

# INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS

INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL

volume thirteen • number two • fall 2014



EABP

EUROPEAN  
ASSOCIATION FOR  
BODY-  
PSYCHOTHERAPY

USABP  
United States Association  
for Body Psychotherapy

**International Body Psychotherapy Journal**  
*The Art and Science of Somatic Praxis*  
 (formerly US Association for Body Psychotherapy Journal)

The International Body Psychotherapy Journal (IBPJ) is a peer-reviewed, online journal, published twice a year in spring and fall. It is a collaborative publication of the United States Association for Body Psychotherapy (USABP) and the European Association for Body Psychotherapy (EABP). It is a continuation of the USABP Journal the first ten volumes of which can be ordered through the website <http://www.ibpj.org/subscribe.php>.

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 Printed single issue Members €17.50, Non-members €20  
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 Two-year subscription: Members €55.00, Non-members €60.  
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**Translation** The online Journal is published in the English language. Abstracts of articles are to be found on the IBPJ website in Albanian, French, German, Greek, Hebrew, Italian, Portuguese, Russian, Serbian and Spanish.  
<http://www.ibpj.org/archive.php>  
 If an article originally written in another language has been accepted for publication in English, the full article may also be found in the original language.

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*ISSN 2169-4745 Printing, ISSN 2168-1279 Online*  
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## A Fairy Tale Or the Strange Case of Rose By Lydia Denton, LCSW

Received 20 October 2013; accepted January 2014

### Abstract

This paper presents an integrated approach to the treatment of a young woman with a dissociated body part. The author suggests that in order for this young woman to claim her missing body part, a combination of techniques needed to be used. These methods are: Eye Movement Desensitization Reprocessing (EMDR), ego state therapy, and a close attention to both transference and countertransference. The patient is introduced and her family background is described. Vignettes from sessions are presented followed by a discussion of selected theoretical perspectives employed.

*Keywords:* dissociated body part, dissociation, EMDR, trauma

International Body Psychotherapy Journal *The Art and Science of Somatic Praxis*  
Volume 13, Number 2 autumn 2014 pp 8-17. ISSN 2169-4745 Printing, ISSN 2168-1279 Online  
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### Prologue

Once upon a time, there was a beautiful princess named Rose. Rose lived in a castle with her mother, the Queen, her father, the King and her brother, the Prince.

Rose loved her mother and father very, very much, and she felt quite privileged being their daughter. She, as a princess, did what princesses do: she ate sugar cakes and drank sweet milk, and played in the enchanted woods with her brother.

She also daydreamed a lot. She dreamt of love and romance and candlelit dinners with the prince she would one day marry and with whom she would live happily ever after.

One day something terrible happened, shattering Rose's world. Her school — a school for princesses — being rather avant-garde for the times, decided to offer a new kind of class to its twelve-year old pupils. The title had a dreadful, foreboding ring to it: "Sex Education for Young Girls".

After the second explicit slide of female genitals, Rose fainted, as if pricked by a magic needle. From that point on, she became very confused. You see, Rose believed that she was a young girl without a vagina.

Rose asked herself over and over again, why would the school betray her with those horrid slides? All of this nonsense made Rose very unhappy. She stopped playing in the woods, and she even stopped eating sugar cakes. She became sullen and morose and rarely left her room. Her parents, the King and Queen, were perplexed if not bewildered. They wondered silently whether their sweet, gentle daughter had been hexed by a spell from the band of malevolent witches and goblins that lurked in the dense mist surrounding the castle.

Rose steps into my office and is indeed very beautiful. A young woman of twenty-five, she has the luscious chestnut hair, cream-colored skin, and aqua blue eyes of a princess. She tells me how close she is to her mother, her father, and her brother. And she tells me that she cannot have sex, even though she is very much in love. This is the poignant dilemma that brings her into therapy for the first time. As the session unfolds, she reveals that her parents and her grandparents on both sides belonged to a cult, first in Australia and then in New York City.

The combination of a sharp mind, a shimmering imagination, and an illogical environment with untenable messages, created in Rose this bizarre narrative<sup>1</sup>. For her, a missing body part is what makes sense. As her therapist, I need to submit to a "folie à deux" with this young woman and do not raise my eyebrows as she tells me with aplomb, "How could I possibly masturbate since there's nothing down there?" Interestingly, Rose thoroughly enjoys the hands of her boyfriend on her body. She is aroused, though not orgasmic. When I meet her, she is governed by the conviction of living a perfect love affair. Phillip is her prince; he is the chosen one with whom she will live happily ever after. However, she does recognize that she needs help: her prince is pressuring her for sexual intercourse.

During our first year together, Rose weeps automatically. I notice it is a procedural reaction to my probing her. Discomfort is very easily triggered and manifests this way: her face transforms into an extremely pronounced pout her bottom lip comes out and she shakes her head, refusing to talk, as tears cascade down her cheeks. I suddenly have a recalcitrant child in front of me and I feel irritated instead of nurturing. I can only imagine how unsexy she is when this conspicuous self-state shows up during a sizzling sexual exchange with Philip. I brace myself for the inevitable.

A few months into treatment, she comes in sobbing, "He just broke up with me. How could he? We were so in love! We were meant to be." By failing to enchant her prince, Rose is made to give up what was irrefutable: the chimerical dream of perfect love.

And thus I begin the slow work of escorting Rose through, and eventually out of, a maze of intergenerational injunctions that have kept her captive in time, like an irresistible hypnotic spell. It is only once the younger parts' perspective was truly recognized, that the sovereignty of her symptoms could begin to loosen.

### Background

Let us begin by exploring the organization Rose's family belonged to, Moral Rearmament or MRA. MRA is a spiritual movement founded in 1938 by Frank Buchman, an American protestant evangelist. His mission was to bring moral recovery and lasting peace to the nations. Buchman (1949) declared, "MRA is the good road of an ideology inspired by God upon which all faiths can unite." The movement is based on four Absolutes, Honesty, Purity, Unselfishness, and Love. Buchman displayed many of the characteristics that are common in cult leaders: the leader is always right, there is only one way, there is an "us vs. them" mindset, and there is a demand to surrender to the beliefs of the cult. The doctrine states that "you cannot trust your own mind or your own thoughts," and therefore you must turn to the cult for guidance.

<sup>1</sup> Self-states are dissociated, sequestered from each other, allowing the person to function without having to notice the inherent contradictions.

Buchman was obsessed with the idea of sex as sin. A virulent homophobic, he would demand young men's public confession of their sexual transgressions. The decree of Absolute Honesty followed by Absolute Purity encouraged house parties that concentrated on disclosing sexual issues, particularly masturbation.

A controversial figure his whole life, Buchman died in 1961. Less sinister individuals took over and the movement thereafter softened. In 2001 it was renamed the Initiatives of Change, which is now a global organization that holds consultative status with the United Nations.

Rose's grandparents on both sides were Methodist MRA members in Australia. Her parents belonged to MRA in New York City until their mid-forties when Rose was fourteen. Their home, situated close to the United Nations, was never theirs, but a place to give and receive unconditional hospitality to any visitor stopping by. Every morning the family would sit together in silence and wait for God to speak to them. Every morning they would remind themselves of the Four Absolutives. Every night Rose's parents would abide by the rule of complete chastity. The birth of Rose, their second and last child, dictated the denouement of their sexual life. The church proclaims that sex can only be allowed with the goal of procreation. Once the children are born, all sexual activity is to end.

A former cult member once told me, "Mental damage comes from a dogma difficult to undo." With such impenetrable rules, paradoxically, boundaries become mystifying. Rose's overt symptom could be understood as the concrete solution to overwhelming confusion between what is mine and what is theirs, what must be kept outside and what is not allowed inside. There is no conflict, her delusion loudly states, because there is the absence of a body part that would suggest it. "Since I don't have a vagina, the dialectic between in and out doesn't even have to exist." How powerful the mind can be when it successfully overrides what the eyes blatantly see and what the body blatantly feels: robust hallucination of sorts vigorously maintained and perpetuated by a young girl's interpretation of doctrinaire beliefs.

This version, unique to Rose, becomes psychically and somatically embedded in her as a child and then an adolescent. So much so, that the basic question, at age twelve and onward, "What is sex?" is never asked. Instead, Rose escapes by fainting. In this case, can we consider her fainting to be an old fashioned hysterical reaction; precisely the way hysterics fainted in the repressed cultures of the 19th and early 20th centuries?

I was able to convince Rose to go for a gynecological exam. The carefully chosen doctor, a specialist in phobias, called me after meeting her. Her words, "Lydia, I have never met a young woman who despite my showing her, believes she does not have an opening!"

At age twenty-five, Rose's belief system clashes with her body's natural receptivity to sexual pleasure. At the hands of Phillip she awakens, but unlike Sleeping Beauty who is brought out of a spell into warmth and triumph with a kiss, Rose's awakening leads her into conflict.

As in Sleeping Beauty, the fairies at Rose's christening bestow on her beauty, grace, and wit. But in this fairy tale, even her mother is cursed. The Wicked Witch of Religious Dogma confiscates her desire and replaces it with renunciation. At age thirty-four, this young woman, Rose's mother, forfeits sex for good. As Muriel Dimen (2003) says, "If female desire is defined by procreation, it is in fact nullified." She adds, "Sex stands at the crossroads of nature, psyche and culture and therefore is profoundly evocative" (p. 205). Could it be that Rose's malleable unconscious colludes and collapses into her mother's by

eradicating from awareness the body part linked to pleasure? A splendid and heartbreaking gift to her mother, in which arousal is expunged and lust is disallowed. Thus woman and child can safely remain peacefully in the enchanted woods, where all is pure, virtuous, and immutable.

In *Psychoanalytical Theories of Development* Robert Tyson (1990) states, "The girl's associating her genitals with an opening with potential space inside prepares the way for a vaginal representation. Since the girl's genitals and their associated sensations are such integral parts of her body, her developing body image will include a sense of genital awareness however diffuse or vague." He adds, "Heightened genital sensations lead to a fascination with the body, both her own and others. The girl localizes the genital area and learns how to bring about sensual excitement involving the vagina" (p. 259). Having suppressed these developmental tasks, Rose, at age twelve, is a good girl, a pious child with no vagina.

Initially Rose appears eloquent and fluent. A graduate of a prestigious college, she wants to be a professional writer. As the sessions unfold, long moments of silence begin to occur. Upon inquiry, Rose tells me, "I must find the right words and that takes time." Providing an answer seems laborious, cumbersome, and at times debilitating. In the countertransference, I start to feel like a callous taskmaster. Could it be that to ask is to thrust forcibly into the unknown crevices of her mind? During these extended silences my reverie is let loose and I wonder if there is a danger of slipping into a "something else" where representation is censured.

The implacable grip of puritanical views held by the family at large gave Rose no space to explore. Is her silence saying, "I cannot have my own mind? I have to run my thoughts through a preordained code?" What is fundamentalism, but an unwavering attachment to a set of irreducible beliefs? There is little room for new thought, and deviation becomes a threat.

Rose tells me, "I can write, but I cannot tell a story." Spontaneity is defiance. To dissent is to betray. Rose's own mind is held hostage by loyalty and allegiance to her tribe.

And so, the story cannot be written.

### The Work

My work with Rose begins with me consoling her. She is heart-broken, unable to understand Philip's decision. She feels like crushed glass, fragmented and mangled. Her parents always modeled a perfect marriage. They met at nineteen, fell in love, and continue to be in love thirty years later. They are a unit, bonded by mutual devotion and religious worship. Left by her man, Rose is injured and now, unlike her parents. With no manual for this anomaly, she is disoriented.

"I tried so hard to not make a mess and now I have."

"A mess?" I ask.

"Yes, I have been so much my parents' daughter. There's lots I don't know. I was taught many things and yet never told anything."

I say, "So the space got filled up by fantasy."

She responds, "Yes, and it worked for a while. Being in therapy means there are flaws, and that is new and intrusive." She pauses. "Perfect love does exist! I have seen it in my parents, so why didn't I find it? All the books I read as a child said the same thing, 'you wait

for the right prince.' Philip was the right one, he was my only chance."

For Rose, grieving Philip is a lot more than mending her heart. It is about recalibrating and remapping, and it is about daring. Can she dare to love as deeply as her parents and yet on different terms?

Rose and I become acquainted with her younger parts: their dreams, their qualms, and their unique understanding of what love is. I am reassured to find out through this exploration that Adult Rose is aware of having a vagina. However her rank is low amidst egostates (Watkins & Watkins, 1997) that are intransigent and vehement. A year later, after much stabilization and resourcing, we both feel she is ready to face her phobia head on. I use a method called EMDR<sup>2</sup> developed by Francine Shapiro (1987) that helps the brain process, upsetting memories through bilateral stimulation of the left and right hemispheres.

Here is my work with Rose.

I ask her to bring up an upsetting image:

"I am lying naked on my bed looking at myself with a mirror. The sheets are dark red and there are candles on the table. The music playing is from the singer 'Imagene'."

What is the worst part of this image?

"The fear of exploring."

What does this say about her?

"I cannot trust myself."

What is the emotion that comes up as she brings to mind this image?

"Fear."

Where does she feel this fear in her body?

"Stomach."

On a scale of one to ten (Subjective Unit of Distress, SUDS) how upsetting is this image?

"Four."

We continue:

R: "She does not want to look. She's afraid."

Th: "What is she afraid of?"

R: "She doesn't want to tell you." Her mouth starts sticking out in an exaggerated pout. "Why do I have to do this?" She cries.

Th: "How old are you, Rose?"

R: "I don't know. My feet feel so small. I can't do this. It's too scary." (She sounds very young.) "I don't want to think about this. I feel cold."

We stop.

Rose tells me after, "I went very young. It didn't make sense for her to do this."

Next session:

R: "No SUDS. It's hard to get any image. Not real." She pouts, then sobs.

Th: "Why so sad?"

R: "I don't know! Nobody can help me. I don't know what a vagina is." I encourage her and tell her I am here to help.

R: "I don't know who you are. I am not talking." She pouts and refuses to speak.

We stop. Once into Adult Rose she comments, "I couldn't come back, felt so young, like seven or eight" She does not want to grow up.

"It's so much easier not to. Having a vagina means I could reproduce and be a woman. Such a responsibility, the physicality of myself."

The next session she tells me, "The younger parts<sup>3</sup> don't want to hear or think about the words vagina, sex, masturbation. Words Mom never said. The message was, 'you are not ready for this.' But the time never came. My parents are a unit, impenetrable, and never alone because they are with God or each other. Such strict guide lines. So I had this huge imagination inside the strict rules."

We try processing some more but to no avail. The younger parts rule<sup>4</sup> and refuse to cooperate. I clearly need to take a different kind of action. Aware of how much the child was never given crucial information, I propose to Rose that she find a book on sexual education for young girls, so I can read it to her. She comes into the next session having carefully selected *Ready, Set, Grow! A "What's Happening to My Body?" Book for Younger Girls* (Lynda Madaras, 2003).

I ask her if she would like for me to sit on the floor next to her. She loves that idea. I introduce myself to Young Rose and start reading. The energy immediately shifts in the room. Rose, now a child of eight, is intently listening to every word and seems transfixed by the illustrations. As we sit side-by-side, body-to-body, I muse on the intensity of the now somatic transference between us. Therapist and patient, mother and child, woman and girl.

Adult Rose comments, "This is completely new information for her. She likes this very much. She loves the individual attention you are giving her, but, she still wonders: who is this lady reading this weird stuff?"

I tell the eight year old that I am a body coach, here just to explain things. She seems content with that qualification, and then orders me to read the first chapter again.

The next session, Rose reports that a friend gave her a vibrator. She tried it and was surprised by how good it felt. To her relief, the child parts did not object. A few days later, I receive a text that she had her first orgasm. She is incredibly excited and I am the first person to know.

Emboldened by this turn of events, Rose begins to speak to the eight year old: "This is your body. I am going to teach you to love it. Don't feel guilty and don't feel shame."

She reports the following dialogue with herself.

After looking at the popular book *The Joy of Sex* (Comfort, 2009) she got aroused. A younger part suddenly screamed, "STOP, none of this is ok!"

Adult Rose explains, "Sorry, but this is how it's going to be. I find this exciting." Young Rose threatens, "I am shutting down. I don't want to grow up, NO WAY!"

<sup>2</sup> EMDR is an adaptive information processing model helping to reconnect neural pathways that have become dissociated. Since memories are not necessarily conscious, the benefit of EMDR is that it includes identifying and processing body sensations; a key element for working with Rose.

<sup>3</sup> Rose could not integrate her sexuality. Direct access through EMDR is at first too overwhelming for her. The therapist needs to ally with the ego states, or child parts, that are acting out the family's prohibitions.

<sup>4</sup> An ego state may be defined as an organized system of behavior and experience, which is separated from other states by a boundary that is more or less permeable. (Watkins & Watkins, 1997)

Adult Rose demands, “And then what? Die? It is time. You are going to grow up!” but Young Rose screams, “NO!”

We get to the chapter in the book on vaginas. As the pages turn to explicit drawings, I glance at Rose. She looks very upset and refuses to talk. I coax her. She whispers, “Sex is a naughty word. I shouldn’t know this. This doesn’t help. There is no opening.” She looks annoyed and quite unhappy.

The next session, she describes having continued to look at herself with a mirror and found it strange and difficult, but not as scary as she feared. I read to her the same chapter. “It is still hard to grasp that there’s an opening,” she tells me.

It is during this time that Rose begins having sex with her coworker Walter. Under his excellent tutelage, Rose emerges as a very sensual woman, if not a seductress. She thoroughly enjoys sharing with me the fun she is having in bed with Walter, despite the very clear stop signal at any attempt at penetration. Think of a rose with velvety petals so soft and lush, until you feel the thorns. She tells me, “He cannot come inside of me. Down there is too vulnerable and tender. It could be so easily injured. Hands approaching down there are bad.”

Later she exclaims, “There’s been a transformation in my life! I never used to talk or express myself, I used to avoid parties. Now, I can find my footing socially and be fun!”

Could it be that as her sensuality is witnessed and received by Walter, she is able to step into the world, now an embodied and voluptuous woman?

“I know that I’m hot,” she tells me, her eyes sparkling. My eyes sparkle back and I delight at this hot, sexy, unabashed young woman.

Because she reports her vaginal muscles still being so tight, I suggest she practice Kegel exercises — a complicated task for Rose.

“I can clench, but not unclench,” she tells me the following week. I propose she stare at a live sea anemone on her laptop, confident that her mirror neurons will do their magic. She follows through, and after a few times of trying she feels a release.

“This is amazing, I was able to unclench! And I can even touch myself and not feel weird about it!”

Confident that Adult Rose is now in charge, I suggest we return to the original EMDR target. I ask her to bring up the image. She goes silent, then:

R: “I’m getting really upset. This is so awkward. Where is my vagina? No way of doing this.” Huge tears and the exaggerated pout are back.

Th: “What could possibly be so sad?”

R: “She doesn’t know who you are. She doesn’t like what you are doing.”

Th: “What is her concern?”

R: “I don’t know.” She refuses to answer.

We stop.

She says, “This time she was twelve. She denies there’s anything between her legs. That place does not exist, so who is this woman pushing her? This is so off limits. My Mom refused to say the word, ‘vagina.’”

I say, “If Mom can’t name it, then I don’t have one.”

R: “Right! So the twelve-year old is the gatekeeper. How could I tell her about her vagina since Mom couldn’t?”

This is my clue for taking action again. I say, “We are going to have the twelve-year old

be less in charge and you, Adult Rose, are now going to be in charge.” She looks relieved.

I ask Rose to bring in a book next time for the twelve-year old who will then be asked to sit in the waiting room while we continue processing.

The next session, Rose walks in with *To Kill a Mockingbird* (Lee, 1988) which she had read at age twelve. She puts the book outside and tells the part to sit there for forty-five minutes.

I ask her to bring up the image. I notice no tears or anger coming up. Adult Rose is in charge.

R: “I can bring up the image. I am touching myself, also, not just looking. It is half ok and half not ok, and that’s ok.”

R: “The idea of balancing both makes sense. That the gray area is ok, that’s so new!”

Rose says afterwards, “This is a huge victory. I can hold two truths! It feels like an adult position. If it’s not ok now, I know that in half an hour it will be ok! This time the image was so visual, like this is my vagina! Before, I couldn’t even bring up the image.” She jumps up. “It’s been forty-five minutes. I have to go get the twelve-year old in the waiting room!”

Next session.

She smiles as she brings up the image. “I see myself inserting a finger and its ok. I want a witness. This is such a big deal. I want people to be there with me to celebrate. I know you are and that feels great, but I want Walter, my close friends, and many others.”

I ask for SUDS, zero.

PC: “I can trust my body.”

Th: “What does that mean about you that you can trust your body?” Long silence.

R: “That I am free. That felt terrifying for a second, then I thought, ‘no it’s not!’ It feels great. It means I can walk around not feeling crazy. I am free. This is the reverse of what I have felt for so long!” Then she adds, “Plus, it opens the door to the past and to accepting what my body did to protect me. Body, you did the best you could.”

Next session.

Rose, laughing, tells me that the night before after some steamy sex, she had left Walter’s apartment wearing a sundress — with no underwear. “It made me feel free and I giggled all the way home.”

## Discussion

In her paper “Vicissitudes of the Maternal Transference in the Working of Sexual Inhibitions”, Barbara Marcus (2004) writes, “I propose that the mother’s capacity for joy to convey her own pride and pleasure in her female body, its sexual and procreative capacities, and to confer the privilege of passion on her daughter is a requisite for a girl’s full, pleasurable possession of her body and her sexuality.” She adds, “When development proceeds well, the girl overcomes her fears of loss of control over her openings and her reproductive choices and comes to value her capacity for interiority” (p. 680).

In the transference with me, Rose becomes more and more exhibitionistic. She reads my face and scans for reactions of sensual delight she never got from her mother. By approving explicit and uncensored sexual terminology, I interfere with the dissociative

construct she grew up with. Thus, she is able to map out a new mental library that is in itself libidized, and without shame.

In my countertransference, I enjoy her awakening and I am at ease with the explicit content. I draw this from a French culture in which I was raised where sexual references are the norm, if not constant. Being sexually graphic in France is procedural!

In addition, because Rose is securely attached to both parents, she is easy to work with, despite having a dissociated body part. Our alliance is playful and solid. Therefore, we can approach the issue as a “we” rather than from a lens of caution or prudence. Rose follows all my directions, not as a good little girl, but as a patient aligned with her unappeasable wish to crack the code.

Donnel Stern (2007) describes how the child is dependent on his parents to symbolize experience for him, “When the parent cannot feel or bear a certain experience, the child is deprived of what he needs and cannot create his own mind. Over time, this kind of “not me” experience becomes dissociated for the child.” Stern calls it a “stable, foundational kind of dissociation” (p. 754).

Sitting on the floor and reading a book to Rose’s younger self gives her permission to imprint new information without crossing the line. In fact, did I risk competing too much with her mother; an unforgivable infraction for some of our patients? Labeling myself as a body coach, I can safely educate her without the peril of problematic rivalry.

Finally, McDougall (1989) states, “In the first sexual exchange between the two bodies of mother and her infant, the mother’s unconscious reactions to sensual arousal are already being transmitted and the infant is beginning to form a sexual identity” (p. 38).

Ego state work (Watkins & Watkins, 1997) allowed me to access Rose’s unconscious. Through direct interaction with the younger parts, her body as a whole can finally come online. In our work together, she becomes a parent who can fearlessly name a shunned body part. She becomes a parent who sets limits, for example, sending the twelve-year old to the waiting room. She even becomes a parent who calls the shots. With that new hierarchy in place, she can be free.

Rose, a young woman with a vagina.

## BIOGRAPHY

Raised in France, Lydia Denton graduated as a clinical psychologist from the Sorbonne, Paris. She came to the United States in 1985. She graduated from the Ackerman Institute and received her LCSW from New York University. She completed her analytic training at the Institute for the Psychoanalytic Study of Subjectivity (IPSS). She is presently a supervisor at the National Institute for Psychotherapies (NIP) and the Institute for Contemporary Psychoanalysis (ICP). She is a certified EMDR clinician and has training in Energy Psychology and Somatic Experiencing. She has a private practice in Manhattan and can be contacted at nouch301@gmail.com.

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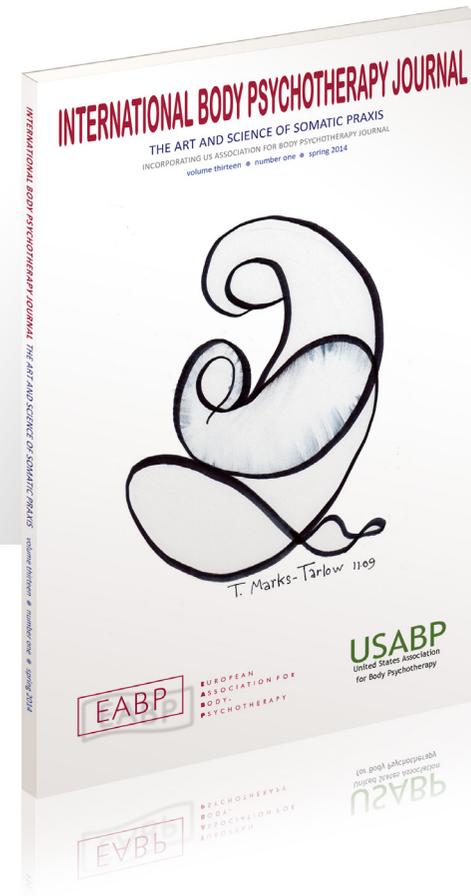
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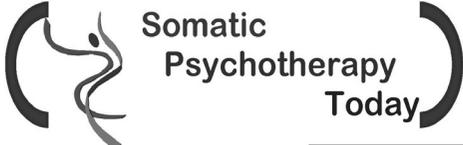
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