Musings of a BodyMind Therapist

Treatment studies of sessions using the healing work of BodyMind Centering® and BodyMind Psychotherapy

By Annie Brook Ph.D., LPC

Introduction

Sitting lakeside, my feet dangling into the cool currents, I find myself musing. I am musing the work of a somatic psychotherapist, especially a Body-Mind Centering® teacher who is also a certified Body-Mind Psychotherapist. It is this work I ponder, and how to describe the value and benefit of body based psychotherapy to those unfamiliar with somatic work. “Soma” is a Greek word for body, and as a psychologist, I live in a world measured by clinical standards and data based on tangible outcomes. To find the language that describes the benefits of bodymind interventions feels as elusive as this water that slips between my contented toes.

A water skipper is balancing gracefully in the between world where air and water meet. It is utilizing the surface tension created when two different substances come together. How do I merge the thinking language of clinical descriptors and the feeling language of healing and compassion? In describing this work I have chosen, this work that has chosen me, finding a BodyMind language requires a delicate grace.

To those oriented towards the higher cortex and a thinking tone, I speak of the reduced hypertone of the body. This allows for greater structural support, thereby producing less measurable tension and stress. When I speak to those oriented towards a feeling tone I speak of capacity for energy, well-being, and pleasure. I speak of simply feeling better and being happier. It is a delicate dance. If I speak solely from the feeling place, the thinking people wonder how this will increase their paycheck and their ability to negotiate with their boss. They wonder if I’ve had any education or simply an enlightened zealous moment. When I choose thinking language the feeling people get depressed. My words hold no relationship to their humanness and are bereft of the connection of emotion and heart.

Meeting the client, or feeling and thinking...

I feel the water against my feet and the wind against my cheek. Thinking and feeling seem as different as water and air, yet I am caressed at this moment by both elements. I am aware as I muse of my thoughts, emotions, and sensations. My brain softens its need to know and I take in the moment more thoroughly through my senses. We live in a world that thrives on water and air. Perhaps both languages are necessary. I, like the water skipper, must balance gracefully when I speak and find a way to thrive in the between spaces.

I breathe deeply and listen for the questions beneath my musings. Can my head listen to my heart, and my heart to my head? This is only the place of questioning, for both are physically connected. The water is clear where I sit. Down below I can see the bottom where refracted sunlight dances upon the sandy

bed. The waves glimmer an invitation to my musing mind. I feel delight at their playfulness. Is my delight tangible? Is it measurable? Is it important?

I think so, more accurately I think and feel and sense so. My belief is that a sense of well being is as important to the soul as a functioning immune system is to the body, and that the two are related. I, like the water skipper, have come to trust this place of the in- between world. Through years of continuous clinical practice and more intermittent yet equally valuable years as a client, I have known and seen results in healing. These results emerged through the use of tools that support the integration of body, mind, and spirit; or, more importantly, the bodymind. When these two know each other deeply it seems that spirit thrives. These tools have such names as Body-Mind Centering® and BodyMind Psychotherapy. On a more generic level they include the cross-cultural tools of ritual, of prayer and meditation, and the tool of soul connection. As a therapist, they demand my ability to hold a safe environment while the client dismembers and enters chaos. I must witness and hold this too, as clients remember and integrate their healing journey.

The wind has picked up as I sit. Now little waves are forming across the lake. The bottom is less visible, and the water feels more powerful. My feet are a bit cold. The wind, waves and water are dancing together, co-creating a vortex of energy. I feel lusty and alive, excited at the wildness of the rippling waves. The sky has darkened and hides my ability to see into the depths. I feel the power of these nature forces. Were I from another culture, it might be common to say I feel the soul of the lake. “Hello lake, hello wind. I see and feel you. I acknowledge your presence. My heart is joyously singing.” Is this rational behavior? Am I not just animating the inanimate? From a western cultural perspective with a historical bias of accepted known sciences; and strictly clinically speaking, I say “yes.” Yet for me this is only partially true. It is partial because I am not just animating these forces. I am viscerally and physically responding to them. They are animating me. I feel the wind whipping my hair, my pulse increasing, and my nostrils flaring as I take in the rich storm smells. I am healthier for this response and more alive in my passion. I am happier in my soul.

Therapy as soul work

It is this soul work that more accurately describes my interest in serving as a BodyMind therapist. It is here that the worlds of tangible and intangible meet and are in dialogue; here that they mutually influence each other. It is this soul work, the effort and dynamic of a soul fully entering a body, which is my secret delight. As therapist, I feel the invitation to be supportive of this soul journey and to model, educate, inform and witness a person’s deeper embodiment. This is my goal as a therapist, and it is humbling. I cannot think or will or manage this journey. My ego and pride cannot lead the way.

It was not my professional intention to become a therapist. I slid in the back door. My soul pulled me down into this water, and through my own murky healing emerged my profession. My training has been both academic and experiential. It has been extensive and with masterful teachers. I’ve learned more being a client with a skilled therapist than years of text study alone could produce. Through my own need for healing and integration I’ve found myself helping others on a similar journey of soul work. Viewed as soul work, therapy no longer holds the “fix it” agenda. Crisis no longer seems devastating; success no longer attainment. Through this work, I have witnessed relationships deepen, children conceived and better parented, and careers realigned to match inner desire. I have seen couples separate

in the painful honest love of truth, where before there was only anger and hurt. I have watched individuals face their own despair and learn to meet it with compassion and love. These changes I count as useful results.

The wind is too cold now to stay outside. I return home to my cozy couch. As I stare into the warm water of my fragrant tea, I remember journey after journey with clients. These sessions held an element of grace that made therapy successful. My role was that of space-holder, a simple way-shower and witness to people's courage to heal. My heart warms with these memories; I feel how I was strengthened as I met the pulls and forces of the psychic and relational journey of bodymind work. I will share some of these stories. They highlight the delicate balance of bodymind awakening and the work of Body-Mind Centering and BodyMind Psychotherapy. I share stories interspersed with theory for better understanding.

Case Studies

Case Study Ritalin or Ritual

Seven year old Adam was about to be put on Ritalin to help him focus during group activities at school. His mother called in a panic. She wanted to do the "right thing!" As I accepted the case, I dropped into the space of musing about this child: Head and heart? Embodiment or drugs? Soul work or maintaining behavior with chemicals that could also limit a certain intelligence and ability?

I needed the water skippers agility to embrace this child. Ritalin was invaluable in situations where a child's unbridled chaos threatened the demise of the family structure. It allowed a child to remain in school in a manageable way. It helped when schools were overcrowded, had few resources, and operated within the boundaries of common behavioral/societal norms. Most schools focused on developing the higher cognitive brain rather than its essential and useful middle and lower brain neighbors. Children who needed to be able to spend hours sitting upright were easier to manage and measure; less chaotic under crowded conditions. Ritalin helped with this. It was used because families were stressed and society had lost it's healing rituals. 'Ritalin or ritual?' Which did Adam need? I opened my mind to the possible 'yes' of both in the upcoming healing work.

I worked with Adam at his home. He was a very bright seven-year old and eager to talk and share. After our introduction he ran upstairs to play a video game on his computer. He was typing furiously. I thought it an interesting way to express his excitement. I brought out toys and large movement balls. I lay belly down on one ball, yielding into its round shape, releasing the tension from my drive through traffic, and pushing myself back and forth with my toes. I watched Adam's rapid typing and stiff upright posture. I noticed his feet weren't touching the floor and that he was very excited but that this excitement didn't make him wiggle and dance. The energy seemed gathered at his eyes and forehead. It didn't travel down through his body to his hips and toes.

Adam asked me to play video games with him. "No." I said, "I don't really like computers that much. I'd rather play with you." I continued playing with my ball. Adam's curiosity won out and we began running and crawling through his house. As we played I noticed Adam's gait. He was running on his tiptoes. I wondered about the flexibility of his ankles, whether or not he was born premature, and if this tiptoeing had anything to do with his inability to sit still.

Adam asked me again to play computer. I offered him the other ball. When he attempted to lay belly down on the ball, his movements were quick and agitated. He kept flipping off the ball and losing his balance. The next time I gently placed my hands along his back and pushed him down carefully into the ball. After a number of minutes Adam's breathing increased and his agitation lessened. He had found support for going inward with his energy and excitement as well as extending out.

Theory Notes: When a person moves from the sympathetic aspect of the nervous system, [healthy mobility or (fight/flight or freeze under stress)] into the parasympathetic aspect, [digestion, relaxation, going inward (or catatonia/depression under stress)] there is a balancing of the nervous system. Parasympathetic nerves fire the impulses for organ functions. They are often below our level of conscious attention. The support of a ball against the organs along the front of the body supports organ tone. In addition; lying on the belly increases flexion, which is the ability to yield and to curl in through the muscles.

As Adam lay on the ball I played with his feet; rotating and flexing his ankles. His stiffness through his ankles meant less support in relationship to gravity when standing. I tickled the top surface of Adam's feet to see if his toes would move, and pressed the underside center of his foot to see if he would pull his legs in or push out more strongly. I was checking his neurological reflexes and coaxing the attention of his body back to these lower brain stem activities.

Theory Notes: Reflexes are actions that happen without our needing to think. They are a simple stimulus response activity through the spinal cord. Reflexes include such actions as pulling the hand away from a hot stove, a baby grasping your finger when you touch its palm, fanning the toes, curving the foot, and withdrawing or extending through the legs or arms related to pressure on the palms or soles of the feet. Reflexes integrate and modulate during the first years of life, but their response can be re-awakened through touch. Without reflex support the higher cortex brain has to monitor simple activities of balance and spatial orientation. This is a misuse of brain power and creates tension.

The session was almost over. I had spent the hour using play and touch to draw Adam's attention back down through his brain stem as a means of helping him relax. I'd focused on getting more mobility and support through the ankles. I could see the beginning of a transition in Adam to lower brain usage but this would need time and repetition. I left him my large gymnastic ball to play with and the challenge of laying face down on the ball and and rolling all the way over to his back and back to his belly without falling off. I wanted Adam to discover play that used his body more. As I left, I talked to his mom about limiting his computer usage.

The next session involved crawling games. We moved over couches and under tables. I noted a certain stiffness in Adam's forearms and a locking of his elbows when he moved. Whenever he got agitated he wanted to run to the computer and would type furiously. I wondered how his parents resolved conflict and if Adam were supportively disciplined and contained or given complete "free range."

I asked Adam if I could brush his skin and we played the 'Sensing-Feeling' game. "Adam, I am going to squeeze your forearm from your wrist to your elbow, but not all the way up to your shoulder." I tell Adam exactly what I will do and then do exactly what I say. "Adam, I am going to lightly scratch the inside of your arm from your wrist to the middle of your forearm but not to your elbow." Adam's breath deepened and his eyes softened. His usual agitation relaxed. He asked me to come back soon.

How children remember experiences

During our next session Adam's mother and younger sister joined us. I worked with Adam's ankles as he lay draped over the ball and asked his mother about his birth. She had had severe contractions three months prior to Adam's due date and doctors were quite concerned. They administered drugs to inhibit the premature contractions.

During this story, Adam was sitting on my lap so I could flex and work the ligaments of his taught ankles. I asked him if he knew what medication was, and what that felt like for him when his mother received it while he was in her 'belly.' I simulated the motion of frequent contractions by squeezing him consecutively and rapidly, and then I went limp, simulating the feeling after the medication.

Adam's Mom was watching intently while I did this. Unfortunately she needed to leave the room to attend to her youngest daughter while I continued with Adam. I asked him what it felt like when he was having trouble sitting still at school.

Adam said his brain 'flew away' and with that an amazing story unfolded. Adam described each experience of differing sensations, acted them out, and asked for help with solutions to sensation overwhelm. Adam ran around the room to show how his brain flew away. He wanted "the south pole" to bring him back. I stuck my arm up as the south pole and Adam came flying back to meet me. Next his heart caught fire; he needed water to put it out. I poured imaginary water from my empty water glass on him during his next pass. Then his bones became electric; he needed a belt to hold them in. We found a belt and placed it around his middle. I held him to keep him from flying away. He melted into the floor and rested. He then jumped up and we replayed this series four times at his insistence. Finally he came and settled again upon my lap.

Theory notes: In my current work as a pre and perinatal therapist, I believe Adam was retelling me his in-uterine experience. I believe he was describing what happened in his nervous system with the introduction of medication and chemicals. Early imprinting sets up templates for body sensations and behaviors under stress. Adam's tendency toward hyper-activity and high agitation could be related to chemicals that overwhelmed his tender growing nervous system. Adam's constant use of the computer, both in terms of hours spent, and as a means of emotional processing, might be his way of trying to complete this agitation. Unfortunately, this activity only limited the use of his full brain capacity. Adam's exceptional brightness indicated a constant firing of the higher cortex where thought and reason reside. He used more of his vision center, less of his whole body. He was captive to an agitated firing of his sympathetic nervous system.

Understanding the nervous system was very helpful in Adam's treatment. Nerves are a fascinating body system; they are our messengers, and pattern and pathway makers. We perceive with our sensory nerves and act in the world through our motor nerves. As messengers, nerves direct our choice of activity and response. The most used neural pathways determine our behavior; and any behavior paired with survival is deemed to be useful, even if it no longer matches the current situation. Survival pathways are energy efficient. We don't have to remember how to survive, we just repeat what worked on the fight/flight/freeze or dissociate continuum. Unfortunately misuse of old responses limits new options and we remain stressed and fatigued. We deplete our long-range resourcefulness for short-term efficiency.

Adam's neural highway seemed to be high cortex dominant. This was created by the numerous hours he spent in computer activity. He sat upright and still; using constant visual focus and little body movement.

This routed his nerves more often through the superior colliculi nerve tracts of the brain stem. With less use of the inferior colliculi that support hearing and sensing, or the peduncles that move into the cerebellum, Adam was diminishing his capacity to sense and take in information. This would explain why reading groups were not working for him. He had no moving visual input and was without constant stimulation. He was not accustomed to sensing by using the lower colliculi which support hearing and listening.

Adam's hyperactivity and high tonicity might indicate a lack of ease in the more parasympathetic functions and little ability to yield in order to listen to others. The intense and quick flashing of light on the computer screen taxes and strengthens the visual focus. Most computer games simulate a battle. They create a flight or fight situation that triggers the medulla of the renal cortex to dump hormones into the blood that activate the sympathetic aspect of the nervous system. All of this hormonal response is designed to have us jump up and run. Through his upright stillness, Adam was thinking in his cortex about how to move, rather than sensing and moving from a lower brain response. This demanded extra energy and increased his stress.

The basic premise of my treatment with Adam was based on a whole body system exploration. I wanted to discover how Adam could relax his nervous system and sequence energy through his body rather than escalate use of his higher brain, which left him in agitated states. My goal was to encourage and model and play with him in ways that engaged the parts of his nervous system that supported relaxation, listening, ease and comfort. I wanted him to open more use of the low brain centers. This would reduce the need of the higher cortex to monitor movement actions.

On a tangible level, I wanted Adam to be able to sit during a group, listen, and relax with others. I thought that if he had literally more access to different parts of his brain, he would have more adequate and available choices. With this his response to stimuli in school would be very different. He would be able to be a member of a class through organic use of his full body brain support rather than the synthetic control chemicals of ritalin. During treatment I looked for opportunities to support and train Adam to use other neural pathways. I wanted him to connect more through the cerebellum, and to gain greater access to the horizontal fibers of the nerves of the pons. When we move from pons into cerebellum and back, we use the brain center specifically designed for motoring skills and coordination.

Treatment Plan My treatment plan with Adam demanded use of reflexes, equilibrium responses, tissue tone, and movement. We played games that demanded he use these parts of his brain and body. These games developed skills that happened below his level of conscious attention. I worked with the specificity of primitive reflexes to see if Adam could develop more neurological sensation. My goal was that he deepen his connection to his feet, and eventually to his belly. I wanted to see his toes and heels reach down, toward, and into the floor as he walked. This would give support to his brain so it did not have to function as if in a crisis mode when excited.

Laying over the large gymnastic balls ball along the front of the body supports organ tone. With support to organs, we relax. Lying on the belly also supports flexion, which is the ability to curl inward through the muscles. I wanted Adam to find support for going inward with his energy and to find balance between his ability to throw his excitement out into chaotic movement and to rest and listen when in reading groups. When we rolled on the balls I was also helping Adam increased spatial awareness by engaging equilibrium responses. Off balance activities support these responses.

In addition to reflexes, I used crawling movements. This would help Adam regain the support for his sensing and perception. I utilized knowledge of the developmental patterns that an infant passes through before standing to retrain Adam's brain. The BodyMind Centering vertebral and prevertebrate patterns were a major focus of our work together. By crawling and playing I was subtly encouraging Adam to spend more time in his lower brain centers. Crawling specifically engages lower brain stem response, and helps put sensing and feeling in the right paradigm for action. It demands use of the pons and cerebellum. Prevertebrate patterns that engage reflexes also support low-brain activity. The sucking and swallowing reflex supports a greater ability to drop into the parasympathetic nervous system, which allows digestion of sensory input both physically and psychologically.

I saw Adam five times before I moved away due to an offer to teach at Naropa University in Boulder, Colorado. Each time we met there was a deepening of body integration. There was more desire to play outdoors instead of with the computer. This meant more use of the sensory to motor function of the nerves, and less agitation. During the weeks of sessions, I also witnessed his father's and mother's parenting skills. They were sincere and highly educated parents; and they could use some coaching. Contact and touch skills, the value of low brain activities, and how to meet a child's developmental needs would be highly supportive. I wished I could work with them as well as Adam. However, there was not an opening for that work. Instead, I wrote a full case study report for his mother with some suggestions. She was a psychotherapist and interested in my treatment methods.

Somewhere in the journey of musing, learning, and seeing patterns and places for change, we therapists also come to the place where this is all we can do for now. It was that way with Adam. Without more follow up and without working with the family context, his path would be difficult. My assessments and suggestions were for couples therapy and parenting skills support and I don't know if they were followed. I regretted moving away; and I learned that eventually Adam was placed on Ritalin.

This part of the therapist journey is the surrender of letting go. I needed to trust Adam's path and that he would find his way, just as I, and everyone else eventually does. Yet I know this developmental work makes a difference. I see it and feel it and sense it. Continuity, playful engagement, and repetition are the key.

I enjoyed working with Adam. His willingness to play was a delight. It is usually quite easy to support neural re-patterning with children, and it is very easy with infants, as you will see in this next study

Case Study Little Jeffrey

We met at an afternoon party. Jeffrey's father was a pediatric psychologist, and his mother a neural psychologist. Jeffrey was nine months old and crawled with one knee and one foot; one knee met the floor in a normal crawling position while the other leg rotated out and bent at the knee so the bottom of the foot touched.

Crawling in this manner meant Jeffrey's pelvis had to torque. I knew this created more effort for his body and less spinal support. With use, this crawling pattern was in danger of becoming the accepted neural pathway for movement and pushing with the lower limbs. It had the potential for later knee and hip problems.

I asked Jeffrey's parents if he had always crawled that way. They thought he did it because he wanted to move faster. This is a common misconception with parents. Every step of crawling is important, and

variations produce tensions and compensation patterns. I shared some of the theory of developmental movement and gained their permission to play with Jeffrey and do hands-on repatterning of his movements. I followed Jeffrey around, pressing into his hip sockets from behind as he crawled. I was awakening his sensation evenly into both legs through the joints of his pelvis. When he sat up I played with his foot so that it rotated in a spiral from the little toe inward towards his naval. I brushed, squeezed, and stroked his feet and legs to bring sensation to his tissues. I took his upright foot and curled it so the leg rotated in, causing the knee to touch the ground while Jeffrey moved. Within ten minutes, Jeffrey started to crawl intermittently in a normal fashion. Once in every six strides he put both knees under him before he reverted to his old habit. We cheered him on when he used his knees; it became a game of parental encouragement and sensory stimulation through my touch as Jeffrey discovered a new and more efficient crawling pattern.

Theory Crawling utilizes neural pathways that move through the brain stem and transverse evenly through the fibers of the pons. This supports vision and reading functions, and when not fully developed, can create later problems with reading and vision during school. Because Jeffrey was flying home the next day, I could not do follow-up work with him. I gave his parents suggestions of how to play with him while he crawled. I also suggested they contact a local BMC® practitioner who was trained in developmental movement patterns and repatterning work with babies.* This would give Jeffrey integration and balance through his hips to connect deeper into his brain support. Making these interventions a priority for Jeffrey at this stage of his development would be the best gift they could give him for his future brain growth. The contralateral crawling pattern precedes the standing reflex; however, babies will stand anyway, but with compensatory support if it is not developed. Hopefully Jeffrey would be supported to crawl well before he began upright weight bearing and walking.

The importance of Play in therapy

My memories shifted again to infants and children, and intervention through play. I noticed my body response to this memory as I sighed and looked again into my tea cup. I was smiling, recalling the delight when Jeffrey first placed both knees down to crawl. I remembered joy at his mini success and how I loved encouraging babies to find ease and support in their bodies. I mused about how easy it was to intervene when we were both engaged in play.

‘Play and children, play and adults. The ease of the brain when play is engaged.’ We are born with tremendous sensory perception. Perception allows us to monitor ease or danger in our environment. It provides comfort as we interact. These perceptions are available if we use them. A major task of the developing child is to inhabit and cultivate a functioning body. Play, movement, and body-based activity engage perceptual nerves in a variety of ways. These include feeling weight, gravity, placement in space, rolling, turning, being off center, singing, touching, tasting, smelling and seeing. We feel pressure on skin and inside organs. Play allows the brain to develop many ways of sensing and to lay down diverse neural paths that support the integration of sensation and movement.

For adults it is a matter of re-engaging sensory abilities. Adults spend so little time in play and on the floor rolling and moving that they minimize the brain use of these supports. Returning to play, both for children and adults, can help many symptoms shift and heal.

Musing Conclusion

These simple case studies of Adam and Jeffrey that highlight a reclaiming of vitality and joy are not unique. Many others have and will enter a dialog of bodymind awakening; their healing stories are the common rewards of the BMC work and the delight of my profession. They show the delicate balance of listening to story and following the story's expression through the body. This leads to a great awareness of life. I feel my gratitude welling up. My tea is almost gone and my memories are resting. Tomorrow I will go to teach at a university that believes that part of the human journey demands awareness of the soul, of sensation, and of witnessing presence. At Naropa University in Boulder, Colorado, the Somatic Masters program encourages this deep awakening. It has been a gift to share with you the reader these stories, as it is to work with individuals to heal, and with master's level students who hold such deep desire to help others and themselves from a place of connection through the body. The delicate balance of water skipper and waves remains, and for now, my musing are finished. I sigh and stretch again. My thoughts complete as I drink my last swirl of tea. I feel well nourished and satisfied, and it is time to rest. I hope you have enjoyed our journey.

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