

2018 USABP Biennial Conference: The Science of Connection: Honoring Our Somatic
Intelligence Abstracts
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The Dynamic Diaphragm – A Novel Exploration of Structure, Physiology and Embodiment for Self-Care

by Jill Miller C-IAYT, ERYT

The respiratory diaphragm is more than a masterful muscle in the human body, it is a functional masterpiece. Without cooperation from it, the integrity of every body/mind system becomes dysfunctional. The nerves governing the diaphragm swiftly shift breathing from background noise to foreground communication and back again. Through volitional and intent-ful practices, the diaphragm can become an ally that conveys abundant information about our emotional state.

This workshop offers embodied anatomy exercises and self-palpation to discover the anatomy of your diaphragm and its myofascial neighbors. You'll discover and build new kinetic connections to all muscles of respiration and improve your ability to sense them in different states of excitement or quiescence. You'll enhance your perception and differentiation of the three zones of breathing as you travel within structures that also mobilize and stabilize the spine. Learn breath strategies to directly experience your diaphragm and its continuous relationship to spinal health, digestion, breath, immunity, vocal production, the nervous system, meditation, emotion and somatic awakening. Take home tools that improve kinesthesia, proprioception, interoception, respiration, vocal control, movement coordination and relaxation in a broad range of clients/students.

“Bioenergetics of Dysfunctional Society: A Fear of Life” by Frederic Lowen

Energetic functions are similar at all levels of life, whether single cell life forms, human individuals, or within populations of individuals. This presentation will focus on how people respond energetically, as individuals and as a society, to phenomena within modern western cultures. Highlighting the dysfunction of society from an energetic perspective I will show it is a collective expression and manifestation of individuals' mind-body split.

Further, we will explore the energetic aspects and neurophysiology of fear, bringing the relevancy of Alexander Lowen, M.D.'s classic book, *Fear of Life* to our present day anxious times. The fear we all experience creates defensive structures in our bodies, and patterns of behavior and expression. In that way, fear determines our fate. All of us are left with the feeling and belief that we must “do something” to earn the love we seek. Being who we are naturally, was rejected by parents and society, and we now are afraid of being ourselves.

We will examine the nature of the mind-body split and explore present-day parallels of dysfunction in individuals and society, finding tools to challenge restrictions and restore health. Highlighting the energetic factors of spirituality, grace, and sexuality as indicators of health and connectedness, we will explore ways to face our fears, change our bodies, and change our fate.

Metamorphosis: Embodying Metaphor by Sarah Imhoff-Jones

This poster will reflect an embodiment practice that highlights a restorative process—the Metamorphosis Process—that promotes embodied self-awareness, specifically for those who suffer from chronic pain. The *Metamorphosis Process (M)* will be defined generally as a method for deep listening and receptivity, where the body is reeducated as a safe, self-container. The *M* process is a choreographed

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ceremonial healing ritual that metaphorically goes through the stages of evolution that the caterpillar goes through in becoming a butterfly. The participants are guided through an intention setting process, followed by a Yoga Nidra experience, and culminating in a women's sharing circle. This somatic depth psychological practice is intended to have both ceremonial and rite of passage overtones as it invokes the most common of situational archetypes—Death and Rebirth. Embedded in the practice is an embodied methodology that supports this restorative process; therefore, the *M* structure is both the object of this study and a method for data collection. Methodological traits will share commonalities with Phenomenology, Embodied Inquiry and Interviewing, and Interpretative Phenomenological Analysis (IPA). Innate in the *M* practice is the cultivation of deep listening techniques that encourage an open dialogue between the sufferer, her daily needs, and her symptoms. Engaging in the *M* process will lead women suffering from the chronically painful symptoms into uncovering a healing metaphor that might inform her relationship with her symptoms thereby cultivating the restorative properties of our innate body wisdom and thus providing an alternative to surgery—an alternative medicine practice that is inspired by self-care and somatic literacy to invite the release of trauma held in the body.

This poster will show the experience of a self-care process *Metamorphosis* and suggest how this process can be cultivated in all movers addressing the concept of reconnection and repair of the self and the body through the creation of one's own embodied metaphor—thus honoring the wisdom of their own somatic intelligence.

**An Efficacy Study of Somatic Psychoeducation at a Japanese University
Hiroki Yamaji (National Center for University Entrance Examinations, Japan)**

Development of generic skills including social and emotional competence has become a major objective in today's higher education. Somatic psychoeducation may contribute to this new endeavor by fostering somatic awareness and trust in the organism to promote the holistic development of students. In this study, somatic awareness was defined as "the moment-to-moment close intimacy with one's experience," which connects to the innate propensity of an organism to self-regulate and helps it become fully responsive to the immediate task in whatever situation.

Drawing on a literature review on effective mindfulness-based interventions, the current study addressed the question of whether an 8-week somatic psychoeducation for college students could indeed develop somatic awareness and trust in the organism, and enhance integral functioning that included general mindfulness, stress resilience, interpersonal empathy, responsibility for self-care, and generic skills. The educational program was mostly experiential, uniquely combining Western and Japanese somatic psychology as well as mindfulness practice. Participants were a convenience sample of 59 sophomore students at a Japanese national university. They were randomly divided into two groups and took the 8-week course in the first semester of 2015.

Results suggested that the experimental course was successful in cultivating somatic awareness and the observing component of mindfulness, but not in other dependent variables (empathy, resilience, responsibility for self-care, trust in the organism, attitudinal components of mindfulness, and the self-evaluation of generic skills). The favorable effects in the enhancement of attention regulation and metacognitive awareness were consistent with the findings in mindfulness research that mindfulness training improves attention regulation and related cognitive abilities, including working memory capacity and insight in problem solving. Lack of course effects in other socioemotional competence was considered to be due to the absence of explicit activities in the program that could effectively promote each competence.

From multivariate correlational analyses, it was found that general mindfulness, resilience, and empathy formed one group, whereas somatic awareness, trust in the organism, and responsibility for

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self-care formed another, the two groups being moderately correlated. In addition, each of the key variables in this study (somatic awareness, trust in the organism, and general mindfulness) was found to make a unique contribution to the self-evaluation of generic skills, demonstrating the incremental validity of the somatic constructs over mindfulness in predicting generic skills. It was also found that there was a unidirectional influence from somatic awareness upon the observing component of mindfulness, indicating a foundational feature of somatic awareness in the cultivation of mindfulness.

Limitations and future directions of the study are discussed, including a need for more direct measurements that do not solely rely on self-report as well as for more qualitative analyses that explore the learning process in the mindful somatic psychoeducation toward generic skills development.

Reintegrating the Performing Artist: Exploring Bodymind Experience in Former Performers by
Jessica Pink

In consonance with the stated goal of this USABP conference to “foster the repair of disconnection,” my proposed research seeks an integrative approach to understanding performers’ health through asking the question: what is the experience of a performer throughout the end-of-career transition, as viewed through a holistic bodymind lens? Using the qualitative method portraiture, this inquiry will engage in dialogue with former performers through both language and movement to create portraits of their entire bodymind experience. The research will produce not only a dissertation full of written portraits, but a performance piece of portraits in movement.

This qualitative research began as a personal search to understand my experiences as a performer after leaving the performance world entirely. In this initial turning inward, I experienced a feeling of loss, a deadened sense of self; I felt heavy, directionless, and the world seemed to have lost its shine. No longer identifying as a performer changed my sense of self, though I was unaware of that change as it occurred. I began to wonder if I was alone in my sadness, my longing, my confusion, and my relief upon leaving the performance world. Unfortunately, I could find nowhere to ask these questions, no outlet for guidance or support in making a difficult transition. A few select programs for career transitions for professional performers exist, but my transition was more than the logistics of a career move. Giving up my artistic identity drastically changed my experience of the world around me, the way in which I participated in life. I needed a larger, more unifying perspective on the unique challenges of leaving the performance world.

As my overall aim through this inquiry is integrative, the early stages of the research have explored the existing fragmented perspectives of performers currently offered through public discourse (social media, blog posts, news articles, academic research, etc.). There is more literature on performing than on performers—a product-focused approach, only exploring the performer in relation to creating a better performance. The larger conversation in the performing arts (and related fields) often fails to address the experience of performers in a realistic or direct way; the performer’s point of view is missing. Perhaps this is related to the abundance of quantitative research. A large segment of published research has been presented as part of a quantitative, statistically driven paradigm, turning breath into numbers, injuries into charts, and posture into figures—facts to be analyzed and intellectualized. Through the attempt to quantify what makes a performance or performer great, many researchers have pulled away from what is at the center of their research: the artist engaged in the creative act. The research that focuses on performers often attempts to over-simplify a complex structure. Efforts to isolate one aspect of a performer for analysis independent of the rest of their experience creates further fragmentation. No studies have attempted to explore the complex lived experience of a performer from a holistic perspective, a point of view that equally invites input from the mind, the body, and the soul.

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Before such integrative research can be undertaken, I have found it necessary to examine not only the holistic experience of the performer, but the ways in which that experience is conveyed, namely through language. Experience is felt throughout the whole of a person—body, mind, and soul—and is best conveyed in a similar manner. However, I have discovered a paucity of words that speak to an integrative, holistic experience; I feel unable to convey in words what the unified bodymind (for my use, a term that includes notions of body, mind, and soul) knows through experience. Thus, in fully embodying the integrative aim of this inquiry, I will be exploring communication alongside experience, seeking to unify the language as well as the perspective of the performer. Through offering my developing research through a poster presentation at the USABP conference, I hope to share a bodymind experience with attendees, playing with a different form of communicating my research, a new way of continuing the integrative dialogue.

“The journeying body: An exploration of narratives of women who have experienced disconnection and connection with their body” by Deidre Keating

This inquiry centers on the movements of the journeying body in its transition between, across, and through experiences of dis/connection. Supported by a hermeneutic framework, this study explores the key constructs of disconnection, connection, and transition in the context of the lived body experiences of seven women.

Of particular interest in this inquiry are the ways in which the women choose to describe or frame their bodily journeys, the multi-layered impacts of such journeys on their identities, relationships, and selves, and the nuanced meanings that they create from the collectivity of their dis/embodyed experiences. Shared understandings are cultivated across the landscape of the women’s narratives, offering expansive perspectives of the shifting and evolving experiences of the journeying body. From this inquiry emerge three central understandings: the emergence of hope, meaning, and empowerment, the fluctuating nature of the body, and the significance of listening to and within the body. Such understandings may be both personally and collectively located and may provide context for the often messy and complex relationships we have with our bodies and our lived somatic experiences.

In this poster presentation, I will describe such understandings as communicated to me through the narratives of the journeying body. Furthermore, I will showcase new research that has emerged from my thesis, rooted in the same data. This most recent research centers on five pivotal moments on the journey between and across experiences of dis/connection. As the narratives in the research show, there are shared experiences within the lived experiences of the body. While each body story is unique, collective understandings or shared experiences emerge as the participants flow between spaces of dis/embodyment and feeling separated from and/or grounded within their own somatic experiences.

Such experiences may suggest that there are five elements integrated within the lived body experience of individuals who have experienced somatic transitions. This current research thus speaks to the following understandings: the innate connectivity of living beings with their bodies being disrupted by an imposed split (such as trauma, medical condition, or eating disorder); the impact of the internalization of societal messaging in the formation of our own body stories; the fluidity or flux of our lived body experiences; the development of somatic and sensory awareness as the primary movement towards an experience of connection; and the expansiveness of the lived body experience, bringing us forward from a personal experience to a shared relational and spiritual understanding.

The power of this inquiry is significant, as it shines light on individual experiences of the journeying body while also revealing shared meanings which may inform the collective understanding of the lived body experience of women and, with further research in this particular area, other genders. This inquiry adds to the rich literature that exists within the field of somatic psychology and body

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psychotherapy, providing an awareness of the narratives of the journeying body through an honoring and celebratory lens, through both an internal and external exploration of what it means to be dis/connected to the body, and what it means to fluctuate through lived somatic experiences.

Sunflower Mind®: Working with relationality as an implicit, embodied process

by Serge Prengel

What is going on in the mind of the sunflower as it moves with the sun? Not much, if we think of mind as intellect and willpower. And yet, it moves.

The phrase "Sunflower Mind" puts human relationality in a broader context: Relationality is not a unique characteristic of human beings, or even animals, but it is a basic function of all life. The difference is that, in this as in many other areas, our human physical and mental capabilities allow us to extend this function beyond what simpler life forms can do.

This workshop presents a model of the relational implicit and how to work with it, with somatic mindfulness, at the intrapersonal and the interpersonal level. While about ideas, this workshop is experiential in nature. This is a deliberate choice, a way to communicate concepts in a "bottom up" manner that is consistent with the nature of these concepts. In a nutshell, the model is as follows:

1. As human beings, just like all other living things, we naturally respond to situations from the bottom up. Our brain is not a computer that gathers data, and then processes them. The gathering of information is at the same time a processing of information. For instance, take the case of somebody who perceives a presence behind their back. They start tensing their shoulders. There is no conscious perception and there's no conscious decision to brace. In fact, the person may not even be aware that they're bracing.
2. Given that we already have the information in our body, we get access to it by mindfully paying attention to what is happening inside, as opposed to analyzing the situation from the outside. So this involves turning the attention to sensation, as opposed to mental processes.
3. As we do this, we experience what Gene Gendlin called the felt sense, or bodily felt sense. Within this model, the felt sense is simply the experience of the way our nervous system and muscular system have oriented to respond to the situation. So the felt sense is an awareness of what is essentially a movement. This movement may be manifested in our muscles and our posture, or it may just be in the nervous system as an incipient movement.
4. As we become aware of the felt sense, and of the underlying orientating response of our body, we become more aware of what it is we're reacting to: the situation, and the way we perceive it (i.e. we are not necessarily responding objectively). As we become aware of it, it becomes possible for us to modulate our response.
5. As we become aware of the implicit response, it is possible for us to allow it to unfold in a safe, controlled way. As we let it unfold, the underlying movement is completed. As we have the experience of completion, we also have the sense of what it means, in a concrete way as opposed to an abstract way. This is how we find meaning in an experiential, embodied way. The focus on the felt experience of relationality is the thread that binds all of this together.

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This model is compatible with all forms of experiential, body-oriented psychotherapy. So it does not require you to give up your theoretical framework or your ways of working with clients in order to apply it.

The Sunflower Mind model also lends itself to be used as an educational tool with clients. It provides a framework for the work they are currently doing. It also helps clients transfer the lessons learned through exploring a particular issue to other issues in their life.

Setting Babies Up For Somatic Authenticity by Ruth Anne Hammond, MA & Jill Getto Lee, MA

Babies arrive in the world as purely physical beings, with no particular mental life. They have sensations, needs, motivations, frustrations, and satisfactions. But they don't have *ideas* about much of anything – yet. The mind is built up over time in the first two years by layers and layers of physical experiences. Ideally, of course, the mind embraces not only the outside world, but one's own inner experience -- of being in *this* body, in *this* location, in *this* situation, in *these* relationships. But so many babies are gradually and almost systematically taught to disconnect from their bodies and their natural capacity for interoception, self-awareness, and physical self-love. In this workshop we will walk you through the ways in which Magda Gerber's Educaring® Approach is designed to preserve a child's physical and relational authenticity and development, which leads to connected, self-confident and joyful children.

It is now widely recognized that babies' brains develop in response to the experiences they have. But how do we optimize this fact? How do we decide what experiences they should have? In the days after René Spitz's work in European orphanages, "Infant Stimulation" became the buzz-phrase to ensure optimal development. There was research that showed babies looked longer at high contrast visuals, so enterprising companies developed products to stimulate visual excitement, selling parents all those black and white toys. Then manufacturers introduced battery operated crib mobiles and busy-boxes, with electronic tunes endlessly playing, and books that read themselves. Then, of course, came Baby Einstein videos...followed by iPad apps for babies and swinging, vibrating, toy-waving baby seats. Fortunately, there is another way to support brain development without resorting to useless products.

In contrast to the "infant stim" frenzy, Magda Gerber began quietly sharing her ideas with American parents and caregivers on a different way of supporting infant development – a pleasurable kind of preventive intervention. Her teaching began at an orphanage in Budapest founded in 1946 by her mentor, pediatrician, Emmi Pikler, in which Pikler pioneered methods of caring for infants in institutions that did not lead to hospitalism. Gerber brought these methods to the United States, and by the 70s had begun to adapt them for families in parent-infant guidance classes, also giving lectures, workshops and longer trainings for professionals of early childhood education. She founded Resources for Infant Educators with Stanford pediatric neurologist, Tom Forrest, which is celebrating its 40th Anniversary in 2018. Since her death in 2007, this work has continued to spread throughout the world, and the children who have been raised in this way have grown up with somatic authenticity as a base for relating to the world and themselves.

In this session we will use multiple modalities, such as active learning experiments, video, demonstrations and lecture, to help participants gain awareness and appreciation for the subtle but

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ubiquitous ways in which parents and caregivers facilitate either somatic authenticity or impaired self-understanding in young children. Participants will learn why we believe that the bodily-based methods espoused in the Educaring Approach are revolutionary in their positive impact on the development of the child's sense of self and other.

An Experiential Demonstration of Free from Conflict Protocol: Self-regulation and Relationships by
Gina Ross, MFCC

When situations of extreme stress and trauma overwhelm our nervous system, our mental and emotional balance are altered, compromising our objectivity and clarity, polarizing us, diminishing our effectiveness to meet our needs and to have healthy relationships. This demonstration will show the use of our Free from Conflict Protocol, combining tools of EmotionAid™ and principles of conflict resolution and successful communication.

What you will receive from this workshop:

- You will understand the bio-psychological underpinnings of stress and trauma;
- Release stress and trauma on-the-spot, anywhere and anytime.

This model is helpful for couples and family psychotherapists, SEPs, family lawyers and mediators, or for anyone who wants to learn how to cope with stress, repair relationships and resolve conflict, from spousal, to family and community. The demo will show the use of simple, powerful methods of releasing tension and resolving conflict.

Methods for Measuring the Wisdom of our Somatic Intelligence:

Developing the Post Encounter Clinical Summary (PECS);

a New Instrument for Practitioners and Researchers

by Aaron Freedman, AMFT, Theresa Silow, PhD, LPCC, SEP, Stuart Gold, MFT, and Thomas Pope, MFT

In late 2015, the USABP Research Chair and the Chair of the Somatic Psychology Program at California Institute of Integral Studies began discussing a research project about Somatic Psychotherapy (Body-Oriented Psychotherapy) as it is practiced today. This led to a more than 3 year collaboration and development of a research project, with the question of: What is the impact of the unique contributions of Somatic Psychology on client health outcomes? The study in progress, examines the experience of clients and practitioners in two Somatic Psychotherapy clinics in Northern California.

While designing the research project we realized that we needed a way to capture the details of the clinical encounter, and to relate the presentation of the client to the Somatic Psychotherapy techniques used by the therapists. To do this, the team involved in the research, the clinic directors, researcher practitioners, and the principal investigator, developed the Post Encounter Clinical Summary (PECS). The instrument was tested, reviewed and refined by multiple clinicians at the two clinics. This instrument is meant to be useful for clinicians in a variety of Somatic Psychotherapy settings - regardless of their participation in research - as a tool for reflection and gaining understanding of the therapeutic encounter. While the PECS is not exhaustive, it allows a clinician to reflect on the experience and outcomes of each individual session from a somatic perspective.

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The PECS consists of 6 brief sections on one page: 1. Presentation 2. Interventions 3. Outcome 4. Experience 5. Goals 6. Future Interventions. It utilizes a combination of check boxes and descriptive prompts for a variety of data collection modalities. It can be adapted depending on the population or purpose of the use. It is designed to be efficient and brief to allow a clinician to add it to their routine clinical note taking, and can be adapted to accommodate the needs of specific populations or to a particular research question.

The development of the instrument follows in the footsteps of previous researchers developing instruments, surveys and conducting meta-analyses of the field of somatic/body psychotherapy. Two main researchers that we would like to acknowledge in providing the fertile ground for our project include Wolf Mehling and his team at The Osher Center for Integrative Medicine, and Frank Rohricht at the European Association of Body Psychotherapy.

Mehling: Development of the Maia:

[http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0048230!](http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0048230)

Rohricht: Overview of Research on Body-Oriented Psychotherapy

<http://www.frankrohricht.com/media/a29c2e36545a88ffff8847ffffe415.pdf>

Authors of PECS:

Aaron Freedman AMFT is a Research Assistant with the USABP and an Alumni of the Somatic Psychology Program at the California Institute of Integral Studies.

Theresa Silow PhD, LPCC, SEP, Professor and Core Faculty in Somatic Psychology, California Institute of Integral Studies, San Francisco, California.

Steuart Gold LMFT, Clinic Director, Center for Somatic Psychotherapy, California California Institute of Integral Studies, San Francisco, California.

Thomas Pope LMFT, Clinic Director, Lomi Psychotherapy Clinic and faculty member of the Lomi School, Santa Rosa, California

Denise St Arnault PhD, RN, Associate Professor, University of Michigan, School of Nursing, Ann Arbor, Michigan.

Organicity and Self-Organizing Systems in Treatment

By Steve Hoskinson, MA

Positive psychology, mindfulness, behavioral, insight-oriented, emotion-focused, developmental and sensory awareness traditions each contribute important aspects to effective clinical work. Missing, however, is a suitable integrative framework. This workshop will demonstrate how a complexity science framework informs an attuned, safe and effective trauma and resiliency protocol.

The science of self-organization has criteria for understanding how complex systems change. Video of multiple sessions will show how to map these classic phase transitions to clients' changing psycho-emotional states, associations and behaviors. Consistent positive reinforcement--consciously and unconsciously received-- shape clients' organic experience toward intrinsic resiliency.

In particular relationally, clinical attunement must be defined within the context of the three classic phases of nonlinear dynamics and self-organizing systems. We will discuss mapping these according to observable criteria reflecting the client's information and intensity processing capacity. Rather than

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focusing on trauma, however, such intrinsic capacities of regulation will be clinically assessed, sometimes with gentle challenge, in the Organic Intelligence® (OI) Clinical Protocol's free association conversation.

Participants will see video vignettes, receive access to the OI phase graphics and free online learning resources.

Race, Trauma, and Somatics

By Claire Haiman, PsyD & Mica McGriggs, PhD

This project is seeking to summarize the research in the field on trauma sequelae and also expand its reach beyond big T and developmental trauma so that it also encompasses experiences of oppression (harassment, discrimination, etc), under the rubric of social trauma.

A summary is provided of research and literature in the field on the neuroscience of trauma, both big T trauma and developmental trauma, with specific attention to somatic embodiment and health outcomes (think ACEs but also Allan Schore and Dan Hill's work on developmental trauma and attachment/personality styles - "trait" disorders - as well as "state" disorders such as depression and anxiety). Affect regulation theory is presented as the theoretical framework through which to view trauma and relevant perspectives from evolutionary psychology are incorporated: in brief, we are built for the environments in which we live so trauma can impact that construction, but trauma – a stuckness in the past – can also limit our ability to accurately perceive and respond to current situations, should present conditions not mimic historical ones. Similarly, a summary is provided of research and literature in the field of racialization and the impact of racialization. Here think the social psychology literature (e.g., Allport's classic study suggesting *all* children prefer white dolls) as well as critical race theory and the research on health care disparities, such as "weathering" in maternal mortality among women of color, increased rates of hypertension, diabetes, asthma etc among communities of color.

These two areas of research and literature are then linked: 1) Weathering is conceptualized through the lens of affect regulation theory so that racism is seen as having a cumulative traumatic load on one's psychophysiology. 2) Embodiment of developmental trauma in the form of personality or attachment patterns is expanded so as to conceptualize the embodiment of racialized identities in general and white supremacy specifically. Using Peter Fonagy's model of the Transmission Gap, and Allan Schore's explication of its neurobiological underpinnings, which describes the phenomenon in which caregiver's attachment styles/patterns are passed down to their children, we posit a similar mechanism at work in the passing down of racialized identities generally, and white supremacy, more specifically.

3) Contemporary issues, such as mass shootings, police terror/violence, and white fragility are viewed through this dual lens of racialized trauma/affect regulation. Building off framing of trauma as a fly in the ointment that inhibits accurate appraisal of current threats we use the lens of Affect Regulation Theory to explore the underpinnings of pervasive over-estimation of dangerousness of black and brown and under-estimation of dangerousness of white men (as in invisibility of white male shooters vs hyperreactivity to black/brown men in police terror/violence). Similarly, through the lens of Affect Regulation Theory we explore the phenomenon of white fragility.

Embody Nonviolence: Peace Practices and the Embodiment of Social Justice Learning

By Brandon WilliamsCraig, PhD

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There is an urgent need for a lifelong education, both explicit and implicit, that is humane and humanizing. Learning processes and other social systems which habituate humanity must both incorporate, which is to say "embody", the richest portions of human experience, and provide resources to moderate the trauma that lives on in soma as testament to necessary and unnecessary suffering. Habit forming systems must encourage the development of ways of maturing which explicitly eschew strategies that disempower participants in favor of those which foster the kind of meaning-making that leads to wisdom and conscious power-sharing. Wisdom is defined here as the kind of cultivated understanding that critically explores the past, lives creatively in a vivid present, and leads directly to and is embodied in ethical decision-making, direct individual action which reflects an understanding of and ability to participate compassionately in systemic change. Wisdom suggests a demonstrable balance in the midst of complexity which acknowledges and plans for individual needs, the needs of strangers and nourishment of the body politic, the negotiations of special interest groups, and the unique living ecologies from which and in which humanity emerges.

Lifelong education that humanizes is conceived as embodied (somatic), rooted in relationship with unconscious and archetypal realities (depth psychological), and conscious of the working of systems by way of the study of mythologies, which is to say the narrative and interpretive nature of consciousness--worldviews becoming belief becoming behavior becoming polity. This lifelong education is also known as The Humanities, a discipline which appears to be getting the worst of a schoolyard battle over resources that has re-framed education as basic training and lost the sense that learning is a making of truthful relationship with the unknown, a becoming uncoupled for a time from urgent efficiencies, standardization, and other outcomes dear to the mechanical heart of globalized industrialized societies. This uncoupling makes it possible to couple more consciously, to become civilized, which is to say: sanguine about one's own and others' inconvenient motivations, transpartisan and dedicated to nonviolence with a martial intensity, determined to co-create outcomes that transform the natural antagonisms of conflicting interests into a learning process, peace practices through which everyone has serial opportunities to become more humane.

In order to illustrate the assertions above by giving evidence, a theoretical article follows this abstract, but it is best paired with an experiential session introducing the Martial Nonviolence™ method and Peace Practices project, a program that enjoyed international funding, and an example of somatic psychology's timely contribution to peace and conflict learning. Participants in this learning will practice the normalization of the human need for conflict in a way that goes beyond symptom reduction and repairs the bodymind connection such that the experienced self

and body work in concert. To place the work in context, the article offers a brief orientation to Rae Johnson's new book, *Embodied Social Justice*, and then offers one creative response to her research and call to experiential understanding--a way of practicing peace as though it were a martial art, through re-patterning, recovery from trauma, and ongoing co-creative training for responsiveness to social justice concerns. Participants may discover that somatic peace-building is an already growing field of study, is ready to take a leap forward, and that the world could thereby experience seasons of true nourishment, rich harvests of budding work by professionals working together at the junction of somatics, depth psychology, and guardianship of peace, dedicated to a humanity growing ever more humane.

**Female Sexual Objectification and the Castrated Feminine:
Re-Membering Embodied Intelligence**

By Maryanne Comaroto and Rebecca Pottenger, MA MFT

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When an actress accused a film producer of sexual abuse, it sparked the “#MeToo” movement. Female sexual objectification perpetuates and is perpetuated by the collective repression of the feminine (relational) archetype in the individual and cultural psyche. The presenters argue that body-centered psychology combined with Jungian/archetypal psychology is positioned to hold a space for the emergence of split-off aspects of the feminine crucial for healing intrapsychic, interpersonal, and intergroup relationships. The repression of the feminine principle and objectification of the body in the Cartesian mind–body split compromises access to embodied awareness and intelligence in both clinician and client. The mind–body split is not only in itself traumatogenic but also creates a gap that needs bridging in order to heal somatized psychological wounding. This presentation offers a somatic and Jungian approach to understanding the traumatic effects of female sexual objectification as a cultural complex that has split off aspects of the archetypal feminine directly related to how we relate to ourselves, others, and the physical environment.

Blending feminist Jungian theory with mythic images, the presenters discuss the persistence of the splits between mind and body, masculine and feminine, and male and female in their relationship to the oppression of women, objectification of the body and nature, and repression of the archetypal feminine and embodied knowing. Also discussed is the rise of a patriarchal power structure that diminished the multiplicity and power of the archetypal feminine, whose demise is imaged from ancient mythologies to Christianity, and the projection of inferiority and shame onto females and the body. Psychologically, sexual objectification has been carried by women as a traumatogenic burden even as its internalization has become a social survival strategy in which women craft their bodies and selves to compete in a world of patriarchal standards.

The mind–body divide and devaluation of feminine, relational qualities effects individuals regardless of gender. In the mind–body split we have lost contact with our body’s instinctual wisdom, desires, and dreams. In these losses, we lose touch with the harm done to us and that we do to ourselves and others. The healing of intrapsychic, interpersonal, and cultural trauma must include reclamation of the subjectivity of the body, including embodied experience and knowing. In this regard, a 20-minute PowerPoint presentation is followed by a 40-minute movement process exploring feminine energies emerging from the somatic unconscious that can contribute to personal, interpersonal, and cultural transformation.

Small Groups for Healing Trauma
with Relational Body-Centered Practices

Presented by Sharon Stanley, Ph.D., Holly Watson, MS, ANP-BC – USABP Conference

Abstract:

A vast amount of neuroscience research combined with congruent somatic practices has shifted the traditional paradigm for trauma. Currently, radical changes in our nation and communities have amplified disconnections within the self, relationships, families and communities. Innate needs for connectivity challenge practitioners to offer psycho-education in small, relational groups to other health care professionals, educators and individuals as a response to fear, stress and trauma. This article describes a psycho-educational model for interpersonal community-based courses.

The introductory course, *ReSource Together*, draws on Somatic Transformation, a model for healing relational trauma and an accredited curriculum for training psychotherapists in relational body-centered practices.

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Somatic Transformation Experiential Workshop

Somatic Transformation is interested in the neuroscience of relational trauma and the application of relational body-based practices for healing. The wounds of relational trauma lie embedded in the subcortical and cortical structures of the brain, yet often out of consciousness (Schore). With relational trauma, the innate process of development is inhibited while states of inner chaos conflict with needs for balance and order. These injuries are accessible and can be repaired through “right-hemisphere to right hemispheric” therapeutic connection (Schore).

An interpersonal process of bodily-based empathy stimulates vitality, the energy necessary for repair and transformation of trauma (Stanley, 2016). The relational synchrony needed for repair evolves with shared embodied affective experiences (Schore) designed to restore the primacy of ventral vagal tone in the autonomic nervous system (Porges). When engaged in a relationship marked with empathy, intuition and synchronicity and informed by neuroscience, neural states of social connection strengthen to re-organize inner neural chaos of trauma (Porges).

Research on relational and shock trauma, somatic practices and ancient wisdom has been synthesized with the experience of hundreds of somatically-educated psychotherapists to form Somatic Transformation. Congruent with the studies of Allan Schore and Stephen Porges, ST has discerned six relationally-oriented, somatic practices that stimulate the innate intelligence that emerges in synchronized connection with others (Stanley, 2016).

These six therapeutic practices are each embedded within the other; like the nesting of Russian dolls. These practices include:

- 1) Embodiment begins when the practitioner learns to consistently attend to body-based dynamics of perception, sensation, movement, emotion and images;
- 2) Somatic Awareness requires an informed mindfulness, with an intentional focus on specific, right hemispheric phenomena (Schore) while attending to the optimal level of arousal (Levine);
- 3) Somatic Empathy is critical all efforts to repair the wounds of trauma. When we see, hear and **feel** the inner experience of another, this synchronicity can restore a sense of connectivity to the alienated (Stanley 2016);
- 4) Somatic Inquiry emerges from phenomenological philosophy and methodology and seeks to reveal previously unconscious inner realms. An intuitive and creative inquiry guides the practitioner with precise interventions for healing;
- 5) Somatic Intervention invites explorations into changes processes and draws on strategies from shock trauma (Levine), yoga, Feldenkrais, somatic meditation (Ray), developmental trauma (Schore), polyvagal theory (Porges), ancient wisdom and contemporary body-work practices;
- 6) Somatic reflection synthesizes the lived experience of the “right hemispheric to right hemispheric relationship” to reveal meaning.

Somatic Transformation has been field tested with hundreds of mental health professionals in relationally based groups in Canada, the USA and England and is documented in: *Relational and Body Based Practices for Healing Trauma: Lifting the Burdens of the Past* published by Routledge in 2016.

The six practices of Somatic Transformation have been integrated into an eight-session, two and a half hour, introductory curriculum for the psycho-education of health care professionals, educators and

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others interested in the dynamics of healing trauma. This experiential course introduces the polyvagal theory, interpersonal neurobiology and developmental neuroscience with somatic, relational educational experiences for connection and the restoration of innate growth.

Each session begins with group introductions, poetry and personal reflection to orient to right hemispheric processing, short presentations on distinct elements of developmental neurobiology, body meditations to repair inner conflicts, interventions for inner and interpersonal repair (Stanley, 2016), contained sharing in dyads, group dialogue and reflective somatic inquiry (Stanley, 2016). Concepts and practices are coordinated to meet the needs and therapeutic mission of each group. Practitioners offering these courses will be trained and certified and research conducted.

The Phenomenal Body: Understanding and Applying Embodiment in Research by Jennifer Tantia, PhD,
BC-DMT, LCAT

Embodiment has been conceptualized from an “object-observer” perspective in traditional social science research. However, this perspective is incomplete when it comes to collecting and analyzing embodied experience in dance/movement therapy research. The lived body, or *lieb* as Husserl called it, is more than the observation of the body’s behavior, and cannot be reduced to metaphor. On the contrary embodied data necessitates new methods to collect and analyze experience. Embodied research methods come from emerging paradigms in phenomenological research that offer more appropriate means for collecting the unique data that is observed yet not always recorded in dance/movement therapy research.

Three Learning Objectives

1. Identify at least two main characteristics of embodied research methods
2. Learn three ways in which embodied research methods augment other research methods
3. Generate an initial description consisting of three sentences for at least one new idea of an embodied method of data collection or analysis.

Mutual Respect and Reciprocity between Depth Psychotherapists and Somatic Practitioners: Healing Takes a Village by Dawn Marie Loerch, M.A., Ph.D.

Given the increasing acceptance of the whole person model and integrative health care over the last few decades, my research explored how depth psychotherapists and somatic practitioners in private practice, who embody a holistic view and way of knowing, refer to each other. The topic of this research was to see how depth psychotherapists and somatic practitioners know and experience the limits of their respective roles and when they choose to refer to the other. The six participants in this descriptive phenomenological study demonstrated a mutual respect for the other’s work and a sense of reciprocity in making referrals. Neither somatic modalities nor depth psychotherapy was privileged over the other, but rather these participants demonstrated a clear sense of maintaining limits and boundaries in their work with clients. Four essential qualities were illuminated through the data analysis using the method Giorgi (2009) outlined that accounted for a mindset and way of being-in-the-world based on reciprocity and mutual respect. Although the participants who were interviewed were a very specific population,

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the hope is that a look into what allowed for mutual respect and reciprocity can contribute to ideas about collaboration within healthcare in general while upholding the client's best interest.

Using Authentic Movement to Create Safe Containment for Exploring Symptom in the Chronically Ill
By Elyn Selu

Exploring how to go beyond symptom reduction and normalizing human needs, I would like to present the findings of my dissertation research project. My research addresses the lived experience of those with Multiple Sclerosis (MS) diagnoses as they explore the therapeutic impact of moving into deeper relationship with their symptoms. Drawing from a depth psychological perspective, one where symptom is treated as a vital, unconscious message from psyche, the study explores how somatic movement practices – specifically Authentic Movement (AM) – act as a potent vehicle through which MS symptoms can be safely explored as a dialogue with psyche.

Because the Central Nervous System (CNS) is adversely affected in MS, those with this disease may have trouble relating to their bodies, and movement in particular. The consequence of this distance from one's body, from a somatic perspective – one where a concrete relationship to kinesthetic/interoceptive experience is understood to be paramount to healing – can impede symptom relief and hence one's physical and emotional wellness. While there is ample literature on pharmaceutical approaches to symptom relief in those with MS, there are no studies on the lived experience of having or relating to MS symptoms. As such, clinical knowledge of MS, with its focus on treatment rather than experience, is inanimate.

Exploring MS from the perspective of one's lived experience of its symptoms (at various diagnostic stages), as opposed to an exclusive focus on the means for their reduction, fills a gap in the research literature on MS. Using Interpretive Phenomenological Analysis (IPA) methodology, the study explores how moving into relationship with the body can support and potentially shift a person's relationship with his or her symptoms.

Though the participants of the study have MS, using AM as a treatment protocol is applicable to all those working with Immune Mediated Inflammatory Diseases (IMID) because of the inherent similarities across the spectrum of inflammatory, autoimmune mediating illnesses. The theoretical lens this study takes is psychologically-focused on transference and countertransference, particularly because AM is a modality that is created with a mover and a witness. The witness, having embodied self-awareness in relating to the mover, is key in creating a safe container for the mover to explore symptom.

This study sheds light upon how the participants experience the psychological consequences of having a body experienced as betraying one's intentions and basic needs, as well as the temporality of embodying an IMID. To this end, AM provides a modality through which symptom becomes a site of inquiry rather than something to exclusively negate, suppress, or cure.

Currently, there is no research in AM that addresses how beneficial the practice is to those who have health issues or in the case of this research specifically, chronic illness. This research opens an exciting new chapter for AM by using the practice as a way to explore symptom by those with MS. Physical intervention is not the goal in AM, rather, it brings a person into proximity with the symptom as a messenger from psyche. Authentic Movement also differs in that it is, specifically, a depth psychological practice, allowing the body to dictate movement precisely so that the mover may access psychic material without guidance from a practitioner. This direct experience enhances the mover's internal locus of control, something that is often compromised with an IMID diagnosis.

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This study rests on five foundations of research: those who have IMID's and who may also have unconscious early trauma and current PTSD due to an MS diagnosis; the complexities of identity in a body with a transitory disease pattern; the positive effects and benefits of MBIs for those with MS, the depth and safe containment of an AM practice; and finally, upon symptom as an entity worthy of exploration beyond the parameters of diagnosis and medication. Symptom provides a window into the unconscious, creating and aiding in meaning making for the mover with IMIDs.

I'm excited to share the experiences of my research participants with the USABP community and explore how somatic practices such as AM can benefit those with IMIDs.

Somatic Experiencing® for Posttraumatic Stress Disorder: A Randomized Controlled Outcome Study
by Gina Ross

This study presents the first known randomized controlled study evaluating the effectiveness of somatic experiencing (SE), an integrative body-focused therapy for treating people with posttraumatic stress disorder (PTSD). There were 63 participants meeting *DSM-IV-TR* full criteria for PTSD included. Baseline clinical interviews and self-report measures were completed by all participants, who were then randomly assigned to study ($n = 33$) or waitlist ($n = 30$) groups. Study participants began 15 weekly SE sessions, whereas waitlist participants waited the same period, after which the second evaluation was conducted. All participants were evaluated a third time after an additional 15 weeks, during which time the waitlist group received SE therapy. Pretreatment evaluation showed no significant differences between groups. Mixed model linear regression analysis showed significant intervention effects for posttraumatic symptoms severity (Cohen's $d = 0.94$ to 1.26) and depression (Cohen's $d = 0.7$ to 1.08) both pre-post and pre-follow-up. This randomized controlled study of SE shows positive results indicating SE may be an effective therapy method for PTSD. Further research is needed to understand who shall benefit most from this treatment modality.

The Intelligent Body: Reversing Chronic Fatigue & Pain from the Inside Out Presented by Kyle Davies
BSc MPhil AFBPsS & Rebecca Metro

The book, 'The Intelligent Body', builds on a growing body of work that explores the connection between emotional stress and chronic physical health challenges. What makes the book, and therefore the workshop, unique is that they outline the key principles and practices of Energy-Flow Coaching™, an approach designed to reverse symptoms of medically unexplained fatigue, pain, cognitive impairment and digestive problems, as well as anxiety and depression. Energy-Flow Coaching blends somatic, sensory, cognitive, and psycho-spiritual elements in unique way.

The workshop will take participants on an experiential journey into the book and beyond. Participants will leave with an understanding of the primary cause of symptoms of medically unexplained fatigue and pain, and a knowledge and

experience of the exact principles and practices that will lead to a reversal of those symptoms. The workshop will teach participants:

- A fresh perspective on the nature of stress and emotion and how they impact health and wellbeing.
- How the stress response can trigger a chain reaction throughout the body and brain resulting in symptoms of fatigue, pain, anxiety and depression

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- The hidden patterns that keep the body locked in a state of stress without the individual being aware of it
- How to switch off the stress response and turn on the innate self-healing capacities of the body
- The exact principles and practices needed to regain health, vitality and move towards higher consciousness
- The role we play in the creation of our experience of life and how to shift towards a deeper, richer experience of life.
- An experience of the inside out nature of life and the mind-body- consciousness connection through self-awareness
- Guided feeling exercises to facilitate a shift in self-awareness, and emotional familiarity and granularity
- Role playing exercises to help embed the principles taught and facilitate a shift in unhelpful patterns that may be keeping participants stuck in symptomatic states or body discomfort
- Heart-based discussions within the main group and smaller break-out groups. Moving beyond the analytical mind, participants will be invited to connect to their 'true-self' and learn to articulate from this space.

EQUUSOMA™: Integrating Somatic Experiencing® and Attachment Work into Equine-Assisted Trauma Recovery by Sarah Schlote, MA, RP, CCC, SEP

People are increasingly drawn to alternative approaches to support their trauma healing and recovery. Equine-assisted therapy and learning programs offer compelling options for those who have exhausted the traditional mental health system and for whom specialized trauma therapies may not be available. While trauma shows up in every equine-assisted program, not all such programs are trauma-informed or offer corrective somatic and attachment experiences of renegotiation and relational repair. This presentation will introduce participants to the basic tenets of equine-assisted interventions, and how the 9-step Somatic Experiencing® model and associated principles, along with the components of attachment and an understanding of neuroception and polyvagal theory, are a natural combination with "healing with horses" programs.

"Digital Life and the Soul: The Extended Body in Cyberspace"

This proposal includes the abstracts for three thematically-related theoretical presentations on the subject of the psychological implications of the extended body in cyberspace. Each abstract is followed by the presenter biography.

Paper #1: Proposal Abstract (357 words) by Elizabeth Eowyn Nelson, Ph.D.

"I love my iPhone: The Interpersonal Neurobiology of Augmented Intelligence"

One of the two frontiers in digital technology is augmented intelligence, a symbiosis of human cognition and machine cognition. Augmented intelligence, though accompanied by far less hype than artificial intelligence, is the more powerful aspect of embodied life in the present day. Human-machine symbiosis decisively shapes our self-concept and our well-being, for better and for worse. Consider, for instance, the number of people who report "phantom limb syndrome" when they are deprived of their smartphone or who are incapable of navigating city streets unless Siri coaches them step-by-step. Though some may be surprised and even disturbed by the idea of human-machine symbiosis, Andy Clark points out similar relationships have long been a part of human history. We are not the only tool-making animal, but the degree to which we bond with our tools is unique. Clark (2003) and others assert that we

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are now “human-technology symbionts: thinking and reasoning systems whose minds and selves are spread across biological brain and nonbiological circuitry.” This presentation argues that mobile digital technology has intensified the human-machine symbiosis since tools such as smart phones can literally accompany us anywhere and everywhere. As a result, many people spend more time with their tech than they do with loved ones, and signify this intimacy through personalizing their devices (through adornments such as colorful cases and customized wallpaper) as well as personifying their devices (relating to them as though they were persons, which includes naming them and speaking to them). The psychological implications are profound, particularly if we agree with the sharply prescient Marshal McLuhan. In 1964 he warned us to regard *any* technology as an active shaping process, affecting our lives not through the content it delivers but in how it influences daily habits, practices, desires, and patterns of thought. Is it even possible to imagine the powerful effects of a technology that is like another limb?

This presentation adopts key ideas from interpersonal neurobiology and archetypal psychology to map the extended body in cyberspace, examine the technology we love (and sometimes hate), and consider the benefits and the costs of augmented intelligence.

Paper #2: Proposal Abstract (188 words) by Daniel Mark Ballin, LCSW.

“Traumatic Attachment between Humans and their Digital Technologies”

After millions of years of relating to other humans and our natural environment, what happens when a new “human-like” entity enters our domain? Digital technology, represented most pervasively by our smart phones, has brought mind-boggling advancements in how we conduct our lives. But are these advancements always healthy for the soul? In this paper I will explore how we interact with our digital technology. Do we take on the role of creator and master, or do we take on the role of collaborator and partner? Do we interact with our digital gadgets in an “I-It” or an “I-Thou” relationship? A thoughtless relationship with our technology may have dire long-term consequences. Attachment theory and complex trauma will help illuminate some of the ways in which abusive relationships with digital technology may damage our ability to function both intra- and inter-personally. These perspectives will serve as lenses through which we will explore the shadow elements of our digital age. Contemporary novels and movies, such as Mary Shelley’s *Frankenstein* and Alex Garland’s *Ex Machina*, will be used to illustrate the tension in our relationships with our most human-like technology, the cyborg.

Paper #3: Proposal Abstract (334 words) by Gary Jobe Ferguson

“Technology, the Felt Sense, and Aesthetic Sensitivity”

Technology can produce a life with perpetual low-grade static and separation from self—bombarding the psyche with images that often have nothing to do with creating a life that nourishes the soul. The same technology that simplifies our life can also act as a psychic vampire taking away our life force. Our cyber-oriented lifestyle produces a life with “continuous partial attention” (Turkle, 2012), diminishing the degree of presence we have in our relationship with the outer world and with ourselves. While all of this is true, technology is not inherently bad. It is simply compelling us to adopt practices that revivify and reconnect us to soul—to what matters in our life.

Aesthetic sensitivity is one such practice for recognizing how technology is impacting our life and for reconnecting to soul. Naming the qualities of experience underneath our life events versus staying in the story or the narrative that so often preoccupies our mind, illuminates whether technology supports our life goals or not. It is learning how to “drop the story line of discursive thought in order to enter the nonconceptual felt space of direct experience” (Rome, 2014). The combined practices of identifying qualities of experience and of recognizing the felt sense that arises in the body as a response to those

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qualities de-cloaks the effects of technology. It shows us the lived experience of having technology in our life including its un-preferred side-effects.

These practices can also be employed as a means to invite the unconscious and forces beyond the self to guide us in finding right relationship to technology. Narratives from the day can be transposed into inner pictures that capture the dynamics inherent in our relationship to technology. Those inner pictures can be taken into sleep, allowing the dream world to answer our request for guidance in the form of dreams with the potential of instructing us on how to stay connected to our innermost being, our loved ones, and our creative authenticity even while navigating a world immersed in technology.

Clinical Intuition as The Body's Flower of Compassion and Creativity

By Terry Marks-Tarlow

Clinical intuition is at the heart of effective psychotherapy. With or without touch, clinical intuition breathes and blossoms from the body, and when in full bloom, clinical intuition matures into our therapeutic potential for wisdom. Only clinical intuition, and not conscious deliberation, is flexible enough to consider the full context and capture the full complexity of *this* person, with *this* developmental history, in *this* moment, of *this* therapeutic relationship. As it emanates from unconscious sources, clinical intuition is a minute-to-minute process and response that fills the gap between theory and practice.

This seminar addresses nonlinear and neurobiological aspects of clinical intuition in terms of bottom-up, sensory- and emotion-based, holistic aspects. We'll examine evolutionary and developmental roots of intuition in the mammalian CARE and PLAY circuit. We'll examine brain lateralization as it underlies our capacity for thin-slicing and for broadband attention to what is novel in our relational environment. We'll examine the importance of intuition in cases without precedent and in unique moments where to be effective, we must work at edges of regulatory boundaries. We'll see how clinical intuition affords us immediate knowledge, quick responses and creative abilities to think "out of the box" and fly by the "seat of our pants." Finally, we'll scrutinize the limits of clinical intuition and multiple ways of safeguarding the integrity of our practice.

Oneness and Separateness: the Relational Body by Judith Blackstone, PhD

This workshop presents the Realization Process, a series of attunement exercises to help deepen contact with oneself and others through inhabiting the internal space of the body. These practices cultivate the integration of cognition, emotion and physical sensation and uncover a subtle ground of fundamental consciousness that can be experienced pervading our own body and our environment at the same time. Pervading our own body, it is the basis of body-self unity. It provides a felt experience of our internal depth, and our individual wholeness. Pervading our body and environment, it is the basis of an experience of oneness, of unimpeded continuity, between ourselves and our environment. This workshop will focus on the relational practices of the Realization Process. When two people attune to fundamental consciousness together, they experience a single expanse of consciousness pervading them both as a unity. They also experience resonant connection between the innate qualities of their being, such as intelligence, love, and physical sensation. They are able to relate to each other with less projection, and with increased empathy, perception, and compassion. These practices can help heal imbalances and other barriers to connection in all types of relationships, including intimate, familial, therapeutic, and professional.

The Realization Process includes a method for recognizing and releasing somatically bound defensive patterns that were formed in response to early traumatic relationships. Trauma fragments the sense of self, and may produce fear of abandonment, overwhelm or annihilation in relationships. The Realization Process exercises support the release of trauma-based holding patterns by attuning to an

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unbroken ground of being. As the embodiment of fundamental consciousness, we find our true boundaries: we are both internally whole and permeable at the same time. We are able to respond to life deeply without losing inward contact with ourselves.

Healing Archetypal Trauma with Body Psychology by Andrew Hahn, Psy.D.

In honoring our host organization, Pacifica Graduate Institute, and their commitment to Depth psychology, in this workshop we will describe three different types of archetypes and how we can use body psychotherapy to heal trauma associated with each.

1. The first type of archetype is called Identity Archetypes. These are the kind of archetypes typically studied in depth psychology. They describe a role. Examples of such archetypes are the Exile, the Judge, the King, the Mother,... the list is fairly endless.

The key with these archetypes is that while they describe a role, they don't describe underlying motivation and placement of attention. In other words, some Kings are interested in righteousness, others in service, others in building, others in visioning,... so while we know the role they are playing, we don't intrinsically know anything else.

2. Underlying these Identity Archetypes are a second type of Identity Archetype that *do center* on motivation and placement of attention. These archetypes are foundational to the other Identity Archetypes in that they describe a core lens that is intrinsic to everything a person does.

There are four levels of these archetypes, and we will focus on the first of them, the level that's called Personality (these personalities are described in many places, perhaps most elegantly in the framework called the Enneagram).

Our personalities are archetypal in nature. Each of us fundamentally experiences the world in one of nine ways which are called the Perfectionist, The Giver, the Performer, the Romantic, The Observer, the Loyal Skeptic, The Epicure, The Protector, and the Mediator. These nine archetypes describe our fundamental point of view. We

will discover how these personality archetypes arise as a defense against experiencing core fears.

The development of personality is a compulsive reaction to the trauma of moving from Essence to the limitation of embodiment. As is true with all trauma, this trauma creates negative, limiting beliefs about ourselves such as, "I am bad." In this case, the compulsive reaction is, "I am good," which leads to the personality called the Perfectionist.

3. The third type of archetype does not focus on identity, it focuses on relationship. The Oedipus complex is an example of this kind of archetype. It is a pattern of relationship with The Core theme... I have a forbidden wish to possess a parent, typically of the opposite sex, and my other parent somehow knows my wish and will punish me for it. There are many other such universal, relational archetypes. They include such patterns as Neglect, Betrayal,...

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In this Workshop, we will describe an elegant way of understanding and working with all trauma and then do a demonstration of healing trauma associated with relational archetypes and a guided meditation for healing personality archetypes associated with core fears.

Integrating Somatic Psychology into Evidence Based Trauma-Informed Care by Arielle Schwartz, PhD

Existing and evidence-based treatments for PTSD can be ineffective or limited when symptoms include painful somatization, dissociative defenses, or debilitating feelings of shame, worthlessness, and hopelessness. This workshop offers an integrative approach which addresses the cognitive, emotional, and somatic symptoms of PTSD and provides a synthesis of the best trauma treatment modalities available. You will learn how to integrate somatic psychology into EMDR Therapy and parts work therapies such as structural dissociation theory. Dr. Schwartz will discuss how to assess for dissociative defenses and will explore the specialized treatment considerations that allow clinicians to address preverbal memories with a synthesis of top-down and bottom-up interventions.

The interventions in this workshop are drawn from a wide range of somatic psychotherapy modalities including Integrative Body Psychotherapy (Rosenberg, Rand, & Asay, 1989), the Hakomi Method (Kurtz, 1990), Body-Mind Psychotherapy (Aposhyan, 2007), Authentic Movement (Adler, 1999; Whitehouse, 1999), Formative Psychology (Keleman, 1987), The Moving Cycle (Caldwell, 1996, 1997), Somatic Experiencing (Levine, 1997, 2010), and Sensorimotor Psychotherapy (Ogden et al., 2006). Moreover, this workshop emphasizes a unified approach to somatic psychology as a trauma treatment rather than a single somatic psychotherapy (Geuter, 2015; Mehling et al., 2011). This unified model employs the shared theoretical and methodological elements that underlie many of the body psychotherapies and integrates a current understanding of interpersonal neurobiology including the work of Alan Fogel's (2009) felt sense, Antonio Damasio's (1994, 1999) somatic marker hypothesis, Alan Schore's (1994, 1996, 2012) interpersonal underpinnings of self-regulation, Stephen Porges's (1995, 2007, 2011) polyvagal theory, Daniel Siegel's (1999) window of tolerance, and Bessel van der Kolk's (2015) recognition of the value of both top-down and bottom-up processing modes in trauma recovery.

Rewriting Traumatic Memories during the Reconsolidation Phase by Homayoun Shahri

I will discuss a short review of traumatic memories based on neuroscience. I will present a new technique, which is based on neuroscience, that may rewrite the traumatic memories during reconsolidation. The presented technique is based on addition of new information at the time of recall of the traumatic memories which may result in re-encoding of these memories during the reconsolidation phase. The resultant rewritten memories seem to last for a very long time.

Memory, in its most general sense, can be defined as what we consciously recall from past events. But memory is more than what we consciously recall from the past (Siegel, 1999).

The human memory formation is associative, which means that new information is remembered better if it is associated with previously encoded events or memories. Because of the associative nature of memory, encoding can be improved when new information is associated with other information already encoded in long term memory.

LeDoux (1996, 2002) argues that the only memories that are unchanged are the memories that have never been recalled. When a memory is recalled it will go through changes (associativity). LeDoux (1996, 2002) further argues that this gives us the opportunity to modify memories during the recall and

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reconsolidation. In a recent study, researchers in LeDoux's laboratory, Daniela Schiller, et al (2009) indicated that during reconsolidation, memories go through a period of instability after being recalled. They provide evidence that traumatic memories can be associated with benign information provided during the reconsolidation window. They show evidence that, as a consequence of this association, fear responses to traumatic memories are no longer expressed.

My approach for potential rewriting of traumatic memories is based on adding new information at the time of the recall of the traumatic memory which can then result in its re-encoding during reconsolidation. In working with clients' traumatic memories, I sit across from them (Figure 1-a). When they discuss their presenting issue, I usually ask them about their earliest memories of a time that they felt this same way. Due to associativity of memory, the old traumatic memories are primed for recall and have a high probability of being remembered compared to irrelevant ones. I will then instruct the clients to imagine the feelings states and posture of themselves at the time of the recalled memory and place their imagined self slightly to their left (to activate their right hemisphere) and in between themselves and I (Figure 1-b). Activation of the right brain is important in keeping the clients in their feelings. It can be readily observed that if we look to the right, while not moving our head, it is easier to think about logical matters, but not emotional; while if we look to the left, we can think of emotional matters but it is difficult to think of logical ones.

I will then ask clients to take in and stay in contact with me and be fully aware of their connection with me. If clients don't fully understand how to stay in contact with me, I ask them to look into my eyes and be aware of the distance between us. I will then instruct the clients to quickly look at their imagined self on their left for a fraction of a second (depending on the trauma, this period may be adjusted) and then come back to their connection with me. I also ask them to not think at all (to keep them more in their limbic system), and to simply stay in contact with me and periodically look at their imagined self. I ask clients after a couple of minutes whether their imagined self has changed in any way. We will continue the exercise until a positive change occurs (usually a few to several minutes). When the change has occurred, I can usually observe it on their face. When these early memories, which are the blueprint for many future behaviors, are re-encoded and rewritten, clients generally feel more free and do not function from their early traumas as often.



Figure 1. (a) Staying with the therapist and (b) imagining the traumatized self to their left

Expanding ideas of Life, Love and Connection: Bringing Dying and Grief into the fold of Body Psychotherapy by Jeanne Denney

Attachment processes are often seen as the very definition of love and connection in our culture. Meanwhile, we most often experience differentiation, endings and separations as rejection or failure.

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The much more difficult art of loving, that of fostering differentiation and separation processes, goes unclaimed as love. It is generally unwanted.

Aging, grieving and dying are the most resisted of differentiations, not just in the culture at large, but also in our field. Perhaps we don't recognize the profound necessity of good ending, we don't know how to foster it, or we lack support. Our culturally reinforced habits of "bad ending" become invisible disruptors of social continuity, agents of personal disconnection. I would like to suggest that this is a factor in alienation and personal immaturity in our time.

Working directly with death and grief makes the connection between love and "good ending" clear. When we witness death and grief as energy, they explode with information, showing us essential patterns within life and health. We can see that aging and dying can bring riches of enduring connection and gratitude. Finally, good work with aging and dying strongly suggests that these processes are essential to vitality and cultural cohesion. Can the body itself show us the way to reconnect to ourselves and each other? I believe that it can, and that it is time to advance theory in Body Psychotherapy to help us work directly with aging, dying and the general issue of differentiation as love.

Participants in this seminar will be encouraged to see differentiation as a necessary organismic process: in the body, through the life span and within individual relationships. We will also consider the history of our field, exploring places where our theory must be expanded to welcome whole life processes. If there is time, I would like to explore the connection between body psychotherapy and the hospice movement. Both can be seen as responding to the post-Victorian sexual revolution. I would like to suggest that its time to build a bridge between somatic theory and practice, and the experience of deathworkers.

The Grief Recovery Method: A Relational and Affective Approach to Grief and Loss by Shelby
Messenger

In experiences of grief individuals who seek out support are often either entirely overwhelmed by grief, or fall on the other end of the spectrum and are disconnected and disassociated from their emotional and bodily response to loss. Both experiences can lead to a symptomatic body which, historically, body psychotherapy was utilized to explore these symptoms. Somatic psychotherapy has been cutting edge in that it has brought awareness, once again, back to the body and honors the body's wisdom and experience. Historically, body-based practices allowed for access, expression, and movement of grief through the body in expressive ways which includes body work, movement practices such as dance therapy, and engagement with the expressive arts. Contemporary research extends this wisdom and uncovers how an embodied, relational approach to grief supports the holding, experiencing, and processing of grief. It also supports the capacity for clients to self-regulate as they tend to experiences of intense affect.

In traditional and indigenous cultures, grief is observed to be a communal and relational experience. We honored the stories associated with grief and grief's capacity to transform was supported by the relational context and the acknowledgement of the emotions associated with loss. In modern society, grievers feel isolated, and many embody unconscious messages from childhood that assert that one must be strong, grieve alone, get over grief as quickly as possible, and act recovered despite what feelings may be present. We are sent explicit and implicit messages that our painful emotions are not okay and this has led to many living disconnected from their emotional experience.

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The Grief Recovery Method, a response to this wide-spread disconnection, is a modern-day relational and affective approach to supporting individuals in grief. At first glance, the method does not appear to be a somatic approach. However, contemporary research discredits this assumption. Carroll says, "Contemporary body psychotherapy is marked by a shift to a more relational emphasis...the body is more likely to be perceived in the context of the charged intersubjective field between client and therapist" (p. 28). Loss is a relational phenomenon, and it is the relational and emotional approach of the Grief Recovery Method that allows grievers to explore and process their grief, through the intersubjective field, allowing for transformation and restoration of the griever's innate vitality and capacity for affect regulation.

The embodied self-awareness of the facilitator promotes the capacity for connection by supporting the connection of mind and body so that clients feel seen, supported, held, and heard as they process and experience their loss. Embodied, relational, and emotional approaches to tending to grief allow for assimilation of the grief experience. Furthermore, the Grief Recovery Method taps into right and left brain processes as it is both relational and instrumental. The method helps clients to understand existing patterns related to grief, such as unconsciously inherited grief responses. It supports the development of one's innate resources and helps to reformulate defensive strategies as they pertain to grief, bringing grievers into embodied presence in the therapeutic encounter.

Cozolino's discussion on resonance, attunement, and empathy further support the relational and affective approach to tending to the grief experience in an embodied manner. Appel-Opper furthers this and details the healing power of explicit body-to-body communication. Through small embodied acts such as placing one's hand on one's heart while listening to a griever allows for implicit right brain to right brain communication, and perhaps it is the right brain that allows for healing. The relational and affective approach to the Grief Recovery Method creates an intersubjective field and "in accord with a relational model of psychotherapy, right brain processes that are reciprocally activated on both sides of the therapeutic alliance lie at the core of the psychotherapeutic change process" (Schoore, p. 390).

My presentation proposes an exploration into how the relational approach of The Grief Recovery Method galvanizes the restorative properties of our innate vitality. I will present the components of the method which make it embodied in nature and will unpack the method through the lens of Schoore, Cozolino, D'Amasio, Appel-Opper, and Carroll, to name a few. Schoore remarks that "Intersubjective, relational, affect-focused psychotherapy is not the 'talking cure,' but the affect communicating cure" (p. 391-92). The Grief Recovery method falls under the classification of being an "affect communicating cure" as it gets to the heart of the matter.

A Living Embodied Epistemology of Death by Jana Hendricks

This paper calls for an epistemology of death that arises out of the wisdom of our somatic intelligence. Such notion—that death can be subjectively known through somatic perception—however, has been sequestered by contemporary Western industrialized culture, which has significantly departed from indigenous ways of being in touch with embodied experience, of knowing death, and of coming into relationship with our own mortality.

Collectively, we know death largely through the perspectives of medicine, philosophy, psychology, popular culture, and secondhand witnessing. Lacking from our death literature is an epistemology

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rooted in firsthand living embodied intelligence. And, while epistemology of the body has been in the literatures of body psychologies and therapies for roughly a century,¹ we still do not have such intuitive, sensual, sensate, and perceptive knowledge applied in relationship to our own death.

It is time for an epistemology of death that calls upon our subjective, somatic intelligence, by which we open the wisdom of our embodied selves to death—not death simply as a future prospect, but death as an always already living reality for all of us (regardless of our stage of life or state of health). Individually, somatic psychology and existing epistemologies of death have much richness and meaning, but rarely do they extend one into the other. In other words, there has not yet been a somatic psychology or psychotherapy that in-corporates subjective knowledge and explications of death.²

The embodied epistemology of death that I will be presenting pulls these fields together to present a living, sensing, perceiving, intuiting acumen that allows implicit knowledge of our own death to come forth from the recesses of our bodyminds. I rely primarily upon two phenomenologists important in psychology: Maurice Merleau-Ponty's (1945/2017) consciousness of the flesh, and Eugene Gendlin's (1982) notion of the "felt sense." These somatic phenomenologies support my own felt sense encounters with death, and illuminate a radical *living* relationship with death.

For body psychotherapists, the application of somatic intelligence, epistemology, and death is three-fold: It assists in loosening the fear of death through living knowledge of death and engagement in relationship; it acknowledges those who seek greater experience of aliveness through participation in extreme and dangerous feats that brush death; and, it helps lift the desire for suicidal union with death by engaging mortality in the present.

More than anything else, a felt sense of death reveals that death is not divorced from life—and that death is far more than an event that happens to us at "the end." Embodied knowledge of death offers a different way of living, and it points to a different way of dying. Now more than ever, we need in our body psychotherapies a living embodied epistemology of death.

Love Heals: Applying Somatic and Energetic Principles to Fetal, Birth, and Post-Birth Trauma by Karyne Wilner, PhD

This seminar will address the many ways to heal the consequences following from early stress and trauma. Current research indicates that body shape and size, character, personality, health, behavior, energy flow, and resilience are compromised by situations occurring during the nine months prior to birth, at birth, and in the first year of life. Whom fetuses and infants become is embedded in circumstances that took place during the earliest period of life.

Current research studies show how external stressors like war, poverty, and alcoholism and internal stressors such as mood, emotion, and mental health of the birthmother effect the body, health, and behavior of the offspring.

Seeds of psychopathy and sociopathy can be planted prior to birth, with parental use of drugs, alcohol, and other substances, leading to criminal or antisocial behavior in children and adults. Poor diets result in low birth weights and orality, weight gain during pregnancy in masochism, and the cold and unwelcome womb of depressed mothers can trigger schizoid fetal responses. In fact research shows

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that two times more babies are born who later develop schizophrenia during wartime than are born during periods of peace.

Healthy resilient babies who become healthy adults result when mothers do yoga, meditate, exercise, eat well and keep their weight down, attend therapy sessions, engage in hobbies, have social support, and enjoy good, non-abusive, emotionally solid relationships.

According to neuroscience, stress damages the limbic system in the mid-brain around the amygdala, including the locus ceruleus that regulates the production and secretion of adrenaline. Stress causes distortions in the body, ill health, and self-defeating behaviors in later life. The traumatized amygdala triggers a fear response every time something vaguely reminiscent of the original stress or trauma occurs—unless prevented by therapeutic interventions.

To heal these wounds and repair the consequences of early trauma dating back to occurrences in the womb, at birth, or in the first year of infancy, somatic therapists can use many tools, including: love, compassion, forgiveness, movement, breathing, freeing patients from rigid belief systems, unblocking stagnant energy, re-parenting, sound, music, dance, mental pictures, imagination, and facial expressions.

During healing processes, sparks of energy fly everywhere, light, sound, and movement come into play, imagination reigns, one lets go of control and rigid ways of being in the world, and listens to the heart and gut brain, letting the body express pent up feelings relating to early trauma without shame.

Damage can heal because the brain and body have plasticity. According to Goleman, healing depends on regaining a sense of safety, calming the fearful, easily triggered, emotional circuits, helping people unlearn helplessness; and having them retell their story in a safe situation that allows a new, more realistic understanding. This includes retelling the story of life in the womb through words, sounds, movement, or dance.

IT TAKES A VILLAGE: PUTTING THEORIES INTO PRACTICE by Anne Isaacs

We are aware that every therapist implicitly adds something to the work they practice. We want to tell you our process in explicitly developing a more complete theory, for our modality that was originally an amalgamation of many theories. We were fortunate to be able to start with Bodydynamics, a somatic developmental psychology. Bodydynamics gave us the understanding of how developmental phases affect character formation, and how to precisely pinpoint and repair psychological, somatic, and relational disruptions. But even this was an addition to our first body psychotherapy, Radix work, a neo-Reichian emotional release work that had already been a shift from traditional verbal therapy. It was there that we recognized the power of working with the body and allowing a full expression of emotions. As we continued to learn from others, we became more aware of the jewels in their systems. These jewels pointed us to undeveloped parts of our system. We also looked for practitioners we believed could model how to bring these into our practice. One of the first additions from theory to practice was when we read Ed Tronick's description of the "moments of meeting", reflected in both child development and in therapy. Here the dyad is stuck in the unknown and together need to find a new solution to a relational problem. We recognized that one response, when repeated over time, could create a developmental disruption that is not repaired, leading to limited patterns of behavior. Another is the creation of a new way of relating that enables more complexity in both individuals and the relational system. Another profound change occurred when we put in to practice a healing of one of our own personal limitations, a change affecting both our understanding and practice. This occurred when an internal protection softened in Anne, and allowed her the experience of letting in how much others mean to her and how much she means to others. A further development occurred when after studying

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attachment theory and the process of co-regulation, (Alan Schore, Dan Siegel) we more deeply grasped and practiced our own theory of mutual connection. We also trained with Diana Fosha and Ron Frederick, who for us modeled the HOW of relational repair, and gave us permission to bring much more heart into our practice. This change supports “moments of transformation”.

In this presentation, we want to highlight the theories of Esther Thelen’s, “somatic development is a problem solving activity”, Ed Tronick, Yvonne Agazarian, “functional subgrouping and joining”, Mary Main, “attachment states of mind”, Diana Fosha, and how their work has deepened our theory and practice of Bodydynamics. We also plan to do a demonstration session that will hopefully illustrate many of these integrations. We will have time at the end to discuss the session and any other questions you might have. Our goal is to encourage you to follow your own process in adding more and more complexity to whatever model is your home base.

Interoceptive Awareness Training to Facilitate Reconnection and Enhance Embodiment: Therapeutic Processes and Scientific Outcomes by Cynthia Price, PhD MA LMT

For many people, accessing awareness of inner body sensations is both unfamiliar and challenging. This is particularly true for individuals who are dissociated from their bodies due to trauma or chronic pain. Learning to reengage with one’s body is an incremental process and touch can be used to help facilitate attention to and presence in the body. Mindful Awareness in Body-oriented Therapy (MABT) is a mind-body intervention that combines touch, mindfulness, and psychoeducation to help teach interoceptive awareness skills for emotion regulation and self-care. There are three key components of MABT, each designed to incrementally guide the development and increase the capacity for interoceptive awareness. These include body literacy, interoceptive training, and mindful body awareness practice. This presentation will describe, demonstrate through experiential exercises, and discuss how each facilitates deepened capacity for sensory and emotional awareness, highlighting the role of the body in feeling and cognitive integration of sensory information. Results of NIH-funded MABT research studies involving mixed-methods will provide a backdrop for understanding the role of interoceptive awareness for embodied knowing and improved health. In addition, the broader implications of interoceptive awareness as it relates to neuroscience models of regulation will be discussed.

Better Brain Function through Movement: Using Exploratory Movement for Trauma and Eating Disorder Recovery by Susan Richter MFT, CEDS, SEP & Sean Baker MFT, SEP

Sustained eating disorder recovery and trauma healing requires updating outmoded self-concepts as well as finding ways to live peacefully in one’s own body. Expanding the clinician’s tool kit to include learnings from mindfulness, trauma-sensitive yoga, Feldenkrais Method, and Somatic Experiencing can greatly facilitate the challenge of helping those with eating disorders and complex PTSD to re-embody. Exploratory movement, with an emphasis on physical sensation, can bypass the critical thinking brain and its inhibitory reactions. This allows for changes to occur sub-cortically, thus facilitating organic self-regulation. The results include: client’s sense of freedom and choice increases, the range and spontaneity of client’s behaviors increases, and client’s connection to self and others increases.

Unlike most mindfulness practices, exploratory movement practice is not focused on teaching people skills to take home and practice. The focus is to help people have a true present moment experience with their body. What is happening in exploratory movement is mostly about interoception. Clients are essentially rewiring their brain to experience the present moment (what’s happening in the body right

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now), and then interact with it in some way (breathe or change the form) that can serve to increase affect management.

Constricted affect tolerance is often manifested in the body as chronic tension or pain and gastrointestinal symptoms. Focused awareness during exploratory movement can greatly expand interoceptive awareness. Interoception is key to the development of affect tolerance. This happens by tracking one's "felt sense" through a wave of sensation and noticing how it peaks and subsequently subsides. Using these somatic tools improves one's ability to tolerate intense feeling states, learning to no longer fear these sensations or emotions, thus extinguishing PTSD triggers and eliminating dependency on eating disorder behaviors to cope.

Clients' self-image determines their actual physical range of movement in the world and vice-versa. It is the image that clients' have of themselves in their brains (which is unconscious), far more than the image that they see in the mirror (which is conscious), that limits their freedom and choice, that leads to habitual rather than spontaneous behavior, and that keeps them from having a deeper connection to themselves and to others. The therapist can intercede with this perpetuating feedback loop by using exploratory movement to give clients a way to experience themselves in their body as it is, with curiosity, rather than behaving with a perceived intention or goal in mind. Exploratory movement clarifies and expands one's self-image and the ability to discover and challenge distorted perceptions or habitual ways of responding to stress. As clients are able to non-judgmentally observe constrictions and releases in the body, it can facilitate cognitive awareness of how those same constrictions in behavior or self-image are being manifested in relationship with self and others.

This combination of increased mobility in one's breathing and movement, and more stability in one's structure, sets the foundation for healthy, integrated physical and emotional function. This presentation will engage participants in experiential tools to explore awareness, focused attention, affect tolerance, and expanding self-image through movement. Step-by-step techniques for expanding body awareness with ease and somatic techniques to manage PTSD triggers will be demonstrated.

Connection: Our Greatest Longing and Deepest Fear: An Introduction to NARM, the NeuroAffective Relational Model for Healing Developmental Trauma. By Ellen Byrne

After decades of study, Posttraumatic Stress Disorder (PTSD) is now regularly diagnosed and treated. We have developed an understanding of this disorder that has affected so many people over many generations and many models for addressing PTSD have emerged.

Largely due to the Adverse Childhood Experiences (ACEs) research project, we also have a greater understanding of the far-reaching and life-long consequences of early and childhood trauma. A new diagnostic category, Developmental Trauma Disorder (DTD), has been proposed to differentiate early relational trauma from the cause and effects of PTSD. Continuing research in DTD has led to an even more sophisticated understanding of the complexity of trauma overall. In fact, it is now often referred to as "complex trauma." With this appreciation of complex trauma comes the search for effective models to address and heal early attachment, relational and developmental trauma.

The NeuroAffective Relational Model (NARM), is one such model. Developed over many years by Dr. Laurence Heller and his associates, it shows clear results in resolving attachment, relational and developmental trauma. It can be seen as a "therapy of connection."

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Drawing on the therapeutic models of attachment theory, object relations theory, character structure approaches and somatic approaches such as Gestalt Therapy and Somatic Experiencing, NARM integrates psychodynamic and somatic approaches within a framework of interpersonal neurobiology. It also relies heavily on mindfulness-based practice in application. NARM is a comprehensive clinical approach addressing early, unconscious patterns of disconnection on all levels of experience that deeply affect our identity, emotions, physiology, behavior and relationships. Learning how to work simultaneously with these diverse elements is a radical shift that has profound clinical implications for healing complex trauma.

Dr. Heller's and Dr. Aline Pierre's book, Healing Developmental Trauma: How Early Trauma Affects Self-Regulation, Self-Image, and the Capacity for Relationship, has received worldwide acclaim and is now published in 12 languages. NARM Practitioner Trainings sell out in Europe where there are now hundreds of NARM Practitioners. In 2013, NARM training was brought to the US.

4E Cognition: Humanness from a nervous system point of view by Lisa Dale Miller, LMFT, LPCC, SEP

By nature, the human organism exists in a non-dual interconnected state of beingness, and therefore, mind and body are always connected. Yet most modern human minds—particularly those suffering with mental health disorders—obsessively cling to disconnected, distorted internally-generated narratives of self and world. Traditional neuroscience has defined specific brain networks involved in producing experiential focus (EF) and narrative focus (NF). EF activates embodied well-being and NF produces fixational depressive/anxious mind states. A newer branch of neuroscience called *Embodied Cognition* (EC) theorizes that many features of knowing are embodied and deeply dependent upon mechanisms of the physical system in addition to brain activity, and that these embodied processes play a significant causal and/or physically constitutive role in cognitive processing. *4E cognition*, one of EC's principle theories, views the human organism as an embodied being—equally capable of cognizing its boundaries and its surround because of its interconnected nature as an *embedded, extended* and *enactive* entity in a world. Though somatically-oriented psychotherapists are well-aware of this embodied nature, they may have difficulty unhooking patients from distorted self-narratives; particularly trauma-identity narratives. Understanding 4E cognition can aid a clinician's ability to work from an organismic, nervous system point of view. Together we will explore these theories and practical interventions for facilitating attentional shift from obsessive self-narratives to the innate well-being of our interconnected embodied, embedded, extended and enactive nature.

Core Breath Experiential Workshop By Alycia Scott Zollinger

Core Breath is an experiential workshop that weaves the integration of mindful breath awareness and intention within the therapeutic processes of Core Energetics. Participants will be guided through a compassionate process of tapping into the subtle body through breath, energetic consciousness and intentional movement. Conscious awareness of our being can heighten through mindful cognizance of the way our breath flows, ebbs, is blocked or held. This heightened perception is a nexus of consciousness and matter via a direct experience of our embodied presence and a felt sense of our nervous system. By mindfully tuning into breathing while enduring a process of body-psychotherapy, this conscious awareness creates an embodiment that can facilitate a more rapid penetration of our outer skin/mask, while percolating the soils of our core self. The workshop will highlight specific considerations for integral alignment and breathing awareness in the process of supporting, enlivening and recuperating the mind-body-spirit connection.

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Breath is life in energetic form. It flows through the body like a river through blood vessels, nerve tracts, and lymph capillaries. It is impacted by the effects of emotions and can affect a person's physiological state in an involuntary and voluntary manner. It can carry, weave around and through the emotional charges embedded within us. Whether the issues are in our tissues, cradled in the pelvis, stuck in the diaphragm, or locked in the jaw, all connective tissue, organs, blood vessels and cells are interconnected within our body's fluid matrix. In the center of our being, the spinal cord is the epicenter of the central nervous system, which works in tandem with the peripheral nervous system (which encompasses the somatic and autonomic nervous systems). These systems are important information highways and feedback loops, psychologically, neurologically, physiologically and somatically.

Breathing illuminates our energy, brings new life to cells, and carries the vitality of our life force. Breath can weave through our nervous system in ways that elucidate the way we structure our character, armor our being, and either contract or expand. Linking core energetic exercises with their direct link into the nervous system, facilitates a more rapid transition into multiple levels of human experience and memory. I have found utilizing an intentional use of breath through the exercises further assists in securing a resonance that highlights one's natural rhythms of release, holding, and energetic streaming. The Nervous system embodies consciousness in its pathways from the crown of the head down to the soles of our feet and out. It is an energy distribution center that breath weaves through as revealing currents. Utilizing core energetic exercises in direct correlation with the nervous system through the intentional use of breath, joins consciousness and energy in a manner that can lead to direct insight one's character structure, mask, and vital nature; as well as assist in the completion of the vaso-matoric cycle in the process of healing.

**Sexual Healing Heals More Than Sex:
Body-to-Body Intimacy and Mindful Eroticism** by Stella Resnick, PhD

Sexuality is integral to the whole person and the holistic body, neurobiologically intertwined with early attachment history, and influences the development of a secure or insecure sense of self. This presentation begins with a theoretical exploration of a neurobiological-embodied Gestalt integration of couples and sex therapy. We look at relevant research that lends support to working with sexual enhancement in couples therapy to foster partners' felt-sense of security, empathy, gratitude, forgiveness, and loving feelings that reinforce the emotional repair that takes place during the session.

Encouraging mindful eroticism between partners involves offering clients experiential processes for progressively surrendering to the pleasures of the moment that couples can play with at home. These do not aim for intercourse or orgasm. Rather, they involve switching from left brain language, logic, and distracting self-talk, to a focus on presence, attention to the breath, awakening the senses eye-to-eye, skin-to-skin, mouth-to-mouth, heart to heart, in an embodied and playful connection between partners.

The presentation continues with an exploration and demonstration of Embodied Relational Sex Therapy™ processes for working with couples on repairing current emotional injuries, healing

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underlying early developmental wounds, and enhancing playfulness. We close with a review of how the ability to surrender to pleasure supports self-acceptance, the integrated self, compassion for the differences of others, and is at the root of transformative therapy.

Sexual Pleasure in Light of Intersubjectivity, Neuroscience, Infant Research, Relational Psychoanalysis, and Recognition Theory³ By Lawrence E. Hedges PhD, PsyD, ABPP

Abstract:

Sexual pleasure as an intersubjective experience can be meaningfully distinguished from other forms of sexual experience--from sexual stimulation, arousal, preoccupation, satisfaction, gratification, and other forms of sexual fulfillment. Sexual pleasure can be cultivated in the human species as a *psychological event*--as an intersubjectively achieved sense of interpersonal union not attainable by members of other species.

Neuroscience demonstrates that the prefrontal cortex *actually organizes* other parts of the brain and neurological systems according to the interpersonal experiences available and not available to the infant.⁴ Right brain to right brain affective communication can be achieved between infant and caregiver through the cultivation of complex processes of mutual affect attunement and regulation--thus giving rise to reciprocal psychological and psychophysical experiences of mutual pleasure.⁵ Infant studies demonstrate that the human capacity for intersubjectivity is present at birth.⁶

The human polyvegal nerves allow genetically-driven neuroception of safety and danger--of potential pleasure and pain--that can give rise to a developing sense of safety, security, and love or of danger, insecurity, and fear in human relationships.⁷ Recognition and attachment theories clarify how these and other primal human response systems can be cultivated toward mutual pleasuring in infancy and early childhood, *interpersonal pleasuring that is foundational to later experiences of reciprocal and mutual sexual pleasure accompanied by a sense of psychological attunement and union.*⁸

³ Presented at the World Congress for Sexual Health, Porto Allege, Brazil, September 24, 2013.

⁴ Cozolino, L. 2002, 2006, 2012; Damasio, A. 1994, 1999, 2003; Edelman, G. M. 1993, 2006; Edelman, G. & Tononi, G. 2000; LeDoux, J. 1996, 2002; Schore, A. N. 1999, 2003, 2013; Siegel, D. J. 1999, 2007.

⁵ Schore, A. N. 1999, 2003a,b, 2013; Siegel, D. J. 1999, 2007; Porges, S. 2004, 2011; Benjamin 2013.

⁶ Beebe, B., & Lachmann, F. 2003; Beebe, B., Knoblauch, S., Rustin, J., and Sorte, D. 2005; Fonagy, P. 2001; Fonagy, P., Gergely, G., Jurist, E., and Target, M. 2002; Stern, D. N. 1985, 2004; Trevarthen, C. 1980.

⁷ Porges, S. 2004, 2011.

⁸ See Benjamin 2013

Embodiment, Personal Development and the State of Consciousness by

Siegmar Gerken PhD, ECP, HP

The mystery of embodiment and the capacity for conscious experiences are important topics in the personal development of a human being. Many conscious and unconscious processes influence the way we feel, react, think and form our body and ultimately our behavior and the development of our personality - affecting how we feel intra-personally and inter-personally connected, how we can access and explore our feelings and contribute to life and society in general.

These are questions, that many clients present. How can we establish a safe ground of experience on which a non-linear therapeutic process can unfold that addresses the Human Being and goes beyond the symptom - leading to integration, wellbeing and healing of the body-mind connection.

Dr. Gerken also introduces modern technology with his research in documenting physical, emotional and mental energy patterns with Infrared Analysis and Biophoton-Measurements, which indicate, that we embody our past and present experiences as images in our consciousness, and that memory and consciousness is not just a function of the brain, but of the whole body-mind connection.

In this way, we can integrate our historical wisdom of body-oriented therapies by reevaluating the underlying principles of our work with contemporary research, gain a solid understanding of them and develop approaches that expand awareness and deepen nourishment and integration.

In practicing body-oriented therapy we can successfully address this interconnectedness.

Discovering & Experiencing the Impact Somatic Therapies Have on Authenticity

by David Phillips, MEd, CCEP, BBA

Authenticity is the ability to know and understand one's thoughts and feelings, while acting in accordance with them. Authenticity is also called being aware or synonymous with your true self. According to researcher and psychologist Stephen Joseph, "authentic people possess a number of common characteristics that show they are psychologically mature and fully functioning as human beings." These include: 1) realistic perceptions of reality 2) accepting of themselves and of other people 3) are thoughtful 4) a non-hostile sense of humor 5) ability to express their emotions freely and clearly 6) open to learning from their mistakes 7) understand their motivations. Research shows that when people are in relationships in which they feel accepted, understood and valued, they can remove their mask and drop their defenses. They naturally begin to examine themselves psychologically, accommodate new information and live more authentically. Studies also reveal that it is authenticity that leads to true happiness. (Joseph, 2017)

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In counseling / therapy, authenticity is one of the most crucial aspect of the person's well-being and is also considered as a necessary component to achieve well-being. Lack of authenticity and self-awareness leads to unnatural attitudes and displays of violent behaviors, leading to a feeling of unrest and unfulfilled desires, causing the person to feel devalued and discriminated. It is important to note that when people shed their mask and get more in tune with their authentic nature, it leads to becoming an individual, who possess increased well-being, who has a clear sense of self, which results in fulfillment. (Leary, 2003)

In this workshop, we will discuss helping clients to uncover their real identity and understand their authentic self. We will discuss how to help clients remove their masks in a group and in their life and remain grounded in who they are rather than what they believe they are supposed to be and do.

This workshop will offer the findings of a recent study of LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) individuals who participated in a Core Energetics process group and the impact on their ability to show up more authentically by participating in the process group. Attendees of this workshop will have the opportunity to experience somatic practices including Core Energetic techniques used with individuals in the study. These techniques will help workshop attendees raise their awareness of where they may hold back and not show up fully. We will create a safe container to explore connections, feel our bodies, feel our emotions, have some fun, and uncover more of our authentic selves.

TOUCH: The Royal Road to Connection and Repair by Joe Weldon, Lic Psych. MST and Noël Wight MA MST

Our body carries a record of our lives in its nervous system and its cells. Touch is the key that opens access to the body's knowings- to its somatic intelligence. In touch we find all of the elements essential for connection and re-pair. From a somatic perspective "re-pairing" means pairing up again with something or someone, either internally or externally.

The transformative elements that touch provides in a therapeutic context are safety, orientation, empathy, awareness, attunement and a healing connection to a caregiver.

When care is delivered through touch clients can have a felt sense of how connected or disconnected they are from themselves or the other. Neuroscientist Matt Lieberman says, " Our brains are wired for connection" and therefore without touch our brain goes haywire.

Most clients who have suffered losses and traumas have experienced the deep despair of disconnection. Most trauma, injuries, and losses take us "out of touch" with ourselves and the world around us. To be out of touch is the true source of disconnection. Anxiety is the experience of being "out of touch" with or disconnected from the world. People deprived of touch are prone to compromised immune systems, poor self -regulation, isolation, depression

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and violence. Touch, on the other hand, improves immune response, decreases isolation and loneliness and allows for connection.

To be "in touch" is to be connected. As Ashley Montague said "Touch is the only reciprocal sense," meaning that when we touch, we are being touched and when we are being touched, we touch. Through touch the natural birthright of our brain wiring gets restored and repaired helping to nurture secure attachment patterns. Through Touch clients can once again pair up with their internal wiring for it allows access to their interoceptive awareness and helps to develop a coherent sense of self. Touch brings us into present moment awareness. It soothes the nervous system and is the pathway to move from, as Porges says, a "Neuroception of Danger to a Neuroception of Safety "

In Transformative Touch (TT) we touch with our words, our hearts, and our hands guiding clients through a reparative psycho-physical process.

Healing Hands Through the Five Elements By Brian Falk

Touch is a fundamental human necessity. In fact, "the primary sensations at the very beginning of life are physiological and tactile, and the primary form of communication immediately after birth between parent and newborn is through touch" (Ogden et al., 2006, p. 42). The act of one's hands placed and held respectfully and gently on the body of another is known to have many health benefits (Cozolino, 2006, p. 103).

An advantage of holding part of the body is the engendering of safety and the regulation of physical sensations. Once the body feels safe, it can relax, which is a condition for healing. The act of noninvasive holding can be likened to a parent soothing their baby, and thus may recapitulate Winnicott's "holding environment" by providing a type of "containment" (Ogden et al., 2006, p. 44).

Chinese cosmology considers five elemental phases as observable expressions of energy found in nature and the universe (Wood, Fire, Earth, Metal, Water). Within the human body they affect all the internal organs (Chia, 1993, p. 23). Chinese medical theory recognizes that there are two paired organs that are associated with each of the five elements or phases (ex. Bladder and Kidney associated with Water).

Placing one's hands over an organ can help regulate its functions (Chia, 1993, p. 223). In cases of excess, where there is a blockage or an accumulation, holding will reduce it. In cases of deficiency or weakness, holding will tonify or strengthen the organ's function. For example, placing hands over the Lungs and Large Intestine (Metal Element) will benefit the pulmonary and gastrointestinal system. Due to the interconnected relationship between the organs system, holding one organ will also benefit the other organs.

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From a clinical perspective, the simple act of holding part of the body may serve the client in cultivating greater self-awareness, as well as strengthening the relationship between therapist and client. As Ogden notes, “physical touch activates nerve endings on the surface of the skin, thereby increasing sensation intensity, making touch particularly useful in restoring awareness of body sensation” (2006, p. 201).

More specifically, hands held over particular organs in the body can help restore one’s connection to that area, as well as bring vital energy to that organ. Our attention goes to where we are held, providing information we were not aware of. As a somatic resource, holding can also “anchor the client to the here-and-now and to the relationship with the therapist” (Ogden et al., 2006, p. 204). Whether the organ itself needs repair, or an area of the body has been dissociated, holding can help reset physiological and psychological homeostasis.

Facilitating Reparative Experiences of Touch between Children and Caregivers through FirstPlay Kinesthetic Storytelling® by, Janet A. Courtney, PhD

Nurturing touch experiences are essential for human growth and development. Trauma exposure and attachment disruptions can impair healthy functioning of touch between children and their caregivers. In this experiential workshop practitioners will learn a relational play therapy model called FirstPlay Kinesthetic Storytelling® where practitioners facilitate caregivers in a therapeutic “story-massage” (also known as “BACK Stories” to children). Participants will observe a demonstration of FirstPlay® in action and will have an opportunity to practice a story-massage experiential that can be bridged into practice to heal and restore attachment between children and parents or their caregivers. A case vignette of FirstPlay Kinesthetic Storytelling® in action with a young abused child residing in Foster Care will be presented.

Biofeedback as a Viable Somatic Modality for Trauma and Related Comorbidities by Cynthia Kerson, PhD, QEEGD, BCN, BCB

Biofeedback and its subcategory, neurofeedback, have been used for over 40 years as interventions for many disorders, including trauma, anxiety, depression, headaches, ADHD, traumatic brain injury and many more. Their usefulness was established over 40 years ago when it was found that one can recognize physiological patterns and regulate their physiology using operant conditioning. Modalities such as Heart Rate Variability training, muscle tension regulation, and brain wave biofeedback are excellent complementary tools for somatics work and other forms of psychotherapy because they help the person recognize pain, stress, and holding in a more tangible way.

Blending of Disciplines: Using Exercise Science to Bridge Understanding in Somatic Psychology Interventions. Bringing Together the Science of the Physical Body with the Science of the Emotional Body to Go Beyond Symptom Reduction and Reconnect the Self and Body. By Stacy Reuille-Dupont, PhD

Jumping off from my first career as an exercise scientist, I found somatic psychology as a way to bridge and treat physical health symptoms at the level of being. Drawing on my dissertation research regarding perception and participation in physical exercise within a clinical mental health population, I found blending Hakomi's character analysis with locomotor developmental stages unlocked psychological core wounding and allowed for corrective experiences in the "forced mindfulness" of difficult physical challenge. Beyond traditional therapy, these interventions also treated physical health problems of obesity, chronic pain, chronic disease management, addiction patterns, and others that often have roots in the psyche and are impeding if not distracting from deeper work.

The nervous system directs it all. When the nervous system becomes dysregulated as a result of wounding (psychological or physical) the body systems adapt. These adaptations are brilliant options for the body at the time of pain, however if left unchecked create systemic problems that may lead to chronic disease states, both physical (e.g. diabetes, obesity, pain) and/or psychological (e.g. low self-worth, addiction, stunted personal growth, rigidity in life participation).

In our current culture, these adaptations become targets for interventions as independent factions rather than utilizing the intelligence of the whole system. Physical health care often separates itself from mental health due to its cause and effect, tangible nature, however taking a broader approach that includes psychology we treat the problem, not just the symptom.

One finds mind present in all forms of body dysfunction from basic building blocks of cellular activity, immune dysfunction, and inflammation patterns to postural deviations as a result of psychological or physical wounding. By honoring the embodiment of personal experiences the body psychotherapist can engage in larger and often discounted conversations about what health is and is not.

In this interactive presentation, I would like to review the concept that mind lives in every cell of our body and movement patterns are expressions of mind. By looking at the physiological sciences of hormones, neurotransmitters, brain/locomotor development, anatomy, and physiology we can concretely evaluate postural dysfunction, misalignment, and tension patterns set up by physical or psychological states. These states often continue psychological distress and influence overall health. Corrective exercise patterns can be used to free not only the physical system, but the emotional body as well creating whole person health.

Useful interventions that yoga therapists can use with clinic patients recovering from trauma of being victims of sex trafficking by J. Carmen

Scope of Practice in the licensed field of Psychology is clearly defined by Codes of Law and Ethics but when patients with complex trauma such as survivors of sex trafficking are referred by their clinical social worker to an unlicensed certified yoga

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therapist, how does one stay within the scope of practice of yoga therapy? It's a delicate distinction that requires unique training, supervision and practice.

Yoga therapy for mental health (YTMH) clinical practicum aspires to meet the legal, ethical and qualitative standards of licensed fields of mental health but yoga therapists do not diagnose, do not use the term “treat” and do not work with acute cases. Therefore, it behooves us to create more opportunities for yoga therapists to practice under supervision because maintaining clarity about one’s scope of practice is a slippery slope. YTMH clinical practicum has two yoga therapists per patient per hour and each patient is seen for five or six sessions. Yoga therapy for mental health is adjunctive therapy and all our patients are referred by their social workers. Yoga therapists have access to patients’ electronic medical records including progress notes from their sessions with a social worker, psychiatrist and primary care physician. All HIPPA regulations are strictly followed. We demonstrate, practice and notate breath work, sound production, single-pointed focus exercises along with gentle movement. These interventions are chosen primarily from two textbooks of research-based, evidence informed yoga practices. After listening to the patient talk about the presenting problem, the yoga therapists and patient do an individualized experiential practice for approximately 30-45 minutes. The session is designed to provide a sanctuary from extraneous thoughts by continuously returning the mind to focus on synchronized breath, simple movement and sound production. Sensitivity to pre-existing medical conditions helps assure that we do no harm. There are check-ins if the patient chooses to speak about their subjective experience. The yoga therapist and supervisor look for signs to ensure the patient is not triggered and can tolerate the practice. Drawings including specific breath work are sent home with the patient to practice and are added to the electronic medical records.

Results: The Behavioral Health Coordinator at Venice Family Clinic states that there are far less “no-shows” and far more compliance among our Yoga Therapy for Mental Health patients than they see for other types of appointments.

Conclusion: It is possible for certified yoga therapists to provide adjunctive therapy to people with complex trauma such as human trafficking survivors but it is essential for the future of the field that the yoga therapist maintain fidelity to the tried and true legal and ethical standards of more mature professions in order to eventually move in the direction of Board Certification.

“Bringing Nervous-System Informed, Trauma-Sensitive Yoga into the Psychotherapy Session.” By Joann Lutz, MSW, LICSW, E-RYT, C-IAYT

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This workshop presents an original model of Nervous-System Informed, Trauma-Sensitive Yoga, a fusion of classical yoga techniques, current neuroscience research, and somatically-oriented psychotherapy techniques. The autonomic nervous system-regulating effect of chair yoga postures, the yogic three-part deep breath, and yoga nidra, will be described, then experienced, by the participants. Particularly important are the way the deliberate movements of the postures slowly train individuals impacted by trauma to reconnect with their body sensations, increasing the potential to regulate the primitive brain; the effect of posture shape on sympathetic/parasympathetic balance; and the effect of the slow, deep breaths on vagus nerve function, boosting parasympathetic tone. Participants will be given a script for these interventions which they will be able to implement immediately in their clinical work.

Bodyfulness: A Pathway to Presence, Play, and Pleasure by Rachel Allyn, PhD, RYT-500

My methodology is aimed to combat the epidemic of disembodiment. My goal with clients is to train them in the practice of what I call bodyfulness (a series of body based practices I do with clients which encourage and develop mindfulness and interoception). America's history of discouraging mind-body connection, combined with our current era of screen addiction, has maintained this epidemic of disembodiment. Bodyfulness is a practice aimed to heal emotional and physical dis-ease, maintain self-regulation and increase visceral resilience. This is due to the nuanced level of kind-hearted self-awareness and practice that bodyfulness supports.

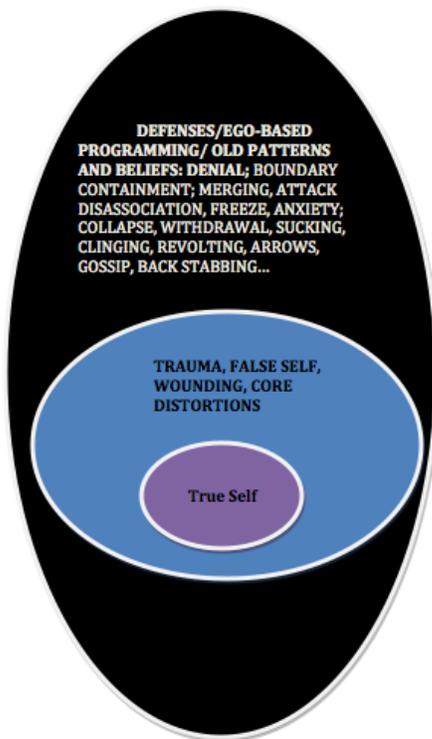
More recently my primary area of focus is on relationship, intimacy and sex therapy and I am writing a book called *The Pleasure is All Mine* to help people embody more pleasure in their life, work and relationships. I argue there are two obstacles that Americans in particular face while on the path of experiencing bodyfulness: (1) our country's history of disconnection between the mind and the body, with the mind being the exalted seat of reason and the body seen as full of untamed emotions and urges (2) our country's history of disconnecting pleasure from sex, with pleasure being vilified due to its connection to the body and sexuality. So here we have within us this profound method for homeostasis and aliveness via the body but we have been socialized to ignore it due to our country's history of overvaluing the thinking mind, glorifying an overachieving lifestyle, and being stuck in puritanical ideologies. Which is why it is not surprising the extent to which American's are disconnected from their bodies, and the extent to which they are disconnected from (and conflicted by) owning their right to pleasure.

First I will provide context by explaining the ways American culture has been caught in a *mind-body disconnect* as well as a *sex-pleasure disconnect*. Then I will discuss body-based interventions to reduce pain and increase pleasure, some of which draw upon 5,000 year old traditions that are only now are being validated by neuroscience and receiving more recognition. Through the method of bodyfulness — the combination of mindfulness, interoception and an assortment of moving meditations — we can surpasses what medicine, talk therapy or excise alone can offer. I will share practices that bring clients safely back to the most valuable resource they have: their body. The proliferation of research on interoception is exciting to me on both a professional and personal level. It means that science is now confirming the work I have been doing with clients and students. It has also validated my own lived-experience of healing my own history of dysregulation.

Clinical Interventions to Repair and Embody the True Self by Carolyn Bucey Eberle, MA, LPC

What if you could help your clients find their true self and discover who they really are? What if negative emotions and the false self could become gateways for discovering their true self? And, what if this process could create profound secure attachment and a sense of deep power and agency.

Experiencing safe, emotional ground in this challenging and stressful world is what most of us long to create. Yet, our inner peace and confidence can feel fleeting, like a leaf being blown in every direction by a harsh wind. This is because the false self offers no anchor when the hurricane of negative emotions, external judgments, and inner turmoil floods clients' sense of self and safety.



This presentation will teach five steps and skills clinicians can use right away to help clients learn to repair their false self. This will be done by providing demonstration of techniques, experiential exercises and client videos. These steps will transform negative beliefs, emotions, trauma, and limbic reactivity that keep clients from their true self. This experiential training will demonstrate mindfulness and somatic practices that will activate the bio-energy matrix and repair the false self's inaccurate identification. This will be replaced by the energy of the mind/body connection of the true self. Client handouts, links to videos and support material will be available for therapists to give to clients.

The 3-ring diagram is representative of the false self (outer two rings) with the center ring being the true self. In addition, participants will learn a "this is me", "this is not me technique" where participants get an experience of transforming the false self into the true self.

Participants will receive clinical interventions to initiate a dis-identification with the false self, including the ability to differentiate from emotional wounding as outlined in emotional-neuro-peptide theory, the biology of thoughts and emotions, polyvagal theory, and other evidence-based techniques.

The 5-step mindfulness and somatic protocols can rewire the brain and procedural memory so the mind/body systems, and the human energy matrix become aligned to support true self-

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identification. This intervention will create a larger *window of tolerance* when transforming such challenging conditions as anxiety, depression, sleep issues, trauma – even chronic illness. This approach mitigates negative thoughts and emotional reactivity and answers the question, “Who am I really?”

Somatic Practice with Marginalized Communities by Sage Hayes

How can somatic practitioners successfully meet the realities of clients who endure chronic social and economic trauma? How do we enhance practitioner capacity to create safer treatment environments which increase opportunities for attunement with clients who experience marginalization such as racism, nationalism, classism, homophobia, sexism and/or ableism?

This workshop explores elements of practice for practitioners which can support somatic empowerment, healing and liberation. Using the SE model, we will draw a physiological map of social trauma to offer a framework. From this map, we'll focus on elements of practice for somatic practitioners to:

- Help clients connect with their innate wholeness underneath adaptive protective mechanisms, chronic stress and suffering kept in place by chronic social trauma
- Increase conditions of safety necessary to explore and unwind impacts of social trauma with clients
- Track and interrupt your own ‘implicit bias’ and learned socially conditioned responses to racism, nationalism, classism, homophobia, sexism and/or ableism
- Support appropriate and productive ‘fight and flight’ responses to social trauma
- Normalize the freeze response as an appropriate coping mechanism to the chronic ‘inescapable attack’ of social trauma

The preparatory set: a novel approach to understanding stress, trauma, and the bodymind therapies by Peter Payne, PhD and Mardi A. Crane-Godreau, PhD

Basic to all motile life is a differential approach/avoid response to perceived features of environment. The stages of response are initial reflexive noticing and orienting to the stimulus, preparation, and execution of response. Preparation involves a coordination of many aspects of the organism: muscle tone, posture, breathing, autonomic functions, motivational/emotional state, attentional orientation, and expectations. The organism organizes itself in relation to the challenge. We propose to call this the “preparatory set” (PS). We suggest that the concept of the PS can offer a more nuanced and flexible perspective on the stress response than do current theories. We also hypothesize that the mechanisms of body-mind therapeutic and educational systems (BTES) can be understood through the PS framework. We suggest that the BTES, including meditative movement, meditation, somatic education, and the body-oriented psychotherapies, are approaches that use interventions on the PS to remedy stress and trauma. We discuss how the PS can be adaptive or maladaptive, how BTES interventions may restore adaptive PS, and how these concepts offer a broader and more flexible view of the phenomena of stress and trauma. We offer supportive evidence for our hypotheses and suggest directions for future research. We believe that the PS framework will point to ways of improving the management of stress and trauma, and that it will suggest directions of research into the mechanisms of action of BTES.

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Bodymap Protocol:

Integrating Art Therapy and Focusing in the Treatment of Adults with Trauma by Darcy
Lubbers, MFT, ATR-BC

Darcy Lubbers' doctoral research investigating lived experience of participants receiving an integrative Bodymap Protocol (BMP) is presented, with study outcomes indicating positive, therapeutic effects on participants' trauma conditions. Highlighted aspects of body psychotherapy include: 1.) neuroscience: underscoring effectiveness of non-verbal modalities in trauma treatment, 2.) facilitating embodiment, self-regulation and access to unconscious material through integrated protocol, 3.) providing a safe container for emotional/physiological healing, 4.) going beyond symptom reduction in healing trauma.

Body dreamwork: Using focusing to help clients find the life force inherent in dreams and nightmares by Dr. Leslie Ellis

This workshop provides an experiential sense of focusing and how to apply this somatic approach to working with the dreams and nightmares of psychotherapy clients. Participants will be introduced to the basic steps of focusing-oriented dreamwork (FOD) via a combination of lecture, exercises and demonstration.

I will describe focusing as developed by Eugene Gendlin (1978/1981), mainly via experiential exercises to demonstrate the steps as follows:

Clearing a space is a method of internally sensing one's internal state, and imaginably setting aside any distractions or worries that prevent one from being present and full available to the dreamwork process.

A *felt sense* is a tangible bodily-felt sensation that comes in response to a certain kind of attention to one's internal state. It is subtle and complex, and always represents more than one can say about it. Dreams often bring a felt sense with them, so a good way to learn focusing.

Asking into the felt sense is a process of finding out what the felt sense has to say. Gendlin said that the felt sense always brings with it a 'life-forward' energy and that focusing is the process of sensing into and aligning oneself with that energy.

The method to be presented combines Gendlin's most recent techniques for working with dreams, and my own minor adaptations based on my both my clinical experience and research. The steps include clearing a space, exploring the dream setting and associations, particularly those that might be a source of 'help' or life-forward energy.

The next steps depend on many things, including the nature of the dream, what has been discovered thus far, and what the purpose of working with the dream might be. Gendlin proposed 16 questions one could ask of a dream. I will provide the list and talk about the main ones I tend to use such as the Gestalt technique of entering into the experience of dream figures or objects, and the Jungian idea of allowing the dream to continue. In all of these processes, the bodily felt sense of the dream is deemed to be the ultimate authority on what the dream is bringing. All of the questions Gendlin suggests one asks of a dream are meant to be considered not intellectually, but somatically.

Throughout the explanation of the FOD process, there will be small experiential exercises to allow participants to sense into what is being described. Brief clinical examples will be provided to clarify how the process unfolds. I will explain how working with nightmares may

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differ from the above process and briefly talk about how to find ‘help’ in a dream where none seems to be present.

The group will have the opportunity to try out an abbreviated, guided version of the process above. They will be asked to consider a dream in detail, find associations to the setting so they can enter into it experientially, and find the felt sense the dream has brought them. They will be encouraged to locate the ‘help’ in the dream and explore the felt sense of that.

After the experiential, there will a time to debrief and discuss how the process might continue. I will offer the opportunity for one or two participants to work through the process, and there will be time at the end for questions.

Sex Addiction As Affect Dysregulation: An Embodied Approach to Treatment by Alexandra Katehakis, Ph.D., LMFT

Affective neuroscience--the study of how emotions actually grow the brain and nervous system--shows that most of our psychological, intellectual, and even physical growth depends on regulatory/attachment patterns we (or more correctly, our brains and bodies) learn during infancy. It also demonstrates how early relational or developmental trauma hurts not just our feelings but our cognitive and behavioral capacities as well, making us susceptible later to psychopathology. With hobbled capacities for self-regulation, self-reflection, self-differentiation, somatic awareness, and insight into self or others, sex addicts can't tolerate long-term intimacy. Truly being known by another (lover or therapist) threatens to bring back the shame and self-loathing experienced in repeated losses of emotional attunement with their caregiver. These findings allow us to understand and treat sex addicts as regulation-impaired due to a fundamental attachment disorder. Traditional approaches to addiction treatment often focus on symptom reduction via left-brain, cognitive interventions as opposed to long-term change via right brain, somatic awareness. This course will focus on the power of affect regulation theory (ART) and, therefore, the healing power of dyadic, embodied, relational psychotherapy. ART provides clinicians a way of tracking somatic markers in their patients while also working with their clinical intuition and somatic countertransference. Emphasis will be on actual clinical work based on interpersonal neurobiology, the dyadic interaction between therapist and patient and the co-regulatory processes occurring that begin to increase the capacity for human relatedness and dissipate vulnerability for facing pain. Video taped sessions will illuminate examples of different attachment styles.

The Integration of Mindfulness and New Somatic Approaches for the Treatment of Trauma & Cultivating Resiliency by Ron Alexander, PhD, SEP

Recent advances in the fields of neuroscience, somatic experiencing and integral psychologies have revolutionized current thinking about the resolution of trauma, painful patterns of thought and psychosomatic disorders. In 2010 Dr. Norman Farb and colleagues published a study in the American Psychological Association on “Minding One’s Emotions: Mindfulness Training Alters the Neural Expression of Sadness.” Their conclusion showed that the mindfulness group was able to focus on the feeling not the story and therefore had a less

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chance of relapse & depression. In 2012, Michael Posner, PhD published a study in National Academy of Sciences on mindfulness and the neuroplasticity of the brain. He concluded that mindfulness gave the brain the ability to influence its growth, which had tremendous implications on trauma cultivating greater compassion, awareness, and self-regulation. Through these and many other studies a new view has emerged which sees symptoms of suffering as the body's wisdom creating communication between the unconscious (the unaware) and the aware self for promoting somatic re-learning, compassionate acceptance, shifts and new awareness.

This experiential workshop will include direct experience, clinical demonstrations, and practicum theory. It will use the modalities of Somatic Experiencing and relational dialogical approaches emphasizing mindfulness-based practices for accessing the somatic "core-self" to develop clinical skills and deepen the participant's own healing process. Special emphasis will be placed on the treatment of trauma and psychosomatic disorders within the relational field with Somatic Experiencing, Gestalt Therapy and Ericksonian mind body approaches, which are highly effective techniques that understand the importance of the symptom as a pathway to inner healing.

Embodied Wisdom: The Dance of Three with Tina Stromsted, Ph.D., BC-DMT, Jungian Analyst

Authentic Movement, also known as "active imagination in movement," is a simple yet powerful meditative and therapeutic approach that bridges body, psyche, and spirit through expressive movement and reflective witnessing. Participants can deepen their ability to be present with oneself and with another in a more vital, increasingly conscious relationship. The practice invites a level of perception of self and other that can evoke deep respect and empathy. This workshop focuses on *The Dance of Three*, a further application of Authentic Movement.

Participants will explore "*The Dance of Three*" developed by Jungian analyst Marion Woodman and her colleagues. A further application of Authentic Movement, this practice involves a mover/client, a mirror/therapist, and container/supervisor who explore the dynamics of their relationships. Working in groups of three, each participant will have an opportunity to move, witness, contain, and reflect on his/her embodied experience. The triad supports the regenerative effects of natural movement and empathic response. Participants can practice deep inner listening while their own inner dance unfolds in a safe and contained space.

From our earliest beginnings, empathic relating by the other is an essential component in the formation of the self. Advances in interpersonal neurobiology point to the right brain's receptivity to nonverbal elements, such as facial expression, voice tone, movement, music, imagery and the play of symbols in dreams and poetry. This workshop is designed to complement the theoretical frameworks and discussions of interpersonal neurobiology presented in other sessions of this conference. *The Dance*

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of Three explores the nonverbal underpinnings of psychotherapy through direct experience of bodily-felt sensations, imagination, emotions, and witnessing practice.

With roots in Jung's Depth Psychology, Authentic Movement is a rich and subtle practice that can't be mastered in a three-hour workshop; however, those new to the practice can gain an appreciation of how natural movement enhances self-awareness, empathic response, and communication. Those with more experience in Authentic Movement will find that *The Dance of Three* can deepen their understanding of the essential components of this healing practice.

Through *The Dance of Three* participants may explore individual and cultural differences while affirming universal aspects of human functioning and experience. This approach provides a protocol for reflection and communication that is critical to any therapeutic situation.

Please join us in celebrating the integration of body, mind, and spirit in the healing process.

"What's Happening !?": A developmental-relational case of delayed embodiment by Mark Ludwig, LCSW

Embodiment is potential and is not guaranteed from birth. There are many factors at work in the integration of mind and body. The road of this perilous journey is thick with forces of disintegration. Key among these forces is the mediating factor of our early developmental relationships. The attuned/misattuned response of early caregivers to expressions of our subjectivity and developmental needs can shape the course of our embodiment. The imbalance between attuned intersubjective scaffolding and misattunements results in costly accommodations and misadventures in the realm of regulation, arousal and relationship.

The development of sensory self-awareness may turn on the qualities of mutual "call and response" events. We learn to pay attention inside to what is paid attention to and recognized in us by others. This happens through the referencing of internal mental and somatic states between caregiver and child, joint attention, turn taking and contingent vocal and gestural exchanges. Cognitive and developmental literature indicates that deaf and profoundly hearing-impaired children of hearing parents have significant deficits in these building blocks of "theory of mind" development.

This presentation will track the clinical progress of a severely hearing impaired adult client who presented for Somatic Psychotherapy with extreme environmental dependence, social anxiety, isolation, confusions about routes to intimacy, denial of disability, sexual stasis, and freeze/shame dynamics. It is the contention of this paper that many of these tribulations resulted from a prolonged period of undiagnosed hearing impairment in the context of a family culture in which the expression and referencing of internal somato-emotional states often carried the qualities of a traumatic event

The early, lived experience of bodies together noticing each others internal conditions is the formative environment for sustainable embodiment. When internal states are not referenced we may fail to begin to notice ourselves and our own needs and desires. This paper is a case study in how early hearing impairment created an environmental dependence and inhibited somatic-emotional and sexual self awareness in an adult client.

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“The Actors Secret for therapists”

The keys to transforming habitual patterns. By Betsy Polatin, MFA, SEP

Expand the capacity to express yourself by learning a unique approach. The Actor’s Secret combines the Alexander technique for neuromuscular reeducation, Breathing Coordination for easy, spacious, breathing, and Somatic Experiencing for trauma resolution.

The purpose of this presentation is to teach therapists new ways to think about their body-mind response patterns and choices for inhabiting themselves, in movement and stillness. This will include understanding how three main systems in the body work. 1. Musculoskeletal system - how we are designed to function. 2. Respiratory system - the coordination of the diaphragm. 3. Nervous system – how to regulate activation and deactivation.

This workshop will offer hands-on guidance and simple exercises to enhance sensory skills by exploring the neuromuscular, respiratory, and nervous systems. You’ll discover how to stand, sit, speak, and walk with more ease and comfort. I will explain and we will practice diaphragmatic breathing according to the design of the respiratory system. You will learn to awaken your inherent potential by finding the support from the ground, that can lead to a full stature and expansion, while noting how trauma and overwhelmed can interfere with this process.

I will present different approaches to finding the support from the ground that can provide a kind of solidity that allows freedom from habit. I will also present explorations to discover the suspension and expansion that allows a therapist to be comfortable in themselves and open to their clients. We will look at how this combination of support and suspension can allow unrestricted breathing for full physical, and vocal expression.

While many techniques and self-help books offer a new way of doing, the secret here in this approach lies in non-doing.

The workshop will address "use" of the body/mind/self. The class will have demonstrations and also the participants in the class will have an opportunity to explore the ideas and principles presented. Much of the material presented will be from my book, *The Actor’s Secret, Techniques for Transforming Habitual Patterns To Improve Performance*.

Somatic Individuation: Repairing the Connection Between Psyche and Soma Through Embodied Active Imagination by Bridget Carlson

Thomas Hanna believes that the “discovery of self” is a constant, unrelenting event of somatic expression....One ‘discovers,’ ‘knows’ and ‘is’ a self only to the extent that one’s somatic being is constantly revealing itself and growing” (1970, p. 245). However, in our modern world, many people have become disconnected from their bodies and somatic experience, as well as their own deeper psychic experiences. For as Robert Johnson noted: “Jung observed that most of the neurosis, the feeling of fragmentation...in modern lives, results from this isolation of the ego-mind from the unconscious....A vague sense that...something that once belonged to us is missing” (1986, p. 10). That something missing is the connection to both psyche and soma and that disconnect can lead to many forms of illness. “If we try to ignore the inner world...the unconscious will find its way into our lives through pathology: our psychosomatic symptoms, compulsions, depressions, and neuroses” (Johnson, 1986, p. 11).

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In an effort to offer a clinical and personal growth practice to address this dual disconnection in need of repair, this workshop will present an experiential, embodied-learning practice to explore the creative synthesis of the Jungian practice of active imagination and somatic experiencing. Although seen through two different lens of the human experience, the fields of Jungian psychology and somatics both recognize the drive toward wholeness or individuation. In the field of somatics, Hanna believes that a person's body and somatic experience can reach the highest state of freedom by achieving the highest degree of conscious control and lowest degree of unconscious conditioning. "This state of autonomy is an optimal state of individuation, i.e., one having a highly differentiated repertoire of response possibilities to environmental stimuli" (1995, p. 351). Furthermore: "Jung used the term individuation to talk about psychological development, which he defines as becoming a unified but also unique personality, an individual, an undivided and integrated person" (Stein, 2015, p. 175).

Though these are different definitions and viewpoints with which to understand individuation, I believe that they can be synthesized to formulate a more comprehensive understanding of the modern human experience of disconnection and a possible clinical application to help repair it. Embodied active imagination is one such approach. As Murray Stein observed: "To approach archetypal images and to relate to them consciously and creatively becomes the centerpiece of individuation" (2015, p. 186). Thus the process of active imagination is "*active* because the ego actually goes into the inner world....You consciously take part in the drama of your imagination" (Johnson, 1986, p. 140).

When done correctly, active imagination "pulls the different parts of you together that have been fragmented or in conflict; it wakens you powerfully to the voices inside you" (Johnson, 1986, p. 141). However, traditional active imagination is often conducted in the form of dialogue and writing without the additional component of engaging the body. I would argue that while Jungian psychotherapy has cultivated multiple ways of accessing the creative unconscious, my proposed embodied method of engaging and interacting with the psyche amplifies our current need to reconnect to our bodies and more fully activate our own somatic experience. Revitalizing active imagination by way of adding the embodiment element provides a new way of exploring oneself both psychically and somatically.

The embodiment component of this practice paired with the interactive engagement with the psyche offers the participant a physical and psychic space to more fully engage with their psyche and soma in tandem. This creative, self-exploration practice aims at opening the portal which can lead one towards individuation by acknowledging our own power to co-create and embody an experience. It is not my intention to change traditional psychotherapeutic or somatic practices, but rather to enhance the ways in which we connect to the somatic intelligence within; the expressive embodiment of active imagination is one of those ways.

Bearing witness: Psychic Space for Connection by Mădălina Borteș, B.A., & Cacky Mellor, M.Ed.

Cultivating a relationship with one's inner witness is an initial step in fostering embodied self-awareness and is foundational for receiving the benefits of intra- and interpersonal connection (Adler, 1999, Fogel, 2009, & Stromsted, 2014). Experiencing trauma can constrict one's agency and diminish one's capacity to access embodied self-awareness (Levine, 2010). This paper will employ a somatic depth psychological approach to two trauma-aware examples of cultivating and communicating embodied self-awareness. The first example coalesces elements from Authentic Movement, Depth Movement, and BodySoul Rhythms®—practices that ask the practitioner to follow their body's organic impulses to move—to demonstrate a depth psychological approach to internal witnessing (Bloom, 2014, Chodorow, 1997, & Woodman,

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1993). The second example draws from work to physically externalize psychophysiological woundings (Mellor, 2014). This is intended to create psychic space and open up the possibility of being liberated from over-identification with one's wound (Hillman, 1972). The approaches to interoceptive attunement found in these practices gradually refines the practitioner's awareness of their internal psychosomatic landscape and fosters the conditions necessary to communicate one's experience of trauma (Farb, 2015). The act of attunement, discernment, and sense of self-trust required in these approaches invite a relationship between Self and Wound, Self and Other. This paper contributes a theoretical and praxis-based lens for the conference's conversation of somatic intelligence and connection.

Beyond the Nervous System - Generativity and Resourcing Through Embodied Embryology by

Theresa Silow, PhD, LPCC, SEP, Shirley Bar Dvir, MA, LMFT, Morgan Shepherd, MA, LMFT
Much of current Somatic Psychology theory and practice focuses on nervous system regulation particularly as it relates to trauma resolution and healing of attachment wounds. This presentation offers an expanded theoretical and experiential framework that seeks to include and go beyond a nervous system centered somatic psychology approach. The presentation arises out of an ongoing movement and study group with Bonnie Bainbridge Cohen, movement artist, researcher, educator, therapist, and founder of the BMC Approach to movement and consciousness. The group explores developmental movements and embodied embryology as a way to engage with principles and patterns underlying the human body, human psychology, and human consciousness. By practicing embryological patterns we are able to participate with the generative aspect of these early movements. This presentation offers theoretical dialog and practical explorations into early embryological movements and their potential relevance for the practice of Somatic Psychotherapy.

This presentation, arising out of an ongoing study group with Bonnie Bainbridge Cohen and somatic psychology clinicians, explores developmental movements and embodied embryology in clinical practice. It seeks to offer an expanded view on Somatic Psychotherapy - beyond a nervous system focus and corrective practices – via the practice of generative embryological movements.

The morphology of the human body emerges during the first 8 weeks of the gestational period through processes such as cell proliferation, cell differentiation, and enfolding movements. All tissue, organs, and systems of the human body emerge out of fluid patterns. In essence, the human body emerges through movement - motion creates form and form inspires further movement. Some of these movements create temporary body structures, others develop early renditions of permanent structures yet to mature.

From early developmental theories we know that the human body and its movements serve as the matrix of our earliest sense of self and the foundation for later developing identities.

Tapping into embryological movements allows for conscious participation with earliest experiences, many of them occurring while the nervous system is still in its rudimentary form. How do we create a fertile ground for new patterns and shapes to emerge? The shaping of the human organism - an artistic and creative event of nature - can be more fully embraced and embodied through direct perception and participation. Embryological movement explorations

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allow for engagement with principles and patterns underlying the human body, human psychology, and human consciousness. Engaging in embryological movements is a way to invite the generative aspect of the earliest of movements within the human organism. We will offer somatic explorations and exercises and discuss how these generative movements may be relevant to the practice of somatic psychotherapy.

During this presentation we will:

Inquire into embryological development as a universal process towards increased growth and complexity and its relevance to the somatic psychotherapeutic process. Share how the focus of our study group on developmental and embryological principles mirrored and fostered the natural cultivation and integration of early embryological patterns and developmental movements in each of us. Dialog about how embryological and developmental patterns may present themselves in individuals and in groups. Discuss how relational experiences after birth form the context for the developing infant and child to integrate and more fully embody embryological patterns. Engage in explorations of embryological movements in support of deep resourcing – an essential element for trauma resolution and attachment repair. Share how embryological explorations aid the deepening of embodiment, increased presence and compassion towards ourselves and our clients.

Integrative Body Psychotherapy In Action by Marojire L. Rand, PhD

Dr. Marjorie Rand, one of the founders of Integrative Body Psychotherapy (IBP) 1980, and co-author of *Body, Self and Soul: Sustaining Integration*, 1985, with the late Dr. Jack Rosenberg, will work spontaneously with a volunteer from the audience in an IBP breath session. There will be time for a Q & A session after.

EARLY COPING STRATEGIES: Another Addictive Behavior Which May Sabotage Connection by **Alice K. Ladas, Ed.D.** lic. psychologist NM and NY- Certified Bioenergetic Analyst, Initiator of USABP Research Awards

This workshop helps clinicians discover the chief coping strategy clients used to stay safe in their family/culture of origin. When early coping strategies persist (they tend to) and interfere with clients current connections, they appear in our offices. Coping strategies are revealed in both behaviors and the body. The worse the initial environment, the more the coping behaviors interfere with clients current lives. Early discovery of the patterns help therapists and clients know what to work on. Instead of making clients wrong for the behavior, this approach makes them right which fosters client/therapist connection. Illustrative case histories will be presented. Once commitment is made to modify the early coping strategy, (e.g. fight, hide, run away, be nice, conform to a culture, reject love etc.) clients are warned their primitive brain will tell them not to change because that behavior kept them safe. Anxiety will escalate. Strategies to handle anxiety will be discussed and a few less familiar ones practiced.. Then attendees will work in dyads, take turns being therapist and client, ask the relevant questions, notice how coping strategies can be difficult to identify, tend to persist, and how and where they manifest in the body.

Hakomi Mindful Somatic Psychotherapy : An Experiential Workshop

Faculty: Shirley Bar-Dvir, M.F.T., Certified Hakomi Teacher

Hakomi integrates mindfulness and somatics into the psychotherapy process with uniquely effective results:

The psychodynamic use of mindfulness is a foundation of the Hakomi Method. When introduced with Hakomi techniques, it creates a rapid, experiential access route to the unconscious “blueprints” and implicit memories which invisibly shape our lives. When unconscious, this material creates projections, conflict and disharmony in our self-perceptions, relationships and behavior. Once conscious and directly experienced, it is available for memory re-consolidation and transformation, including the healing of attachment issues.

Hakomi is a body-centered, somatic approach. The body is viewed as a “map of the psyche” - a door that can be opened to reveal the entire character and belief system of the individual. The body’s habitual patterns become a powerful access route to unconscious core material, and the Hakomi process deeply reconnects mind and body.

This experiential process, although safe and gentle, evokes a powerful “felt sense” for the client, allowing them to take ownership of core patterns as they emerge, as well as their change and integration.

Loving presence and the healing relationship are also central to Hakomi. We develop an exquisite sensitivity and attunement to others, using empathic skills to read “indicators” - subtle, unconscious cues. This creates a deep sense of safety and connection, allowing us to engage the “cooperation of the unconscious.”