

# My Stuffed Co-Therapists

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Often clients who come into my office sit in their seats and talk with tightly held bodies: braced hands, raised shoulders, knees locked together, pigeon-toed feet, held breaths. To say they are repressed is to say they are unconscious. This repression has often been going on for decades. Often it began in childhood to deal with emotionally painful behavior generated from their parents or siblings. Sometimes it is epigenetic; it is internalized from parents in utero. To cope with their pain, they pushed their feelings down creating an unconscious life pattern. They neither know that they are doing it, nor that it has become part of their personality. They are also resistant to unlock their tightly held bodies; the process of physically holding, pushing down the past stays unconsciously protected. It's their defense.



In my office I have stuffed animals - a rabbit, a dog, and a bear that sit together on one of my sofas. They represent an alternative somatic psychotherapy. Treatment with them involves talk, but it also involves touch and somatic awareness. Clients usually don't notice them. However, often in therapy, themes emerge that arise from my clients' repressed bodies. These themes deal with both present and past events and how these clients were treated by their parents. This information is presented to me both quickly and as an affectionless series of stories. I stop my clients. I encourage them to take full slow breaths, to place their feet hips' width apart on the floor. Then I ask them if there is a feeling beneath the story that they are telling me. Often, after the breaths, they come back to the story slower but void of feelings.



At this point I change the focus and ask them if they are drawn to one of my co-therapists — the bear, the dog, or the rabbit—and let them make their choice. After choosing, their fingers may start to caress or grip the co-therapist of their choice. Their focus is still on me; they are usually unconscious of what their hands are doing and what their experience is. I bring their attention to their hands and ask them what their fingers are experiencing. When they become conscious of what their fingers are experiencing, they get in touch with affect that has been a long time repressed.

### **Three Clients**

#### **Joyce**

When Joyce, thirty-five years old, first came in the office she was shy and meek. Verbalizing her concerns was difficult for her. She sat sunk down on the sofa. Joyce had sought treatment suffering from trauma caused by her grandfather who two years earlier made romantic moves on her. The grandfather whose wife was terminally ill was pressing his unmet romantic needs on the meek granddaughter. Joyce, a passive, submissive woman, was unable to hold back her sexually inappropriate, aggressively passionate, grieving grandfather. Afterwards she was then struggling with feelings of shame and inappropriateness. She was accepting responsibility for the grandfather's behavior. Joyce had a history of insecurity being home schooled from childhood to





age fifteen when other children in school and church would not relate to her. Both of Joyce's parents were insecure after having unsupportive parents in their childhoods. They were unable to role model or help their daughter overcome her insecurity or emotional distress.

In our first session I introduced Joyce to my stuffed co-therapists. Joyce immediately identified with the dog. As soon as Joyce held the dog, her comforting, supportive thumb gently began to stroke the dog. Then she said, "The dog is feeling better, and I'm comforted."

Joyce, who was looking stressed and speaking both slowly and softly, was sitting up taller and speaking with a fuller voice. The insecurity she came into the office with was gone. She was discovering a person inside herself that she had not known. The child and adolescent inside that determine who and how she would be was no longer calling the shots. In stroking the dog, she recognized it was her inner self. She was giving herself recognition, confirmation, and support that she had never received before. As a result, she was feeling a formerly unknown self-compassion and internal strength.

After Joyce returned home, she realized she could comfort herself. "It is okay to feel sad and comfort myself. When life upsets me rather than looking to other people to provide me with support, I'm able to comfort myself. In the past I didn't value my thoughts. Others would tell me to 'forget it,' and I would push it down. Now I allow myself to recognize and work through my feelings. Sometimes when I'm alone I grab a pillow like it is the stuffed dog and hug it, and I feel safe."

## Matt

Matt, a successful entrepreneur, started psychological support for emotional distress dating back to family of origin. After several sessions I asked him to look at my stuffed co-therapists and asked if one of them caught his attention. After checking them out and making eye contact with the teddy bear, he placed his hand to his chest. I asked him, "What do you feel?" He said, "Well it's soft." That was a start. The realm of affect is usually alien for him. Clients often do not have words to articulate what they are feeling. I then suggested to him, "If the co-therapist you are holding is a friend at the younger age of your story, and he was treated the way you were treated, do you know how he would feel? How would you feel toward him and what would you say or do?"



"Speak to young Matt," I said.

Matt replied, "I'm feeling myself getting in touch with him as I never did before. It is helpful to have the teddy bear as a focal point to get in touch with a younger me. They are incredible feelings I'm having. I was a social worker and did talk therapy but my experience right now in this office is happening without all that talking. There is little talk. A door shifted and has stayed opened. It is hard to put into words — the feeling of opening, connecting, freeing. It is happening in a moment and freeing me.

These are incredible feelings and freeing. It freed me from anger I didn't know I had because my parents didn't understand me. They didn't talk to me. My mother needed me because of her dependence, and I had to pull myself in. I had a feeling of not being good enough."

Seeing and making verbal contact with the bear gave verbal and affective cognitive emotional contact with himself that in his lifetime he never had.

I used kinesiology, muscle testing, as utilized by Dr. Scott Walker (1996) in his Neuro Emotional Technique and tested for being okay taking care of himself and Matt's arm turned weak. When tested for a feeling underlying this weakness he tested for *low self-esteem*. This went back to the first trimester of life. His feelings were epigenetic. He internalized the feelings from his parents in utero. His parents now in their nineties didn't and don't talk about themselves. Now 51 years of age he hopes he has a head start on his parents to work on himself that they never had. "I'm bringing a softer side to my parents and to myself."

Matt discovered a photograph of himself at age 5 by a pool. His feet were squeezed together, and he was pinching his fingers. "The old stuff in me had been familiar and hurtful. Now I'm sad that I have wasted my lifetime with a false sense of self."



## Jess

Since Jess, now 71 years old, had moved into the senior citizens facility, she had been feeling particularly energetic and positive. But Jess came into the office today and announced, "I'm just not feeling like myself. I feel vulnerable." She had no idea why she was feeling this way. Muscle testing identified upcoming *Thanksgiving* as a problem. It then identified the feeling of *vulnerable* being a problem. Why would there be *vulnerability* connected with *Thanksgiving*? Well *Thanksgiving* is an anniversary event (Kisch, 2019). Her *husband* passed away, and he would not be there for Thanksgiving. When muscle tested, the issue of *vulnerability* dated back to the age of one. Her parents gave her up for adoption after birth. She then had three separate guardians before she was adopted by her parents. Unconsciously, *Thanksgiving* raised a number of troubling issues regarding *vulnerability*.

How to deal with these issues? I pointed to my stuffed co-therapists and asked if one of them called to her. The rabbit did. She immediately picked her up and began petting her. "Little Jess feels good. It feels good petting her. It's strange those feelings don't bother me anymore." As Jess spoke, she continued to be engaged in petting the rabbit. "My hands are enjoying stroking her ears. I don't know what this little rabbit did to me, but it's powerful. It is funny that the rabbit opens up little things. The power is unbelievable." Petting the rabbit had a comforting therapeutic effect for Jess. It released past emotional traumas. When Jess was tested again and using kinesiology, she tested strong for *Thanksgiving* and the loss of her *husband*.



In this new state she is recognizing how difficult it is to live with older adults. She feels blessed to have moved. She is recognizing how difficult and uncomfortable it was living next to her former neighbor. When reaching a new growth stage, often awareness's from the past that were too difficult to acknowledge had gotten pushed down. In the stronger state they come into awareness. These are often perceived negatively. However, I point out these are cathartic signs of therapeutic growth not weakness, and one needs to appreciate their release and find new ways of perceiving and dealing with them. In addition, Jess recognizes she has some new supportive friends: "My circle is expanding."

### **The Underlying Dynamic**

Merely talking does not unblock unconscious defense mechanisms. They are part of an unconscious primitive defense response. The bracing numbs awareness of a traumatic event, locks in the reaction, tightens muscles, brings bones closer together, rubs off cartilage and frequently creates arthritis. This pattern creates anxiety and depression. Talking does not release these holding patterns and may even tighten them more with the stress experienced. Alternative therapies deal with somatic-emotional symptoms that result from traumatization. Psychosensory therapy alters and provides a cure for the traumatized brain.



Dr. Ronald Ruden, a physician of internal medicine with a Ph.D. in organic chemistry, is the creator of The Havening Techniques: methods that use sensory input (touch, either self-touch by the client or facilitated by the therapist in specific places on the face, hands and arms, affective awareness, body movement and verbalization) intended to eliminate the consequences arising from stressful or traumatic events. The Havening Techniques is considered a psychosensory

therapy that can alter and provide a cure for traumatized memories encoded in our amygdala (Ruden, 2019).



According to Dr Ruden (2014), Havening Techniques can be combined in a specific process to release and heal traumatic memories. Dr. Ruden has neurobiologically described the electromagnetic fields in the limbic portion of the brain, specifically the thalamo-amygdala pathway, that maintain the traumatic memories for a lifetime. He explains how psychological and physical symptoms can be behaviorally de-encoded and re-coded without drugs—low frequency delta brain waves generated by sensory input therapeutically act as electroceuticals. Rather than using talk therapy, Dr. Ruden heals the brain's chemistry with a focus on the memory of the trauma, touch, and focus on the positive.

The neurological mechanism in the brain that deals with trauma is complex. Dopamine and norepinephrine are produced in the brain accentuating the trauma and motivating protection — causing fear and rage to respond to threat. The amygdala, the protective structure in the brain, is triggered. There may be a dissociation, numbing or cognitive pushing down of the traumatic event that occurred. There is motivation to avoid a predator.

When a traumatic event occurs and the amygdala is stimulated, a conditioned response or association is then created when something reminds a person of the situation that was originally traumatic. This conditioned response then triggers a fear reaction, *post traumatic stress disorder*, reexperiencing what originally occurred. The reaction to the troubling stimuli is called a *fight, flight or freeze* reaction, which is a somatic attempt to protect. Within seconds these sensations in the amygdala are





unconsciously communicated to the hypothalamus, which then prepares the body to take protective, defensive actions. Social situations, even thoughts or smells, can trigger these memories. The cortex of the brain also identifies aspects in the environment that might be a threat and then communicates that condition to the amygdala and the hypothalamus then is signaled to take protective action.

According to Dr. Ruden specific conditions are needed for an event to be encoded as a traumatic experience. Critical to the process of encoding traumatic events in our memory are AMPA receptors located on the lateral nucleus of the amygdala (Ruden, 2019). Traumatic encoding relies on an increase of AMPA receptors (synaptic potentiation), they become an “on-ramp to re-living emotional, cognitive, somatosensory and autonomic components stored in the brain” (Ruden, 2019, pg.225). In return depotentiation or removal of these AMPA receptors is necessary for de-encoding the memory. Event Havening, one technique under the umbrella term of Havening Techniques, “generates an electromagnetic field to synaptically depotentiate these encoded AMPA receptors and eliminate the effects of traumatic encoding” (Ruden, 2019, pg. 222).

Through the Havening process, AMPA receptors are depotentiated and stress hormones that are normally released when recalling a traumatic event no longer occur. Cortisol, which is related to stress and pain, is diminished, and serotonin related to relaxation is released. During the process a sense of safety and a perceived sense of escapability disrupt the channel that kept the traumatic memory in place. Although the cognitive memory may reoccur, there is no traumatic emotional response associated with it. Clients engaged in this cognitive, somatic, emotional process engage their brain and body to heal.



When clients feel freed from their trauma and threat, and serotonin is secreted, positive supportive events soar. As Joyce, Matt and Jess were touching and engaging my stuffed co-therapists or themselves they were initiating their own healing events. My stuffed co-therapists allowed these clients to perceive, experience and take action from a new, positive, healing perspective.

Interaction with my stuffed co-therapists allows my clients to get in touch with and release their repressed memories and potentials. They were then enabled to actualize internalized somatic affect and hidden strengths. They had cognitive, somatic, affective experiences they never had before. They felt quieter, sharper and more focused. Holding patterns had been hiding their true selves. Then they had novel experiences of getting in touch with their hidden strengths. They were learning who they really were.

After my clients release their internalized, traumatized, parental, psychophysical holding patterns, we explored five things. One, recognizing and releasing their holding patterns if and when they return. Two, rather than using their former patterns of dealing and repressing stressful experiences, they develop new, more productive coping skills. Three, becoming consciously aware and appreciative of the precious feelings that come from being their true selves. Four, like learning to spell, repeating and remembering their interaction with my co-therapists to reinforce their new state of being. And five, taking actions to celebrate and reinforce their new, true selves.



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