Engaging Soma to Heal the Mind

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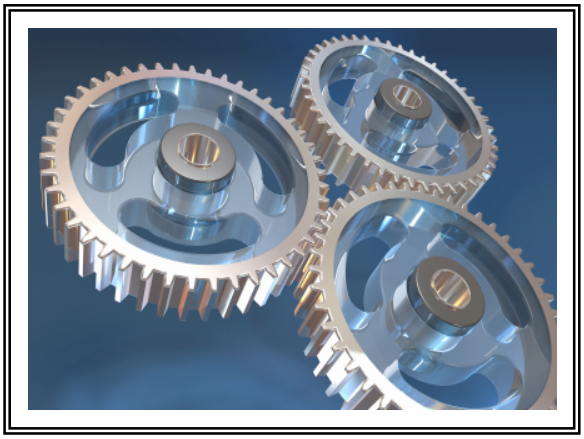
I sat in my well-worn green leather office chair across from Chad, an educated Italian Catholic father of adolescent daughters. Our sessions focused on my client's discomfort with the emerging, developmentally appropriate sexuality of his girls. Chad's unease was evidenced by his thinly disguised attempts to keep them young and innocent, free of tattoos, body piercings, make-up, and the seductive clothing common of teenagers today. His need to keep them small and immature also manifested as restricting their food intake and encouraging dieting. Chad's children responded by engaging him in intense power struggles, resisting his controlling overtures, and deliberately disappointing him with academic failure, food binges, weight gain, and over-the-top clothing choices.



During our discussions, this well-informed and articulate father positioned himself as a concerned dad, pushing back on our culture's sexualization of young females to protect his own daughters from future exploitation. He hoped the girls' self-image would be grounded in intellectual pursuits, as his was, with less emphasis on dating, relationships, and physical appearance. Even his intense focus on their body size could pass for concern that excess body fat increases the likelihood of adolescent obesity as a prelude to other health problems. Limiting their ice-cream intake, bellybutton rings, brown lipstick, and platform heels only made sense and was for their own good.

As a female clinician and mother of two girls myself, I shared many of Chad's misgivings about American media's shallow treatment of women. He logically made a compelling argument that taking a stand against such practices was in the best interest of all our daughters. At the verbal level, his stance was hard to dispute. But as the weeks and months wore on, his progress in therapy stagnated. I knew there must be more to the story than his words conveyed. Focusing more on the process than the content, it was clear that our therapeutic conversations were driven by left hemisphere processes—logical, linguistic, linear, and literal. Left-centric focus can lead to categorical thinking, compartmentalized experiencing, perceiving the world as a collection of disparate parts, and an "either-or" mentality. Left-brain dominant activity is like a kitchen pantry in which food items and ingredients are clearly labeled, organized, and kept separate, each with its own distinct container or packaging. Chad was missing out on the richly novel flavors and textures created when the right hemisphere opens the packages, and adds its own juicy experiential and relational ingredients to the dry contributions from the left.

From early on, I noticed a flat, expressionless quality to Chad's voice, and a lack of discernable connection to his body, especially when he talked about his girls. I often experienced him as stiff and lifeless, like a disembodied mind or talking head, perhaps because he wasn't accessing the integrated map of the body that exists in the right hemisphere. He seemed to lack vertical integration with his body proper and horizontal connection between the two brain hemispheres. Chad's strong proclivity for cognition was reinforced by a genius-level IQ. Because of his brilliance and its defensive importance to him in relationships, I felt inferior, incompetent, and subtly devalued by him at times. He appeared amused by my efforts to concoct a plausible

hypothesis and treatment plan from the limited "felt experience" he provided. I kept trying to connect with him, right brain to right brain, and to "feel" his inner life on an implicit relational level. But boredom, despair, and professional uncertainty reigned in my psyche as a dull sense of numbness pervaded my body.

From prior experience, I knew the value of paying close attention to all my sensory responses, mental states, and reverie while sitting with clients. I was aware that my boredom and sleepiness could represent a mirror neuron response to Chad's need to keep his own emotional life at bay. In psychotherapy, the severity of boredom often correlates with the depth of a client's need to keep unpleasant emotions and memories out of awareness: the more intolerable the content, the stronger the self-protective impulse to prevent upsetting material from entering the room. When I feel empty, confused, or listless with clients, I have learned to stay tuned. With Chad, I dutifully observed these disinterested states, hoping they would soon shed light on an otherwise pointless clinical endeavor, while trying to stay awake in the meantime.

An avoidant attachment style in adults is often characterized by apparent relationship indifference and little need for authentic human connection. Regrettably, mainstream American culture reinforces the adaptive nature of independence, self-reliance, and lack of emotional requirements from others. These personality traits are especially emphasized in traditional male gender socialization and so are more prevalent in men. Attachment findings demonstrate that, while avoidant people seem perfectly content to keep others at a distance, biofeedback measures indicate elevated heart rate, respiration, and perspiration—signs of sympathetic arousal. Though I didn't realize it at the time, his robotic demeanor was Chad's response to an early adolescence of repeated invasion by his mother.

During our sessions, I began to notice abrupt and discomfiting changes within my own body. Vague, ambiguous physical symptoms emerged, subtly at first. Nausea, dizziness, pain in my abdomen and legs, and, eventually, sensations of physical illness so overpowering I could barely stay in the room. My sickness and body pain worsened with each passing week, until intense anxiety, fear, guilt, and confusion were added to the mix. Then, the more specific emotional state of shame about sexuality and a powerful prohibition against verbalizing any of this filled my consciousness. These profound states of distress occurred only during meetings with this particular client. I wanted to lie down during sessions to rest or escape to the bathroom for a reprieve. Interoceptive awareness of my acute physical discomfort made concentration on Chad's continued numbness difficult. I began to doubt my life's work as a therapist. At a minimum, I thought, I should immediately stop accepting referrals for male clients. Clearly, I had fuzzy boundaries, I reasoned, and was unable to provide ethical treatment to the opposite gender. As my amygdala processed overwhelming fear states that felt like life or death, I tried to engage my left prefrontal cortex's ability to think through the problem. Surely, a logical explanation must exist to make sense of my inner turmoil. I considered whether I might be sexually attracted to Chad, or he to me. I stayed with this hypothesis for a while since it dovetailed with my feeling that I was doing something wrong and acting unprofessionally.

However, the intensity of my shame didn't match my memory of pleasant associations to physical attraction in therapeutic and other relationships. If anything, mild to moderate affection between client and therapist often strengthens the bond of

trust and helps build up a reservoir of good feelings. This is not unlike the subtle safe sexuality that exists between colleagues, platonic friends, or even members of a family. Why was I feeling badly about emotions that normally bring pleasure? Why did Chad appear fine when I could barely tolerate my experience? And why on earth was I, a normally confident, candid, and direct therapist, having the challenge of my life presenting my condition to Chad for mutual exploration?

About the time I could stand no more, Chad disclosed sexual trauma with his mother during his preteen years. Remarkably, his mother was the *exact* same age when his abuse occurred as I was during his therapy. We spent the following weeks and months reflecting deeply on the harm done to him by his mother's unwelcome seduction. As is typical of men sexually abused by female perpetrators, Chad experienced a perplexing mixture of self-reproach, embarrassment, and titillating arousal when the exploitation happened. The physical stimulation and enmeshment with his beautiful young mother during the vulnerable prepubescent years was both terrifying and exhilarating for Chad. Coupled with the cultural prohibition against males of any age declining sex or being victimized, he did not identify as a survivor of incest. Adults abused as children often gain a sense of mastery if they hold themselves accountable for their maltreatment. If they feel responsible, they have to contend only with guilt and shame, but not helplessness and betrayal.

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Chad's attempt to gain control over his trauma from decades past shed new light on his incessant need to eradicate his daughters' sexuality. Since his girls had no knowledge of their father's ordeal, they had no frame of reference to understand his rigid and rejecting behavior. As it turned out, Chad's anger toward his children operated below the level of conscious awareness to put safe distance between himself and them. He was less likely to cross boundaries with an aloof and disdainful relational style. For their part, the girls were unwilling to solicit affection from a dad who insulted and micro-managed them. I believe Chad was acting in accordance with the basic instincts of self-preservation and protection of his offspring. Men possess high levels of the neurochemical vasopressin that plays a dominant role in male protectiveness of the family. Consequently, many men feel anxious when their loved ones are unsafe, even from themselves. Chad's fear of the girls being exploited by other men may have been a reflection of his own disturbing impulses toward them, or the bubbling up of his implicit, not-yet-integrated knowledge of abuse at the hands of an adult.

In a fascinating turn of events, my somatic distress gradually dissipated as Chad's conscious understanding of his trauma deepened. Verbalization of vague feeling states and physical sensations, utilizing Chad's left hemisphere, calmed down his (and my) amygdala firing in the right. There was no more need for my body to hold pain and sickness that could now be spoken of directly.

My training in Marin County, California in the middle 1990's focused on the post-modern psychoanalytic paradigm of intersubjectivity. This approach expands upon former two-person psychological theories by treating the therapist's feelings, behaviors, and associations as paramount to the therapeutic process, and often, as the most important data being generated. Viewed through this lens, my experience with Chad can be understood as a poignant example of projective identification. He projected unwanted parts of himself and unacceptable emotions onto me, which evoked in me a powerful and visceral resonance with his internal state. I felt like the guilty, molesting mother and the speechless, terrified child all in one.

With the perspective of interpersonal neurobiology in mind, we can see that unsettling mental contents

and untenable feeling states created a strong need in Chad to keep parts of his embodied mind as separated as possible. This defensive strategy extended outward to the interpersonal realm as he separated from his daughters. Chad's cut-off from the body protected him against over-stimulating urges he felt toward his girls. Many fathers fear the vague sexual attraction they experience with their female children and may damage the father-daughter relationship by distancing themselves from their girls during adolescence. The significance of this cannot be overstated since a strong father-daughter attachment is often linked to high self-esteem and reduced loneliness in girls and to positive bonding experiences with men later in life.

Chad's nervous system was processing unresolved childhood trauma, reawakened by his daughters' maturation, as a current threat to his and their safety and wellbeing. The fight, flight, and freeze survival response can be seen in his use of anger and criticism as fight and rejecting, cold, abandonment as flight. Traumatic memory fragments in the form of sensorily rich imagery, sounds, smells, and internally generated impulses were held as implicit memories. Stress chemicals associated with the abuse likely prevented the visceral components of memory in his amygdala from fully integrating into explicit memory via the hippocampus. This lack of vertical integration rendered Chad unaware of his body, perhaps contributing to his unusually low sex drive and disinterest in athletics, as well as his impaired emotionality. Diminished activity of the middle prefrontal cortex limited Chad's ability to read non-verbal signals of distress in his daughters or to empathize with their sadness over the loss of relationship with him.

A lack of horizontal integration kept the linear life story and verbal self-reflection in the left brain, split off from the emotionally vivid elements of his abuse history in the right. This dis-integration also deprived him of the vitality, aliveness, and holistic processing characteristic of right hemisphere activity. His progress in therapy was curtailed by limited access to the intuition, complex synthesis, and reception to novelty that the right brain mode supports. The obstacles to vertical and horizontal integration that kept Chad's abuse memories out of conscious awareness prevented him from having an authentic relationship with himself and his children.

Luckily, my middle prefrontal region was more fully engaged and operational. Years before the discipline of neuroscience began to revamp our understanding of how psychotherapy changes the mind and brain, I often noticed heightened sensory awareness in my own body during sessions. As I focused with intentionality to comprehend the life struggles and predicaments of my clients, I became increasingly sensitive to the sounds and lights in and around my office, the movement of tree branches brushing against my window, the feeling of a skirt hook digging into my back, remnants of a fading head-cold, thirst, hunger, air flow from my heater, scratchy shirt tags, fatigue, and the like. At the time, the therapeutic community didn't know that, through concentration, we move into a more receptive frame of mind, energizing the layers of cortex that take in new experience. Mirror neurons draw in information about another and pass it over regions of the brain such as the superior temporal cortex, insula, and amygdala before arriving at the middle prefrontal—where empathy has a good chance of occurring.

Within Chad and me, an elaborate process was unfolding between the emotional resonance and mirror neuron circuitry of our two minds. Though the precise neurological correlates of this attunement may not yet be fully understood, I embodied the experiential aspects of Chad's disavowed abuse by his mother. My desire to flee, body aches, prohibition against speaking, and self-blame correlated perfectly with the states an abused child might experience. I could breathe easier now, comforted by the notion that my prior sense of incompetence and feeling unhinged merely echoed the jumbled chaos of Chad's internal world. I had newfound power to help him make sense of his past by integrating these upsetting events into a more fluid and complete life narrative.

My task was to promote neural integration,

reuniting isolated components of mind and body, facilitating experience-dependent new learning through neuroplasticity, and even augmenting the growth and survival of new nerve cells through the process of neurogenesis. An artfully conducted psychotherapy would expose Chad to the healing power of processing trauma with mindful self-reflection as opposed to behavioral reenactments. I knew my client was unlikely to achieve this restructuring of the mind unless he experienced some of the formerly repressed trauma states directly through his own body. I strengthened my resolve, reminding myself that the worst possible response to disclosure of my embodied self-awareness was not that bad. Chad might anxiously bolt from treatment, unwilling to engage the crazy nonsensical world of psychotherapists again. He could devalue my (at the time) lack of evidence-based theory about how his traumatic experience registered in my body, but not his. Looking back on those tentative hours, I worried most that Chad would feel intruded upon and invaded by me, as he was by his mother. Without caution, I could inadvertently compound Chad's trauma and create the "repeated" as opposed to the "needed" transference. I took a deep breath and dove into the deep end of the pool. I proposed to Chad a new way of viewing his preteen years with mother, his current relations with daughters at home, his interactions with me, and, ultimately, his understanding of himself.

I carefully described the details of my physical and emotional reactions to him, before and after his delicate disclosure. I said I thought my body resonated with his lustful, selfish mother and the guilty, confused, fearful states he felt as a child. I paused there, allowing the meaning of my words to sink in. Chad's face whitened, his body went limp on the sofa, and his pupils dilated. His overloaded nervous system reverted to parasympathetic activation, dissociation, and the "freeze" response to danger. I helped him focus on his breathing and his body's spatial orientation in the room, grounding him in our present moment of engagement. From then on, we embarked on a slow journey of gradual exploration so as not to overshoot Chad's narrow window of tolerance.

As I verbalized my observations of his facial expressions, posture, and voice changes, as well as my own shifting states of worry, grief, and anticipation, he began to gradually integrate psychic elements that had been walled off by necessity. New associations, images, and fantasies were uncovered, attended to, and added to our growing understanding of his mother's devastating impact. For the first time, Chad talked of sexual dysfunction he had experienced with his wife for decades, but been too ashamed to admit. Anxiety about his intimacy with me emerged since I, like his daughters, was deemed a forbidden object of desire. Chad began to appreciate more fully the price he and his family paid when his traumatic past existed only in isolated fragments within his psyche, wrecking havoc in their unprocessed form. Chad discovered a route to empowerment more impressive than intimidation and rage, and learned to state his needs calmly and directly with his wife and daughters. Even his girls' revealing attire diminished since their father's interactions with them now transcended his former need to oppress their evolving sexuality. We honored Chad's success at not repeating his early wound by abusing his own children, something his prior defensive maneuvers may have helped to prevent.

As for me, I learned to trust more deeply and fully in the wisdom my physical form has to offer. Now, when I feel overwhelmed by the intense imagery and sound tracks of movies in the theater, I treat this as meaningful data, generated by my nervous system for a protective reason, and choose a quieter, more soothing activity. With clients, I keep a journal of fantasies, fleeting thoughts, and perceptible states that enter my being during

sessions. I encourage clients to do the same and compare notes with them as their comfort level allows. Our shared process of writing and verbalizing nonverbal signals promotes a kind of mutual, co-created holistic integration. Clients eventually internalize this newfound capacity for empathic resonance and, like Chad, employ their improved relational strategies at home or work with others.

Every therapeutic dyad presents its own unique challenges and opportunities for transformation. Although they are not aware of the process, each subsequent client of mine has a more present, attuned, and integrated therapist than the last one did. Future clients reap the benefits from past struggles of deep engagement between people over the hardships life invariably presents. Clients and therapists alike glean from this encounter a more substantive capacity for feeling and a heartwarming ability to deeply intuit the inner lives of others.

Lara Saft is a Marriage and Family Therapist in private practice in Orinda, California, where she lives with her husband and two daughters. She provides psychotherapy to adults, couples, adolescents, and their families from an attachment and interpersonal neuroscience perspective. This paradigm honors the central role human connection plays in emotional development and life fulfillment. Clients' relationships, both past and present, are explored in depth since they inform personality and identity formation, sense of self, and family and career choices. Self-awareness gained through this process helps people make life-affirming changes that move them from mere surviving to thriving. You can contact Lara at larasaftmft@mac.com.