

The Present Moment, Trauma, and Relational Somatic Psychotherapy

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ABSTRACT

In this paper, I discuss how life is lived in the present moment, and how this is connected to living a joyful life. I show that living in the present moment is related to embodied living and connecting to the body. The role of relational trauma in disconnecting from the body is then examined. The parts that early bad object relations play in the inability to live in the present moment are examined from the perspectives of object relations theory and neuroscience. The healing role of the good object – that is, the therapist – is discussed, and a technique based on insights from relational somatic psychotherapy is presented that may shorten the therapeutic process.

Keywords: neuroscience, object relations, present moment, relational somatic psychotherapy, transitional objects, trauma

Received: 08.07.2020

Revised: 25.04.2021

Accepted: 19.05.2021

International Body Psychotherapy Journal
The Art and Science of Somatic Praxis

Volume 20, Number 1,
Spring/Summer 2021, pp. 57–65

ISSN 2169-4745 Printing, ISSN 2168-1279 Online

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The Present Moment

Countless people since ancient times have talked about the present moment. The list includes philosophers, yogis, Buddhists, mindfulness practitioners, and more recently, even psychologists. From an objective perspective we live in the present moment. We live neither in the past nor the future, even though our minds can certainly travel in either direction.

Let me first quantify and objectively define what is meant by the present moment. The present moment is a “lived story” with a beginning and an end (Stern, 2004). Stern defines the instantaneous view of time as “Chronos.” Chronos represents the moment-to-moment passage of time. It has no beginning and no end. The moment we focus on the “now” it is gone! Effectively, there is no present instant (Stern, 2004). Our sensory system, however, has short-term memory built into it that captures sensations into the feeling experience of here and now. In other words, it integrates the Chronos moments into a lived story. Stern suggests that this short-term memory is between one to 10 seconds, with an average of three to four seconds. Effectively, this period represents a window of awareness into the here and now, and is called the present moment. This is the window within which life is lived. Stern (2004) refers to this window as “Kairos.” He writes: “Kairos is the passing moment in which something happens as the time unfolds. It is coming into being of a new state of things, and it happens in a moment of awareness” (p. 7).

It takes about 150 to 1000 msec for a word to be spoken, and phrases take up to about 10 seconds to be spoken, with an average of about five seconds. The present moment is roughly the same as the length of a phrase (Stern, 2004).

Our brain is also endowed with short-term working memory that decays over time. It loses its acuity after about two seconds, and the degradation continues. The decay of short-term memory is

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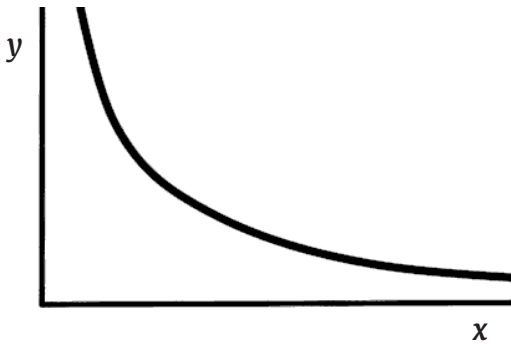


Figure 1 Working memory span –
X: Time, Y: Acuity of short-term working memory

depicted in figure 1. The present moment, however, is not the same as short-term working memory (Stern, 2004). The present moment is an integrative whole. It does not decay, and is the felt sense of what happens within the moments of Kairos. The present moment is how one experiences the here and now. Working memory decays, but one's experience of the here and now remains intact within the present moment window. Short-term working memory is an objective concept and can be measured, but the present moment is a subjective experience.

From a neuroscience perspective, we know that in response to a stimulus, a group of neurons (neural network) might become activated and start firing. A second group of neurons might fire in response to the first, and then a third, etc. These second, third, and subsequent groups of neurons feed information (by firing neurons) back to the first group, effectively forming a feedback loop (recursive or recurrent neural networks). Every iteration of this feedback loop further integrates the event (stimulus) into awareness. When these iterations stabilize, they give rise to the present moment and consciousness (Stern, 2004).

The prefrontal cortex is mostly implicated in the storage of short-term working memory. However, memory of the present moment also involves the limbic system. The present moment is deeply related to the sensory nervous system of the brain, and as such, is very strongly related to the body.

The Present Moment and the Body

We experience the present moment through our body. Our experience of here and now starts with our sensory nervous system. These are the sensory nerves that send signals to the brain and announce what goes on in our surroundings as well as our position in space (proprioception). Sensory nerves eventually reach the somatosensory cortex, resulting in activation of a set of neural networks that are interconnected and recursive. The feeling of what happens (Damasio, 2000) is the result

of the activation of these neural networks by the sensory nerves. The present moment is felt and perceived when activated neural networks reach a certain degree of stability.

The body does not experience the past, except possibly through scars from past traumas, and the body does not experience the future. The body only experiences the here and now, even though the mind is fully capable of time travel to either the past or the future. Thus, the experience of the present moment is predicated on awareness of the body and embodied living. Conversely, one will not fully experience the present moment if one is not aware of their body. Embodied living is the prerequisite for the experience of the present moment.

Although it was Freud (2002) who first introduced the notion of the pleasure principle, it was Wilhelm Reich (1980) who elaborated on Freud's ideas, and taught us that life evolved based on the pleasure principle. Had life not been based on pleasure, we would not have evolved as a species to the extent that we have, and our species would have become extinct a long time ago (a painful life will not last very long). Pain is a necessary part of life, as it is a message from the body indicating that one's life is out of homeostasis and balance. Pleasure is felt in the body, and to feel it one must be connected to the body.

When clients are not connected to their body, have numbed their body, and have little sense of self and a weak sense of proprioception, I start by working on grounding. Grounding techniques are effective and can help clients become more aware of their bodies. A grounding technique that I have experienced as being very effective is the bioenergetic grounding exercise (Figure 2) introduced by Lowen (1977), in which clients place their feet about 20 inches apart, bend their knees a little, bend down with their head dropped and neck muscles relaxed, and touch the floor with their fingertips. They then bend their knees further as they breathe in, and flex their knees as they breathe out. When they stretch and flex their knees, they might notice vibrations in their leg muscles which might travel all the way to their head. When contracted muscles are stretched, they vibrate, and more blood flows through them, resulting in greater awareness.

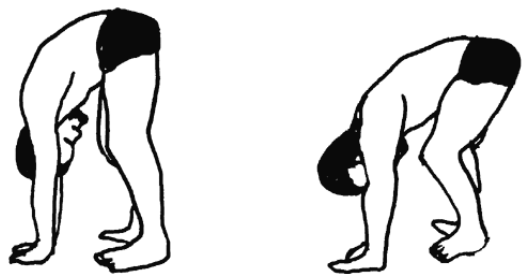


Figure 2 Bioenergetic grounding exercise

In a recent study (Ko, Sim, Kim, & Jeon, 2016), the authors found that whole body vibration (WBV) can be employed as a novel way to improve proprioception, balance, and motor skills. The authors write: “Vibration may directly stimulate muscle spindles and Golgi tendon organs. Increases in proprioceptive sense have been observed in healthy young adults after WBV exercise.” In my practice, I have noticed that when I ask clients with little sense of their body to do this grounding exercise, they develop a stronger proprioceptive sense – in most cases, immediately. This increased awareness of their body might last for several hours. But it is not easy to remain grounded and connected to the body. In the following sections, I will elaborate on this and will also discuss what healing may be predicated on.

Why does one disconnect from their own body? The short answer is trauma. I will discuss the connection between body and trauma in the next section.

Body and Trauma

Trauma can alter the individual at the very core. Trauma changes the way an individual interacts with the environment, the flow of information, and the flexibility of responses to their surroundings. Trauma can change the body, making it rigid at times or flaccid (collapsed) at other times, resulting in a loss of motility and limiting aliveness. It can also change the functioning of the internal organs. Trauma can change an individual’s energy metabolism, and the exchange of energy with the environment. Traumatized individuals are prone to primitive self-protective responses when they perceive certain stimuli as threats (Shahri, 2014).

The pain of trauma and traumatic experiences is felt in the body. The body and bodily feelings then become a source of pain. It is the avoidance of this pain that results in numbing and disconnecting from the body. There is an old saying in Bioenergetics (attributed to Alexander Lowen): we deaden our bodies to avoid our aliveness, and then we pretend to be alive to avoid our deadness. Once individuals are disconnected from their body, they will seek refuge in their mind, and will not be fully aware of the present moment. He will be obsessed with the past and the future, resulting in possible depression and anxiety. Obsession with the past and future manifests itself as a “chatterbox” that runs constantly in one’s head, which makes one’s life hellish.

Relational Trauma

Inside our head lives a chatterbox that runs throughout most of the day. This chatterbox is a constant reminder that we do not measure up, in a somewhat continuous internal dialog. It creates a seemingly eternal internal competition. The internal dialog mediated by the chat-

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terbox makes us anxious, angry, or uneasy. This seemingly quiet and devious chatterbox makes our lives a living hell! The chatterbox is the sum total of our negative experiences and punitive measures in relation to our significant caretakers, that is, our negative introjects or internalized bad objects (Shahri, 2019).

The chatterbox is formed by internal psychological conflicts or simply “internal conflicts.” Internal conflicts are the result of conflicts between our true self and what we were told (and internalized) during the important formative years of our childhood. These powerful messages from childhood become part of our psyche, and when opposed to our true self, make our lives a constant internal war zone.

In the remainder of this paper, I will first give a theoretical formulation of the formation, origins, and function of the chatterbox in our head, and will show that it operates in a manner similar to transitional objects that reside in the mind. I will describe processes and techniques for muting or making it quieter. Once the chatterbox has quieted down, we can live in the here and now, and experience the present moment with all its rewards.

Relational Somatic Psychotherapy

Robert Hilton (2008), my former psychotherapist for over 10 years, introduced relational somatic psychotherapy, which is closely related to object relations theory and somatic psychotherapy. In this section, I will first describe the process of how the internal chatterbox forms, based on object relations theory (Shahri, 2019), and will then present a relational and somatic technique for muting this chatterbox. Object relations theory describes the dynamic process of development and growth in relation to real others (external objects). The term “objects” refers to both real external others in the world as well as internalized images of others. Object relations are formed during developmental phases through interactions with the primary caregivers. These early patterns can be changed and altered with experience, but frequently continue to have a strong influence on one’s interactions with others throughout life. The term “object relations theory” was formally introduced by Fairbairn (1952). He posited that the Infant internalizes the object (as well as the object relations) and splits the object toward whom both love and hate were directed into two parts – namely, the good object and the bad or repressive object. The good object (idealized) representation is important, and necessary to go on in life. The ego identifies with the repressive object (the bad object) and keeps the original object-seeking drive in check (Shahri, 2014).

Partial Internalization

At this point, I would like to introduce the notion of *partial internalization*, which Fairbairn and other object relations theorists did not fully discuss. Dorpat (1976) distinguishes between structural conflicts (full internalization) and object-relations conflicts (partial internalization). Structural conflicts result from the fully internalized objects in which both aspects of the conflict are fully owned by the individual, as in “I want to do this, but I know it is not right and I will not do it.” In the case of object relations conflicts, however, the person might experience strong opposition between their own desires and wishes, and those of internalized others. This opposition is experienced as an agonizing chatter and can be viewed as partial internalization of external objects (Dorpat, 1976).

The fully internalized object is egosyntonic and will assure contact with the object, since the object is fully accepted, and its wishes are adhered to. In essence, fully internalized objects are idealizing self-objects (Shahri, 2019), where self-objects in self psychology (Kohut, 1971) are internal representations of external objects that are experienced as parts of the self. Idealizing self-objects are the primary resources and object relations that the “Self” utilizes for support. The result is that the contact with the object is maintained, while the sense of self is diminished.

Partially internalized objects are egodystonic, and result in object relations conflicts. In the case of partially internalized objects, there are constant conflicts between the wishes of the Self and those of internalized others. Every decision is difficult and agonizing, with a concomitant disturbing chatter. In this case, only weak contact with the external object is established and maintained, resulting in anxiety, irritability, anger, and guilt, etc. This is the phenomenon that I call relational trauma (Shahri, 2019).

Transitional Objects

Winnicott (1951) introduced the concept of *transitional objects* to explain the use of external objects by the infant to compensate for the anxiety related to temporary disappearance of its primary caregiver. Regarding the transitional object, Winnicott (1951) writes: “The object is affectionately cuddled as well as excitedly loved and mutilated.” He further writes: “The mother lets it [the transitional object] get dirty and even smelly, knowing that by washing it she introduces a break in continuity in the infant’s experience, a break that may destroy the meaning and value of the object to the infant.”

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Winnicott (1949) writes about the overactivity in mental functioning in response to certain failures by the primary caretaker, resulting in a conflict between the mind and the psyche-soma. In this situation, Winnicott writes that the thoughts of the individual begin to dominate and facilitate caring for the psyche-soma.

I would like to suggest that relational trauma (the chatterbox inside the head) functions in manner very similar to the transitional objects that reside in the mind (Shahri, 2019). It creates the illusion that one is not alone, insofar as there is a chatterbox in the head. The subject (the “I”), however, does not discard the illusion of the return of the good object, from whom he seeks approval and affirmation. Object relations conflicts therefore function as thoughts and mental activities that take over and organize care for the psyche-soma and form the illusion that someone is out there, and one is not alone, thus reducing fears of existential abandonment. So long as the object relations conflicts function, an illusion is created in the mind that there exists an object that one relates to, and thus the person can, to some extent, avoid their fears and anxieties related to isolation and abandonment. The person, in their mind, treats the object relations conflicts very similarly to the transitional objects, in that they are subjected to love and hate, and to affection and mutilation. The conflicts are made dirty, messy, and smelly, very similar to the transitional objects. In short, the person is imprisoned in the old object relations. Throughout this paper, I will refer to relational trauma, object relations conflicts, and internal conflicts interchangeably.

Mind Object

Corrigan and Gordon (1995) introduced the concept of *mind object*, which can be very similar to object relations that reside in the mind. The space between stimulus and response is mediated by the mental world. When this world is important, one creates a mind to protect and preserve the subject mind. This is the mind object (Boris, 1995). Corrigan and Gordon (1995) write:

We suggest that the mind object – an object of intense attachment – substitutes for a transitional object and subsumes intermediate phenomenon to its domain. But the mind as an object is an illusion. The clinical task is to reestablish an intermediate area as the place where life is lived – where there can be delight in the use of the mind that is expressive and mutual. (p. 21)

Thus, based on object relations theory, the relational trauma or object relations conflicts can be seen as mental equivalents of transitional objects that reside in the mind or simply mind transitional objects. One should also note that the intermediate area that is between internal psychic

reality and the external world is related to the previously discussed present moment.

If my hypothesis is indeed correct – that object relations conflicts (or relational trauma) operates as transitional objects that reside in the mind – then when the good object returns, the transitional objects will no longer be needed and are given up. Winnicott (1951) writes:

Its fate [the transitional object] is to be gradually allowed to be decathected, so that in the course of years it becomes not so much forgotten as relegated to limbo. By this I mean that in health the transitional object does not ‘go inside’ nor does the feeling about it necessarily undergo repression. It is not forgotten and it is not mourned. It loses meaning, and this is because the transitional phenomena have become diffused, have become spread out over the whole intermediate territory between ‘inner psychic reality’ and ‘the external world as perceived by two persons in common’, that is to say, over the whole cultural field. (p. 233)

It is seen that object relations conflicts or relational traumas create the illusion that one is not alone, and that there is someone there with whom they are in conflict. These object relations conflicts function, as I discussed earlier, in a manner very similar to transitional objects, which I named the “mind transitional objects”. Here Winnicott also discusses the intermediate territory between psychic reality and external reality as perceived by two people in common, which is a notion related to the present moment in a relational world.

The Return of the Good Object

Why is the return of the good object healing? Lewis, Amini, & Lannon (2000) write “In a relationship, one mind revises another; one heart changes its partner” (p. 144). Our brains, and more specifically our limbic systems, wire through experience. New neural networks form as the brain conforms to novel situations. Lewis et al. write: “When a limbic connection has established a neural pattern, it takes a limbic connection to revise it” (p. 177). Similarly, Guntrip (1994) writes: “If it is bad human relationships that make people emotionally ill, it can only be a good human relationship that can make them well again” (p. 401). In other words, limbic attractors can change in relationships.

An attractor network is a type of recurrent dynamical network composed of interconnected nodes (neurons) that evolves toward a stable and persistent pattern over time. And in therapy, this change occurs when the new attractors, in the limbic

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system of the client, form such that they become closer and more like those of the therapist. This process is iterative, and with every iteration, the newly formed neural pathways of the client, which are initially weak, become stronger and form the new limbic attractors and move closer to those of the therapist. Therapists have a set of indispensable tools that are their strong sense of self, self-knowing, and self-relatedness. The strong sense of self, self-knowing, and self-relatedness of the therapist can result in limbic revision within their clients. This puts a great onus on us, the therapists. We need to have done our own work, we need to have resolved our own object relations conflicts, and to have experienced this in our own therapy.

The question that might be raised is whether clients can accept and take in the good object that is now manifested in the therapist. It is not easy! Clients have spent years building defenses against receiving contact, due to their early relational traumas. The key to the success of therapy is for clients to become vulnerable in the presence of the therapist, that is, to give up their defenses and resistance. Due to (negative) transference, it is frightening for clients to feel safe enough to trust the therapist, to become vulnerable in the therapist’s presence, and let the therapist witness their pains. Clients generally function and behave from the old object relations upon which their transference is based. From a neuroscience perspective, transference is nothing but the activation of old neural networks that were formed in relation to early (old) objects. And resistance is the persistent activation of these early (old) neural networks.

Wilhelm Reich (1980) quite correctly and aptly wrote that psychotherapy is about consistent analysis and working through of the transference and resistance. Without the working through of the transference and resistance, clients will repeat the old behavioral patterns through the activation of the familiar old neural networks, and healing may not take place. When clients feel safe enough with their therapist to work through the transference, they can become vulnerable and will lower their resistance. Fairbairn (1943) writes: “The resistance can only really be overcome when the transference situation has developed to a point at which the analyst has become such a good object to the patient that the latter is prepared to risk the release of bad objects from the unconscious.” (p. 332)

“If it is bad human relationships that make people emotionally ill, it can only be a good human relationship that can make them well again.” – *Harry Guntrip*

When clients can become vulnerable in the presence of their therapist (give up their defenses), that is, when they no longer function from old neural networks... their limbic brain will be ready to form new neural networks based on their experience and relationship with their therapist.

When clients can become vulnerable in the presence of their therapist (give up their defenses), that is, when they no longer function from old neural networks (transference and resistance), their limbic brain will be ready to form new neural networks based on their experience and relationship with their therapist. Over time, these new networks become stronger, and the old networks become weaker and go through modification. Recall the Hebbian axiom that neurons that fire together wire together (Hebb, 1949). The weaker old neural networks do not disappear, and under severe stress will get activated again. However, as the new neural networks get stronger, they increasingly govern clients' emotional response and behavior. Connection and contact with the therapist will be internalized by the client. This is the essence of healing in psychotherapy from the perspectives of neuroscience and object relations theory. The client can then live in and experience the present moment.

The Technique

Resolving object relations conflicts takes a long time. We must analyze and work through the transference and resistance. While the transference and resistance are being worked through, new neural networks are formed, based on the relationship with the therapist. Recall that new neural networks are formed in the brain based on new experience. This is, however, a lengthy process. Once I developed insight into the process of relational trauma and object relations conflict, I started to look for ways to reduce the length of the process. In my work with clients, I asked them to stay in contact and feel their connection with me (the good object) as they were feeling and expressing their internal conflicts. Every time that I repeated this process with clients, the chatterbox became quieter (based on Hebbian plasticity – new neural pathways get stronger as they get (re) activated).

The results were surprising. When clients spoke about their object relations conflicts and relational traumas while being aware of their bodies and feeling their connection with me, the internal chatter became quieter. Every time that we repeated this process, the internal voice became softer. In my experience, after repeating this process several times (sessions), the internal voice (chatter) becomes essentially muted – at least temporarily. I must point

out that the old neural networks are still present, and will, at times, get activated, but they will lose their strength over time. This may point to a practical way of speeding up the process of resolving object relations conflicts. Before describ-

ing the technique, I must mention that this exercise is predicated on clients having a relatively strong ego, so that the process of contact and connection with their own body and with me is not threatening and re-traumatizing. This exercise is contraindicated for clients who cannot connect with and feel their body and have a diminished sense of self. Clients must first be able to connect with their body for this exercise to be effective.

In figure 3, I show the process of working with relational trauma. Throughout the process, I ask clients not to think. I pull my chair a bit closer and ask them to stay aware of their body (from the neck down, to avoid staying in their heads) and breathe normally. I may have to coach clients to stay aware of their bodies. Being aware of the body is the somatic correlate of the sense of self. Once clients are aware of their body, I then ask them to stay in contact with me. Frequently, I must coach clients as to what staying in contact with me is. I maintain gentle eye contact and look at their left eye, and ask them to look at my left eye gently so that we can make a right-brain to right-brain connection. I also ask them to be aware of the space (distance) between us, and I do the same (become aware of the space between us). Feeling and awareness of the space between us can be thought of as the somatic correlate of the connection. This step makes clients aware of the presence of the good object, which is felt at the somatic level. I then ask them to remain aware of their body as well as maintaining their contact with me, simultaneously. After a bit of practice, clients can follow these steps.

I then ask them to talk to me about their object relations conflicts, relational traumas, or interpersonal conflicts, or to simply remain quiet and reflect internally on such conflicts, while they remain aware of their own body and their connection with me. They notice very quickly that as they talk about their relational traumas, their emotional reactions become muted or more subtle. Clients report to me that every time they talk about their relational traumas while staying in contact with themselves and me during sessions, their emotional reactions become more muted. They further report that even if they try very hard, they cannot easily think about the past or the future, and for the most part are aware of the here

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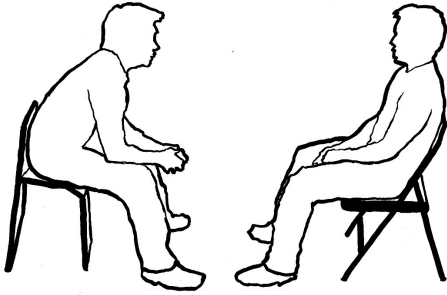


Figure 3 Working with relational trauma

and now! Even when clients attempt to recall the past and think of the future, they report they are not triggered anymore.

In a variation of this exercise, I ask clients to stay in contact with themselves and with me as described above, and just remain silent (not think), until I notice a shift in their emotional state, usually after a few minutes. I then ask them to simply be aware of my presence with them, and to stay in contact with themselves. At this point, I check to see if they are still triggered or bothered by their object relations conflicts, and the answer is usually no! If need be, I repeat this exercise. If clients are agitated and triggered during the session, I do the first variation of this exercise. Otherwise, if the conflicts are not as strong, I have noticed that the second variation may be more effective.

Internalizing contact with the good object will occur over time, and is a long process. Once contact with the good object is internalized, clients do not need the presence of the therapist (good object) any longer. To shorten the length of this process, I devised the following addition to the second variation of the above exercise, in which clients remain silent and simply stay in contact with themselves and with me. I must mention that clients must have reached a certain degree of trust within the therapeutic relationship to be able to become vulnerable (to drop their defenses and resistance) for this step to be effective. I also indicated above that a certain level of ego strength is needed for these exercises to be effective.

I ask clients to feel their body (the somatic correlate of the sense of self), and to feel the space between us while maintaining eye contact with me (the somatic correlate of connection and contact), similar to what I have described above – thus connecting to their body and to me. After a minute or two, or when I feel it is appropriate to go to the next phase, I ask clients to close their eyes and imagine I am getting closer to them (as close as they are comfortable) until they experience my energetic presence in their body. Then I ask them to stay with this sensation and feeling for about a minute, or until I sense that they feel their contact with me in their body. I

believe that this last step is the somatic correlate of internalization. Thus, through this energetic and somatic exercise, clients first connect with themselves, and then connect to the therapist, and finally internalize the contact. After this exercise, clients typically feel much calmer and feel a deeper connection with me and their own body. My clients have reported that after this exercise, they can self-soothe in between sessions or when they feel overwhelmed emotionally. I must emphasize that connecting with the self and to the good object and internalizing it is a long process. This exercise may simply speed up the process by letting clients feel the connection with themselves and with the good object and form a psychological imprint of these processes through developing new neural networks (initially weak) that are formed during their experience in this exercise. Future therapeutic work is then built upon strengthening these newly formed neural networks.

Case of Sally

Sally is a 40 year old single woman who came to see me about six months ago. Her presenting issues were anxiety, a diminished sense of self, and self-deprecating thoughts. Her self-esteem was low, and despite being very attractive, she was not satisfied with her looks. She also ruminated about the past and was worried about her future. Sally had worked with a couple of cognitive behavioral therapists, and more recently with a Jungian analyst. She had developed a lot of insight from her therapies, especially her Jungian analysis. Our work proceeded relatively slowly, as she was unfamiliar with relational and somatic psychotherapy. We spent several sessions on the analysis of her developmental traumas, from which she gained further understanding and insight regarding her life and her choices. She understood how her choices in life were affected by her traumas, and how she was repeating her traumatic past. She also gained the insight that the lack of contact and connection with her primary caretakers early in life had a significant role in her life experience today. She developed positive transference to me early in our work. I processed her transference and resistance in our sessions, over time. Recall that from a neuroscience perspective, the analysis of transference and resistance helps to weaken old neural networks that were formed in the brain based on the past object relations by allowing the formation of new neural networks that are based on the therapeutic relationship with the therapist (the good object). This occurs when clients can take risks and become vulnerable in sessions. It is then that they give up their resistance.

During the course of our work, and when I felt it was appropriate, I asked Sally to stay in contact with herself and with me, as I discussed in the technique presented above. With every iteration of the technique during different sessions, she was able to connect with me more deeply, and felt safer to risk becoming more vulnerable. She reported that she could also recall and utilize our

connection outside our sessions when she needed it. But this time the connection was satisfying and not traumatic, and there was not an infantile dependence on it. In other words, she had found a good object.

The internal chatter in her mind became quieter, her self-esteem increased, and she reported that she started loving who she was. She also reported that the infantile attachment in her relationships had become much weaker. She had developed a much stronger sense of self. I felt that at this point it was appropriate to work with her on internalizing her connection with me, and thus I added the last part of the technique to our exercises in the sessions. After several weeks of working with Sally on internalization of her connection with me, she reported that she did not need to recall our connection to soothe herself outside our sessions, and she felt more secure in who she was and more confident in herself. She knew that the connection was there. In other words, she had internalized our connection. In conclusion, I must mention that Sally was not a typical client. She arrived in

my office with deep insights, and the work with her progressed more quickly compared to many other clients. However, this case study, I believe, demonstrates the application of the ideas and the therapeutic techniques that are discussed in this paper.

Conclusion

In this paper I discussed the present moment as the felt sense of here and now, and showed that it is deeply related to and predicated on connection with the body. I further discussed trauma and its role in numbing the body and disconnecting from it. I analyzed relational trauma, based on object relations theory and neuroscience, as well as its effects on disconnecting from the here and now, and becoming a prisoner of the past and worried about the future. I also introduced a technique based on insights from relational somatic psychotherapy that may reduce the length of the healing process, which is to live in the present moment, and relatively conflict-free.



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Acknowledgment: I would like to express my deep gratitude to Dr. Robert Hilton. The development of the material and techniques presented in this paper would not have been possible without my work with Bob. I am indebted to him for listening to my theory and our discussions related to it, as well as his own ideas and theories. I would also like to acknowledge and express my appreciation and gratitude to the editorial board and the anonymous reviewers and their constructive comments and feedback.

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