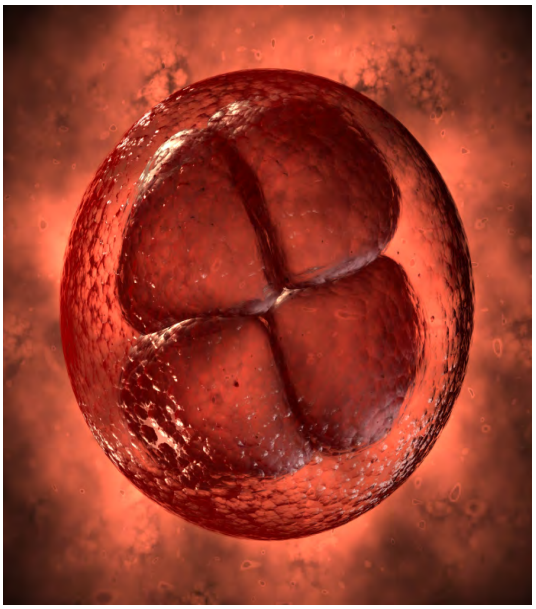
GAINS Advisory Board Members Share Stories of Seeing the In-Between

Compiled by Debra Pearce-McCall

Our theme for this issue of the GAINS Journal is **Seeing the In-between**. One of the hallmarks of interpersonal neurobiology is the emphasis on our inherently social brains and the essential importance of relationship. To really understand and apply the framework requires scientific and intellectual knowledge *and* the capacity to notice, attune to, sense, and see the in-between. Call it relational, systemic, ecological: in IPNB we 'see' the connections as well as the elements, the each/both/and—the weaving, dancing space between is anything but empty to us. And this space between is not static; it is alive, changing, shifting, becoming.

My first explorations of systemic theories occurred in the 1970s, through general systems theories and then into cybernetics. So sometimes I refer to IPNB as "Systems 3.0," as it allows us to name and work with the interconnectedness and interactivity of mind, brain, and relationship, each as a complex system with its own level of existence and analysis, and also existing in integrated (or less integrated) unison—a multi-faceted, complex, tri-level system of human experience with information and energy flowing, expressing, and emerging among all levels. I believe people in our current culture who "see the in-between" had some pivotal life experiences that opened their minds and hearts to this understanding of the fundamentally relational nature of reality. I also believe that the hope for our planet and our species lies in more and more humans understanding our interconnected nature. Because of this, I am fascinated by how people form a systemic, relational worldview, and committed to bringing our brainminds and a relational perspective into all my work.

In workshops and classes I teach, in clinical and leadership consultations, and in informal conversations with colleagues and friends who are deeply relational in perspective, the stories of how folks kept or developed their "relational knowing" are always interesting, even profound. So when we themed this journal Seeing the In-between, I contacted some of our wonderful GAINS Advisory Board members and asked if they would share a story about how their understanding of relationship and the in-between came to be, or about a time when they really recognized the presence and power of relationship. I know you will share my gratitude for their contributions to this compilation, honoring the connections that fill the space between us all. After you've read their stories, give yourself some reflection time to remember some of your own journey to noticing and/or discovering how to see and sense and describe and celebrate the in-between.



…this scheme of isolable units acting in one-way causality has proven to be insufficient. Hence the appearance, in all fields of science, of notions like wholeness, holistic, organismic, gestalt, etc., which all signify that, in the last resort, *we must think in terms of systems of elements in mutual interaction*…There is this hope, I cannot promise you whether or when it will be realized - that the mechanistic paradigm, with all its implications in science as well as in society and our own private life, will be replaced by an organismic or systems paradigm that will offer new pathways for our presently…self-destructive civilization.

Ludwig von Bertalanffy (1901-1972)
One of the founders of General Systems Theory

The beginning of a new life

Bonnie Badenoch, PhD
Clinician, Educator, Author, Speaker, Consultant

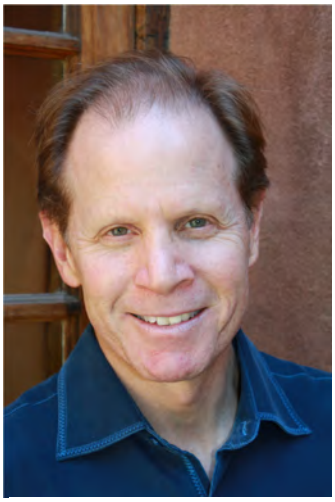
I was raised in a family whose attachment style was infused with intergenerational anguish that goes back who knows how far in our history. Because of my parents' exceedingly painful life experiences, they had no capacity to fill the space between with much of anything but waves of suffering inflicted on those more vulnerable. For reasons of temperament as well as the ongoing trauma, I gradually withdrew into immobility both physically and emotionally, and lived a life of isolation for the most part into my early 30s. Even though I had married and appeared to have friends, most of me was hidden deep inside, and I didn't experience much felt sense of connection.

One gift I had received as a child was from my grandfather who was both a deeply troubled and deeply spiritual man, so it isn't surprising that in my third decade I was drawn toward a meditation-based yoga group where I began to imagine that connection to the Divine and even to other human beings might be possible. It was, however, largely an imagination of that more than an experience because my wounds still kept me isolated inside—until the day my daughter was conceived. I had always been afraid to have children, likely because unconsciously I believed the abuse might continue, but I had watched my fellow yogis have their babies at home, been at several births, and held these newborns who were still half some place else and half here, it seemed.

So at 37, I became pregnant, held this little one tenderly for nine months, and planned to have her at home, surrounded by my dear yogi companions. But there were life-threatening complications and we wound up at the hospital, inundated by bright lights and a huge sense of emergency. Nonetheless, when she emerged, they placed her on my belly and she craned her little head around to make long, clear eye contact with me as if to say, "Here I am!" My heart burst open and the space between was filled with a depth of love and connection I had never experienced before. That was the beginning of a new life for me, one that has developed slowly with the help of therapists and mentors and dear friends. At this point, I focus on little else but the space between, quite obsessed by attachment and relationship in all its forms—from how our cells are drawn into connection with one another, to the way we are constantly seeking reflection from our fellow travelers, to viewing the dance of the cosmos as a deeply relational extravaganza.

Mindsight promotes a life-affirming betweenness

When Debra requested I write about my experiences about the between of our lives, it was one of those connecting moments that linked the great work of GAINS with the pulse of our times, in this case resonating with a section on "Time Between" in my next book, *Brainstorm*, written for and about adolescents. Writing that book also raised issues for me about our collective work to focus on our relationships, and in IPNB in particular, to raise the importance of the science of relationships for our lives, both personal and professional.



Dan Siegel, MD
Theorist, Author, Clinician, UCLA Professor, and International speaker

In my own life, the first direct focus on relationships emerged in college with an odd juxtaposition of activities. During the day, I was working in a biochemistry lab looking for the mechanism by which salmon could transform their physiology to make the transition from fresh to salt water. The relationship of the fish to its environment meant the difference between life and death. At the same time I was looking for that enzyme, at night I was learning to answer calls at a suicide prevention phone service at the university, becoming immersed in the vital importance of emotional communications that could also make the difference between life and death. That contrasting of life giving elements, enzymes or emotions, played a crucial role in revealing how life could be sustained by the "betweenness" of an organism and its physical or social world.

When I soon found myself in medical school to explore the art of the healing relationship, I found myself in a painful world where many of my teachers did not show the emotional attunement to their patients—or their students—that I had learned was essential in a supportive relationship. When I dropped out of school in disillusionment and ultimately decided to return, I made up the word "Mindsight" to remind myself of what was needed in healthy relationships but was often missing in the "between" space that linked clinician to patient. Sometimes it's helpful to see a bad play to appreciate a good one—and so I tried to use those unfortunately common experiences of being with professors who did not see the internal subjective experience of their patients (or, it seemed, even of themselves) with any kind of clarity. Mindsight as a skill became something that for me shaped the space between with kindness, compassion, and love. Healing and well-being seemed to emerge when Mindsight was a natural part of communicating and caring within relationships.

Since those days, Mindsight emerged as involving insight, empathy, and integration—the honoring of differences and the creating of compassionate linkages. Our between is healthy when integration arises. Mindsight seems to be the essential "emotional enzyme," the core mechanism that promotes a life affirming betweenness in our lives.

One last reflection. Just at the time our dear Board member, John O'Donohue, died, he published his last book: *To Bless the Space Between Us*. It is a beautiful gift to us all to connect to others, to John, and to ourselves. Thank you for being on this between journey together!

John O'Donohue, PhD
Author, Poet, and Philosopher

Fixated on the visible, we forget that the decisive presences in our lives—soul, mind, thought, love, meaning, time, and life itself—are all invisible. No surgeon has ever opened a brain to discover crevices full of thoughts. And yet our thought determines who we think we are, who we think others are, and how we consider the world to be. We are not the masters of our own reality; granted, we do choose the lenses through which we see the world, yet the shape and color of these lenses are offered to us from the primal benevolence of the unseen world. Everything that is here has had its origin there. The invisible is the parent of the visible.

From O'Donohue, J. (2008). *To Bless the Space Between Us: A Book of Blessings*, Kindle Locations 2194-2198. NY: Crown Publishing Group

Understanding the links

Life is filled with disruptions. However, often these challenges are opportunities to experience our own resilience and to learn more about our core passions. Like many of my generation, the family life I experienced appeared dysfunctional when contrasted to the idyllic family life crafted for the television shows of the 1950s and early 1960s. Not far below the surface of our family life were real issues, not only of resource, but of vulnerability, often linked to World War II, McCarthyism, racism, and anti-Semitism. Missing from the family dialog were discussions of the critical events related to the transgenerational trauma experienced by my grandparents as they were first stripped from their family roots when they emigrated from Central and Eastern Europe to the United States in the early 1900s and then, after establishing themselves in a new country, losing their extended family during the holocaust.

Stephen Porges, PhD
Creator of Polyvagal Theory,
Neuroscientist, Author

In contrast to this partially hidden and not to be discussed personal history, the metaphor of safety in all its manifestations was the mandate for survival and success. Safety took the guise of wealth, professional status, and educational achievement. Given this background, I had only one choice of profession to be successful within my family and culture. My parents wanted me to be a physician. However, although I started college as a premed student, and even worked as an operating room orderly, my passion was not in medicine. Even as an adolescent, my intellectual curiosity focused on understanding the links among subjective experience, physiology, emotion, and social interactions. Thus, my path as a psychologist led me to study psychophysiology, developmental psychology, neuroscience, comparative neuroanatomy, neurophysiology, time series statistics, and biomedical engineering. As clinicians provided me with feedback of the relevance of my work to their patients, the Polyvagal Theory emerged as an integrated theory with clinical applications.

I recently reached back to my roots and attended my 50th high school reunion. I went to a small school in a small town in central New Jersey. The class had about 160 graduates and about 80% went on to college. This was rare in the 1960s. The 50th reunion provided in a flash the opportunity to observe the continuity and discontinuity of ourselves and our friends. How could these people in their late 60s be the teenagers that I spent time with discussing the uncertainties of the future? For me, it was an experience to see myself through the eyes of others with whom I did not share experiences during the intervening 50 years. To my peers, what I had become professionally was totally consistent with the curious adolescent who was deeply involved in trying to understand subjective experience and to "read" thoughts and intentions from vocalizations, facial expressions, and gesture. I was the same as the adolescent who would hypnotize classmates and leave embarrassing post-hypnotic suggestions. During these 50 years, I have been fortunate to shift my professional work towards my personal interests and to build the tools necessary to support a science of interpersonal neurobiology. Personally and professionally, I have focused my intellectual resources towards the space between subjective experience and the features that define both social engagement and responses to others. My work has focused on reducing the dissonance between personal subjective experience and the complex features of interpersonal experiences. When this dissonance is minimized, we are safe in the arms of another.

Jessica and Sam

One of the most powerful experiences of the truth of interpersonal neurobiology didn't take place in a seminar or consulting room, but rather at the home of a friend. I had volunteered to watch his two young children for a few hours while he ran some errands. I had known Jessica and Sam, four and six years old, all their lives. I was someone on an outer ring of their universe, an attractive combination of familiar and new, and completely unprepared for what was about to happen. The minute their father left, they shifted from low to medium to high gear and I found myself in the midst of a frenzy of excitement.

Lou Cozolino, PhD
Theorist, Author, Clinician,
Pepperdine Professor

Toys began flying out of closets and storage containers; games were begun and tossed aside; videos were started, stopped, and replaced; a succession of Indian princes, mermaids, lion kings, ladies, and tramps. After what felt like hours, I glanced at my watch to find only 15 minutes had passed! Four more hours at this pace? I wasn't sure I could survive. I kept trying to refocus Sam and Jessica's activity to no avail. At one point, as we dashed from bedroom to den to living room, I sank to the floor in the hall, and propped myself up against the wall. When they realized that I wasn't right behind them, they ran back to find me.

They stood panting, one on either side of me, wondering what new game I had concocted. My suggestion that we sit, relax, and talk passed unnoticed. After a few seconds, Sam looked at his sister and yelled, "Show Lou how you burp your dolly!" Both let out a scream and Jessica soon returned with an adorable squishy doll. As I reached for the doll to hold and admire it, Jessica threw the doll on the floor face first and drove her fists into its back. As Jessica and Sam took turns, crushing the doll into the carpet. I watched, in horror, completely identifying with the doll. I had to hold back my urge to save the poor thing from her vicious attackers.

I reminded myself that I was feeling sorry for a ball of cotton and that I should turn my attention back to the children. I also realized that rescuing the doll would be scolding Sam and Jessica for their behavior, which I did not want to do. I struggled to make sense of what was happening and asked myself if there might be some symbolic message in the way they were treating this doll. They had experienced a great deal of stress in their brief lives in the forms of severe physical illness, surgery, drug addiction in the family, and an understandably overwhelmed support system. The frantic activity I was witnessing may have reflected the accumulated anxiety from all they had gone through, mixed with normal childhood exuberance. But how might knowing this be helpful to these two beautiful children?

As I reflected on these things I was hit by the notion that perhaps the doll represented both Sam and Jessica. This doll needed to be burped. It needed the help of an adult to alleviate its discomfort and regain a sense of comfort and equilibrium. Perhaps Sam and Jessica were showing me that when they needed to be comforted, they were met with more pain, or, at the very least, insufficient understanding and warmth. Might their behavior be a message? "Please, we need nurturance and healing!" Their world seemed chaotic and unsafe, a whirlwind; these were the same feelings they had created within me during the last half-hour. Was their behavior a form of communication?

They had each taken a number of turns "burping" the doll and I suspected that their attention would soon turn to me. What to do or say? I didn't want to burp the baby their way, and my thoughts about what was happening would be meaningless. I could feel my anxiety growing when finally, they both turned to me and cried in unison: "Your turn!" I hesitated. The chant of "Burp the baby, burp the baby" began to rise. I looked at both of them and said, "I know another way to burp a baby. Here's how my mom burped me." A cheer went up. I suspect they assumed that I was going to set the doll on fire or put it in the microwave.

I gently picked up the doll and brought it to my left shoulder. Rubbing its back in a circular motion using my right hand, looking down at it with tenderness, I quietly said, "This will make you feel better, little one." A silence fell over the hallway. I looked up to find Jessica and Sam transfixed, almost hypnotized. Their eyes followed the slow circles of my hand, heads tilted like puppies. Their bodies relaxed, their hands limp at their sides, calm for the first time.

After following the movement of my hand for about 30 seconds, Jessica looked up at me and softly asked, "Can I have a turn?" "Of course you can," I told her. At first I thought she meant that she wanted a turn burping the baby. But then carefully, respectfully, she took the doll from me and placed it on the floor with its back against the wall. She stepped over to me, climbed over my crossed legs and put her head on my shoulder where the doll's head had been. She turned to me and almost inaudibly said, "I'm ready now." As I rubbed Jessica's back, I felt her body go limp as she melted into my shoulder and chest. I half expected Sam to tear her off, climb on himself, and turn it into a wrestling match. When I looked over to him, I could see that he was in the same posture and state of mind he had been in watching me burp the doll. He eventually looked up at me and asked, "Can I have a turn?" Before I could answer, Jessica lifted her head slightly and told him "In a minute."

After a while, she gave up her spot on my shoulder and Sam had his turn being "burped." It felt wonderful to hold them in this way and give them something they seemed to need so badly. After a few turns for each of them, we went into the den, curled up on the sofa, one of them under each of my arms, and watched a movie. Actually, I watched the movie—they dozed off after only a few minutes. While my eyes followed the frenetic animation on the screen, my breathing paced theirs and I shared the peace they seemed to be feeling.

I still marveled at how they communicated their pain and confusion by creating the same feelings in me. Emotion is truly contagious and an amazing form of communication. I imagine that by burping their doll in a caring and loving way, I showed them that I was capable of soothing them. By falling asleep, they said, "We feel safe and we know you will watch over us." While none of this was spoken, the communication was clear. I believe that when we come together with others, we morph into larger, and more complex organisms we call relationships. And although I have read thousands of research articles that support this reality, at the center of my conviction is my own experience in relationships including my afternoon with Jessica and Sam.

NOTE: Lou Cozolino is sharing a version of a story he originally told in his outstanding book: Cozolino, L. (2010). *The neuroscience of psychotherapy: Healing the social brain* (2nd ed.). New York, NY: Norton.

In-between with Nonna Anelide

When Debra asked me to share a story about seeing the in-between, I naturally went back to try and figure out when was the first time I actually had that experience. I quickly realized two things. First, my 'seeing the in-between' feels much more like '*feeling* the in-between' than really 'seeing' it. When I say 'feeling' the in-between, I am not trying to use a metaphor. It does literally feel like that to me. I almost feel the touch of the in-betweenness. I consider myself lucky. This palpable sense of feeling connections with others makes my internal, mental life powerfully rich. Second, it does feel it's always been like this for me. I can't come up with a defining moment that made it happen, that produced that magical transformation that made me perceive human connections the way I do. But then I thought: "Wait a minute, it can't be that I was born that way, there must have been something very early in life that shaped the way my mind is so spontaneously open to perceive connectedness in human relationships." And then it dawned on me: it must have been when I used to spend those long hours with nonna Anelide.

Marco Iacoboni, M.D., Ph.D.
Neuroscientist,
UCLA Professor, Author

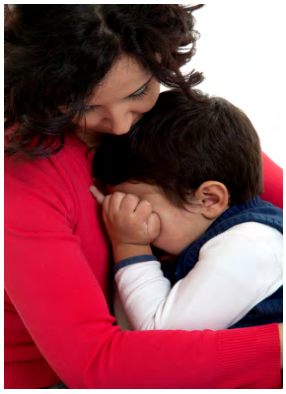
My parents both worked, and I used to spend most of my day with my grandma Anelide when I was four, five year old and lived back in Italy. It's almost half a century ago. I remember she told me many enchanting stories, while teaching me many, many things (she was a smart lady; she knew that if you really want learners to listen and learn, you need to make it fun, engaging, meaningful). I also remember she was very busy running the house and spent endless hours cooking while being with and looking after me (that endless cooking must have forged my excellent relationship with food and my love for preparing it!) I obviously only have very vague memories of the time I spent with her in that period. Yet, that magical time is always in my heart, somehow. When I think about us, nonna Anelide and I, in the house, in those long afternoons, I know deep inside that we did embody the in-between. And I guess that experience, early in life, shaped my mind in an indelible way. Thanks, nonna!

Connection through listening

I'd been practicing listening, simply listening, to another parent, and then having that parent listen to me. No advice. No judgment. All confidential. A simple exchange. I'd found it a powerful way to lower the stress of parenting my sons. I'd found that every time my listening partner and I met, we connected on a deeper level, I learned more about myself, and I gained the safety to reach down and actually feel and release hurt from my childhood. I found that he, too, was helped by my attention, nothing more. I cried about the people I loved and the hurtful things that had happened. He, more scared than sad, trembled much of the time. I laughed, too, as I ventured to tell my listening partner about feelings and experiences I'd kept to myself for so many years. It was a compelling relationship, and utterly simple.

Patty Wipfler
Founder, Hand in Hand Parenting, Author

Early in this exploration, I had an experience that took my breath away. My two-year-old son Jacob had come down with pinkeye. Both of his eyes were crusty and oozing. The doctor prescribed eye drops to be given for several days. But Jacob was not yet three, and, knowing him, I was sure he would be frightened. How would I get those drops into his eyes? I envisioned having to pin his arms down with my knees and lean, dropper in hand, over his struggling body. If it went that way, I would be required to undermine his trust in me three times a day for several days. When David, the baby, went down for his nap, I decided to try listening to Jacob's feelings about getting drops in his eyes. Perhaps that could help. I had no idea how, but what was there to lose? So I showed him the bottle of drops, and told him I needed to put some in each eye. He threw himself back on the bed and cried, hard. I listened intently, right next to him. I told him the drops would help him get better. He kept crying. When he would slow down, I'd lift him gently up to a sitting position, show him the bottle again, and say, "I need to put these in your eyes. It's going to help you." And every time, he cried hard. I listened. After about a half hour of this back-and-forth, I asked him if he wanted to see how the drops were squeezed out. He did. I filled the dropper, raised it, and squeezed drops back into the bottle. He watched, and then threw himself back on the bed for more hard crying. It went on like this for a while—demonstration, crying; demonstration, crying—and somehow, his brother kept sleeping. I wondered how (and when!) this would resolve: there were certainly a lot of feelings on tap! And I had to get the drops in somehow. Then, Jacob asked whether *he* could try squeezing the dropper, and I said, "Of course." He tried it several times, and then I asked if he was ready for me to put the drops in his eyes. He wailed. He threw himself back and put everything he had into this outburst. I kept listening. A few minutes later, his face cleared, he sat up, and he asked, "Can *I* put them in?" In a hundred years, I wouldn't have thought of a two-year-old giving himself eye drops! I said, "Sure, you can try. If you miss, I'll have to help, though." I asked him to lie down, and filled the dropper. I helped him position his hand over his eye. And I watched as he squeezed two drops into his open eye. He did the same for his other eye, then sat up, looked at me and grinned, and ran off to play. He was fine and I was astonished! Putting drops in his eyes was as ordinary as putting socks on his feet after that. His fear had vanished.



Many things came together that day. I'd grown up with really good parents whose stress level had gone beyond the beyond. I had seen the world of hurt a good parent under stress could cause. But if a parent had an emotional outlet, a safe connection with a listener, that kind of hurt could be prevented. And families could be warmer and closer, as ours had become. When I saw my son take charge of his treatment that day, it became clear that parents didn't have to dominate their children. They could trust their child; set necessary expectations; listen and connect; and the child would thrive. Offering connection through listening was a way of giving that was powerful and respectful; and in the end, it got things done. It felt *great* to parent this way—working *with* a child's big feelings, rather than against them. Giving myself, my attention, my offer of connection, rather than words, bribes, or demands. I knew what I wanted to do with my life.

We are shaped around our hearts

Ross Ungerleider, MD
Pioneering Pediatric Heart Surgeon,
Leader in Medical Education

In my office is a coffee mug with a unique and exquisite design. Through the middle of the mug is a hollowed out heart. The entire mug is formed around this heart. The mug has been broken. Shattered actually. It has been painstakingly put back together with epoxy, but there are chips—empty places—where the missing pieces could not be found or were too small to work with.

When she was born, Laura had a very large hole in her heart. The valves inside her heart were also malformed. Her circulation was very abnormal and she did not grow well. I repaired Laura's heart when she was 5 months old. The hole was patched, the valves reconstructed. Laura went home and a few weeks later I received the mug from her parents as a token of thanks. I appreciate these tokens. I appreciate that someone would take the time to select and send me something to express what they feel. So I put the mug on a bookshelf in my office. A few months later, while taking a book from that shelf I inadvertently knocked the mug to the floor where it shattered. Saddened, I threw it in the trash. That night I got a call. Laura was on her way back to the hospital. She had gotten an infection in her heart that had destroyed her repaired valve and reopened part of the hole.

When I came to work the next morning, my trash had not been emptied. The mug pieces were still there. I retrieved them and spent some time piecing them back together. I don't know why—it seemed important. Later that week, I repaired Laura's heart once more. She is now 26 years old and going strong. The mug still sits in my office—somewhere safe—unlikely to be re-broken. I'm not superstitious, just practical. I could never repair it again.

This mug, for me, has always been a tender symbol within a symbol. The heart-shaped hole through its center reminds me of the holes in hearts that I have learned to fix as a matter of profession. We are each of us a bit like that mug—we are shaped around our hearts. In the case of my mug, and because of its unique shape, the heart wouldn't exist without the mug that is sculpted around it. Our hearts exist, too, as openings inside of us—ready to receive and be filled, when we are ready. Like Laura's mug, our hearts require bonding—a spiritual epoxy that connects us with others—in order to remain intact.

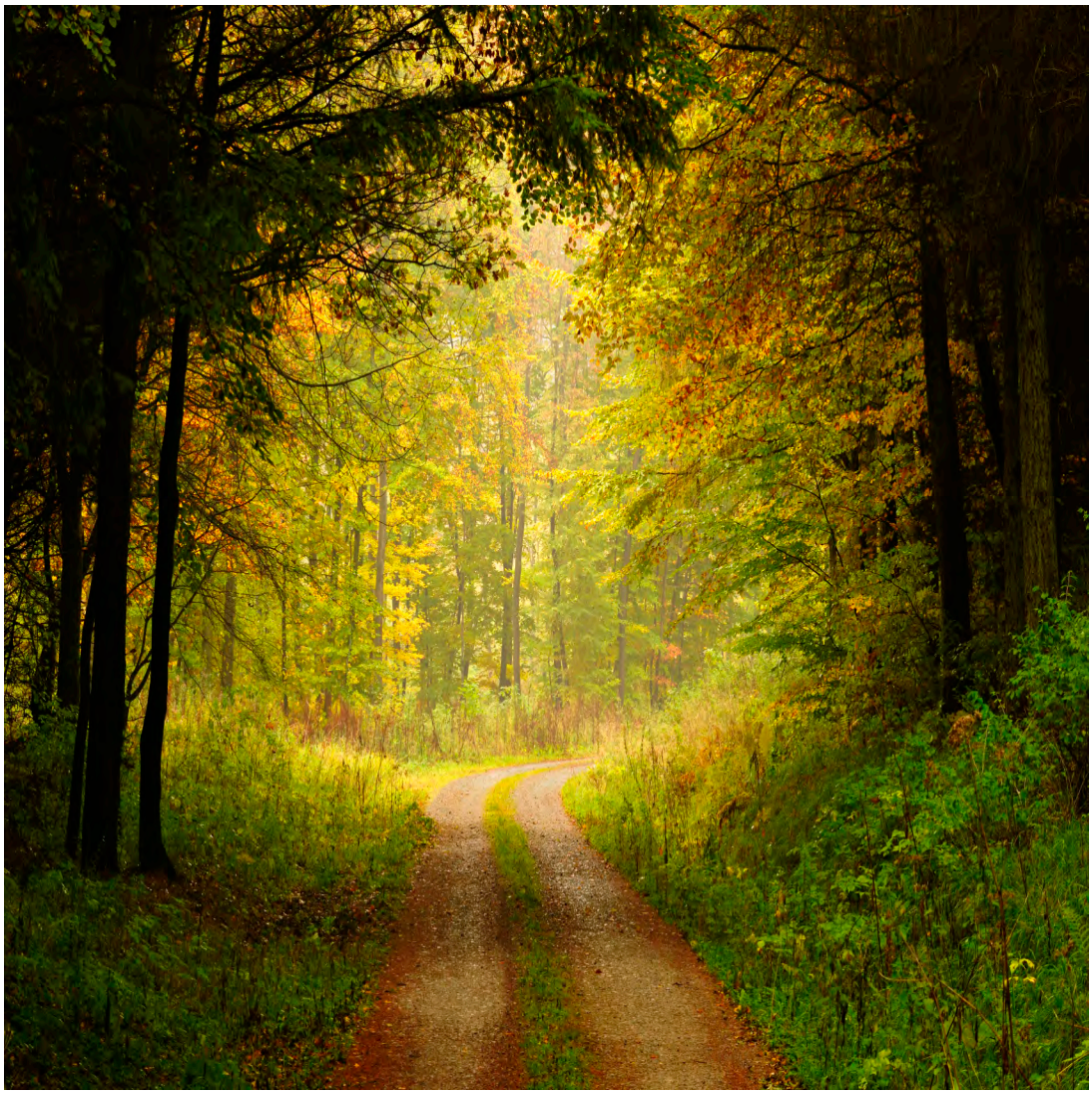
It has been over 20 years since I received the mug. I used to stare at it often until it finally occurred to me it was a vessel meant to bring me an important message—I just had to be still enough to hear it. I began to understand that we each have empty spaces that ache inside our hearts. For myself, I have spent a career taking care of the hearts of others and ignored the space within me. I began to worry that my heart, too, was a hole and that the structure that surrounded it was on the verge of shattering. Perhaps it already had—long ago—and had not been properly repaired. Maybe when we put ourselves together during the process of growing, we, too, have to reconcile a few, small missing pieces and despite the strength of our human epoxy, some spaces remain.

We fill those spaces with our relationships. Without those relationships, the spaces persist—they expand and bore into our souls. It is the longing for those relationships that creates the aching inside us. If I hadn't inadvertently shattered Laura's mug, I might never have stopped to understand that.

The more we try to hold ourselves impervious to that need, to rationalize it away, or worse of all, ignore it, the more the emptiness expands and bores through us. It won't go away.

In my life and career, I have come to know about hearts. Our heart requires accepting, respecting and treasuring the human experience. Each human's experience. A heart can be repaired and it can be nurtured. These are separate things. The first requires someone with medical training. The latter is more personal—it is something we must all do for ourselves—and with others—by providing gentle and devoted vigilance to our own heart-needs.

I still look at Laura's mug. And I see myself. I, too, am shaped around a heart. It used to be a hole. Now, because I understand the importance of filling it with relationships (including my relationship with myself), it feels more like a whole.



Memories of a veteran's son

Living with undiagnosed PTSD is not easy. Waking my dad early in the morning was terrifying. I learned not to do it—not an easy thing for a very young kid. When I crept into my parents' bedroom across the hall, I found that if I jumped into bed on my mom's side, it all went just fine. But, if I even so much as tapped my dad and woke him from a sound sleep, he'd jump a mile high, terrified, screaming, "What is it! What's happening? What's going on?"

Victor E. Beresin and Gene Beresin at Gene's wedding
Eugene V. Beresin, MD, MA is a Harvard Professor and Innovative Leader in medical education

It was damn scary. I learned quickly to go to the right side of the antique maple bed—never to the left. And, if I woke Dad from a nap in his study (he would often crash on the tiny bed there after working endlessly on his lectures and slides, or writing books), he would jump and scream just as loud. So, I stayed away and let my mom do it.

There were also the bouts for a week or two of shaking, sweating and turning beet red, up night after night – events I recall once or twice during my childhood. Mom said not to worry; he was just having some sort of reaction to an illness he got in the war. "Malaria," she said. "It will pass." *Don't worry?* My dad was convulsing. He looked like he was going to die! No one ever told us about PTSD. The term was not even a term back then. It was the 1950s, and later, the '60s; my generation only knew that our dads had fought in "the war," and that now, they were home. In fact, my dad loved to watch World War II movies. We watched them together ritually, just as we watched football games. I knew he hated the Nazis, and I was glued to the screen. As I got older, I started asking questions.

He said that after Pearl Harbor, he volunteered for service in the Army. He had just finished dental school and didn't have to go, but it was not something he could personally avoid. He was placed in the 77th Division later to be known as the "Bloody 77th," and was sent to the Pacific Front. He told me that he was made a Medic, even though he was a dentist. Hell, they needed doctors. But, he also said that he never took the lock off his gun because he was afraid of killing someone, even in a division that lost more men than almost any other brigade in the Pacific. My father lost all of his friends. Everyone between Guam, Leyte, Okinawa and all the other islands…gone. His feet were never cured of jungle rot.

My father joked that he would often make deals with naval commanders, trading a day of dental care for food and scotch to bring back to his buddies. (He said the Navy always had more supplies than the Army). It sounded like M.A.S.H. and I suppose it was. Then he told me how terrifying it was waking up in the mud to gun shots and bombs, never knowing where he was, or where they would be going in the dark jungle night, stumbling around in the wet weeds. And how frightening it was carrying a heavy backpack when they had to slither down the side of a tall battleship in the night. My dad's longstanding fear of heights began to make sense to me. So did his exaggerated startle response when he woke from a Sunday nap.

One day, my mom was cleaning out his dental cabinet, and I noticed a bronze star. Find me the kid who doesn't like medals! I asked my mom where it came from, and she told me to ask my dad.

"So we were in a fleet somewhere in the Pacific Ocean, headed from one island to the next, and the Japanese attacked by air. A number of boats sank, and ours was one of the only left afloat. There were many casualties, and all were brought aboard. I was the only Medic. I had to stop bleeding, sew guys up, and rally my boys to help. We saved a bunch of lives, but lost many."

"But Dad, you're a dentist!"

"I know. Just my luck. Go figure."

My dad had a great sense of humor. I guess it runs in dentists. You know, they have captive audiences for their jokes, and how can you complain with all that cotton in your mouth? When he took the cotton out, he usually asked his patients to tell their favorite jokes (often dirty ones), and he kept the best ones to pass onto others.

Dr. Victor Beresin, an innovative dentist, won the bronze star as a medic on a battleship in the Pacific.

It turned out his dental books were translated into Japanese. He even made a number of wonderful friends there, visiting often as a guest lecturer and beloved colleague. It was puzzling to me that he held no grudges with the enemy—at least not with the Japanese. War was war, he'd say. And hey, he was on the way to Tokyo when the bombs dropped. While he was grateful for the end of the war, he knew the devastation that resulted.

Still, even though he and Mom traveled all over the world, he always refused to go to Germany. It was too much, having grown up as a Jew, the son of Russian immigrants—even a secular Jew. I wonder how he would have lived through the horror of the war if he were on the Western Front instead. His PTSD would have probably been much worse.

Look. My dad suffered from PTSD his whole life. Nothing substantially changed. We all learned to live with it, and so did he. Thankfully, he was not incapacitated, and enjoyed a productive life as a dentist, teacher, father and friend. He took great care of his patients, and they loved him. But, the war left a mark on him and on all of us.

And, I still love watching war movies. They make me think of my dad.

We understood malaria and foot rot; they were medical problems brought home from the war. But, the symptoms of PTSD were really scary and baffling. While he suffered, he accepted his condition as just the way he was—nothing more, nothing less. I do wonder now if he'd gotten treatment whether it would have made a difference. Perhaps. But, he'd never see a shrink—not for this. I'm not sure if it was the stigma, or just not what WWII vets did. It wasn't even an option for consideration.

As I look now at the challenges facing our nation, I understand that I was lucky to be the kid of a vet who did not suffer like many of our veterans do. Unfortunately, many brave men and women are suffering terribly, and that suffering is made worse by the stigma inherent in having a psychiatric disorder. Even PTSD, a well-recognized and accepted syndrome, brings with it shame and prejudice. Hopefully now that we know more about this disorder—its impact on families, and its treatment—others will get the help they need.

I'd like to be able to say that to my dad if he were still around.

Note: This is a reprint of an article published on November 11, 2013, at Inside Out, Outside In, the blog of Eugene Beresin, M.D., M.A., on Psychology Today, http://www.psychologytoday.com/blog/inside-out-outside-in/201311/memories-veterans-son. A version of this post originally appeared and was written by the author (Beresin) on WBUR's CommonHealth (hyperlink to http://commonhealth.wbur.org/2013/11/veteran-memories-undiagnosed...) on November 11, 2013.

How the body reflects dissociative parts

Pat Ogden, PhD
Creator of Sensorimotor Psychotherapy, Clinician, Author, Speaker

Trauma-related disorders have long been characterized by a vacillation between intrusive reliving of past trauma and numb avoidance of traumatic reminders. But in the early 1970s at the short-term inpatient psychiatric hospital where I worked as a technician, no one talked about dissociation or Pierre Janet. The diagnosis of PTSD was not yet included in the DSM. In retrospect, it is obvious that many of our patients experienced dissociative parts that were full of terror and suspicion, often frightening to the staff and other patients. Doctors' instructions were to talk with the patient about demonstrating "appropriate" behavior, and revoke privileges like receiving visitors or going on outings if the patient did not comply. When behavior was "out of control," patients could be locked in the padded isolation room or given heavy antipsychotics with severe side effects, often against their will. One patient who for periods of time could not speak was forced to scrub the floor with a toothbrush until she talked. Doctors and nurses were baffled and frustrated at the ineffectiveness of these interventions, and no one seemed to understand why patients got better or worse.

Steve was admitted at dusk one evening, screaming a warning that the Vietcong were about to attack. In his early 20s, he was a short, muscular blond-headed boy/man with wide blue eyes haunted by what he had seen in foreign jungles. I watched helplessly night after night as his reality slowly shifted from the safety of talking with me to apparently reliving the war. One of the first signs was a desperate look in his eyes as they clung to mine, seeming to seek safety in our contact. His body became increasingly tense and agitated and his shoulders more and more hunched. It seemed like his physical movements contradicted each other: he was leaning towards me, seeking contact with his eyes, while his arms and shoulders tightened, and he fidgeted in his chair. Gradually, his eyes lost contact with mine, despite my best attempts to keep him engaged in conversation, and instead darted around the room searching for the enemy. Talking with him about current safety or appropriate behavior did nothing to quell his panic and only left him without an ally to accompany him in his terrifying world. Steve spent many an evening in the isolation room. Watching him through the small glass window, alone in the corner, cowering and shaking, had me in tears. I felt somehow that I had failed him and I questioned whether the field of psychology was a good fit for me.

I was fortunate to work along side a Korean nurse who confided in me that she saw things very differently from the rest of the staff and who had the courage to surreptitiously go against doctors' orders. One patient, Ellen, professed loudly to anyone who would listen that she was a queen, refused to eat, and was to be fed intravenously. This nurse told me she thought she could get Ellen to eat. I was doubtful; we had been trying for three days. But she went to Ellen's room, bowed, and said, "Oh, Queen, I've come to fix your dinner. What would you like?" Everyone was amazed that after all our failed attempts, Ellen accepted food.

The next evening, I found Steve quaking in fright, hiding behind his bed. As I entered his room, he yelled, "Get down! You're going to get killed! They're everywhere!" Looking up and down the hall to make sure no staff member could witness what I was about to do, I closed the door and dove behind the bed to join him. He pushed me closer to the floor for safety from the imaginary attackers, and after a few minutes his terror subsided. "I think they're gone," he said. "Great," I replied, relieved that Steve didn't have to go to the isolation room, and also that I had avoided being discovered by one of the nurses who would undoubtedly report my own inappropriate behavior of joining Steve behind the bed. Steve's body morphed back into his daytime self—still guarded, but much more at ease. The terror was gone from his face, his shoulders let down, the tension in his arms relaxed, and he could see what was actually in his room. His eyes were no longer desperate as they met mine, nor was he pulling away or becoming tense. His body appeared more integrated. For the rest of the evening, his behavior was "appropriate."

Years later, as I learned about dissociative disorders, I began to try to help patients use the movement and gestures of their bodies to prevent reliving and integrate various parts. Julie presented with the usual mixture of symptom of complex trauma: terror, panic, and hyper-alertness that alternated with feelings of shame and shutting down. She often experienced time loss and distortions, and said she sometimes felt so dead that she wanted people to hit her so that she could "come back." She reported feeling "flat" and "just going through the motions" when she wasn't terrified or shut down.

During one of our early sessions, as she described a bit of her history, Julie's eyes locked onto mine as if her life depended on our maintaining eye contact, much as Steve's had so many years before. But this time, my response was different: I asked her to be aware of what happened inside her when my eyes met hers, and she reported feeling safer and able to take a deeper breath. I explained to her that eye contact between us could be a relational "resource," something we could use consciously to help her to stay engaged with me and feel safer.

Different parts will typically have different reactions to a given intervention, as well as different transferences to the therapist, and an intervention that is helpful for one part may not be so for another. Julie's eyes locking onto mine represented a part seeking protection, but it was evident that another part frightened by connection and proximity also needed attention. I tried to track Julie's responses to my physical proximity in the initial stages of treatment. I noticed that, when our eyes met, her body pulled back, when I took a step towards her, she consistently took a little step back, and when I leaned forward in my chair, she moved back in hers. She also frequently glanced to the door. Her physical movements and gestures seemed contradictory—she sought contact with her eyes, accompanied by a movement forward of her head, but the rest of her body seemed to pull back. I thought perhaps another part of her personality was alarmed by my eye contact and proximity and wanted to escape. Her conflicting movement seemed to represent the simultaneous arousal of both attachment (seeking contact and proximity, probably associated with survival for Julie) and defense (flight) against perceived danger.

In Sensorimotor Psychotherapy, "integration" of parts of the personality is a process of repeated experiences of well-executed, purposeful and congruent actions in the context of social engagement with an attuned therapist. Integration is fostered when present moment connections – cognitive, emotional, and somatic – are made and experienced among dissociative parts. I wanted to foster integration of Julie's posture and movement because I believe integrated, congruent, and purposeful action both reflects and supports integration of dissociative parts.

When I brought her attention to Julie's body pulling away, she said it did not mean anything, and it was "fine" with her to be in eye contact and in close proximity. I was doubtful if all parts agreed, judging by the contradictory physical movements---perhaps she was speaking from yet another part of herself who tried to avoid any trauma-related cues in order to engage in normal life activities such as talking with me. I wondered how we might address all three of these parts without alienating or excluding any of them-- the part of her that wanted to flee, the one who needed to cling, and the one who said she was "fine" in an apparent attempt to simply participate in life without the interference of the others. I hoped that if all parts were addressed simultaneously, her posture and movements might also be more congruent, purposeful and integrated. I suggested that we explore what might be an optimal distance between us and notice how her body responded. As I asked Julie to sense what was the "right" distance between us, she again repeated that where I sat was

"fine." But since this seemed to be the perspective of only one part, I continued to wonder out loud which position felt better so I first moved my chair away and then moved it closer, asking her if she noticed any difference in her reactions. Julie recognized that she felt better when I moved away, and her body relaxed, but her eyes seemed more desperate and clinging. We had met the goals of the part of her that was frightened of proximity, left over from the abuse proximity brought in her childhood, but another part desperately needed me as a safe haven. Eventually Julie recognized that this part feared that I had "left her" alone when I moved away, and that was reflected in her eyes and the reaching forward of her neck and head. We decided to explore eye contact at the distance at which Julie's body stopped pulling back. I asked her to notice if she thought I was leaving her energetically or not. She reported that she could see I was not, and I wondered if the fearful part could also recognize that I was not abandoning her. Eventually, the fearful, clinging part of her could sense I was still with her. Her eyes lost some of their fear for the time being and her head and neck rested on her shoulders instead of reaching forward. As we attended to the goals and needs of the various parts, her body as well became more aligned. But over and over again in the course of treatment, Julie and I were faced with the complicated, difficult and sometimes discouraging task of trying to attend simultaneously to the goals of all Julie's different parts, which we learned to recognize in the contradictory movements and postures of her body. Gradually, Julie learned somatic skills to foster integration, such as recognizing when two parts were in conflict, manifesting in her body pulling back while simultaneously seeking contact, and then finding a physical posture that integrated both parts.

I have often thought that if I had understood dissociation and how the body reflects dissociative parts—how Steve's eyes and body heralded the terrified part of him slowly emerging--perhaps I could have helped him identify this part without reliving the terror so fully. Perhaps I could have targeted un-integrated physical actions that reflect the division of the personality into dissociative parts (such as simultaneously or sequentially seeking both proximity and distance by reaching out for contact with the arms, head or eyes as the body pulls away) in order to teach skills that help prevent switching, and promote awareness and communication various dissociative parts. Perhaps Steve could have been spared the added suffering of the isolation room, and experienced some understanding and integration rather than punishment. I feel sad that we did not know enough in the 70s to help patients like Steve, and hope that those who are suffering today will benefit from what we have learned over the last 40 years.

Note: Pat Ogden shared this story that she originally published in the International Society for the Study of Trauma and Dissociation newsletter.