and useless citizens. These useless citizens are apparently all of us born post World War II — we the baby boomers. Intent on countering the negative cultural matrix, Friedan quotes optimistic statistics:

- Only 5% of people over 65 are in nursing homes, and less than 10% will ever live in such facilities.
- Only 5% of people over 65 suffer from Alzheimer's; it is a disease, and not the normal aging we can anticipate.

Contrary to what the media and medical profession present, the statistics do not reflect a picture that equates old age with nursing homes, wheelchairs, incontinence, senile dementia, erectile dysfunction and memory loss. If only 5% of aging individuals are in nursing homes or can expect to develop Alzheimer's, what is happening to the other 95%?

Friedan's point is that we continue to develop psychologically and spiritually throughout our lifespan. We progress on our psychological journey in spite of the fact that many will encounter serious medical or financial problems in the later stages of life. Increasing numbers of aging adults express a vitality that models a different way of *growing* older. And the word *growing* is the operative here.

Friedan leads the way in recalibrating our collective image of old age. After all, since we will be spending a lot more time living as "old" people, it is time to create a new self-image that frees us from the shackles of a definition that has become too narrow for our potential. This frames the popular statement *60 is the new 40* as movement in the hopeful direction of renewed vitality. Increasingly, people 50 and over report that they find themselves in the prime years of their lives, so much so that the term *golden years* has been replaced by *prime time*. For many, age brings an affirmation of self, often an acceptance of aspects of self that were uncomfortable in earlier years. As one of Friedan's interviewees insightfully describes:

I'm more and more myself. I'm more comfortable with differences, not uptight about them. I suppose along the way I got a larger vision somehow. I've more desire to browse in the library stacks and learn now than ever in my life. I'm not envious of anybody else and I'm not anguished about my own failures. I also know if I were there again, I'd fail again, so what... (p. 572)

If you love life, there is plenty of good news. In 1900, a woman's life expectancy was 46. Today, it has almost doubled. As a result of scientific advances, better medicine, and healthier lifestyles, people in their 70s and 80s represent the fastest growing segment of the population. By today's standards, we can reasonably expect to reach 90. Some experts are saying that a lifespan of 150 is on the way. The current extended life expectancy means that we can have some 40 years of quality time after we turn 50.

This unprecedented extension of life has the potential to unleash unimagined human resources if we can find the way to capitalize on life's wisdom and make our additional years productive. We are, writes Friedan, "the unheralded pioneers of age." It is through the individual experiences of people and groups finding new meaning for their longevity that we are beginning to get a glimpse of what is possible for all of us.

The Hidden Powers of Age

We should not measure old age by the same yardstick with which we measure youth. Old age is as different from adulthood as adulthood is different from childhood. At 40 or 50, it is difficult to encounter old age, and too often, when we measure age by the yardstick of youth, we further the declinist point of view of age as disease, disability, dependence, and death. Thinking of age in youth's terms, we can become trapped in a desperate game we can only lose.

William H. Thomas's book title reflects his driving question: *What Are Old People For?* He quotes research showing that advancing age is associated with an increase in positive affect. Older people are better than younger people at regulating their emotional states. Older adults demonstrate a greater understanding of emotional states, are less labile, have greater impulse control and more emotional coping strategies. According to those who successfully embrace their age, accepting the losses due to aging opens the way to greater personal and emotional freedom. Perhaps, and the research does not differentiate, it is those who better regulate their affect who make it to old age. But whichever it is, those who gracefully mediate age have a greater complexity of emotional experience and become better at experiencing and balancing both positive and negative emotions at the same time. The emotional dimension of old age is as yet little understood, but it is clear that at a time in life when cognitive speed and biological hardiness are challenged, emotional functioning continues to improve.

Thomas quotes Lars Tornstam of the Social Gerontology Group at Uppsala University and the creator of the theory of gerotranscendence. Gerotranscendence, which is the outcome of decades of careful interviews with men and women ages 52 to 97, outlines a pattern of development that unfolds in the later decades of life. Tornstam organizes the results of his interviews into three categories: changes in the self, in relationship, and in what he calls cosmic insight (p. 28-29):

Self

- A continuing process of discovery that reveals previously hidden aspects of the self, good and bad.
- A decrease in self-centeredness and a move toward altruism.
- A rediscovery of childhood and appreciation of its pleasures.

Relationships

- Increased selectivity and less interest in superficial relationships.
- Increased need for solitude.
- Clearer distinction between self and the roles we play.
- Less acquisitiveness, greater awareness of how possessions can ensnare and confine.
- Pleasure in transcending social norms.
- Greater appreciation of the grey areas between right and wrong, accompanied by greater tolerance.

Cosmic Insight

- Receding fear of death, giving way to a curiosity about what comes next.
- A renewed interest in genealogy and past generations.
- A renewed interest in nature and our connections with the vast living world.
- A blurring of time and space boundaries.

Tornstam's model suggests that human longevity opens the potential for a transcendent movement away from the materialistic and rational points of view of the first half of life. The successful completion of this transcendent shift is accompanied by an increase in life satisfaction. Older people as a whole are less depressed than younger adults. Tornstam's research shows that the human mind continues to evolve into the last decades of life; the ongoing deepening and reinterpretation of self, society, and cosmic reality are the result of a maturing brain.

Tending to Our Brain

How old would you be if you didn't know how old you are?

Satchel Paige

Louis Cozolino's new book, *The Healthy Aging Brain* speaks to this evolution of the mind by addressing one of the crucial aspects of our longevity: tending to our brain. His book shines like a ray of sunlight on an overcast day. In his previous book, *The Neuroscience of Psychotherapy: Building and Rebuilding the Human Brain*, Cozolino describes how recent discoveries in the neurosciences show that the brain is an organ of adaptation able to remain flexible throughout the lifespan. The untested and outdated idea that the brain is a relatively static entity determined by the interaction between genetic preprogramming and early childhood can, once and for all, be filed away in our archives.

Neural plasticity throughout the lifespan is now a given. The brain remains adaptable, flexible, and most importantly, it benefits from enriched environments throughout life — what is called use-dependent development. “Use it or lose it” is the rule. Learning and adapting to new circumstances trigger the growth of new neurons and enhance the branching of dendritic connections between existing neurons, whatever our age. Therefore, the direction is clear: To age with grace, to support the neurogenesis that brings about the integration of new states of being, to make life as long and as fulfilling as possible, we must keep stimulating our brains and challenge ourselves to keep learning.

For Cozolino, tending to healthy brain function is the foundation for a positive reframe of aging. His driving questions about aging revolve around the care of the brain:

- If our brains continue to grow until we're 40, 60, 80, or 122, what are the implications?
- Is there a way for our brain to age optimally?
- What if the healthy aging brain progresses through a number of adaptive incarnations tied to our social roles and responsibilities? (p. 6)

Cozolino finds the answers to his questions in the science of interpersonal neurobiology. Our neurobiological health and longevity are inextricably linked to those around us, grounded in human relationship, in kin and in tribe, in parenting, grandparenting, marriage, and in all other intimate relationships. He repeatedly makes the point that healthy and vital longevity is a function of the care we receive and give, the support and interdependence we experience, and the meaningful place we enjoy in our community.

Lessons in Longevity: The Nun Study

Perhaps the most powerful example supporting Cozolino's conclusion on the importance of community and relationship can be found in David Snowdon's groundbreaking “Nun Study.” Snowdon's long-term research involves 678 Sisters of Notre Dame, a Catholic congregation of teaching sisters. Remarkably, the sisters live much longer than the general statistical norm, most sisters living happily well into their 90s and 100s. They opened their lives and personal history to help Snowdon understand the nature of Alzheimer's disease.

What makes this study unique is the fact that the convent keeps a detailed record of every aspect of the sisters' lives from the time they enter the convent in their teens till their death. The average age of the study participants was 89. Over the years, Snowdon regularly administered mental examination tests and at their death, the sisters donated their brains for autopsy. In all, the sisters have so far donated more than 300 brains, all carefully preserved for ongoing and future research; 295 of the original participants are still alive. *Aging with Grace* reveals the sisters' “secret” to longevity, and the lessons learned about their longevity paints a revolutionary picture of what it takes to maintain a long and productive life.

Snowdon discovered that it is the interdependence and mutually supportive community that the sisters have created for themselves that maintains their health and longevity. Every sister is assured a meaningful place in her community, and the community is responsive to her as her needs change. No sister ever need fear aloneness or lack of care. The congregation is

dedicated to creating a safe and caring environment in which every individual is valued for her talents, can participate to the degree of her capacity, and can trust that her needs, whatever they may be, will be heard and taken seriously.

I recommend reading *Aging with Grace* if you want to immerse yourself in a world where community is so strong that it offers its members an unfaltering, unconditional, and lifelong assurance of safety, allowing life to unfold meaningfully in trust and joy. This is more than most of us who struggle to make ends meet dare hope for! Snowdon's findings substantiate the link between our longevity and our need for an integrated social self.

Storytelling and Life Review Therapy

Historically, in human tribes, elders were the storytellers, the guardians of long-term memory. It is the elders who were sought out for practical and spiritual guidance, who were the peacemakers in times of conflict, elders who were in charge of the rituals that served as points of transitions. It is the elders who nurtured the curiosity of the young, who supported their creation of a self-narrative. To fulfill these social roles within the tribe, the brain undergoes changes in how it processes information.

The old of today, says Cozolino, still want and need to tell their stories. Sadly, it is the young who seem to have lost the desire to listen. Maintaining identity, stability, and integrity during the later stages of life is a challenge in a culture that no longer supports the storytelling function of the elder. To assist older adults in telling their stories, forms of treatment such as life review therapy have emerged. In addition to being the repository of the culture's past, aging people need support to develop a personal narrative that will help them navigate their own old age. We know that helping a child create a coherent life narrative is an important parental function that helps the child develop optimal brain function, resilience, and the capacity for secure attachment. The elder's function as storyteller is the flowering of the child's need for a coherent life narrative, and this need continues to evolve on personal and social levels throughout our years.

As therapists, it is important to support and enhance the naturally occurring process of reminiscence that is common in older adults. Life, after all, consists of a series of stories we tell about ourselves, and as we age, these stories take on certain themes. Originally based on the ideas of Robert Butler, a life review covers such themes as transitions and changing roles within the family, experiences related to work, historical events, changes in health, life values, turning points, and existential issues. Accordingly, participants conducting a life review are invited to bring scrapbooks, photographs, memorabilia, anything to facilitate remembering. The techniques of life review therapy can be used within the context of psychotherapy or as a self-contained form of treatment. To orient the reader to this specialized therapy, Cozolino lists some examples of typical questions that prompt a life review. The goal is to encourage a process of reorganization and integration:

- "You've told me about what happened but can you tell me how you felt about it?"
- "How do you feel about it now?"
- "Did the events cause new personal insights?"
- "How have these experiences contributed to the person you are today?" (p. 272)

In such a process the therapist becomes the container and matrix within which an older adult can reconstruct and update his or her life narrative. The therapist supports older adults in the structuring of their thinking about their life experience and the reshaping of their ideas about their identity:

- "What were your goals as a child, as a young adult, now?"
- "What do you hope to achieve in the future?"
- "What do you think your legacy will be?" (p. 272)

Through the process of exploration, deconstruction, and reintegration of memory, the therapist helps synthesize the past into here-and-now awareness. The therapist's questions hopefully result in updating and bringing the complex elements of a long life into a meaningful and coherent story.

The Emergence of Wisdom

One of my favorite chapters in *The Healthy Aging Brain* describes the quantum shift by which knowledge becomes wisdom. This chapter defines the difference between an older adult and a wise elder. The emergence of personal wisdom requires a great deal of interpersonal support, and there is a broad range of characteristics that define less to more mature self integration. Along with maturing cognitive integration, the maturation of emotion presents a profound challenge: taming the amygdala, accentuating the positive to create cycles of optimism, and transforming suffering into compassion and acceptance. To support the maturation of a complex nervous system such as we humans possess, aging brings a significant increase in the power of adaptation. Old age may be seen as a time of loss, but it is far more than that. With age we trade speed for flexibility, choose responsibility over projection, and overcome our narcissism to make peace with our mortality. We are challenged to meet ongoing lifelong integration of worldly experience with emotional maturity, self-awareness, and compassion.

Gifted with a comprehensive grasp of neuroscience and psychology, Cozolino has written an optimistic and healing book about the brain as a social organ whose full maturation depends on the connections we make between attachment, wisdom, emotion, and storytelling.

If All Aging Ends in Dying What is the Point?

*The death of an old person is like the loss of a library.
African proverb*

Jungian analyst James Hillman adds his own set of poignant questions to the quest to bring meaning to aging:

- “Why do we live so long?”
- “Beyond our years of fertility, often outlasting our muscular usefulness and sensory acuteness, what does aging serve?”
- “If all aging ends in dying, what is the point?” (p. xiii-xiv)

In *Force of Character*, Hillman reflects on the fact that our last years of life confirm and fulfill our character. Hillman sees old age as a time when one’s primary ground of being moves to the soul. Our task, he writes, is to discover the soul of aging. His thoughts align with Tornstam’s gerotranscendence theory:

The old are like images on display that transpose biological life into imagination, into art. The old become strikingly memorable, ancestral representations, characters in the play of civilization, each unique, irreplaceable figure of value. Aging an art form? (p. xv)

Decouple death from aging, counsels Hillman. Aging, he tells us, does not equate with becoming dead. The challenge is to find value in aging, to connect old age with the overarching archetypal force present in all beings and life forms. Vital old age is a time when character reaches its term revealing more character, not more death.

Old age brings about the realization of our character and with this realization a calling emerges: the call to step out and become *an elder*. Hillman uses the word elder with reverence. We miss the calling of elder when we retreat within the secular walls of the old-age home and lose the archetypal footing of life’s transcendent vision. As a wise elder himself, Hillman calls for a dedication, a mythic restoration of the temple to the old. The temple’s foundation, he suggests, is in the elders’ power of thought, and its walls are constructed out of the elders’ wise writing about aging and the meaning of life.

Wisdom, compassion, and understanding are some of the qualities assigned to elders. If the increasing numbers of today’s aging individuals were to respond to the calling to become elders, they could change the balance of society. Theodore Rosak in his book, *America the Wise* (1998, Houghton Mifflin), envisions a time when the growing numbers of wise elders could bring about a movement away from predatory capitalism and environmental exploitation toward values held dear by seniors: alleviation of suffering, nonviolence, justice, nurturing, and maintaining the health and beauty of the planet. I can’t help but notice that these are also the goals of youth, at least the youth of my 1960s generation. Perhaps, the natural affinity between grandparents and their grandchildren will extend to create a social alliance, a future where the passion of youth and the wisdom of old age find a synergistic alignment within a common purpose.

Solutions to creating a synergistic society where young and old benefit from each others’ gifts have been proposed: for example combining nursing homes with nurseries, day care and preschools would naturally harness the nurturing grandparenting qualities of the elders and infuse them with the joy and excitement of tending to new life, or having younger and older adults share a job so that knowledgeable older workers can mentor the younger and the younger can keep their seniors abreast of new developments.

Is it Hillman’s and Rosak’s utopian fantasy to propose that as elders claim their power, their values will become more central to our society? If, as research shows, positive aging brings renewed curiosity and desire to learn, along with the courage to risk transgression, we can imagine old age as a time to step forth and lead with important new ideas. The final maturation of character that comes with age awakens the hope that elders will come forth who are wise to the veil of illusion and who can aptly reveal the naked reality hiding behind the robes of falsehood.

We all have both a lived and an unlived life, writes Jungian analyst Robert Johnson and his collaborator and fellow Jungian Jerry M. Ruhl. In *Living Your Unlived Life: Coping with Unrealized Dreams in the Second Half of Life*, they add their own pertinent questions to elucidate the experience of aging:

- As you grow in years, are you growing who you really are?
- Are you leading the life you were meant to lead?
- Is it too late to change course?

The answer is simple: It is never too late even if outer circumstances cannot be altered. As the years go by, we are taken by the demands of life and an inventory of abandoned, unrealized, or undeveloped talents and potentials accumulates. This unlived life lingers in the form of longings, disappointments, bitterness, cynicism, apathy, and midlife depression. Johnson defines the

unlived life as whatever seems to be missing. The unlived life seeking our attention can be found in the spouse we hate, in the job that bores us, in yearnings and unrealized dreams.

Coming to Terms with Failure

In *Living Your Unlived Life*, Johnson and Ruhl have written an elegant and simple book that presents a realistic approach to transforming regret into greater consciousness. “If only I had...” — the lamentations of regret, of missed opportunities, of lost experiences should convince us that it is important to make a survey of our unlived life while there is still time. As we age, we come face to face with our failures and losses. We are confronted by our limitations and realize that our capacity to control outcomes is not always within our power. Our presumptions of omnipotence are deflated. If we are to enjoy the later decades of our lives, we must learn to make meaning out of the failures of the first half of life.

As did Cozolino, Johnson and Ruhl find that telling our life story is an essential way to capture our psychological condition with accuracy. With age, the themes that emerge in our personal stories transcend our single individual experience and connect us with the universal themes of the collective imagination. When we tell our life story with authenticity, we discover how we have participated in age-old mythic patterns; we see how we have reenacted the mythic in our home, at our workplace, and on the street corner. Through telling our life story, we come to see how the moments of our life that may have felt fragmented, accidental, or tragic belong to a greater whole. Connecting to a mythic pattern is a kind of consecration that deepens our self-acceptance and self-understanding. It gives our life legitimacy and the sanction of greater meaning.

Exploring the Paths Not Taken

In the second half of life, we are called upon to examine the truths by which we live. We mellow into the realization that truth is relative — what we held as universal truths expands to encompass the acknowledgment that their opposites also contain truth.

In the second half of life, we are called to achieve greater wholeness. Johnson and Ruhl believe that living our unlived life is the most important task of our mature years; it is the way to fulfillment, it brings a sense of purpose and meaning to our existence. When brought into awareness, our unlived dreams can propel us beyond our disappointments and our failures. An Unlived Life Inventory is included to help us identify where we are in life and what potentials remain relatively unlived. The book’s intent is to heal the split between the life we have and the one we yearn for, and to that end, it encourages us to dialogue with our separated energies.

Death

Much of the literature about aging shrinks from talking about the ultimate moment. Johnson and Ruhl encourage us to look at death fearlessly: “A dying person who cannot let go of life is as neurotic and stuck as a young person who is unable to embrace it” (p. 212). Shrinking from death, they believe, robs the second half of life of its purpose. To help us come to term with what makes most of us shiver with repulsion, they remind us that nothing exists in our human dimension without its opposite being close by: “Death is closely associated with ecstatic experience” (p. 213). Given that ecstasy means “to stand outside oneself,” as we age, we naturally prepare for the ultimate ecstatic experience by increasingly feeling our oneness with all. As we approach death with awareness, our sense of connection with all people and all things deepens:

We begin to grasp a new vision, to see the dance of God in everything. This dance is uniquely expressed in you, in me, in every detail of the incarnate world. This is to become sanctified and unified.(p. 214)

Positive Strategies for the next 50 Years

Growing old is a complex, detailed experience. We each approach it in our own way, at first sensing the losses that come with the wear of time and the pains of life: physical losses, career losses, rejections that result from our culture’s tendency to discard the aged, and social losses as we lose dear ones and friends to death.

I see my clients encounter the experience of age over and over as they move forward on life’s time-line. Bonnie’s first distressing encounter with age came at 39 with the reality that she could no longer get pregnant and had missed her chance to be a mother; for Joe, it came at 48 with a back injury that would no longer allow him to practice the sports he loved; for Marcia at 82, it comes daily as her friends become ill and die, and she realizes that she will not see her great granddaughters grow up.

As a therapist, I am always on the lookout for easily accessible and practical resource material for my clients. I found two workbooks, written in the spirit of celebration and using the current theories on aging to create a mindful practice that influences life satisfaction.

The Next Fifty Years, which is intended to be both a workbook and personal journal, contains more than 150 short essays covering a broad range of topics that relate specifically to women and aging. Author Pamela Blair affirms that there has never been a better time to be a woman over 50. *The Next Fifty Years* recognizes that today's aging woman is more complex and multidimensional than the women of previous generations and offers a meaningful forum for thoughts, concerns, joys, frustrations, and sharing on a wide range of topics: self-image, health, finances, creativity, spirituality, relationships, fears, mind, and emotions. Moving from the serious to the lighthearted, this book is a creative and practical guide intended to help women reevaluate the wide spectrum of outdated beliefs regarding the aging process. Blair encourages her readers to make peace with themselves, embrace unexplored aspects of self, and dive passionately into what they love — all goals identified as the primary tasks of age.

For group leaders, *The Next Fifty Years* provides guidelines for an 18-session support or study group; each session is organized around a goal, offers direction for group facilitation, and provides core discussion questions. This guide to “the best years of your life” hopes to provide the template for a written legacy between generations of women — past, present and to come.

Robert Hill coined the term *positive agers*. Positive agers, he writes, possess four characteristics that allow them to cope with their vulnerabilities as they grow old; the ability to (1) mobilize resources to meet the challenges of aging, (2) make life choices that preserve well-being, (3) cultivate flexibility to deal with age-related decline, and (4) focus on the positive. Deriving meaning from engaging in self-improvement and promoting growth in others are the cornerstones of positive aging and maturity in old age. In his book *Seven Strategies for Positive Aging*, Hill, who is aligned with the Positive Psychology movement, offers the following seven strategies:

- You can find meaning in old age.
- You're never too old to learn.
- You can use the past to cultivate wisdom.
- You can strengthen lifespan relationships.
- You can promote growth through giving and receiving help.
- You can forgive yourself and others.
- You can possess a grateful attitude. (p. 146)

Hill offers solutions. Each chapter of the book corresponds to one of these seven strategies and provides guidelines and exercises for incorporating these strategies into one's daily lifestyle. Filled with effective skill-building techniques based on the most recent research into the psychology of aging, Hill gives us the tools to develop the qualities of being that will help us become positive agers, or as Hillman would say, join the ranks of the elders.

Hill thinks of the seven strategies as notes on a piano: each has a tonal value, each is beautiful in its own right. When notes are played in groups, they expand in the beautiful resonance of chords. If, furthermore, chords are played in the context of a larger score, the full beauty and potential of each individual note unfolds to become profoundly meaningful within a greater whole. So, Hill suggests, the seven strategies for positive aging complement and enhance one another. Positive agers are individuals who use the seven strategies in concert. Over the years, they have practiced their scales, developed their playing skills. They know how to learn, how to find meaning, how to change their behavior for the better, how to strengthen their relationships, how to help others, forgive, and feel grateful. They can mobilize resources, act flexibly, make affirmative life decisions, and emphasize the positive.

If life is an art form, as Hillman suggests, then positive agers have become consummate artists, reaping the rewards of their finely honed life skills, enjoying the flowering of their character. And for those who have not developed or fine-tuned their positive aging skills, Hill's book is a good resource guide to practice mindful aging.

In Conclusion

The best age is the age you are.

Maggie Kuhn, Founder, Grey Panthers

Old age brings the maturation that completes the arc of life. The authors who nurture my soul and my aging body do not tantalize with promises of eternal youth, they do not add their voice to the popular prescriptions for physical agelessness. They choose a different path: They confirm that aging is inevitable and offer strategies for a maturation that optimizes our psychological and spiritual growth.

From the minute we are born, we age. None of us is spared. Deceptions, evasions, and candy-coating create seductive illusions that soothe us into the temporary bliss of denial. When it comes to the biological fact of aging, each one of us needs support and the courage and strength to face the truth. We cannot turn back the hands of time, but we can be grateful for the wisdom that allows us to embrace and celebrate the age we are.

Students of the inner world learn that the secret to a long and fulfilling life can be found in the renewed energies that emanate from acceptance, appreciation, and gratefulness, from joy and learning, and most of all, from an expanded sense of self, community, and spirituality.

Biography

Aline LaPierre, Psy.D., MFT, SEP, has been in private practice in West Los Angeles since 1990, specializing in the integration of psychodynamic and body-centered approaches. She is on the faculty of the somatic psychology doctoral program at Santa Barbara Graduate Institute and trained as a psychoanalyst at the New Center for Psychoanalysis, Los Angeles. She is currently developing a website which will support education in somatic mindfulness using audio meditations and videos with contemplative energy animations. She can be reached at aline@cellularbalance.com.

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How does material in this manuscript inform the field and add to the body of knowledge? If it is a description of what we already know, is there some unique nugget or gem the reader can store away or hold onto? If it is a case study, is there a balance among the elements, i.e., back ground information, description of prescribed interventions and how they work, outcomes that add to our body of knowledge? If this is a reflective piece, does it tie together elements in the field to create a new perspective? Given that the field does not easily lend itself to controlled studies and statistics, if the manuscript submitted presents such, is the analysis forced or is it something other than it purports to be?

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