

Integrative ideas for the process-oriented psychotherapist

Q. She is scared. A man she used to be involved with is not leaving her alone. We've been working with her fear.

A. Don't forget to address practical issues here. The fact that she thinks fear is the issue means, to me, that she's probably more in danger from herself than from the man. Invite her to explore how come she hasn't called the police, changed her phone number, changed her email, moved to a new apartment, enrolled in a martial arts course, etc. Her "issues" aren't about fear. They are more probably about thinking she's not worth protecting.

I have some of her same issues.

Okay, I'll demonstrate one thing you might do.

Spvsr: (starts throwing small leather balls at you)

Intrn: (thinks to self, "I'm trapped, Oh well, but this won't last; I can handle it.")

Spvsr: (keeps throwing from a large collection of throwable things)

Intrn: (smiles, catches some, keeps some)

Spvsr: (throws more balls) Get out of the chair.

Intrn: (bats most balls away, smiling all the while.)

Spvsr: (throws more balls) Why are you still there?

Intrn: (keeps smiling, starts to throw balls back)

Spvsr: You're not protecting yourself and now you're doing the same thing I am. Do something different. (throws more balls)

Intrn: (stops smiling) Stop it.

Spvsr: Now you want *me* to change. I'm not going to change. I like our relationship this way. What is it *you* need to stop? (throws more balls)

Intrn: (eventually thinks to self, "I don't have to take this any more," stands up and finally moves out of harm's way.)

Spvsr: (throws a few more balls at the empty chair, gives up, and stops) Look at all these balls. What a mess.

Intrn: (starts to pick up some of the balls.)

Spvsr: (laughs) Stop. This is *my* mess. *I* made it. It's not yours to clean up. (sits back) Let's see. First you allowed me to throw

my mess all over you. And you didn't get out of the way. Then you grabbed some of my mess and threw it back at me. But still, you stayed directly in the line of fire. Finally, you figured out that one way to protect yourself was to leave. And now you are cleaning up *my* mess. Is this co-behaving or what?

Intrn: (laughs, stops picking up balls, sits back down.)

So there are several things for you to consider now. What stopped you from protecting yourself immediately? How did you keep yourself in the chair? What did you hope for by catching the balls I threw at you? What was in your mind immediately before you began picking up the balls?

Your answers will give you clues as to what goes on in the mind of your client when she deals or doesn't deal with the man who isn't leaving her alone.

□ Do something like the above enactment with her. Do it a couple of times. When she figures out how to protect herself against whatever you throw at her in session (doesn't have to be balls, could be wadded up tissues), she'll have a much easier time figuring out what to do regarding this unwanted person.

□ Once she finds a way to protect herself in session, invite her to translate what she has learned onto outside of session activities.

□ Encourage her to explore how she gets herself into dangerous situations, how danger benefits her, and how she sabotages her safety by looking to the Other Guy to change her environment.

□ Invite her to connect with her experience of fear. Invite her to use her experience to recall and re-access old conflicts and perhaps make new decisions about herself.

□ Pull up an empty chair. Tell her the scary man is sitting in it. Invite her response. Move the chair towards and/or away from her so she can experience herself.

What if she doesn't respond?

Hmmn. I'd probably move the chair closer and closer and if she still had no response, I'd pick up the chair and put it in her lap. If she still doesn't respond, then that's a perfect picture of her part in the relationship: She allows him to "be on top," "sit on her," "control



Dear Colleague,

I've been attempting to work out what it is, exactly, that people want in a relationship with a life-partner. Here's what I've come up with, so far:

Mostly, men and women want the same thing from a partner. And as usual, they express it in slightly different ways:

What women want from a partner—

To be chosen
To be cherished
A companion in community

What men want from a partner—

To be appreciated
Enthusiastic sex
No whining

Carol Nichols Hadlock

her movements," . . . (whatever phrase seems to flow from the metaphor of a chair in her lap.)

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Q. Her husband molested their daughter. She is totally distraught. I think she sorta knew.

A. Be impressed that this woman has put herself into treatment. In most families, once the abuse goes public, it is either the perpetrator or the victim who is branded as the problem and they are the only ones who get social, judicial or therapeutic attention.

Co-perpetrators usually remain passively in the background making themselves invisible. The siblings are, for the most part, ignored, and without intervention from lawyer, judge, or agency policy, the dysfunctional family system is seldom addressed.

For now, be with this woman in her crisis. Co-perpetrators who live in the same house have a lot of guilt to overcome. A good part of her recovery work will be for her to acknowledge her part in the molest and then to forgive herself.

She will be confronted with her denial, her refusal to believe her own intuition, her fear that her marriage may be over, her grief that the marriage as she knew it is over, her jealousy, her rage, and her embarrassment.

She may have to face the possibility that she consciously or unconsciously chose to sacrifice her daughter in order to save either herself or her marriage. If she has a puritanical side, she will have to adjust to having a daughter who has been soiled. And in the long run she will probably have to begin working through her own molest issues.

Her own molest?

Yes. If not her own overt sexual abuse, then whatever the circumstances were in her family of origin that caused her to irrationally regard the behavior in her home as normal.

What if she really didn't know?

Then she will be grieving over the death of her perceptions and beliefs about her husband, herself, her children, and the human species. Her world will be upside down.

What do you mean by a co-perpetrator who lives in the same house?

The co-perpetrator who lives in the house is usually, but not necessarily, the spouse of the perpetrator. Whether the abuse is sexual, physical, emotional or spiritual, this person participates in the abuse directly or indirectly, manages not-to-know about it, or finds a way to be ineffectively overwhelmed.


Other people who don't live in the same house frequently have a part in the damage, too. Neighbors, extended family members, friends, acquaintances, and passing strangers who know of or suspect child abuse are co-perpetrators by their denial or determination to "mind my own business." Their inaction co-behaves and sanctions the abuse.

Q. He gleefully reports his sexual activity and seems to take perverse pleasure in relating how he was again taken advantage of by his girlfriend. By the end I am disgusted and glad to see him go. Should I even be seeing him?

A. Perhaps not. However, before you transfer him, let's consider several ideas. He may be playing a version of the game "Mommy, Mommy, look at me," which is developmentally normal around three and four years old. Adult versions include "Ain't I smart,"

on becoming a Psychotherapist
In session.....

Try this daring and difficult experiment: delete question-asking from your repertoire of techniques. Really! Detox yourself. Go cold turkey. Until you've kicked the habit completely, find other ways to express yourself. When you can go an entire week without asking a question in session, assume you are cured and let yourself ask an occasional question again.



"Ain't I cute," and "Ain't I sexy." This one sounds a little like, "Ain't I awful."

Ironically, the solution to the look-at-me issue often lies in *looking* at them and, ultimately, encouraging them to look at and eventually see themselves. To transcend judgment and disapproval, expand yourself internally.

See if you can get bigger than your disgust. Get bigger than your own belief that "being taken advantage of" is disgusting. Find the part of you who can perceive dysfunctional behavior as a cry for help. External behavior is usually just the tip of the iceberg. Learn to look beyond it.

Reframe your perception of this person. Think of him as a tall but damaged three year old. Gear your therapeutic interventions to that level. Notice everything this man-child does. Accept, validate, and approve of all facets of his personality.

Most people hang out on the edge of their dysfunction. Encourage this man to move into the storm.

What do you mean?

Invite him to explore his perverseness more deeply, all the way to the extreme.

Invite him to concoct ways he could let himself be taken advantage of by his girlfriend *more*. Encourage him to work in imagery in session, imagining the most one-down things he can think of. While he's doing that, you focus, not on the content of what he is talking about, but on inviting him to stay in his body, experience and own all of his responses in the moment.

The association of victimness with sexual excitement is usually learned in childhood. Invite regression work back to when he was possibly molested.

Invite him to connect with the part of him that enjoys being taken advantage of.

Invite him to connect with the part of him that enjoys taking advantage of others.

I feel abused.

That makes sense to me. Every client will attempt to reproduce with you, a relationship they have not resolved with somebody else. In this case, he is doing his girlfriend's part (taking advantage) and hoping you might show him how to handle his part (being a victim) in a different way than the survival response he learned in childhood—to laugh at how fun it is to be a victim.

Invite that topic into the room.

Thst: Let's switch chairs. I'll be you; you be me. (They switch chairs.) Okay. I'm Larry (the client) and there's a part of me who thinks you are a little scandalized when I tell you all this stuff and I sort of like scandalizing you. (Breathes.) Okay, let's switch back. (They switch back.) Now tell me the real version, your version, of what I just said."

Clnt: Well . . .

Begin to address his probable childhood abuse.

"Imagine that your (father/mother/probable abuser) is sitting in that chair over there. Tell him (her) what you've been telling me about your sexual activity with your girlfriend."

When you are feeling abused, take responsibility for not allowing the abuse to continue. In session, role model taking care of yourself.

□ Tell him you will be interrupting him more often in session, and inviting him to put more of his attention on what's going on inside him than on the story he is telling. Then, do it.

□ Announce that you are not available to hear any more about his sexual activities.

What if he gets angry?

□ Be available to work with his response, whatever it is.

"Say (therapist's name), 'I'm angry. And what I want from you right now is ...'"

Clients will reproduce with you, a prior relationship they have not resolved.

"Tell me who taught you that anger was a good way to get someone to change their mind from No to Yes?"

"Try telling me what you want or don't want in a different way."

"So who else tells you, 'No?'" *Imagine they are here right now. Talk to them.*

"So tell me if this true: You think the only way for you to heal psychologically is within the realm of sexuality?"

"Yes. Connect with that anger. Feel it. Here . . . (Whack this pillow, yell as loud as you can, stomp your feet, say "I hate you I hate you" over and over, . . .)

"Here (in this empty chair) is the person you are angry at. Tell them what you've been telling me."

In your personal therapy, own your own projections. Perhaps it is not him you are disgusted with. Explore the part of you who is turned on by being taken advantage of. Look into your own unfinished victim work. Wonder how you might be contributing to being abused.

That sounds like you think I'm the problem.

Actually I'm thinking that this profession is a wonderful, horrible way for all of us to be confronted with our issues. It's pretty clear to me that whenever we have an extreme response to something in session, the annoying reality is that the "something" mirrors a part of ourself with which we are unresolved.

Years ago, an intern at our center said something like, "Some of us pay for our therapy and some of us get paid for it." I suspect that, with this client at least, you fall in the latter category.

Yuck.

Yes. And now you get to wrestle with dilemmas about what kind of therapist you want to be, what type of issues you are or are not ready to work with and how that matches up with your desire to be competent, as well as the topics of perverse pleasure, abuse, and how difficult it sometimes is to stay separate from, and out of, the Other Guy's system.

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Q. She had a panic attack in session. Later she assumed a fetal position and

couldn't walk very well.

A. First, let's talk about what to do should she have another panic attack in session. Then we'll brainstorm ideas for panic attack prevention.

□ The moment you suspect a client is descending into crisis, stop the therapy immediately. Employ crisis intervention techniques: invitations to connect with the here and now, light touch, distractions or other calm connections to reality that might ground the person.

"Without looking at them, What color are your shoes?"

"Tell me your middle name." *What color toenail polish are you using today?"*

"Look around you. Notice you are safe right now." *(The floor (chair) is holding you up. No one in This room wants to hurt you.*

"I am here with you right now. Hold my hand. Squeeze."

(Taking hold of the trigger as if it were real, and tossing it out the window or into the hallway) "I'm taking you out of here. Sally's safety is what's important."

□ Next time she's in the fetal position, tuck a blanket around her. Sing lullabies. Wait. Hold unconditional love.

□ If she is hyperventilating, good results have been had with breathing into a paper bag (no, not you, the *other* panicked person). Part of hyperventilating is the body's constriction against breathing in.

□ If there's no paper bag, try—"Breathe Out." "Blow Out Hard." "BLOW." "Again."

□ If psychotherapeutic techniques are ineffective, get medical assistance.

The emergency room psychiatrist wouldn't admit her.

Well, that's not about you. Your job is to protect the client and yourself. I suggest you not take the time to be embarrassed about being uncertain that the client is hospitalizable. If it turns out you are wrong, you can be embarrassed later. Anytime you perceive that either you or the client is in danger, trust yourself—pull out your cell phone, and dial 9-1-1.

Another psychiatrist thought it might be hysteria. I thought she might be catatonic. What's the difference, and how might I work with them?

As I understand it, hysteria is no longer a medical diagnosis and is usually used by the public to describe a panic attack that manifests as a sustained explosion. These outbursts have the quality of an air raid siren to them.

The quieter sort of hysteria manifests as a rather frozen explosion and is usually named conversion disorder. Certain body parts become useless which may indicate that the person is physically corraling and confining their rage. However expressed, hysteria appears to be a defense against the perception of being out-of-control and the accompanying experience of terror.

□ One anti-hysteria technique is to provoke (non-abusively, of course) annoyance. For example, should you find yourself in session with the loud variety of "hysteria," try responding with different versions of,

"Yes. You are absolutely right. You have no control of anything but yourself."

"You that's true. And when that happens to me, sometimes I get So mad."

Connection to their underlying anger at the truth (that they do not have control) or at you (for naming the truth), will often invite them out of the hysteria.

Catatonia is another way people abandon themselves when they get too afraid of their imminent rage. The body becomes waxy—stiff but flexible.

□ However, your client can probably still hear you.

"You have left your body alone and unprotected. If you are going to leave, take your body with you. If it isn't safe enough in here for your mind, it isn't safe enough for your body."

"I will stay here with your body until you decide to come back." *(Be certain you are available to do what you say before you say something like that.)*

Once catatonia manifests itself in session, and after the incident is over, name it explicitly and define it as non-functional. Even though the person will usually report that it seemed rather the safest choice at the time, remind them that when they leave their body, they leave it with no one to feed it, keep it warm, or defend it. And let this person know that in the future you will be discouraging catatonia as a method of escape.

Psychosis is habit forming. Do not participate in the reinforcement of it.

Okay. Hopefully it won't happen again. But what should I do now?

□ Discuss with your client what she wants you to do next time she panics in session. Whatever she says, practice that in session—many times.

□ And, if you haven't done it before, get the phone numbers of and permission to call any family members, friends, or physicians in case of emergency.

□ Invite her to learn certain basic therapeutic skills before she continues her deep work. Many incidental issues may get resolved while she is learning these tools. Basic skills include:

- Knowing the difference between an enactment and reality.
- Making herself safe in a way that is functional. (In session, explicitly practice ways she can make herself safe. You might want to review those ways at the beginning of each session.)
- Connecting with and articulating feelings, wants, and needs in the moment.
- Expressing anger without abuse to self or others.
- Learning interior signals which precede the need to fight, flee, or freeze.

□ Practice the non-abandoning of Self.
Thst: Before we get into that topic, let's practice you staying connected to yourself.

Okay?

Clnt: Nods.

Thst: When I say, "Allow yourself

to experience that emotion a little more," you take a moment to breathe, discover if you want to do that or not, and then tell me, "Okay," or "No, I don't want to do that." Okay?

Clnt: Yeah.

Physical safety is the most important matter to attend to; corrective emotional experiences can wait.

Peace is Every Step

a book review by Mary Serrano

A deceptively simple collection of vignettes in a thin volume, Nobel Peace Prize nominee Thich Nhat Hanh's revered book *Peace is Every Step* fully conveys the philosophy of Mindfulness that has made Hanh a preeminent mediator in conflicts around the globe, from his native Viet Nam in the 1960's and 70's to current peacemaking efforts in the Middle East. Yet he makes no distinction between the importance of a United Nations affiliated peace effort and raising an individual's awareness in her daily life. Hanh would, in fact, find the first dependent on the second.

Peace opens with the invitation, "Breathe! You are Alive," intended not so much to slow us down as to increase our awareness of what we do, through meditation. But meditation happens in a broad context with Hanh—from walking to eating to driving the car, in places as unlikely as crowded airport terminals, and in as little as three minutes at a go.

When, for instance, we can see ourselves starting on a second bite of food before we've finished the first, we understand just how much of our life we might be living on autopilot—and the benefits (great taste, better health, protection of resources) we might be missing. And when we take on Hanh's challenge to eat a tangerine one bite at a time, starting with an awareness of the tangerine's journey to us, we "get" our interconnectedness to everything from the water, earth, and sun that nourished the fruit to the people that harvested it to the barrels of crude oil that were processed to eventually fuel the truck transporting it to us.

Hanh calls it interbeing, and it's the truth in the punch-line to the Buddhist hot dog vendor joke, "make me one with everything."

Peace is Every Step goes on to apply the benefits of Mindfulness to personal stressors and conflicts, and finishes with Hanh's articulation of the necessity of an aware, far less judgmental, and global society. It's a cute little book, down to the dandelion on the cover, whose intensity is revealed in the simplest moments.

From a therapy perspective, the ability to be in the moment, to be in one's body, is ideal for client and therapist alike. Even small experiences based on Mindfulness principles can lead to a new experience of momentary clarity, and we can build from there.

Join Mary Serrano and the rest of the book club on the first Saturday of each month, 9:30 a.m., at the Planetree Health Library in Los Gatos. RSVP to the Planetree Health Library at 408-358-5667.

Thst: Well here we go. Allow yourself . . .

□ Practice *not* ending up in the ER.

Thst: If you get too scared, just stand up and walk out. Let's practice that now. One of us will think, remember, do, or

say something to evoke just a little fear in you. Say to one on a scale of ten. What's your first

thought after I say that?

Clnt: (says whatever it is)

Thst: Do you feel a little anxiety?

Clnt: Yes.

Thst: Scale of zero to ten?

Clnt: Four.

Thst: "Yikes. Vote with your feet. Take your body with you when you go."

(alternative ending)

Clnt: Four. (just sits there, looking fearful)

Thst: (stands up, walks over to client)
Yikes. C'mon. Let's get out of here. I'll go with you.

□ As she works, use *your* internal alarm system as an impetus to remind her not to move too fast or to introspect too deeply without checking with her internal watch guard first.

"The last time you began to connect with your feelings when you talked about this topic, you panicked. I suggest we slow down. Let's proceed with caution."

"You appear to be experiencing a little anger. Is that true? Take a minute and check to see if it is safe to go into that right now. I'll be interrupting from time to time and asking if it is still safe."

Expressing anger is often a useful tool when working with fear, anxiety, and panic. Authentic anger seems to neutralize fear, much as alkali neutralizes acid.

Thst: On a scale of zero to ten, how anxious are you now?

Clnt: Seven

Thst: So whack this futon with the tennis racket as hard as you can, half a dozen times or so.

Clnt: (does it)

Thst: Zero to ten?

Clnt: Four

Thst: How about that? Try it again . . .

For the person who consistently chooses self-abandonment over moving toward resolution, remember that physical safety is the most important matter to attend to; corrective emotional experiences can wait.

Remind her she is an adult now and, if she chooses, she is capable of handling those old scary feelings from her childhood, if that is what they are.

Trance work (hypnosis, EMDR, NLP, meditation, et al) has been useful with the quieter sort of hysteria.

In session, stay here—in the present; then invite the client into the present, as well.

Q. During a session, I experienced emotions about one of my siblings. I'll get clear with my family eventually, but in the meantime, I'm concerned that I'm not fully available for the client.

A. When being in touch with your own issues in session is distractive, find a way to use the countertransference to enhance the therapy rather than interfere with it.

Name what is going on with you and then put the attention back on the client.

"As you speak about your family, I'm reminded of my relationship with my brother. I notice I'm distracted and not fully available.

Then invite the attention back onto the client. Here are some examples:

"I wonder what it is You're distracting from, right now."

"Check inside and find out, on a scale of

zero to ten, how much of you is here in the room, right now."

Who else gets distracted while you're talking to them?

"I'm going to say that again. Close your eyes as I do and listen with your inside ears to your response as you hear the words."

"Say what it's like to have a therapist who's only 2/3 here, now and then."

"Now say what it's like having a therapist who tells you the absolute truth."

A secondary benefit of naming your own process is that it usually assists you to

transcend your involvement and move to a more neutral place.

So, always

mention it and see how the client responds?

If you experience an emotion about one of your siblings, breathe through it, and then are able to return your attention to the client's process, then there is no need to clear yourself of it. However, if your counter-transference continues to interfere, I suggest you find some way to use it in the session. Naming it, is just one of the ways.

Another way is to make a guess that somehow your response is mirroring the client's response. Then you can use your response in an intuitive way. For example—

You experience passing sadness

"On a scale of zero to ten, how sad are you right now?"

"How is that sadness expressed in your body, right now? See if you can talk about the event and experience some of that sadness as you speak.

You experience a flush of anger:

"Say that again. Yes, and say it again. This time kick your foot out a little further. More. Say the words that go with your body as you do that."

"Notice in your body where it is you are storing your fear right now."

You experience anxiety:

"On a scale of zero to ten, how angry are you right now?"

"Say that again. What is your concern?"
"Name what it is that you need."

You get distracted.

"Say whatever it is that you were afraid to say today. You know—that topic you've been hoping to avoid."

"Be the voice of the part of you who gets distracted when you are around your family. Let that part of you speak right now."

Whatever else you do in session, stay here, in the present moment. Then, whenever you get the chance, invite the client into the present moment, as well.

Q. As an enactment, I role played someone who needed help. He cleared up immediately and began to take care of me.

A. No matter how inexplicable the behavior, proceed as if the primary intent is to work something through to a positive conclusion. In this case, he was showing you both parts of his struggle. When you took over the needy part of his psychodrama, he was freed up to portray its polarity, the Rescuer.

Do the same role play again. This time need help but refuse to let him help you. Insist on helping yourself.

In future role plays, let him play both roles. Keep inviting the focus of his attention back on himself.

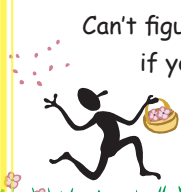
Next time he needs help, give him back the power. Have your only intervention be some version of, "I have complete faith that you can take care of yourself."

Invite him to find ways to take care of himself even when nothing is wrong. Practice different ways in session, Try sandtray, imagery, dreamwork, breathwork, etc.

Invite him to explore the patterns of his various adult relationships. Most of us have semi-subconscious rules about relationships. Perhaps his is some version of, "Somebody always has to be a victim."

Whatever it turns out to be, invite an

Can't figure out what to do in session if you're not asking questions? Here's an idea: Invite the client to Do something.



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exploration of when and how such an inner rule came to be. Direct a conversation with his inner Rulemaker to discover the intention of the rule. Wonder if perhaps the Rulemaker can change an old rule or make a new one.

Sometimes the inner Rulemaker is more like a judge than a Parent. And sometimes, when a judge is making the rules, it is because the client committed a crime and "the rule" is part of his sentence.

What do you mean by "the client committed a crime."

An extreme example might be that when he was a child, he did something unforgivable like, oh . . . being born, or being "better" in some way than a sibling. For crimes like these, many people are sentenced to "misery for life," and at a fairly early age.

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Q. I find her very amusing. My guess is that she makes jokes in order to win my approval. I'm concerned because I'm not sure whether to laugh or not.

A. If a person is not connected with herself, says funny things with her attention on your response or is funny in order to distract from the work, then when you laugh without putting your attention on her response, you are indeed part of her dysfunction.

However, when a person is connected with herself and says funny things with no regard for your response, laughing with her can foreshadow the time when she is no longer transferred. In that moment there are two peers in the room sharing the human experience (as opposed to two people with a one-up, one-down relationship such as therapist-client or parent-child). As long as you are not certain what to do, honor both sides of yourself, the part that wants to laugh and the part that does not.

Name your own process. Then put the spotlight back on her. *"Sometimes I'm not sure whether to laugh or not. What comes up for you when I say that?"*

Laugh when you feel like it. Find a way to use your mirth as an intervention. Pay attention to and invite her to introspect and become aware of her internal response.

"I notice you look in my direction when you tell a joke. I'm guessing that as a child, a part of you learned to get approval by being amusing. Is that true?"

"Be the voice of that child and speak for her."

(laughs appropriately to joke) *"Talk about how you and your siblings won approval from your parents when you were growing up."*

"Say the thing you avoided, the thing you didn't say, by being funny, just then."

"Say the punch line again. This time close your eyes and pay attention to your internal experience as you speak."

"Where else do you laugh to protect yourself?" . . . "And how does it impact your life?"

What's the message underlying that funny story?"

Since you guess there is an issue around approval, it doesn't seem like much of a stretch to invite this person's attention to her relationship with her primary object.

"Talk about your childhood relationship with your mother."

"Imagine your mother is sitting in this empty chair. Tell her that joke. . . . Switch chairs. So Mother, what's your response to your daughter?"

"Tell that joke (story) again. Rearrange the characters and make it about—(yourself, the two of us, you and your mother)."

Pick up an object in the room. As an example, use a box of tissues.

"This object represents my (or your mother's) approval." (Therapist waits for client's response.)"

"I'm not going to give it to you." (Therapist waits for client's response.)"

"Nothing you can ever do will entice me (or your mother) to give this approval to you." (Therapist waits for client's response.)"

"Okay, I'll give you Some of it. (Scroogily handing over a couple of tissues—greedily clinging to the box and waiting for the response.)"

"So what are you willing to give up in order to get more pieces of this approval?" (Therapist waits for client's response.)"

Get creative. Experiment. Each time, invite her to introspect and connect with her response.

"Stand up and move about the room as you tell that joke."

"Turn around and face the other way as you . . ."

"I'm not going to look at you as you . . ."

"I'm not going to laugh as you . . ."

(you fall out of your chair, laughing)

(with disgust and disapproval) "I don't like that joke."

"Find a way in this room to show me."

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Try not to be more interesting than the client's neurosis.

Q. You said not to wear a miniskirt in session. Why? I've worked hard to get in touch with the sexual side of myself and I should be able to celebrate that part if I want to.

A. Your job as a psychotherapist is to stay neutral. Work to keep the "I" part of you out of your client's work.

Attempt not to access or express your anger, sadness, pleasure, or fear in a session unless it has something to do with the client's work, and even then, use your expression as an intervention. As much as possible, arrange that everything in session be about the other person's process. This man pays you for your attention to and witnessing of *his* process, not yours.

Try not to be more interesting than the client's neurosis. Be a blank mirror so that the client sees only himself in session. Do not invite yourself into the client's dysfunction. Dress in such a way that if he perceives you as attractive or sexual, you can be certain he is seeing only the sexual or attractive part of himself.

When you are more interesting to the client than his own process, and you are being that way on purpose, then you (as opposed to his perception of you) are in the way of his work.

Celebrate your sexuality the same place you celebrate the musical, athletic, or mathematical parts of yourself—outside other people's psychotherapy sessions.

Q. His mother was abusive. As a child he spent much time under a table, invisible and abandoned. In a fantasy he did in session, he rescued his inner child from under the table and left the house. He walked to the corner and said this was as far as he could go. When I said go ahead, he crossed the street. He was much relieved and said he'd never done that before. Then he went flying in fantasy like just he used to do all the time when he was a kid.

A. The flying could have represented anything. It may have been a reward for crossing the street and therefore having resolved his issue. Or it may have been a way to escape what was on the other side since, if he stays under the table, he does not have to figure out how to take care of himself, he already knows. But once he crosses the street, he has to take responsibility for what to do next.

□ Should a future imagery turns out to be an altered version of the same one, after he crosses the street, invite him to find out what he has to do in order to stay grounded. Invite him to encounter, explore, and connect with whatever he finds on the "other side." Invite him to create something else over there besides abuse, abandonment, and terror.

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Q. One woman related that when she was a child, she was molested by a famous movie star. Another woman, after a deep piece of work, said her abusive parents had been involved in Satanic practices. Both of these people wondered if I believed them. I didn't know what to say.

A. What was your hesitation?

Well, what they said seemed fairly far-fetched. But to say that out loud seems rude and disrespectful. And I guess, if my therapist didn't believe me, I'd just stop seeing her. And even if I did stay, her not-believing would seriously compromise the work.

I agree. You having an attachment to belief or non-belief will, like all attachments on the part of the professional, get in the way of the work.

□ The most useful position for the psychotherapist, is to access the part of yourself who has no opinion one way or another. Then respond by directing the person's attention back toward themselves.

"Speak for the part of You who doesn't believe you."

"Yes I do. What's it like when I believe you?"

"Okay, now I'm going to tell you the opposite of what I just said. Here I go . . . No I don't believe you. How is it for you when I don't believe you?"

"Who, in your life outside this room doesn't believe you? Okay, I'd like to talk with them. Come sit here in this (empty) chair and speak from their point of view . . . Well George (or whoever), present your case—the part of her story you don't believe, and tell me how come."

"Ask if I believe you, again. And as you ask, introspect and notice your body's responses."

Consider that it is not your job to believe or disbelieve

people. Assume whether memory or fantasy, everything in a person's mind represents a part of them somehow and has been brought up in session for a reason.

Treat everything a person says in session as true. Anything that isn't true is still relevant. Understand that the polarity of everything they say may *also* be true. Usually, treatment will be the same if they are making it up or if it is the absolute truth. No matter whether these situations were real, if as a child they *thought* they were real, if the child made them up to protect herself or to blame others, if the adult made them up to impress others, or if the adult is psychotic, treat any event in memory as a metaphor for something on which the psyche wants to work. Be no more or less involved in needing to know "reality" than if she had related a dream.

Damage from trauma is mostly about how the person responded and the decisions about Self which resulted from those responses. The psychotherapeutic work is to make *new* decisions and to move forward toward more functional relationships with those decisions.

No More Anger, Ever

by Carol Nichols Hadlock

To begin, I propose some definitions. Here is the first one: Anger is an emotion; it is not a behavior. An emotion is a felt sensation. One *experiences* emotion. Triggered by thoughts, sights, sounds, sensations, memories, beliefs and whatnots, emotions are chemical, electrical, and/or hormonal reactions to one's perceptions. Here is the second definition: Anger is a secondary emotion, usually masking fear, and is usually an attempt to protect us from our fear of loss and the accompanying grief.

Emotions require a nervous system, an amygdala in the lizard part of your brain and probably, a brain capable of learning from memory (as opposed to instinct). Notice that neither hands, feet, mouths, nor languages are required. Emotions are natural to homo sapiens. (I suspect emotions are also natural to a few other mammals also. But, that's just me.)

Most importantly, an emotional experience is limited to the physical body of the being or person involved. For example, one may "feel" as though he were about to explode with an emotion, but the closest one actually comes to exploding is to exude an odor (fear), heat (anger), salt water (sadness, fear), or pheromones (love or desire). Okay, a person could possibly have an aneurysm, too. My point is that when someone describes "how" he feels, he uses metaphors.

You, dear reader, may be of the belief that one exudes "vibrations" when one is emotional. Maybe so. Maybe not. Either way, the odor, heat, tears, sweat, pheromones, or vibrations that exit your body and waft their way into the universe, do so without you. Your involvement with the emotion ends as it leaves your external shell through your skin, breath, or other body part. Hence the emotion of anger can be experienced without being observed by an outsider. It is quite possible to sit quietly and be seething in anger without anyone else noticing.

As I understand it, there is a Zen saying to the effect of, "no expression; no repression." This describes my idea succinctly. Experience your anger without Doing anything. Respect it. Allow your felt sensations. Stay with them. Consciously breathe into your experience until it subsides.

Here is the third definition: Behavior is not an emotion; it is an activity, a physical action through space and time. Angry behavior isn't an emotion. Angry behavior is *behavior*.

Angry behavior is an action that attempts to make-something-happen. Quite often angry behavior is an effort *not* to experience the intensity of the felt sensations which anger brings. Angry behavior may involve one's mouth and language centers; it may involve bones, muscles, or joints. Almost always, it involves trying or efforting.

Usually, I've noticed, angry behavior involves the intent to bring about change, not in oneself, but in the Other Guy. Angry behavior is observable. Yelling, blaming, name-calling, aggression, striking out, hurting, kicking, and the like. The list is long and advances to abuse, homicide, terrorism, and torture. The list also includes many behaviors which might not, at first glance, appear angry such as passive-aggression, obstruction, stewing oneself to higher blood pressure, suicide, . . . Again, these are actions not emotions.

Emotions may accompany these behaviors, but with or without felt sensations, they are still only behaviors.

In the CEU workshop which spawned this article, the idea of working through one's anger until there is "no more anger, ever," was proposed. Here's what I say to that.

Good luck.

One can, in fact, work situational anger through to a resolution. It's not easy, but it can be learned and accomplished. One way to begin is to allow your anger. Respect it. Consciously breathe into the felt (body) sensations of your resentment, irritation, rage, or whatever you name it, until the intensity subsides, and the anger chemicals are diluted and no longer surging through your blood stream urging you to, "Do something." Now!"

Then take action to change what you are doing or find a way to accept the situation as it is. Move toward giving up wanting, needing, or expecting anything from someone or something else. Shrug your shoulders, breathe, and experiment with letting go of the attachment to outcome.

Another way to work through situational anger is to experience your way down and into the felt sensations and then, instead of stopping there, allow the underlying fear to become conscious and experienced. Continue.

Stay with yourself and breathe into your fear. Feel it. It's only a feeling, a felt sensation.

Not a very pleasant one, I grant you. Imagine that as you feel it, it is exiting your body. Let it leave your body the same way it got in—through your nervous system. Stay with it until it subsides or changes into something else. Often, because of course most fear is fear of loss, you will experience sadness. When that happens, stay with the sadness. As the sadness subsides, you will either cycle again or morph into relief, perhaps something akin to joy. Your head will clear. Your brain will work and your rational mind can come to the forefront and consider whether you want to let go of your attachment to outcome.

Try it out. Experiment with some ordinary, everyday annoyance. Breathe. Feel. Allow. Breathe. Feel . . .

Anger which arises from what may appear to be situational, but is, in fact, a re-enactment of an unfinished developmental, existential or traumatic response from Before, is not so easily resolved. This anger is often referred to metaphorically as "the tip of the iceberg." Here's an example. Someone cuts in front of you in line. Something deep inside you hollers, "Tilt," and you escalate from general irritation to fantasies of blowing up the world or at the very least, maiming the offender. Perhaps you "act out" (yell for the line-police, comment sarcastically, plot revenge, etc.). An hour later, you are still upset. Eventually you find relief. Unfortunately, the relief lasts only until the next re-enactment event.

Psychotherapy offers one arena for the resolution of such suppressed or repressed rage. A discussion of the hows and how-comes of that is reserved for another time and place.

Lastly, not all anger is, in my opinion, negative. Anger can spur the will to take action toward safety or accomplishment. In fact, on an Anger Intensity Scale of 0 to 10, consciously and on-purpose accessing a level of anger from perhaps level 2 to 3 is a surefire way to a) open the door to wherever your "I can do this" power-place lives and/or b) neutralize anxiety.

Both allow your brain to unfreeze and begin the process whereby rational thinking may return. So to rid yourself entirely of all anger would leave you with only fear, love, and sadness as your lifetime companions.

No thanks.

Nevertheless, if you are still interested in "never being angry again," Here are a few ways you might achieve that:

- Move forward on the path to enlightenment, until you have completely shed yourself of all attachments, even to life itself.

- Continue psychological healing until all your issues are resolved.
- Deny all angry emotions, suppress awareness of them, toss them in a basement closet, then throw away the key. (And when you need a therapist, call me at 555-....)

- Stop breathing. (This method is guaranteed.)

As I said before, good luck with that.

As applied to myself, I plan to enjoy my emotions while I have a body to experience them. I figure I'll be floating around the universe completely free of attachments, soon enough. Access to my authentic emotions has been hard won, and I look forward to enjoying them for as long as possible. This doesn't mean I have carte blanche to express myself at other people's expense. It means only that I want access to *all* my responses—conscious, unconscious, civilized, and barbaric.

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