

Treating the Heart of Addiction in Women with Focusing and Chinese Medicine

Dawn Flynn

ABSTRACT

This article discusses the unique needs of women who have experienced trauma and engaged in addiction. Using a Chinese medicine model, the energetic functions of the Heart, Pericardium, and Blood are seen as developing protective mechanisms used by the body to manage the emotional and physical impact of trauma. These adaptations often result in a sense of isolation and difficulty forming bonds that can lead to addictions. Together with the practice of Focusing and the shared field created between patient and practitioner, this integrated approach helps women connect to their innate body wisdom, heal the wounds of the Heart, and support the recovery from addiction.

Keywords: Addiction, Focusing, Chinese medicine, trauma, women

Submitted: 11.12.2021

Accepted: 28.05.2022

International Body Psychotherapy Journal
The Art and Science of Somatic Praxis

Volume 21, Number 1,
Spring/Summer 2022, pp. 43-52

ISSN 2169-4745 Printing, ISSN 2168-1279 Online

© Author and USABP/EABP. Reprints and
permissions: secretariat@eabp.org

Feeling connected to a larger living process is a natural need deeply rooted in the heart of human beings. Feeling included in a community or family gives us a sense of belonging and an essential inner knowing that we matter. To share a connection in a committed relationship with the one we love offers a bodily sense of safety and trust. To find ourselves alienated from this larger living process, feeling separate from our human tribe, disconnected from loved ones and the aliveness within ourselves, is perhaps the most significant source of our suffering.

For women who have experienced emotional, physical, or sexual trauma, the interpretations and beliefs created around these experiences can be more painful than the experiences themselves. The natural flow of belonging and connectedness can feel distant and unattainable, and contribute to ongoing difficulties in their relationship with self and others, leading to depression, anxiety, and struggles with addiction.

“We are faced with a conundrum; What needs to be healed is self-alienation, but we need receptive self-responding for such a healing process. The resolution of this conundrum is the understanding that since we are interaction, a new kind of relating with another person will constitute a new living, a new system, a new self.” (Preston, n.d.)

This article explores the challenges that are unique to women based on their gender, which is biologically, socially and psychologically constructed. Chinese medicine and Focusing offer body-based methods for listening, understanding, and treating the grandmothers, mothers, daughters, and sisters who find themselves lost in the addictive process.

Wholebody Focusing is a body-based practice that brings balance to a chronically overstimulated nervous system, helps one have

*Like a fire reaching out
for wood to keep its flame
alive, the Heart longs for
connection and relationship.*

presence when responding to life situations, and brings to consciousness habitual and conditioned inter-relational reactions. It invites our awareness to the living body, and allows us to feel the process of life emerging, unfolding, and changing in its own way, informing us of the next right steps. The shared field created between focuser and listener, or practitioner and client, and their connection to the larger environment, invites and amplifies bodily wisdom, and allows it to be the guide in living life forward from painful, difficult, and sometimes reoccurring life struggles, including addictions.

Chinese medicine offers a framework for understanding the origins and manifestations of addiction. It provides a non-pathological person-centered approach for helping people restore their sense of self.

Addressing the specific needs of women for successful treatment outcomes

Drug and alcohol treatment has among the highest recidivism rates of any counseling treatment in the field, partly because treatment is often not sufficiently geared toward individual client needs, especially regarding cultural differences, including gender. Over the years, research has demonstrated that women are underserved by the addiction counseling community (Briggs, 2014; Marsh, 2000).

Using drug and alcohol treatment modalities that do address the specific needs of women, such as treatment for commonly co-occurring depression and anxiety, as well as experiences of trauma, accommodation for childcare, family therapy, and other family services, as compared to mixed-gender alternatives, showed much greater success in treatment outcomes even in the face of more severe substance use and psychiatric morbidity (Mazuro, 2020). Such success stresses the importance of addressing the unique needs of women.

Addiction is a complex mixture of biological, psychological, and social influences. Here, we look at some of the differences between men and women addressed in Focusing and Chinese medicine.

- Being with difficult emotions: Compared to men, women are more likely to have a diagnosis of depression, PTSD, phobias, and eating disorders, and to engage in substance abuse to cope with or suppress difficult emotions (Landheim, 2003). It appears that, in general, alcoholism precedes depression for men, while depression and anxiety precede alcoholism for women (Lynch, 2002). Helping women be with difficult emotions such as depression, anxiety, and stress, and not impulsively react to them, will help increase the likelihood of abstinence from drug and alcohol use, and decrease the chances of relapse.
- Culturally, women are seen as the guardians of morality and wholesome home life. When women en-

gage in addictive substances or behaviors, or seek help in treating them, they are likely to receive criticism and judgment from family, friends, and society. Women tend not to respond well to confrontation regarding their addictive substance use or behavior, but instead will be more likely to respond to receiving support and nurturance. Harsh confrontation regarding their addiction or their “resistance” is not helpful, and is likely to cause more anxiety, shame, and fear, and contribute to avoiding treatment (Briggs & Pepperell, 2014).

- Development of self in adolescence: The development of self in connection with others is a lifetime exploration for all of us, and is especially central to the lives of adolescent girls. A significant difference between men and women is in the formation of identity (Pipher, 2005). Girls begin individuating from their families of origin and finding connections with peer groups earlier than boys (Crawford, 2004). Also, more than boys, girls place great value on, and receive a sense of their own value from, peer groups. Friends are crucial to girls. Girls bond and join others to find their voice, goals, value system, and purpose.

Girls’ self-esteem tends to correlate positively with the quality of their friendships (Crawford, 2004). Girls who do not have close friendships may have difficulty befriending themselves, and experience feelings of anxiety, depression, low self-esteem, and isolation, and will often put aside their own values, interests, and passions in order to feel a sense of belonging. These girls are at much higher risk for substance use and other addictive behaviors later in life (Briggs & Pepperell, 2014)

Young girls have difficulty balancing being who they are with being who they think they need to be. Social roles are very complicated for adolescent girls. They receive repeated and conflicting messages regarding how their bodies should look, how sexually active they should or should not be, and are encouraged to be smart, but not too smart. They are often striving for a level of perfection that can never be attained.

Helping girls and women cultivate healthy relationships with people who reflect their talents, gifts, and unique qualities, and express love and care, will support them in their feelings of connection with themselves.

- The interdependence of women: As independence is traditionally more valued than interdependence, women may perceive themselves as “weak” when they cannot function as independently as others require of them. We can better help women with addictions by viewing them within the context of their larger relational system (Greenfield, 2010). As health care providers, we can validate their innate need and want of support from friends and family, and we can help them recognize their gracious ability to be of service to others.

- The struggle for power: For some people who feel they have control and power over their addiction, even when life around them is falling apart, admitting they are powerless can be a much-needed surrender, and bring the clarity that help is needed.

However, an unrealistic sense of power is not typically the problem for most women. Women with addiction often struggle to feel any level of power in their lives, which worsens addictive behaviors. Issues of powerlessness become even more significant for women of color, lesbian and transgender women, women with disabilities, and women in their senior years. Often, alcohol, drugs, or addictive behaviors are coping mechanisms for dealing with the effects of oppression (Briggs, 2014). Asking women to admit their powerlessness could be unnecessary and detrimental, and promote further feelings of oppression. Being “resistant” to treatment or leaving treatment could be evidence of body wisdom, growing empowerment, and a healthy expression of defiance to a system that is not supporting their needs – rather than a sign of being unmotivated or noncompliant.

- Trauma: Research shows that traumatic stress in childhood is the leading cause of alcohol drug abuse in children, with a high percentage of women in recovery for alcoholism reporting a history of trauma (Felitti, 2019). Girls who were sexually abused were also more likely to have suicidal thoughts, use substances, engage in more risky sexual behaviors, and have generalized feelings of sadness and hopelessness (Howard, 2005). Working or attending school in an environment of sexual harassment – even when there is no specific threat or physical touch – tends to lead to chronic stress, fear, confusion, and anxiety, appears to produce some of the same symptoms as a sexual assault, and is associated with drug and alcohol use and compulsive behaviors (Ross, 2003).

Women often enter into treatment with histories of sexual and physical violence, unsupportive family structures, and socioeconomic problems. Many treatment options do not address the trauma and violence that many women addicts faced in their past. Addiction itself can also be traumatizing, and leave women more susceptible to domestic violence, sexual assault, and emotional and physical abuse in the present.

Research demonstrates that addressing the individual needs of our patients will enable them to let go of their addictions more easily. For successful outcomes, it is essential to respectfully help women with addiction and their trauma, their underlying feelings of depression and anxiety, and to address the relational aspect of their addiction. Supporting their sense of empowerment and identity, and working with them to create healthy affirming relationships, are essential for long-term recovery. Focusing and Chinese medicine are practices that help women connect to their inner life force in con-

nection with another, unwind from the stresses, traumas, and pain of life, and move forward to a new, integrated, and embodied way of living in the world.

A non-pathological approach to working with the addictive process

“From conception, an inherent intelligence ceaselessly engages and adapts our innate terrain to life’s stresses, shocks, and trauma. We can only learn from this intelligence (and rarely improve on it) if we recognize and respond quickly to its messages. Respect the symptom, respect your nature; don’t kill the messenger.” (Hammer, 2010)

From a relational perspective, we can view women as being drawn to their addiction in ways that help them make connections and feel loved, energized, or supported. Women and girls often use substances or food to cope with the hurt from their relationships, or as a way to bring those relationships closer. Through the lens of the autonomic nervous system, and away from the current brain disease model, we can understand addictions as adaptive strategies that function as neurophysiological state regulators that help those who have made it through traumatic experiences (Winhall, 2021). Addictions relieve difficult emotions such as depression, anxiety, and stress, but, over time, contribute to detachment from emotions, from community, and ultimately from oneself. The struggle with addictions that arise due to trauma can point toward healing. “Each moment, every bit of experience, no matter how dark it is, has within it an implied way ahead” (Preston, n.d.). Healing can come from recognizing the sense of separateness, and addressing the deep emotional wounds through careful attention.

The field of relational neuroscience and its clinical implications has brought forth new understanding. While many have contributed to this field of research, the work of Bessel van der Kolk, Peter Levine, and Allan Schore is recognized as foundational in developmental neuroscience, trauma, and body-based therapies. Others, including Stephen Porges, Gabor Maté, Dan Siegel, Jan Winhall, and Deb Dana, have brought this work into the clinical setting with compassion, kindness, and care for those who have experienced trauma.

Although practitioners have their individual experiences, methods, and processes for helping others caught in the struggle of addiction, we all have in common that we are human, and we can be with another human, listening with our ears, hearts, and whole bodies. Our heartfelt connection can provide a new way of relating that might not be available to our patients in their other relationships. “The intention of patients is to survive and heal, to stay intact while they stay in contact. Mal-adaptive contact is their life history, the reason they are coming for help...” (Hammer, 2017)

Focusing, the body-centered practice brought by Eugene Gendlin, and Wholebody Focusing and Relational Wholebody Focusing, developed and taught by Kevin McEvenue, Karen Whalen, and Roberto Larios, as well as the work of Chinese medicine practitioner Leon Hammer, acknowledge and emphasize that the connection formed between patient and practitioner is one of the most necessary ingredients in revealing the unexpected and unpredictable steps toward healing.

The science of Chinese medicine

Much like Gendlin's philosophy and his Focusing approach, the science of Chinese medicine focuses on change, processes, and relationships between objects, rather than on the objects themselves. The ancient Chinese studied life with its complexities and interrelationships, and welcomed chance occurrences and unknown variables. They opened the field to include unexpected and surprising events over time. When something did not work, they set it aside. What is included in current practice are the principles that contemporary Chinese medicine practitioners depend on, and continue to elaborate for effective treatment planning.

Chinese philosophy and medicine show us that all of life functions as a single force called qi. Existence is a manifestation of this one unifying force. Qi moves through different states of complexity, and passes through varying levels of physical substance. As it slows down, it coalesces into physical forms, such as planets, stars, trees, seashells, and the human body. The human body, and every aspect of human health and illness, exist as complex combinations of tangible and intangible patterns emerging from this invisible force that circulates within nature and the greater cosmos. All of life begins as this force; therefore, true healing must include therapies that address this underlying force (Neal, 2021; Hammer, 2010).

For at least 3,000 years, Chinese medicine has been evaluated, tested, and practiced with billions of patients. The study of Chinese medicine texts, the refinement of the practitioner's senses to perceive patterns occurring in the patient and in nature, the intuition and experiences held within the practitioner, and the connection between patient and practitioner are all valued and considered essential for successful therapeutic outcomes.

The central Chinese medicine concept of Spirit – Shen – appearing in early Chinese texts can be defined most simply as “that which is subtle and invisible, yet commands everything.” Chinese medical diagnosis and therapy work to treat qi and Spirit and the physical body. While ancient Chinese philosophy considered emotional sensibility our greatest asset in fulfilling human destiny, it also regarded emotional instability as our greatest liability due to its vast pathogenic potential (Fruehauf, 2006).

Leon Hammer, who practiced psychiatry for several years before finding his way to Chinese medicine, worked with Fritz Perls and Alexander Lowen for eight years, and was influenced by Reich, Gestalt, Rolfing, and bioenergetics. He says, “Chinese medicine has been for me the fulfillment of a search for a congenial system of healing that embodies the inseparability of body and mind, spirit and matter, nature and man, philosophy and reality...it allows me to be close to the essence – to the life force – both my own and that of others”. (Hammer, 2010, p. xv) His work, along with that of John Shen, has contributed much to the current field of Chinese medicine and the understanding of trauma and the therapeutic relationship. His work continues to live forward through his students.

The heart of addiction

Heartshock, a term coined by Dr. Hammer and Dr. Shen, refers to the multitude of effects trauma has on the body's various systems. When a person sustains a trauma, a protective measure will be employed by the Heart. These protective measures, which affect circulation and other body systems, can have a lasting impact depending on a person's areas of vulnerability and their perceptions and interpretations of the trauma. Symptoms of heartshock include emotional lability, feeling flustered, depression, anxiety, panic disorder, hypervigilance, insomnia, nightmares, fatigue, mental confusion, worry, and wandering joint pain (Rosen, 2018). More pronounced effects will be seen on the nervous system. Most significantly, the Heart is interrelated with every other organ system in the body, and its stability is required for sustained health in these systems. It is essential to address the Heart and circulation of Blood and Qi to reach the underlying insults to the body, and help relieve symptoms effectively. Chinese medicine practitioners may do this with acupuncture and herbs, but all practitioners can offer themselves as human being to human being to influence the Heart's functions.

The meaning of any experience one goes through will be unique to the experiencer, depending on areas of vulnerability within the body, age at the time of trauma, and the constitution and resources available to help them through the experience. There are, however, types of early childhood traumas that have a more direct effect on the Heart, and will have a lasting impact on how a woman forms her sense of self and connects with others and her larger environment throughout her lifespan. These are discussed below.

Although all body systems can be affected by trauma, the energetic functions of the Heart, Pericardium, and Blood play significant roles in how the body responds and recovers. Because these systems include their energetic and functional aspect, not just the physical, they are capitalized to distinguish them from their reference in Western medicine.

The Heart

“Under the direction of the Heart, the rhythm of Blood and breath allows the flow and circulation of life. From the deepest interior, the Heart communicates with the rest of the body without ever being disturbed, even though its effect, animation of the entire being, is felt everywhere.” (Larre and Rochat, 1995)

The Heart is said to be the Emperor or Empress of the human body, as all other systems will sacrifice themselves to sustain the health and wellbeing of the Heart. It is that organ network that opens our connection to Spirit (Fruehauf, 2021). The Heart’s function is to find unity, and keep that line open so no separation occurs. The well-functioning Heart is present in all of our life experiences without being affected by the mind’s interpretation of those experiences. When working at its best, it allows us to be present and meet life situations, people, and events freshly, spontaneously unaffected by the conditioning of the past. Like a fire reaching out for wood to keep its flame alive, the Heart longs for connection and relationship. It allows us to be feeling beings and have a “heartfelt” connection with another, with ourselves, and with the living environment in which we live.

The Pericardium

The Pericardium is responsible for that full-body urge, experience, and yearning to be in love. It knows how to create closeness in relationships through appropriate vulnerability. The Pericardium allows us to feel romantic love and open the Heart’s function: to be in love with everything. When the Pericardium is not functioning well, a person will often be engaged in abusing addictive substances that provide a temporary experience of ecstasy, such as food, sex, drugs, and falling in love again and again. These can leave emotional scars on the Pericardium, which prevent it from opening fully to the Heart, the Hearts of others, and Spirit (Fruehauf, 2021).

Blood

Blood and its movement through the body are considered one of the most critical physiological manifestations of what is occurring and what has occurred within the emotional, physical, and mental aspects of the human being (Johnson and Welch, 2014). Chinese medicine practitioners can access this information through the connection of their fingertips to the radial pulses. According to the ancient Chinese, the Blood is imbued with consciousness through the Heart. From this perspective, Blood becomes more than the fluid circulating in the blood vessels containing iron, hormones, and vitamins; it is where awareness resides. Our ideas and perceptions work within the Blood. Blood stores our lived experience as memories. When blood flow becomes blocked due to physical or emotional trauma, loss of memory of pain-

ful events, difficulty with intimacy, and pain may then ensue.

Trauma’s effect on the Heart, Pericardium, and Blood

Trauma calls on the protective role of the Pericardium. When the Pericardium goes into action, it shunts Blood from the periphery of the body toward the interior in order to maintain blood circulation where it is needed more urgently for survival. This helps keep the pain from consciousness and allows one to function more easily in life (Fruehauf, 2021).

Falling in love completely with the whole self is governed by the Pericardium. When this innocent process and healthy vulnerability are betrayed, the closing of the Pericardium begins. It has the potential to get stuck closed, and prevent the Heart from doing its job effectively. A woman will feel closed off and unable to connect with herself and her partners. A woman may go from one partner to the next, but not allow for a true union of hearts.

The loss of a parent or caretaker, or loss of a loved one through death or separation can affect the Heart so significantly that to adapt, the Pericardium will close. It can leave challenges with interpersonal relationships throughout life (Rosen, 2018).

The crossing of boundaries by someone known or unknown in rape shatters the boundary of the Heart and the body with force. This is an emotional trauma in a most vulnerable area. The younger the person, the more challenging the recovery will be, as boundaries and experiences in love have not yet been established (Jarrett, 1995).

For a young girl, experiencing her boundaries being crossed by one she loves and trusts, such as a family member or friend, can be painfully confusing and lead to feelings of shame and misplaced responsibility. The fuzzy boundary between anger and love for her abuser has the potential to lead to intimacy problems in future relationships (Jarret, 1995).

Implying the way forward

“Energy is the essential factor in life and, therefore, the prime consideration in sickness and health. Whatever other forces may be at work in a given instance, the distinction between health and illness is predominantly determined by the vicissitudes of that energy in the body it inhabits. This is a unifying concept, emphasizing the powerful single tie that binds us rather than the less significant forces which divide us. The energy that causes the disease is the one that cures it.” (Hammer, 2010)

The wounds of the Heart call on us to heal the wounds through the Heart. Through the safe inter-relational

space, we may bring love, trust, and warmth, and welcome the life that wants to reveal itself and grow.

Focusing offers a way to be with clients and help them share *from* their experiences, rather than share *about* their experiences. This more easily allows stuck and blocked places to unwind, and lead to a larger and fuller Self that is greater than the pain and struggles of lived experience.

Coming from the philosophical tradition of Dilthey, Dewey, and Merleau-Ponty, Gendlin developed a philosophy of the implicit and applied it to the work Carl Rogers was doing in the 1970s at the University of Chicago (Hendricks, 2001). In his research, Gendlin discovered that the people who were more successful in changing their life situations naturally sensed inwardly and referred to their direct experience. Gendlin developed the process of Focusing as a specific way to teach people how to refer to their experience inwardly, and come into relationship with what he called the *felt sense* (Gendlin, 1996). By felt sense, he meant a bodily sensation that carried meaning. The more vague, unknown, and hard to describe, the more likely the felt sense could lead the focuser to a fresh, new experiencing.

Focusing is typically done seated and begins by bringing awareness inward to bodily sensations in the torso. A listener (practitioner) and focuser (client) slow down and turn their attention inward to create a welcoming space for a felt sense to emerge within the focuser. The practice of Wholebody Focusing and Relational Wholebody Focusing invites the focuser to bring their attention to the rest of the physical and energetic body, often while standing. Listener and focuser take time to connect to their environment and feel the connection forming between them. When they bring awareness to these connections and experience attuned presence, the living process in continual interaction with its environment becomes free to move forward from places that were previously blocked.

At the core of Gendlin's philosophy of the implicit is that the living body is always sensing and living its next bit of living. He calls this *bodily implying*. The whole body implies its implicit understanding of what is needed to carry forward its living in a situation (Gendlin, in press). Gendlin states, "When something implied doesn't occur, the body continues to imply it. Until something meets that implication – carries it forward – the body continues to imply what was implied and didn't occur" (Gendlin, in press).

I recall a conversation with one of my patients during the height of the #metoo movement about her colorful and, at times, painful history of relationships with men. "Sure, I was harassed," she said. "But back then, I didn't look at it as harassment; I looked at it as love – and I wanted more of it!"

Love and harm are difficult to distinguish for those whose Pericardium has scarred and does not open and

close appropriately. They may find it challenging to love others, recognize true love when offered, and they may not recognize love within themselves. However, "every living creature has the conditions for its living built into it, organically" (Gendlin, 1996). When her boundaries were crossed abusively as a young girl, an implied process stopped. In all its wisdom, her body did what it needed to continue to imply what did not occur at that vulnerable stage of her emotional growth. Eventually, as an adult, she was able to receive help and have this implying met with new interaction, with a person she trusted who encouraged her to be her full self in the world. This led her to form other caring, loving, life-affirming relationships.

Wholebody Focusing invites us to bring our awareness to the living body and feel the process of life emerging, unfolding, and changing in its right way, informing us of the next right steps. The shared field created between focuser and listener, and their connection to the larger environment amplifies and informs the whole bodily implying of the situation in a way that benefits both (Whalen, 2020).

Clinical Vignette

A 38-year-old patient named Amber had been trying to get pregnant for years, and wanted help improving her fertility. She described herself as "ADD" and struggled with anxiety. She drank two to three glasses of wine per night, more on the weekends, and wanted to stop drinking but found she could not. I suggested that in addition to the acupuncture, nutritional changes, and herbs she was taking, perhaps she would like to spend time doing a Focusing process, and she agreed. The following is a summary of one of our visits, with commentary to illustrate the process of WholeBody Focusing.

Bringing awareness into the body

We begin by bringing awareness into the body, into the structure and physical form in which the life force moves. I invite her to feel the earth beneath her feet, to feel Grounded Presence, keeping her anchored and yet free to move if her body would like to. I invite her to feel her spine, saying hello to what would like more attention – a sore spot, a tense area. We feel the hips, the pelvis, the muscles, the length of the neck, the hips in the chair if we are sitting, or sometimes standing. This begins the sensing of the body, of textures, of the qualities of whatever sensations may arise.

When we bring awareness into the body, it comes more alive. The light of our human consciousness changes the living body and its experiencing, activating the implicit energy to open to its healing direction. "Whenever we invite the bodily life processes to become aware of themselves, our neutral conscious observer-Self activates the quantum firing of the cells of the various parts of the body-mind" (Whalen & Fleisch, 2017).

Bringing awareness into the environment

We bring our awareness to the earth, to the sky, we keep our eyes open and take in our surroundings. Perhaps something in the office calls to her. Maybe she wants to bring something from the outside into our awareness – a favorite stream or tree, a four-legged friend, or we can listen to the birdsong coming from outside the window. I invite the directions to orient us to the space we occupy, I might invite time into our environment as well – the moon’s phase, the darkness of mid-winter, the early sunrise, the end of a workday, all of this giving orientation to our place in the space/time rhythms of the earth and cosmos, perhaps feeling these shifts and their effect on our bodies.

In the Process Model (Gendlin, 2018), the body is described as an ongoing interaction with, and inseparable from, the environment. In its formation from its very beginning, the body is body-environment interaction. The self-aware living body is always in relationship with the knowing of the living environment. By bringing awareness to the environment, its space/time movements, and motions, we invite this knowing in our patients that might otherwise be cut off from this source of connection.

“Everyone agrees that the body is made of environmental stuff, but it was assumed to be separate from the environment, merely perceiving and moving in it. But if we consider the body’s formation as a body process, then the body is environmental interaction from the start. The body is identical with its environment in one body-constituting process.” (Gendlin, in press)

Bringing awareness into the energetic body, sensations, emotions, and feelings

I invite more inner sensations and feelings and allow for inner-directed movements. She lets me know that she feels a lot of energy in her pelvic area. It feels good at first as it flows around the inside of the bowl of her pelvis and is warm. Then it feels stuck like there is too much energy for the small space. There is pressure.

As we become more aware of the physical body and the body aware of itself, we more easily feel the movement of qi. We may feel muscles twitch, or the body may sway. We allow all of this if it feels right to do so. We allow room for the body’s wisdom to express itself through inner-directed movement. Spontaneous and energetic shifts and gestures are the body’s way of releasing itself from imposed and habitual postures, and finding its more natural way of being.

“The movement seems to be an expression of our whole selves acted out and connected directly to Who We Are. It is expressed as a truth in us that needs no further validation because it is a universal truth. The inner-directed movement in Wholebody Focusing is a way to move towards this deeper sense of a bodily

knowing self that feels true for all times, shared with all others, and seems to connect us with life itself.” (McEvenue, 2002)

Bringing awareness to our shared connection

I am part of the environment, a living, breathing human sitting with her. The same force that moves through her moves through me. We make eye contact, then close our eyes, open them again. She smiles; I reflect her smile. I feel her in a wholebody way. She knows I am here, willing to go where she goes. As she describes her sensations, I experience the movement in my own body, and feel the pressure. I am aware of the energy wanting to move down, but not. I invite her to stay with this pressure in the pelvis.

She says, “It wants to move down my legs, but my knees are locked shut. It is like a door has been slammed shut and locked.” I ask if it is okay that we sit together with the slammed door that’s locked.

“The body is an energetic and physical storehouse of all of my relational life experiences and holds unconscious patterns of being, thinking, acting, and inter-relating, some of which negatively impacts my wellbeing. Relational Wholebody Focusing facilitates bringing these held patterns to consciousness, enabling reorganization and healing, opening me up to new relational possibilities.” (Whalen, 2020)

The shared field created in relationship allows something new and alive and palpable to emerge – more than what could be created by each person alone. The core of Wholebody Focusing is tending to the shared experience between two living beings. We bring acceptance, care, and patience to the relationship. Places in us often did not get this support in relationship to others, and shut down. With this intimate connection now felt deeply, they can emerge and become more fully integrated.

The transpersonal space

After some steps, Amber recognizes that her knees don’t feel safe. She brings her attention to their feeling of wanting to be safe. She provides her attention in a way that feels good. She gently rubs her hands along her thighs. She acknowledges their strength. She brings her awareness within her knees, and senses how good it feels to them to have her attention, touch, and presence. Her legs naturally and visibly relax and fall open. She describes the stuck energy moving from her pelvis through her legs, down to her toes like water moving through a dam that has been opened. I see the color come into her face. Her breath deepens. Her eyes shine. These are all signs of qi moving and transforming. We spend time here, feeling this new way of being.

Our senses are open, our living animal bodies responding to the surroundings and our inner bodily intelligence, our skin feeling the subtle sensations of the air. “It sometimes happens that our body becomes part of

the larger body of the land – that our sensate flesh is taken up within the wider Flesh of the breathing Earth” (Abram, 2017). We have tuned our whole bodies to ourselves, one another, and the larger breathing Body. Its edges and boundaries soften, and we are body-environment-interaction.

We trust the deep wisdom of the body to find its way forward. We welcome the places in the living body that want to come alive, and we trust that each of these places has its wisdom. We create a welcoming and trustworthy environment where the new life unfolds.

After

After this visit, Amber shared her story more openly. She explained that she had been drinking more alcohol to relax as she and her husband were engaged in more sexual activity. She was aware that she dissociated during lovemaking. She said that her husband often commented that she tightly held her legs together even when the rest of her appeared relaxed, like when they were cuddling on the couch or engaged in foreplay. Even though she remembers his saying this, she said it didn't sink in. Now, with the loving support of her husband, she makes it a regular practice to bring attention to her knees and legs while being intimate, and finds this helps her stay more present and connected to herself and her husband. She recognized that her body didn't feel safe when her mind was elsewhere, and she wasn't present.

When we observe this emerging life information and energy and invite it to explore itself in a bodily way while staying at the edge of what wants to happen or needs attention, the whole organism moves forward in its right way (McEvenue 2017). Rather than saying that the tension in her legs is at fault and the source of the problem, or telling her to just relax, we give space and the grounding of her whole body to let her legs reveal more about their tension, and how it lives in and serves her.

When her husband described his observations about her legs, it did not “sink in,” but when her own body showed her this new information, it had a much different impact. This holding pattern transformed and led to a new body-environment interaction. With the support of the whole living body in grounded presence, aware of itself and the shared field, a new way of receiving support and connecting to another emerges, and she can “stay intact while making contact.”

Conclusion

One of my first patients was a young 23-year-old woman who had a history of sexual trauma, and had been in treatment for heroin dependence for two years. She exuded sweetness and bashfully kept her eyes down, now and then peeking up to look at me. She requested that her sister be in the room with us. After listening to her story and connecting, she asked that I not leave the room during her acupuncture treatment. When the needles were in, she breathed deeply, smiled, and said, “Wow, I feel sooooo good.” Then, very seriously, “Is it okay that I feel this good?”

My whole body resonated with the place her words came from. Feeling *so good* usually means there will be a price to pay – in financial security, with the law, in relationships, and in our bodies. Many women sacrifice so much for these moments of feeling good because the short-term benefit feels impossible to resist. For some, it blasts away their walls and boundaries so that they might fleetingly come close to feeling true intimacy. They want to be freed from their cage, feel their profound, wild woman nature, connect to the force that moves through the water, the wind, and circulates through their veins.

Some women may find that addiction provides the one thing that is holding them together enough to tolerate the dangers of affection, close connection, and touch. They want to quiet the fear that cripples them, numb the shame that comes with the carnage left by substance use or destructive behaviors.

It can feel like a revelation that it is okay to feel good and that there will be no negative consequences. With patience, persistence, and help, we can all be free of the struggle, and enjoy trustworthy, committed, passionate relationships. We can connect with an intelligence much larger than ourselves. We can listen to the voice of our Hearts, naturally as we did when we came into being. We can calmly breathe in a world that loves us.

When two people come together in presence and at-tuned connection with a shared intention to connect as fully as possible, that relational space becomes a womb of fertile life-giving possibilities. What makes me “me” and you “you” fades. What arises is a shared field with one life force growing and opening through us, guiding the way toward healing, gracing us with an embodied connection to the natural flow of life.





Dawn Flynn, ND, EAMP is a certified Focusing teacher and holds a Doctor of Naturopathic Medicine from Bastyr University in Kenmore, WA and Master's in Acupuncture from Tri-State College of Acupuncture in New York, NY. She runs her private practice, WholeBody Holistic, in Renton, WA where she integrates the ancient practice of Chinese medicine and the Vitalist practice of Naturopathic Medicine. The focus of her practice is helping women nurse bodily wisdom back to life for addiction recovery and emotional healing.

E-mail: Dawn@Wholebody-Holistic.com

REFERENCES

- Abram, D. (2017, January 10).** *Some key quotes from becoming animal: An earthly cosmology.* Alliance for Wild Ethics. <https://wildethics.org/essay/key-quotes-from-becoming-animal-an-earthly-cosmology/>
- Briggs, C. A. (2014).** *Women, girls, and addiction: Celebrating the feminine in counseling treatment and recovery.* New York: Routledge.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (2019).** Reprint of: Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 56(6), 774-786. <https://doi.org/10.1016/j.amepre.2019.04.001>
- Fruehauf, H. (2006).** All Disease Comes From the Heart. ClassicalChineseMedicine.org. <https://classicalchinesemedicine.org/all-disease-comes-from-heart-pivotal-role-emotions-classical-chinese-medicine/>
- Fruehauf, H. (2021).** *The Pericardium Organ Network of Chinese medicine.* ClassicalChineseMedicine.org. <https://classicalchinesemedicine.org/pericardium-organ-network-chinese-medicine/>
- Gendlin, E. T. (n.d.).** Implicit precision. *Knowing Without Thinking.* <https://doi.org/10.1057/9780230368064.0015>
- Gendlin, E. T., & Clarke, P. R. A. (2018).** *A process model.* Evanston, IL: Northwestern University Press.
- Gendlin, E. T. (1996).** *Focusing-oriented psychotherapy: A manual of the experiential method.* New York: Guilford Press.
- Greenfield, S. F., Back, S. E., Lawson, K., & Brady, K. T. (2010).** Substance abuse in women. *Psychiatric Clinics of North America*, 33(2), 339-355. <https://doi.org/10.1016/j.psc.2010.01.004>
- Hammer, L. (2010).** *Dragon rises, Red Bird Flies: Psychology & Chinese Medicine.* Seattle, WA: Eastland Press.
- Hammer, L. (2017).** *Contemporary Oriental Medicine Concepts.* Contemporary Oriental Medicine Foundation.
- Hammer, L. (2020).** *What is Chinese medicine? An interview with Dr. Leon Hammer.* Mother Earth News. <https://www.motherearthnews.com/natural-health/what-is-chinese-medicine-an-interview-with-dr-leon-hammer-zbcz2006/>
- Hendricks, M. (2001).** *Oriented/experiential psychotherapy.* Focusing. <https://focusing.org/articles/focusing-orientedexperiential-psychotherapy-0>
- Howard, D. E., & Wang, M. Q. (2005).** Psychosocial correlates of U.S. adolescents who report a history of forced sexual intercourse. *Journal of Adolescent Health*, 36(5), 372-379. <https://doi.org/10.1016/j.jadohealth.2004.07.007>
- Jarrett, L. (1995).** Chinese Medicine and the Betrayal of Intimacy: The Theory and Treatment of Abuse, Incest, Rape and Divorce with Acupuncture and Herbs, Part I. *American Journal of Acupuncture*, 23(1).
- Johnson, J. A., & Welch, W. (2014).** *The secret teachings of Chinese energetic medicine.* Pacific Grove, CA: The International Institute of Medical Qigong Publishing House.
- Lacey, R. (n.d.).** *Practitioner Review: Twenty years of research with Adverse Childhood Experience (ACE) scores: advantages, disadvantages and applications to practice.* https://discovery.ucl.ac.uk/id/eprint/10081659/3/Lacey%20Minnis_JCPP_rev3clean.pdf

- Landheim, A. S., Bakken, K., & Vaglum, P. (2003).** Gender differences in the prevalence of symptom disorders and personality disorders among poly-substance abusers and pure alcoholics. *European Addiction Research*, 9(1), 8-17. <https://doi.org/10.1159/000067732>
- Larre, C., & de la Vallée, E. R. (1995).** *Rooted in spirit: The heart of Chinese medicine: A sinological interpretation of Chapter Eight of Huangdi Neijing Lingshu*. Barrytown, NY: Station Hill Press.
- Lynch, W., Roth, M., & Carroll, M. (2002).** Biological basis of sex differences in drug abuse: Preclinical and clinical studies. *Psychopharmacology*, 164(2), 121-137. <https://doi.org/10.1007/s00213-002-1183-2>
- Marsh, J. C., D'Aunno, T. A., & Smith, B. D. (2000).** Increasing access and providing social services to improve drug abuse treatment for women with children. *Addiction*, 95(8), 1237-1247. <https://doi.org/10.1046/j.1360-0443.2000.958123710.x>
- Mazuro, C. (2020).** Women, Opioid use, and Addiction. *The FASEB Journal*. <https://faseb.onlinelibrary.wiley.com/doi/epdf/10.1096/fj.202002125R>
- McEvenue, K. (2002).** *Wholebody focusing: The Alexander Technique combined with focusing (the whole is greater than its parts!)*. <https://wholebodyfocusing.com/publications/back-to-basics-wholebody-focusing>
- Neal, E. (2021).** Twenty Years of Neijing Research: What has been learned? *Journal of Chinese Medicine*, (127).
- Niv, N., & Hser, Y.-I. (2007).** Women-only and mixed-gender drug abuse treatment programs: Service needs, utilization and outcomes. *Drug and Alcohol Dependence*, 87(2-3), 194-201. <https://doi.org/10.1016/j.drugalcdep.2006.08.017>
- Pipher, M. (2005).** *Reviving Ophelia*. New York: Random House.
- Preston, L. (n.d.).** *The Relational Heart of Focusing Oriented Psychotherapy*. <http://www.lynnprestonforp.com/>
- Rosen, R. (2018).** *Heart shock: Diagnosis and treatment of trauma with shen-hammer and classical Chinese medicine*. London: Singing Dragon.
- Ross, L. E., & Toner, B. (2003).** Sexism and women's mental health. *Women and Environments International Magazine*, 60-61.
- Turner, A. (2001).** *Carl Rogers' 'Congruence' As An Organismic Not a Freudian Concept*. Welcome to Allan Turner's website. Retrieved January 31, 2022, from <http://www.allanturner.co.uk/papers.asp?function=paper&id=18>
- Whalen, K. (2020).** *How to listen in Relational Wholebody focusing*. Relational Wholebody Focusing For Life. <https://www.relationalwholebodyfocusingforlife.com/resource-list/2017/11/17/how-to-listen-in-relational-wholebody-focusing>
- Whalen, K., & Fleisch, G. (2017).** Quantum Consciousness: An Explanatory Model for Life Forward Movement in Wholebody Focusing – Part 2. https://focusing.org/sites/default/files/legacy/folio/Vol23No12012/08_Fleisch_FocusingResearch_rev.pdf
- Winhall, J. (2021).** *Treating trauma and addiction with the felt sense polyvagal model: A bottom-up approach*. New York: Routledge.