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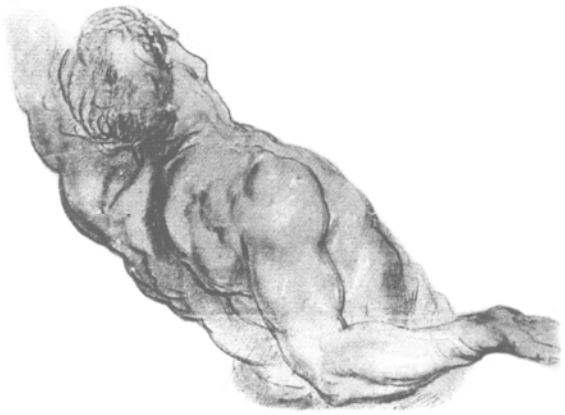

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Body Awareness in the Pre-personal World: Working with Strain Trauma

Alexis A. Johnson, Ph.D.

Abstract

This article explores an integrated approach to early childhood development and therapy with two different clients. While one client dissociates and the other is hyper-vigilant, both suffer from strain trauma and its consequences. This integrated approach involves the therapist paying particular attention to his own bodily sensations and emotions and facilitating that same awareness in the client. The healing journey is delineated by the kinds of questions the therapist can ask the client. Clarifying questions allow the therapist to mirror the client's immature narcissistic needs. Leading questions narrow the client's focus and allow the therapist to have more of an agenda. Relational questions address what is happening in the present and in the relationship. Even though these clients gather the capacity to trust and change only slowly, the therapist must hold hope and see the client's wholeness. This combination of seeing wholeness, body awareness and good questions offers an exciting therapeutic map for the pre-personal world.

Keywords

Body awareness – Body awareness in the pre-personal World – Child development – Moving clinical work into research

You have to be very concentrated while you listen. You have to focus on the practice of listening with all your attention, your whole being: your eyes, ears, body and your mind. If you just pretend to listen, and do not listen with one hundred percent of yourself, the other person will know it and will not find relief from his suffering.

Thich Nhat Hanh

Introduction

I am writing this paper to integrate many theories with two different, slow to change clients – Bob, a wealthy businessman and Mary, a successful professional. Both are in their late forties, married, have children and social networks. From the outside they appear very successful.

When I first met Bob, I saw a bio-energetic structure of upward displacement with some orality in his eyes and slope of his shoulders. His style of speaking and self involvement quickly suggested a lot of narcissism. He came into therapy because of depression. He had tried several of the medications both for depression and for the bipolar disorders, with no relief.

Bob sees himself as a spiritual person and truly longs for wholeness in his career and to be in a more intimate relationship with his wife, yet struggles with both. On the outside, he is tall, attractive, broad shouldered, very intelligent, wealthy, and well-educated. On the inside, he often feels lonely, dependent, and defective.

When I really look at Bob, I notice the longing in his eyes. His eyes are big and round and soft. In spite of his many outer successes, internally Bob is overwhelmed much of the time because no matter how much positive mirroring he receives, he is never convinced that others perceive him as valuable. He feels rejected by the slightest stern tone or questioning gaze and always assumes it means he did something wrong. When he falls out of balance, he regresses into one of two states. He will do something grand and inappropriate like give you something valuable because you admire it or act like a goofy pre-teen to attract attention. Or, sometimes he will retreat to his 'cave', even his bed, and become totally withdrawn, depressed, and out of touch with his surroundings.

Mary presents herself as both strong and self-effacing. Her body is sturdy in appearance but her eyes are very withdrawn. She is of medium height and weight, attractive in part because of her quick smile. She is shy and finds eye contact difficult. In spite of her professional and personal achievements, Mary came into therapy because she found herself loosing track of time, feeling lost in old memories, and fearful of being discovered as incompetent at work.

Mary is very active in her church, volunteers at a local hospital and is an advocate for the homeless. However, the inner dialogue she shares with me is*: "If the people I work for really knew me they would see what a pathetic, incompetent person I am."* No amount of external praise has shifted Mary's self image. One time Mary found a mistake on her paycheck that docked her salary. Her first response was *"They found me out. They know I'm not really worth this high salary they are paying me. And now they're going to fire me."* She fell into what felt like an altered state of intense shame based on personal rejection. She contemplated not going back to work the next day, a place she had worked for almost 20 years.

Mary also falls into an altered self-state when she becomes the center of attention. Whenever someone gives her heartfelt, well-deserved praise she becomes overwhelmed with humiliation and self-rejection. During these episodes she cannot relate to anyone, not even her husband. Amazingly, she is able to hide these responses completely. It is important to her that no one knows how bad she feels.

As I got to know both Bob and Mary I discovered how much they each suffered with a sense of incompleteness, debilitating loneliness and fear. I also realized that their issues required a particular sensitivity or attunement on my part as both were very vulnerable to hints of rejection, emotional abandonment, or inattention. It became apparent that the relationship between us was crucial and that body work was ineffective if anything was unresolved between us. As Johnson (1987, p 77) writes: "Through your attention, understanding, patience, prizing, compassion, and yes, even love, your client will learn that he is worthy and lovable." Johnson was referring to narcissistic issues but I have found that stance applies to individuals suffering from early strain trauma. The following is my cognitive map of their inner world and how I try to model what Johnson describes.

A Cognitive Map of The Pre-personal World

- Client falls into altered self-states triggered by rejection, loss or humiliation (real or imagined) These altered states are characterized by strain trauma where feelings predominate and linear time does not exist
- The inner world is plagued with feelings of worthlessness and self-hate sometimes defended by entitlement; behavior is characterized by extreme withdrawal or defensive anger
- The capacity to split reality and perceive a "good one" and a "bad one"
- Inability to initiate in the outer world or self-soothe in the inner world

Bob and Mary's issues stem from the earliest months of life, from what I refer to (following Wilber) as the pre-personal, pre-verbal stage of development (Wilber, 1979, pp 7-21, Wilber, Engler and Brown, 1986, pp 65-105) and what the bioenergetic therapists refer to as oral and schizoid issues (Lowen, 1958, pp 161-193 and 368-391; Johnson, 1991, pp 28-41). During this time, the infant strives both to attach and differentiate herself from her primary caretakers and each attempt becomes embedded into the felt-sense of her body-self. This unconscious, pre-personal, pre-verbal memory of self and relationship is carried through to adulthood (Lewis, 2000, Klein, 1987). For Bob, his childhood was experienced as total loneliness and abandonment as his mother was often deeply depressed or striving for upward social mobility, his father worked long hours, and there was no extended family. For Mary, there was more obvious abuse and neglect. In both cases, the match between caregiver and child was deregulating. Their brains do not contain the healthy limbic patterns of dependency leading to trust (Lewis, 2000; Schore, 2002). Neither can contain the internal rhythm of falling apart and coming together when life has its 'downs' (Beebe and Lachman, 2002; Chodron, 1997). Instead, each continuously plunges into the pre-personal reality of falling forever (Winnicott, Chapter 4, 1965 p 57-58) or of being consumed with intense self-hate (Krystal, 1988.)

When Bob and Mary decided to enter therapy, neither needed to 'uncover' a 'repression' or to learn a new way of seeing the world. Each needed to create a sense of self by connecting with his or her body and by the container of the therapeutic relationship. Like Ogden and Minton, (2001), I want to help clients like Bob and Mary regulate affective and sensorimotor states through our relationship, and allow them to self-regulate by mindfully contacting, tracking and articulating their sensorimotor processes. My experience is that this combination ultimately generates the missing structure.

My first focus is on the body. Moment to moment, I pay attention to how each of us expresses ourselves through our body language. I establish a strong positive connection with the client through empathic immersion, the ability to see the world strictly through the client's eyes. I make it very clear through my attention, my tone of voice, and my posture that I am interested in what is going on inside of her.

All of us are able to 'read' faces for cues. Innately, we know what caring eyes look like and we know what support sounds like. This kind of care, support and genuine Presence- the willingness and ability to simply be in the situation -are imperative in order to enter the client's world. But care and Presence are not enough. My words are very important and have the power to help and to harm. I use my words to support each client to find the answers within her by asking genuine questions, and listening hard for the answers that come in both body language and in words. There are various types of questions to be asked and this article addresses some of the most potent ones. Each session is an exercise in trust on two levels. First I must trust myself as a practitioner and know that I have a general map of what needs to happen. Second, I need to create trust between us. I never know exactly what will unfold, yet I trust something will happen to support the growth of this person during the time we spend together.

Impact of Rejection, Loss and Humiliation

Perceived rejection, loss or humiliation throws this kind of client into an altered state where he is at the mercy of his destructive internal reality. I emphasize the phrase "perceived rejection, etc." because the client is hyper-sensitive and waits for the next event to validate his inner instability, anxiety, and even panic. He is extremely defensive to any challenge to his sense of self. Any dialogue holds the potential for rejection, loss and humiliation.

For Bob, if his wife doesn't want what he wants whether it is sex, disciplining the kids, or going out to dinner, his deficit response can be triggered. Internally he feels: *"There's something wrong with me. I'll never get the respect and contact that I need because I'm such a loser."* He recognizes that she has the capacity to honor his opinion and pay attention to him, but he literally doesn't experience her giving this to him, even when she does. It

is as if his capacity to receive and internalize new, positive information has frozen in old, "*can't get the contact I need"* patterns.

This response is linked to Bob's history. Bob experienced his mother as only interested in herself, in money and in her social ambitions. She was cyclically depressed and we know from his bodily feeling states that she often didn't attend to his basic needs as a baby and small child. She could not attune to Bob because she was too preoccupied with her own thoughts (Stern, 1994). This internal preoccupation affected her ability to put Bob's needs first. So her face and her eyes didn't reflect to Bob *"I see you and your upset"*. Instead her face and her eyes reflected *"I am too overwhelmed with my needs to attend to anything beyond changing your diaper. I don't want to engage with you because I just can't deal with you."* She may have done the right thing by picking him up to change his diaper but Bob was treated as a thing to be changed, not a person to be cared for. In these types of exchanges, Bob was not given the healthy care necessary for him to gather more bits of himself. He grew up feeling neglected emotionally and never knowing the safety of relaxation and trust. His first attachment was very insecure (Fonagy, 2001).

Mary often talks of perceived conflicts both at work and in her marriage, but in her telling of the story she is always in the wrong. She is deeply humiliated by the conflict itself. From her point of view, there should never be conflict because conflict endangers. Like pushing water uphill, she is constantly trying to prevent typical human exchanges.

When I sit with Mary, she is frequently very tense, unable to make eye contact and holds her body in various closed postures. Her body language and clothing reflect her desire to never be seen. Even during the summer she wears turtlenecks and baggy pants and pulls her long sleeves over her hands. This dread of being seen as competent and this need to be invisible stems from Mary's history. *"If Dad's attention turns towards me, I am endangered."* Mary's first few years with her mother were uneventful but when her successful father returned he hated her and abused her both physically and verbally. He considered her an intruder, taking his wife away from him. Her passive mother never protected her. As an adult, she is unable to accept positive feedback without feeling terrified.

Strain Trauma

As I hope is clear from the above examples, the experience of falling into this altered state is extremely painful, disorienting, and truly unbearable. Subjectively, it is not experienced as a personal feeling. It just is. It takes up all their inner space.

Increasingly, the consequences of trauma have become meaningful in clinical discussions. It is not the purpose of this article to give an overview of that large and diverse body of literature but I do want to include some of the concepts and research coming out of that field. I am indebted to Krystal (1988, p 142ff) for introducing me to the idea of infantile strain trauma as I have found it very useful in understanding and being with clients like Bob and Mary.

As human beings we can process our experience through our cognitive abilities, or sometimes our emotions predominate, and sometimes sensorimotor functions are most important. We move among these states without conscious thought. Feeling alive and creative requires a flow among these inner possibilities. Functionally, these states are totally intertwined, but clinically and experientially it is useful to pay attention to the differences.

We all have moments where we lose our adult perspective, become terrified when no danger is present or berate ourselves for not being more competent. But for the client with pre-personal wounding, the phrases *"falling apart"* or *"having a meltdown"* better conveys this dreadful experience. The flow among the three states is lost – in particular cognitive functioning is impaired and either the emotional or the sensorimotor modes predominate. It is a place of feeling completely alone and not having the skills necessary to reach out for support. When strain trauma is triggered, the person loses the capacity to witness and take a step back to ask: *"What just happened? I was feeling OK and then she said I made a mistake and suddenly, all I feel is miserable."* The self does not know time and place. "Now" collapses into "then". Instead, the client's emotional experience destroys adult functioning (van der Kolk and McFarlane, 1996). There is no self-reflective ability, no transitional space (Winnicott, 1971, Chapter 1, p 13), to return to for a reality check.

Both Bob and Mary free-fall into hell; there is no ground and no end in sight. Once they regress into that sensorimotor state, they can't get out. It is hard for someone who seldom or never enters this experience to grasp this overwhelming hell. When an infant is overwhelmed in every sensation, if his body is in spasm, his limbic circuits are registering overwhelming danger. If you have ever tried to soothe a baby who isn't able to stop crying no matter what you do, you know how distraught this baby is. The infant has two choices – hyperarousal and dissociation (Schore, 2002, p. 450). This bodily sensation is of un-speakable horror where the psyche is threatened with complete disintegration and collapse. If there were words they might be: *"I can't", "I can't stop feeling bad, I can't soothe, I can't cope."* The client's experience is that he falls into this altered state, like hunger comes over a tiny baby. For the infant, these physiological experiences have the impact of a 'thing' in the body, like a blow to the solar plexus. When the adult regresses to the traumatic state, feelings are facts, they are full body states, and they are always negative.

Bob wakes each and every morning in an altered state of hyperarousal, dread and depression. His entire psyche-soma operates as though it is 1960. His heart pounds, his breathing is shallow, and he can't lift his head off of his pillow. Bob is fused with the past trauma of waking up in his parent's house and wondering if his mother will humiliate him or his father that day. At the first moment of waking, he doesn't realize that he is an adult in his own house and that his autonomy will not be threatened and undermined. Through our work together, Bob has learned that the way out of this altered state is to get out of bed and move his body, to leave the 'then' and return to 'now'. Sometimes he just can't.

Bob finds it difficult to create the internal space to acknowledge: *"I feel disappointed because my wife doesn't want to go out to dinner with me tonight, she's too tired."* His frozen, traumatized self state is: *"She/Mommy hates me, she's always hated me and she will never take care of me or want to be with me again."* He doesn't 'feel' disappointed; rather he 'knows' he is unwanted.

Mary dissociates whenever she is startled. She can be startled by a sudden motion, a loud noise, any emotion she didn't expect, or by praise when she expected rebuke. If her husband slams his fist at his desk because his computer crashed, she falls into this altered state. Her immediate response is*: "I did something wrong and now there's going to be hell to pay."* She withdraws energetically, makes herself as invisible as possible, and constricts her breathing. She can remain in this dissociated state for the rest of the day. She is lost in her old story. She is terrorized both by the fear itself and because she can't find her way out (van der Kolk and McFarlane, 1996).

Worthlessness, Self-hate and Entitlement

When a client has healthy self-structure it is clear that as an infant he received consistent attunement from his primary caregivers. (Bowlby 1969; Stern, 1985, Fonagy, 2001) Through them, his inner world developed a sense of "going on being" (Winnicott, Chapter 4, 1965 p 60) and basic trust (Erickson, 1950, pp 247-250). His body was held with love; hurts were repaired with touch. He moves through life's difficulties by relying on these healthy body sensations and memory traces, through a resilient sense of self. He has internalized that things change and that he can make things change.

However, for the client with pre-personal wounding, his inner world is founded upon the experience of having been inconsistently attended. He both dreads the return of the traumatic state and fully expects it. When Bob and Mary fall out of adult functioning, they experience themselves as endangered, unlovable and without value. For them, inner stability or "on-goingness" is unattainable because it is always based on how someone else views them. Bob can sometimes defend against his dread with entitlement while Mary can be stuck in a fairly steady state of self-hate.

Each has an unconscious demand to have his limited self-image reflected back to him. Bob longs to be seen as only good and Mary expects to be seen as only bad. Bob is thrilled and filled by praise, even though it doesn't last long. Enthusiastic praise can send Mary into her traumatic state because she assumes she is being mocked. There is no room within her psyche for praise to be warranted, there is only room for self-hate.

While business is a place of great self-esteem for Bob it is also a place of potential worthlessness. When he thinks he might have made a mistake, he fears a humiliating reprisal. He monitors which phone calls to return in order to avoid people and situations where he may feel humiliated. If someone calls who might be angry with him, he doesn't return the phone call. The inner berating voice suggests to him*: "Oh my God, she's angry. What did I do wrong?"* He is so desperate to be seen as all good that he can't afford to take the chance of someone seeing his human failings. This behavior then creates an angry client who feels disrespected by never hearing back from him. He unconsciously sets himself up to recreate the dreaded state of someone being angry at him.

Bob often defends against his worthlessness with a sense of entitlement. He demands that others pay exquisite attention to his feeling state and to his personal needs. A *'No'* is devastating because he unconsciously believes it means he isn't good enough to get his needs met. If he takes the risk to expose his longing and says to his wife *"Do you want to go out to dinner tonight?"* he is entitled to receive only a *'Yes'*. If he receives a *'No'*, he lashes out or withdraws. Mary's stance is that she is entitled to nothing. She tries not to have any needs and not to make any demands on anyone. She fully expects the external world to reflect her badness. Mary never attacks or lashes out at another, but she is capable of harming herself.

Mary's inner voices berate her without mercy, even when all appears to be going well on the outside. Mary was promoted to the Head of the Department and there was a dinner arranged to honor her achievement. For her, this public recognition was profoundly upsetting. Somehow she made it through the evening and then cried all the way home. She spent the rest of the night recycling the voices of hate while she walked around her apartment hitting herself over and over again. All of the terrible things that her father ever said to her rushed in at once as though they were happening right then. All of this was in total silence for fear of awakening her husband. The energy behind her total withdrawal, self-attack, and private despair seemed equal to the level of praise she received during the dinner.

The Good and the Bad

Herman (1992, p123) has proposed that when the mental health system does not recognize the complex range of symptoms that follow childhood trauma, people often end up being called borderline in a rather pejorative fashion. Bob and Mary do share some characteristics with that diagnosis, the most obvious being their capacity to 'split' their inner and outer worlds when under stress of any kind. They lose perspective and the ability to remember a more whole picture of themselves and others. Although they both 'split', they do it quite differently. Bob is all -OK when he is seen by a valued other as OK. When things are going well with a new client who praises his product or his creativity, he and the client are in the glow of 'all-good'. In his fantasy life, he expects them to become friends. He no longer recognizes that this is a client situation and that he must take care of his business in appropriate ways. If that same client disagrees with him, criticizes his product in any way, he falls into his personal hell. Suddenly, that same client is no good, has lousy taste, is hypercritical, and he hopes to never sees him again! It is very hard for him to continue the "working-client-relationship" because he puts both himself and the client into the world of 'all bad' or 'not OK'.

In Mary's inner world, all adults are better than she is. Her 'split' is that others are 'good' or 'OK' and she is 'bad' or 'not -OK'. For Mary, splitting offers several possibilities. She can dissociate when she feels endangered. That is, she can place her emotions into an impregnable strong box where no one can touch her, and act 'as if' everything were OK. She can also *'not hear'* positive information coming towards her. She puts that information into a compartment of *'not to be believed'* for soon *'humiliation will follow'*.

How is it possible for clients like Bob and Mary to 'split' the world in these ways? The inner life of an infant is filled with undifferentiated physical sensations that form the foundation for future feelings and thoughts (Stern, 1985, pp 97-99; Beebe and Lachman, 2002 p 67). For the nurtured infant, these islands of sensation become linked through repeated experience and are 'recorded' at the neurological level (Lewis, 2000 pp130-140; Schore, 2002). As the abilities to feel and then think slowly mature, the child learns there is 'me' who has feelings (infant cries when hungry, toddler says "me hungry" or "me want"). For Bob and Mary, these undifferentiated sensations never became linked because there were not enough good and soothing experiences throughout their infancy (Fonagy, 2002, p100). As adults, they both lack resilience. They each have gaps in their self-structure. These unconnected aspects of their personality allow them to 'split' the world into "good" or "bad".

Bob splits his world between "good" and "bad" and Mary splits her world between "inner world of collapse and hate" and "outer world of competency". Their behavior reflects the gaps in their inner structure. Bob expands and is over-indulgent when in the presence of a praising other whom he values. When criticized, he completely contracts and withdraws (Johnson, 1987, p84ff). He bases his self-value on how he is perceived in the moment. Mary never displays her split to the outside world. She stays totally competent at work and in social situations while falling apart on the inside. There is no continuity between her inner experience and her outer affect. All of these strategies reflect the incomplete development of the self. A false self is created to keep the true self alive (Winnicott, 1965, Chapter 12 p142-143).

The Person Can't Initiate or Self-Soothe:

Neither Bob nor Mary has a soothing inner voice suggesting *"It's all right, everything is going to be O.K."* or *"You can take a risk, you can do that"*. Instead, safety lies in doing what is familiar, repeating the known, no matter how many times it has proved not helpful. New people and new situations are always potentially re-traumatizing. Like many traumatized people, the repetition compulsion is often stronger than the impulse for growth and consciousness (Herman, 1992, p 41).

Bob finds self-care difficult. One week he will exercise two hours a day; then he won't exercise at all for a month. One week he will get to work on time and the following week he can't get out of bed. He is unable to self-soothe when upset because he falls back into the pre-personal dependency of his infancy and demands that someone else take care of him. His capacity for self-agency (Stern, 1985 p 76-82) is mixed. He excels in the business world but he struggles in the world of emotional connectedness. He needs others to reach out to him and initiate personal contact.

While Bob was neglected, Mary was abused. Her mother took care of her basic physical needs, but did not defend her from her father's attacks. She internalized this cruelty and abuse and now turns the energy onto herself. Her inner abuser kills off her immense capacity for growth. It has taken Mary years of therapy to stop colluding with this destructive force and take the initiative to even accept a promotion or to look around for a more satisfying, better paying job.

Mary is able to take care of others but not herself. She does for them what was never done for her. She joins causes and volunteers. But she can't demand proper pay for her work, create a home that nourishes her, or deal with any conflict in her relationships. When she is upset, she is only able to withdraw, dissociate or beat herself up either verbally or literally. She is unable to take a warm bath, call a friend for support or nurture herself in other ways.

Components for Healing Personality Deficit

The pre-personal healing journey only can take place in relationship with another person. The initial trauma or wounding occurred at a time of life when a caregiver was essential for survival. Now the client must re-enter this two-person system and risk dependency and humiliation in order to heal (Klein, 1987; Herman, 1992). Much courage is required! Instead of falling into the altered states of dissociation or hyperarousal, the client must develop a witness self.

I create a safe emotional atmosphere by using mirroring, empathy and attunement. I become an energetic "container" who pays attention to the feelings being expressed, listens for emerging themes, and holds the space of open ended possibility. I wait for cues from my client and let go of any pre-determined agendas. I stay open to every possibility because I don't know exactly what needs to happen or what will happen. I do know from experience that once we co-create the safety of transitional space (Winnicott, 1971 Chapter 1 p 13), the client shares more of his inner truth and wholeness. I also know that this is vital to create a stronger sense of self and greater consciousness.

At the beginning of our work, my one and only intention is to establish safety and trust (Herman, 1992, p133). I want the client to discover his own sense of agency and empowerment from within his body self but the trust must come first. After all, why should the client trust me if he's had early experiences where the other person didn't attune to his needs? My trustworthiness needs to be proven. I can harm a new client by giving good advice. To say to Bob at the onset of our work*: "Don't you see your wife said 'no' to dinner because she was just tired?"* makes him *"bad"* and her *"good"*.

I understand my clients' inner reality by reading body language, listening to metaphor and finding ways to put words onto emotional experience. I listen deeply and use words only to clarify my understanding of their experience, not to inject myself into the situation. Over time my face, eyes, tone of voice, body language and words validate their emotional reality allowing them to experience me as an ally, not an invader.

I have learned that most of us can only process a few comments at a time. We learn the most by hearing ourselves speak. This is particularly true for someone whose early years were much disrupted. Our work together may be his first experience of enough time and space to express what he feels, thinks and wants. Insight is only useful if it comes from within and is not given. Because of this, I ask a lot of questions.

My Inner Dialogue

I rely on my internal felt sense and intellect to determine whether or not to ask a question. Before I say any question out loud, I check with myself:

- *"If I ask this question, is it likely he will have an answer?"*
- *"Will this question upset him and disrupt his on-goingness?"*
- *"If I ask this, will it cause shame?"*
- *"Can he use this question to deepen his understanding or emotional connection to himself?"*

If I'm not sure, I know it is not the right question to ask at the time. I focus on what will strengthen safety and trust between us. Later, I might find the right time to ask this question.

By slowing down enough to listen to my own inner cues, I am more available to perceive the subtle cues of these extremely sensitive and intuitive people. When Mary first began working with me she often turned her head to the left, looked down at the rug and clearly left the room. At first I would say:

Alexis: "*Where did you go?"*
Mary: *"I don't know."*
Alexis: *"What do you see or hear?"*
Mary: *"I don't know."*

After a few sessions like this, I realized we were in a rut. I wanted to talk about what was happening at the sensate level but Mary had no idea. She had no answer to my question so it was not helpful to continue asking. I needed to change my type of question in order to meet her. I began to ask questions that identified her absence:

Alexis: *"Are you ready to come back and resume our conversation?"*
Mary: With a shudder and a glance at me, *"Yes."*

This last question acknowledged that she was "gone" but did not insist that she be specific about where she went. I finally found a way to talk to her without shaming her by exposing her not knowing. The new question

supported her to reconnect with me and later, with herself. Much later in our work we have been able to explore where she "goes".

Repairing Mistakes

I can't prevent all mistakes; I can only repair them. Mistakes are inevitable because I cannot read his or her mind to always know what is needed in the moment. In the mending process, two useful things happen. First, the client builds self -structure. Second, we build deeper trust between us.

I made a mistake with Bob when he talked about his wife's *"No"* to sex. I asked him: *"Did you hate her right then?"* This question was much too much for him to acknowledge. I could see him physically recoil and wince as though I had hit him. I said: *"I'm sorry, that word was too big."* Bob's gaze relaxed and reflected his relief. If Bob were to acknowledge his capacity for anger and hate, he would fall down the helpless, worthless, despicable side of his deficit. His inner voice would say: *"She's such a good person, how could I hate her?"* My apology was needed to restore the bond, to let him know that I had made a mistake and that he was appropriately self-protective from such a question. Only later could he experience and express anger and hate.

Mary is much harder to read. For example, she appears very compliant to any changes in our routine. At the beginning of our work, when I would tell her of an upcoming vacation, her only response was, *"Have a good time."* Her adult remarks were genuine, but there was more going on. Over time, I realized how quick she is to comply in order to avoid anticipated rejection. Eventually, I decided to inquire more deeply.

Alexis*: "Mary, even though you say 'Have a good time' I sense it's hard for you that I'm going away and we need to talk about that."*

She softened, became smaller and looked away.

Mary: *"I know you need to get away from me."*

Alexis: *"Why would I need to get away from you?"*

Mary*: "Because I poison anyone who gets close to me."*

I was shocked!

Alexis: "*I'm so sorry that I underestimated how hard it is for you when I leave. I didn't appreciate that a part of you thinks I need to get away from you. Do you have any idea where this idea came from? Do I do things that suggest I want to get away from you?"*

Mary and I have spent a lot of time on the notion that I want to get away from her and that she is poisonous. Slowly she has come to experience, and then believe, that my vacations have nothing to do with her inherent 'badness'. This is not to make the claim that this sense of being poisonous has been fully integrated and transformed in Mary. It is a self-state that stays with her and our work continues to lessen its impact.

It is the lived experience of small inevitable mistakes and small repairs that are most helpful to re-wire unhealthy patterns and to build healthy self-structure. If I were a perfect mirror then I would be idealized, we would be fused, and there could be no individuation. Using these mistakes is critical to my way of doing therapy.

Clarifying Questions

One of my goals in therapy is to create dialogue and genuine exchange between us. Since these clients avoid their inner life, because it is unbearable or they are too ashamed to reveal what they do know, I ask a lot of questions to initiate a conversation. My questions come from a lot of listening. I ask clarifying questions to increase body awareness and to generate meaning. At the beginning of therapy, my questions are informed by reading my client's body and hearing his personal story, early childhood development and object relations.

The onset of our work is an important time to ask body-centered questions. Typically, a client with pre-personal wounding is disconnected from his bodily sensations and feelings. These questions bring awareness to the frozen places*. "Something just happened. What are the sensations in your body?" "Did you notice that your jaw just tightened?" "So just close your eyes and take a deep breath. What are the sensations you are experiencing right now?"* Body awareness is the first and essential step to form self-structure. This form of awareness for me precedes any efforts to get more flow in the body itself. For clients with strain trauma, flow means feelings and feelings mean overwhelm and danger. This can precipitate the very symptoms and discomfort we are trying to investigate and heal.

I use clarifying questions with Bob when he is unable to put words onto his own experience. When Bob falls apart to his wife's *"No"* I have come to understand that for Bob, this *"No"* means he is unworthy of her and he is worthless. I mirror his altered state, validate it and put words on it*. "The look on your face tells me that you must have felt awful when she said 'No'."* When Bob is able to resonate with this comment, I ask more detailed questions.

Alexis: "*What is awful like?" (trauma physiology)*

Bob: *"It's this knot in my stomach and this constriction in my breathing."(body sensation)*

Alexis: *"When you breathe into the knot in your stomach, do any images or colors come up?"(more sensations)*
Bob: *"The first thing that comes to mind is the brutal fights my parents used to get into late at night." (association connecting to feelings and meaning)*
Alexis*: "Does this sensation come up any other time?"*
Bob: *"It can come up when I'm afraid I've made a mistake at work." (Linking feelings to various experiences)*

I ask these questions to slow Bob down so he can sink into the sensate experience of "awful". Over time, Bob has learned that some of his sensations and feelings are bearable because he has lived through and survived experiences of "awful" during our sessions. Each time Bob lives through his sensate experience rather than fleeing from it, he creates self structure.

When Mary clearly 'leaves' the room I can now ask her sensate questions.

Alexis: *"Are you seeing or hearing something not in the room right now?"*
Mary: after a long silence *"Yes, crashing and banging."(trauma physiology)*
Alexis: *"Is it happening to you or around you?"(sensations)*
Mary: *"Around me."*
Alexis: *"What can we do to make you feel safe in this situation?"*
Mary: *"It helps to talk about it. Talking makes me realize that what is going on in my body is noise and anger going on around me and inside me."(feelings)*
Alexis: *"What do you need to feel safe in this emotional, angry situation?"*
Mary: *"By talking about it, I can feel more separate from it."(words moving the pre-personal to the personal))*

In this example Mary moves from overwhelming sensations of crashing and banging to emotional language about the feeling of anger. As my client becomes adept at answering body-oriented questions, I then focus more attention on what her world means to her. I want to help her make the links between her inner experience and being in relationship. I ask a range of questions:

- *"Does that sigh have something to do with your inner world or with something I just said?"*
- *"I don't quite understand what you mean when you say you can't deal with her, could you help me?"*
- *"What made you feel sad…confused…angry? Did something happen between us that upset you?"*
- *"I don't understand why that exchange made you feel so bad. Does it remind you of something from your past?"*

These questions help to unpack her emotional response and give it meaning.

Leading Questions

As the work deepens, I ask a leading question when I have a sense of where we ought to go next or what feeling is right below the surface**.** A leading question narrows the field of exploration rather than expands it. It is focused, specific and contains some agenda on my part. By asking a leading question I become a separate person, whereas with a clarifying question I am more of a function. As a function I have the job of mirroring my client's feelings as exactly as I can while as a separate person I can have a different perspective on the situation.

My client's ability and readiness to answer leading questions signifies a shift in our relationship. Our interactions are more dynamic, relational and co-creative. The client trusts me more, which enables me to have a different point of view without being perceived as dangerous. He knows I'm his ally and we are a working team. I only ask a leading question when I feel confident that he is close to internalizing a more complex sense of himself.

Both of the clients in this article are wary of eye contact and the connection it offers. Therefore, when they make more eye contact in a session I assume they feel stronger and more separate. At these times I ask leading questions to support them to take the next step in their healing. I focus on a specific feeling or perspective rather than leave things totally open-ended.

The timing of asking a leading question is crucial in order to avoid compliance. I want the client's authentic response or spontaneous gesture (Winnicott, Chapter 12, 1965, p 145). If I sense compliance I ask about that and let go of my previous agenda.

Now I can coach Bob with leading questions. This would have been impossible a few years ago because Bob experienced me, like all others, as potentially dangerous. Now, he usually trusts that my agenda is to support him to take the next step of self-inquiry. Leading questions include my hypothesis of what is helpful. For example:

- *"We both know you're very jealous of your wife's attention toward your children. Could this really be the hidden anger you still hold at your mother's neglect?"*
- *When your breathing changed, what or who were you thinking of? Maybe you were you thinking of your boss, or authorities in general?"*

- *"Maybe your intense anger has other roots. The current situation just doesn't seem as important as your feelings suggest. Could your feelings be connecting this incident to the story about your Mom?"*

I ask questions like these when I think I am close to being right, when I think the client is close to seeing it, and when I think he will follow me with just a little push. If I ask a leading question and he resists, I back off and return to more open-ended clarifying questions. For the person who collapses into a black hole (van der Kolk, 1996) I may ask*: "Is it possible that you were not only feeling withdrawn, but also sad, or even angry?"* or with the person who falls into sadness all the time*: "Could it be possible that you were also feeling anger?"* I want him to tolerate the complexity of his inner life, to hold the tension of the opposites and I hope my questions will focus him in that direction.

Mary has always been open to leading questions. I always make sure she is connected to her authentic self and not just agreeing with me. She is too quick to own the negative part of her self and too slow to consider her talents and strengths. It has been important to underline Mary's positive qualities with my leading questions rather than to support her negative self-image.

Mary: "*I don't know how I'm ever going to earn enough money."*
Alexis: "*I wonder if you should get business cards printed. It sounds like you are getting ready to go out on your own."*
Mary: *"What would I put on them. I don't know anything!"*
Alexis:"*How about starting with your three degrees and then some words like 'experienced in emergency response'."*
Mary: "*Well, I suppose that's true at least."*
Alexis: *"Can you feel how your body just relaxed?"*
Mary smiles at this question.

Another type of leading question encourages the client to take another person's point of view. I 'push' Bob to see the world from a more mature place, but I can only do this if I feel he is ready to give it a try. The deficit spaces of Bob's psyche need his point of view honored first. The ability to receive these types of questions indicates tremendous growth in problem areas.

Alexis*: "Is it possible that your wife didn't want to go to dinner on Tuesday because she was feeling tired from working overtime last week?"*
Bob: (in a very angry tone of voice) *"So I suppose you would say that it would be wrong to tell her that I'm not going to do something with her the next time she asks me because she refused to go to dinner with me."*
Alexis: *"I don't know if it would be wrong, I just don't think you'll get what you want. How do you think she is going to feel with your refusal?"*
Bob: *"I guess she's going to feel mad at me."*
Alexis: *"Where do you think the cycle of punishment is going to end?"*
Bob: *"But I don't know what else to do with how hurt and angry I am at her. I'm frightened, too. She just doesn't get it."*
Alexis: *"Can you imagine telling her what you feel rather than withdrawing and later punishing?"*
Bob: *"I see the sense in your suggestion and it might be a better way to handle it. But I can't do it. When she rejects me I just feel terrible. But maybe I can think about it."*

As we explore the details of Bob's potential response to his wife, he is able to reflect in a new way. Through the repetition of this kind of dialogue, Bob slowly has begun to internalize a witness self. This creates more space between a trigger and his response, develops more flexibility around "the truth", and includes the other's legitimate voice.

Relational Questions

Relational questions address what is happening in the "here and now" between us. They address the pragmatics of our relationships and explore transferential issues between us. They are very potent, when used at the appropriate time, because they elicit present-time emotion from the client. The discussion is not about something out there; it's about what's here. It is immediate and we both sense it. The intention behind asking relational questions is for the client to connect with his strength to be in the here and now and know what he feels and what he wants. These questions also enhance his aliveness and his ability to be in his body. It is a practice space. It is potential space (Winnicott, 1971, Chapter 3, p 47-48). When used well, it deepens his sense of being cared for, even cared for enough to be confronted.

Relational questions necessitate delicacy because this kind of client is terrified to be in the present and talk about his feelings. Any real relationship represents a danger to his fragile self-esteem system. He fears exposure

and fears dependency on the therapist. From the clients' perspective, these questions have the potential to harm because of the intimacy and vulnerability involved.

I begin to ask relational questions when there are enough positive links between us and enough healing has taken place on the pre-personal level. The foundation of trust and compassion needs to be well established and is essential before attempting to ask these types of questions. As the pre-personal needs mature through time spent asking clarifying and leading questions, I am able to enter the relationship more often as a person rather than a function. The use of relational questions implicitly acknowledges the transition to an I-Thou relationship (Buber, 1923,1970).

Before asking relational questions, I assess that my client has integrated the following:

- There has been major healing of early developmental misses.
- The client has the ability to embody "going on-being" during a challenging period.
- The client has strengthened his sense of self and self-agency.
- Healthy, co-created attachment has taken place between us.
- He has enough of an adult present to sometimes self-soothe.

Lately, Bob and Mary have been able to utilize relational questions. Each has learned that the feelings he or she has during our sessions are welcome by me even if unpleasant. This epitomizes a major accomplishment. Whether these feelings originated from childhood experiences or belong exclusively to our relationship, Bob and Mary have more capacity to sit with them.

Alexis: *" I am taking off the last two weeks of August."*
Mary: (in a playful tone of voice) *"You're just doing that to get away from me!"*

Mary is 'playing' with how things used to be. Now she has enough witness self to hold several realities. Sometimes she is poisonous; sometimes she is not; sometimes both are true. We discuss our relationship in all of its complexity, including her hidden desire to be dependent on me as well as her belief that she could kill me. In this example, Mary's feelings come more from transference and less from our relationship.

In spite of all his changes, Bob still hates to deal with our relationship directly because of his terror of being attached to a woman and then dropped. He acknowledges his dependence on me in indirect ways, mostly through his eyes, but can't use words because it would be too humiliating. The areas he is able to work with me on are the issues of money, payment and time – all very potent for him!

Bob discusses our relational dynamics when it comes to his payment for our time together. We have clashed in two different arenas. He often needs to reschedule due to business travel and he hates to pay his bill on time. Sometimes he forgets to cancel our appointment and still expects a makeup. If I 'get my back up' and address his entitlement with an annoyed tone of voice, rather than being straight with him, he becomes confused and then combative. He is very sensitive to my annoyance and doesn't like it one bit particularly when I don't confront him directly!

We have had many discussions around money: how important it is, what it means, and how he hates to pay his bills and deplete himself of his hard-earned wealth. It has been hard for Bob to develop the ability to see our relationship beyond a business service (i.e. a function). He struggles to accept me as a real person with real needs to be paid and to be paid on time.

Alexis: "*I have a bill for you. It's the end of the month."*
Bob: "*Oh no, not already! I just paid you. Could you wait a few weeks because I am expecting a payment soon?"*
Alexis: "*I wonder if paying my bill will really make any difference in your lifestyle this month. Does it have more to do with not wanting to write the check and see the money leave the account?"*
Bob: *"Probably. I really have plenty of money in the account, but I would much rather wait until this next check comes in and builds it up before I have to take anything out of it."*
Alexis: "*I think it would be better to pay me and see how it feels to subtract the numbers and notice that you survive, nothing bad happens, no one humiliates you…."*
Bob: (reluctantly) *"I suppose so.*"

Bob complies with my request grudgingly. This is not the unconscious compliance I worry about. This is required adult behavior between two equals!

By the time I am focusing on relational questions, my client has traversed many pre-personal gaps and made crucial links in his understanding and strides in his healing. A new level of intimacy is created through asking this type of question. It is during this stage that many pieces come together and much of our previous work integrates. The client and I work through our dynamics within the co-created transitional space. This space supports the

client to strengthen his sense of self and offers an opportunity that did not exist in his family of origin. Clients like Bob and Mary are able to take risks because of the trust that exists between us and the chances of a healthy outcome are greatly enhanced. As we navigate our relationship, Bob and Mary have become increasingly skilled to do this type of exploration in their other close relationships.

Conclusion

> To the degree that I've understood the teachings, the answer to these questions seems to have to do with bringing everything that we encounter to the path….This path has one very distinct characteristic: it is not prefabricated. It doesn't already exist. Pema Chodron

The above quote captures the essence of my work – to bring everything to the path. For me 'everything' starts with the body, its sensations, its feelings, and its defenses. Words are critical, but they must be grounded in felt experience. I encourage a client to pay a lot of attention to his own body and what it is communicating. And we both must surrender to the fact that the path is unknown. This form of therapy is a mystery and is created moment by moment by the two participants. It is hard for a client to bring everything to the path when so much of life is out of awareness and has never been felt, let alone reflected upon. It isn't easy, but with time, it works!

I have found my map to be helpful and rewarding to my clients as well as to myself. I hold the client's wholeness and his deficits as well as my own. I hold hope for a client to come back to himself, even when he falls apart over and over again. At the beginning of our journey, I am more of a function than a true companion. I must mirror, listen and ask those questions that ground him in his body and clarify his reality for him. As trust grows, I ask more direct, leading questions without impinging on his space and his way of being in the world. We navigate challenges together and the relationship survives.

When our work has matured, our dynamic shifts to a true two-person system. I confront an issue, am supportive, use humor and all of my aliveness to help generate the intimacy he both longs for and dreads. Our connection evolves toward an I-Thou relationship. We become two true subjects brought together to facilitate the journey of the client and know that both of us will be changed by the encounter.

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Biography

Alexis Johnson, Ph.D., trained traditionally at Michigan State University, then in humanistic and transpersonal philosophies and methods at Esalen Institute, Big Sur, CA. She has studied and taught Core Energetics, family systems, self psychology and object-relations. She is a co-founder of the Center for Intentional Living and teaches Integrative Psychology in New York, California and Europe. Alexis enjoys many roles: student, teacher, therapist, spiritual seeker; wife, mother, step-mother, friend and gardener and is always looking for ways to balance them all.

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