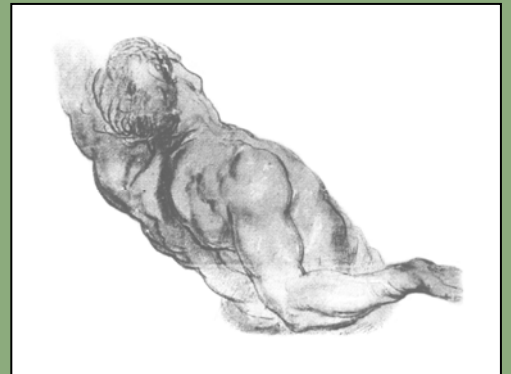


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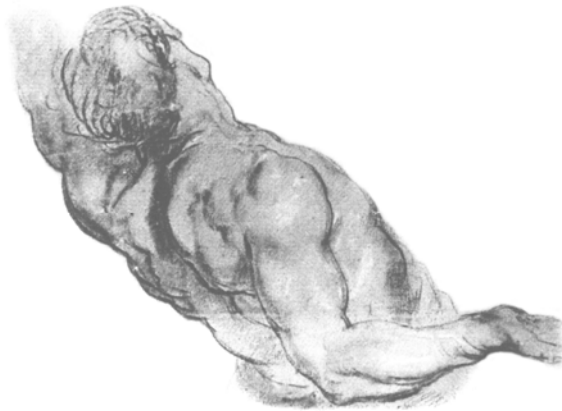
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USABP Mission Statement

The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humani

Mindfulness-Based Somatic Psychotherapy

Ronald A. Alexander Ph.D.
Marjorie Rand Ph.D.

Abstract

The following is a presentation of a new paradigm for healing which the authors have named Mindfulness-Based Somatic Psychotherapy (MBSP). This integrated approach may enable patients to get well faster as they progress through the healing process. In MBSP, emphasis is on patient participation, self-responsibility and an understanding of stress and lifestyle management, affect regulation, and the process of mind-body healing. This mind-body paradigm focuses both on the patient's core sense of self and wellness as well as the patient's presenting problem. These concepts expand the medical/psychological model. MBSP is a multifaceted approach that builds on what is positive in an individual's life and helps people see that relationships, thoughts, feelings, physical experiences and transpersonal awareness are all interconnected and at the core of the individual's ability to promote personal healing.

Keywords

Mindfulness –Based Somatic Psychotherapy – Self-responsibility – Personal healing

Case Study

“Sarah” (identities have been changed) was a woman treated in the authors' clinical practice. Her case is a rather dramatic example of the power and extraordinary healing potential of meditation as the essential first step for a patient to enter into and benefit from Mindfulness-Based Somatic Psychotherapy (MBSP).

The patient is a 34-year-old female artist from Santa Fe who came into treatment after a first suicide attempt. After taking an overdose of tranquilizers and antidepressants, she had fallen into a coma in a hotel room for 48 hours and subsequently been hospitalized for psychiatric treatment. Sarah remembered coming to consciousness in the hotel room and feeling her heart racing and beating to what she described as the point of explosion. She awoke on the cold, hotel bathroom floor to find her face covered in blood. She then plugged in the phone, which she had unplugged 48 hours before, and at that precise moment, a worried friend called her to see if she needed help.

In the psychiatric hospital, the doctors theorized that since antidepressants and tranquilizers were not effectively treating her depression, electroshock therapy was indicated. Sarah did not agree. She called her family for help and was discharged shortly thereafter. Prior to her suicide attempt she had been in psychoanalytic treatment with a psychiatrist who had diagnosed her condition as endogenous depression and had insisted, against her will, that if the treatment was to work it must be accompanied by antidepressant medication. Sarah had accepted the treatment but complained that the drugs served only to increase her depression and feelings of apathy. Eventually, she gave up all hope that psychotherapy would help and took the drug overdose. Upon recovery from her drug-induced coma, Sarah wondered if there was a reason she had not died. The emergency room residents insisted that she had taken a dose large enough to trigger several seizures and were astonished that she showed neither cardiac nor brain dysfunction.

Sarah came to therapy six months after her suicide attempt and announced her intention to attempt suicide again. After the initial interview, her new therapist suggested that she leave analysis and enter treatment focused on meditation. It took her several months to make the transition, but eventually she began the new treatment experience. The new treatment method was centered on somatic psychotherapy, mindfulness or present moment awareness, as well as other mind/body methods including empathic, reflective mirroring of the self in a supportive containing relationship.

As therapy became effective, the patient entered a state of wellbeing and coherence and her depression began to recede. She reported feeling a profound opening of her heart and deep connection to the Divine, Nature and her friends, and to feeling a new core sense of being which was more grounded in her body. In conjunction with her therapy, she began practicing mindfulness meditation. One evening while in meditation class, she entered into a spontaneous altered state of consciousness. She underwent a mystical conversion experience and reported that she had envisioned what Adam and Eve must have seen on the day of Creation. She also said that she felt her body infused with massive light and energy and an ineffable sense of the presence of the Divine, the cosmos and the unitive dimension of consciousness. She remembered telling her friends that this experience was like being with an old dear friend, and had she known about these states of consciousness before she attempted to take her life, she probably would not have done so.

Sarah became more involved in her life. She gained weight, got active in the creative aspect of her work, resumed her friendships at a deeper level and began to put her life back together. At present, she is continuing her study of mindfulness meditation, has resumed her art career and is interested in the relationship between the meditative experience in healing and the psychological process. She is no longer suicidal and is, instead, well, growing and changing.

Sarah is an example of the increased sense of hope for patients when utilizing a somatic and mindfulness based psychotherapy. Her story is by no means unique. In case after case, results show how a patient's attitudes, thoughts, beliefs, feelings and emotions all directly affect the body-mind experience. Physicians, psychologists and other health care workers are opening their minds to the very real possibilities for healing available to them within this new approach.

The Mind, Thoughts and Somatic Therapy

We believe that within all of us lies the potential for tremendous transformation. Modern neuroscience indicates clearly that neural circuits, created daily, are greatly influenced by thoughts, feelings and emotions. Proper nurturing of ideas of growth and healthy expression can effect positive and long lasting changes. Socrates taught that all healing had to include remedies that addressed both the structure and content of the mind and its power to influence the body. Thought is creative and generative. What we think determines our state of health. Focused and clear states of awareness lead to the transformation of consciousness, facilitating behavioral, psychic and somatic change. MBSP results in healing by producing a shift in consciousness.

One of the basic tools of the MBSP process is the practice of mindfulness. Mindfulness is an idea from Buddhism this is central to meditation, but is also a way of life. We meditate in order to become aware of breathing, sounds, bodily sensations or the existence of core self that is not assaulted by an endless stream of thoughts. In mindfulness meditation the instruction is to “notice whatever predominates in awareness, moment to moment.” (Siegel, R. 2009). The intention is to explore changing experience. The purpose of mindfulness is to cultivate insight. Another name for insight meditation is Vipassana meditation. However, more important in MBSP is the practice of meditation to establish the habit of mindfulness so that their awareness remains engaged when they function in their everyday lives in the world. They can act consciously instead of unconsciously. The development of mindfulness allows them to become naturally and quickly aware of any situation instead of being distracted by thoughts, feelings and actions. One way to view the healing process is as a transformational journey of discovery and integration of our many discrepant parts into a unified whole. Mindfulness allows us to stop and wonder about new possibilities. With regular mindfulness practice, symbols and messages will come to a person when they are ready to act on them, instead of resisting the truth in order to avoid suffering (Alexander, R. 2009).

Suffering and Change

In Buddhist philosophy, suffering is seen as resisting change. Whether we are ready to change or not, it is important to recognize that change is inevitable. Buddhism refers to this as the law of impermanence. When change is not your choice, you cannot avoid suffering. In MBSP, we view the change as an avenue to personal evolution. Cultivating mindfulness allows us to see our lives as a canvas for self-expression that reflects one's personal passions and beliefs. As in Sarah's case, even when her life shifted abruptly and caused her great suffering; she was able to feel her pain and allow it to dissipate as she let go of the past. This is the creative state of being which can tune in to the unconscious and even the collective unconscious, emerging with fresh and original ideas, passion and inspiration. MBSP draws from the ancient schools of Buddhist mindfulness meditation and the current field of somatic (body) psychotherapy in order to foster transformation become more at ease with the process of change and view transition as positive and exciting.

When we suffer a deep traumatizing pain, we become wounded in a psychic-emotional sense. This very woundedness leads toward growth in an open system by the exchange of energies with the environment. There exists dynamic movement towards a higher unified field of integration, seeking the healing of the wound and the reorganization of the system. Dabrowski (1964) has written of this as the process of positive disintegration, the initial breakdown leading toward a greater level of self cohesion, thus creating in the mind/body system a more solid core sense of self and well being. In MBSP, each transformation makes possible the reorganization and responsiveness of the system. All systems are seen as evolving systems seeking a higher order of evolutionary change, and thus as intelligent organizations seeking both growth and healing. In Sarah's case, the fragmentation of the disparate parts of herself allowed the re-construction, with proper guidance, to a transcendent state of

consciousness which she may not have ever reached had she not been introduced to these methods at this time. We do not mean that it is necessary to fall apart in order to become cohesive, but that ordinary therapy should introduce people like Sarah to extraordinary states of consciousness.

In mythology, we refer to this change process as the death-rebirth of the Self— a pilgrimage to internal awakening. This awakening can take place through the struggle toward wellness and health. It demands a commitment of self-examination and of rigorous inquiry into the truth. In this case, the "truth" that one is seeking is a core sense of Self and the actualization of one's own potentialities.

"To see ourselves is ultimately more meaningful than to be told," according to Suzuki Roshi (1970). Obstacles to wellbeing are part of an elaborate internal landscape of mind/body metaphor. Our task is to take up the challenge of a committed and disciplined program of inner re-landscaping for mind/body/core healing. In essence, we heal, grow and transform through the pain of our wounds.

The natural order of change as understood within a mind/body somatically oriented system of psychotherapy is that organisms are self-regulating and are constantly in a dynamic interaction of movement in the natural polarities of expansion and contraction between self-support and environmental support. This view sees the Self as a dynamic part of a higher order of evolution and change. All cellular systems are inherently life seeking. It is natural for the Self to orient and expand toward a core sense of wellness and wholeness. This evolutionary view can also be understood within the Buddhist models of karma and the ongoing sense of impermanence in all change processes that are part of learning, spiritual awakening and healing.

The therapist must be a skillful artisan at helping the patient identify and own those aspects of self-experience which have been disowned, repressed, suppressed or driven underground (introjects). A therapist who practices the art of mindfulness meditation becomes naturally skilled at following the flow of affect and energetic attunement, and cultivates, over time, an improved ability for both self and other focus.

"Learning to observe experience from a place of stillness enables one to relate to life without fear and clinging. One begins to accept pleasure and pain, fear and joy, and all aspects of life with increasing equanimity and balance. Life is seen as a constantly changing process." Jack Kornfield (2001). In somatic psychotherapy and mind/body healing therapies, breathing techniques are used to mobilize the energetic experience of self in the body and to confront the body armoring (fixed muscular patterns, or retroreflections). When the bodily defenses give way, the wound, comprised of the underlying fears of abandonment or invasion, is exposed, as in the removal of a bandage revealing the injury beneath. Healing the wound through empathic mirroring, the introjects or unintegrated aspects of the Self can be integrated, leaving the path toward connection to authentic Self-experience more solid, stable and clear (Rosenberg and Rand 1985).

The Function of Transpersonal Experience in the Psychological Healing Process

Sometimes our psychological pain or scars are so deep that we are like malnourished children. When we attempt to feed children after extended deprivation, they need to be introduced gently and gradually to a healthy diet. The same is true of emotional starvation. In order to facilitate the healing process, healthy nourishment must be sought at the table of meditative or energetic consciousness.

It is here at this place of nourishment that an unhealthy or faulty self may experience what the Zen Buddhists refer to as a transcendent state of Satori, or awakening. Satori describes the experience of "ah-ha" as the sudden shifting of the structure of thinking from the personal left-brain linear dimension into the vast right brain of creative consciousness. This creative right brain is a reservoir of internal resources that can be utilized by the self for healing, learning, growth and development; for promoting change and dealing with negative dysfunctional attachments of thought and feeling that the ego struggles with in its everyday suffering.

This transpersonal experience that one may attain through the process of mindfulness meditation is an expansion of consciousness and deepening of the capacity for both interior and exterior focus and observation. Meditation changes a person's perspective of her own narrow experience, and allows for greater joy, aliveness and purpose. Muscular defenses are loosened and the energy of the self is allowed to flow freely. The person can feel connected not only to her personal self, but to a vaster energetic field of self-experience—to vitality, wellness and restorative life flow. People often feel the need to express themselves creatively since energy is now released from the tension of repression and available for expression of the Self. This profound alteration in consciousness is greater than a change in behavior alone or insight into one's personal self as it opens pathways in the mind and the brain. It makes possible a total and completely new psycho-neurological consciousness imprint (Davidson 2000).

When the neuro-physiological blocks (fixed muscular, energetic and breathing patterns) are released, the person is truly transformed in thought, feeling, experience and action. Here we are referring to what Reich called "armor", the function of which is to protect the person from feeling the pain of their wound. While armor is defensive in nature, it blocks the flow of life force within the body/mind, which we believe is necessary to heal the

wound. MBSP is somatically based because we use mindfulness as a tool to experience and then release this bound energy. When this happens we call it the death/re-birth process. Energy and feeling are no longer bound in obsolete defensive belief systems and behaviors, and are therefore available to support the self-healing process. In this model, one develops the personal self first and transcends that personal self second. No matter what damage there has been to the personal self, the reservoir of the Self's healing energies always stays intact. The key is to enable the patient to discover her own unique and private accessing codes into the transpersonal dimension. When people are cut off from this potentiality, the development of both the ego self and the transcendent Self may become limited and constrained. However, when they have freedom to access new channels of vitality and growth of consciousness, then it is possible to restore to the self the experience of harmony, integration and wellbeing.

One powerful method to access this energy is through breathing. There are many breathing techniques: Reichian, Yoga, Tai Chi, Zen and many more. The necessity is to find a combination of techniques that work on different levels and on different states of body and mind. Each technique can produce different results: some excite, some calm, some focus, some diffuse. The person needs to be taught which techniques are best for her and when to use them. Body oriented psychotherapy may employ a number of breathing modalities; the combination tailored to the individual's unique patterns and needs (Rosenberg and Rand 1985).

Meditation, too, is an essential tool in this accessing of healing energy. When people pray, worship, meditate or contemplate, they become more vitalized and energized, thereby enabling them to work at the task of peeling back the layers of the body/mind like an onion, accessing deeper and deeper levels of strength and wellbeing. A regular practice of meditation is necessary to insure continued growth. The meditative mind is like a muscle. If it isn't used on a regular basis, it becomes weak and lethargic. Therefore, the person needs to discipline herself on a consistent and regular basis to practice the art of expanded consciousness. Just as releasing physical energy through opening fixed muscular patterns in the body allows for healing, mindfulness practice creates new neural pathways for healing the body/mind (Siegel, D. 2007). MBSP integrates these two powerful modalities for a greater transformation and integration of the Self.

The bodies of knowledge surrounding the meditative disciplines and the libraries of spiritual literature contain the best maps for the exploration of expanded states of consciousness. These maps equip one to journey into the meditative realms with ideas, images and technologies that are key to unlocking the doors of perception.

In the practice of holistic somatic psychotherapy, we have found mindfulness meditation to be a most practical and efficacious adjunctive method. For self-healing, we will discuss Vipassana, or insight meditation. In the simplest terms, Vipassana meditation consists of the experiential observation of mind and matter, an exploration of one's own consciousness. In Vipassana meditation, a person learns to monitor or track the flow of one's moment-by-moment experience, developing her concentration and deepening her awareness. It is through this process of sustained observation and awareness, along with breath practice, that one develops the capacity to see more clearly into each moment, to be more fully aware and present within the moment as it arises. The meditator over time develops the ability to move from the process of observing the contents of the mind to a more detailed inquiry, looking into the nature of mind itself. Vipassana meditation seeks to develop the objective self-observer, also known as the witnessing mind, and to see reality and the self from a more objective and detached, yet minutely detailed, perspective. Seeing clearly into the contents of one's mind and into the moment as it arises, leads to the collapse of the subject/object duality—the experience of no separation between the meditator and the state of meditation. With this consciousness, there is a phenomenological shifting from I-centered awareness towards the non-dual perspective of awareness of that which is ever-present, always existing and ongoing even in deep, dreamless sleep.

Here we will discuss two types of Vipassana meditation. The first method is a focusing of the meditator's mind on the process of breath counting and/or inhalation and exhalation. Concentrating on her breath, the meditator places her awareness on the tip of her nostrils and attends to the awareness of the breath as it enters and leaves her body. The meditator may silently repeat the words "rising" and "falling" or "in" and "out." This practice helps to cultivate a proficiency of heightened concentration in order to study, reflect and examine states of awareness moment by moment.

The second method of Vipassana utilizes the technique of examining the body/mind process through a detailed monitoring and labeling of present-centered experience. An example would be the making of mental notes as internal phenomena rise to awareness—a precise, silent noting, without interpretation or judgment, of inner processes as in the following sequence: thinking, thinking, feeling, feeling, smelling, smelling, hearing, hearing, tasting, tasting, sound, sound, etc. This is called Bare Attention with Noting of Mind Moments. The meditator is instructed to probe deeply into the place from which these phenomena arise in order to cultivate understanding or insight and consequently become capable of learning to detach from awareness arising during this activity. After a period of time, the person develops a state of mindfulness; i.e. the person has become aware of her moment-by-moment present-centered experience, including all body/mind patterns, and is then able to make a conscious choice to detach or dis-identify from those patterns.

We see traditional psychological approaches, whether they be analytic, psychodynamic, Gestalt-relational, cognitive behavioral or humanistic, as useful for the diagnosis of personality disorders as well as effective for accomplishing the goals of personality and self-restoration, and corrective emotional experience through treatment of self-disorders, healing trauma and overcoming abuse. On the other hand, the transpersonal or meditative disciplines function to deepen and create a progression (inclusion) of dis-identified psychological experience along a continuum that leads the client to open pathways towards transcendent and higher order change. When these approaches are used in conjunction with each other, the self and its life issues are seen in an integral model of development upon all levels, in all quadrants and along all lines viewed to include the gross, the subtle, the causal and, finally, non duality

Conclusion

Therefore, we see the need for exploration of the transpersonal-mystical aspects of the Self as equally important to the exploration of the ego and personal unconscious. This exploration must accompany the effort of probing deeply into the psyche in order to uncover the reservoir of untapped states of wellness, harmony and cohesion contained therein and to help foster the ongoing cultivation of personal wisdom and knowledge. In this state of integrated awareness, energy is made available not only for healing, but also for higher order self-functioning and for the restoration and development of the facility for creative expression in the world. It indicates that in the future, psychotherapy will unlock the healing forces of the body and unleash the vast potential of body wisdom, self-health and knowledge that is contained within the core, or creative unconscious, and make it possible for us to elucidate the meaning of illness and wellness by understanding the human being as an evolving, integrated, mind-manifesting species.

References

- Alexander, R. 2009 , *Wise mind, open mind: finding purpose and meaning in times of crisis, loss and change*. Oakland, CA: New Harbinger.
- Dabrowski, K. 1964, *Theory of Positive Disintegration*. Boston: Little Brown and Co.
- Davidson, R. J. 2000. Affective style, psychopathology, and resilience: Brain mechanisms and plasticity. *American Psychologist* 55 (11):1196–1214.
- Kornfield, J. & Goldstein, J. 2001. *Seeking the heart of wisdom*. San Fransico: Shambala
- Lazar, S., and D. J. Siegel. 2007. *The Mindful Brain: Reflection and Attunement, and the Neuroplasticity of Mindful Practice*. Lecture presented at the UCLA Extension and Lifespan Learning Institute's Conference on Mindfulness and Psychotherapy, October 7, Los Angeles, CA.
- Reich, W. 1984. *Character Analysis (3rd Ed)*. New York: Farrar Straus & Giroux.
- Rosenberg, J, Rand, M.L., Asay, D 1985. *Body, Self and Soul; Sustaining Integration*. Atlanta : Humanics, Ltd.
- Siegel, D. J. 2007. *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being*. New York: W. W. Norton and Company.
- Siegel, R, C. Gerner, A. Olendzki. 2009. *Mindfulness, what is it? where did it come from?* The National Institute for The Clinical Application of Behavioral Medicine: www.nicabm.com.
- Suzuki Roshi, 1970, *Zen mind, Beginner's Mind*. San Francisco: Shambala.

Biography

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How does material in this manuscript inform the field and add to the body of knowledge? If it is a description of what we already know, is there some unique nugget or gem the reader can store away or hold onto? If it is a case study, is there a balance among the elements, i.e., back ground information, description of prescribed interventions and how they work, outcomes that add to our body of knowledge? If this is a reflective piece, does it tie together elements in the field to create a new perspective? Given that the field does not easily lend itself to controlled studies and statistics, if the manuscript submitted presents such, is the analysis forced or is it something other than it purports to be?

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To ensure the confidentiality of any individuals who may be mentioned in case material, names and identifying information have been changed. It must be understood, however, that although articles must meet academic publishing guidelines, the accuracy or premises of articles printed does not necessarily represent the official beliefs of the USABP or its Board of Directors.

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First consideration will be given to articles of original theory, qualitative and quantitative research, experiential data, case studies, as well as comparative analyses and literature reviews. Submission of an article to the *USA Body Psychotherapy Journal* represents certification on the part of the author that it has not been published or submitted for publication elsewhere.

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