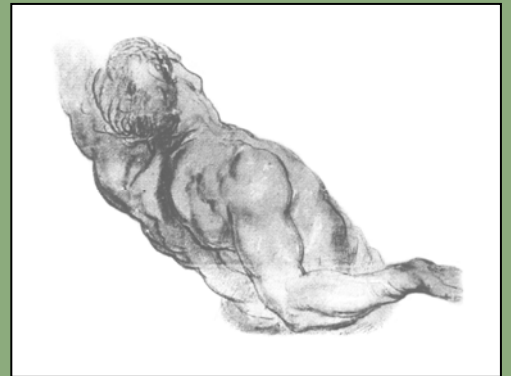


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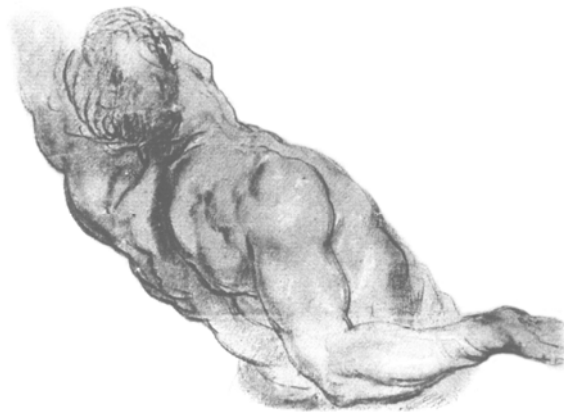
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USABP Mission Statement

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

Developing Sensitive Attunement: Contributions of Traditional Practices to Therapeutic Joining

Vivian Gay Gratton

Abstract

Heightened sensitivity, due to temperament or trauma, often results in difficulty with primary and subsequent attunement and attachment. This disjoint is experienced as fragmentation not only in the individual, but also in the family and community. Research in neurobiology is revealing how the structure and function of the neurological system is affected by arousal and by failures in attunement. Psychotherapy, through intentional and relational work, provides an opportunity to repair failures in attunement and to achieve integration. Three traditional somatic spiritual practices, aikido, music, and relationship with nature, are examined to identify practices that can be incorporated into psychotherapeutic practice. Examples of application of these practices in therapy with children and adults who experience high sensitivity and rapid arousal are presented.

Keyword

Attunement, Sensitivity, Aikido, Music, Psychotherapy

Developing Sensitive Attunement

Introduction

Alex's mother had told him that someone would be coming to his class to help him. It was not hard to find this boy who was about to be expelled from preschool. He was running around the room as the teacher tried to organize circle time. When he did sit down, he scooted back and forth, jostling other children, upset that another child did not want to sit next to him. He sang louder and faster than everyone else — every song punctuated by very authentic-sounding train whistles. The teacher looked at me. I settled down a few feet behind Alex, reached deep into the earth and far out to the wild world beyond the room, seeking energy and space to meet and hold Alex in an environment that I too found irritating. Then I began to pass this energy through to him, and to open more fully to his energy. Over the next ten minutes he steadily scooted back and I scooted forward until, with his final scoot, he settled his back against my chest. We had come into a rhythm together, into attunement.

I would work with Alex and another boy, Ben, for the next two and a half years, most of it spent tromping through woods and creeks. Intent on finding ways that sensitivity could serve communication despite the challenges it presented to interpersonal connection, I enrolled in a graduate program in counseling psychology and began training in the martial art of aikido. This paper is my report on this multi-modal exploration of attunement. While the focus of this exploration is attunement with the highly sensitive, the practice of training in grounded and sensitive attunement extends to all efforts to connect with others, in and out of therapeutic environments. To be conscious in the world demands both sensitivity and groundedness, and it is an act of hope and commitment to train ourselves so that we may be conscious and present in relationship amidst the exquisite beauty and great pain around us.

Stern (2004) first used the term *affect attunement* in 1977, to describe the process by which a mother communicated to her infant an understanding of both what the child was doing and the feeling that the child was experiencing. This attunement was achieved through “selective and cross-modal imitation” (p. 84). Mother and child used tone, rhythm, touch, gesture, expression, and changes in timing and intensity in a dance of mutual excitation and regulation. This seminal work spurred ongoing investigations by many researchers into the nature of this formative caregiver-child intersubjective communication and how it related to attachment between children and caregivers and to child development.

Jaffe, Beebe, Feldstein, Crown, and Jasnow (2001) found that the dialogue between preverbal infants and adults had a rhythmic coupling that was coordinated by not only adult, but also by infant (p. 93). It became understood that children, from birth on, can detect changes and correspondences in timing, intensity, and form in the behavior of others, and that, as infants develop, their interest in the behavior of others changes (Stern, 2004, p. 85). Through this relational developmental process, children develop working models of self, other, and the intersubjective matrix. It is in the first years of life that the basic framework for understanding the intentions of others, of conveying personal intention, and of participating in shared intention is laid down.

Alex and Ben both experience great difficulties in the land of intersubjectivity and both are diagnosed with Sensory Processing Disorder (SPD). Alex also has a diagnosis of Attention Deficit/Hyperactivity Disorder (ADHD), and presents with Generalized Anxiety Disorder. Ben was diagnosed with Asperger's Disorder and Tourette's Disorder. These two very intelligent children have been a challenge to their parents, caregivers, and teachers since they were babies. It is common for SPD to be associated with learning disorders, particularly autism spectrum disorders (ASD) and ADHD (Wallis, 2007, ¶ 6).

(Autism spectrum disorders range from high-functioning to low-functioning, and include Autistic Disorder, Asperger's Disorder, and other less common disorders.) Sensory Processing Disorder is a diagnosis currently made by occupational therapists, based upon evidence of deficits in assimilating, integrating and responding to sensory signals from the five classic senses as well as proprioceptive (inner body movement awareness) and vestibular (balance awareness) senses. It is now being considered for inclusion in the Diagnostic and Statistical Manual (Wallis, 2007, ¶ 6).

Along with a rise in awareness and identification of SPD, particularly among children, there has been a growing interest in the designation, *highly sensitive*, as defined by Aron (2007) to refer to individuals with nervous systems that are "more sensitive to subtleties" and who possess "senses that are not necessarily keener (although they may be), but the brain processes information and reflects on it more deeply" (¶ 2). Clearly there is a large overlap between Sensory Processing Disorder and high sensitivity. In fact, Aron & Aron (1997) use *sensory processing sensitivity* (SPS), a term very like SPD, replacing the term 'disorder' with the less pathological 'sensitivity.' Meyer, Ajchenbrenner & Bowles (2005) used this same term, SPS, in a study correlating sensory sensitivity and attachment experiences of adults with Borderline and Avoidant Personality Disorders. For the purposes of this paper, the term *sensory processing sensitivity* (SPS) will be used to refer to people who have either diagnosed Sensory Processing Disorder, or who exhibit a high level of sensitivity.

In my clinical field placement I see four older adults with significant to severe childhood trauma in early attachment experiences, which include incest, physical abuse, ongoing death threats, and severe depression exhibited by both parents. Only one of these individuals meets the requirements for posttraumatic stress disorder (PTSD) in the Diagnostic and Statistical Manual, 4th Edition, Text-Revision (American Psychiatric Association, 2000, pp. 463-468). However, three would qualify for the diagnosis of complex posttraumatic stress disorder/ disorders of extreme stress, not otherwise specified (PTSD/DESNOS), or developmental trauma disorder, proposed by the National Child Traumatic Stress Network Workgroup on Diagnosis (van der Kolk, & Courtois, 2005, p. 387). This classification includes symptoms that include affect dysregulation, dissociation, somatization, and alterations in perception and relations with others (van der Kolk, Roth, Pelcovitz & Spinazzola, 2005, p. 389). The remaining client presents with depression. All of these adults present with high sensitivity that appears to have been present from early in their lives. It is difficult to parse how much of this sensitivity is inherited and how much is the result of traumatic attachment experiences, abuse, and neglect. Three of these clients have ADD, and one of these three also has ASD. Music is important, and dissonant sound is distressing to all of them. One has extraordinary sensitivity with animals. All have significant to high sensory defensiveness. These four clients can all trace sensory defensive characteristics, ADD or ASD, and/or mood disorders through their families.

There appears to be a great overlap between sensory processing sensitivity, ADHD, ASD, and trauma disorders. Despite this overlap, these different disorders are usually treated separately. Children with SPD and other diagnosed learning disorders are treated by special education specialists, while children with emotional disorders are treated by mental health specialists. Rarely is treatment for comorbid disorders integrated, and often the SPD, the learning disorders, or the mental health issues go untreated. Sadly, this lack of integration in treatment mirrors the individual's own difficulties with integration. Further research into the relationship between these disorders would benefit the many people who struggle with challenges in processing sensory input and with comorbid mental and emotional challenges.

Misattunement.

Much of current research in attachment and trauma focuses on the tragic failure to attune and the egregious abuse and neglect of children by parents or other caregivers. Siegel (2002) argued that parents with unresolved trauma are impaired in response flexibility and autoeotic consciousness (the awareness of self as a continuous being through time). In addition, he noted that the parents are often in a frightened, aroused state, and act out of this state. These behaviors, born out of parents' own developmental survival strategies, result in the intergenerational transfer of trauma and psychic disorganization (p. 117).

Another perspective is offered by Morgan, Wang, Rasmusson, Hazlett, Anderson, & Charney (2001) in their study of neurochemical responses to uncontrollable stress. They found that individuals differed *before exposure* in their vulnerability to uncontrollable stress. The question remains whether this vulnerability existed in infancy, or was acquired early in life through disorganizing attachment experiences as Siegel proposes. Possible evidence of temperamental vulnerability was presented in Anzalone's (2001) work with the classic "still-face" experiment, in which a mother engages with her infant for several minutes, then switches to a still, non-expressive face, with no talking or touching. Normally, a well-attuned, securely attached infant will become upset when the mother becomes still. Anzalone (2001) found the opposite was true for observed sensory-defensive children (p.23). A child's temperamental vulnerability could be compounded by disorganizing attachment or by an inability of caregivers to come into sync with a child whose needs, and expression of those needs, run counter to generationally and societally learned parenting practices. My experience with young and adult clients leads me to believe that sensory processing sensitivity makes one more vulnerable to uncontrollable stress. This suggested vulnerability might be the result of either differences in neurobiological structures or in the challenges that children with SPS pose to caregivers, or a combination of these two factors.

Individuals with SPS and those with attendant ADHD or ASD often, though not always, have "good-enough" parents. However, they may still have trouble with attunement with these primary caregivers. These difficulties may stem from the child's sensory defensiveness, as well as from possible parental sensory defensiveness and comorbid disorders. Parents may become overwhelmed by the work of responding to their children and of providing some protective interface between them and

the rest of the world. Aron & Aron (1997) spoke of the challenge of raising sensitive children: “Besides their childhood traumas, sensitive children are no doubt difficult to raise anyway, and much of the task of raising them probably involves helping them to contain and reframe their fears and sadness due to perceiving so much that is distressing and that goes unnoticed or unreflected by other children” (p. 363). The match of both a parent and a child with SPS can be either beneficial or deleterious, depending on the parent’s awareness and capacity to handle his or her own and the child’s sensory defensiveness.

Schore (2002) argued that trauma is fundamentally relational and cumulative, stating that “affectively charged traumatic memory is . . . a re-evocation of a prototypical disorganized transaction with the misattuning social environment that triggers an intense arousal dysregulation” (p. 21). While misattunement with a child’s first relationships plays a very strong role in lifelong difficulties with attunement, difficulties in coming into sync with peers and the greater social environment should not be overlooked. Classrooms are crowded and full of noise, and there are few opportunities for seeking out special, safe places. The social code expected by other children and by teachers can be very limiting in scope. Sensitivity around noise or cruelty to animals often leads these children to pull away or to strike out. Aron & Aron (1997) note that some people with SPS tend toward characteristics of “low sociability and high negative emotionality . . . the former as a strategy to avoid overstimulation, and the latter as the result of an interaction of the trait with aversive or socially unsupported early experiences involving novel stimuli” (p. 350). Meyer et al. (2004) found a relatively strong linkage between temperamental sensitivity and both Avoidant Personality Disorder (APD) and Borderline Personality Disorder (BPD) features, and were able to identify differences in responses to hypersensitivity between people prone to BPD features versus those with APD features. Those with BPD, although hypersensitive, tended to be physiologically hypo-responsive, and compensatorily more impulsive, while those with APD were more avoidant of stimulation (p. 654).

Both Alex and Ben suffered from ostracization and isolation at school. They both said or did inappropriate or odd things, or simply did not jibe with the other kids. They also both had a history of hitting other kids. The two boys were quite different from each other despite their shared sensitivity and impulsivity. Ben loped along from side to side as he walked or ran. He could go forever once he reached a steady speed. Alex zipped, zigzagged and stopped abruptly, then shot off again. Their speaking cadence mirrored their gates. Alex was mercurial in anger; Ben’s fury was slow growing and slow dying. The boys could make each other angry, but they didn’t make the other into a bad person. Sometimes I picked Alex or Ben up from school. There I saw how the other parents, teachers, and children looked at these boys and I was saddened knowing the years of school that they would have to endure.

My experience with clients and with others with sensory processing sensitivity suggests that avoidance may arise not only as a defense to overwhelming stimulation, but also as a way of holding safe what one experiences, but that others do not perceive or reflect. One adult client related to me his childhood experiences with the frogs at the neighborhood creek and his great distress at the torture of these animals by other children. He had had a relationship with the frogs. Another individual told me of the first time when she recognized her parents could not perceive what she could. It was a devastating moment, and one in which she realized she must keep what she knew safe, not just from being misperceived, but also from being negated by her parents’ inability to sense what she sensed. Martin Prechtel (2002), who as a young man traveled to Guatemala and became a village member and shaman, wrote of his childhood, “In my youth the things I thought, that I slowly found I shouldn’t share and what my quiet, animal-like soul felt and understood, left me stranded for human company in a kind of spiritual isolation” (p. 110).

Healthy Attachment and Affect Regulation

Attunement, and repairs of misattunements, are central to healthy attachment and to the ability of individuals to achieve affect regulation. Good affect regulation allows a person to have curiosity and creativity while also taking care of survival needs. Development of affect regulation is achieved through attunement or mutual regulation with a primary caregiver. Trevarthen (1990) stated that “the intrinsic regulators of human brain growth in a child are specifically adapted to be coupled, by emotional communication, to the regulators of adult brains” (p. 357). Zeedyk (2006) spoke of this intersubjective communication as a “corporal choir of visual, auditory, tactile, and kinetic modalities,” with exchanges following “a reliable pattern of ascending and then descending levels of pleasure, in which the building excitement reaches an interim climax that is followed by a brief period of repose, during which time each partner can regain control over their arousal level” (p. 322). These arcs of anticipation, climax, and denouement were given the term *vitality affects* by Stern (2004, p. 36) in his exploration of the present moment. Attunement is rhythmic, improvisational and synchronized. Lester, Hoffman, and Brazelton (1985) remarked that, in attunement, “synchrony develops as a consequence of each partner’s learning the rhythmic structure of the other and modifying his or her behavior to fit that structure” (p. 24).

Learning involves making many mistakes; both partners often get out of tune. The “good-enough” caregiver is able to repair misattunement readily and to reestablish attuned regulation of the child’s negative state following misattunement. This repair and retuning is made possible by the caregiver’s ability to be aware of and to self-regulate his or her own affect (Schore, 2003, p. 39). I believe that it also depends upon the caregiver’s ability to be aware of and understand the inner experience of the child. This is easier when the child’s resonance is similar to that of the caregiver and is more difficult when there is a greater difference in resonance between child and caregiver.

Ongoing studies of the development of self-regulatory capacities during early attachment experiences aid our understanding of what goes awry in the development of the self and offer insight into the workings of the therapeutic relationship. We change and grow through the process of attunement, not just in childhood, but to the ends of our lives. Siegel (2002) reported that neurobiological research suggests that the brain continues to develop throughout life (p. 89). It is this generative capacity which we rely upon when client and therapist work together to heal past traumas and to achieve greater regulation, integration, and flexibility. The process of imitation is instrumental in this healing.

Meltzoff & Moore (1994) proposed that “imitation is to understanding people as physical manipulation is to understanding things” (p. 96). When children or adults do not feel understood, they experience either the inability of others to imitate them, or their own inability to perceive imitation. In either case the result is isolating. Imitation is much more nuanced than simple parroting. Zeedyk (2006) proposed an expansion of the idea of imitation to include not only turn-taking behaviors, but also overlapping or simultaneous actions or states, as well as a variety of forms including: postures, emotional expressions, and sound. These “imitations” could be accomplished through rhythm, pitch, timing and intensity (p. 334). Imitation is an exchange of energy and information— a sharing of two minds through all of our expressive and receptive capabilities.

Why is imitation so important to attachment and affect regulation? In imitation the object of attention is self-oriented, and the attender is other-oriented. The process of imitation is reciprocal as both partners spontaneously switch roles. Through this attending and being attended to both partners cyclically extend curiosity to the other and allow exposure of themselves. This process builds engagement and boundaries, thereby allowing a sense of self and a sense of belonging to develop (Zeedyk, 2006, p. 332). When a person is in high arousal or sensory overload, it is much more difficult to attend to another or to be the subject of attention. Caldwell (2006), who works primarily with people with severe autism spectrum disorders, hypothesized that, for people with ASD, “the level of stress rooted in sensory confusion is what undermines the brain’s ability to function” (p. 280). I find this hypothesis to ring true with my own work with people with SPS and with less severe ASD. To enter into imitation with someone with SPS, it is necessary to stretch out of the familiar and comfortable and into the experience of hypersensitivity. In my work with Alex and Ben, it was often a very physical experience.

One afternoon the boys and I were walking back to the car after climbing to an overlook. Alex thought Ben was too slow, so was banging into him. Ben was banging back. Under this irritation was something we all shared — proprioceptive needs. Like most people with sensory processing sensitivity we each craved compression of our joints. Banging into each other provided this, while also expressing irritation and frustration. The danger was that all three of us were also sensory defensive. Sudden and unexpected touch could send us into overwhelm, and when the boys went into overwhelm, they struck out or ran off. I told Ben that I felt tired of walking. I needed a bump. He ran up to me and bumped me from behind. I went shooting ahead laughing. Then Ben wanted a bump. Then Alex. We bumped each other all the way to the car. Over the next year, we returned to the bump many times, and, as we did, we became more skillful, learning how to bump with the right intensity and timing for the person and situation. We learned how to invite a bump, announce a bump coming, and to refuse or avoid a bump. We imagined actually bumping people in all the daily situations in which this desire arose, and we talked about what we had to do to restrain this impulse. Then we bumped each other some more.

Another response to high sensitivity is to avoid contact. One adult client, Daniel, looks away frequently as we work together, particularly as the work brings up strong emotion, yet, when he looks at me, he is extraordinarily present. I wonder at how he has held onto this sensitivity and presence. I believe that looking away is what saved the sensitivity in his eyes, the same sensitivity with which he carries on a very nuanced conversation with his small dog that often comes to sessions with him. To join with Daniel, I must tune my sensitivity or he will be left stranded when he turns to look at me. Daniel’s avoidance does not feel like an inability to connect so much as a fear, grounded in life experience, that important others cannot connect with him.

A Wide View of Attunement

While research has focused primarily on affect attunement between child and caregiver, my experience in training attunement, and in working with clients to achieve attunement, invites an expansion of this definition. I recognize attunement as occurring in four realms: intrapersonal, interpersonal, group, and environmental, or universal. Various practices of training attunement may focus on one or more of these realms. For example, musical training can build the capacity to achieve resonance within the self, with another, with a group, and, sometimes, with the universe. In my first meeting with Alex, I drew upon a practice of tuning in with the environment that is common to many indigenous spiritual and meditative practices. This deeper, fuller tuning allowed a strong enough resonance, a deep drone and drumbeat, to hold and organize Alex’s and my own rhythms within the chaos of the preschool classroom. I use this same practice with adult clients in the therapy office. While the office may look less chaotic, the clients, and I, bring in energy that must be grounded and contained in order for us to use this energy for healing and growth.

The neurobiology of attunement, attachment, and affect regulation.

Research in the neurobiology of attunement allows us to look at what is occurring at the phenomenological level — in the moment of connection and missed connection. Our neurological systems are responsible for taking in information from

within and without the body and for producing responses to these signals. In order to understand how sensory processing sensitivity affects attunement and affect regulation, it is necessary to explore, at least briefly, the nature of the mind and its development. Siegel (2001) defined the mind as “patterns in the flow of energy and information” which can flow within one brain or between brains (p. 69). I would add the suggestion that this flow of energy and information can also occur between a human mind and other energetic systems, such as animals or the earth as a whole. Siegel (2001) described the relationship of mind, brain, nervous system and body as follows:

The processes of the mind emanate from the structure and function of the brain. The brain itself is an integral part of the central nervous system, which is fundamentally interwoven within the whole body The patterns in the flow of energy and information, the essence of the mind, are a product of both bodily (neurophysiological) processes and interpersonal interactions. (p. 70)

Integration, or lack thereof, is a key quality of mental function. Integration refers to the “ways in which functionally distinct components come to be clustered into a functional whole” (Siegel, 2001, p. 70). When integration is compromised, a person does not function optimally. Dissociation and dysregulation result from a breakdown in integration. Research in the neurobiology of attachment reveals that integration is achieved through the process of communication, and that emotion is key to this integration. To heal failed or traumatic attachment patterns, therapist and client are called upon to become aware of and to communicate emotions, a task which the client found and still finds very difficult and/or negating.

Communication is served through neural mechanisms such as mirror neurons and adaptive oscillators. Mirror neurons are neurons that fire both when an action is performed and when one observes (visually, auditorally, tactilely, or otherwise) an action performed. The mirror neuron system has another quality that is very important to communication; it is sensitive to goal-directed actions, or, intentions (Stern, 2004, p. 79). In other words, this inner imitating system picks up those actions that are the most charged with focused energy, or intention. Hence, intention, and especially shared intention, is crucial in the psychophysical conversation of therapy. The neural system also makes use of adaptive oscillators, which allow us to come into synchronization with incoming signals. These adaptive oscillators “act like clocks within our own body . . . and their rate of firing can be adjusted to match the rate of an incoming stimulation” (Stern, 2004, p. 80). In the “bumping” example, Alex, Ben, and I were learning to come into sync with each other’s rhythms. When we did not, the bump was more of a clunk, and an irritation rather than an enjoyable pulse in our physical conversation. We used both mirror neurons and adaptive oscillators to reach the enjoyable synchronization.

People who experience hyperarousal and affect dysregulation can have great difficulty with the experience and communication of emotion. Research is showing us that emotion plays a very important role in neural integration. Siegel (2002) reported:

Recent theories of the neurobiology of emotion suggest that the limbic region, which includes the orbitofrontal cortex, the anterior cingulate, hippocampus, and amygdala, has no clearly definable boundaries. This finding of widely distributed neural integration suggests that the functional integration of a wide array of anatomically segregated processes, such as perception, abstract thought, and motor action, may be a fundamental role of the brain. Such an integrative process may be at the core of what emotion does and is. (p. 96-97)

My client, Sandra, frequently reports antithetical emotional reactions to the same situations. She is often not aware of the dissonance, while I find it disorienting to listen to these contrary emotional experiences. There is a fundamental lack of integration, and only a nascent center or core. Our only foothold is with moment-to-moment experiences, which we can track, along with attendant emotions, slowly and carefully hooking up somatic experience, thought, and emotional experience.

Perception and Arousal States

Psychological health can be assessed by the qualities of neurological complexity and integration. Complexity, expressed as flexibility, creativity, emotional range, and openness, operates in the space between boredom and anxiety. Integration, the ability to connect disparate systems — right and left hemispheres, body and mind, past and present, separateness and connectedness — may be the process by which complexity operates. When a system cannot move toward complexity, it is stressed, and individuals respond to stress in one of two ways: moving toward greater rigidity and boredom or toward greater chaos and anxiety (Siegel, 2002, p. 5). Schore (2002) noted that:

[People with PTSD] show severe deficits in preattentive reception and expression of facially expressed emotion, the processing of somatic information, the communication of emotional states, the maintaining of interactions with the social environment, the use of higher level more efficient defenses, the capacity to access an empathic stand and reflective function, and the psychobiological ability to regulate, either by auto-regulation or interactive regulation, and thereby recover from stressful affective states. (p. 23)

Another client, Ann, stated at our first meeting that her goal was to be able to inhabit the middle ground between “shut down” and overwhelm. Like Sandra, this is narrow and challenging territory. We discovered that common grounding meditations put Ann into the experience of overwhelming emotional pain. She grounded into her pain. This was not supportive to her health and her therapeutic work. We then found that she could gain a base of support through connecting her heart center to her spiritual source. This brought a calming to her nervous system and more freedom of movement mentally and emotionally. However, when Ann was under greater stress, even connecting her heart to spirit was too much for her, quickly bringing on migraine symptoms. These experiences, along with Ann’s and my shared intention to find and return to this window of calm and freedom, have taught me how sensitive and focused practitioners must be when hovering near the border between healing resolution and unresolved overstimulation.

Studies of the brain structures of children who were abused revealed reduced development of the corpus callosum, the brain tissue that is responsible for transferring information between the two hemispheres of the brain (DeBellis, Keshavan, Clark, Casey, Giedd & Boring, 1999). Autism is also associated with a smaller corpus callosum. Piven (1997), in comparative studies of brains of people with and without autism found multiple abnormalities in size and proportion, which he attributed to “poor connectivity or communication throughout the brain.” He remarked, “I think this is part of an overall pattern showing that different parts of the brain are out of sync with each other. This makes you think that those areas might be disconnected functionally” (9).

Sensory processing sensitivity is highly associated with autism and with other learning disorders. However, it can also exist on its own, without comorbid disorders. Heller (2003) describes the range of sensory defensiveness:

The mildly defensive experience somewhat unstable arousability, get more quickly on edge and, as the day progresses, find it harder to recover until they feel exhausted. The moderately defensive experience more unstable arousability and more quickly ratchet up into overload and exhaustion. The severely defensive experience extreme arousability that precludes comfort and live in a state of overload and shutdown. As arousability becomes increasingly unstable, various forms of psychopathology and disease become increasingly inevitable. (p. 89)

I propose that, whether due to trauma or to temperamental sensory processing sensitivity, there is impairment in integration that is predicated on an overwhelming of the system, resulting in either greater dissociation and rigidity, or greater anxiety and chaos. Either of these two states indicates a lack of neurological integration. As sensitivity or trauma increases, neural connectivity decreases unless there is sufficient ground and environmental resonance to support management of the increase in information and energy experienced. I suggest that attending intently to the window between shutdown and overwhelm, the realm of greater complexity and freedom, will allow for greater integration, and hence, greater psychological and physical health. Healing happens when therapist and client are able to move back and forth over the borders of the window. To be able to access and open wider this window requires that both therapist and client train themselves in practices of grounding, centering, receptivity, entering, and joining. These qualities provide the base of support and the shared intention and curiosity needed to move while in frightening territory. Through training these capacities the client will develop the somatic awareness and facility needed to continue to regain balance and to access creativity and freedom in processing energy and information.

Training the Capacity for Sensitive Attunement

While attunement can be experienced in the realms of self, other, community, and universe, these experiences are not phenomenologically separate. Attunement does not start with the self and move outward, but is a continuous dance between different layers of systems. The individual touches the universal when grounding and centering. Dyads and small groups shift and re-form like children at a play structure, coming together and sliding apart and coming together again. The setting sun and the coming of evening alter the ways that we breathe and move. Although I may separate these realms to discuss separate practices to strengthen attunement, the deepest practice touches all realms in the same breath.

Intrapyschic Attunement Practice

Much has been written about the benefit of meditative and mindfulness practices for therapist and client alike. Diverse spiritual traditions share a common practice of cultivating mindful awareness through some form of meditation. Siegel (2007) proposed that mindful awareness practices draw upon aspects of the same neural mechanisms employed in infant-caregiver attunement. This proposal is supported by his recognition that both mindful awareness practices and attunement share a number of functions including: regulation of body systems, emotional balance, regulation of arousal states, attunement, empathy with others, and flexible responsivity, and that all of these functions occur within the prefrontal region of the brain, an area that is responsible for neural integration (p. 26-27). Neurobiology research is confirming what traditional spiritual practitioners have known for many centuries: meditation and mindfulness practices are essential tools for health and relationship.

Given the connection between attunement and mindfulness, it follows that individuals who have experienced deep, clear, and consistent attunement should have an easier time coming into mindful awareness. Those who did not have this experience would struggle more with regulation of their emotional states and somatic systems, and would also be challenged by interpersonal attunement. These same people may be drawn toward mindfulness practices though, as their conscious and unconscious impetus for wholeness seeks what will provide healing. Meditation practice is an important adjunct to many interpersonal therapeutic practices and is also a key component in Dialectic Behavioral Therapy (DBT), a therapy of choice for treating Borderline Personality Disorder (Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006, p. 465).

While aikido training is interpersonal in nature, it contains a number of intrapsychic practices that support the relational work. Primary among these are purification, grounding, and centering. Prior to partner training, aikidoka (aikido practitioners) practice both stretching and purification practices. While the stretching serves to warm up muscles, it also is used to bring focus to breath, center, and ground, and to enhance responsiveness in preparation for partner training. Traditional purification practices involve: gathering, grounding, and extending energy; becoming equally aware and energetically fluid in all directions; and focusing on particular qualities while doing breath or energy training. Because aikido techniques work poorly or not at all without sufficient grounding and centering, aikidoka receive immediate and frequent feedback during partner training regarding weaknesses and growing strengths in their internal practices. This allows for the continuous intercalation of intrapsychic and interpsychic attunement practices.

In my work with Alex and Ben, it was nature that provided the venue for intrapsychic attunement. While I never instructed the boys in sitting meditation, we did use the opportunities that nature presented. Crossing a log over a creek invites mindfulness and grounding, as does putting a hand deep into an underwater percolating spring. My adult clients are open to being led into meditative practices. One man, Eric, who has experienced PTSD symptoms for almost sixty years, accesses mindfulness most easily through song. While he came to therapy wishing to unload what was on his mind, he is beginning to find ways to use his great love of, and ability in, singing to manage his rapid arousal. Singing involves attention to breath, as does meditation. Singing is movement, and as Eric attends to the inner movement needed to generate song, he enters moment-to-moment consciousness. In my most recent session with Eric, he sang “Silent Night.” During this singing Eric’s energy state changed from face-contorting agitation associated with his memories to a deep stillness. His breathing, which is often strained, eased and steadied. A softness settled into him and flowed out into the room. The poet Rumi wrote “Go through the ear to the center/ where sky is, where wind/ where silent knowing . . . (trans. 1995, p. 253). Music takes Eric into inner attunement.

Interpersonal attunement practice.

What drew me to aikido was the opportunity to regularly practice interpersonal attunement with a variety of training partners. There was also the physical enjoyment of the art, one that allowed for a lot of proprioceptive feedback with less risk of injury than most contact sports. When I first came upon research in neurobiology, I was struck by the high correspondence between the processes involved in neurological development and integration and the practice of aikido. Siegel’s (2001) definition of the mind as “patterns in the flow of energy and information” which can flow within one brain or between brains (p. 69), reflected my experience of aikido, especially if “being” was substituted for “brain”, and if these beings included all life forces.

When we train body-mind to come into attunement, we come face-to-face with choices made earlier in our lives that have become habitual, shaping the patterns of our interactions and the structure and functioning of our bodies. These questions include: Can I travel to where you live? Can I allow you to touch me? Can we remain in contact despite our differences? Can we hold to our own centers and our connections to ground and universe while interacting intimately with each other? It is these questions that have become the focus of my study on the aikido mat and in the therapy office.

Losing and Regaining Balance

Early in my training I was working on the technique *irime nage* in which the nage (the one who receives the attack and does the technique) slips behind the attacker (uke), blending with the attack and drawing it out and down with a circular motion while simultaneously drawing the uke’s head into nage’s chest. The circular motion then swoops upward, until the uke is drawn up and away from the ground, at which point uke stretches out and slides down to the ground. (For references to Internet accessible videos of specific aikido practices, see Appendix.) *Irime nage*, like every technique, provides an avenue for transference to show up. With one nage I found myself going into a panic, my shoulders and neck bracing for a fight. Then we switched partners. As my new nage pulled me in, I gasped as a great wash of love and longing rolled through me and I lost sense of my feet. With each partner I lost my center, but in very different ways. I had dropped into two different attachment experiences and responses that lay in the world of implicit knowledge. Bit by bit I have been learning how to hold center and to open myself as I give myself to the practice of this technique.

Implicit knowledge includes emotional, somatosensory, behavioral, and perceptual memory, which is encoded within the mind-body. This knowledge is present at birth and is accessed without the process of recalling (Siegel, 2002). It is accessed through emotional and sensory-motor cues including sights, sounds, smells, and energetic experiences. That is why, in the course of ten minutes and without premeditation, I could powerfully access the experiences of fighting for self-protection and

of tumbling into my mother's arms. What was made possible by this experience in my training of attunement was: (a) the making explicit of the implicit, and (b) the rebalancing of my energy between other and self. While I could not give exact words and structure to the original experience, I could give story to the mirroring experience, looking to differences in the nages' techniques and energy as well as to the different intentions I brought to these two encounters to understand my different responses to intimacy and power. I could also make adjustments to my energy and intention that would help me stay safely in relationship throughout the technique. Staying in relationship in aikido is reinforced by the quickly absorbed knowledge that staying "center-to-center" allows for the greatest ability to respond to movement and, hence, to incur the least pain and fewest injuries.

Maai

Masciotra, Ackermann & Roth (2001), in their study of mutual attunement in the art of karate made the connection between the Japanese concept of *maai* and ways that we adjust and signal engagement with another. *Maai*, a blend of *ma* — spatiotemporal interval, and *ai* — harmony, is an essential concept within aikido as well as karate. Note that space and time are not separated in *maai*; rather, *maai* includes, at once, the experiences of spacing, timing, breathing, synchronizing and rhythmizing. Misattunements in *maai* are recognized as openings, and practitioners try to reduce openings to a minimum. This is not done by distancing or by thinking, but by remaining in moment-to-moment dynamic attunement. The nage gets into rhythm with the uke before the uke even moves. As a result, the nage does not fall into reactivity, but has the spatial-temporal freedom to enter into multiple possible movements that can blend with and resolve the incoming energy.

This opening of multiple possibilities is one of the keys to working with people who enter into arousal, whether this arousal is frequent, as with people with SPS or with pathology related to trauma, or less frequent, as is seen in adjustment disorders and crises. If practitioners can meet potentially disturbing energy from a position in which they can move easily and surely, then they have a better chance of helping clients reorganize toward creativity rather than survival. This moment-to-moment dynamic attunement is revealed as the well-timed response, a slight move forward or back, a change in vocal tone or rhythm, or a change in gaze. Through attention to *maai*, therapists can energetically model the management of energy that threatens to throw clients off balance, and the flexibility to quickly regain balance when thrown.

In the aikido practice of *jyu waza*, ukes may use any attack, and nages may respond with any technique. It is perfectly acceptable to start with one technique, find along the way that it does not work, and continue the flow until another technique arises. So it is with therapy. When clients travel along new response paths with therapists, it is akin to them learning a new aikido technique, a new response to an attack for which they may have previously known only one or two effective responses. The body-mind senses through the firing of mirror neurons how it feels to respond differently, thereby creating a template for recreating a healthier experience. Practice within or outside of the session helps to incorporate this new response into the repertoire of the client.

Vitality affects.

Morehei Ueshiba, the founder of aikido, directed his students, "Always practice the Art of Peace (aikido) in a vibrant and joyful manner" (quoted in Stevens & Krenner, 1999, p. 126). What does joy and vibrancy have to do with attunement? For anyone who has tried to hold on to a joyful experience, it is clear that joy happens in the present moment. Attunement happens in the present moment as well, and involves a vibrancy or aliveness that rises and falls again and again as the breath rises and falls in moment-to-moment awareness. Stern (2004) has determined that the present moment has duration of roughly 2-8 seconds, the duration of a phrase of music, poetry, or dance, and also of a phrase of communication between caregiver and child as they come into attunement. It is the duration of an experience that can be recognized as occurring in the present. Stern also noted that the present is temporally dynamic. He used the term *vitality affect* to refer to these temporally dynamic time-shapes that make up the present moment. These vitality affects are best described by kinetic terms, words such as rising, fading, sinking, exploding, reaching, and floating (pp. 33-36). He remarked:

We are immersed in a "music" of the world at the local level — a complex polyphonic, polyrhythmic surround where different temporal contours are moving back and forth between the psychological foreground and background. These temporal contours of stimulations play upon and within our nervous system and are transposed into contours of feeling in us. (p. 64)

Vickhoff & Malmgren (2004), in their discussion of why music moves us, recognized these vitality affects as the conveyances of emotion. They noted that people perceived high and low notes as spatially high and low, and that listeners tended to imitate the vitality affects of the music with their bodies. The sensorimotor dynamics of the musician and composer are transmitted to the listener, and this sensorimotor movement is perceived both as sensation and as associated emotion (pp. 17-22). Music literally moves us, and our movement creates a musical vibration that is perceptible to others.

The significance of this transmittal of sensorimotor dynamics for therapy is that the emotion that we are experiencing in the room with a client will be perceptible to that client through the vitality affects apparent in our voice, gesture, expression, and movement, as subtle as these may be. Expressions that run counter to our emotions will be picked up as contrary to other

signals we produce, and therefore will be perceived by the client as diminished coherence. The transmittal of emotion runs both ways, and the therapist also experiences, through the action of mirror neurons, the emotions of clients, as well as any lack of integration of emotion. If we are working with highly sensitive clients, their sensorimotor perception and internal imitation of therapists' emotions can be even stronger. Clients may respond in one of several ways to this perception: (a) they may experience the sensation and related emotion exquisitely; (b) they may experience the sensations and associate them with a different emotion; or (c) they may dissociate from the present moment experience, as a coping mechanism for being overwhelmed by the sensorimotor experience of others' emotions or of their mixed messages. To work with these clients requires a great deal of clarity and coherence, as well as attention to the reparation of out-of-synch attunement.

My client, Sandra, has very strong splitting and dissociating defenses to guard her from the present moment. Her affect can switch quickly, and there can be great dissonance between words and vitality affect, which can lead to my getting thrown off course. Upon considering how I would treat this energy on the aikido mat, my instinct was to slow time down, to hew strongly to a center column that reaches deep into the ground. I focus on drawing from this centering energetic pulse as I communicate with Sandra. In the most profound moments of our therapeutic work, when we are energetically joined, I often sense her movement toward "flying off." When I do notice this, I concentrate on settling myself just as I would if I had my hand on the wrist of an uke with errant energy. In this joining, we slow down and track sensations and emotions as they arise. With each new experience I let her know from this deep and centered core that I sense this experience, that it need not be pushed away, but simply observed as its vitality affect arcs through time and transforms into the next vitality affect. As this happens, we become surprised. It is unpredictable what will arise next. Letting go of expectation and patterned response allows surprise and wonder to arise. For someone who has protected herself from surprise due to a history of bad or overwhelming surprises, the sensations of wondrous surprise can be especially rich and moving. It is also a challenging journey as we can only stay in the present experience for minutes before a break is needed.

The Heart and Entrainment

It is a common practice in art and spiritual traditions to focus on a quality for a year. Last year I focused on wholeheartedness on and off the aikido mat. What I learned was that attunement was magnified as I entered into wholeheartedness, which had the qualities of both receptiveness and extension. The shifts that I noticed when focusing on wholeheartedness in my training included: greater flexibility in my joints and fluid responsiveness through my body and mind, more joy, a greater range of visual and tactile perception, easier blending, greater anticipation or intuition, quicker access and release of feelings, a sense of union with the universe, compassion and lightness with self and partner, increased energy traveling through me, and greater effectiveness with techniques. It became clear that I could perceive my partners' intentions most clearly when heart-focused, and that I transmitted my intentions most powerfully through my heart. As my awareness and intuition increased, I found much greater freedom of movement in the midst of the technique. I did not "push" the technique. This was a lesson that I could practice off the aikido mat and in the therapy room.

It has been reported that over sixty percent of the cells in the heart are neural cells, and the electromagnetic field that the heart produces is five thousand times more powerful than the electromagnetic field produced by the brain. This field is a constantly shifting torus-shaped spectrum of electromagnetic frequencies which cradle the body and which interact with electromagnetic fields of surrounding life forms (pp. 86-87). Buhner (2004) reported that energy and information most often is perceived by the heart first, and then flows to the brain. The heart also takes information from the brain about how to respond to input and further processes this response for greatest effectiveness and health (Buhner, 2004, pp. 82-83). My experience in aikido recalled my experience as a teenager guarding the soccer goal. My brain was too slow. I needed to respond before an attack was visible, to dive before I saw where the ball was going, I did this by tuning up my receptivity. The part of the body that I focused on to do this was the heart. This does not mean that the brain was not involved on the soccer field or the aikido mat. Visual and spatial processing as well as motor memory were put to work. Still, the focus on the heart made a big difference. I found that I could feel the rhythm of others and this informed my sense of the when, where, and how of their intentions. Entrainment, the phenomenon of one oscillating system coming into synchronization with another oscillating system was occurring (Buhner, 2004, pp. 59-62). Developing awareness of and capacity for entrainment — using my heart to extend and receive resonance, has served me equally well in athletics and in psychotherapeutic work. As electromagnetic as this sounds and is, this work is compassionate. It takes courage and caring to extend oneself beyond one's rhythm into that of another and to allow another to enter into one's internal heart resonance.

Robert Frager (1998), psychologist and 6th degree black belt in aikido, instructed, "If your energy is bigger than the attacking energy, then you will not go into reactivity" (personal videotape, 1998). McCraty's (1998) exploration of cardiac energy exchange between people shed light on the practice of empathy in therapy, as well as my experience in aikido and soccer. In this work, he found that as practitioners entrained themselves to clients' electrical waves, the practitioners' hearts could take on the disease patterns in the other. The practitioners then could use their somatic awareness to perceive the pattern, and employ their own somatic resources to alter this electromagnetic pattern back toward health and coherence. The client could then, if entrained by the practitioner's stronger coherent energy, follow the practitioner to greater integration and functionality (p. 359). This use by the therapist of themselves as an instrument of healing recalls practices in shamanism. Prechtel (1998) explains:

When an individual falls ill, something in his World House — Earth Body is being attacked, gnawed away, eroded, shed, burnt, dismembered, or is beginning to fade away for neglect. The shaman assesses the destruction and, after dealing with the cause, begins to rebuild the World House of that person's body by remembering all its parts back to life — by making it echo off the Original Flowering Earth. (pp. 278-279)

I believe that the capacities for resonance, for maintaining groundedness and coherence in the face of disorganized energy, for awareness of shifts in energy, and for accessing resources needed to bring disorganized energy patterns back to organization within the self, is what makes for excellence in supporting re-integration and healing for people who enter arousal easily. My aikido training and studies with people with high levels of mastery have shown me that these capacities for sensitive and grounded resonance are gained by focused, long-term training. There is something more to this training though, and that is its interpersonal nature. I may sense, through resonance, the sensorimotor quality of the disturbance. However, this sensing of the client's sensorimotor experience is slightly different and is echoing through a different body. I may associate a different emotion or different flavor of emotion with this sensorimotor experience, and I may have different preferred resources for responding to this experience. This muddy knowing, when my client and I can stay with it, is where the creative process in healing emerges. We explore the sensory experiences and the associated emotions and thoughts, then, together, begin to build resources that can allow greater wholeness and freedom for the client in responding to experiences. There is no set plan to follow. As in aikido, every technique is different, because every person and every situation is different. The collaborative creativity that allows new resources to emerge can only happen in the present.

There are dangers in resting in developed capacity for resonance or for centeredness and groundedness. The danger of developing the capacity to resonate without an equal or greater capacity to maintain center, ground and spaciousness is disease or disorganization within the therapist. Rothschild (2006), in her work on compassion fatigue, instructed that “we are most vulnerable to compassion fatigue and vicarious trauma when we are unaware of the state of our own body and mind” (p. 103). There also can be the danger of becoming smug in apparently magical perceptiveness, while losing focus on our ongoing healing and growth. The danger of developing ground and center without equally enlivening capacity for resonance is that of having solid technique but inability to move fluidly with the other and to effect change. Heckler (1984), a psychotherapist and 6th degree black belt in aikido, noted that overemphasis of ground “prevents us from being with others and moving through our obstacles” (p. 89). Overemphasis of center can result in a person who “can appear unaffected by outside forces, but there can be a loss of openness and flexibility” (p. 85). These dangers exist for client as well as therapist. People with sensory processing sensitivity can present on either side of the balance. They may be absorbed in their perceptions, lost in a world of their own, which may be expressed artistically. They may, on the other hand, overemphasize grounding, living a safe, but ultimately unsatisfying life.

Interpersonal Attunement with Sensitive Clients

The experience of highly sensitive people is often one of not being understood. If their parents, teachers, partners, friends, or therapists cannot sense what they sense, they will feel a familiar aloneness. The group of people whom I am referring to as “highly sensitive” is very diverse, from people with high-functioning autism to people who have PTSD, to those who experience very high sensitivity without comorbid disorders. Nevertheless, most of them have some degree of difficulty with attunement, particularly with people. Stern (2004) remarked that there is “a massive failure of intersubjectivity” with people with Asperger's Disorder (p. 93). This may be a result of some neurological feature of Asperger's Disorder, yet I notice that my clients with PTSD also show a great difficulty with intersubjectivity, though often with a slightly different flavor of communication breakdown than that which I experience with those with Asperger's Disorder. With all of these people I observe behaviors that belie great sensitivity. I agree with Stern that there is a failure in intersubjectivity, yet intersubjectivity is a two-way street. The person with Asperger's or PTSD or hypersensitivity has great difficulty finding a bridge to the other, and others have great difficulty finding bridges to them. It is for the want of these bridges that I believe it is very important that we train our resonant communication to have greater range and sensitivity, and that we train our ground and center to be able to hold the perception of more intense and unusual sensory-motor experiences and emotions, without going into fight and flight responses.

Most work with children with ASD and other “perspective-taking” problems is focused on bringing children back to accepted social functionality. This may work to reduce negative responses from others, however I have watched it backfire with Alex and with Michael, one of my current middle-school clients. Michael is very aware that everyone wants him to behave in a certain way. It is not his way. He is both sensitive and angry, sensing that he would have to give himself up to meet their needs. He has decided to quit speaking to and looking at most adults and peers. Mori (2001), working with a more severely cut-off child, “Moto,” reported on her seven-year weekly therapy with this traumatized “autistic” boy: “I attempted to tune into all [Moto's] subtle movements and turn to what he was looking at, looking together at the same things” (p. 162). Moto, in the first year of therapy, did not acknowledge his therapist's presence, talked in a monotone, and exhibited “many fragmented states of mind in rapid succession” (p. 161). Over time, the boy came to trust that what he experienced could be experienced by his therapist and, hence, could be made explicit. His therapist did not try to bring the boy to her world. She went to his world, observed it with him, and collaboratively enlarged the dimensions and the interconnectivity of that world

until Moto eventually could connect with others. This work was aided by work by another therapist to alleviate Moto's mother's Borderline Personality traits. Both therapies were essential to the success of Moto's integration.

Communal and environmental attunement through nature and music.

I took Alex and Ben to the wild lands because I knew that I wasn't enough. They needed to experience attunement with the natural world, to breathe the wild lands into their bodies. I needed to be in the wild with them as well. The sounds of running water, the tall trees and big sky gave me the ground and space necessary to maintain my own integration amidst the boys' often chaotic energy. It usually took about fifteen minutes for us to enter into wild mind. As we did, the strain of the school day slid off the children. Once they left the agitation of fight and flight, they could begin to heal their relatedness, first with the wild land, then with each other.

When we think of children or adults having difficulty with attunement, we often only consider other human beings as the subjects of attunement. Sewall (1999) wrote in her exploration of the ecopsychology of perception:

We commonly think of relationships in terms of other humans, drastically narrowing the potential field of relations. . . . A relational way of seeing the world places us fully within the field of our many relations, sensitive once more to the volume, the width, and depth of being within an animated landscape. (p. 124)

Cutting ourselves off from this rich web of relationship greatly limits our capacity for resonance and groundedness. The founder of aikido, Morehei Ueshiba, did not think of ground or purification or vibrancy as abstract terms. He rose each morning to greet the sun, practiced under waterfalls, farmed, and walked in the mountains. Inside or outside, he invoked the *kami*, the spirits of the natural world in his meditation and training (Stevens & Krenner, 1999). Alex and Ben were overwhelmed with the dissonant energy of the world. This energy was too big for the resources that they had within them. They needed to take in the energy of the natural world in order to hold what they were taking in each day. They also needed the welcome of the Earth, which did not judge them for their failure to connect within the realm of "normal." They, like the poet Wendell Berry (1980) needed to "come into the peace of wild things," where they could "rest in the grace of the world" (p. 178).

One day, Alex was impatiently waiting for Ben to finish tying his shoes. He picked up a stick and started whacking a tree. I directed him to whack on something that wasn't alive. He started drumming away on a wooden bridge. Soon Ben joined him with a couple of big rocks in the creek below. Then Alex switched to the air guitar and Ben took up on the bridge. I found a place in between and made sounds that could hold their two instruments in concert with each other. Ben was making whooshing sounds that mirrored the sounds coming from the trees high above us. Alex exclaimed, "I'm hearing a song!" Ben yelled, "I hear it too! I'm going to sing it!" He began to sing, "The wind is free! The trees are free! We are free! Everyone is freeeeeeee!" The boys sang and played for a long time. In a redwood glade by a spring-fed creek they turned the movement inside them, their emotion, into rhythm and melody and sent it out. This internal motion was fed by the motion, the aliveness, of the trees and the wind. I believe that the trees and wind, in turn, were moved by the boys' song. I know that I was.

Vickhoff & Malmgren (2004) strove to answer the question, "Why do we have music?" They argued that "music has the power to bridge the ontological cleft, manifest in self-consciousness, between ourselves and the world" and that "music by means of entrainment has the power . . . to give us reminiscences of paradises lost" (p. 21). This was the power of music I experienced when Alex and Ben were singing at the bridge. Music serves to connect us in the moment with other beings and life around us, including the wind in the trees. I do not think it is coincidence that my four highly sensitive adult clients are so deeply connected to music. They have difficulty with connections with others, but they have a deep drive to connect at an exquisite level. Music can meet them there. Composers and musicians strive to be true to emotion in their musical works. Listeners can perceive this veracity and feel connected, sharing direct experience with the musician, even if the song is recorded, and even if the composer is dead. This does not only connect the listener with the musician, but also to all who are moved by the song.

While it may not always be possible or appropriate to sing with our clients, an attention to music, and training in music, can greatly serve the work of therapist and client. Music, like dance, or martial arts, brings us to present experience, which is the only time in which we can change. Harmonizing and improvising with someone wakes us up to the notion that we are vibrating constantly, taking in and sending out waves of energy. Practicing, even with the car stereo, develops our ability to resonate. Practicing with another develops our ability to give and take energy, to go off and to regain balance, and to express and modulate our emotions while responding to the emotions of others. My singing practice is for me a practice of listening to the vibrations inside and outside of myself and then bringing them into form. I have found that when I sing for people, I would first sing the energy near their surface. The song develops, changes, and eventually resounds with the core energy of the person or group, reinforcing the coherent energy that exists at this core, and connecting it with other supportive energies. I am finding in my work with clients that these sounds are perceptible, even when I am not sounding them out loud. I can sense the vibration at the surface and at the core. I believe that as I gain capacity to hear and respond to these sounds truly, my own energy will align with the supportive vibrations needed to help understand and integrate disparate energies with core purpose. Recently, I received a shamanic healing session from a practitioner who studies intensively with Quechuan shamans in Peru. When spirit guides instructed her to sing a particular song, her voice temporarily did not work. The guides told her to sing it anyway

(without sound), that I understood music, and it would be fine. I felt the song. I think that our clients feel the song, too, especially when it is sung clearly at a propitious moment.

Conclusion

While the focus of this exploration has been on attunement with people with high sensitivity, this work applies to all people. The fragmentation of society and the deep fractures in our relations with the earth can only be integrated through greater sensitivity to the energy signals of all beings, as well as a greater capacity to align our centers with our purposes to live between heaven and earth. Those who are struggling with high sensitivity are alerting us to the critical need for healing throughout the world. Practices that serve those who suffer disease from fragmented connections will serve all who wish to live together in health and relatedness.

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