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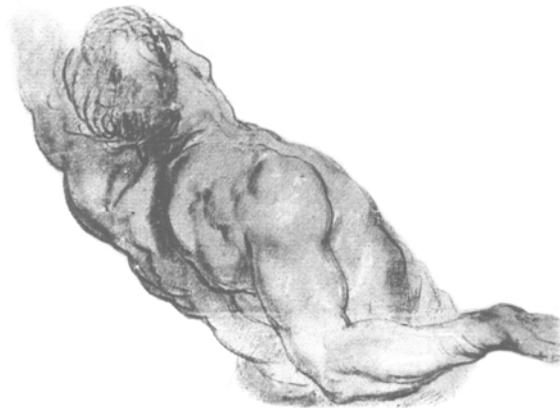
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USABP Mission Statement

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 humani

Positive Development for Persons with Trauma Spectrum Disorders

Philip M Helfaer, Ph.D.

Abstract

The author describes a program in development oriented toward alleviating suffering and supporting positive development for people suffering from a variety of trauma spectrum disorders. It is based on the two pillars of body and community. The body orientation is *somatic-energetic*. In describing the program, the author also intends to describe the *energetic point of view of bioenergetic analysis*, and the concept of *group as community*.

Keywords

Trauma spectrum disorder - Bioenergetic analysis - Somatic-energetic - Community group - Veterans

INTRODUCTION

The primary focus of this paper is the description of a program in development. The description of the program is the context for three focuses. One is the idea that a group can have a strong therapeutic function when it is developed as a community. Second, I will describe some features of the somatic-energetic theory, technique, and processes that characterize bioenergetic analysis. Third, I have in mind questions about the nature of trauma spectrum disorders and what therapeutic action is useful in helping people with these syndromes.

The program is intended as a resource for individuals suffering from a variety of traumatic stress syndromes, or trauma spectrum disorders. I use the word '*program*' deliberately. Another word might be '*course*,' as in a *course* in a college. I am not emphasizing diagnostic categories, such as '*post-traumatic stress disorder*,' although the program is definitively designed for individuals suffering the effects of traumatic stress (either by their own definition, or that of a caretaker), and that would include P.T.S.D., Posttraumatic Personality Disorder (Classen, et al. 2006), as well as other syndromes. Although I avoided, for the moment, calling the program '*therapy*,' it is unquestionably designed to alleviate suffering and facilitate healing and positive life development, so in this sense, it certainly is a therapeutic program.

As a trainer in bioenergetic analysis, I have thirty consecutive years experience working in a way very similar to, but not exactly the same as, the program I am describing. Most of the individuals participating in the bioenergetic training groups are therapists, a highly self-selected group. At the same time, if I were invited to give an estimate as to how many of these people could be said to have been characterized by '*complex developmental trauma*,' I would be inclined to say, "A conservative figure is eighty percent."

The program I am describing here represents, then, a slight shift from what I have done up until now in two important ways. I envisage expanding the application of a familiar format to groups of people with whom I am not entirely familiar. These people would come from a variety of walks of life and be living with a variety of kinds of trauma spectrum disorders originating in a variety of circumstances. I do not have direct experience with a wide variety of such syndromes, and in today's world one does indeed find a huge number of people traumatized under a wide variety of developmental, socio-political, and natural circumstances.

Second, I am making serious modifications to the familiar format. For one thing, these modifications require a shift in role considerations which go very deep. For example, for this program, I might use the terms '*student-teacher*,' rather than patient-therapist. While this applies also in the case of a bioenergetic training group, the roles in therapy are usually conceived in different, professional, terms. In the new program, teachers relinquish their roles as '*expert*'. Here, we all face together a common reality, all have a common need to develop and learn, and all seek a strong positive movement in our lives.

Also, while the student in the new program might speak of healing (and I hope that he or she would), the teachers will not introduce the work in those terms, until the students have validated such terms, and the teachers will not offer themselves as therapists. The teacher will offer guidance in helping each participant find "what works for him/her." These distinctions are in the service of aiding the participant in his own learning and, from the beginning, finding the way that emerges from him/her-self. Anyone who has struggled with the role of a therapist, and what therapy is, will appreciate the potential implications of these shifts.

I believe this is an innovative program in the field of work with people suffering from trauma spectrum syndromes (developmental or adult trauma). One aspect that is innovative is the overall structure, its integration of the two "pillars" of the program which I will describe soon. Another innovative aspect is the conception of the nature of trauma and the therapeutic action relevant for it. This is discussed at the end of the paper.

Another innovative aspect of this program has to do with social factors of different orders. I envisage this program as what a friend of mine likes to refer to as a "disruptive technology." The meaning of this is that it impels a social group to view a given subject in a different light. I believe this program and its use could cast a new light on some of the problems associated with the therapy of PTSD and other trauma syndromes and the very nature of these syndromes. In doing so, other professional and institutional arrangements are suggested for treatment, rehabilitation, and their delivery. For example, while it seems self-

evident to many of us that somatically oriented therapies should be at the center of any trauma treatment program, these in fact seem to have little access to most academic, medical, or veterans institutions. I would be happy to be proven incorrect in this assertion.

The very definition of PTSD has a political significance. How the syndrome is established in the diagnostic and statistical manual affects funding for institutions and researchers and compensation to veterans and others. Further, just as Herman (1992) described years ago, the way in which a society provides for or relates to its traumatized members and how the various professions deal with trauma, depends upon the socio-political climate of the day. Nowadays, virtually never-ending wars bring into a country many traumatized former soldiers. This exerts an enormous pressure on governments to care for and compensate. On the other hand, making too much of this sad reality socially and politically could possibly create a powerful force for deterring war, reminding a population of the terrible price, mostly invisible, and mostly paid by the younger generation. This reminder is unbearable, and actually becomes a kind of social trauma in its own right.

There is a significant feature of the overall field of trauma studies and treatments that is important for the context in which this program is being introduced. The field is in fact quite fluid in some ways. While cognitive-behavioral techniques of various kinds are often considered state-of-the-art, evidence based techniques, there are several different approaches within the larger cognitive-behavioral domain, and these approaches continue to evolve (Follette, et al. 2004; Hayes, S.C. 2004; Monson, et al. 2007; Shedler, 2010). Paradigms are shifting.

In some clinical settings, the therapeutic paradigm involves an amalgam of various protocols (Follette, et al. 2004). The clinical process by which choices are made between various approaches and various aspects of different approaches lies outside the protocols of the specific therapies which make up the amalgam. What is the theoretical basis for these choices and the therapeutic process other than the clinician's sensitivity, creativity, and experience? An understanding of somatic-energetic process and theory can fill this gap, allowing for more holistic process. In addition, "third wave" (Monson, et al. 2007, p.47) cognitive-behavioral techniques are being developed which frankly include or are based on, not learning theory, but on conceptions such as mindfulness and acceptance (Follette, et al. 2004). These practices are in fact embedded (in theory and in practice) in bioenergetic analysis. The development of treatment/ education programs for individuals who suffer trauma spectrum disorders is still very much an open field and one in which there seems to be a clear space for the kind of program here set forth.

Epidemiological studies estimate very large numbers of people who are significantly affected by traumatic stress at any given time, and that the majority of people will be so affected during the course of a lifetime (Norris, Fran H., Slone & Laurie B., 2007). These figures themselves justify a consideration of any program, especially one involving groups, which will provide another avenue for people seeking relief.

The program I am presenting is an alternative and one that hopefully will stretch the field. It offers a new context in which to look at and learn about some very common forms of human suffering. I would like to understand more about what happens to a person when she/he is traumatized, either as a child or an adult. I want to learn more about these things, not just in medical or neurobiological terms, but in human terms. What happens to the individual as a person, whether the trauma is in childhood or adulthood? Can we learn more about alleviating suffering, and can we introduce into our lives greater possibilities for positive life development?

AN OVERVIEW

I use the term "trauma spectrum" (Scaer, 2005) disorder to refer to the wide range of suffering, disturbances, illnesses, painful conditions, and life disruptions manifested in a seriously large proportion of today's populations and which are understood as developments that follow exposure to traumatic stress experiences of various kinds. PTSD is only one such condition. The extensive list of the sources of traumatic experience is all too familiar: combat, terrorist activities, sexual and domestic violence, loss of a spouse or sudden death of a close connection, medical trauma, motor vehicle accidents, refugee and displaced person status, political imprisonment, torture, starvation, exploitation under totalitarian regimes or occupied territories, and, of course, various forms of physical and sexual abuse of children, and exploitation of children as slaves and soldiers. So goes the trail of sorrow and tears that flows over today's world. Shouldn't we call this "the age of trauma?"

This new program rests on two pillars: body and community. The program offers a milieu for the alleviation of the suffering associated with trauma spectrum disorders or syndromes, for facilitating personal development, for the learning of skills for sustaining continued personal responsibility for development, and for establishing a mind-body-emotional conception of the positive possibilities for life.

I believe it has several distinctive features, which, in combination, offer a new view of working with and learning about those who suffer from trauma spectrum disorders. The program is best conceived of as an "education," as if it were a "course" in a college, rather than as a therapy. The leaders are educators, facilitators, or trainers, more than, or equally as much as, "therapists." The ideal goal is for participants to find their own ways, their own meanings, and their own tools for positive development, not alone, but in community and with guidance and support.

The features of the program can be summarized as follows:

- ❖ We come together as a group and develop as a community. Each of us depends on the others.
- ❖ Within the community we learn about ourselves through our bodies; we find tools for support, calming, and grounding, in our bodies; we find processes for integration in our bodies; we learn how the resources of our

bodies guide and lead the process of freeing from the past, and moving into a positive way of life in the present; we learn about the healing potential of pleasure in the body.

- ❖ We learn the few basic relevant biopsychological facts about the nature of our traumatic condition.
- ❖ We learn in and from the relationships that develop in the group; we learn an equalitarian mode of relating between peers, between students and teachers; we learn self-respect and respect of the other.

SOME BACKGROUND

A somatic-energetic approach to treatment of any kind is not intuitively grasped by a clinician or practitioner who has not experienced such work. Like any deep therapy, it needs to be experienced to be grasped. For those who practice such work, it is the most natural thing in the world to view the body oriented therapies as the mainstay of treating people afflicted with trauma spectrum disorders. Here, I wish to convey an impressionistic description of what I choose to name *somatic-energetic* work. This description is based on my understanding and experience in practicing and teaching bioenergetic analysis.

The most obvious feature of a therapeutic session in bioenergetic analysis is that the client at some point will be engaged in a non-verbal process, a movement, a focus on respiration, or simply a focus on body-awareness. The therapist or teacher looks at and observes every nuance of bodily expression with just as great attention as is given to listening to the words of the patient or student. In our groups, we engage in bioenergetic “exercises” together; moving, breathing, and experiencing our bodies, without talking, although often with sound and emotional expression.

What I imagine to be unusual, say to a traditional verbal therapist or to a cognitive-behavioral therapist, is the conception that healing, awareness, and integration can proceed non-verbally. Through all of my own professional development and education, such a conception was not just foreign, it was unknown. My first two degrees were in philosophy (Cornell University). I believed in the life of the mind! I turned to the study of the life of the mind in psychology, (Ph.D., clinical psychology, Harvard University). I still lived the life of the mind, the intellectual life.

I also had many useful years of psychodynamic therapy. So my shift from a psychodynamically oriented therapist to a bioenergetic analyst was a major transformation. It started first with training in family systems therapy. My trainers got me up out of my analytic chair and analytic position, and into action amongst, with, and around a family unit. I was quite shocked initially. This stuff was disturbing!

Even more disturbing – and enlightening! – was a visit to the Esalen Institute in California, a year or so after completing my degree. Here, for the first time, I experienced various bodily oriented practices, including yoga, tai chi, sensory awareness, gestalt therapy with the focus on the body, and rolfing. After the first week, I had a massage. I cried deeply; I felt a healing. I walked by the ocean. Even the rocks seemed alive. I spent a few months there. My body came alive, my emotions opened up, and my world view expanded.

After the Esalen experience, I took up the study of bioenergetic analysis (around 1970). I found it to be the most developed and professional of the body modalities then available; and I believe it still is. I was drawn to the expansive, open, aliveness of the work. The teaching and standards were professional; theory and practice were observationally based; and there was an ideal of a clinical position grounded in contact with one’s own body and empathic resonance with the other. I saw that there was an ongoing development of the therapeutic technique. Indeed it was abundantly clear that the therapeutic technique and theory were in need of much further development. All of this seemed analogous to the only other in-depth therapy I was familiar with, psychoanalysis.

As it turned out, the journey, whose first steps were taken in 1970 on the coast of the Pacific Ocean in California, has continued now for forty years. The benefits for me personally have been extensive, even life saving. Some thirty years ago, I began training others in bioenergetic analysis, first in Massachusetts. Subsequently, I led training groups in Norway and then in Israel, where I am now a citizen.

FORMAT OF THE GROUP

Before proceeding further with the “soul” of the work, I want to give a picture of the format of the group that is at the heart of each program. What I mean by “format,” in this context, has to do with the basic practical arrangements for any given course. I recommend a group of from eight to twelve participants, meeting for eight two day workshops, probably weekends, with two leaders and one or two assistants. If weekend workshops are not feasible, flexibility is called for, and other schedules can be framed. In any case, the duration of the course should be established at the start.

The participants should have in common the type of source of their traumatic experience; e.g., women dealing with sexual abuse, either from adult life or childhood; men also should have their own group for dealing with sexual trauma; military personnel returning to civilian life or recuperating from horrifying battle experiences; victims of terroristic attacks or sudden traumatic losses; and so on.

A workshop day can be from 9:30 in the morning to 5:30 in the evening. Participants should be encouraged to remain quiet during evenings of workshop days, to stay with partners, family, or friends, quietly, so that the experiences of the day can stay with them in a calm way. Going out, socializing, or going to entertainments may be enticing as a means to escape from

difficult feelings, but such activities will suppress feelings and end up further igniting already sensitized neural networks, adding to disturbances rather than calming them.

A lunch break is very important. Lunch should be a communal ritual, as in a family, with shared food at the site of the workshop. A nice way to do this is for each person to bring some portion of the food.

A group should be encouraged in the development of its own rituals. For example, prayers or blessings over meals, or at the beginning and end of a day, are spiritually meaningful and deepen community. Rituals, like the meal together, deepen community, quiet over-excitation, and soothe the limbic system. Regularities in the format can take on ritualistic aspects, such as beginning each day with body awareness and movement, returning throughout the day to an awareness of breathing and grounding exercises, and structured, contained ways of verbal sharing.

I recommend a “buddy system” for the time in between workshops. Buddies are to check in with each other at least once a week. Buddies should rotate every month. Check-ins are preferably by telephone, rather than e-mail. Face to face check-ins are alright, if urgently needed, but usually not necessary. Buddies should help each other not succumb to resistances such as wanting to flee from the group, antagonistic or persecutory feelings in relation to other participants or leaders, or feelings of giving up. Another important feature of the buddy system that contributes to community is that it gives each individual the opportunity to care for another, in a limited, bounded way. This contributes to a sense of well-being and belonging.

GROUP AS COMMUNITY

A group is not necessarily a community, and generally, groups may or may not evolve into a community. In our courses, we deliberately foster development of the sense of community. In a community, each is receiving and contributing in equal measure. The trainers, their curriculum, and course goals are seen as the framework or boundary principles that establish a container. The difference in roles does not entail a difference in status. The teachers are present in the same way as students, “body and soul.” We share a common reality. The teachers are there as teachers only because and as a function of their own experience and learning about their own traumas.

I have always been impressed how our bioenergetic training groups almost always evolve into community. They become a very rich, deep milieu for learning and for personal development. There are deep ties between participants, participation becomes a source of identity, and “The Group” takes on a significant meaning as an internal object in the mind and life of participants. Teachers foster the development of community by assuring that each member has equal place, and each member is respected in his or her individuality. Further, mutually shared exercises require the support of others and convey that each person is needed, and we each rely on the presence of all the others.

As much as anything, the very nature of the experiences occurring in the training or course milieu fosters community. The primary learning is experiential, focus is on the body and bodily expressions of character, and on emotions and current personal reality. Group exercises also facilitate community. Moving, breathing, “energizing,” feeling together as a group – all these foster community (Dingfelder, 2010).

Since our purpose is to understand the current functioning and development of each person, participants have the opportunity, to the degree they are safe and comfortable, to share themselves in profound ways. In the community, it is possible to momentarily open defenses to a degree, even to the point of surrendering to the parts of oneself that are personally unacceptable or socially non-functional. This can be a great relief. Shared emotional experiences at this level also create a network of bonding. Almost always, a shared sense develops that being in the group offers an opportunity to be more directly in one’s own and other’s human reality than usually occurs in daily or professional life. The course experience is treasured for that reason.

Leaders are there to sustain clarity of goals, boundaries, and guide the overall course of learning. Leaders help regulate and contain strong emotional experience. Leaders can also guide participants to find for themselves meaning and therapeutic significance to otherwise painful emotional experiences. While leaders or trainers may be seen as having an expertise or level of knowledge and familiarity in relation to the kinds of emotional and interpersonal events occurring within the milieu, it is clear that their purpose is to use that experience to guide trainees in their own learning. Leaders recognize equality between themselves and participants.

There is a didactic portion of the workshop for presenting basic information on the psychobiology of trauma. However, the essential learning is based on and related to immediate experience. Since the subject of study is the self – in all its somatic and psychological complexity – the approach to study has to have a non-pressured rhythm, a sense of existential being, compassion, and a here and now timeless quality. Such learning cannot be hurried. There is no test to cram for, no fund of information to be memorized. Concepts, schemas, and theory are in the service of seeing, understanding, and sorting out experience. This type of learning becomes the basis for a shared set of values, enabling a unique “culture,” and deepening the meaning and sense of community.

The BODY and LIFE PROCESSES

Within the milieu of the community the focus is the experience of the individual. The milieu of the community facilitates, supports, and even creates forms and ways of experiencing not otherwise readily available. The community milieu is usually good enough so that the experiences generated within it provide the basis for individual learning, developing, and healing traumatic injuries. The community also is the holding milieu for interventions that focus directly on the individual. Individual interventions have two common forms within the group. A teacher may work with one participant while others witness. Participants may work in dyads or triads, one acting as “therapist,” the other as “patient,” a third as observer, with trainers or assistants supervising and witnessing the various dyads or triads. In our groups, these interventions will most commonly have a somatic-energetic focus, with narrative “sharing” at some point.

I will give an example of what some of the somatic interventions might be like. This example forms part of the background I began describing earlier, and it comes from my first experiences as a trainer. Participants invested emotionally in the group as in a community and often had powerful emotional experiences over the course of a weekend. I did not know much about trauma psychology at that time (1982), but I had a very strong impression that I expressed to myself in the words, “These reactions look like post-traumatic reactions.”

The experiences I’m referring to would emerge as a result of the work with the body (“energetic” work): work with respiration, the use of basic bioenergetic movements and positions, such as grounding (Lowen & Lowen, 1977/2003), and the observational study of the body, its flow of energy, aliveness, and its blocks in the flow of energy. We practiced “reading the body,” seeing how present functioning and past experience are reflected in the form and motility (capacity for movement and feeling) of the body.

When the focus for an individual became both alive enough and precise enough, he or she might have a strong emotional “breakthrough” or reaction. This was the result of a deeper contact with the self. A person would have the feeling of experiencing the pain, sorrow, and rage of some aspect of a developmental experience. In the safety of the group, deep emotion could find expression, containment, and resolution. These experiences would be very freeing for the individual and also for the group.

These experiences are “energetic phenomenon” in the following sense. The body (or “energetic”) work had, (a) allowed a deeper somatic-energetic contact with the self, and (b) had allowed the release of a quantity of energy, in the form of emotion, movement, and sound. Everyone present *senses* the behavior as a deeper contact and as a release of energy, and everyone has the sense that this quantity of energy had been contained, or held, in the body in potential form through the years. It is also clear that the energy has been contained by the individual’s characterological defense, and even that it has been used in the service of characterological defense. It also seems evident that the energetic potential had originated in aspects of a traumatic experience which had not been discharged or integrated at the time. These several qualities were evident to us as observers.

Observation of these types of energetic phenomena were first recorded in therapy by Wilhelm Reich in 1933 (Reich, 1945), and it is a type of observation that is still a focus for body-oriented therapies of all kinds. These are the same kinds of responses described as releases of energy from previously undischarged autonomic freeze responses (Scaer, 2001, 2005; Levine, 1997). The bioenergetic view also attributes an essential core function to autonomic reactivity in these responses, as did Reich, from the beginning of his work (Reich, 1961).¹

The developmental origin of these experiences is understood as having been traumatic stress for the individual during childhood. This means that the experience is of an overwhelming kind that the child can not do anything about, and there was no relationship in which the emotions were held and discharged through expression and communication. Under these conditions, the experience threatens safety and integrity, and it becomes an internalized, threatening object. The child has to use its own developmentally limited resources to manage the experience, and it also has to use biological resources to adapt to the internalized object. Energy and aggression must be used to build defenses and coping mechanisms in relation to the internalized object. These will allow the individual to eventually develop some degree of emotion-regulation and self-regulation, although there will be residual distortions, deficits, anxiety, and problems in coping. In addition, the internalized object affects the conception of the self and the perception of others. In this way the trauma is the core of the formation of a neurosis (Angyal, 1965) or a character neurosis (Reich, 1945).

Body-oriented therapists often refer to the workshop experiences described above as “body memories” (Rothschild, 2000). These experiences are in fact memories, although they are not expressed as a verbal narrative. They are referred to as “body memories” by virtue of the fact that they are stimulated, evoked, or prompted by stimulation of the body or the senses, and by raising the energetic level of the body through respiration or movement. There is no implication of some kind of memory system residing in the body, outside of normal brain neurology.

As our work in bioenergetics developed, we learned to use somatic-energetic techniques to facilitate integration and healing with a wide diversity of characterological formations and energetic phenomena. Containing and calming ongoing chronic reactivity of various kinds, for example, is especially relevant for trauma spectrum disorders. In our practices as bioenergetic therapists and in training programs we have worked with these “complex developmental traumas” for many years.

¹ A detailed description of the development of Wilhelm Reich’s conception of energetic phenomena is found in Helfaer (1998/2006) and Helfaer (2009).

THE ENERGETIC POINT of VIEW and LIFE PROCESS

Working with the release, identification, and integration of “body memories” is only one paradigmatic illustration of how we observe participants from a somatic-energetic point of view. I will describe briefly a few other aspects of that point of view, including further description of energetic phenomena.

First, I want to consider the nature of traumatic experience. A simple, relevant definition of traumatic experience is that it is a “biospheric event” (Angyal, 1965), an interaction between the organism and its environment, which impinges on the person in a way that he or she cannot manage within the limits of basic life patterns or functions. It is an experience he or she “cannot do anything about.” What makes an event “traumatic” is not what it *is* but what it *does* and this cannot be predicted before the event (Angyal, 1965). Angyal understood that a trauma is the core of neurosis; Reich also saw traumatic experience at the heart of neurotic character formation. As I conceive of the bioenergetic point of view, traumatic experience stops the individual’s life movement (Helfaer, 1998/2006).

For the relevant aspects of “life movement,” Reich (1945) coined the striking phrase “the expressive language of the living,” referring to the spontaneous bodily expressions he observed as he worked character analytically with people. While this expression is non-verbal, it nonetheless has graphic emotional meaning which everyone can understand because we all have similar bodies and expressive functions and the inherent capability for mirroring and empathy. Alexander Lowen (1958/2006), Reich’s student, and founder of bioenergetic analysis, spoke more simply, but with equal aptness, of “the language of the body.” The expressive language of the body in its various manifestations can be considered “energetic phenomena” (Helfaer 2004).

A discussion of magical or mystical ideas about energy is unnecessary. Here, it is simply important to point out that amongst serious scientists and scholars within diverse fields, the concept of energy is a given: Schore (1994) in the field of affect regulation and the origins of the self; Siegel (1999) in neuropsychology and the relational development of the mind; and Rizzuto, et al., (2004), and Meissner (1995) in psychoanalysis. Siegel (1999, p.2) for example states, “the human mind emerges from patterns in the flow of energy and information within the brain ...” What we have in bioenergetic analysis as part of our way of looking and seeing is an “energetic point of view” (Helfaer, 2004).

First Reich (1945) and then Lowen (1958/2006) described what can be understood as the general principles of the flow of energy in the body, and the energetic phenomena (movement, feeling, affect) that go with it. The significance of this kind of description is that it is an observational tool essential for seeing and understanding the person in front of one, for understanding one’s self, for understanding relationship, and finally for initiating appropriate interventions in a therapeutic setting.

Essentially, the phenomenology of energetic expression is a fundamental aspect of the experience of the self. To be “in one’s body” or “in contact with one’s body,” is to experience the body’s energetic state. The pervasively used concept of grounding is in fact based on what Lowen described as a pendular swing of energy between head and tail as the individual stands upright, with feet on the ground (Lowen, 1958/2006).

There is a vast common vocabulary pertaining to this aspect of the self. Consider one affect domain that is universally present in everyone and that often has a particular place in the experience of anyone who suffers in a trauma spectrum state: this is *shame* (Schore, 1994; Helfaer, 2007). There are many behaviors we understand as ways of avoiding or protecting ourselves from shame: hiding, rage, blame, contempt, avoidance, and so on. On the other hand, the many ways of speaking of shame are expressions of the body state that is its basis: wanting to sink into the ground, a sinking feeling, a burning shame, humiliation, a feeling of failure, inferiority, and so on. All these words describe a kind of shift in the energetic flow of the body: a contraction, a drawing in, a freezing, a stopping. The hanging head, and collapse in the body of a shamed person, expresses this in the “language of the body.” Such an expression contrasts markedly with the “standing tall” of someone in a state of expansive pride, success, well being, or happiness. This vocabulary of the energetic state is only spoken authentically when one is in contact with the body experience.

It is typical of shame that the experience is divided into a somatic component and a mental component. This involves not “shameful thoughts,” which are in fact shameful experiences, but all the reasons, rationalizations, arguments, self- and other- accusations, and so on, that may accompany shame. The issue here is that over-involvement with the thoughts, (“the head”), diverts awareness from the body state of misery. From a bioenergetic point of view, the cognitive aspect is not causal, it is a defense or adaptive function. The body misery is primary, and the body is the most effective locus for release, relief, healing, and “treatment.”

The mindfulness developed in bioenergetic practice is a body mindfulness, and it is based on contact with the energetic condition and flow in the body. Because of this, mindfulness can be a tool for managing disturbing affective and energetic states, including states of over- or under-arousal.

CURRICULA, the BODY, and SUFFERING

The core of the life of the group, the soul of its experience, on any given day of its meeting will center around somatic-energetic processes and experiences. Such experiences can be organized for the whole group, or for dyads, or triads.

These experiences are very carefully planned and organized, and they have very specific functions. They will be organized to address specific forms of general issues present for the group. Some of the important general issues will usually include:

1. Calming down either hyper- or hypo- arousal. The use of somatic-energetic exercises can be utilized to establish a more balanced cycling between sympathetic and parasympathetic autonomic processing in relation to how the individual is affected by, or reacts to, stimulation from within the organism or from the outside. The effectiveness of somatic-energetic techniques in regulating such common stress experiences as irritability, anger, depression, anxiety, and feelings of stress can then be experienced by the individual. This can be the basis for an increased confidence in the ability to self-regulate. The somatic techniques used can be taught in such a way that the participant can use them in daily life. This work involves use of familiar bioenergetic exercises and processes such as grounding, work with respiration, establishing boundaries and containment, and discharging tensions and aggression (Lowen & Lowen, 1977/2003).
2. Establishing the capacity for contact with the bodily (somatic-energetic) self. This kind of learning is ongoing and essential for helping the individual establish a more regulated, less stressed, and more fulfilling way of life. Contact with the self via the body allows one to identify one's own experience, feelings, and thoughts; to learn a regulated form of self-expression, of either positive or negative emotions; and, in the long run, it establishes a stronger sense of self.
3. Establishing the sense of the integrative capacity of bodily experience. This learning takes place "by itself," so to speak. It occurs when a sense of integration follows a non-verbal, somatic-energetic experience. Participants discover that they do not necessarily have to struggle in their minds to "understand," and that a sense of integrative wholeness is not the product or outcome of a cognitive, mental process. Rather, one is likely to discover that following an integrative somatic-energetic experience, a "solution," or "understanding" of some aspect of the self emerges on its own.
4. Learning about bearing pain and suffering. It is not the goal of a therapeutic or healing program to "overcome" the deep personal pain in the individual's life. It is possible to change our relationship with the pain, painful realities, and suffering. We can learn how our defensive operations are self-defeating and energy consuming. We learn that "surrender" or "acceptance" does not mean "succumbing" to death or humiliation. Such are the difficult learnings everyone must discover in their own ways. When the individual can experience, bear, express, and share his or her pain – *as his/her own* – healing and change have the chance to begin. Community context and bodily grounding are enormous aids in feeling, bearing, containing, expressing and – ultimately integrating in some fashion – unbearable experience. Terror, fear, grief, humiliation, shame, and terrible emotional pain, as well as more complex, negative disturbances to identity, reside in most post-traumatic reactions.
5. Towards calmness, peace, and pleasure. Happiness is not a given for most people, and most people have lost what probably should be a natural aptitude to live life with some calmness, peace, and pleasure. This is certainly most often the case for people suffering effects of traumatic stress. It is often as if life can never again feel good. Somatic-energetic work and experiences are one of the best reminders that life perhaps can feel at least a little better. If I am going to feel good, I have to feel good in my body. Often, one immediate effect of bioenergetic exercises is to feel "relief." This is an important beginning.

Each group is approached as unique, and the "curriculum," while having similar processes and approaches in all cases, will also have unique issues requiring unique approaches. In addition, there is distinctive planning for each session, depending on the group's experience, functioning, and development. While the core of the course centers around somatic-energetic experience, there is also verbal sharing. It is important to learn to share verbally and, at the same time, stay in contact with the self, stay grounded, contained, and not dissociate by entering into an unconnected mental space. Finally, as noted earlier, there will usually be a small didactic portion on most days, a kind of psychoeducation, concerning the biopsychology of trauma.

DIFFICULT MATTERS

Difficult matters abound in our work, however we go about it: pain and suffering of the worst sorts; grievous injury to self, body, and soul; grievous and inconsolable loss; seemingly destroyed lives and dreams; unbearable experiences of terror, horror, and evil; bodies left in terrible states of tension; and people re-living destructive experiences.

There is another type of difficult matter, in some ways not as terrifying, but in other ways even more difficult. This has to do with the terribly complex, confusing, and convoluted developments of the mind, personality, and body that often evolve over time following exposure to traumatic stress, either in childhood or adulthood. Complexities of behavior and bodily dispositions stimulated the nineteenth century explorers of hysteria, Charcot and Janet, and Breuer and Freud. Following in

their tradition, Scaer (2001, 2005) discusses a variety of medically complex dispositions, behaviors, and pain syndromes which he relates directly to psychoneurological developments arising from traumatic experience. Here I want to mention a few psychological difficulties that I do not find addressed in the literature and which are the subject for future work.

1. The traumatic identity.
2. The nature of aggression.
3. Brutalization, internalization of violence, internalization and reliving of violence.
4. Desperation.
5. Humiliation.

Some or all of these issues will surface in most groups. The individual subjected to brutality may become “brutalized” in the sense that being brutal in return is a kind of defensive outcome. The bullied child may become the bully; the soldier allowed to brutalize the other loses empathy, becomes harsher, armored, callous, and may lose contact with his own life (Elizur & Yishay-Krien, 2009).

In addition to the shame, humiliation, and sense of failure that may be engendered by traumatic experience, the individual secretly holds a negative sense of identity that can be degraded to the point of feeling inhuman, “beyond the species” (See “The Hated Child,” in Helfaer 1998/2006). This happens particularly as a result of childhood trauma, but it can be fostered by adult trauma as well.

While the traumatized individual may be considered aggressive, it is usually a self-defeating form of destructiveness that is involved. In fact, the traumatized individual may be “broken,” in body and spirit, in such a way that he/she does not have the constructive capacity for aggressive movement towards his or her own goals. The movement is stopped.

Desperation is often the outcome of various kinds of traumatization, in childhood, and later. Desperation is not the same as anxiety. It is a form of chronic arousal arising when movement is stopped, there is an ongoing sense of lack of safety, and a deep conviction of the impossibility of ever meeting basic needs for contact, love, and sexual intimacy, or even rejoining the human community. I believe that profound humiliation often underlies desperation.

THE BODY and LIFE PROCESSES: FROM FEAR TO PLEASURE

The organismic, somatic-energetic point of view informs our way of looking in bioenergetic analysis and in courses for trauma spectrum disorders. Another paradigmatic example of this point of view is found in Reich’s early work. He reported finding a profound fear or terror under the layers of character defense, after the energy of the traumatic memories had been discharged. Many contemporary traumatologists also see fear, terror, and horror (Lowen, 1972/2005) in the core of post-traumatic adaptations.

In the several years following his first descriptions of the release of energy in “body memories” resulting from systematic application of character analytic technique, Reich found a different set of energetic phenomena (Reich, 1945, Ch. XIV, “The Expressive Language of the Living”). These pertained not only to fear, anger, and traumatic memory. More importantly, they led in the direction of further release and freedom from guilty fixation on the past, towards an increased potential for pleasure, sexual feeling, and a general sense of well-being in the person’s present life.

This set of observations related to regularities in the organization of muscular armor, (the chronic muscular tensions or holding underlying character formation), and the energetic phenomena observed when holding is released. Armor is seen to be arranged segmentally. Seven segments encircle the body at right angles to the longitudinal axis of the body, from head to toe. The segments are defined functionally, not anatomically. Systematic release of segmental armor allows fuller respiration and a flowing motility, as if a wave of energy travelled the length of the body and back, a full-body pulsation. The pulsatory quality of this phenomena is based on precisely the same pulsation as that of the heart, the intestines, and any single cell. In simple terms, the fuller the pulsatory quality of the body, the greater the capacity for a relaxed sense of pleasure and well-being.

Thanks to Reich’s genius, we can glimpse here the complexity of human organization! Simple pulsation underlies all aspects of mental, emotional, and somatic functioning, and their interrelationships. This pulsation also has its own forms of organization and functional principals, and interventions are available (in bioenergetic analysis) to directly address the pulsatory functioning of the organism and person. Understanding these energetic phenomena enormously deepens our understanding of the person in front of us and broadly enhances the possibilities of helpful interventions or guided learnings.

This basic knowledge is relevant in arranging somatic-energetic work in such a way as to direct it towards not only helping people calm down, but to ultimately help them increase the capacity for goal directed action, relaxation, and pleasure. It is no easy matter to move from tension and arousal to relaxation and pleasure. Hyper-arousal is not an energized state, it is a state of tension, as is hypo-arousal. Calming down means relaxing, and in a state of relaxation, one can be energized in the calm way that permits pleasurable states. Pleasure heals.²

² For a further description of bioenergetic analysis, as well as a description of other technical aspects of the program, please see “A Course of Treatment for Trauma Spectrum Disorders,” at www.bioenergeticanalysis.org.il.

IMPLEMENTATION

I believe this program is suitable for survivors of any number of categories of trauma. I cannot think of any group for whom, tailored in the right way, the program would not be suitable.

I believe this program would have considerable value for military veterans with PTSD or other trauma spectrum syndromes, and it could also be a vehicle for assisting veterans in their transition back to civilian life. The first steps in implementing the program for veterans would probably mean establishing an institutionally supported professional training. We are currently looking into this in Israel.

There are several other populations, related to the type of traumatic experience encountered, for which this program would have a useful application. Groups should be composed to have a relative homogeneity in regard to type of trauma. The distinction between those suffering from complex developmental trauma and those suffering from traumatic spectrum syndromes as a result of recent experience is only important as another criterion for group composition. In fact, it is important to formulate a view of traumatic stress syndromes in which the basic congruencies between these two categories are evident.

I, and most of my immediate colleagues, have in-depth experience in work with individuals with complex developmental trauma. These are often individuals who have experienced early relational disturbances and have also been exposed to a disturbed traumatic developmental milieu subsequently. As I mentioned earlier, in the professional training groups in which I taught, a large majority of us could be said to be characterized by complex developmental trauma and some degree of Posttraumatic Personality Disorder (Classen, et al., 2006).

In Israel there are two unique categories of such individuals. One category, not unique to Israel only, is the second generation Holocaust survivor. Another is the “survivors” of the children’s houses of kibbutz fame. As far as I know, this is no longer a practice. But I know individuals, now in their mid-forties who were taken from their parents virtually at birth, put with other babies, and raised apart from parents by the women who were put in charge of them. While some children did reasonably well on this regime, for others, it is a horror story, and the resulting somatic-energetic-relational and psychological struggles are terribly painful and limiting.

Finally, I believe there is a great need for this program for other groups, such as women who survived rape or domestic violence. Here, again, there are practical problems of developing therapists or trainers and finding or developing appropriate settings.

SOME SUPPORTING CONSIDERATIONS

Finally, I want to offer a few considerations in support of the program I have outlined and a few broader considerations as well. My considerations here apply especially to the case of military veterans, but they are also applicable to other groups.

The program addresses a complex problem and creates a complex set of processes. It really involves experiential learning about adult development, a conception which will be, in all likelihood, unknown, and even alien to most participants. Students will be able to incorporate an emotional-bodily awareness and knowledge of themselves and their own process of development. The program also invites students to make a commitment to somatic-energetic-emotional practices which encourage the integration and facilitation of developmental processes. Although these concepts are not articulated as such initially, or maybe at all, they do imply that students are immediately placed in a highly developed position.

In our societies, education seems to have little to do with individual personal and emotional development. I am thinking of development that leads towards a sense of individual self-hood based in the somatic-energetic processes of the person. That the program is somewhat at odds with the general social orientation might be a good thing. The program might also then be a small force towards creating a kind of shift in the social perception of trauma and traumatized individuals, and indeed, perhaps in the overall psychotherapeutic field.

In 1970 there arose in America the social phenomenon named the “rap group.” These were groups of Vietnam Veterans who got together and “rapped,” i.e., talked with and to each other without the presence of an institutional authority, expert, or therapist about their experiences and what was happening in their lives. The program I’m describing here has some similarity. It will be a group of equals with the common goals of going on with life under new and different conditions. In addition, it will also be informed by knowledge of adult personal development, therapeutic change, somatic- energetic emotional work, community formation, and the psychoneurology of trauma.

Consider PTSD in military personnel, for a moment. Now I want to present a disturbing analogy. In Saudi Arabia, there has been introduced a fairly successful program for rehabilitating individuals who belonged to extremist terroristic groups (Stern, 2010). As a group, returning veterans have a psychological profile that – disturbing as this may be – bears some basic similarity to the Saudi “clients.” All military veterans have been indoctrinated into the legitimacy of certain forms of violence; they have or are given an ideology that justifies that violence; they become a member of and identified with both a small work unit and the larger military force devoted to war.

The Saudi rehabilitation program for terrorists is very extensive (and, no doubt, expensive), a full immersion, for some months, involving rehabilitation services, transition services, and post-release services, integrating the individual into society. What this demonstrates is just how extensive are the requirements for the rehabilitation of people with profiles like these, and with the added complication of trauma spectrum syndromes.

Once out of the military, veterans are no longer a member of a close, small unit, and they are expected to revert to a pre-military form of social functioning. This is a difficult transition, at best, and one that in itself may contribute to the development of a trauma spectrum disorder. The research of Elizur & Yishay-Krien (2009) reveals the power of group dynamics in the combat units. It shows the degree to which the platoon becomes a kind of family unit requiring complete loyalty, even in the face of perpetrating brutality on civilians.

While the program presented here does not come anywhere near comprehensive rehabilitation as in the Saudi program, it does provide a new close community with which to identify. Within the milieu of the community, traumatic experience can be integrated, personal development can be facilitated, and core aspects of the person, such as identity, relational skills, and skills for self- and emotion-regulation can also be addressed.

I believe these are important considerations, supporting the idea of the program, as a kind of education or rehabilitation. They also support the conception and the use of the community. A final consideration also supports the conception of the community in the program. Finding membership in the community may help to modulate the avoidance which is inherent in most trauma spectrum disorders.

Other considerations support the application of the other “pillar” of the program, the somatic-energetic orientation. I mention only two, very briefly. Again, considering avoidant behaviors, these can be addressed with somatic-energetic interventions, similarly to overarousal.

The somatic-energetic concept of *contact* was mentioned earlier in the discussion of emerging body memory and the discharge of energy that went with it. In the process of focusing on and energizing the body, the individual makes a deeper contact with him/her-self. The relevance of this concept can be seen by considering prolonged exposure therapy (PE), one of the most used cognitive-behavioral therapies. In PE therapy, one of the requirements for modification of the “fear structure” is that it is “activated” (Foa, Hembree, & Rothbaum, 2007, pp. 12-13). I believe that this means that the individual is in contact with him/her-self in such a way as to experience the fearful attitude, without necessarily living it. This means, essentially, *to be in contact with this aspect of the self*.

Contact, a somatic-energetic concept, establishes the possibility of a bridge between bioenergetic analysis and the cognitive-behavioral approaches. It also establishes the possibility for a more secure basis for the application of PE protocols. For that matter, *contact* can also establish a similar bridge between bioenergetic analysis and psychodynamic therapy.

To develop these considerations obviously requires another paper. Even more importantly, enough therapists need to be willing to learn this approach, conduct groups, and begin outcome studies. Hopefully, presenting this material is a small step towards laying the foundation for that development.

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