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### ***Issues of Attachment and Sexuality: Case Studies from a Clinical Research Study***

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#### Abstract

In the following article, we present a brief overview of the dissertation research of Amelia Kaplan, Psy.M., a doctoral candidate in Clinical Psychology at Rutgers University, which was done in collaboration with Laurie Schwartz, L.M.T., M.S., a Body-centered Psychotherapy practitioner of 25 years. This applied research examined the clinical work of Ms. Schwartz in order to articulate some basic themes of Body-centered psychotherapy, and how Ms. Schwartz individualized her therapy to meet the needs of each client. In this article, we draw from the clinical research to examine how attachment and sexuality are dealt with in a trauma-oriented psychotherapy using the clinical case transcripts and commentary from the study.

#### Overview

Body-centered Psychotherapy (BcP) practitioners continue to search for a place in the psychotherapy canon. Because there is sparse empirical and scholarly research on BcP's theory, methods, and practices, this study uses the Pragmatic Case Study Method, a case-based research design, as a suitable strategy for beginning to study BcP systematically in detail and in context.

#### Pragmatic Case Study Method

The present study used the case-based Pragmatic Case Study Method ("PCS Method"), developed by Fishman (1999; 2000). The PCS Method draws from the Disciplined Inquiry model (Peterson, 1991) to investigate what about an applied psychological treatment is distinctive and useful (Fishman, 1999; 2005).

The Disciplined Inquiry model is outlined in Figure 1. Its focus "begins and ends in the condition of the client" by investigating the particular needs of clients within applied settings through systematic and rigorous case studies (Peterson, 1997, p. 188). As illustrated, in figure 1, once a client's situation and presenting problems have been described (component A), the Disciplined Inquiry Model calls for a setting forth of the practitioner's "guiding conception" (B). This is the overarching theory a practitioner brings to his or her work, as informed by previous

research and clinical experience (C). The guiding conception is then traced as it interacts with the specific needs of the client, through the steps of assessment (D); formulation, including treatment plan (E); action, or intervention (F); monitoring evaluation and feedback (G); possible recycling through earlier steps (H-K); and concluding evaluation (L).

In the present project, the PCS Method is being applied to three case studies. By studying systematically how a BcP practitioner's guiding conception influences the process and offers feedback to a system, the PCS Method allows a case study to look directly at what about the theory and techniques of a Body-centered Psychotherapy may be useful and distinctive with individual clients. The goal is to begin the explanatory process that will contribute to creating a framework of concepts for further study in BcP. Ultimately, it is intended that these cases will become a part of a growing database of pragmatic case studies (Fishman, 1999; 2005) that will help practitioners make informed choices about matching treatment with clients (Howard, Moras, Brill, Martinovich, & Lutz, 1996).

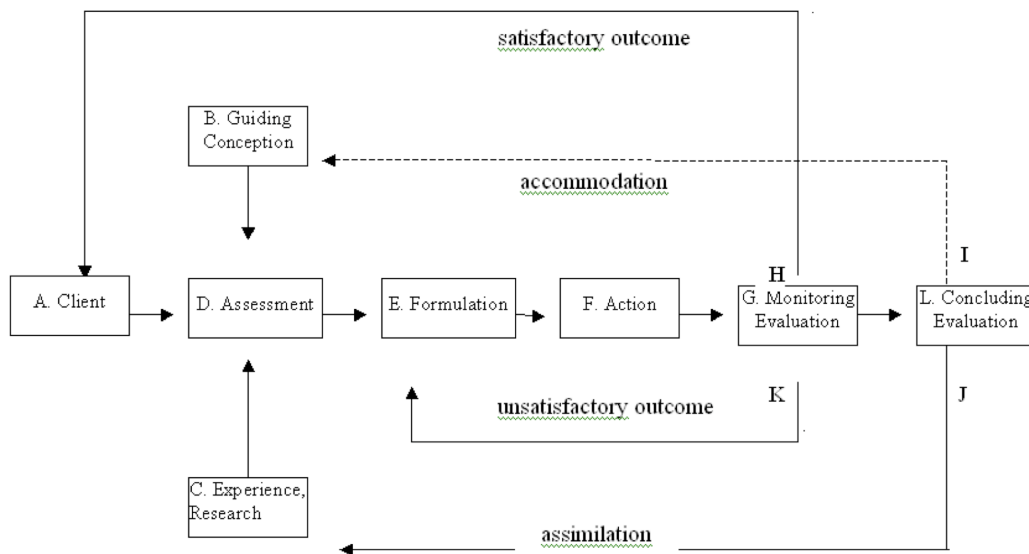


Figure 1. Professional Activity as Disciplined Inquiry  
(adapted by Messer, 2004, from Peterson, 1991 and Fishman, 2005).

### Research Design

This study is comprised of three case studies treated by BcP practitioner Laurie Schwartz. Each treatment was open-ended with regards to length. The research included the entire therapy or the initial 12 sessions, whichever came first. The data consisted of quantitative pre- and post-assessment measures, transcription of videotaped sessions, review of the video and transcript with the practitioner and researcher, and an exit interview with each subject by the researcher. The videotapes themselves were a crucial source of information – both as independent sources of data and as a method for practitioner review. Part of the data analysis includes the therapist and researcher reviewing the videotapes of these sessions to articulate how her guiding conception interacted with the presenting problems and goals of the subject, and how she integrates that information into her theoretical intent and procedure which will guide the next intervention.

*Body-centered Psychotherapy Practitioner*

The BcP practitioner for this study, Laurie Schwartz (hereafter referred to simply as “Laurie.”), was selected through a network of BcP practitioners because of her experience and training in the field, and because of her highly regarded reputation among practitioners. She is a certified Rubenfeld Synergist, a master clinician of Hakomi Therapy, and currently is an individual and group supervisor for therapists training in the Hakomi Method of Body-centered Psychotherapy and Somatic Experiencing a method for the resolution and healing of trauma. She also has a commitment to research in the field of BcP, as previous to this study she had already been videotaping clients for several years with the intent of engaging in clinical research.

*Guiding Conception*

In Laurie’s theory of BcP, the ideal of health is for a client to move towards a more related way of being with one’s self and body, aware of sensations, feelings, and thoughts, while staying related to other people. This therapeutic model draws from psychodynamic developmental theory, including object relations and self-psychology elements focusing on the mother-infant dyad (Aron & Anderson, 1998; Schore, 1994).

For more details on Laurie’s guiding conception, please see Kaplan, A. H. and Schwartz, L. (in press). *Listening to the body: Pragmatic case studies of body-centered psychotherapy. The USA Body Psychotherapy Journal*, or Kaplan, A. H. (2005). *Listening to the body: Pragmatic case studies of body-centered psychotherapy*, Rutgers University, Piscataway: NJ.

The Case of Ray

Ray, a 23 year-old African-American male, was the only client in the study to be referred through the public advertisement, as he saw the posting for subjects on a flyer by his university. Having no previous experience with psychotherapy, Ray had called because he was “curious” about therapy. A senior at a college in New York City, Ray did not identify any acute problems, but wanted to learn more about himself. Ray had taken a year and a half hiatus from college and had recently returned to college in New York City. As he approached graduation, Ray felt trying therapy could enable him to realize his goals.

Ray’s case was illustrative of an important demographic that rarely seeks psychotherapy, let alone BcP. Ray came from an African-American family in the South, had never previously had therapy, nor knew much about therapy. At only 23 years old, he was grappling with earlier developmental stages of identity and career development. Ray was an unusual client for Laurie, as he was truly a therapy newcomer, unsure of what he wanted from the therapy, and had neither friends nor acquaintances who had informed him about the BcP work.

This case also raised the important issues about working with sexuality. In their pre-study intake, Ray had raised concerns with Laurie about his sexual life, as until only a few months prior, Ray had engaged in a lot of casual sex – so much so that in the last six months he had decided to become celibate. He had, however, reformed some of his ways. He had taken off from college to live abroad in Australia, where he had a positive and transformative experience. He had fallen in love for the first time and experienced his first sexual relationship with an emotional component. He had only recently returned to college prior to joining this study. Back at a mainstream university, he felt different and isolated from his classmates. Ray appeared to be struggling with many issues of identity that he hoped to explore in the treatment, particularly how to manage his lofty goals and romantic ideals while dealing with the constraints of the everyday world.

Ray ended his treatment with Laurie after six sessions, largely due to becoming a devout Muslim. This example of an early termination offers some insights into the naturalistic study of BcP, including what works and what does not, and for which types of clients.

#### *History of Client (“A” in Figure 1)*

Ray was born to an intact middle-class African-American family in the Southern United States. Both his parents were successful professionals. There was a period in Ray’s early life when his parents had some marital difficulties, including a year during which his father lived out of the house. During that time there was “a lot of shouting” between his parents. He reported that they reconciled, and have since had a stable marriage.

Ray spoke fondly of his father several times, who used to play sports with him. He described feeling very connected to his grandfather as well, and overall feeling a strong obligation to become a “man of his family.” As the eldest male child in his family, Ray explained that this role dictates certain responsibilities and expectations from the family. He explained he was particularly responsible for his younger brother, with whom Ray talks nightly by phone. He also has an older sister and a younger sister. Ray barely mentioned his mother except in reference to her “working a lot.” Although the treatment mostly focused on his current life, the absence of references to his mother was striking.

Ray described himself in his early life as being “a big trouble maker.” He reported that he “liked getting into trouble” and often did not do what was asked of him. During high school, Ray sold drugs, despite the fact that he did not appear to need the money. This behavior resulted in his expulsion from one school. Ray also had been a very big “partier.” He reported having had sexual experiences with a great deal of women, drinking heavily, and smoking marijuana regularly. Ray did not present with a specific identifying problem, nor was he consciously aware of acute distress. He often seemed not fully engaged in treatment: he arrived at one session with a hangover, missed at least one session without calling, did not return phone calls, disappeared for several weeks, and in the end dropped out without discussing it face-to-face (it was by a phone message). Ray struggled with how to maintain commitment to his beliefs, and across the therapy became more interested in practicing Islam. By session six he had taken on his practice deeply, which was one of the main reasons why he terminated early.

#### *Assessment (“D” in Figure 1)*

##### *Qualitative Assessment*

From the outset, Laurie was aware that Ray had a story unlike many of her clients. He was a young African-American male with neither any therapy history nor awareness of therapy in his family. Additionally, unlike the other subjects who were much older and established, Ray was largely in a college mentality, facing challenges regarding identity and career. Ray was also smoking marijuana regularly at the beginning of the study (he quit after session 5), but had sworn off casual sex and was trying to remain faithful to his spiritual aims. He also had several artistic pursuits, including writing and performing poetry, and painting.

Ray’s personality style in the therapy room diverged from the other subjects’ more compliant attitudes. He responded to Laurie in a challenging and assertive manner. He made many comments about the physical surroundings of her office, pursued her to disclose personal information to a considerable degree, and tested her extensively regarding whether she was judging him (“Do you think I have a sexual problem?”). To build trust, Laurie subsequently disclosed more with him than with the other subjects. In fact, much of the treatment focused on

building trust in their alliance.

### *Strengths*

Ray demonstrated important strengths in several areas. Through his stories and pictures, Ray exhibited a highly artistic, inspired, and poetic soul. Not willing to live according to the status quo, Ray attended college non-traditionally and then, as treatment progressed, accepting Islam full-force, he continued to embrace a non-traditional path. Having been accepted at a prestigious university, he also clearly had intellectual strengths, which were further evident in his desire to write and seek exceptional opportunities. Finally, his loyalty to his family and community demonstrated strength; Ray appeared located in an ancestral story, in which although there were many pressures placed on him, he also drew on a wisdom and power of his African-American forbearers as he quested to find himself in this confusing and conformist world.

### *Formulation and Treatment Plan (“E” in Figure 1)*

Laurie sensed that there were two sides to Ray that were important to her conceptualization. One important aspect was that he was a self-described “nice guy” with intense lofty spiritual pursuits. Another aspect was that Ray was someone with an enormous amount of violent and aggressive energy to discharge, and little ability to do so. Despite Ray’s powerful and inspiring intentions, however, his behaviors often contradicted his beliefs. He would speak about many lofty goals within the therapy session, yet outside of therapy he would forget his forms and miss sessions without notice. With his professors and family as well, Ray struggled with a great deal of disconnection between how he wished to be seen and how he realistically acted.

Ray had drawn a series of pictures ranging from “where he currently is in his life” to “what he wanted to become.” Laurie understood a lot from these pictures. His first picture of where he started was an atom, described by Laurie as “amorphous, just going from thing to thing, fragmented.” His final picture was a tree, “to be rooted, grounded.” She conceptualized that Ray had the goal to move from disconnected energy to a rooted tree. Laurie wanted to help him ground himself in safer, more nourishing ways than through sex, drugs, and violence.

Laurie also viewed Ray as very “oral and needy.” She described how Ray “pulled” for a kind of mothering and that she instinctually felt drawn to him. For example, he asked for food in their first session; she gave him cookies. Laurie assessed that Ray was seeking some sustenance and was curious about what he could find in this treatment. As the treatment developed, Ray became a practicing Muslim who appeared to find sustenance in Islam. What remained unclear, however, was his belief that continuing treatment conflicted with maintaining his religious obligations.

### *Session One: “Do I have a problem?”*

From the first moments of the session, it appeared that both Laurie and Ray were aware of the power differential between the therapist and client. Laurie, who wanted to create safety, worked hard to help Ray feel comfortable. For example, it became immediately apparent that Ray “needed to talk.” Laurie wondered about his attachment and to what extent his busy, professional parents had ever really listened to him. She sensed Ray would need a lot of time to discharge, as well as for her to understand what would calm him and give him nourishment. Laurie therefore encouraged Ray’s talking freely in order to create an environment of safety. Ray jumped in right away and started asking Laurie many challenging questions, including queries about her spiritual practices and drug use. To send him a message of safety, Laurie responded directly to his questions, implementing self-disclosure and revealing some elements of her

personal life, including her age and some aspects regarding how her parents viewed her. As Laurie openly disclosed certain aspects of her past experiences, her intention was to send a message to Ray that it is safe to disclose. He segued organically into his history.

Laurie: I was born in [place].

Ray: Ah, that's how old my parents are...they were, um...

L: Your parents grew up in [place].

R: My dad grew up in [place] but like my mom moved around because her dad, was in, I guess it was the army. It was one of the...military...

L: Mmm.

R: I just, I don't know if that's where he ended up. At a certain point...Here's what's going to happen. They were like, the army kept moving them around...and then 'we want to send you all to Europe.' And then my grandma, was like no, so I think he retired, and then, so the reason they are in [state] is 'cause they went, no, my mom went to law school. They both went to college in [state]. 'Cause my mom was too young to go away to school. And so, that's where they met and....

Without any prompting, Ray continued to divulge his history. He discussed the town in which he grew up. As he jumped somewhat from topic to topic, his speech was rapid and slightly unclear. The concreteness in Ray's verbalizations offered clues to his character organization. Laurie stayed with his experience and followed with encouraging him to find inner resource. When Ray talked about the aspects he disliked, she brought him back to what he liked in order to understand how he finds nourishment. Ray responded to her redirection; he associated to his childhood neighborhood with a powerful nostalgia, reminiscing about how much he enjoyed his early life and community.

R: **Growing up there was the best.** Yeah. I liked it because our neighborhood was like real mixed. And I didn't really appreciate it so much until I sort of got a little older and traveled away from the neighborhood and stuff...I don't know, like. We used to all like, everyone, there was a pool...a main pool and basketball court. We used to all be there. I mean all, I just say everyone because it was just like everyone I knew. You know what I mean? Like, it just felt like everyone was there – And all my friends. None of us really thought about that...but looking back, I'm like wow, 'cause some of them were Indian, obviously, Black, Hispanic, and White, and Asian. And like, I didn't like, like really notice the difference that there were differences...like...or I don't know...

As Ray described his strong feelings of belonging in his early life, Laurie began to wonder about what his life has been like since he left that neighborhood. Although not directly addressed, one might wonder about how as an African-American male in the United States Ray has found the comfort and safety in other communities since his early multicultural one.

L: A very multi-ethnic environment where...

R: Yeah, it was just pure luck.

L: A kind of acceptance...

R: Yeah, it was just pure luck. 'Cause that's all that my parents really wanted. They're not...they just... want a quality of life and they don't really care who's in it; you know what I'm saying...as long as you're doing it right, it doesn't matter what you're doing, sorta. So, they're just like glad that there's a lotta kids that we can kinda be friends with around in the neighborhood...'cause it's easy for them, they don't have to drive us nowhere. They don't have to worry where we are...'cause we're just somewhere in the neighborhood, you know what I mean?

As Ray talked further about the neighborhood, it became clearer to Laurie how important these early experiences of blending in and bonding with others were for him. His descriptions about this time in his life were filled with affect and longing. Interestingly, he also inserted that

one of the highlights was “gunfights,” where aggressive feelings were safely expressed between friends.

R: Yeah, for example, until when I was in kindergarten, until about, I guess maybe like 9<sup>th</sup> grade, we lived in this house. You know what a cul-de-sac is?

L: Mm-hmm.

R: Okay, so like, so like there’s this street is kinda narrow, just like that. And our house was at the very bottom of the cul-de-sac. And then like...but there were kids like so our whole block it seemed like, almost every house had kids our age...y’know, kids we could just play with and stuff. The whole block used to get together and we’d have gunfights. One kid had a set of toy guns. Some of the lots were not built yet, so there was like construction stuff going on sorta. So, like, so we could even make like little fortresses and stuff like that. And then...after I was like probably third, fourth, fifth grade then we used to play more sports, more than just games. It was the same thing. We never had to leave our street, really. Sometimes we did because we had other friends around, but like our elementary school we just walked to school or rode our bikes. And the same thing, it really was just like happy...

In her assessment of Ray, Laurie acknowledged that she felt it was important for Ray to share this information. She did not want to interrupt his telling of this story, as he appeared to be “leading somewhere,” and since they were building trust, she wanted to follow his lead. Only after Ray spoke at length about his early life, did Laurie bring his awareness to his body. He responded with some affect, yet quickly returned to his story.

L: What do you notice now when you check in with your body right now as you think about those good times?

R: I feel kinda giddy almost. Almost like I just want to run and play, ‘cause we were talking about playing. I get nostalgic about home. And uh...I almost feel...sometimes I almost feel sad. Not ‘cause of bad things that happened, but just ‘cause like, it’s just like a time that will like never come again, you know? But right now I don’t feel that way.

L: So a precious time in your life.

R: Yeah, it’s so precious. And like, I don’t feel anything negative. But it’s just sad just because it’s gone. You know what I mean? I don’t wish I had a gun now or something. It’s just, it’ll never happen again. That’s like unbelievable...y’know?

Unlike with her other clients, whom she brought and kept with their bodily experiences very early in treatment, Laurie decided to meet Ray’s need by continuing to follow his story. As Ray continued to give information, he introduced some important content about how he connected with his inner resources in his early life: by getting into trouble. Ray disclosed his long history of trouble-seeking.

R: I used to get in trouble, but not really with like my friends. Like, I don’t know, I guess like, when my friend like, we all sort of got in trouble, but not really with each other. We went somewhere else to get in trouble. All we did together, in high school was just play basketball and just talk about girls, like that’s it. We went somewhere else to get in trouble.

L: When you say trouble, what was constituting trouble?

R: Oh, well, um...

L: Trouble...

R: Well, like I got kicked out of school when I was a freshman. Two of my friends got kicked out when they were seniors and then...

L: In high school?

R: Yeah

L: For what?

R: Ah, **for dealing drugs. So, yeah...that was kind of the low point in my career...**And then, um, what I mean by saying on our own...I didn’t really...None of my...I guess a couple of my

friends ah... smoke weed. **That's what I sold, not crack [laughs].** A couple of my friends smoked weed, I didn't really talk to them about it, I didn't really talk to anyone about it that didn't need to know and so uh...

L: So, how'd you caught?

R: Well, I just got told on. Somebody else got caught and then they told on me, so...you know? So at that point like...certain things like I guess. **'Cause I was always bad, like even in elementary school, I was always getting in fights ... I was yelling at teachers,** not listening to teachers, like, just anything. **I seriously sought out things to do.** At the same time, my parents loved me because I was nice and I was polite because in my house I was raised...so...they were just kinda like alright... he's just...

L: You had this mixed thing. You're a nice person, but you had some anger and aggression.

R: Yeah, yeah, yeah, A lot. **I used to be really angry. Yeah. I used to be really angry.**

Laurie wondered what triggered so much aggression in Ray in his early life.

L: Was there anything, in particular, you can remember that happened before you started to get angry?

R: Um.

L: Like anything happening in your...?

R: Yeah, my parents used to fight a lot. And, um, our house, it wasn't that stable like...things were always like...sort of fucking up. Like, I don't know, I can't really describe it. But it was like, you couldn't never really, you could never be relaxed. It was always like, uh...

L: Some tension in the house?

R: Yeah, I'm trying to describe it. It's like, you couldn't never get a solid footing because stuff would always change or like the ball would get dropped or stuff all the time. You know, just like, you never knew when you were going to have a good day 'cause then if your parents fight and then like all your, everyone in the house is upset, really... And as a kid, you don't feel like there is anything you could do about it.

As Ray described his parents fighting, Laurie continued to listen for indicators of early trauma in his childhood.

L: So pretty helpless?

R: Yeah

L: When your parents were fighting, they argued when you were little?

R: Up until like 9<sup>th</sup> grade they had like serious problems. Like, um, I mean like, they...they... separated for a while and then um...you know...

L: You lived with whom?

R: Well, I lived with my mom. But my dad...he still lived in the same neighborhood. My dad had an apartment right outside the neighborhood. So like, he was there every day for some reason, they were beginning to get along. But just because we get along, we should live apart for a little while to make sure it's solid...I don't know what they were doing...

L: Did it work?

R: It worked.

L: Are they together now?

R: Yeah, yeah, yeah, Uh-huh.

L: They are happy now?

R: That was only like a year, when I was in fourth grade and so...**I just got pleasure. I literally enjoyed getting in trouble. Like, I don't know any other way to describe it.**

As Ray described getting into trouble, Laurie noticed he shifted into a "happy, energized state." Ray actually became quite activated and joyful when describing being obstinate.

R: Even though getting punished, it was like, I would wait it out, it's worth it. Anytime, **I was like, it's worth it. Not a question, it was never a question, it was worth it. Whatever happens, I was going to do it.** And I was like, what ever happened, happened.

L: So, the punishment wasn't...

R: I used to get my ass whooped. [laughs]. It was hurt; it was awful. I just...I didn't care. I was like, that's just the price you pay. I mean, if you have \$10 and you're hungry; so you've got to live with the fact that you no longer have \$10. I mean, that's just how it is. So it's like, is it worth it? But I will, **yeah, it's worth it.**

L: It was worth getting your ass whooped.

R: Yeah.

L: What kind of thing did you enjoy doing that...

R: **I liked breaking any rule.** Any rule that was there, I would break it. So, if the teacher said, "alright class, like, we're all going to the cafeteria to watch some video...I would, **"I'm not going" and I wouldn't.** I was almost like I wanted to sit in the classroom. I just couldn't go. I would just sit in the classroom until they got back. Just like, things that...some stuff I did out of pure energy, like, didn't have an intent in mind. I would be hyper and would yell something out that isn't like appropriate or you know, things like that.

L: You were kind of a comedian.

R: Yeah, yeah...a comedian and also some of it. Some things I said just to be funny. And some stuff I just did I wasn't really thinking about it... Sometimes, I'd just yell and I don't realize it. **I'm just hyper, so like, I don't really realize.... I guess I scare people sometimes.** Not so much now. Just because I'm like so hyper, I guess some people they take it as aggression or something. So, you know, there's a lot of people that are like...

At this point, Laurie chose to highlight Ray's "hyper" state of high activation.

L: You have a lot of energy.

R: Yeah.

L: You've always had a lot of energy?

R: Yeah, as far as I can remember...yeah, I mean, as far as anyone remembers...my parents and stuff...my other relatives that know me before I can...

L: So, so based on the meeting we had...

R: Mm-hmm.

After acknowledging his high energy level, Laurie brought Ray's attention back to the study. Evoking the study explicitly was a distinctive intervention, unlike any she used with either of the other clients in this study. Laurie formulated that Ray needed more "grounding" and "containment," so she often invoked the study as a way to contain some of his energy within the boundary of their roles. Ray's style of responding to Laurie also differed from the other clients. As Laurie shifted their focus to the study, which also refocused on their authority relationship, Ray responded by asking Laurie a very direct and probing question about whether she thinks he has "a sexual problem." The motives behind Ray's challenging question were unclear. Most likely, Ray had anxiety about this issue, and after discussing many early memories with Laurie, he felt safe enough to share his concern. Yet the question seemed a test to Laurie. Through this inquiry, Ray forced her to choose between diagnosing and pathologizing his sexual drive or normalizing it.

L: Do you have any questions now about this study?

R: Yeah, do you think I have sexual problems?

Laurie decided against labeling Ray's challenges with sexuality as a problem, but rather explained it as energy discharged in a way he has needed to self-regulate. Additionally, she framed his sexual energy as a theme that could be discussed and explored without shame within their therapeutic relationship.

L: You're asking me? If I think you have sexual problems?

R: Yeah, because we talked yesterday...last week about like some of my little thoughts and stuff like that. I really, I don't necessarily feel insecure, but at the same time I wonder and I figure, you've probably talked to people so much, that like, you would know. You know? Not do I have problems, just what do you think about my thoughts or my sayings about sex, from our last conversation? Like, what impression did it give you?

L: **Hmmm, well I think, I'm interested in getting to know you better.**

R: Mm-hmm.

L: But, based on your trips in Australia. I got the feeling on your being in Australia, you had a lot of different interactions with women in Australia.

R: Yeah.

L: You were kind of, were fancy free.

R: Yeah.

L: And you did have sex in Australia.

R: Yeah, yeah.

L: **I just got the sense that you know, you're just taking some time now just be with your own energy. I didn't consider it a problem.**

Unwilling to categorize or judge Ray's behavior as essentially problematic, Laurie appeared to have passed the test. Ray appeared relieved and encouraged by Laurie's normalizing his sexual energy.

R: Yeah. I don't think it's a problem either, but it does seem a little weird. Not to me, but to anyone else. They're like, "What do you mean?" Like you know, when we'll be talking to the girls. For example, last night I went to a bar and my friend wanted to talk to a girl and they were like cute, but...I'm like. And he's like, "What, why don't you want to talk to them..." What I was really trying to say is that I have standards, you know, like. It's not enough, just like, "Oh! she's cute, let's hook up..." That's just not enough. Like, you know, So, um, it's hard to explain, because I don't know. Man, I guess in that aspect, I've matured a lot ahead of most guys I know.

Despite the fact that neither labeled him as pathological, Ray's main issue appeared to be having significant amounts of energy (e.g., sexual, physical, anxiety) and finding appropriate ways to discharge this energy. In the past he had mainly used marijuana or sex; now he was looking for new ways to contain his internal energy.

L: You're looking for something more meaningful?

R: Yeah... 'cause I talk to girls about...like...I just tell them...yeah, y'know, if it comes up...I'll say, yeah, I actually haven't had sex since May on purpose..... They're like, "why, what guy doesn't". You know what I mean? I think it's important for girls to know that because most girls, because of like to... either the way they've been treated, or seen others, that's that they've come to expect... There's more to it. Since I know that and since I'm living that way, I think it's important to show that example. Not to make anyone do anything, but just so you realize there are options. Like, you can expect more from guys. And guys, same thing, you can expect more from yourself.

Ray continued to discuss ways he has tempered himself, such as through his current state of celibacy, as well as fasting. This exchange helped Laurie assess that Ray had been able to contain and control some of his energy.

L: What would you say if you were talking to say, a group of men now about values and being sexual and what you have learned.

R: Well, what I've learned, which I almost knew before I learned it, is that um, like that you really are like in command of yourself. Meaning that...um... like you don't, like you don't just have to like give, you know what I'm saying, to every urge. And there's nothing...there's nothing really... sex isn't all that. It is all that, but at the same time it's not. Like there's so much more to life, to really be thinking about...there's so much more, um, you can be doing internally...but you won't,

because for some reason, sex just becomes everything, I don't know. It's a great distraction. So, it will always be there, it will always be a distraction. **But, I don't know, like it just needs to be tempered.** I don't tell anyone what to do or what not to do. But my whole thing is just suggestions of what to think about. Because everyone will make different decisions based on what they know. And different things make different people happy. But my reasoning is, **I wanted to let, really have, command over my life by sacrificing things. So like, I fasted for a while. I did a fasting routine actually for a few months and, um, I still do sometimes. I really feel like, I was...I felt more free, as well as stronger because of it.** And then I began to do other things, like, even though you're hungry, if you know you're not going to eat, something about it, just opens your mind up. I can't explain it. And the same thing with sex. I'm just like, this is one thing I'm going to sacrifice. I didn't think anything was like wrong. I wasn't having problems or something. I am just going to give it up and just let it go. Just to, you know, just to see what happens. And I feel stronger now, I really do....

Laurie again stopped Ray to bring him to mindfulness, and Ray readily responded with his bodily sensations, connecting his high energy levels with his sensory experience.

L: So, let's check in for a minute and kind of, and see where you are.

R: **Okay, I'm all tense, man.**

L: You're tense.

R: Yeah, I'm excited. [laughs]. I'm not like tense, but I'm tense because I'm excited. [leans head back]

L: Let's just take a moment and see what it's like to just check in with how...

R: Close my eyes?

L: It's like to check in with and experience the sensation of tension and excitement in your body as sensation. And just give yourself some time to notice your hands, your arm, the movement of your breath. I'm going to talk to you a little bit about mindfulness. Mindfulness is the ability to observe your experience and to be in your experience and describe to me, in a new language, what's happening in your body right now.

With very little coaching, Ray was able to describe his bodily sensation in very specific language, including his state of flexion in his muscles.

R: Well like, physically, I mean, I can feel my heart beating. And like, you know, like, my arms, like even my breathing, it feels excited. Like, I don't know, I just feel really excited. And um...

L: And when you feel really excited...

R: Uh-huh.

L: **What's the sensation in your body?** How does your body participate in the experience of excitement?

R: **It's like my muscles are like half-way flexed.** Like, you know, you could flex it all the way, or you can relax it all the way...but they're like half-way flexed. Every single one in my whole body. Even my hands and everything are all like half-way flexed.

Ray followed his description of feeling "half-flexed" by depicting a readiness to spring, almost like an animal. Interestingly, Ray's image of the animal ready to leap fits directly with Levine's (1997) descriptions of the frozen trauma state, in which someone is activated, trapped, ready to spring, but unable to complete the motion. Laurie wondered about the nature of Ray's high activation energy – whether it developed from a trauma state of activity, in which Ray was frozen in a fight/flight reaction and must learn to discharge his energy in order to self-regulate.

L: In between full flexion and relaxation.

R: Yeah, I guess if I'm fully flexed, you're almost like constricted. It would be uncomfortable, but they're just like half-way flexed. It's not so much that I want to spring, or something, **but I feel so ready to do like, anything...**

L: So there's readiness.

R: Yeah.

L: Readiness to do anything?

R: Yeah.

To bring Ray back to his bodily experience with mindfulness, Laurie integrated a psychoeducational component to the therapy by suggesting a “menu” of possible experiences – cognitive, affective, imaginal, memory, or impulses – that he might notice.

L: Just hanging out and observing the sensation of readiness, the feeling of readiness, the quality of energy in your muscles...and in between full flexion and relaxation... and just giving your body and your soul time. Just notice what it’s like to take a little time to sense and observe what’s happening in the present moment. **You might notice a shift...you might notice something changing energetically...changes in your breath...changes in how your body is experiencing gravity... you might notice an image or thought or feeling or even a memory...or you might have a impulse...**

As Ray became more mindful, he described an experience from the previous week directly after he and Laurie met for their initial pre-study meeting. Apparently, he had become so activated by being in mindfulness in that session, that afterwards he skipped all his classes, played basketball manically, and ended up punching a wall.

R: Yeah, well, man, yesterday when I told you, or last week when I said I wanted to play ball and I also had this image of smashing a mirror. Right after our session, I went and played ball. **I just HAD to. And then I missed a lay-up and I wasn’t mad, but like, I was just so excited, that I just punched the wall and I f#\*ked my hand up.**

L: **Oh my God!**

R: Yeah, I know [laughter] I know, I had to get X-rays, but it was just a bruise. And uh, yeah, sometimes...I just, so like, now, I feel like real uh, not the same way, like it’s going to happen again. That’s why I remember like, I remember I felt this same way last week because. **Like I somehow feel that feeling last week, let...maybe because I became so conscious of it due to our session, basketball came on my mind so strongly that I skipped all my classes the rest of the day, yeah, that was Thursday, so I skipped all my classes and played ball for like three or four hours. And uh, I just had to man. I remember it so strongly because it stood out in my mind so much last week...**

L: When you go back to the memory of going to play basketball for those three hours, how would you describe to me what you see when you see yourself on the basketball court?

In this excerpt, Ray revealed important diagnostic information about his struggle to self-regulate: Ray appeared unable to “tame” or contain his energy in constructive ways. Laurie wanted to help Ray understand his triggers for his high activation and potential calming strategies. As a first step for him to better learn to regulate his own nervous system, Laurie started to encourage Ray to slow his pace down in order to help him notice his bodily signals.

L: So as you remember the feeling of being slower and playing on a new level....

R: Mm-hmm.

L: And check back in with your body right now, right here...As you remember your experience of feeling in tune with yourself in a new way...your instincts, your impulses, what do you notice happening right now in your body?

R: Well, I feel, ah, I feel myself calming down...just a little bit, like gradual...

L: So as you observe that gradual process of calming down and just notice any subtle changes in your breathing, in the flow of energy, in your chest, in your arms, give your body time to feel the sensation of calming...Where do you notice that feeling of calm?

R: It’s like right there. **[client gestures to center of chest]**

Despite his “blind spots” as to consequences of his behaviors, Ray was very capable of locating and articulating his bodily sensations.

L: Ah-hah. Right in the region of your chest. Does it have a shape to it?

R: Nah, but it’s like, something like, it seems to like all, whether I’m either tense or calm, the tenseness will dissipate from there or the calmness seems to like dissipate from here [**client gestures to chest again**]. I’m not sure why.

L: You don’t need to analyze anything or understand right now. It’s okay to just experience and feel and sense. So as you notice that place in your chest where you’re witnessing the sensation of calm, organically...and just notice what happens next, anything at all....

Ray discussed his common experience of “spacing out,” and how important “spacing out in class” was to him as a way to follow his own body’s “rhythm.” Again, Ray appeared to be struggling with finding pro-social versus anti-social ways of regulating his nervous system, while still maintaining his creative and artistic non-conformist impulses and behaviors. He then mentioned a professor who “picked on him.” Ray struggled a great deal with accepting the authority of this female professor. His relationship with this professor became a theme that he worked through a great deal in the treatment. At this first session, however, Ray’s feelings towards her are mostly channeled into sexual aggression, as he even projected onto her in the sexualized way he interpreted how she acted towards him.

R: It’s not like I’m like, oh, forget you all, and I’m just going to space out...I still will be thinking about... it sparked something in me...class discussion is going somewhere else. So, it’s like I’m basically not participating. One of my teachers, it bothers her. **But, I think she picks on me because she likes me. I don’t think she picks on me in a negative way. But, I think she points stuff out like that because she likes me, I don’t think it bothers her at all.**

Following these remarks, Laurie did not encourage additional attention towards Ray’s professor, but instead returned to his having punched the wall. She wanted to assess whether their therapeutic work was too intense for him, and determine whether he would get too activated and be unable to calm himself down. Laurie decided to go back to helping Ray access his inner calm and resources. As Ray described lying on a beach with the sun on his forehead, he had a powerful sense of embodiment, pleasure, and calm. The challenge for him would be how to integrate his competing impulses.

Now that Ray was calmer, Laurie brought his awareness to the moment before he hit the wall. She wanted to make him aware of the sequence of his impulses, thoughts, and actions. Despite her slowing him down, he did not appear able to examine what the impulse was that led him to hurt himself.

L: So, when we work together, we’re going to be going between some of your personal history and what’s going on in your life in the present and then back into your body. I’m just going to ask you to go to that moment right before you got angry and right before you felt that impulse and punched the wall. **What do you remember when you go back to that moment before you hit the wall?**

R: Right before I did that, ‘cause I missed the lay-up, how the f#\*k could that happen. [laughs].

L: You missed the lay-up, and you had a thought, “how the f#\*k could that happen.”

R: Yeah, you know ‘cause like my momentum was...so, there’s a wall behind the goal, like here’s, here’s the goal. If you’re traveling toward the goal, like, you’re going to be naturally headed toward the wall. So, when it happened, I was like, What! Damn! I don’t know, I guess it was like in protest. I seriously punched the wall in protest. [laughs].

L: Protest because you missed the lay-up?

R: Yeah, yeah, I was just like, how the f#\*k did that happen? I guess I asked the wall, because there is no one else you can really ask that question to like...

L: So, you kind of had that thought, how the f#\*k could that happen and you just, your arm just moving forward toward the wall.

R: Yeah, I didn't think to do it, in other words. [client shakes head]

L: Mm-hmm, **you had no thought.**

R: Yeah, yeah, yeah, I didn't think to do that at all. I don't really remember being conscious of doing it until like...

Since the session was nearing its end, Laurie asked how Ray was feeling one more time to make sure that he would be leaving "contained." Ray used the question as an opportunity to talk about how sexually charged he felt. A pattern of how Ray associated many of his feelings with his sexual energy was becoming apparent. In this session he linked feeling calm to his sexual feelings, and in a later session he felt his aggression towards his professor as sexual (he was very frustrated with her, and yet he wanted to "f#\*k her").

L: So, how are your feeling right now? And you were you able to still kind of feel the calmness in your body?

R: Yeah, yeah, **I have to admit man, I've felt really, really felt a lot of sexual tension lately. Like, it's unreal. So, like, even when I feel calm, I still feel like it somewhat.** I feel like I'm going through a growth process and it's making me horny, you know what I mean? I feel like I'm growing, like I've been so hungry. Even like my nails have been growing like real fast and stuff. So like....

L: Yeah, so when I meet with you next time, maybe we can pick up with this.

R: Yeah, I don't know what to do about it.

L: This is the first time you're mentioning it to me.

R: Yeah. We should talk about it more. That's pretty much the most interesting thing on my mind right now.

L: So maybe we can start with that next time, what is the tension or the sexual energy...how can you metabolize it.

R: Yeah, let's definitely do that. [small laugh]. Because it doesn't bother me, but at the same time it's very occupying. So, yeah, I don't mind talking about it at all. Cool.

### *Monitoring Evaluation of Session One ("G" in Figure 1)*

Laurie wanted Ray to attain greater self-awareness through mindfulness, particularly in regards to how his body has its own language. Yet from the very first session, Laurie saw that when Ray became mindful, he could not contain the energy. For example, as soon as he had felt frustrated, he had punched a wall. Furthermore, that energy led him to antisocial behavior: he had skipped all his classes and played basketball. Laurie wanted to help Ray express his energy in safer, more regulated ways.

As for his attachment style, Laurie also noticed how Ray would tell lengthy stories, "spaced out" to anyone but himself. Ray's tendency was to become lost in his words and no longer aware of being in a relationship with others. Interrupting Ray's lengthy monologues and bringing his awareness to his body as well as to their relationship in the room became important in his treatment.

Interestingly, physical touch did not thus far arise in Ray's formulation or treatment. Ray was so activated – and since touch often brings more stimulation to a person's nervous system – much work needed to be done without physical contact. In addition, Ray's developmental deficits were not yet clear, and thus further exploration would be necessary before introducing touch. Finally, the complication of a cross-gender dyad in the alliance suggested being very cautious with touch in general, and particularly with Ray, given his hypersexualized dynamics.

### *Case of Ray: Summary and Conclusions*

Ray's case was vivid in its illustration of Laurie's work with a type of client who was an unusual candidate for BcP treatment. Despite the brief time, Laurie was able to interact with Ray's needs such that he left with some satisfaction and felt more content in his life than he had in a long time. An important illustration of the therapy's role in Ray's growth was his newfound ability to work with a professor instead of rejecting and challenging her authority. Previously Ray had been provocative with the professor by leaving class early, not turning in assignments, and acting generally disrespectful. As Laurie coached him, Ray worked through his impulses to act inappropriately, so that he could tolerate more of his own high arousal around this professor. Through their work, he became more comfortable with allowing the professor to be in charge. He repaired their relationship and ended the course on a good note.

As for their alliance, similar to with his professor, Ray tested Laurie throughout treatment, which forced her to work flexibly to communicate her acceptance of him regarding his drug use, his sexuality, and his spiritual concerns. In their final session, Ray shared how much he valued the treatment and their developing relationship. It was therefore even more surprising that he abruptly dropped out after that session. One can surmise that if Laurie had challenged Ray earlier in the treatment, he might have dropped out earlier, or it might have forced him to confront his resistance and take therapy more seriously.

Overall, Ray's therapy experience reflects conflicting themes of attachment, sexuality, intimacy, and dedication. He was courageous to try a new experience through BcP therapy, and given his generosity sharing his process, we can learn something illustrative about working with different types of clients.

### *The Case of Terry*

The case of Terry is an excellent example of working with developmental trauma around attachment. Terry, a 60 year-old Caucasian professional divorced woman, was referred to Laurie by a colleague who had been a client of Laurie's. Terry had been married twice, had one now-grown son from her first marriage, which she described as horribly violent and abusive, and was currently in a less-than-satisfying relationship. She felt blocked, unsure of the next steps in her life. She presented for therapy to address some of the pain and sadness that she had been carrying for years. She was also a chain smoker, a habit she detested yet found herself unable to control. She had briefly tried therapy before, but had not engaged in treatment. A very adaptable and agreeable woman, Terry could be pleasing to such a degree that she fulfilled her own needs only through meeting others' needs. Much of her treatment was formulated as being a case of "unmet needs" which Terry had compensated for by seeking love and nourishment via taking care of others. How to help her discover how she nourished herself and work with physical touch as a way to meet her unmet needs became a central part of treatment.

### *History of Client*

Terry was the eldest child of married parents. She reported some difficulty in her attachments to each parent. She was born while her father was on duty during WWII, and after the war, he was a traveling salesman and often away. She described her mother as a very anxious woman who dealt with her nervous energy by constantly moving. From her mother, Terry learned that it was not acceptable to relax. Terry also remembered that her mother often unfavorably compared her to others, sending a message that she was "never good enough." Terry compensated by

always being a caretaker. She had vivid memories of caring for her younger sister and two brothers (six and ten years younger) – feeding them, putting them to bed, reading them stories. She remembered enjoying taking care of them, but “I never really got to be little.” This dynamic of taking care of others became a prominent aspect of her personality, allowing her to function well when focusing on the feelings of others, but left her with little ability to allow herself joy and nourishment.

Terry was married twice, first to an emotionally and physically abusive husband with whom she had her only child, a son. She referred to the abuse that she withstood over many years only in vague terms; Terry admitted she had great difficulty discussing what she endured in that relationship. Only seldom did she refer to it; and once she described his constant threats of taking away her son from her. This theme of tolerating abuse while remaining a caretaker was an important pattern for Terry to address in treatment. Terry’s second marriage was brief. She described herself as “safe for the first time in my life.” She left her second husband, however, because she had re-fallen in love with her high school sweetheart, Jack. She did not have an affair; she merely had started a letter-writing correspondence with Jack, and when she told her husband that she was writing Jack, he put an ultimatum to her, and so she left him.

Unfortunately for Terry, Jack seems unwilling to have a full relationship with her. Most of their connection occurs through an intense email correspondence. The two see each other rarely, and have never consummated their relationship. Terry yearns for more connection with him, yet knows she will probably never get it. When asked at intake about her goals for treatment, she never mentioned this relationship. Only after several sessions did Terry admit to Laurie that her “missing attacks,” in which she would feel intense pain at not having her desire for closeness with Jack fulfilled, was really the reason for her coming to therapy now.

#### Assessment (“D” in Figure 1)

##### *Qualitative Assessment*

Laurie described Terry with “softness, yearning, longing, and melancholy” in her appearance. She assessed that Terry seemed “worn out,” as if she did not feel any power to nurture herself. Terry admitted to having “a lot of sadness” within her. Terry showed great difficulty receiving help and nourishment without immediately moving into the role of taking care of the other. This appeared right away through an extensively accommodating and deferent style. Laurie assessed that Terry was not able to sense her inner resources and feel relaxed and nourished, thereby supporting a healthy attachment to herself, became important themes in the treatment.

##### *Strengths*

Terry had a number of important strengths. A very successful professional writer, she had written for many highly-regarded professionals. Terry’s ability to express herself indicated a very strong intellect and a gift for articulation which showed throughout treatment. Repeatedly, Terry was able to articulate her inner world thoughtfully and in clear and vivid terms. Additionally, despite its drawbacks, her tendency to care for others revealed her great strength as a loving woman, mother, and friend. Terry raised a healthy son in the midst of an abusive marriage, and to her credit, was able to leave, literally, with her life intact. Since then, she continued to function very well despite many setbacks, including caring for her aging parents (she began several sessions discussing caring for her ailing father), and being unable to drive due to her limited eyesight. She also was in the process of mentoring several of her high-status colleagues with much success.

*Formulation and Treatment Plan (“E” in Figure 1)*

Laurie formulated Terry as suffering from an early developmental trauma in which Terry was not adequately contacted, held, and mirrored when she was very young. Laurie described how Terry’s demure, deferent and exceptionally other-oriented style suggested a breach at the level of existence: can I belong? Laurie formulated that Terry coped with this anxiety by creating the belief: “My survival depended on loving other people. Giving love was my life.” Laurie hypothesized that Terry had mostly worked hard to love others, and was not very capable of loving and nurturing herself without guilt and self-attack.

Since Terry appeared nourishment-starved, Laurie wanted to create some new nourishing experiences that might be very beneficial for her. Therefore, she planned to help bring Terry back into her body in order to access her inner strength and resources. Laurie formulated that for this type of deprivation-based trauma, Terry would probably be a client who could benefit from a lot from physical touch in the therapy. Laurie also hypothesized that Terry often used her telling of her story as a defense: “to go into the story without spending much time in her body.” Therefore, as described above, Laurie’s interventions were intended to keep Terry focused on her inner awareness and experience and less in narrative disclosure.

*Example #1: “Linking Her Body to Feeling”; Session 1*

Building the alliance from the very start, Laurie warmly recognized all that she and Terry have done together to begin this “journey.” Terry seemed to appreciate Laurie’s acknowledgment of all the effort she had needed to overcome her resistance to therapy. When Terry continued by expressing some sense of pleasure, Laurie right away asked Terry – without going to any of her history – about her bodily experience of “good.” This intervention exemplified the combined assessment and treatment in BcP, as Laurie was assessing Terry’s level of embodiment at the same time she was educating Terry how to bring awareness to her body. At the same time that Laurie brought Terry’s attention to her bodily sensations, she also socialized Terry to BcP by offering the implicit message that this therapy was going to be bodily focused.

Laurie: Well, so, we’re finally...

Terry: Yes [laughter]

L: So, what a journey, huh?... To get to this moment of time...

L/T: [Laughter]

T: Yes, in more ways than one...

L: So, yeah, how does it feel to be here?

T: It feels very good; it feels very good. Um, I’m really welcome here...this, very much.

L: And when you say it feels good, do you have a bodily experience right now, when you check-in.....kind of curious?

T: Um, well, outside, **I was ah... watching the bubbles in the aquarium [giggle]. And I was coming from a very important lunch... and...I can tell you about it another time, but, I was thinking about that, and I feel...I did notice how warm it was, um, and it’s very soft. Uh, it feels good.**

Laurie noticed how Terry associated to bubbles, describing both a pleasurable memory and using a kinesthetic description. This suggested to Laurie some attunement by Terry to physicality. Terry, however, appeared to want to give a lot of information. Laurie noted that desire, yet wanted to work on helping Terry accessing inner sensation through bodily awareness. Thus, she brought Terry’s awareness and the focus of the session back to the bubbles. Using the

imagery of warm and soft is how, according to Laurie's guiding conception, Terry can become more connected to her inner resources and grounded.

L: Just take a moment and just close your eyes and **just allow yourself a little bit of time to rest in that image of the joy of the bubbles coming up**, the feeling of the softness, the warmth and just notice anything you might experience as you allow yourself the time to savor the bubbles, the warmth, the softness...anything at all that you might notice...Where are your hands, huh? Is there an impulse in your hands? Sense that movement. Let your hands do that movement. Just like that, exactly. **What do you notice in your body?**

As they worked with this soothing kinesthetic experience, Laurie encouraged Terry to explore her felt sense in more a complete way. As Terry closed her eyes and sensed within herself, she spontaneously gestured with her hands. Laurie asked Terry to repeat it slowly to explore the gesture with somatic awareness. Here was an example of how Terry's body led the session, yet once whatever experiences were brought into the room, Laurie guided and directed.

T: Yeah, and I was noticing that I felt really completely relaxed, except for my hands.

L: Ah.

T: And it was as if the tension...and I mean, sometimes my hands hurt, but, um, I don't usually, it's as if they were the only parts of me that were not relaxed.

L: And everything was relaxed, but underneath your wrist?

T: Yeah.

L: The tension that was normally in your shoulders seemed to be in your hands?

T: Yes.

L: **So you felt that impulse...So, could you do that movement slowly?** Like a fish in water, or like an octopus, just spreading...yeah...so notice what happens when you follow that impulse...and you sense your body relax, relaxing. Take a breath. Yeah, just staying very curious, as you're feeling your fingers in your hands, sensing the quality of the energy...in your hands, your wrists, and just notice anything else you're aware of in the rest of your body...in your breathing or through your torso...that's it...into your pelvis...that's it...I just invite you to relax into the experience.

T: **I feel peaceful.**

When Terry slowed down her movement, she was able to access a peaceful feeling. She responded to Laurie's direction and acknowledged noticing a heightened awareness when acting slower with mindfulness instead of rushing through her movements. Laurie reinforced her growing awareness.

L: When we do body-centered work, we often slow time down. So, you will hear me at times just letting you slow down time, to stay with nourishment. And then we want to keep some sort of being sensitive to what happens when you can just rest in the peacefulness.

Terry took Laurie's lead and went further: she associated from her physical movement to her characterological style. This was an excellent illustration of Hakomi therapy's theory that character structures organized from developmental deficits can be "read" in the body's habit patterns and gestures (Kurtz & Prester, 1976).

T: You know, it's interesting to hear you talk about slowing things down because, uh...I come from a long tradition of...**I didn't found the tradition but I inherited the tradition of coping via acceleration.**

What followed was a discussion of how Terry learned her defensive patterns in her family. Terry mentioned Laurie's soothing, calming voice as something which made her immediately

feel safe. As previously discussed, Laurie uses her voice a lot in trauma work – both the quality and pacing are important components of helping clients slow down. It is a way of touching the clients without touch.

T: That's what struck me the first time I talked to you was...the quality of your voice and the pace of your voice...

Laurie continued to use her own embodiment through her voice tone and rhythm to model embodiment to Terry. Note how very little history has been taken. Laurie's focus was on the embodiment aspect of the work, spending little time on the past in a "cognitive fashion." Often there is the active choice point between getting a client's history and slowing the client down. From this invitation to focus on body and sensations, Terry immediately associated to an intense somatic and affective early memory: from birth and throughout her early childhood she suffered from severe and painful eczema. Terry's spontaneous association to a very influential and painful somatic experience in her early life may indicate an important "result" from the BcP treatment. Had Laurie asked for history directly, she may have learned some information about this event, but not with the richness of this embodied memory. Terry's ability to experience her early memory with the accompanying felt sense encapsulates the power of this work; it allowed for a spontaneous re-experiencing between affect, memory, image, and bodily sensation, all the while within a safe relationship.

T: You know, it's very interesting to me about that.... **I don't know why I never really thought about this before, because once I started thinking about it...but it was partly about coming to see you and something else triggered it,** I don't know what it was, but. When I, um, **there was a question there about the earliest childhood memory**...and, uh, I've been thinking about how few childhood memories I can, you know, dredge up and it suddenly hit me, that.... Oh! I know what it was. I was at work and I was doing an article on eczema and um, they made a new discovery and they were talking about how debilitating eczema was and that they found that it was this autoimmune disease and stuff. **And I was born with really terrible eczema,** I mean, I really terrible...uh...and my earliest memories are of having tar, you know, on my arms and legs and ace-bandages and having my hands tied, so I couldn't scratch myself...

As Terry continued to recount this early traumatic memory of being held down, unable to scratch herself, believing that the eczema was her fault, Laurie chose to listen without delving further into the memory because trust in the alliance needed to be built. It was only their first session and the memory was very "old and deep." In a later session, Laurie might ask Terry to go into her body as she talked about the eczema. However, in this session, Laurie intended to create a "reflective, empathic, mirroring space" for Terry to tell her story, merely noting how Terry had organized to cope with the trauma. As a successful professional woman, Terry had developed a certain coping style to self-regulate in response to trauma. She has adapted and has been able to function well, yet Laurie noticed how Terry sequenced her comments, from the story about eczema to guilt and reconciling her belief that "it wasn't my fault."

T: And I just started thinking about all of the events that I probably went through and what I remember most is somebody saying to me, "don't scratch"...[laughter]...um, and one of the things that really helped me because when I was growing up, anything like eczema or asthma or any of that was considered psychosomatic, so, you not only had the misery, but you had the feeling that there was something wrong in you that was causing that and so...it was...a double whammy, really. And my nephew, um, God rest his soul, was born, he was the only one in the family who had this skin condition I did.

L: Mm.

T: And obviously he was born quite a while after I was. [laughter...] **And I remember seeing him as a baby with this horrible thing, and thinking, “my God, you know, it wasn’t my fault!”**

As Laurie brought the focus back to Terry’s body, Terry spontaneously closed her eyes. Terry seemed to be “grounding” in her bodily sensations more of her own accord.

L: So, let’s check in, and see...what are you noticing?

T: I’m noticing, uh, a feeling like, my God, **I have a very legitimate... I’m very, very, aware of the surface of my body.**

L: Uh-huh.

T: Very, very. Usually, if I have any awareness, it’s you know, what’s tense in the muscles or...**but I’m very aware of my skin.**

L: Great! Yeah, so, just take this time and let yourself bring your awareness to your skin. Yeah. Because when you were a little baby and were just born, your skin had some rashes on it... and just notice what it feels like now...

T: [Big sigh] Yes.

As Terry sighed and physically touched her face, she appeared to make a new contact with her skin in that very moment. She seemed to be working through old trauma held in her skin, including the feeling of being ugly, damaged, and having untouchable skin. As Terry finally contacted her full affect and teared up, she acknowledged that her sadness was an important part of what has brought her to therapy. She described sensing the somatic mind-body connection between her skin and her sadness. One might say that sadness was trapped in her skin.

L: Be aware of your skin.

T: You can actually touch it. [puts her hands to her face]

L: You don’t have to scratch it...you can just touch it. What does it feel like?

T: It feels really good.

L: Yeah.

T: **I often wondered why I have had such a feeling of ugliness my whole life** and I, you know, I was ugly. You know, I mean...I was...

L: The eczema...

T: Yeah, yeah, it was really not a nice thing to look at.

L: Was it on your face too?

T: It was everywhere.

L: So, you felt ugly, and you also felt like it was your fault, and you were also all tied up...and you were also very young, and little, a time when babies like to move and stretch...

T: [big sigh] Yeah.

L: You are a very courageous soul to get through all that...to get where you are now.

T: Thank you. **It’s amazing to me, that connection. [tears up].** I have had, um, I’ve had a lot of sadness in me forever that I couldn’t quite feel, I couldn’t quite get to the bottom of it. Not, I couldn’t quite, I couldn’t. [Laughs].

As Laurie began to address Terry’s sadness, she used a very visible, concrete, embodied imagery of a well. Terry connected this imagery with her own body, gesturing to a line from her head down her esophagus to her belly as a “well of tears.”

L: Just notice everything that happens. Where in your body...?

T: You know it really does...it’s as if I can feel the shape of the well going right down there...

L: Uh-huh. Great. Let yourself feel that.

T: It’s just that...

L: So you're sensing the well, sensing the shape...going down your throat, your chest, your diaphragm, into your belly. Just kind of stay with it...feel that well...the boundaries, feel that shape...

T: It does have a very specific shape...

L: Right, yeah... A very specific shape. So, does it curve, does it go straight?

T: It goes straight down...

L: Straight down.

T: It's about that wide.

L: A few inches wide. And how deep does it go?

T: It sort of goes from there, just straight... It doesn't hurt.

L: It doesn't hurt, right. And is there a texture? Does it feel like it has a wall?

T: Yes, yes, kind of like a ceramic...like a ceramic....

L: Like a vase?

T: Yeah. [real upbeat]

L: So just kind of touch into that ceramic shape. Sensing the sides, the boundaries. That well...

**Acknowledging your sadness. If you look in there, looking into the well and the water and the tears. And just notice if there is any thing that you see when you look into that well, any image or memory?** There doesn't have to be... just asking...

T: [sniffs]. I just saw two faces...uh...just for a second...in...reflected in water... One was mine, and, the other was Jack's and Jack is the man I just had lunch with...and...it's such a huge, long story, but anyway. He was the first love of my life...

Throughout this session, even while exploring painful memories and feelings, with Laurie's encouragement, Terry remained in touch with her body and her felt experience within her own skin. From this place of re-experiencing, Terry began to tell her story of her many sorrowful attachments.

T: [sighs]. That's another thing. You know, what happened there was, ah, I, I had been in a very abusive first marriage. I mean, just [pah!]...and uh, I, I didn't know, I didn't know it was a sin...I was living in France, thought it was my fault, you know. But now everything I realize I was just a walking textbook, you know, of what happens in situations...so I couldn't get out of it and uh, and finally I did, not because I was brave enough to make a decision, but because it really was so bad... there wasn't much choice...and then I married again and it was a very compatible, it was the antithesis of my first marriage and I think my second husband and I, we both were really looking for safety...and we gave it to each other...and it was...and then I, I went to a high school reunion and I saw Jack again and, um, we started corresponding and uh...he...you know I guess I went through that whole getting bashed around stuff...um, with a form of amnesia almost ...and I just blocked it out and went on and didn't think about it...and um, but I do, really...I just sort of shut the whole door. **But when I met Jack again and I would write something to him and he would say something like, "you always used to say that" or "you never used to say that"...and I had this feeling he remembered me better than I did, you know? And he did.**

Laurie formulated that Jack became the mirroring object for Terry's unmet early developmental needs. Despite having safety for the first time, Terry ended up following Jack, who offered her "a new developmental bond of mirroring," as well as "a repetition of her absent father." Terry's deep feelings for Jack have also raised her awareness of her unmet longings for receiving love.

T: [continues] And then my husband...you know...I started feeling that I was doing something that wasn't morally good, because I hadn't told my husband I was having this correspondence...I wasn't seeing him or anything, but it was very important to me. So, I talked to my brother, and he said, "Oh, I think you should tell your husband, because he'd want this for you"...and I was thinking I don't want to do something...it felt weird to have this private in that way. So, I told him...and... I couldn't...and...um, you know, and he gave me an ultimatum, I had to stop writing to him or

leave...and, uh, you know, it was the hardest decision I ever made, um, because I, I was safe for first time and I hadn't spent a lot of time in safety, and I remember thinking I must have a self-sabotage gene. I mean, here everything is okay, and what am I going to do, but blow it all up again? But I just felt as if, you know, I would be living some kind of a lie.

Laurie noted that despite the "self-sabotage" of her actions, Terry had acted with deep integrity. Laurie could see how important the truth was to Terry, who had been uncompromising in making sure that her husband knew about her correspondence, even if it ultimately meant losing him. She respectfully acknowledged how hard this woman has worked to survive her trauma of unmet sense of security, and started to formulate how Terry must have very deep unmet developmental needs that led her to give up her first sense of safety for this relationship with Jack.

T: Yeah. And I seriously, to tell you what a mess I was, I was seriously considering lying to my husband and telling him I wasn't writing him any more, so that I could stay, you know...

L: And have both....

T: And have both. We had just inherited his mother's house, so for the first time we weren't in financial whatever...And we worked on the house for two years to clean it out...and I loved it, you know? And I was 55...and I thought I'm really ever too old to go camping...but, I just, I know I couldn't do it, but then I went through a period of really feeling.... utterly desolate...I wish I'd known you back then...the day I moved out of my house it was New Year's Eve and I didn't know what town to go to, so I went to a town where I didn't know anyone, and I had caught the flu from my son, and I was sitting there with these boxes and I had nothing to listen to music with. And I didn't know you needed cable TV to watch, you know. And I was sitting there thinking that, you know, I had no idea where I was going to go from there or how...

Laurie appeared to gather Terry's clinical history in an "organic" way. She did not ask for linear questions and responses, but listened as Terry desired to tell it. After gathering this information, Laurie returned Terry's attention back to her body; using imagery, Laurie encouraged Terry to develop a somatic, cognitive and affective integration of this experience.

L: So, what happens, take a moment now, when you kind of sit with yourself, today, right now, right here, in the present time, just sensing the woman you are now...When you see that woman back then with the house and the boxes on New Year's Eve... How do you feel towards her? What would you say to her? How would you contact her?

T: I would say, you know, my son used say to me... I have a wonderful son, who loves me, he really loves me. He used to say, "Mom, you're a f#\*king lunatic!" [chuckles] But, I would say to her that, "I'm really proud of her", because she did something that made no sense to anyone, including herself, um, she...ah...had a very deep-seated need for approval...and her family pretty much freaked and thought she had lost her mind...um, and she just had this feeling that, you know, if there was ever any hope of being true to herself this was it, and then... You know though times in your life when there's really a fork in a road, a real, real fork. I mean they happen all the days, all the time, and usually you look back and you say "oh yeah" or I did this one or I did this one..." That was really, Uh [groans], I remember just a really an overwhelming temptation...I...she was, she was scared, broke, lonely, getting old...Um, I mean, it was a disaster, and she made it through.

Laurie focused Terry on connecting somatically with an experience of her inner strength.

L: And you are proud of her.

T: **I am very proud of her...**

L: Let's just take a moment and just feel. "I am proud of her."

T: I am proud of her

L: Yeah. But she made it through.

T: **[Big sigh]**

L: Just kind of sit with that awareness...of following truth, true to thyself, to thy own self be true..."

You were true to yourself

T: She was a strong lady. I mean she was a f\*ing lunatic, but she was a strong lady!

L: I think so... Yeah.

T: [Big sigh]

L: Just take a moment in the present time to kind of sense what it feels like in your heart and your soul and your body...

T: It feels very full.

L: ...just very full...And when you feel the feeling of fullness...how do you notice that as sensation?

**T: I have...ah... a feeling of, um, uh, how can I say...it's not a pressure, but there's a sense of expansion...**

L: Expansion!

Laurie was careful about how to end the session. It is important that clients leave feeling grounded and contained, and thus they need time to integrate what has occurred in the session. Often Laurie will review the session, asking them what they will hold as a way to integrate it into their "normal consciousness" for the week and thereafter. She did this with Terry.

L: So, let's just take a moment...before we start to kind of complete for today...and just see what it feels like right now...yeah...there's a lot of richness you brought today...and we will be able to go back and revisit some of these places in more depth, and take more time...and sensing where you are right now with where we traveled to today...and see if there is anything you want or you need or you would like to kind of take with you from our session....

T: I feel as if you've already given it to me. [chokes up] You know, I tried therapy only once before...

**L: What is it that you feel that you want to take with you?**

**T: The sense that I can go on this journey with you.**

L: Okay.

T: And that I will...you know I have had to be very self-reliant. A lot of people have relied on me. I feel as if for this, this I need to rely on somebody else because I...

L: [interrupts] Some permission for you to go on your journey...and have me joining with you...

T: and that...

L: [keeps talking] You can rely on me...

In this concluding intervention, Laurie stayed firmly on the imagery, integrating the cognitive work with Terry's felt experience, as well as emphasizing their alliance. Laurie knew that the treatment would only work if Terry felt safe with Laurie. She encouraged Terry to connect the work they have done in session around feeling safe with her bodily experience so that Terry can really know what it feels like to be "safe" in her being, not just in her mind.

L: **And we can do it together...you don't have to do this all by yourself...**and you're safe...and how it feels...yeah, just sensing the beginning...just the beginning. You've already brought a lot of your riches.

**T: Safety...is a really good feeling.**

L: Is a really good feeling. So, whenever we get a great a feeling, what do we want to do? We want to slow time down and let the body absorb that on a cellular level. So just give yourself a little bit of time to feel the safety...sense the movement of your breath...feeling your back against the pillow, sensing your hands on your legs, your feet touching the earth...the feeling of containment... awareness of safety...and the movement of your breath...and just notice as you acknowledge the safety...**and acknowledge your body...your body telling your mind "I'll be with you."** And just notice if there is any image that emerges out of this sense of safety in the present moment...a painting or a picture that was born out of the feeling in your body...a feeling of safe...

T: It isn't visual, but it's very...

L: It could be kinesthetic.

T: Yes, yes. Very much.  
L: And what's the quality?  
T: It's a combination of buoyancy and being enveloped...  
L: So the feeling of being enveloped and surrounded and feeling buoyant.  
T: Right.  
L: Great...Mm. Great.  
T: Thank you.  
L: You're welcome  
[End of session]

### *Monitoring Evaluation of Session One ("G" in Figure 1)*

This session was an example of how Laurie moved back and forth, "stitching together" both narrative and experiential embodiment work in a session to help Terry increase her attachment to herself. Laurie formulated from this early work that Terry did not have the capacity to nourish herself and connect with her inner resources. Terry appeared to have a developmental trauma that had inhibited her from freely taking care of herself, unless she did so through taking care of others. Future work would need to focus on how Terry could learn to access her own inner resources by herself.

### *Example #2: "Terry" finding her somatic boundaries with aggression; Session 12*

Through the treatment, they worked on helping Terry identify that her sole way to connect was to nurture, but she would ultimately end up feeling like the filling station where others would come to "tank up" and be off, leaving her depleted. A way to explain Terry's unmet developmental need was that she didn't know how to get angry and set a boundary, as Terry never realized that anger could be a connector, only a separator. Terry is starting to get mindful of love coming and going, it's not just a one-way street. Terry's "boyfriend" Jack seems to have offered a source of love and bonding yet without the physical nourishment that is so important. Laurie's goal was to transfer that source back to Terry herself *so she could offer herself the unmet need*. Terry remembered an important experience during the past week: She had expressed appropriate anger and set a boundary with her friend Susan without feeling selfish.

T: Oh, you know, last week I got angry at somebody.  
L: Oh, who?  
T: She's a really good friend of mine. She's a colleague and...  
L: That was in your pictures, remember you said, "there's anger there." You got angry!  
T: I invited another colleague to lunch because it was her birthday. And Susan came, the next thing we went for a walk to get some coffee or something. And she said, "I have to tell you, you know, I was really upset that you didn't invite me to go have lunch with you." And so I said, "Oh, I'm really sorry, I didn't mean to hurt you." She said, "If I had done same thing to you, you would have felt bad." I said, I really think I'm pretty much of a golden rule person, and I don't think I would do to somebody. I said, "I don't think I would be hurt if it were her birthday and you took her to lunch." Anyway...  
L: When did you angry?  
T: Well, so, the conversation, she went on for about 45 minutes. And I had apologized. "I had this, I had that." And then we went back to the office and started working and she brought it up again. **And at that point, I said, "Susan, that's enough!"** [Laughs]. And she just...she said, "What?" **She had never seen me angry. And I didn't even feel it coming. You know, I knew I was getting a little tired of it, you know, but man did I get mad at her!**  
L: Great.  
T: Oh!  
L: She was startled?  
T: She was very startled

L: Not a behavior they expect Terry to express.

T: Yes!

L: So, how do you feel about yourself knowing you had this spontaneous impulse to say, “Susan, enough!”?

T: **Well, you know what the amazing thing was, I didn’t actually even feel guilty that I got mad at her.**

As Laurie had formulated, Terry’s belief system had been “If I receive love, I’m selfish.” Through their work, Terry experienced a new belief: “I am able to get mad and stay connected and not feel guilty.” They explored whether Terry could feel love without feeling selfish by examining the guilt that arose after Terry’s impulse to assert herself.

L: Why would you? Why should you?

T: Because anger is definitely not a good thing.

L: It’s a good thing if someone is battering you and you need to establish a boundary. Feel that.

T: Yeah, yeah.

L: And what do you want to say to her?

T: Enough! [she gestures with her arms].

L: Feel that.

T: Yeah, yeah.

L: Enough! And just sense your arms.

T: Yeah.

L: And your legs.

T: Yeah.

L: And your chest, the energy.

T: [Sigh] Yeah.

L: What does it feel like?

T: It feels good [Laughs].

L: Yeah, exactly.

T: Enough! [Laughs].

L: You’re very alive...it’s your assertion.

T: Yes! And then, afterwards, obviously, I didn’t want to hurt her and I didn’t want her to be upset. But, I didn’t feel, I didn’t feel, you know, I mean I went in and gave her a hug and I said, “Let’s not have this conversation again for at least 10 years.” And it was fine. And she said, “We have to talk more about it.” **And I said, “yeah, but not now.”** But it was funny because I, I just, and I can’t believe I almost forget to tell you. Because when I went home that night, I thought, “Wow, I have to tell Laurie about that.” I really did...

Terry appeared more expressive and “activated in her body” than in earlier sessions. Yet Laurie noticed some fear emerge after Terry expressed herself; her body appeared to tense, and she seemed to look for reassurance. Laurie worked to reinforce Terry’s new experience of assertion. She created an experiment having Terry set a boundary and stay mindful in order to integrate the cognitive, sensate and affective aspects of assertion. Note how Laurie selected specific language that embodied the proper affective reaction, which in Terry’s case meant finding the words in French.

T: That’s right! You know, I’ve always loved, you know, the Italian word for that, it’s “basta.” And there’s something about that...

L: **What do the French say?**

T: “Assez.”

L: Assez. Like stop?

T: Or “ça suffit.” It suffices, literally. Ca suffit.

L: **So what are you learning about yourself when you let yourself have that permission to set that boundary, ça suffit, enough?**

T: Yeah, huh...you know, actually, **it's a very physical sensation of...it's like weightlifting, it's like taking something that's pressing and pushing it.** [Client gestures with hands].

As Terry spontaneously gestured with her hands, Laurie introduced a physical touch experiment to help Terry assimilate her experience of boundary setting. Formerly, Terry had believed that anger was entirely destructive – anger had meant either hitting (or sadly, being hit), or distancing. Through this experiment of pushing hands, Terry experienced the cognitive, emotional and sensory aspects of anger as a way to connect with clear boundaries. As Terry allowed herself to experience her anger, she began to see the healthy side of assertion, which she found so transformational that she exclaimed “holy smokes.”

L: So let's try a little experiment. I'm just going to meet you. I'm not going to overpower you.

T: [Laughs].

L: Overpowered by you.

T: Okay

L: Just feel what that's like inside. [**Therapist moves chair closer and sits across from client close enough to put her hands up to her**]. And what would you say? What are the words that would go with this gesture?

T: [**Client puts hands up to meet therapist's**]. Oh, okay, so if you were really trying to push too hard? Ça suffit.

L: Yeah, and check in with your arms, your heart, your spine...your belly...

T: You know, that is an amazing feeling. Wow.

L: Yeah, just hang out with that feeling you're having.

T: Wow, because you know what's incredible is that I just have to let go for a second and then I'll come back [lets go with hands]. But the sensation, every time I thought of anger, the image that always comes is that [curls up in ball]...and I've always, I think I've always been terrified of it because...

L: Well, that's more of an image of protection, right.

T: That's what I just realized.

L: Do that again.

T: Yeah. [curls up again]

L: When you think of anger, you go into almost like a womb-space.

T: Yeah, a “don't hit me” sort of thing. And I guess my association because it's that way, I've been scared out of my mind to feel anger because I see it as such a wounding, cruel...

L: Exactly. That's when anger gets merged with a traumatic injury.

T: The idea that you could be angry and not have it be destructive and horrible is like, you know... But this is fun [laughter; **client puts hands up again**] definitely!

L: Your aggression...your assertion.

T: Yeah. And it's not a bad thing.

**L: It forces us to connect.**

**T: Yeah.**

**L: Not disconnect. It brings connection.**

T: Wow, that's incredible. Huh. Holy smokes. I never....

Through this physical experiment, Terry realized how anger could be a positive connector within relationships, and how by setting boundaries for herself she can support herself and the other person as well.

L: Then you define your boundaries. Then you're saying, “You're not going to violate my boundaries.” Whereas, when you're little and you get violated, it's like oh, you can't protect yourself.

T: Yeah, yeah. And anger is kind of...see that's the thing...and I do know that when, you know, there have been, I mean, if anger is like expressing a truth that you know somebody is not going to want to hear, I don't suppose that's really anger, except I've done it once in a while when I was angry

L: Well, maybe, and again, you know, she would go on and on until you set a boundary.

T: Well, I guess really that until I stopped her, she wasn't going to stop.

One of Laurie's basic rules of treatment is that in order to help a client embody a new felt sense within the nervous system, it is important to practice the new experience at least three times. So Laurie brought Terry back to her felt experience of saying, "That's enough!" to Susan.

L: Try it once more.

T: Okay.

L: **I want to give you another felt sense.** So, what's her name?

T: Susan.

L: Her name is Susan. And what was she saying?

T: She was saying, you know, "well, there's one other thing, you know, about um..."

L: Okay, I'll play Susan. So, "Okay, I'm not finished yet. I think I need to tell you more about, I mean, you really..."

T: "Susan!"

L: "...you didn't invite me and you know, there's another thing I need to tell you about remember when I..."

T: "That's enough!" [**Puts up hands.** Laughter]

L: Uh huh. **Feel your legs. You want to ground.**

T: Yep.

L: Uh-huh.

T: Yeah.

L: Come forward a little just to sense your pelvis. And look at me and go, "That's enough."

T: "That's enough." [Puts up hands; Laughter]

L: Feels good, huh?

T: It does. **Wow. This whole boundary thing, you know, I have never really had a lot of them.**

L: And once more, just kind of say it, try it again, maybe from your belly or...

T: **Okay. [Laughs]. That's enough!** [gestures with hands]

L: Uh-huh. I want to feel you push through, push into the earth. That's it, relax your back, so you're not hurting yourself. What's happening in your arms, your spine?

T: I'm just really, I'm pushing

L: You're really pushing.

T: Wow.

L: How does it feel to make contact and say, "That's enough?"

T: That's enough!

L: Come forward. [moves chair forward and puts her hands up]

T: **That felt good.** [pushes against therapist's hands]

L: Keep pushing out.

T: Okay, now, you know one thing I just noticed. Like, it feels like I don't need to push that far. It feels...as if...I don't need you to go to the other side of the world.

L: Just a little bit. Just dance with it.

T: Okay. Yeah, 'cause it's when, you know, when it gets so it's like a bar against your chest, and you haven't pushed back yet, that's when it's not good. Ça suffit. [Laughs]. You know one thing I just realized, that one of the reasons I think I like speaking French so much is because I could say things in French, like swear words [Laughs] that I could never say in English.

As Terry experienced her anger, she associated to her mother's response to anger. Since Terry's mother would detach when she was angry, anger was always a form of disconnection, which was too overwhelming and too frightening for Terry. Having this new option of setting boundaries offers Terry more choices of behavior. As Laurie explained in her conceptualization, trauma can lead to rigidity and living in limited ways, while health means having more options and resiliency. Even Terry's use of "rainfall" suggested her increased somatic sensibility.

T: What you said about anger as connection, that is so true and you know I can remember feeling my mother furious at me, but she would never tell me what I did that was so awful. I used to sometimes go to somebody else's house and they'd have like a shouting match and I'd think ah, you know like rainfall.

L: Right, like life, freedom.

T: Yeah!

Even with the positive changes, Laurie assessed that Terry still needed some external support, and asked Terry to explore images that will help her remain connected with her inner strength in the outside world. Terry associated to a hug and gestured as if giving herself one. As they examined the gesture of Terry opening and closing her arms, Terry connected meaning to her closed and open stances. An open posture she associated with entitlement, power, and "obnoxiousness," whereas the closed posture still felt more comfortable as she was "used to this." Laurie worked with her to become more aware of her projection onto an open stance, and reframed the posture with a new possible meaning: "here I am, I can be open." At the same time, Laurie supported Terry's need to maintain her closed posture. Laurie assessed that in terms of Terry's object relations, when mutuality exists is when Terry can feel most relaxed and open.

Just as the session was about to end, Terry pulled her body in again, crossing her arms and legs, as if she feared that she would regress endlessly into her upsetting feelings. Laurie reassured her and reframed her fear once again as a normal part of the process: "Turmoil is not all of who you are, it's a moment in time." As they concluded, Terry appeared lighter and more accepting of her own process of change.

L: So, there's often confusion between, am I going to go back there, or is it that I'm going forward and I finally feel safe enough to tolerate these feelings, doesn't mean I'm going to go back there, I've overcome them, but I might not have given myself the safety or permission to feel these things.

T: Yeah, that's exactly it. Phew. And I think what's disorienting is that you, I mean last week at this time, I really thought I had pushed backwards, I thought, you know what had I done? But it is that, you know, there is a lot of stuff that I couldn't have gotten through it and felt it at the same time, there was just no way in hell.

L: And when we can't go through it and deal with it at the same time, we either push it down, like you said, or we run from it.

T: Both of which I'm really good at. [Laughs]. This has been a wonderful session. You know?

#### *Concluding Evaluation ("L" in Figure 1)*

Terry was clearly able to hold her good feelings and stay connected with her inner resources more easily, without the same level of fear and guilt that stopped her previously. For example, towards the end of the session, as Terry observed an image, she gestured with her hands. As they slowed the gesture down and she opened her raised arms, they could both see that she was much more able to allow herself to experience a nourishing feeling through the gesture. Additionally, Terry allowed herself to play with the experience, enjoying it, and not jumping into her story. Through such interactions it was possible to see Terry's increased ability to connect with her sensory experience and stay with the positive sensations of her internal experience. Terry still appeared to need some reassurance; she had not entirely worked through all her guilt and fear of asserting herself or giving to herself. She had, however, confronted a major issue of expressing her anger, and was able to access the important feeling of connecting through assertion.

*Case of Terry: Summary and Conclusions*

Terry worked on a major identity shift in this treatment. She became much more able to access her inner resources by herself. Through their work Terry became more flexible, able to see herself as one who gives and also feels entitled to receive. Both the quantitative and qualitative data suggested that as a result of this BcP work, Terry became less depressed. This shift could be seen in the therapy room: Unlike early sessions in which Terry had little bodily awareness, over time Terry began to adjust her own pillows, which suggested she felt more entitled to access comfort. And with that comfort seemed to come a greater love and compassion for herself. Overall, Terry increasingly came to know herself and accept herself.

The treatment also helped Terry work on her anger. Laurie formulated that a lot of Terry's sadness, grief, and melancholy came from her freeze around anger. As Terry became angry, she also felt a new sensation of power; she discovered a new way of being in connection with people such that she was finally able to feel safe enough in her own skin to set a boundary with others. Through the treatment she experienced she could be angry and assertive and still survive.

As both the data indicate, Terry made some important strides through the therapy, yet her work was not yet done. Terry intended to continue working with Laurie. Whether she will continue these sessions and give freely to herself now that the study is over remains to be seen.

Final Conclusions

Many clients in BcP have unmet developmental needs or trauma that interfere with feeling a sense of well-being and positive attachment to themselves. In each situation, Laurie searches for what will bring them to a felt experience of connection with their sensory selves, and in doing so, reestablish their confidence and self worth. In the case of Terry, her relationship with Jack awakened some of her deep longing for attachment, yet did not provide her with sexual satisfaction. Yet her desire for sexual union was a way to access her unmet early need for love and attachment. Through the treatment, she was able to discover and value her connection with herself. In Ray's case, he struggled with wanting to be a man, but in reality he often acted on his unresolved issues around love, connection, and sexual intimacy. As he became more connected to his sensory self, he also developed more intimacy with himself. In both of these cases, Laurie successfully adapted her therapeutic style to address the needs of each client.

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