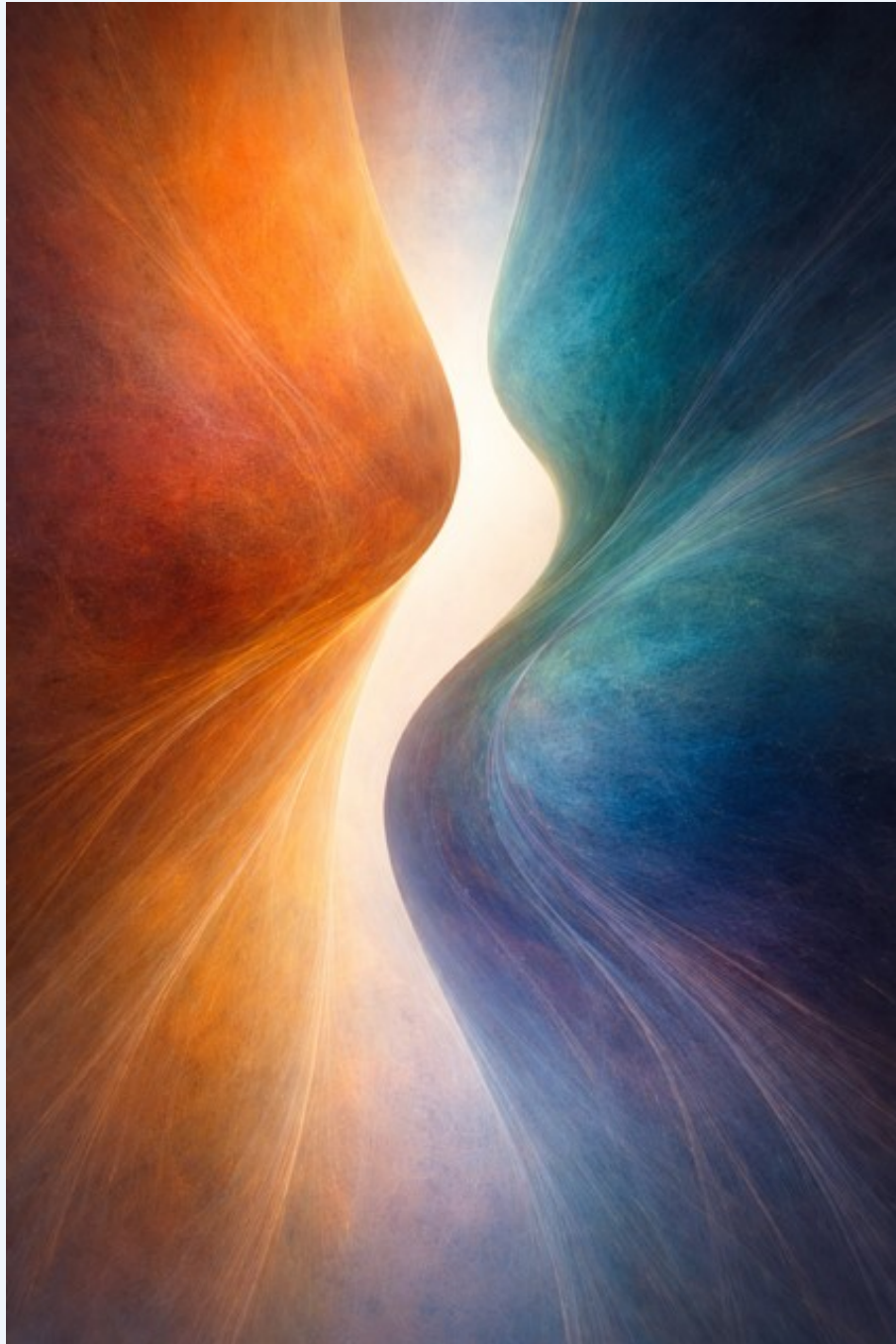


Somatic Psychotherapy Today



A publication of the United States Association for Body Psychotherapy

Advancing the science, art, and practice of somatic therapy



Somatic Psychotherapy Today

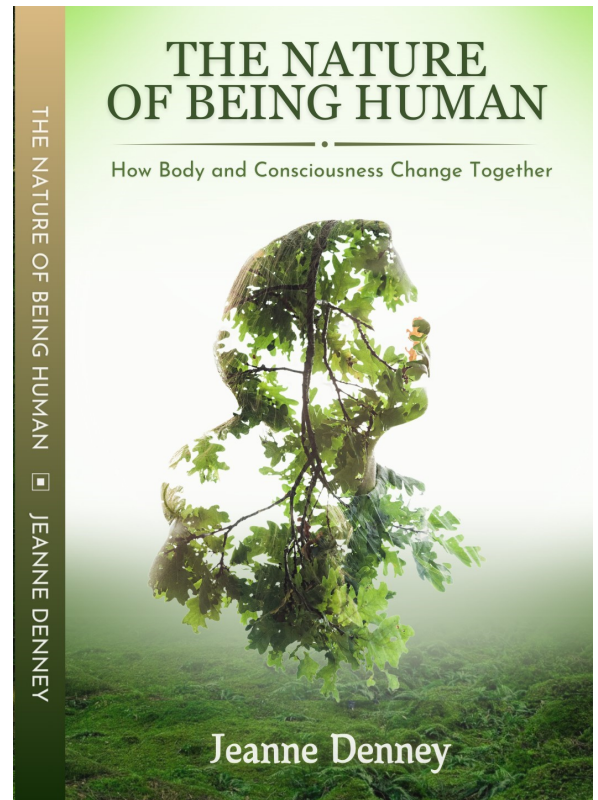


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Cover Image by Dirk Marivoet

The Nature of Being Human reframes consciousness and embodiment through a new somatic lens—one that unites biology, psychology, and the invisible field of energy that moves through us all. Jeanne Denney draws on decades of therapeutic practice, hospice work and motherhood to illuminate how consciousness itself shapes and un-shapes the body, tracing predictable arcs of growth, relationship, and decline. Moving beyond reductionist science, she invites therapists, medical workers, body-centered practitioners and ordinary mortals to observe the human life cycle, not as a linear march toward decay, but as a pulsing exchange between form and formlessness. Through luminous stories and grounded insight, Denney reveals how our bodies are teachers of consciousness, and how every relationship, every aging cell, is part of an elegant choreography of becoming and letting go. This is not just a book about healing—it's a reminder that being human is a sacred practice, one that begins in wonder and ends in belonging.



About Jeanne: I am a transpersonal and somatic therapist and whole life doula, a teacher, healer, author of [The Effects of Compassionate Presence on the Dying](#), and founder of the [School of Unusual Life Learning \(SoULL\)](#).

Since leaving an engineering career 24 years ago, I have worked in many venues to help people fearlessly embrace a life which includes aging, dying and nature. This has involved years at bedsides with the elderly and children, in study and research, in contributing pioneering ideas to somatic psychology, in death and grief work, teaching, and years helping create and facilitate the [Art of Dying](#) projects in New York City.

I believe my insights on energy and the body through aging, illness, and dying are unique because they have been derived from this wide lens of human experience and a deep understanding of our mortal journey.

You can preorder the book here: <https://forms.gle/KqqpK41fV1rdbZLHA>

Stay tuned for a review coming to SPT Magazine soon.

Welcome to *SPT Magazine*, Volume 16, Number 1

We are pleased to share several in-depth book reviews in this issue, including Dirk Marivoet's reflections on *The Poetics of Unnamed Emotions*, Steph McIsaac's engagement with *Living Toward Justice*, Nancy Eichhorn's immersion in *Spirituality Through a Highly Sensitive Lens*, and Tim Rodier's experience with *Embodied Play Therapy: Healing and Building Identity with Children*.

Across the feature articles, a shared thread emerges: an exploration of how we come to know ourselves and one another through embodied experience, relational presence, and deeper listening. Whether addressing trust, trauma, pleasure, meaning, or somatic organization, the pieces in this issue invite us to consider how healing and transformation unfold when body, perception, and relationship are brought more fully into awareness.

In *The Biology of Trust and Beyond*, Maria Strömberg offers a fresh understanding of safety as something not only biological, but also lived—an experience in which perception, the body, and conscious seeing come together in the emergence of trust.

Dr. Elya Steinberg contributes three articles to this issue: *The Art of Hearing What Isn't Said*, *Each Morning Anew*, and *Finding the Fourth Position*. In *The Art of Hearing What Isn't Said*, she highlights the power of pausing and asking a client, "What do you feel I didn't hear?" when they seem to be repeating themselves. This simple question can open a gateway to deeper connection and richer exploration. In *Each Morning Anew*, she reflects on pleasure, meaning, and what may be missing in psychotherapy and medicine, while *Finding the Fourth Position* explores ways of stepping beyond the trauma triangle. We welcome Dr Steinberg as our newest monthly blogger as well. Please check our website for her monthly blogs.

We are also trying an experiment in this issue by including a longer, more journal-style article: Dirk Marivoet's *Relational Pulsation: Shape, Countershape and the Somatic Organization of Experience*. In it, he suggests that relational pulsation emerges through interacting processes such as autonomic regulation, interoception, predictive processing, and tissue adaptation, and that repeated relational conditions may gradually shape bodily organization. His work seeks to bridge classical body psychotherapy, contemporary neuroscience, and fascia research.



We welcome your feedback on including these longer, more academic-style papers in future issues. And we encourage you to submit your articles, too.

Warmly,
Nancy Eichhorn, Ph.D.
Founding-Editor-in-Chief, *SPT Magazine*

Somatic Psychotherapy Today

Trending Somatic Practices Influencing Our Field Today

A publication of the United States Association for Body Psychotherapy—
advancing the science, art, and practice of somatic therapy

Join the Voice of the Somatic Field

Help tell the stories shaping
somatic psychology and practices.

Somatic Psychotherapy Today is seeking passionate volunteer contributors—writers, editors, layout and graphic designers, and photographers—to help bring the stories of our field to life.

This is an opportunity to shape how somatic psychotherapy is understood and experienced. From profiling inspiring practitioners to exploring emerging ideas and practices, your work can bridge insight and lived experience—strengthening connection across our community and expanding the reach of this work.

We are committed to publishing thoughtful, engaging content that reflects the depth, creativity, and impact of somatic psychology and body psychotherapy.

This is more than a contribution—it's a way to participate in a growing, connected field. Whether you're refining your voice or bringing years of experience, you'll be supported by an editorial team dedicated to helping you develop your work and publish pieces you're proud of.



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Meaningful connection
within the somatic
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If you feel called to tell the stories
that matter—stories that move,
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Integrated Somatics and a Renewed Community Updates from USABP

What is new at the United States Association for Body Psychotherapy?

We are excited to share that planning is underway for **the USABP National Conference in 2027**. It has been a long time since we last gathered together as a community, and so much has changed in our field since then.

Our conference theme, ***Integrated Somatics: New Horizons in Embodied Transformation***, reflects both where we are now and where we are heading. A call for papers will be released soon.

Why Integrated Somatics? As our membership continues to grow and diversify, we feel the importance of creating a shared home for the many ways people engage the body in healing and transformation. Integration speaks to a deepening need for connection across our differences—across lineages, research traditions, and embodied practices. We see this as an invitation toward greater coherence in the field, while still honoring what makes each approach unique. We will keep you updated as plans unfold so you can save the date and join us.

We also warmly invite you to explore our newly redesigned website. Interest in somatics is growing, and we are passionate about welcoming newcomers into this vibrant field. Our Director of Programs and Marketing, Liam Blume, with the support of Brenna Jorgensen, has devoted tremendous care to re-envisioning our site so it reflects the richness of what we offer. If you have not visited recently, we think you will be delighted by what you find.

We continue to expand what is available to you as a member. On-demand webinars, an Author's Corner, and movement explorations are all included with membership. Our webinar archive, in particular, holds something very special: the voices of pioneers who shaped this field. Many of these teachers are no longer with us, and it is deeply meaningful to be able to return to their wisdom.

We hope you will continue learning with us and alongside one another. Let your colleagues, your teachers, and the emerging voices of newer practitioners who bring fresh eyes to tradition be part of your ongoing inspiration.



Aline LaPierre
President,
USABP
www.usabp.org

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We are deeply grateful to the organizations and individuals whose support helps strengthen our community, advance somatic knowledge, and expand access to transformative body-centered work.

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FULLY ALIVE**

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BEING WITH THE BODY IN DEPTH PSYCHOTHERAPY:

**DEVELOPMENT, TRAUMA,
AND TRANSFORMATION
IN THE UNSPOKEN REALM**

AUTHORED BY
**BARBARA
HOLLIFIELD**
USABP MEMBER

Your generosity makes a lasting impact.
Thank you for being part of this important work.

The Poetics of Unnamed Emotion: From The Dictionary of Obscure Sorrows to Core Strokes®

**Written by John Koenig
Reviewed by Dirk Marivoet**

Editor's Note: In this "lyrical essay", Dirk Marivoet explores the kinship between John Koenig's Dictionary of Obscure Sorrows and the somatic language of Core Strokes®. Through the meeting of word and fascia, he reveals how both poetic naming and therapeutic touch give voice to unspoken emotion. A meditation on breath, empathy, and embodiment, it invites readers to feel language as a living tissue where sorrow transforms into resonance.

The Secret Names of Feeling

Every language begins as breath. Before alphabets, before the first word was carved into clay or inked onto paper, someone exhaled a sound trembling with meaning — a cry, a hum, a sigh— each born from a body touched by life. The ancients believed that to name a thing was to call its spirit into form, and that to speak a word was to shape the invisible so that another could feel it.

Yet countless experiences pass through us nameless. They brush the edge of consciousness like wind through tall grass — felt but not yet formed. A sudden ache when a stranger smiles. The vertigo of being seen. The small grief of beauty already too perfect to hold. These are the "obscure sorrows," the half-tones of being that John Koenig gathered into his improbable lexicon.

Koenig's *Dictionary of Obscure Sorrows* is less a book than a listening instrument.

He listens with a poet's body — attuned to meanings that vibrate before they become words. He leans toward the unsayable and hears it whisper its own name. *Sonder. Opia. Chrysalism.* Words that feel as if they had always existed, waiting for the right temperature of compassion to crystallize.

Each of these words opens a door between inner and outer, the personal and the cosmic. They are linguistic fascia — thin membranes of empathy that connect isolated organs of experience. When we speak them aloud, the breath itself becomes connective tissue.

The fascia also speaks in textures: *Warm Honey, Streaming Silk* — sometimes *Gritty*, sometimes *Mud* — each carrying its own story of resistance and release. Where Koenig found syllables, I found touch; where he invented language, I discovered tone. Both of us entered the same temple — the threshold where sensation turns into meaning and meaning dissolves back into sensation.

The Unspoken and the Unfelt — The Limits of Language

Language is an exquisite failure. It reveals by concealing. Each word is a skin of precision wrapped around the infinite, never able to hold it fully. When we speak of joy or grief, what escapes our lips is the fossil of an experience already past.

The body knows more. Long before a child can pronounce love, the nervous system has already tasted its absence — and its warmth. Breath learns the rhythm of approval; fascia remembers the shape of being held. These early imprints live beneath grammar. They are the body's syntax of contact.

Phenomenologists such as Merleau-Ponty wrote that perception is “a body's silent dialogue with the world.” Gaston Bachelard heard the imagination itself breathing inside matter. Their philosophies hover near the realm that Koenig reopened—the porous zone between word and flesh, where emotions are not objects but atmospheres.

Koenig's neologisms do not pretend to define; they evoke. Each is a gentle act of permission. When someone reads *Sonder*, they recognize a texture in their own chest: the subtle opening that happens when we realize we are surrounded by other centers of consciousness. It is a word that breathes empathy.

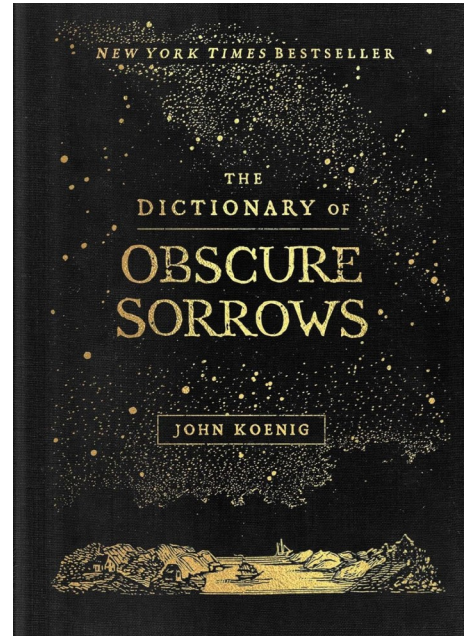
But what happens before the word? What is felt in the half-second of silence when experience rises but language has not yet come? In therapy, that moment is sacred. It is the edge where the body waits for articulation, where trembling can still choose its direction. To rush it would be to tear the new word before it is born.

Fascia lives in that same interval. Its language is resonance — vibration and relational tone — beyond the reach of words. The touch of a listening hand can name what language has forgotten. When tissue melts under presence, it is as if an unnamed sorrow has found its mother tongue.

Koenig's Cartography of Feeling

Koenig's Dictionary reveals an unseen geography of emotion, drawn in the faint ink of awareness. He writes of delicate inflections rather than grand passions—the microclimates of the Soul.

Sonder — the sudden awareness that each passerby has a life as intricate as your own. A widening in the chest, a descent of the shoulders, a sigh that says we are all infinite stories.





Opia — the tremor that moves through two gazes meeting. The diaphragm tightens, pupils dilate, the fascia between eyes and heart becomes a taut bridge.

Vemödalen — the despair of taking a beautiful photo that looks like thousands of others. A collapse of creative breath; the ribs contract, the skin feels dull.

Lachesism — the strange wish for disaster, simply to feel alive again. Energy surges toward risk; muscles harden as if to greet catastrophe with relief.

Chrysalism — the peace of being indoors during a thunderstorm. A steady pulse through viscera; the world's violence softened by protective walls.

Each word is a gesture — a movement of consciousness that becomes a concept. To read them is to feel the musculature of emotion: expansion, contraction, trembling, release.

They form a choreography of subtle tides, like breath phases whispered into the psyche.

Koenig's project emerged in a digital age saturated with speed and superficiality. In that context, his Dictionary became a slow-breathing organism, reminding millions that the heart still contains unnamed continents. He offered linguistic shelter to feelings that social media compresses into emojis.

Yet his words are not labels; they are invitations. *Sonder* is not a disorder to be treated, but a threshold to be crossed. Each term becomes a small ritual of recognition — a gentle stroke of reverence toward the intricacy of being human.

In this sense, Koenig performs the same alchemy that body psychotherapy seeks: transforming vagueness into form, but without reduction. His etymologies are fictional, yet they work because they sound true. What stirs the psyche is resonance, not fact. When a word meets a forgotten feeling at its own frequency, language becomes medicine.

The Somatic Parallel — Naming Through the Body

The human body is its own lexicon. Every tissue vibrates with verbs: to reach, to fold, to resist, to yield. The fascia is a continuous poem written in tension and release. When I, in the Core Strokes® lineage, speak of *Warm Honey* or *Streaming Silk*, I am not indulging metaphor; I am practicing phenomenology. I am naming reality from within sensation.

Koenig's neologisms and my fascial textures arise from the same necessity: the need to give shape to the invisible. He names through sound; I name through touch. Both are acts of re-remembering — bringing dismembered experience back into coherence.

Imagine *sonder* as a fascial event: the moment a thoracic diaphragm, long held in solitary vigilance, feels another's breath enter the same field. The connective tissue, like a curtain drawn aside, allows energy to flow between bodies. The word itself becomes palpable — a tissue that remembers it belongs to a larger organism.

Or take *monachopsis*, the chronic feeling of being out of place. In the body, it appears as slight levitation — feet that barely root, eyes scanning for a belonging that the ground withholds. In such bodies, the lower legs appear almost translucent — as if the fascia had grown diaphanous from disuse. The calves feel weightless, undercharged, as though the person was hovering just above the ground. The breath, too, hovers high, reluctant to descend into gravity.

Where Koenig creates linguistic intimacy, Core Strokes® restores somatic intimacy. Both practices counter the modern fragmentation that separates intellect from sensation. Each word or touch becomes an integration point, a node where meaning condenses.



Language as Breath, Breath as Language

Every word begins as an exhale. To pronounce *chrysalism* is to soften the palate and release air through a gentle hiss — the very sound of shelter. To speak *lachesism* requires a tightening of the chest, a small explosion at the "ch." The articulation itself mirrors the emotion.

In therapy, when a client finally utters something that had been trapped in muscle or memory, the breath often shifts first. The larynx, diaphragm, and pericardium adjust to make room for new resonance. The word rides on liberated fascia.

Thus, Koenig's Dictionary can be read not merely as poetry but as a manual of embodied linguistics — a study of how vowels and consonants trace the shape of human affect. His invented etymologies — half Greek, half dream — echo the composite nature of tissue itself: hybrid, adaptive, self-inventing.

In Clinical Practice — The Obscure Sorrows of Tissue

In clinical practice, each texture I touch seems to carry its own obscure sorrow:

Warm Honey — the slow radiance of tenderness finding its form.

Gritty — the friction of effort, the frustration of movement half-alive, half-stuck.

Mud — the heaviness of confusion, the pull of collapse within unfinished becoming.

Cold Wax — the self that sealed itself against further wounding.

Streaming Silk — the joy of coherence returning after fracture.

These are not metaphors *about* emotion; they *are* emotion — expressed in collagen and water, memory and tone. Fascia remembers the places where language broke. When touch restores relational tone, the body begins to compose new sentences.



Koenig gives the psyche permission to articulate forgotten feelings; Core Strokes® gives the body permission to articulate forgotten movements. Both gestures are linguistic in the oldest sense of *logos* — meaning made flesh.

In that ancient understanding, language and body share a single pulse. The word is not a symbol of reality; it is reality speaking itself through sound and gesture.

The Meeting Point — The Body of Language, the Language of the Body

Between Koenig's lexicon and the fascia's subtle idiom lies a hidden bridge: the breath. Breath is both syntax and current. It translates inner motion into outer form.

Every inhalation gathers the world; every exhalation utters it back.

In this middle realm, word and tissue mirror one another.

Sonder feels like the **Free Breath** — the chest expands as the gaze widens.

Opia echoes the **Exploring Breath** — attraction and hesitation vibrating between two eyes.

Vemö dalen stiffens like **Interrupted Breath** — inspiration cut short by self-comparison.

Lachesism surges like the **Excited Breath** — the body craving the storm that would make it real.

Chrysalism settles into **Resting Breath** — the whole organism swaying in the calm after thunder.

These resonances are not allegories but energetic homologies. Each invented word describes a psychic climate with its own somatic weather pattern. To speak them is to remember that vocabulary itself is an organ of perception.

If one listens closely, a whisper passes between fascia and phoneme: We are the same substance. Both store the echoes of experience; both change their texture when met by warmth. When a word is truly felt, the tissue beneath the sternum softens. When a muscle unwinds, the mind suddenly finds the word it had been seeking.

Thus, the act of naming in Core Strokes® is not metaphorical but biological. The practitioner's hand, tracing *Streaming Silk* or *Gritty*, or *Mud*, is performing a kind of embodied etymology — discovering the root of a sensation and inviting it to conjugate through movement. The poet, inventing *sonder* or *chrysalism*, performs the same gesture in air that the therapist performs in fascia.

Both are guardians of nuance in a culture of bluntness. They rescue the small, trembling shades of experience from the noise of abstraction. They remind us that truth is not defined—it is felt.

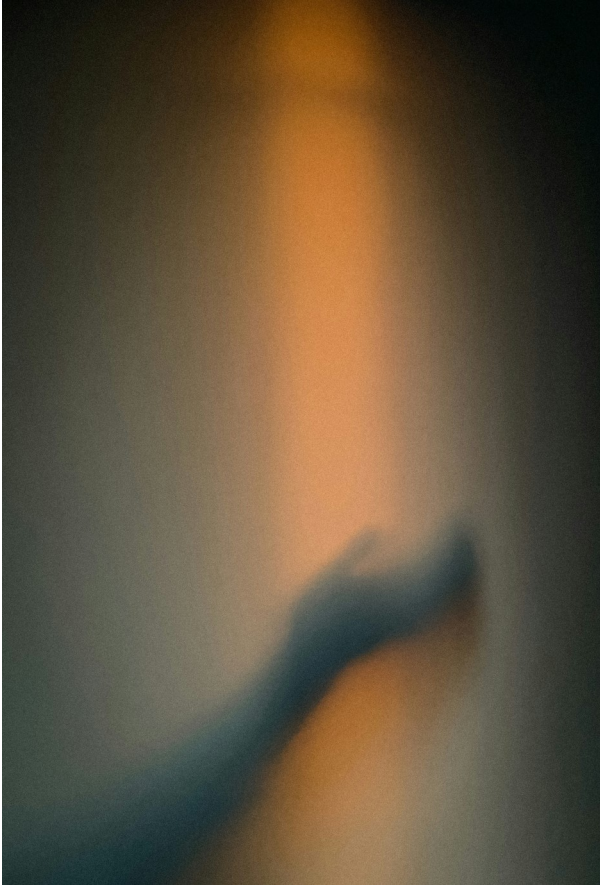
The Ethics of Naming — Compassion and Precision

To name is to touch with the tongue. Every naming carries an ethical weight.

If one speaks a word without reverence, it hardens into a category and loses its life. If one touches a body without presence, it becomes manipulation rather than communion.

True naming — whether verbal or tactile — requires compassionate precision. Compassion, because the phenomenon we touch is alive. Precision, because vagueness can wound; it leaves the unnamed fragment adrift.





Koenig's words succeed because they never imprison the feeling; they let it breathe. They sketch its contour, then bow and step aside.

Likewise, Core Strokes® approaches the body not as material to be fixed but as language to be heard.

A practitioner's hand does not impose; it spells softly across the skin, asking: What are you saying beneath this tension?

In both arts, the ethic is the same — to midwife emergence. The poet births new words; the therapist births new movements. Both work at the threshold where life longs to articulate itself.

There is also humility in this craft.

For every sorrow we succeed in naming, countless others remain unnamed. Each session, each poem, each breath opens a door and closes another. The ethics lie in continuing to listen after the word has been spoken.

Koenig himself said that his Dictionary is unfinished by design.

So is every body. Fascia keeps rewriting itself according to contact, gravity, and love. Language, too, is connective tissue in perpetual repair. To work with either is to accept impermanence as the true author.

From Sorrows to Textures of the Soul

Beyond the defensive armors and their distortions lies a subtler realm — what I call the Soul Textures: Sacred Ground, Oscillating Veil, Vibratory Clarity, Transparent Coherence. They are post-structural states where form and essence are reconciled. In Koenig's vocabulary, this movement appears as the evolution from sorrow into wonder.

Consider his late words:

Avenoir — the desire to see memories playing forward.

Onism — the ache of being limited to a single body.

Occhiolism — the humility of recognizing the smallness of one's perspective.

Each begins as melancholy and opens into revelation. They echo the organism's journey from contraction or instroke toward surrender — the same arc traced by the *Energetic Breath Cycle*®.

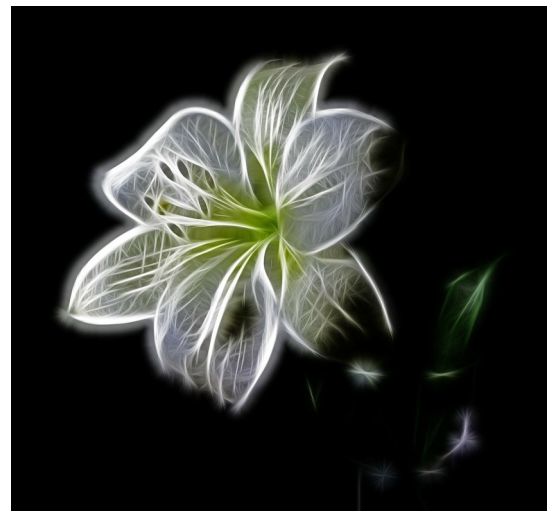
When a client's tissue shifts from *Cold Wax* to *Streaming Silk*—from rigidity into flow—a new lexicon of being begins to unfold. The body starts to speak in the syntax of unity. In the same way, Koenig's readers often weep in recognition rather than in sorrow — as if a long-silent region of self had finally found its word.

This is the moment when language and fascia meet in the field of soul resonance. The sorrow named becomes texture; the texture integrated becomes tone. From there, a higher music unfolds — one that does not distinguish between voice, touch, or light.

In therapy, this might appear as the breath that sighs without reason, the luminous stillness after deep release. In poetry, it is the line that lands like silence made visible. Both are signs that the organism has remembered its coherence.

To speak of textures of the Soul is to acknowledge that language itself has a soul. Every true word carries a vibration that reorganizes the listener's fascia, the same way a singing bowl rearranges the molecules of water. When I write *Streaming Union* or *Crystalline Clarity*, I am not describing — I am intoning. The text becomes a therapeutic field.

Koenig's neologisms, though born from melancholy, participate in this same re-enchantment. He teaches that the world is still inventing words for itself — that meaning is a living metabolism. In that sense, *The Dictionary of Obscure Sorrows* is a secular scripture of transformation, and *Core Strokes®* is its embodied gospel.



Closing Meditation — When the World Breathes Through Us

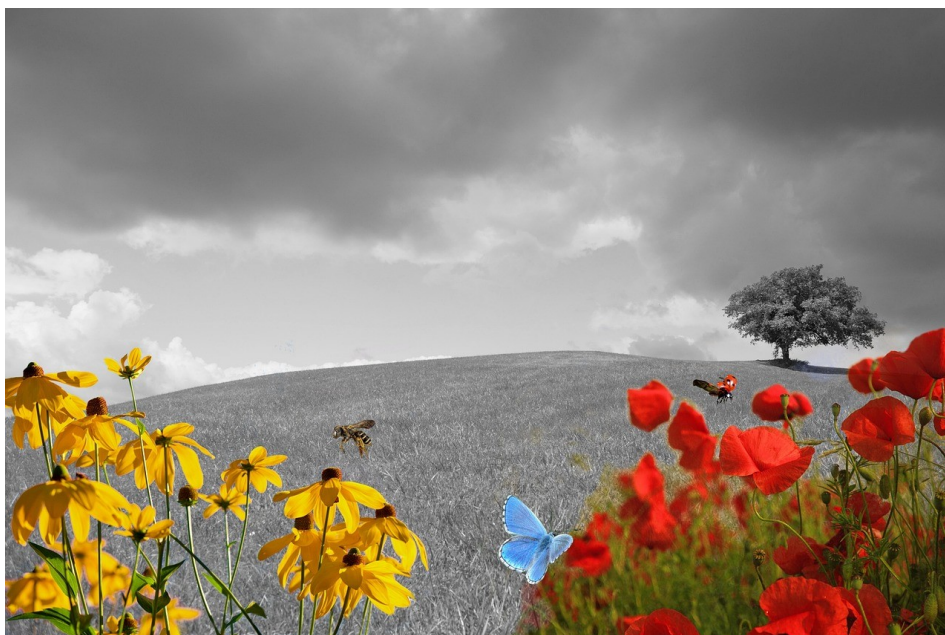
Imagine language as an atmosphere surrounding the earth of the body. Each inhale draws I in; each exhale contributes a new current. The breath writes invisible poems that travel through other lungs, other hearts. We live within one another's sentences.

When Koenig names a feeling, he restores a corridor between strangers.

When a therapist places a listening hand, the same corridor opens without sound.

Both acts say: you exist, and I can feel you existing.

Perhaps this is the hidden aim of all our naming — to return the world to its continuity. To remember that sorrow and joy, muscle and word, skin and sky, are not separate threads but one vast weave of sensitivity. If language is the mind's fascia, then fascia is the body's language. Both require hydration, rhythm, and care. Both dry out in isolation and revive in contact.



The more subtly we learn to name, the more gently we learn to touch. The more attentively we touch, the more truthfully we can speak. In that reciprocity, emotion ceases to be obscure. It becomes a luminous ecology — an atmosphere of shared sentience.

At the end of a session, after tears or tremors have subsided, the room often falls into a silence that hums. No word is needed; yet every word seems possible. That hum is the same resonance that hovers after reading Koenig's Dictionary — the silence that follows recognition. It is the world inhaling again, preparing for its next articulation.

So let us keep inventing — allowing the real to reveal new textures of tenderness. Let us keep listening — with our fingertips, our breath, and the delicate acoustics of being. Each time we do, another sorrow loses its obscurity, and another body rediscovers the grammar of wholeness.

For in the end, the poet and the therapist are both translators of the same mystery: the unspoken wish of life to know itself.

When the fascia ripples and the breath finds its own rhythm, when the right word opens in the chest like a window — the world breathes through us once more, and we recognize ourselves as its voice.

Author's Note: *This essay emerged from a dialogue I envisioned between language and touch — between John Koenig's Dictionary of Obscure Sorrows, which names the hidden nuances of human feeling, and my Core Strokes® approach, which listens to those same nuances through the fascia, breath, and relational field. Rather than comparing literature and therapy, this essay reveals their shared vocation: to reawaken sensitivity where words or tissues have gone numb. It is a meditation on how meaning moves — through syllables, through cells, through the invisible fabric of empathy that connects every living being.*



Dirk Marivoet, MSc, PT, PMT, ECP, CCEP, is the founder of Core Strokes® and director of the International Institute for Bodymind Integration in Belgium. With over 40 years of experience in integrative body psychotherapy, he brings together scientific insight and clinical depth in his work with trauma, fascia, and embodiment. Dirk trained with Jack Painter, Ph.D., John Pierrakos, M.D., and Albert Pessa, among others, and continues to teach Core Strokes®, Core Energetics, and Pelvic-Heart Integration internationally. He currently serves as chair of the Core Science Foundation. Learn more at www.bodymind-integration.com.

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References

- Bachelard, G. (1964). *The Poetics of Space* (M. Jolas, Trans.). Boston, MA: Beacon Press.
- Bachelard, G. (1983). *Water and Dreams: An Essay on the Imagination of Matter* (E. R. Farrell, Trans.). Dallas: Dallas Institute of Humanities and Culture.
- Koenig, J. (2021). *The Dictionary of Obscure Sorrows*. New York, NY: Simon & Schuster.
- Merleau-Ponty, M. (1962). *Phenomenology of Perception* (C. Smith, Trans.). London: Routledge & Kegan Paul.
- Marivoet, D. (2025). The Living Language of Fascia — A Clinical Typology of Tissue States in Somatic Psychotherapy. *Somatic Psychotherapy Today, Volume 15*(1).
- Marivoet, D. (2025). The Energetic Breath Cycle: Phenomenological Layers of Respiratory Experience. *Somatic Psychotherapy Today, Volume 15*(1), 58-73.

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The Biology of Trust – and Beyond
A deepened perspective on presence, perception and safety
By Maria Strömberg

Introduction: When the body doesn't know it is safe

It is an ordinary workday. You sit in front of the computer, focused, still. Outwardly everything appears calm – but inside something quiet is going on: a subtle restlessness, tension in the body, slightly shallow breathing, a sense of not quite being enough, maybe a need to keep control.

What is the body trying to say?

We live in a time when "safety" is talked about a lot – but most often in terms of external conditions. Few people talk about what safety actually *feels* like. What makes us sometimes feel safe even in uncertainty, and at other times anxious, even when everything on paper looks fine?

Here I want to offer a different perspective – or perhaps more accurately, a return. An understanding of safety that is not only biological, but *lived*: where perception, the body and conscious seeing come together in the experience of trust.

The biological ground – what neuroscience shows us

In modern neurobiology, our understanding of safety has deepened through research on the autonomic nervous system (ANS), and in particular through Stephen Porges' polyvagal theory (Porges, 2022). His concept of *neuroception* describes the body's unconscious reading of signals – facial expression, tone of voice, posture – to decide whether we are in a safe or threatening environment.

When our surroundings are perceived as safe, the ventral vagal system is activated, allowing for calm, openness and social engagement. When signals of safety are missing, the sympathetic nervous system (fight/flight) or the dorsal vagal branch (freeze/collapse) takes over.

Many studies in affective neuroscience have confirmed how crucial these signals are for emotional regulation (e.g. Dana, 2018; Fredrickson, 2001). Newer research has also shown that the heart has its own network of neurons – a kind of "mini-brain" that includes sensory neurons, motor neurons, and interneurons – that interacts directly with the brain and influences emotional processing (Karolinska Institutet, 2024). This neural network helps explain why body-close sensations such as touch, breathing or heart rhythm can be a direct gateway into felt safety.

"Every emotion quickens the work of the heart and thus the lungs." – Charles Darwin, *The Expression of the Emotions in Man and Animals* (1872)



Darwin already emphasised that emotions have direct physiological effects. They do not only change our inner state, but concretely alter how heart and breathing function. All of this supports the view that safety cannot be reduced to a cognitive idea – it must be *experienced* in the body.

In classical polyvagal understanding, the ventral state is often described as a calm branch of the parasympathetic system – a kind of “rest-and-digest” mode without activation. In my earlier work (Strömberg, 2025) I have instead described the ventral state as what I call a *living gateway* – a dynamic threshold where both sympathetic movement and parasympathetic rest can be present at the same time. Safety is not stillness; it is the capacity to be in motion without leaving oneself.

From signal to experience – safety as felt sense

Neurobiology shows us what happens in the body – but not how it feels from the inside. For me, safety is not just a *state*, but a *feeling*. It is only when the body *senses* safety that we truly feel safe.

Thoughts, however wise, move in the hypothetical. They try to create safety by imagining it. But safety becomes real only when it is experienced – here and now – in

the body. This does not happen through interpretation, but through *anchoring*: in the floor under our feet, the sounds in the room, the movement of the breath.

Real trust does not arise when we try to control reality – but when we can rest in it as it is.

In many Indigenous traditions, perception and knowledge are not separated from feeling – they are one and the same movement. To perceive something – to feel and to know – is not a theoretical act, but a lived experience that saturates the whole body (Abram, 1996; Ingold, 2000).

This insight resonates with what affective neuroscience is now describing: that emotions are not an “add-on” to perception, but its living core. The kind of embodied knowing that many Indigenous cultures call “the wisdom of the body” has received neurobiological support through Antonio Damasio’s notion of *somatic markers* – the way the body guides decisions and experience through emotion-laden, interoceptive signals (Damasio, 1999). Others, such as Craig (2009), have highlighted the anterior insula as a key hub where these interoceptive signals are integrated into conscious awareness – which fits this view of safety as something we literally feel in the body.

Art critic Caroline Tisdall writes: *"The traditional role of art has always been to cultivate and deepen our senses. When it comes to the greatest art through the ages and across all places, this has not been the goal in itself: the senses provide access to a transcendent or spiritual experience by achieving a synthesis of physical and spiritual attention. When this possibility of synthesis is lost in a culture, then society itself begins to fall apart"* (Tisdall, 1996, p. 139).

When our senses no longer meet the living world, our sense of coherence also weakens. And without that coherence – no deep trust.

We could say that safety travels in at least three steps:

1. **Biological signals** – the nervous system registers cues of safety or threat (faces, voices, environment).
2. **Sensation** – these signals become bodily felt: warmth, expansion, contraction, tension, softening.
3. **Meaning** – we interpret what we feel: "I am safe / I am not safe / I am alone / I am too much".

The problem is that we often try to change step 3 – the story – without listening to step 2. We tell ourselves "I'm fine, it's okay" while the body quietly says the opposite. This creates an inner split: one part says "I should be calm", another knows we are not.

When the body does not feel seen, heard or held, cognitive reassurance alone rarely helps. The nervous system trusts what it senses, not what we say to ourselves. Safety becomes sustainable when thought and sensation are allowed to meet.



The seeing nervous system – and when the gaze narrows

As polyvagal theory has highlighted, the nervous system does not only listen to what is said – it reads the entire room. Our senses constantly communicate with the ANS. Vision plays a central role: peripheral vision provides an immediate sense of space and context. When we see sky, trees, walls, and depth, the nervous system can relax. It knows where we are.

Both research and clinical experience suggest that softer, more panoramic attention is associated with calmer states, whereas narrow, sharply focused attention tends to be associated with vigilance and sympathetic activation (e.g., work on attention systems and vigilance: Posner & Petersen, 1990; Mathews & MacLeod, 2005). But in my experience, this is not just about the eyes – it reflects our whole way of relating to reality.

When we disappear into thought, the eyes stop orienting. The gaze freezes. The body loses contact with the surroundings. Outer seeing fades – and with it the body's ground for feeling safe. The body no longer quite knows where it is.

But it is not the eyes themselves that create safety – it is the whole field of perception. We "see" with the body: through sound, touch, subtle vibration, and smell. This reflects what cognitive scientists call **embodied cognition** – the principle that perception and awareness are not abstract mental processes, but are fundamentally rooted in the body's sensory engagement with the world (Varela, Thompson & Rosch, 1991; Lakoff & Johnson, 1999). We do not simply "see" with our eyes; we perceive through the whole organism's active relationship with its surroundings.

Blind people are not living in constant vigilance. Their nervous systems read the world through other active channels – hearing, touch, vibration – supported by the brain's remarkable capacity for adaptation. What creates unease is not the absence of sight, but the absence of living relation to what is actually present.

Living perception is replaced by a quiet state of readiness – not because something concrete is threatening us, but because the body does not have enough contact with where it is.

I propose the term *search mode* to describe this state: the nervous system is not primarily looking for danger, but for what is missing. When the body does not know where it is, it searches for ground. Search in itself is not a problem – it is a movement. It becomes heavy when it loses its sensory ground and is carried almost only by thought.

In contrast, I call *presence mode* the state in which the same nervous system can rest in what is actually here – here, now, in this body, in this room.

The sensory famine of working life – when environment and tasks disturb safety

In many workplaces, this is exactly what happens. We work in rooms with poor daylight, or with screens that demand narrow focus, in visually monotonous environments with little variation. The nervous system receives very little living feedback – no real movement, no peripheral overview, no smell of weather or sense of the wider world.

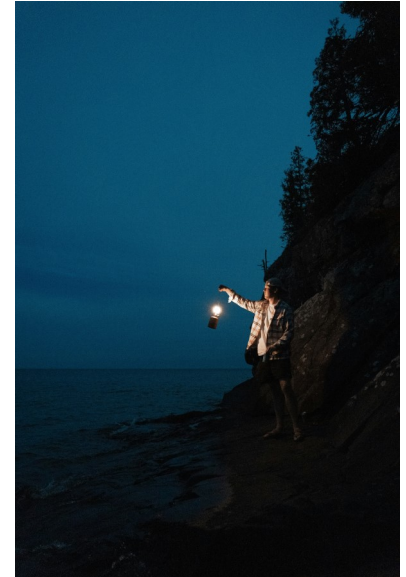
It does not even have to be a windowless room. It is often enough that we are behind walls. Simply not being outdoors changes the nervous system's ability to feel safe. The broad, peripheral vision that is naturally activated in open landscapes is reduced, and the body loses some of its orientation. When both gaze and body are constrained, our sense of safety diminishes.

It is not only the environment as such – the nature of the tasks matters as well. When the focus lies on cognitively demanding, performance-oriented work, our attention narrows mentally *and* perceptually. The body is forced to shut out the living in order to deliver.

I recall a client who described how, after only five minutes of quiet, with her feet on the floor and her gaze softly resting on the contours of the room, she suddenly felt that she was actually *there* – in her body, in the room.

"It's as if I've never really been here before," she said. "And yet this is where I've always been."

What she described is something I see often: when the living quality of the room is allowed to return, the body's state of readiness decreases. It is not always fear that activates our nervous system – sometimes it is simply *lack*: lack of contact, lack of variation, lack of place. When these are missing, the body slides into a low-grade readiness – a quiet vigilance that may not be obvious at first, but wears us down over time.





It is important to note that this does not apply to *all* sympathetic activation. When we are in situations where the body is actively engaged with its surroundings – play, physical work, running in nature – the sympathetic system can be activated *without* us leaving the ventral state. Then an integrated activation occurs: the body is alert *and* safe.

This stands in contrast to the *sensorily isolated* sympathetic activation that arises in sitting, mentally focused and environmentally closed settings – where the body no longer feels where it is. For much of human history, what we today might call “stress” often appeared as a kind of embodied search: tracking animals, looking for food, reading weather and terrain. The body was in search mode, but together **with** the world – eyes, ears, skin, smell and movement all engaged. That kind of seeking can be intense, but it is usually not experienced as the same inner pressure we see today. The strain arises when search happens

almost only in the mental body – in the thinking self – while the senses and the wider field of experience are left out. Environmental psychology and neuroergonomics show that environments with low sensory variation increase stress markers and sympathetic activation (Kaplan & Kaplan, 1989; Ulrich, 1991).

This is where many people begin to feel inadequate, scattered or mentally absent. But often it is not the individual that is “wrong” – it is the lack of living stimuli in the environment and the way tasks are structured.

The presence that carries – trust returns in the body

Trust is not something we create from zero – it is something we *return* to when the body gets to experience reality. It does not happen through affirmations or more control on their own, especially when they are used to bypass feeling, but through sensory contact: the periphery of the eyes, the sensations of the skin, the depth of sound and the nearness of smell. Words can support this when they arise from an inner companionship – a sense that some part of me is here with what I feel – rather than as a way to talk myself away from my body.

When we are in touch with this – without pushing or performing – the body can reconnect to something that has always been there. From that, trust grows. Not as an idea, but as a real, physical resting in what is.

Our mental landscape shifts as well. Thoughts become less narrow, more flexible and open – often more creative. When the body feels safe, it can let go of pure survival strategies, and a more curious awareness can emerge. This is in line with research on positive emotions and executive function in safe environments, showing that ventral-regulated states support openness, flexibility and mental wellbeing (Fredrickson, 2001; Panksepp, 2012).

It is not only the environment or the task that shapes how the body responds – but also whether we experience that we have *chosen* it. When we have genuinely chosen an activity, ventral vagal tone often remains present, and the brain’s default mode network (our network for inner reflection and self-referencing) can work together with systems for focused attention. An inner space opens where the body can be engaged without feeling trapped.

This *felt autonomy* is not only a mental sense of freedom, but a physiological signal that shapes the entire nervous system. Research shows that autonomy activates reward pathways and reduces stress (Deci & Ryan, 2000). When choice feels coerced, our inner space shrinks, sympathetic activation increases, and access to perception and creativity decreases.

In a ventral state, by contrast – where we are in contact with body, breath and surroundings – the sense of choice is stronger. The experience of self shifts from being a problem to be solved, to a process that is allowed to unfold (Dana, 2018). This gives the nervous system access to a broader, more peripheral way of seeing – both visually and existentially.

Practical applications: How trust can be supported in everyday life

- **In therapy:** Help the client come back to the body – to sensation and feeling *before* analysis. What is heard, felt, smelled? What is alive right now? Practice seeing oneself *here and now*: what is actually present, in this body, in this room?
- **In workplaces:** Create environments with natural light, variation and possibilities for movement. Encourage micro-pauses where the body can orient – ideally outdoors, or at least by a window. Allow a shift between focused and open awareness, and between sitting and moving.
- **For the individual:** Learn that the body is the place where life is felt as living. Practice feeling the body in space – not as a technique, but as daily reconnection: listen, look, breathe, stay. Give yourself opportunities to be in nature, listen to natural sounds, and let the gaze rest in a wider field. It gives the nervous system a chance to remember that it is not alone.

A synthesis: Conscious ANS Navigation

In earlier work I have described a transdisciplinary model I call Conscious ANS Navigation, integrating neurobiology, perception and existential presence (Strömberg, 2025). In this article I develop that perspective further by focusing on how trust grows through the body’s relationship to perception and environment, and on why we do not have to create safety from scratch so much as reconnect to it.

Instead of viewing the ventral state as a passive “calm mode”, the model describes it as a *living gateway* where both sympathetic movement and parasympathetic rest can be present at the same time. The key is **self-bearing presence** – the capacity to let feelings, sensations and thoughts move through the body while some part of us can see and hold them.

In other work I describe this as a form of **embodied metacognition**: not distance from experience, but an inner adult who can stay with what is felt.

The model starts from the premise that nothing in the nervous system is “wrong” – not even our protections. Fight, flight or collapse are all attempts to carry life, but in a space that has become too narrow. When we reconnect to a larger field of experience, these same movements can soften and integrate.

In practice, Conscious ANS Navigation involves learning to recognize which mode the nervous system is in – search or presence – and developing the capacity to let presence come in and hold whatever is there. This might look like noticing when the breath has become shallow and the gaze narrow (search mode), then gently allowing peripheral vision to soften and the body to feel the ground beneath it, so that more presence can join the experience. The change is not forced through willpower, but invited through sensory reconnection.

Unlike method-driven approaches, the model does not focus on performance, but on *reconnection*: allowing the body to feel itself in relation to the world. In this way, not only safety is strengthened, but also our ability to relate, regulate and recover.

It differs from cognitive behavioural therapy (CBT), which primarily focuses on identifying and changing thought patterns, and from mindfulness-based stress reduction (MBSR), which often emphasises non-reactive observation. In my work, presence is less about watching experience from a distance and more about entering into relationship with it – letting sensations and emotions be felt, named and held. Conscious ANS Navigation builds on a deeper integration of body, perception and autonomic regulation – where presence is not emptiness, but a living field that can hold both movement and stillness.



What I am proposing is not an entirely new theory in itself, but a new way of weaving together what we already know. Research on autonomy, ventral vagal function, interoception and the architecture of consciousness all point to fragments of the same map; this model offers a way of seeing them together, so that the experience of safety is not reduced to neurochemical states

or cognitive stories, but seen as something that arises when body, perception and awareness move together. The model’s key contributions include reframing ventral presence as a living gateway rather than a passive calm state, distinguishing *search mode* from both threat response and *presence mode*, and proposing that self-bearing presence needs to come before – and not only follow from – attempts at regulation.

Conclusion

What we long for is not more control, but more contact. More real presence – where the body gets to know that it is here. Not as a concept, but as lived experience.

And there, in presence, trust appears – not as something we achieve, but as something that returns.



About the author

Maria Strömberg is a mindfulness teacher, body-based educator, coach and retreat leader with more than fifteen years of experience supporting people's inner development. She is the creator of the model **Conscious ANS Navigation**, which integrates neurobiology, perception and existential presence as a foundation for wellbeing, self-knowledge and relational safety. Maria is based in Sweden, where she offers workshops, trainings and retreats. For more information, email mindfulnesskallan@gmail.com

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References

- Abram, D. (1996). *The Spell of the Sensuous: Perception and Language in a More-than-Human World*. Vintage Books.
- Craig, A. D. (2009). How do you feel—now? The anterior insula and human awareness. *Nature Reviews Neuroscience*, 10(1), 59–70. <https://doi.org/10.1038/nrn2555>
- Damasio, A. R. (1999). *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. Harcourt.
- Dana, D. (2018). *The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation*. W. W. Norton & Company.
- Darwin, C. (1872). *The Expression of the Emotions in Man and Animals*. John Murray.
- Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, 56(3), 218–226. <https://doi.org/10.1037/0003-066X.56.3.218>
- Ingold, T. (2000). *The Perception of the Environment: Essays on Livelihood, Dwelling and Skill*. Routledge.
- Kaplan, R., & Kaplan, S. (1989). *The Experience of Nature: A Psychological Perspective*. Cambridge University Press.
- Karolinska Institutet. (2024, December 4). Hjärtat har en egen "hjärna". <https://nyheter.ki.se/hjartat-har-en-egen-hjarna>
- Lakoff, G., & Johnson, M. (1999). *Philosophy in the Flesh: The Embodied Mind and Its Challenge to Western Thought*. Basic Books.
- Mathews, A., & MacLeod, C. (2005). Cognitive vulnerability to emotional disorders. *Annual Review of Clinical Psychology*, 1, 167–195.
- Panksepp, J. (2012). *The Archaeology of Mind: Neuroevolutionary Origins of Human Emotion*. W. W. Norton & Company.
- Porges, S. W. (2022). *Polyvagal Safety: Attachment, Communication, Self-Regulation*. W. W. Norton & Company.
- Posner, M. I., & Petersen, S. E. (1990). The attention system of the human brain. *Annual Review of Neuroscience*, 13, 25–42.
- Strömberg, M. (2025). Beyond freeze and flight: A new understanding of the nervous system's rhythm and balance. *Somatic Psychotherapy Today*, 16(1), 17-23
- Tisdall, C. (1996). Konstens traditionella roll. I *Med öppna sinnen* (s. 139). Alfabeta. (Translated from Swedish)
- Ulrich, R. S. (1991). Effects of healthcare environmental design on medical outcomes. *Design & Health*, 2, 49–59.
- Varela, F. J., Thompson, E., & Rosch, E. (1991). *The Embodied Mind: Cognitive Science and Human Experience*. MIT Press.

LIVING TOWARD JUSTICE



A TIME CAPSULE

SONYA E. PRITZKER *with* LIVING JUSTICE PROJECT COLLABORATORS

Edited by Sonya E. Pritzker
Reviewed by Steph McIsaac, Ph.D.

Living Toward Justice is an archive of aliveness. From ordinary practices and dream-like reflections to transformative longings and wild imaginations of a more just world, the book's contributors share verbatim reflections on the embodied ways they live toward social justice in their everyday lives.

Living Toward Justice emerged from the Living Justice Project, a global ethnographic initiative carried out in 2022 and coordinated by Sonya Pritzker, an anthropologist and somatic practitioner. The collaborative project brought together more than fifty practitioners working at the intersections of embodiment, healing, and social justice (all of whom are named as co-authors). Pritzker and the collective worked collaboratively to produce an archive of collective memory: a curated collection of reflections, observations, images, practices, dreams, poetry, and inquiries. Rather than writing a how-to guide offering new solutions or a study demonstrating the outcomes of embodied social justice approaches, Pritzker frames the book as a shared time capsule of individual practitioner entries on the embodied ways they were living toward justice at a specific historical juncture.

For practitioners of embodied social justice (ESJ), individual and collective transformation are intertwined. Addressing contemporary social inequalities—racism, economic inequality, patriarchy, ableism, xenophobia, to name only a few—requires transforming structural inequities while also attending to how those systems take shape in everyday bodies, relationships, and patterned responses. For example, certain ESJ approaches might understand nervous system responses of activation or freeze not only as personal trauma, but also as the embodied imprint of structural oppression, shaped by histories of racism, colonialism, gendered violence, and economic inequality. In this sense, embodiment becomes a site where social injustice is both reproduced and potentially transformed.

Unlike embodiment practices that focus primarily on individual well-being, ESJ centers on relationality, community, and collective care. In *Living Toward Justice*, such collective care shows up in how people practice accountability, tend to exhaustion, offer and receive material support and generosity, nourish themselves and others, and stay present with the discomfort of a highly oppressive world order. The entries help the reader feel into how embodiment inclines us toward collective care—often in ordinary ways that are missed when our vision of transformative justice becomes too linear or narrow.



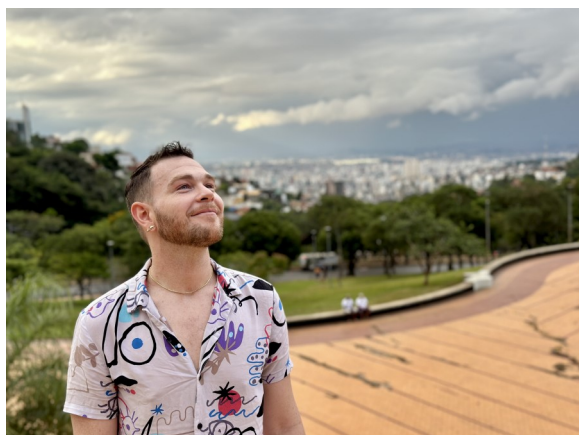
The book's structure reinforces this orientation. Rather than unfolding as a progressive argument, *Living Toward Justice* organizes participant entries around five thematic sections that mirror the rhythms of embodied experience: presence, purpose, practice, partnership, and possibility. After an introduction to the theme, each section presents practitioners' entries side by side without commentary or synthesis, allowing each voice to stand on its own terms. The Living Justice collective curated these themes through a collaborative process,

centering those that most resonated across a diversity of lived experiences and social locations. As such, the book does not need to be read sequentially, but can be entered from many points and directions, as each of these themes is interwoven and unfolds simultaneously. This structure allows the reader to gravitate toward the themes most pressing for them.

The first two sections, "Presence" and "Purpose," ground the book in lived experience. Entries on "Presence" stay close to what it feels like to live inside oppressive structures without rushing toward immediate resolution. Presence is not framed as calm or clarity, but as the embodied willingness to stay with difficulty as it unfolds. Contributors reflect on experiences of exhaustion, grief, vigilance, anger, and longing, allowing these states to remain unresolved in a state of vulnerability and uncertainty. "Purpose" builds from this ground, not as certainty or a map, but as a felt orientation. Practitioners imagine more just futures while remaining rooted in present conditions, grappling with what ethical action looks like from a place of inquiry rather than resolution. Purpose here feels iterative and alive, shaped by hope and grief simultaneously.

The next two sections, "Practice" and "Partnership," center on cultivation and relationship. The "Practice" section documents the ordinary ways people cultivate presence and purpose through embodied practices. Rest appears as a refusal of capitalist urgency; movement is understood as a way of connecting to the body, finding joy, and disrupting patterns; and nourishment is seen as a form of reciprocity with land and community. These practices are not framed as individual self-care, but as intentional cultivation to meet relational and collective life as it is. "Partnership" extends this work into relationships, showing how justice is lived with family, chosen family, lovers, ancestors, non-human kin, colleagues, and communities. Contributors write candidly about accountability, boundaries, care, and repair, often without tidy resolution. The final section, "Perspective and Possibility," names the grief, despair, and disorientation many feel as possibilities for justice appear to narrow, while refusing to collapse into cynicism. Hope is reframed as being in dynamic conversation with grief—as an embodied orientation of presence sustained through purpose, practice, and partnership.

I deeply appreciated how *Living Toward Justice* asks the reader to accompany practitioners in *process*, centering, unfolding and emergence, responsiveness, and attunement. In a world that focuses on outcomes as a measure of the worth or effectiveness of somatic practices, the book actively resists this tendency by dwelling in the iterative, messy, challenging, and affirming process of living from the present moment with deep longing for transformative futures. *Living Toward Justice* is a book to read slowly, return to often, and engage with somatically. You may find, as I did, deep inspiration, much-needed reminders of the radical possibilities of embodied practice, and fierce accompaniment in the process.



About the Author

Steph McIsaac is a New York-based somatic educator, movement artist, and cultural anthropologist working at the intersection of anti-oppressive praxis, conceptual inquiry, and somatic practice. He is a senior writing consultant, CUNY Graduate Center. Steph's research and writing explores how history lives in the body, and in the ways people and traditions access, express, and transform embodied history through healing practices. Steph teaches and practices improvisational dance, meditation, Continuum Movement, and yoga. Steph holds a PhD in Medical Anthropology from the University of California,

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When Our Clients Repeat Themselves: The Art of Hearing What Wasn't Said

Elya Steinberg, M.D.

The Signal Hidden in Repetition

Picture this: Your client has just told you something—once, twice, now a third time. The words are slightly different each iteration, but the essential message remains the same. By the seventh repetition, you might feel frustration creeping in. "I heard you," you want to say. "Why do you keep saying this?"

But here's what I've learned in decades of practice: When our clients repeat themselves, they're not being difficult. They're signaling something crucial—something we haven't yet heard, or something they haven't yet managed to say.

What Repetition Really Means

In the consulting room, repetition is rarely about the content being repeated. It's a process communication, a meta-message that transcends the actual words: "I'm trying to reach you, and I haven't quite gotten there yet."

Sometimes we genuinely didn't hear what they said. The words were spoken, but we were momentarily elsewhere—caught in our own thoughts, distracted by something they said earlier, or simply missing the frequency they were broadcasting on.

Other times—and this is more subtle—they said something without truly *saying* it. The words existed, but the deeper meaning remained buried beneath them, wrapped in protective layers they couldn't quite penetrate themselves. Winnicott's concept of the True Self versus False Self illuminates this beautifully: the client may be speaking from a defended position, their False Self articulating acceptable words while their True Self remains hidden, waiting to be seen.

And sometimes, perhaps most painfully, we *did* hear them perfectly well, but they didn't *experience* being heard. The communication reached us, but something failed to register for them. They need not just our understanding, but our acknowledgment—a felt sense that their message has landed.



The Technique: Stop and Ask

The intervention is deceptively simple, yet profoundly powerful: When you notice repetition—the second time, the fifth time, the eleventh time—stop the cycle. Pause the conversation gently but firmly, and ask directly:

"What do you feel I didn't hear?"

This question shifts everything. It moves from content to process, from what they're saying to what's happening between you. It acknowledges the communication failure without blame, creating space for something new to emerge.

Sometimes they'll tell you immediately: "You didn't hear that this terrified me" or "I don't think you understood how angry I am." Other times, they won't know themselves—the repetition was unconscious, driven by an unnamed need that this question helps bring into awareness.

When the Repetition Is Our Own

I learned the depth of this practice not as a psychotherapist, but as a participant in a workshop years ago. I had recently given birth to my second child, and there had been complications. The aftermath left me waking eleven times each night—not because the baby needed feeding or attention, but from pain. Eleven times. I was in a zombie state, barely functioning, utterly depleted.

In that workshop, I found myself talking about it. And talking about it. And talking about it again. I wasn't aware of the repetition—I just kept circling back to the same story, the same description of waking eleven times, the exhaustion, the difficulty. After I don't know how many iterations, my facilitator stopped me. She said gently but firmly, "Elya, you've repeated yourself so many times. What is the thing I didn't hear?"

The question stopped me completely. I sat there, stunned. And then something broke open inside me. My whole soul just expressed itself. I started crying—deep, wrenching sobs—and through my tears I said: "I didn't hear how much pain... how much pain it was. It was just so, so difficult."

The tears streamed down my cheeks as I finally *felt* what I'd been trying to say. I had been talking *about* my pain, describing it, narrating it—but I hadn't allowed the pain itself to emerge, to be felt, to be witnessed. I hadn't given it space to exist as something real and overwhelming, not just a fact to report.

The repetition was me trying to reach myself. I was knocking on my own door, asking to be let in, but I couldn't hear my own knocking. My facilitator's question opened a clearing within the universal pain I carried — allowing me, at last, to hear myself, to permit the full gravity of what I had experienced to be acknowledged; not merely by others, but by me.

That moment completed something. The painful repetition could finally stop because what had needed to be expressed had, at last, been expressed — emotionally and bodily. What had needed to be heard — by me, by the witness, by the room — had finally been heard; held in the emotional resonance that passed between bodies, contained within the space we shared. This is what I mean when I say repetition is a signal. Sometimes the person we're trying to reach is ourselves.

When We Miss What's Missing

I recall a trans client who kept insisting that heterosexual sexuality is appreciated and treasured by society. They said it once, twice — eventually seven times across a single session. Each time, I attempted to acknowledge their pain around growing up without that same celebration of their own sexuality, yet somehow the acknowledgment never quite landed — and I began to sense I was missing something essential.

What the client could not articulate — what lay buried within the repetition — was something far deeper than the sting of discrimination. It lived in the specific words themselves: appreciated and treasured. For them, these words carried layers of accumulated meaning: childhood longing, developmental absence, a hollow at the centre of their experience that society's current acceptance, however welcome, could never quite fill. Yet beneath even that lay something more tender still — they had never been given the chance to discover and celebrate their own sexuality from a place of genuine happiness; to encounter it fresh, with wonder, as their own.

Meanwhile, I carried my own strong reaction to those words — appreciated and treasured. As someone born a woman, who had spent years holding clients' stories of sexual trauma — rape, abuse, objectification — the words felt jarring, even offensive. How could heterosexual experience be characterised as appreciated and treasured when so many women's sexuality had been violated, diminished, taken without consent?

Yet neither of us was truly hearing the other. They were held fast in their adolescent pain, unable to mentalise beyond it. I was caught in my own reaction to the words themselves, unable to fully receive their grief. The repetition was attempting to bridge that gap — a quiet, insistent signal that something crucial was not yet finding its way through.

The Power of the Question

When the psychotherapist finally asked — not "What do you mean?" but "What do you feel I haven't heard?" — something shifted. The question itself became an act of emotional mentalisation, unlocking that capacity to understand how behaviour rises from emotional states drifting upward through the body — one's own, and another's.

This is what makes the technique so powerful. We are not merely gathering more information — we are teaching our clients, and ourselves, to notice when communication has broken down; when embodied communication, most of all, has failed to cross the threshold between two people. It teaches us to slow down, to grow curious about the space between bodies rather than simply pressing more content across it — to turn inward, towards the felt sense of emotion as it moves through the body and let that be the guide.

My facilitator's question did the same for me. She wasn't asking for more details about the eleven wakings, the complications, or the exhaustion. She was inviting me to notice the gap between what I was saying and what I was feeling, between my narration and my lived experience.

That question—*What didn't I hear?*—assumes that something real exists beyond the words already spoken. It assumes there's depth we haven't yet reached, meaning we haven't yet accessed. It treats repetition not as annoying redundancy but as a breadcrumb trail leading somewhere important.

Beyond the Consulting Room: Couples and Repetition

This pattern arises constantly in couples' work. Partners become trapped in loops, each feeling perpetually unheard. He says something once, then again, then three more times, his voice climbing. She responds in kind, her answers growing clipped, guarded. Neither notices they have long since left the realm of true communication and entered a repetitive dance — its steps painfully choreographed by wounds that predate them both.

The aching sensation of not being heard can become its own reality, regardless of whether genuine hearing has occurred. He feels unheard, so he repeats. She feels besieged by the repetition, so she withdraws into defence. And round they go, orbiting one another's pain without ever quite touching it.



When we gently interrupt this cycle — "Pause for a moment. You have both said versions of this several times now. What do you each feel the other has not yet heard?" — we create a clearing for something deeper to surface. And what emerges is rarely about the content at all. It is about feeling valued, respected, truly seen. It is about old wounds that were there long before this relationship began — wounds that have simply found, in this beloved person, a familiar place to ache.

The Three Scenarios of Repetition

There are essentially three possibilities when repetition arises in the therapeutic space.

The first: we, the psychotherapists, did not truly hear. We were distracted, overwhelmed, or caught in the undertow of our own reaction. This is a simple human limitation — and naming it openly creates connection rather than shame. "I don't think I fully heard you. Shall we slow down together? Would you be willing to say it once more?"

The second: they did not quite say it. The words were present, but the emotional core meaning remained encoded within them — inaccessible, perhaps, even to themselves. This calls for gentle excavation, a soft and patient uncovering: "You have returned to this several times now, and I sense there is something underneath that we have not yet quite reached."

The third — and perhaps the most tender of all: we heard perfectly, yet they did not experience being heard. This is the wound of attunement failure, the aching gap between cognitive understanding and emotional resonance. Here, it is not enough to reflect back what was said — we must also reach towards how it must have felt, inhabiting their experience with them rather than observing it from a careful distance: "I hear that you felt abandoned — and I imagine that carried you straight back to those frightening times in childhood, when..."

My own experience in that workshop belonged, above all, to the second possibility: I was speaking about the pain, but I had not yet truly allowed myself to feel it — had not granted it permission to exist as the overwhelming, embodied reality it was. The words were present, faithfully repeated, but the truth beneath them remained quietly locked away, waiting. Waiting until someone asked the right question — and, in doing so, gently turned the key.

Training Ourselves to Notice

The hardest part is not asking the question — it is catching ourselves within the repetition early enough to interrupt it with care. This requires a kind of meta-awareness, a capacity to observe the process even whilst remaining present within the content.

I have found it helpful to attend to my own internal experience. When I notice frustration rising in me, or a creeping sense of boredom or stuckness, that is often a quiet signal that we have entered repetitive territory. The same is true when I catch myself offering variations of the same response — reaching for slightly different words to convey, essentially, the same thing. And sometimes the more uncomfortable question is this: what have I failed to acknowledge — perhaps not even to myself, and therefore not to the client — because doing so might require me to sit with an unwelcome truth?



I remember one such moment: after several exchanges circling the same ground with a mother, I finally allowed myself to say what had been hovering unspoken between us — that yes, she was genuinely difficult to satisfy as a mother, and that she was, at the same time, a good enough mother. I held both truths aloud, without resolving the tension between them, and we simply sat there together within it. That willingness to remain in the discomfort, rather than smooth it away, was what finally allowed something to breathe.

These are the moments to pause, step back, and ask with gentle curiosity: what is this repetition trying to accomplish? What communication is quietly failing here?

Sometimes — as my own facilitator so wisely recognised — the repetition carries within it a quality of desperation; the sense of someone knocking harder and harder upon a door that will not open. That is precisely when we must stop and ask with tenderness what lies waiting on the other side.

The Deeper Invitation

This technique — pausing to ask what we, as psychotherapists, have failed to hear — is ultimately an act of teaching mentalisation. When we model genuine curiosity about the moments communication breaks down, when we slow ourselves and grow interested in what is not being transmitted, we quietly invite our clients into that same capacity within themselves.

They begin, in time, to notice their own repetitions: "I think I have said this now for the third time. Perhaps something isn't reaching you — or perhaps I have not yet found the words for what I truly mean."

This is tender, sophisticated work. It asks us to hold two truths simultaneously, without collapsing one into the other: I heard you — and something did not land. Both are real. Neither carries blame. We are simply two human beings, doing our best to reach one another across the inevitable distances that exist between us.

And sometimes — as I discovered in that workshop, in that moment of grace — we are also trying to reach ourselves across our own interior distances. Across the gap between what we are able to say and what we are finally able to feel. Between the stories we have long carried in the body and the truths we have not yet dared to fully live.

That, perhaps, is the deepest invitation of all.

"What do you feel I haven't heard yet?"

The Completion That Becomes Possible

After my facilitator asked her question — after the tears came, and I finally allowed myself to feel the full depth of what I had been reaching towards — something shifted. The need to repeat simply dissolved. I felt complete; not because the pain had gone, for it had not, and not because anything in the world had changed, for it had not either. But because what had needed to be witnessed had, at last, been witnessed.

The repetition could cease because its emotional purpose had been fulfilled. What had been straining upward through the body — that emotional updrift seeking expression, seeking receipt — had finally broken through to the surface and been truly received.

This is what we are reaching for in therapeutic work. Not necessarily that pain disappears or that problems are resolved, but that what needs to be expressed finds its expression — that what needs to be heard is truly heard, and what needs to be witnessed is received, with full and compassionate presence, by another.

Sometimes that witnessing happens between a psychotherapist and a client. Sometimes between partners, or between parent and child. And sometimes — perhaps more often than we dare to recognise — it happens between a person and themselves, made possible by someone who holds enough stillness and courage to ask, with quiet tenderness: "What have I not yet allowed myself to hear? What is it that I have been trying, all this time, to tell myself?"

And in time, with practice and with care, this capacity becomes something the person can carry beyond the therapy room — a quiet inner companion for the dailiness of life; the ability to pause, to notice the repetition, and to ask themselves, with the same gentle curiosity once offered by another: what is it, still, that I am trying to hear?

The Practice

Next time you notice repetition—in your consulting room, your relationship, your own speech—try this:

Pause. Breathe. Ask with genuine curiosity: "What do you feel I haven't heard yet?" Then listen. Not to the content you've already heard seven times, but to what emerges in the space created by the question itself.

Often, what wasn't heard is simpler and more profound than the words that kept repeating. "I needed you to know I'm scared." "I wanted you to see how much this hurt." "I'm trying to tell you I need you."

Or, as in my case: "I need to feel this, not just describe it. I need to let the pain be real, not just reportable. I need to stop protecting myself from my own experience."

The repetition was never really about the content. It was about being met, being seen, being reached by another, or sometimes by ourselves.

And when we finally ask the right question, when we create space for what wasn't yet said, something shifts. The repetition stops. Real communication begins. Something completes. After all, every repetition is an invitation—an often unconscious reaching toward connection that hasn't quite been achieved. Our job isn't to make it stop. It's to hear what's trying to be born through it.

And sometimes, if we are very fortunate, we have someone in our lives who knows to pause us gently mid-repetition and ask: "What is it that I haven't yet heard?" That question — offered at the right moment, with genuine curiosity and a voice slowed by compassion — can open doors we did not even know were closed.

In accordance with ethical requirements, all identifying details of clients have been changed to safeguard confidentiality.



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Bibliography

Winnicott, D. W. (1960). Ego Distortion in Terms of True and False Self. In *The Maturation Processes and the Facilitating Environment* (pp. 140-152). International Universities Press.

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Relational Pulsation: Shape, Countershape, and the Somatic Organization of Experience

By Dirk Marivoet

Abstract

Somatic psychotherapy traditions have long emphasized the relationship between emotional life and bodily organization. Early body-oriented approaches proposed that disturbances in energetic pulsation contribute to defensive muscular patterns and restricted emotional expression (Reich, 1942/1972; Lowen, 1958). More recent developments in developmental neuroscience, interoception research, and fascia science support the view that relational experience plays a fundamental role in shaping how the body regulates itself and organizes structurally (Craig, 2009; Porges, 2011; Schleip et al., 2012; Schore, 2012; Stecco, 2015). Yet the processes through which relational interaction becomes embodied in breathing, connective tissue, and posture remain insufficiently described within somatic psychotherapy theory.

This article introduces the concept of relational pulsation as a developmental account of how relational experience becomes embodied. Building on Wilhelm Reich's concept of biological pulsation, movements toward relationship (shape), responses from the relational environment (countershape), and defensive adaptations to relational disruption (contrashape) are proposed to influence breathing, autonomic regulation, and connective tissue organization over time. When relational movement is met with attuned response, the organism can complete a cycle of relational pulsation, supporting regulation, vitality, and engagement. When such completion repeatedly fails, defensive patterns may stabilize in breathing, tissue organization, and posture, contributing to enduring characterological adaptations.

To strengthen the biological plausibility of this account, relational pulsation is described as emerging from interacting processes of autonomic regulation, interoception, predictive processing, and tissue adaptation. Rather than proposing a linear link between relational events and bodily structure, the article presents an integrative, clinically grounded account through which repeated relational conditions may gradually shape bodily organization. In doing so, it offers a conceptual bridge between classical body psychotherapy, contemporary neuroscience, and fascia research.

Introduction

Somatic psychotherapy traditions have long recognized that emotional experience and bodily organization are deeply intertwined. Early body-oriented psychotherapists observed that posture, breathing, and muscular tension often reflect an individual's relational history. Wilhelm Reich (1942/1972) proposed that disruptions in biological pulsation may become stabilized as muscular "armor," limiting emotional expression and vitality. Subsequent approaches further elaborated how such embodied patterns influence emotional regulation, character formation, and relational behavior (Johnson, 1994; Keleman, 1985; Lowen, 1958).

More recent developments in developmental neuroscience, attachment theory, interoception research, and fascia science reinforce the view that relational experience plays a central role in shaping how the body regulates itself and organizes structurally. Contemporary neurobiological models demonstrate how early relationships influence autonomic regulation, emotional processing, and bodily states (Porges, 2011; Schore, 2012). Interoceptive research shows that subjective feeling arises through the ongoing integration of signals from

within the body (Craig, 2009; Damasio, 2010). At the same time, fascia research has established that connective tissue is not merely structural, but a dynamic sensory system responsive to movement, autonomic activity, and mechanical loading (Schleip et al., 2012; Stecco, 2015).

Despite these advances, it remains insufficiently clear how relational experience becomes organized across breathing, connective tissue, and posture. Many contemporary models focus on energetic processes, nervous system regulation, or attachment dynamics in relative isolation. As a result, the links between social engagement, autonomic shifts, respiratory patterns, and connective tissue organization remain conceptually fragmented.

This article introduces the concept of *relational pulsation* as a way of understanding how relational experience becomes embodied over time. Building on Reich's description of biological pulsation, the organism is understood as continuously moving within a relational field through cycles of reaching, response, and adaptation. These movements are described through the dynamics of *shape*, *countershape*, and *contrashape*.

These terms originate in Pesso Boyden System Psychomotor Therapy (PBSP), developed by Albert Pesso and Diane Boyden-Pesso (Pesso, 1973; Pesso & Crandell, 1991). In that context, *shape* refers to the organism's expression of need and movement toward contact, *countershape* to the relational response that meets and regulates that movement, and *contrashape* to defensive configurations that arise when relational needs are unmet, mismatched, or violated. In the present account, these concepts are extended to describe how relational pulsation unfolds across interacting physiological and structural processes.

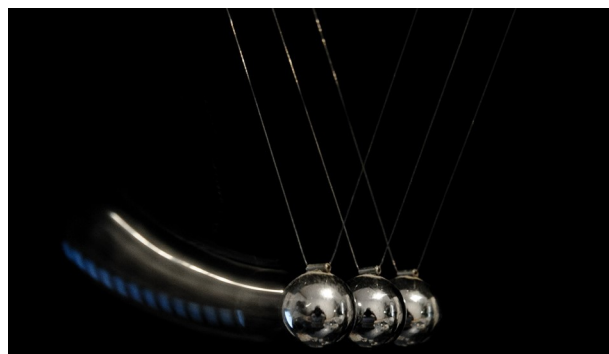
Relational pulsation may be understood as emerging through several interrelated processes. Social engagement influences autonomic state; changes in autonomic state shape breathing, muscle tone, and orientation; repeated patterns of activation and release influence how forces move through connective tissue; and these forces, in turn, contribute to tissue organization over time. At the same time, predictive processes shape how the organism anticipates and

prepares for relational contact, based on prior experience (Barrett, 2017; Friston, 2010).

From this perspective, bodily organization develops through repeated cycles of relational movement. The organism moves toward the environment through gestures of reaching, orienting, and contacting. The environment responds—either supporting or interrupting this movement. When relational responses are attuned, pulsation can complete itself, and regulation remains flexible. When responses are inconsistent or intrusive, defensive patterns—*contrashapes*—begin to form and may gradually stabilize in breathing, connective tissue, and posture.

In this way, relational experience becomes embodied not only as expectation or memory, but as a pattern of physiological organization. Over time, repeated cycles of relational completion or interruption may contribute to the development of stable relational patterns commonly described as character structures (Johnson, 1994). Relational pulsation provides a bridge between energetic pulsation, relational regulation, interoception, and connective tissue adaptation. By integrating Reich's model with contemporary neuroscience and fascia research, it offers a developmental account of how relational experience becomes embodied. At stake is not only how experience is regulated, but how it takes form within the body over time.

Relational pulsation may therefore be understood as an emergent property of the organism–environment system, arising through the interaction of autonomic regulation, interoception, predictive processes, and biomechanical adaptation.



Relational Pulsation and the Orgastic Formula

Wilhelm Reich proposed that biological life expresses itself through rhythmic cycles of energetic pulsation. In his formulation of the orgastic formula, the organism moves through a sequence of tension, charge, discharge, and relaxation (Reich, 1942/1972). He understood this process as a fundamental biological rhythm through which excitation builds, is expressed, and returns to equilibrium.

In his early work, disturbances in pulsation were primarily described in terms of muscular armoring. When expression was inhibited, tension accumulated in the musculature, limiting vitality, emotional expression, and relational openness. Although Reich recognized the importance of development and relationship, the relational dynamics through which pulsation unfolds remained largely implicit.

Contemporary perspectives suggest that pulsation cannot be understood solely as an internal process. Physiological regulation develops within repeated cycles of interaction between infant and caregiver, in which arousal, expression, and calming are co-regulated through relational attunement (Porges, 2011; Schore, 2012). Pulsation can therefore be understood not only as a biological rhythm, but also as a relational process.

The orgastic formula can be reread in light of contemporary regulation models. Tension may be understood as preparatory organization for engagement; charge as the buildup of arousal, orientation, and affective intensity; discharge as coordinated expression through movement, voice, tears, anger, reaching, or other forms of emotional communication; and relaxation as the restoration of physiological settling and integrative parasympathetic recovery. This interpretation does not reduce Reich's model to autonomic language alone, but suggests that his observations were tracking real psychophysiological sequences that can now be described in more differentiated terms.

In this account, the dynamics of *shape*, *countershape*, and *contrashape* describe how relational pulsation unfolds within the organism–environment system. *Shape* refers

to the organism's movement toward relational contact. These movements may appear as reaching gestures, orienting responses, emotional expression, or shifts in breathing and posture that signal openness toward interaction.

Countershape describes the response provided by the relational field. In early development, this response is typically embodied by caregivers who mirror emotional states, provide physical holding, regulate intensity, and support transitions between activation and settling. Attuned countershape allows the organism's reaching movement to be received and integrated. Through repeated cycles of shape and countershape, the organism gradually develops the capacity to regulate intensity, sustain relational engagement, and return to states of equilibrium.

When relational movements are met with consistent and attuned response, the pulsatory sequence described by Reich can unfold more fully. The organism mobilizes tension, energetic charge builds, expression occurs, and relaxation follows. In this sense, relational countershape forms part of the conditions that allow biological pulsation to complete itself.

When relational responses are inconsistent, intrusive, or absent, however, the organism may reorganize its movement toward contact. Instead of shaping toward the environment, it develops *contrashape*—a defensive configuration in which the body organizes itself in anticipation of relational disruption. *Contrashape* may appear as bracing, rigid self-sufficiency, withdrawal, collapse, appeasing compliance, or other postural and respiratory strategies that reduce exposure to overwhelming stimulation or relational disappointment.

From this perspective, *contrashape* reflects an interruption of relational pulsation. The organism mobilizes tension and charge but cannot safely complete the cycle through expression and reception. As a result, excitation may remain partially held within breathing patterns, muscular coordination, and connective tissue tone. Over time, repeated interruptions of pulsation may stabilize as chronic patterns of respiratory

restriction, fascial tensioning, and postural organization.

This suggests that the disturbances in pulsation described by Reich can be understood not only as physiological disruptions, but also as relational phenomena. Pulsation completes itself not solely through internal discharge, but through processes in which the organism's expressive movement is sufficiently received within an attuned relational field.

Seen in this light, Reich's orgasmic formula can be understood as the physiological expression of a deeper relational dynamic. Pulsation is not only a biological rhythm of excitation and release, but also a relational process through which the organism seeks contact, response, and integration.

Mechanisms of Embodiment in Relational Pulsation

If relational pulsation describes how the organism moves within the relational field, an important question follows: through which processes does this dynamic become embodied in physiological organization?

Rather than assuming a direct or linear translation from relational experience to bodily structure, relational pulsation may be understood as emerging through the interaction of multiple regulatory and adaptive processes. These include autonomic regulation, interoceptive processing, predictive adaptation, and biomechanical organization.

Relational interaction continuously modulates autonomic state. Experiences of safety, attunement, or threat influence shifts between activation, mobilization, and settling (Porges, 2011; Schore, 2012). These shifts are closely linked to respiration, muscle tone, orienting behavior, and readiness for action. In this way, relational conditions directly shape the organism's physiological organization in the moment.

Interoceptive processes integrate these physiological changes into lived experience. Signals arising from respiration, cardiovascular activity, and tissue state are continuously processed, contributing to felt experiences such as openness, contraction,

agitation, or calm (Craig, 2009). Through interoception, relationally modulated physiological states become subjectively experienced.

At the same time, predictive processes shape how the organism anticipates and prepares for relational contact. Based on prior experience, the organism develops expectations about whether relational movement will be met with attunement, intrusion, or absence. These expectations influence attention, autonomic readiness, movement preparation, and affective interpretation (Barrett, 2017; Friston, 2010). In this sense, bodily organization reflects not only past relational experience, but also ongoing anticipatory regulation.

Repeated patterns of autonomic activation, respiratory modulation, and movement organization influence the mechanical loading of connective tissue networks. Through mechanotransductive processes, these forces are translated into cellular signaling that contributes to tissue remodeling over time (Schleip et al., 2012; Stecco, 2015). In this way, recurrent patterns of relationally organized movement may gradually influence the structural and functional properties of connective tissue.

Taken together, these processes suggest that relational pulsation may be understood as an emergent process arising through the continuous coupling of relational interaction, autonomic regulation, interoceptive awareness, predictive adaptation, and biomechanical organization.

This perspective does not propose a simple causal pathway from relational experience to tissue state. Rather, it suggests that repeated relational conditions influence bodily organization through multi-level processes that unfold across time.

If these mechanisms describe how relational pulsation becomes embodied, the question remains how this embodiment becomes directly observable in the organization of breathing and connective tissue.

The embodiment of relational pulsation becomes most directly observable in breathing and in the organization of connective tissue. If relational pulsation describes the ongoing exchange between organism

and environment, breathing and fascia constitute primary pathways through which this exchange is physically expressed.

Within somatic psychotherapy, breathing and muscular organization have long been understood as central to emotional expression and defense (Lowen, 1958; Reich, 1942/1972). More recent research suggests that breathing, autonomic regulation, and connective tissue function together as an integrated system through which relational experience becomes embodied.

Breathing occupies a unique position within this system. Unlike most autonomic processes, it operates at the interface between voluntary and involuntary control. Changes in emotional state, orientation, and social engagement are rapidly reflected in respiratory patterns, making breathing a key interface between affective experience and physiological regulation. Early in life, respiratory rhythms develop within cycles of arousal and soothing that unfold in interaction with caregivers, shaping foundational patterns of regulation (Porges, 2011; Schore, 2012).

Within this perspective, breathing may be understood as a direct expression of relational pulsation. Inhalation and exhalation reflect a rhythmic movement between outward orientation and inward return. These oscillations resonate with Reich's description of biological pulsation

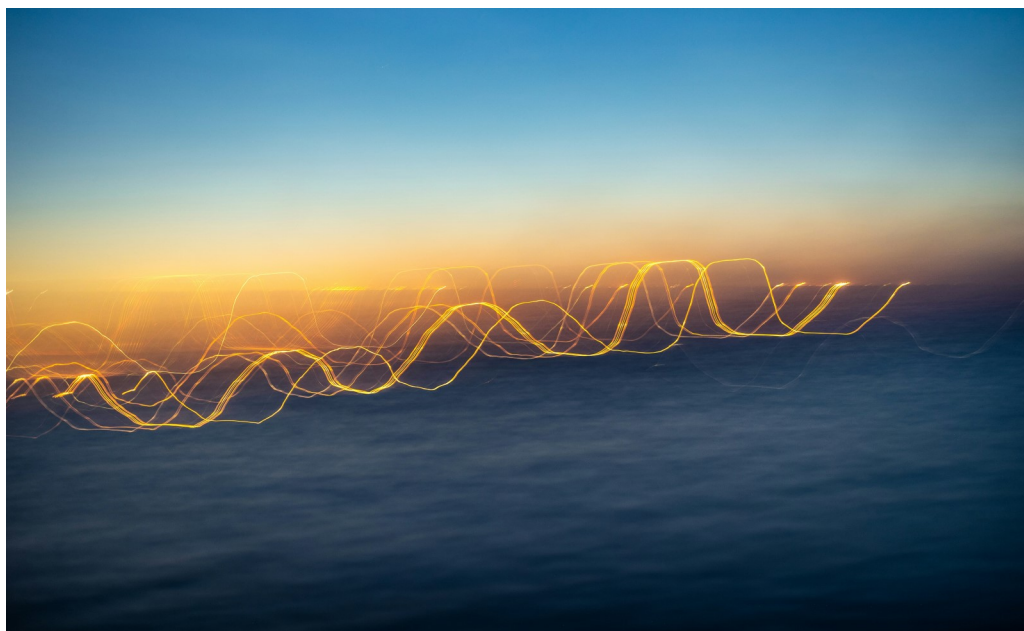
while also expressing the organism's ongoing movement into and out of relational contact.

When relational contact is experienced as safe and attuned, breathing tends to remain fluid and continuous. The organism can tolerate increasing levels of activation while maintaining regulatory coherence. Under these conditions, breathing supports the gradual buildup and release of energetic charge, allowing expression and contact to unfold without significant interruption.

When relational contact is experienced as inconsistent, intrusive, or overwhelming, breathing often reorganizes. The organism may restrict inhalation, hold the breath, flatten the respiratory wave, or shorten exhalation. These adjustments reduce intensity and limit exposure to relational stimulation. In this sense, defensive breathing patterns may be understood as physiological expressions of *contrashape*.

Interoceptive processes link these respiratory changes to lived experience. Signals arising from respiration, viscera, and tissue contribute to how the organism senses itself—open or closed, settled or agitated (Craig, 2009). Through this integration, relational experience is not only enacted in the body but also felt as a shift in internal state.

Fascia plays a complementary role in this process. It forms a continuous network



connecting muscles, organs, and skeletal structures, and is richly innervated, contributing to both proprioception and interoception (Suarez-Rodriguez et al., 2022). Rather than functioning solely as passive support, fascia actively participates in how the body senses, organizes, and regulates itself.

Over time, patterns of movement and tension influence this tissue. Repeated bracing, collapse, or restricted movement alter how forces are distributed throughout the body. Through mechanotransduction, these mechanical patterns are translated into cellular signaling processes that contribute to tissue remodeling over time (Schleip et al., 2012; Stecco, 2015). In this way, recurrent patterns of relationally organized movement may gradually influence the structural and functional properties of connective tissue.

From this perspective, fascia may be understood as one medium through which relational experience becomes embodied. Repeated gestures of reaching, holding back, withdrawing, or bracing shape the distribution of tension throughout the body. Over time, these patterns may stabilize as recognizable differences in elasticity, density, and responsiveness.

Within this perspective, such differences may be described through models that link qualities of tissue organization to patterns of regulation and development. Defensive patterns associated with *contrashape* may correspond to more rigid, fragmented, or less responsive tissue states, whereas supportive relational environments may foster more elastic and adaptable organization.

Within this perspective, these processes of stabilization can be understood as the organization of experience across autonomic regulation, interoceptive processing, predictive models, and connective tissue

dynamics. From this perspective, relational pulsation refers to the dynamic unfolding of experience in real time, whereas these processes describe how such patterns gradually become stabilized within the organism over time.

Embodiment of Relational Pulsation in Breath and Fascia

Understanding fascia in this way extends the classical concept of muscular armoring. Defensive adaptation is not limited to musculature but involves broader changes in breathing, autonomic tone, movement coordination, and connective tissue responsiveness. These changes contribute to the stabilization of relational patterns over time.

Breathing, interoceptive experience, autonomic shifts, and connective tissue adaptation thus function as an integrated system. Relational pulsation shapes how the organism breathes and regulates itself; these changes influence how forces are distributed through tissue; and repeated cycles gradually shape posture and responsiveness. In this way, relational experience becomes embodied not only as memory or expectation, but as an ongoing organization of the body.

Repeated cycles of relational pulsation and its interruption may stabilize into enduring patterns of organization, with time.

Relational Pulsation and the Development of Character Organization

Body psychotherapy traditions have long described how early relational experience contributes to the emergence of relatively stable patterns of emotional regulation, bodily organization, and relational behavior. Wilhelm Reich (1942/1972) introduced the concept of character armor to describe how repeated emotional conflicts and relational frustrations become stabilized as muscular tension and defensive attitudes. Later approaches elaborated distinct character structures reflecting developmental adaptations to relational environments (Lowen, 1958; Johnson, 1994; Keleman, 1985).

While these traditions offer detailed descriptions of character patterns, the relational processes through which such patterns emerge have often remained implicit. Character structures are typically

understood as defensive organizations, yet the mechanisms through which these patterns become embodied across multiple physiological systems are not always clearly articulated.

The concept of relational pulsation offers a developmental perspective that clarifies how character organization emerges. From this viewpoint, character patterns arise through repeated cycles of relational movement and interruption, unfolding across autonomic regulation, interoceptive experience, movement organization, and connective tissue dynamics.

The organism moves toward relational contact through gestures of orientation, expression, and emotional communication—processes described as *shape*. When these movements are met with attuned and regulating responses, *countershape* allows the cycle to complete itself. Emotional activation can build, expression can unfold, and the organism can return to a state of relative integration. Through repeated experiences of such completion, the organism gradually develops greater capacity for regulation, relational engagement, and adaptive flexibility.

When relational movement is not met in this way, a different pattern emerges. If responses are inconsistent, intrusive, unavailable, or dysregulating, the organism reorganizes its approach to contact. Instead of freely shaping toward the environment, it develops a *contrashape*—a protective configuration that anticipates and guards against relational disruption. In this sense, *contrashape* is not merely defensive but adaptive, allowing the organism to regulate intensity when the environment cannot reliably support the completion of relational pulsation.

These patterns stabilize across multiple levels of bodily organization over time. Posture, breathing, autonomic tone, movement, and connective tissue gradually organize around learned expectations of relational contact.

These embodied adaptations form the basis of what are described as character patterns, ways of organizing experience that shape how the individual feels, relates, and regulates.

From a predictive perspective, the organism does not simply react to present conditions but anticipates them. Based on prior experience, it develops expectations about whether relational movement will be met with attunement, intrusion, or absence. These expectations shape attention, prepare the body for action, and influence how experience is interpreted (Barrett, 2017; Friston, 2010).

Character patterns may therefore be understood as embodied strategies for regulating relational pulsation. Each reflects a particular way of managing the tension between the impulse toward contact and the need for protection in the face of unreliable or overwhelming relational conditions.

For example, withdrawal may protect against disappointment but limit expansion and expression. Rigid self-sufficiency may guard against dependency while restricting the capacity to receive support. Persistent reaching may reflect attempts to complete interrupted cycles of relational pulsation, even when the environment cannot reliably respond.

These patterns are not only cognitive or behavioral but involve coordinated changes in breathing, autonomic state, movement, and connective tissue organization.

Clinical Implications for Somatic Psychotherapy

Understanding relational pulsation as a developmental organizing principle has important implications for somatic psychotherapy. If bodily organization reflects repeated cycles of relational pulsation and its interruption, therapeutic work must engage not only intrapsychic processes but also the relational and physiological conditions through which pulsation may be restored. Clinical work begins with perceiving relational pulsation as it unfolds in the present moment. Movements of *shape* may appear as subtle gestures of reaching, orienting, leaning forward, vocalizing, or increasing energetic activation, often accompanied by changes in breathing, eye contact, and muscular tone. At the same time, *contrashape* may emerge as breath restriction, postural bracing, collapse,

withdrawal, appeasing compliance, or fragmentation—often occurring as relational intensity increases.

Within this perspective, the therapist's presence functions as a form of *countershape*. Through timing, tone, pacing, and, where appropriate, touch, the therapist provides relational responses that allow the client's movement toward contact to be received and regulated. Rather than encouraging immediate expression or discharge, the therapeutic task is to support the gradual completion of relational cycles within a tolerable range of activation.

The therapist's own bodily experience becomes an important source of information within this process. Somatic countertransference may be understood as an embodied and relational phenomenon through which the therapist's bodily experience participates in and reflects the client's internal and relational dynamics (Soth, 2005). From this perspective, the therapist becomes part of the relational system through which experience is enacted and potentially reorganized.

Shifts in the therapist's breathing, tension, posture, or impulse may reflect emerging dynamics of *shape*, *countershape*, or *contrashape* within the therapeutic field. Understanding fascia in this way extends the classical concept of muscular armoring. Defensive adaptation is not limited to musculature but involves broader changes in breathing, autonomic tone, movement coordination, and connective tissue responsiveness. These changes contribute to the stabilization of relational patterns.

Moments of resonance—where therapist and client share a sense of rhythm, ease, or attunement—may indicate that relational pulsation is proceeding with relative continuity. Conversely, experiences of contraction, confusion, or disconnection may reflect interruptions or defensive reorganizations within the relational field.

Breathing remains a central clinical indicator throughout this process. Changes in respiratory rhythm often signal shifts in the organism's capacity to remain present in relational contact. Sudden breath-holding, flattening of the inhalation, or forced exhalation may indicate that relational intensity exceeds regulatory capacity.

Conversely, fuller and more continuous breathing may signal increasing tolerance for activation and engagement.

Changes in connective tissue responsiveness also provide clinically relevant information. Shifts such as softening, increased elasticity, or densification may reflect changes in how the organism organizes relational contact.

When applied with care and consent, therapeutic touch may function as a somatic form of *countershape*, offering support, containment, or boundary that was previously unavailable.

A brief illustration may clarify this process. A client presents with chronic thoracic rigidity and shallow breathing, speaking in a controlled and detached manner. As the therapist maintains a steady, nonintrusive presence and invites awareness of breathing, subtle impulses begin to emerge: a slight forward movement, a deeper inhalation, followed by contraction. Rather than encouraging immediate expression, the therapist supports the client in remaining present with both the impulse to reach and the simultaneous contraction.

Over time, small shifts occur. Breathing becomes fuller, the chest softens, and emotional tone becomes more differentiated. These micro-movements allow previously interrupted cycles of relational pulsation to complete more fully. Change is marked not by dramatic release, but by increasing continuity of breathing, variability of movement, and capacity to remain present in contact.

From this perspective, the aim of therapy is not simply the release of tension or emotional discharge. While such processes may occur, the central task is the restoration of flexible relational pulsation. As defensive *contrashapes* soften, the organism regains the capacity to move fluidly between activation and settling, engagement and withdrawal, expression and rest.

Conclusion

Relational pulsation provides a developmental account of how relational experience becomes organized within the body. Movements toward relationship evoke responses that either support the completion of pulsatory cycles or lead to defensive

adaptation. Over time, these patterns become embodied in breathing, autonomic organization, connective tissue responsiveness, and posture.

Understanding pulsation as a relational process offers a conceptual bridge between classical body psychotherapy and contemporary developments in neuroscience, interoception, predictive processing, and fascia research. It describes how relational experience becomes embodied through interacting physiological processes rather than linear causation.

From this perspective, therapeutic work involves the gradual restoration of relational

pulsation. Through attuned relational contact and embodied awareness, defensive patterns may soften, allowing the organism to rediscover more flexible and integrated modes of engagement.

Relational pulsation may thus be understood as an emergent property of the organism–environment system—one through which emotional life, relational experience, and bodily organization continuously coevolve.

In this sense, relational pulsation not only describes how experience becomes embodied, but also how it may be reorganized through

Embodied relational attunement: movement toward contact is met and modulated within a shared field, allowing experience to unfold as a continuous process of orientation, response, and reorganization.



Dirk Marivoet, MSc, PT, PMT, ECP, CCEP, is the founder of Core Strokes® and director of the International Institute for Bodymind Integration in Belgium. With over 40 years of experience in integrative body psychotherapy, he brings together scientific insight and clinical depth in his work with trauma, fascia, and embodiment. Dirk trained with Jack Painter, Ph.D., John Pierrakos, M.D., and Albert Pessa, among others, and continues to teach Core Strokes®, Core Energetics, and Pelvic-Heart Integration internationally. He

currently serves as chair of the Core Science Foundation. Learn more at www.bodymind-integration.com.

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References

- Barrett, L. F. (2017). The theory of constructed emotion: An active inference account of interoception and categorization. *Social Cognitive and Affective Neuroscience, 12*(1), 1–23.
- Craig, A. D. (2009). How do you feel—now? The anterior insula and human awareness. *Nature Reviews Neuroscience, 10*(1), 59–70.
- Damasio, A. (2010). *Self comes to mind: Constructing the conscious brain*. Pantheon.
- Friston, K. (2010). The free-energy principle: A unified brain theory? *Nature Reviews Neuroscience, 11*(2), 127–138.
- Fuchs, T., & Koch, S. C. (2014). Embodied affectivity: On moving and being moved. *Frontiers in Psychology, 5*, 508.
- Johnson, S. M. (1994). *Character styles*. W. W. Norton.
- Keleman, S. (1985). *Emotional anatomy: The structure of experience*. Center Press.
- Lowen, A. (1958). *The language of the body*. Macmillan.
- Marcher, L., & Fich, S. (2010). *Body encyclopedia: A guide to the psychological functions of the muscular system*. North Atlantic Books.
- Marivoet, D. (2025a). The Energetic Breath Cycle™: Phenomenological layers of respiratory experience. *Somatic Psychotherapy Today, 15*(1), 58-73.
- Marivoet, D. (2025b). The living language of fascia: A clinical typology of tissue states in somatic psychotherapy. *Somatic Psychotherapy Today, 15*(1), 24-33.
- Marivoet, D. (in preparation). *Neurofascial Encoding™: A somatic framework for trauma repair through breath, movement, and touch*.
- Pesso, A. (1973). *Experience in action: A psychomotor psychology*. New York University Press.
- Pesso, A., & Crandell, J. (Eds.). (1991). *Moving psychotherapy: Theory and application of Pesso system/psychomotor therapy*. Brookline Books.
- Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton.
- Reich, W. (1972). *The function of the orgasm*. Farrar, Straus & Giroux. (Original work published 1942).
- Schleip, R., Findley, T. W., Chaitow, L., & Huijing, P. A. (Eds.). (2012). *Fascia: The tensional network of the human body*. Elsevier.
- Schore, A. N. (2012). *The science of the art of psychotherapy*. W. W. Norton.
- Soth, M. (2005). Embodied countertransference. In N. Totton (Ed.), *New dimensions in body psychotherapy* (pp. 40–55). Open University Press.
- Stecco, C. (2015). *Functional atlas of the human fascial system*. Elsevier.
- Suarez-Rodriguez, V., et al. (2022). Fascial innervation: A systematic review of the literature. *International Journal of Molecular Sciences, 23*(11), 5674.
- Totton, N. (2003). *Body psychotherapy: An introduction*. Open University Press.

Elaine N. Aron, Ph.D.

Author of the International Bestseller
The Highly Sensitive Person

SPIRITUALITY

THROUGH A

HIGHLY

SENSITIVE

LENS

An Objective Look

at Meditation Methods

and Enlightenment

Written by Elaine N. Aron
Reviewed by Nancy Eichhorn

There are moments—often in the early hours of the morning—when my body is still, my mind is not, and something else quietly observes. Thoughts move in familiar loops; yet alongside them, there is a sense of presence that feels spacious, steady, and not particularly invested in their content. It is not an idea so much as a felt experience—subtle, calm, and difficult to name.

Questions about this observer, and about consciousness more broadly, have motivated my choices of what to read and learn for years. They arise not as philosophical inquiry (though I have reviewed several philosophy books) but as curiosities: Who is noticing? What part of me is aware? What happens when awareness softens the nervous system rather than intensifying it, and I relax and let go?

Like many of my friends and colleagues, I have explored meditation in various forms—guided practices, mindfulness, mantra based techniques, and sound meditation. I understand the research supporting meditation's benefits. And friends who have practiced for decades, many steeped in Buddhist traditions, speak about meditation as life changing. But my need to know often left me overwhelmed by the broader spiritual landscape—by complex lineages, historical frameworks, and, at times, teachers whose authority felt questionable. Nothing resonated in daily practice

Then, unexpectedly, an invitation arrived to review Elaine N. Aron's new book, *Spirituality Through a Highly Sensitive Lens*. I was familiar with the term highly sensitive person, but I hadn't realized that Aron coined it or that her foundational work, *The Highly Sensitive Person*, has reached readers in over 30 languages. From the moment I opened this book, I felt a connection. Aron's voice is calm, thoughtful, and deeply human. Reading, I had the sense of sitting with her over tea, reflecting on life and the many ways we try to understand spirituality and a meditative practice within ourselves. She writes not as a distant expert, but as someone in an ongoing relationship with the material—grounded in both science and lived experience. Aron has practiced Transcendental Meditation (TM) for more than 50 years, and that long engagement shapes the steadiness of her tone.

The book itself emerged during the COVID lockdowns, after Aron was repeatedly asked by the media how highly sensitive people were coping. She admits she wanted to respond honestly: "I don't know. They are all unique!" Instead of offering simple answers, she began writing. What resulted, five years later, is what she describes as a "sanctuary"—a place for readers to pause, reflect, and discern for themselves what spirituality and meditation might look like, without pressure or dogma.

Early on, Aron acknowledges her own discomfort with the word spirituality; at one point, the book's working title was "Spirituality or Whatever" (pg. 19). She recognizes its vagueness and its potential for misuse, especially when unexamined beliefs eclipse psychological maturity. Rather than defining spirituality narrowly, she offers a practical and inclusive frame: our capacity to create meaning and connect with what feels essential—whether that is nature, life itself, or an inner source of wisdom. This grounded, psychological orientation runs throughout the book. Aron is less interested in dramatic mystical experiences than in how meditation practice reshapes everyday life over time.

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One of the metaphors that stayed with me is Aron's description of a "supernova" that began when Eastern contemplative traditions arrived in the West in the 1960s—the era when famous people like the Beatles traveled East in search of enlightenment. What began as a dim spark, she suggests, has grown into a widespread shift in human consciousness, resulting in an explosion.

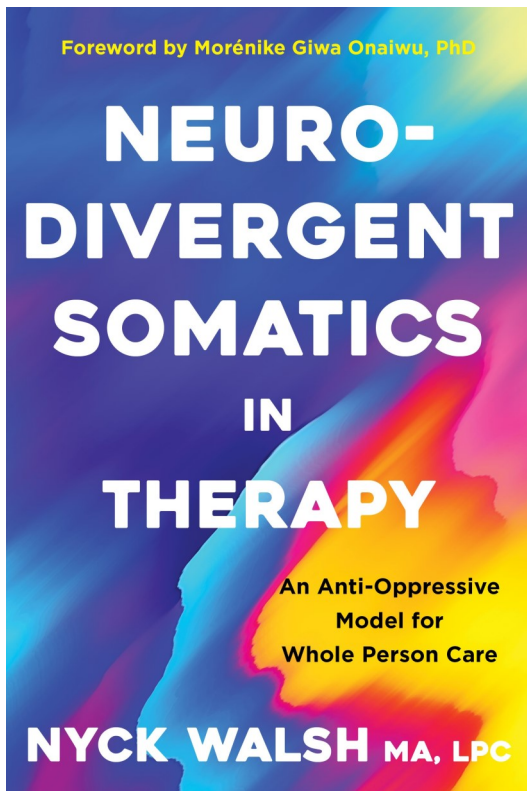
Drawing on neuroscience, contemplative traditions, and long term research, Aron defines enlightenment not as a sudden breakthrough but as the gradual stabilization of a background state of equanimity and meaning—a way of being that persists regardless of external circumstances. As she writes, the aim is to "gradually change your brain" so that life becomes easier and more meaningful from the inside out. I found this both reassuring and realistic. Awakening, in Aron's view, doesn't remove us from life; it changes how we meet it.

Across eight chapters, Aron weaves together objective analysis and personal reflection, clearly marking her memoir style passages in italics so readers may engage with them—or skip them—according to preference. Each chapter includes a section titled "What About You?", inviting self-reflection, and then follows with "What About Me?", where Aron shares her own experience. This structure felt respectful, emphasizing autonomy rather than instruction. Throughout, she pays careful attention to highly sensitive readers, acknowledging how deep processing, emotional responsiveness, and sensitivity to subtle stimuli shape spiritual practice. For HSPs, she suggests, the natural inclination to pause and reflect can be an asset—when paired with thoughtful methods and appropriate safeguards.

A significant portion of the book is devoted to helping readers make informed choices about meditation methods. Aron surveys major traditions, including Buddhism and Vedanta, and then delves deeper into the methods rooted in them. I feel like I have a better grasp of the Buddha's journey and how he developed his path to attain nirvana. And a clear sense of Vedanta and TM.

I was particularly struck by Aron's ethical attentiveness. Drawing on Ken Wilber's framework of "waking up," "growing up," and "cleaning up," she underscores the importance of emotional and moral development alongside altered states of consciousness. She does not shy away from addressing the harm caused by charismatic yet unintegrated spiritual teachers and explicitly cautions readers—especially highly sensitive ones—to prioritize discernment. Resources like the Association for Spiritual Integrity reinforce the book's commitment to safety and informed consent.

By the end of *Spirituality Through a Highly Sensitive Lens*, I felt less urgency to "figure it all out" (my normal mode of doing) and more permission to move slowly and thoughtfully (trying on something new). She doesn't promise transcendence, but she does offer something more sustaining: the possibility of living with greater ease, depth, and clarity over time. For highly sensitive people and non-HSPs alike, Aron's work is both reassuring and, at times, nudges us toward the affirmation that, while there is no single right path, meaningful change unfolds with integrity, patience, discernment, and practice.



SPT Magazine regularly receives requests to review books before they're published—a courtesy we appreciate and take seriously. We thrive on the cutting edge.

And we understand the responsibility inherent in evaluating work that may shape clinical understanding and practice—some books inform practice, others quietly expose what we do not yet know. While we don't review everything we read, we pause for work that promises to challenge, educate, and expand both our understanding and our compassion.

When I opened the pages of Nyck Walsh's *Neurodivergent Somatics in Therapy*, I expected to dive into the text. Instead, I spent hours reading, researching, and taking notes—only to realize, quite quickly, that I wasn't the right person to review this book. I didn't know the language. I didn't know the acronyms. I didn't even know what *neurodivergent* meant until Chapter One. What I did know was that this book was asking something of me: attention, humility, and time.

This book deserves to be read slowly and reviewed with care. To rush it for the sake of a deadline would be an injustice—not only to the author, but to the lived experiences so courageously shared within its pages. The complexity of its concepts and the vulnerability of its voices require a more deliberate engagement than this issue allows.

Our colleague from the EABP, Nick Totton, MA, (psychotherapist, author and trainer), volunteered to read and review Nyck's book for our next issue. Please look for his review in SPT Magazine, Volume 16(2), 2026.

In the meantime, clinicians and educators interested in neurodivergent affirming approaches may find this book worthy of their own careful attention.

About Nyck: As a social justice, anti-oppression counselor, I recognize that I hold both privileged and marginalized identities and that these directly inform my lived experience. As a white, queer, trans, Autistic, VAST, highly sensitive, empathic, pro-Palestine Jewish human/earth-suit wearer, I am deeply invested in continual exploration and unpacking of these identities in support of liberation for all humans. Nyck is the director of Nyck Walsh Counseling & Training Center and creator of the Neurodivergent Somatics Model.





Each Morning Anew

Dr Elya Steinberg

The Continuum We Refuse to Discuss: Pleasure, Meaning, and What Is Missing in Psychotherapy and Medicine. When Did Doctors and Psychotherapists Forget About Joy?

Imagine entering a therapy session carrying not a problem, but a moment of genuine happiness. Imagine your therapist or doctor waiting — pen in hand — for the difficulty to arrive.

For many patients and doctors, this is precisely what happens. And for many therapists and physicians, however good their intentions, the training, theoretical frameworks, and even the language of their work orient them almost entirely towards suffering. Pathology. Wound. Deficit. What is broken, and how to mend it.

But what if repair is only half the story?

Two Pathways

The medical sociologist Aaron Antonovsky (1987) spent entire decades asking a question almost dangerously simple: instead of asking what makes people ill, why not ask what keeps them healthy? He called this direction salutogenesis — from the Latin *salus* (health) and the Greek *genesis* (origin) (Mittelmark, et al, 2021). The salutogenic question is not "What is wrong with this person?" but "What sustains their vitality?"

And yet, most psychotherapeutic and medical training is organised almost entirely around the pathogenic pole. We learn trauma, defence mechanisms, developmental wounds, dissociation. All of these are necessary. But what about the other end of the continuum? What about resilience, pleasure, vitality, love, and meaning?

Perhaps this need not be so?

Let us consider a few further thoughts on the matter.

Reich and Boyesen: The Body's Birthright

Surprisingly, this was not meant to be. Wilhelm Reich — a physician and psychoanalyst who worked extensively with Freud, the father of body psychotherapy — placed pleasure, not pathology, at the centre of his thinking.

In *The Function of the Orgasm* (1942), Reich argued that the capacity to experience full and uninhibited pleasure — what he called orgonotic streaming, the free pulsatory movement of life energy in the body — is the primary measure of psychological health. The armouring we develop in response to early pain and emotional suppression does not block only suffering. It blocks everything. Joy. Spontaneity. The ability to move. Releasing a person from their armour was not merely a matter of releasing pain — it was releasing the body's birthright: pleasure and vitality.

Gerda Boyesen, inspired by Reich, deepened this understanding considerably. In her seminal paper "The Primary Personality and Its Relationship to the Streamings" (1972), she described how the bodily streamings, when unblocked, constitute a natural reservoir of vitality, available for emotional challenge, ecstasy, and the simple everyday feeling of being alive. When a person is free from armouring, the streamings flow freely and generate what Boyesen called independent well-being: a sense of vitality and security that does not arise from external relationships or circumstances, but from within the organism itself. This is the foundation of the primary personality — the deepest and most authentic layer of the self, beneath all social adaptation and survival patterns.

When the streamings are gradually restored through psychotherapeutic work, people do not merely feel less pain. They begin to know, often for the first time, what they want and who they are. They recognise that the lives they have built do not fit them. They reach towards something more real. This is the movement from secondary personality — compliant, duty-filled, submissive — towards primary personality. A movement not away from difficulty, but towards aliveness.

And yet, at some point, this truth was lost within the tradition that grew from his work. The cathartic methods proliferated. The breakdown received emphasis. The rebuilding — what comes after the armour dissolves; constructing a self that can live within pleasure and move with purpose — received far less attention. Expression without re-construction is incomplete.

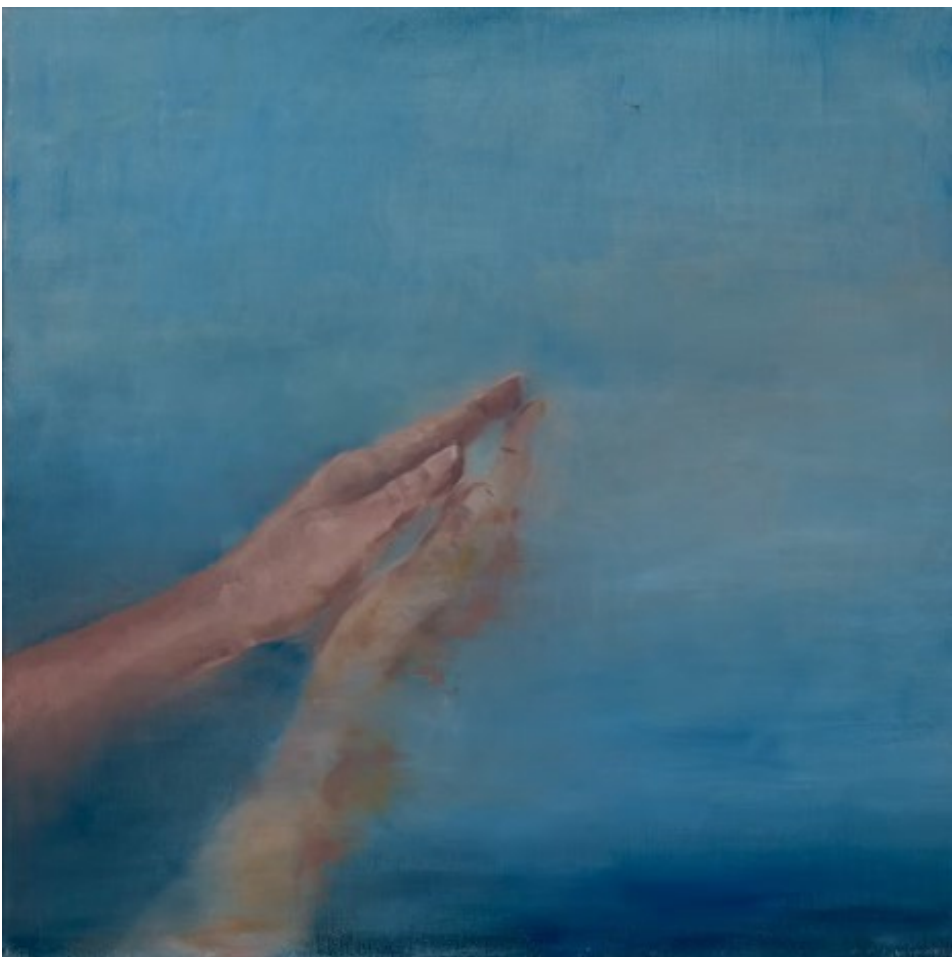
And therapy oriented solely towards suffering is, paradoxically, a betrayal of the tradition it claims to represent.

The Workshop on Pleasure

For several years I led a recurring workshop in Israel for psychotherapy students on a single topic. The title was simply: pleasure.

Each time I wrote the word on the wall — just the word, nothing more — about a third of the group was already in retreat. Weeping. Frozen in place. Before a single exercise had begun. Pleasure is not an easy subject. We live in cultures bearing deep ambivalence — and sometimes outright prohibition — towards bodily joy, towards a person's happiness. And then there is trauma. For children of Holocaust survivors — a population I know from within — the moment something good arrives, catastrophisation begins. Goodness cannot be trusted.

Happiness feels like an opening to disaster.



And during wartime, or the threat of war — a state in which Israel has existed more or less continuously since its birth in 1948 — all the more reason to emphasise this point. How can resilience and pleasure take place and occupy space despite the precarious security situation?

If pleasure poses a threat to the therapist and physician, it will never be offered as a resource to the patient.

The Will to Meaning, the Belief in Agency

Viktor Frankl (1946), writing from the Nazi concentration camps, argued that the primary human motivation is neither pleasure nor power, but meaning.

He described how he watched prisoners die — not always the physically weakest, but those who had lost their reason to continue living with the suffering. And he described others, weak in body, who endured because they had something to live for. The meaning of their lives gave them hope.

Albert Bandura (1977), approaching the same question from an experimental psychology perspective, arrived at a complementary truth. His concept of self-efficacy — the belief in one's capacity to act effectively in the world — is not merely a cognitive matter. It is, in bodily terms, the psychological expression of what Boyesen called the streamings reaching the muscles, enabling self-assertion: the bodily feeling that one can stand, move, and shape one's life. Bandura demonstrated that without this belief, capable people do not act. They remain contracted, waiting. With it, the organism reaches outward physically and not just mentally — towards goals, towards others, towards life itself.

This is Maslow's (1943) self-actualisation reformulated in bodily language: the natural movement of a living being towards its fullest expression — not as an aspiration imposed from without, but as an organic imperative from within. Reich saw it in the streaming body.

Boyesen saw it in the primary personality pushing through the armour. Frankl saw it in the prisoner who still had something to live for or who entered the gas chambers with the Shema Yisrael prayer on his lips. Bandura saw it in the person who still believed they could act. Together, they describe the same figure: a person who, despite everything, still reaches out.

Hope as Bridge: The Recovery Paradigm

Contemporary psychotherapeutic research has arrived precisely at this junction — though it reached it by a different route.

Since the 1990s, the recovery paradigm has fundamentally reshaped mental health services' understanding of their purpose. William Anthony (1993), one of its foundational voices, defined recovery not as the elimination of symptoms but as: "Recovery is described as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness" (Anthony, 1993, p. 15).

Recovery, in this framework, is not a destination. It is a direction.

A foundational systematic review by Leamy and colleagues (2011), which synthesised nearly a hundred studies, identified five core processes characterising personal recovery. They called them CHIME: Connectedness, Hope, Identity, Meaning in life, and Empowerment.

From a biodynamic perspective, it is worth noting how precisely these five processes map onto the restoration of the primary personality. Connectedness is what becomes possible when armouring softens. Identity is what grows when the streamings reach the muscles and the person experiences the strength of their muscles — self-assertion. Meaning and empowerment are what Frankl and Bandura, respectively, described as the fruits of the inward reach. And at the centre of all five — the component without which none of the others can take root — stands hope.

Hope, in this research, is not optimism. It is not the cheerful insistence that things will improve. "The roots of hope, unlike optimism, are embedded in absolute reality," says Dr Jerome Groopman (2004) in his book *The Anatomy of Hope*. It is something more bodily, more primitive: the bodily sense that the future is open. That one's actions can make a difference. That the self is not frozen. This is, in bodily terms, precisely what Boyesen's streamings restore. When the organism can feel its vitality — even for a brief moment, even partially — the future is no longer blocked. A body that can feel pleasure is a body that can imagine tomorrow. And a body that can imagine tomorrow is a body in which hope becomes physiologically possible.

This is the connection that psychotherapeutic training rarely presents explicitly: pleasure is not the opposite of therapeutic seriousness. It is the bodily substrate of hope. And hope, as recovery research demonstrates convincingly, is not an addition to the therapeutic process. It is its engine.

Camus and the Climb

Albert Camus (1942), in *The Myth of Sisyphus*, asked the only question that truly matters:

Are our lives worth living? And he answered it — not through hope or transcendence, but through radical embrace of the present moment in all its absurdity.



I know this question not only as a clinician, but as a patient. In January 2025, I was diagnosed with cancer. What followed was a year that taught me, from within, what suffering means on the pathogenic continuum — and why the other end of that continuum is not luxury, but lifeline.

Fifty Shades of Pain

An entire year since January 2025, when I discovered the cancer, and since then, a course of pain in which the meaning of my life dissolved.

In medical school, we did not learn about these fifty shades. No one told us, us cold doctors, what a patient actually goes through — what pain actually is. Surgery. Chemotherapy. Radiotherapy. So many types, so many intensities. Physical and emotional — together. The neuropathy began in my hands — as if someone were pulling out my nails twenty-four hours a day, without respite.

Each finger alone, each toe separately — different pains, different digits, simultaneously.

Muscles screaming. Knees weeping. Losing strength. Losing grip. Losing will. Internal death creeping inward. Fingers trembling. Wings broken.

And yet — still here.

And yet — still here. In that sentence lies everything.

Because within this year of dissolution, something else was also present: the paradox that every depth psychotherapist knows. To truly feel that meaning has dissolved — that chemotherapy is dismantling not only the cancer but the very fabric of the sense of self — and to know, on another level, that life continues alongside the feeling of creeping death. That the dissolution is also, in Zen language, emptying. And an empty cup can be filled anew. From that year came this:

Each Morning Anew

I wake to daily aches of differing strengths — fifty shades of pain. I fire up the engines of self for the daily Sisyphean climb.

But as Albert Camus wrote in *The Myth of Sisyphus* (1942), the most vital question — perhaps the only one — is: Do our lives hold meaning?

And I awaken to the meanings, not merely to the pains and frailties, thereby allowing the will's force to begin the climb each morning anew and to shape my day.

"To create is to fashion one's destiny." "To create is to live twice over," Camus continues in that same book. Sisyphus, Camus insisted, must be imagined as happy. Not because the stone is light. But because the act of rolling it is his. This is also self-efficacy in its most primitive form: not the absence of suffering, but the unbroken recognition that one's effort is one's own — and therefore worth making. And in the doing and in the physical sensation that a person experiences when there is streaming within them according to biodynamic psychology — pleasure is embodied — not in opposition to suffering — but simply as an essence in its own right.

Choosing Life - I'm not a leg

Many years ago, whilst still a young medical student, I was part of the "Perach" project — an initiative in which medical students accompanied young patients along their journey. Thus, I came to a fourteen-year-old girl, whose heavy fate weighed far more than her years — and who, without knowing it, was about to change me no less than I was about to change her.

A few years earlier, she had been diagnosed with osteosarcoma — a malignant tumour in the femur. Long years had preceded this diagnosis, years in which she wept her pains into indifferent ears, until one day, in the emergency room, a doctor sent her for an X-ray and there, etched in cruel clarity on the grey film, the tumour revealed itself for all to see.

She underwent radical surgery that saved her life but took her knee. However, whilst she was recovering, infection spread in the bone in the operated area — osteomyelitis, a cunning and hard-to-conquer enemy. Further surgeries, long courses of antibiotics, and hope hanging by a thin thread.

When I met her on that grey winter evening of 1989, before me stood a beautiful girl with wise eyes — but eyes that had nearly forgotten how to sparkle. Her entire world had contracted around a single axis: surgeries, treatments, illness. She, in the bloom of her youth, was scarcely living a real-life outside hospital walls. And I, sitting across from her, felt how keenly an entire life awaited her within — like light behind a heavy curtain, seeking to break through.

So, I turned to her, and words emerged from within me that I had not planned in advance — words that flowed from a place of truth:

"It's true — you have one leg that is very ill, and you may need to carry this burden for many days. But listen to me: you have been granted life. You are cancer-free. And the life you have been granted is not a partial life — it is a whole life. Because you are more than a leg. There is great health in your body, and there are worlds in your soul that have not yet been revealed.

You deserve to laugh, to love, to fall in love, to quarrel with friends and make peace, to dance — even if your dance looks different. You deserve to learn, to dream, to grow. The doctors will treat your leg — and together we shall care for all your other parts, which are immeasurably greater than it. The illness is a chapter in your life story — it is not the story itself. And you — you are the story."

And something in her moved. Not all at once, not in an immediate miracle — but as light returns to an eye that has been closed for a long time: slowly, hesitantly, and then fully. For four years we walked together. Step after step, between surgery and surgery, between hope and disappointment and back to hope. I watched her learning again, laughing with friends, discovering her strength. I watched her choose again and again, each morning anew to choose life.

Because this is the truth that fourteen-year-old girl taught me, on a grey evening etched in my heart: that courage is not the absence of pain — it is the decision to live within it and despite it. That the joy of life is not a gift given only to the healthy — it is a choice, available to anyone willing to reach out and take it. And that the meaning of life is not measured by what has been taken from us, but by what we choose to do with what remains.

Some two years following the conclusion of our therapeutic work together, she wrote to me. Her reflections revealed a profound inner transformation. Whilst her outward circumstances remained largely unchanged, she described a fundamental shift in how she approached life — thinking with greater depth, committing to her aspirations, and following through with a consistency she had not previously known. She had abandoned any expectation of external rescue or fortune, recognising instead that meaningful change requires active participation; she characterised herself as hopeful yet grounded in reality. Most significantly, she expressed how her sense of identity had expanded far beyond her physical limitation, concluding - she already understood that she is not a leg, she is beyond that.

And so it was — and so, I believe, it shall continue to be.

The Invitation

There exists a surprisingly simple intervention that can transform therapeutic engagement: instead of waiting for the problem, the therapist asks — truly, with curiosity — what went well this week? Not as a technique to circumvent difficulty, but as a deliberate act of reorientation. To cultivate the growth edge, not only the wound.

Polyvagal theory (Porges, 2011) reminds us that the ventral vagal state — the neurological substrate of social engagement, play, and genuine pleasure — is the foundation from which all regulation becomes possible. One cannot build a resilient nervous system on the pathogenic pole alone. Movement practices oriented towards vitality — Feldenkrais, Shaolin kung fu, tai chi, qigong, yoga, ecstatic dance, Biodynamic massage — share one common quality: they do not ask what is wrong with the body. They invite the body towards what is right.

The continuum of human experience stretches from the deepest suffering to the most expansive joy. Psychotherapy and medicine that address only one end of this continuum are not whole psychotherapy and medicine. A therapist who cannot accompany their patient into pleasure cannot accompany them all the way to hope — and hope, as both ancient wisdom traditions and the most rigorous contemporary research agree, is what makes recovery possible — and real.

Each morning anew — the invitation is to awaken not only to the pain, but to the meaning. Not only to the wound, but to the strength. Not only to what is broken, but to what, despite everything, still reaches out towards life.

That reach is the primary personality. And it deserves our fullest attention.



Elya Steinberg is a non-binary British-Israeli biodynamic psychotherapist (Gerda Boyesen Centre) who perceives themselves as Buddhist-Jew. They are a medical doctor, UKCP registered, and an EABP member. They served as co-director of the London School of Biodynamic Psychotherapy for nearly 11 years (2005-2010 & 2014-2019) and headed academic studies from 2014 to 2023. They chaired the EABP Training Standards Committee from 2020 to 2024. They are a lecturer and supervisor at The Minster Centre and Regent's University in London and work in private practice.

Additionally, they are an MSc student in applied neuroscience at King's College London and a cancer survivor.

Artwork



Photograph hummingbirds: Ehud Eliashar is a retired equine surgeon, long-distance runner, bird enthusiast, and astrophotographer.



Paintings: Prayer, Still Life Prof. Vered Rom-Kedar of the Weizmann Institute has been engaged in both painting and mathematics for over four decades. Her mathematical work in dynamical systems traces how forms evolve and transform, while her expressive figurative paintings echo this movement—revealing the human figure as both fragile and dynamic, continually shaped by and responding to the world, see <https://veredromkedar.wixsite.com/artwork>

Prof. Vered's photo credit: Michael Benedek

Steinberg References

- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11–23.
- Antonovsky, A. (1987). *Unraveling the Mystery of Health*. Jossey-Bass.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84(2), 191–215.
- Boyesen, G. (1972). The primary personality and its relationship to the streamings. *Energy and Character*, 3(3). Republished in *The Collected Papers of Biodynamic Psychology*, Vols. 1 & 2 (1980).
- Camus, A. (1942). *The Myth of Sisyphus*. Gallimard. [Trans. Justin O'Brien, Hamish Hamilton, 1955.]
- Frankl, V. E. (1946). *Man's Search for Meaning*. Beacon Press, 1959.
- Groopman, J. (2004). *The Anatomy of Hope: How People Prevail in the Face of Illness*. Random House. [Hebrew translation by Kinneret, Zmora-Bitan and Dvir, 2006.]
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *The British Journal of Psychiatry*, 199(6), 445–452.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396.
- Mittelmark, M. B., Bauer, G. F., Vaandrager, L., Pelikan, J. M., Sagy, S., Eriksson, M., Lindström, B., & Meier Magistretti, C. (Eds.). (2021). *The handbook of salutogenesis*. Springer. <https://doi.org/10.1007/978-3-030-79515-3>
- Porges, S. W. (2011). *The Polyvagal Theory*. W. W. Norton.
- Reich, W. (1942). *The Function of the Orgasm*. Farrar, Straus and Giroux, 1973.
- Van Weeghel, J., Van Zelst, C., Boertien, D., & Hasson-Ohayon, I. (2019). Conceptualisations, assessments, and implications of personal recovery in mental illness. *Psychiatric Rehabilitation Journal*, 42(2), 169–181.

New Release Coming Winter 2026

Moving Toward Wholeness: A living legacy of Continuum Movement—shared for a new generation

"A transformative book for movers, teachers, and seekers of wholeness."

More than a decade after Emilie Conrad Da'oud's passing, *Moving Toward Wholeness* carries forward the teachings of Continuum Movement through Donnalea Van Vleet Goelz's firsthand learning—spanning three and a half decades—and intimate notes from private, one-on-one sessions in the months before Emilie died.

The book contrasts Continuum with modern conditions that push the body toward disconnection through linear, repetitive, mechanical movement—and explores how these movement patterns shape larger patterns in bodies, psyches, and even societies. By changing the way we move, Goelz emphasizes that possibilities open up, new pathways emerge, and innovation follows—supporting a direct return to mind-body-spirit connection and wholeness.

"When Emilie asked me to carry the vision of Continuum it was one of the most moving and transformative experiences of my life," Goelz writes. "For these many years that we have been so close, we have always recognized that we have a shared vision."

An intuitive, self-directed practice, the book guides readers into an approach where breath and sound generate intuitive movement unique to each body—inviting deeper connection through slowing down and listening to the "wise sensations" within.

"Movement is the message and the messenger."

Rooted in Emilie's view of the body as an open-ended, ever-changing process, this book honors Continuum as a radiant, evolving practice—one Goelz believes can help usher in a truly new way of living. She develops the practice known as 'dives' in Continuum inviting readers to experience the process as it evolves in the book and within themselves. Information based on Goelz's research into oxytocin with Sue Carter and her work with the polyvagal theory and its new focus on 'sentinel trauma' is also included.



Donnalea Van Vleet Goelz, PhD is the Chair of the Emilie Conrad Da'oud Research Initiative and Executive Director of Continuum Movement®





EMBODIED PLAY THERAPY

Healing and Building Identity with Children

Neal H. Brodsky



Embodied Play Therapy: Healing and Building Identity with Children

Written by Neal H. Brodsky

Reviewed by Tim Rodier, LCSW-R, SEP

As a therapist working with children and families for over 20 years, I have come to understand that healing is first and foremost about relationship. True healing does not come from insight but rather with play, movement, emotional expression, sensory experience, and a felt sense of being met by another nervous system capable of attunement and presence. The adventurous task of fostering an environment to support this experience is left to the therapist's creativity, capacity, and attunement.

Family therapist and author Neal Brodsky illustrates how he creates this relational presence through body-centered play in his new book *Embodied Play Therapy: Healing and Building Identity with Children*. Brodsky teaches the techniques and tools of *Embodied Play Therapy* that he uses with children and parents, and offers specific, guided suggestions and recommendations on when and how to engage in his structured approach. The generosity of this book offers a window into Brodsky's work with his clients; his narrative weaves play, dialogue, and embodiment practices, which he explores through practical application with his own clients as he follows the course of their treatment.

Brodsky's *Embodied Play Therapy* emerges as a body-oriented, relational, sensory, and movement approach to working with children. The theoretical lineage comes from D.W. Winnicott, Erik Erikson, and Wilhelm Reich, as well as body-therapy pioneers Alexander Lowen (Bioenergetics) and John Pierrakos (Core Energetics). The practice that makes this model successful with children is Brodsky's integration of containment and relational attunement, drawing on Structural Family Systems Therapy, Dynamic Play Therapy (McCarthy), and contemporary neuroscience theories by Stephen W. Porges, Deb Dana, and Janine Fischer.

As with any effective theoretical orientation, Brodsky provides a framework for his model, calling it the Four Pillars: Movement, Breathing, Feeling, and Playing. This framework gives clinicians a focus, moving from the abstract, and provides guidelines that orient the reader to what he considers the most valuable categories of experience in the Embodied Play Therapy process.

The book's theme underscores the need for children to have space and embodied movement for healthy psychic development. Brodsky highlights the reality of our culture of isolation, which he refers to as an "epidemic of emptiness," as our children face increasing expectations for behavior and performance. The nervous system adapts and develops strategies to shut down and override the demands of our disembodied culture. Brodsky frames this therapy approach for children in today's culture, and cites current examples of lockdown drills, fear of school shootings, and the increasing availability of viewing uncensored violence through technology, as part of the issue that creates a disembodied culture, especially for children. Brodsky opines that, to nurture healing, clinicians and therapists must focus on reintegrating a sense of embodiment in their clients.

Brodsky's *Embodied Play Therapy* is fundamentally a bottom-up understanding of somatic practice and an intuitive acknowledgment of child development. He suggests starting with the "somatic awareness of the body... where we begin as beings and where growth can best be grounded for longer-term health into adolescence." Brodsky gives very clear instructions with techniques, strategies, and tools for application. The chapter-by-chapter attention to detail in the *Embodied Play Therapy* model provides clear guidelines that support the integrity of the therapeutic process.

Children's experiences are organized through the body physically before they are processed cognitively. Experiences of distress present in the child's body through impulsive and aggressive behaviors, or withdrawal and shutdown. This is indicative of dysregulation in the nervous system. By including this foundation, Brodsky bridges the core components of healing and the renegotiation of energy necessary for the process to unfold. The distinct medium presented here to negotiate this is play, and as he reiterates, often with some big energy.

Play in this approach is not merely entertainment or a technique; it embodies symbolic communication, supporting a process that allows for participation using all of the senses. Brodsky illustrates his play therapy techniques and outlines a step-by-step process for helping children discharge their energy. By using bats and boxing gloves to hit foam cubes or a rubber mallet to hit a block of clay, a child may feel the power and full expression of releasing their feelings. Draping over a big yoga ball supports a child's ability to relax as they allow their bodies to be suspended, and to regulate their breath. This emphasis on movement, breath, and bodily awareness reflects Brodsky's view that our senses are the doorway to the present moment.

As a Somatic Experiencing Practitioner, I contemplated whether energetic discharge leads directly to meaningful integration. Focusing on the discharge of this aggressive energy alone may not initiate healing. In fact, without the appropriate container in a supportive environment, discharge can sometimes even reinforce aggression. *Embodied Play Therapy* supports the idea that while a release of energy can be cathartic, the process of healing relies on the integration of imaginative play, the involvement of the family system, and the therapist's attunement to support the child's reintegration of the energy. I see *Embodied Play Therapy* as a bridge from aggressive activation to assertive energy by creating a sphere of imagination and space to renegotiate narratives, which I believe facilitates nervous system flexibility and identity formation.

Brodsky gives strong attention throughout the book to the idea of the "Family Energy Field." He asserts the importance of involving parents in the co-regulation between the therapist and the child, and that the child cannot be fully understood outside the family's larger relational and energetic field. Brodsky outlines ways in which the therapist's own authenticity and attunement can serve as the container for the family's repair.

As a Dynamic Play therapist, I found this book valuable for its illustrative, detailed approach to working with children in play. Therapists will appreciate how Brodsky guides his readers through case examples from his own clients, which not only demonstrate his techniques and strategies but also invite reflection on our professional practices and on how to apply this approach with our own clients. He reinforces that a healthy witness, safe containment of the symbolic narrative, and an attuned relationship are instrumental in the effectiveness of this method.

Brodsky's writing style is straightforward and accessible, and he does not get caught up in professional jargon, nor does he heavily cite theoretical underpinnings. For this reason, I believe this book would be helpful for parents and guardians in better understanding his techniques and why they are effective. I can easily shift my perspective from being a therapist to reading this book as a parent and imagine that the parents in my practice would appreciate gaining insight into the therapy process. Brodsky goes so far as to explain his intake process, including the language he uses on his intake forms, which outline for parents and guardians the tenets of his Embodied Play Therapy approach. Highlighting the value of including parents in the therapy process not only supports changes for the child but also for the family system itself. In fact, with guidance, I imagine this book would be a supportive addendum to strategies for use at home during moments of emotional dysregulation and intensity.

Brodsky's *Embodied Play Therapy: Healing and Building Identity with Children* is less of a manual and more of a way of being in the therapeutic relationship. Healing is a lived, embodied experience. *Embodied Play Therapy* is beneficial not only for providing techniques and guidance for both new and seasoned therapists, but also for parents and guardians, reminding us that merely gaining insight and changing behavior does not lead to healing. Rather, healing occurs through lived embodied experience shared safely with another.



Tim Rodier is a psychotherapist and Licensed Clinical Social Worker in private practice in Kingston, NY. For over two decades, he has provided therapy for children, adolescents, adults, and couples, utilizing his training and study in Depth Psychology, Psychodynamic Psychotherapy, Dynamic Play Therapy, and holds certification as a Relational Life Therapist and Somatic Experience Practitioner. Additionally, Tim is a Jungian Spiritual Director. His bio-psycho-spiritual lens supports clients in their work toward healing their emotions, behaviors, and relationships.

Finding the Fourth Position: Beyond the Trauma Triangle

Elya Steinberg, M.D.

The Triangle We Cannot Escape—Until We Can

There's a pattern that repeats itself endlessly in human relationships, one that Felitti and De Zulueta (1988) articulated with devastating clarity in their work on the trauma triangle. We cycle through three positions: Victim, Persecutor, and Bystander—the one who observes suffering but does nothing to intervene, who stands by while harm unfolds.

If we lived these dynamics as children—and most of us did, in various forms and intensities—we don't just remember them. We internalize the entire triangle. It becomes the water we swim in, the air we breathe, the automatic choreography of our relationships. We oscillate between positions, often without awareness, recreating the very patterns that wounded us.

Here's the cruel paradox: The child who was victimized grows up and, in certain contexts, becomes the persecutor. The adult who was persecuted can, in the very same moment, persecute another. The person who once stood by helplessly may now stand by as others suffer, caught in the same paralysis that allowed their own suffering to continue. The triangle doesn't end when childhood ends. It lives in us, playing out across our adult relationships, our professional work, our intimate connections. Until we find a way out.

That way out is what I call the fourth position.

The Triangle in Action

Let me show you what this looks like in practice.

A woman with a diagnosis of borderline personality disorder comes to therapy. Over many sessions, a picture emerges: a childhood in which mealtimes were battlegrounds. She was made to sit at the table until she finished food she found repulsive—overcooked, unappetising, colourless. No protests were tolerated. No preferences acknowledged. Her body, her appetite, her very sense of what she wanted, were irrelevant. What mattered was compliance. She learned, at the most fundamental level, that her inner experience counted for nothing, that those who were supposed to care for her could override her with impunity, that love and coercion arrived in the same spoonful.

She carries this in her body as much as in her memory. The helplessness is visceral—it lives in her gut, in the constriction of her throat, in the rage that even now can surface without warning when someone tells her what to do.



One day she arrives at the session carrying a plastic box. She has cooked for me. She places it on my desk with quiet pride, a dense, brownish stew, aromatic with spices I don't recognise. She wants me to eat it. She tells me she made it especially. She describes how long it took. She looks at me with an expectancy that, beneath the generosity, contains something else—something harder. Something that leaves little room for "no."

I feel it immediately: a subtle pressure, a narrowing of options. The gift is genuine—and simultaneously, something is being asked of

me that I have not agreed to. To decline would be to hurt her. To accept would be to swallow something not of my choosing, in a room where the boundaries of my own body and preference should, of all places, be safe. The parallel is not lost on me.

In this moment, without any conscious intention, she has recreated the triangle—but from the opposite position. The child who was forced now forces. The one who had no choice now leaves me with very little. She has moved from victim to persecutor, and she cannot see it. Her face is open, hopeful, even loving. She is doing something she believes is kind.

And I? If I capitulate—eating food I don't want, in a role I didn't consent to, to manage her fragility—I become a bystander to my own experience, erasing my own needs to preserve the frame. If I react with irritation, or interpret the gesture too sharply, too soon, I become the persecutor in return—the latest authority figure who rejects what she offers, who finds her wanting.

Neither response is the whole truth. Both contain truth. This is the triangle at its most insidious: everyone is, in some sense, right; everyone is suffering; and the pattern perpetuates itself until someone finds a way to step outside it.

How the Triangle Gets Inside Us

The trauma triangle isn't just a relationship pattern—it's a developmental arrest, as suggested by researchers such as Professor Karlen Lyons-Ruth and her group of Harvard Medical School (Khoury, et al., 2021). Lyons-Ruth's longitudinal work on disorganised infant attachment and hostile-helpless caregiving dynamics demonstrates how early relational trauma disrupts the normal developmental scaffolding of self-regulation, mentalisation, and coherent identity—leaving the child, and later the adult, cycling between contradictory relational states rather than integrating them. Children who grow up in traumatic or severely dysfunctional environments don't have the luxury of developing beyond these three positions. They're too busy surviving.

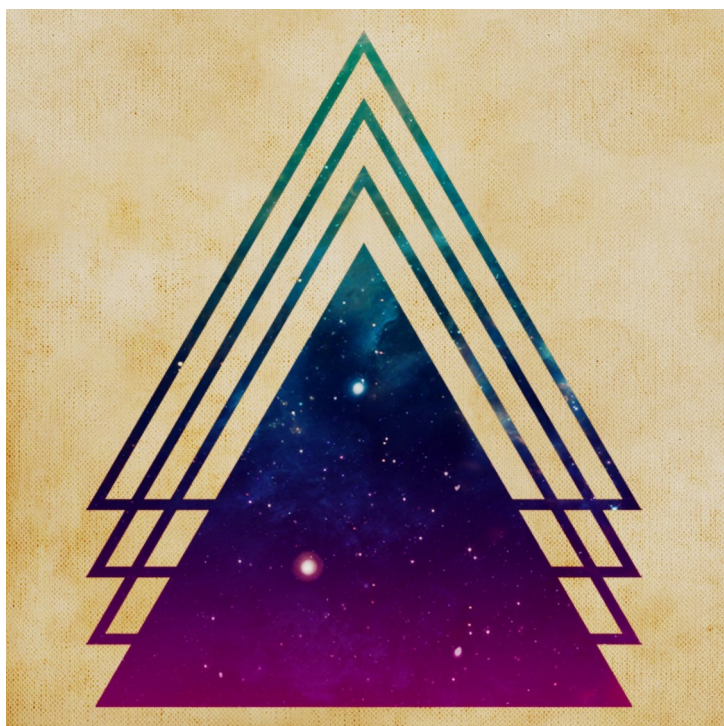
The child who is subjected to relentless coercion becomes intimately familiar with the victim position. She learns what it feels like to be helpless, to have her preferences overridden, to live in a body that belongs, somehow, to someone else's agenda. This isn't just a memory, it's encoded in the nervous system, in the implicit knowing of how relationships work.

That same child also learns the persecutor position. Perhaps she enacts it with younger siblings, with pets, with children smaller than herself. Or perhaps she simply internalises it as the harsh, attacking inner voice that will torment her into adulthood. The internalised persecutor—what some call the "inner critic" or "superego"—is often far more vicious than any external persecutor could ever be.

And she learns the bystander position intimately. Perhaps she watched others be overridden and stayed silent to protect herself. Perhaps she simply learned that adults—the people who should protect—look away. They stand by. They prioritise their own comfort over another's reality.

All three positions get wired into the developing psyche. They become the repertoire, the familiar default settings we return to under stress. And here's what makes escape so difficult: each position feels justified. Each has its own logic, its own truth.

The Internal Triangle



Even when we're alone, the triangle plays out internally. Gerda Boyesen (1969) spoke of the Primary Personality and Secondary Personality—the authentic, open-hearted self and the defended, protective self we construct for survival. John Pierrakos (1975) wrote about the Mask we wear to navigate a world that feels unsafe for our true nature. These aren't theoretical abstractions. They're lived experiences we can observe in ourselves. There's a part of me that feels victimised—by institutional indifference, by having my own experience dismissed in spaces that claim to value the personal. This part is genuine, hurt, deserving of recognition.

There's a part of me that can be the persecutor—sharp-tongued, critical, capable of wielding authority (clinical, linguistic, professional) in ways that wound

others. This part often emerges defensively when I feel threatened, but it is real nonetheless.

And there's a part of me that's the bystander—that watches something wrong unfold and stays silent, too tired, too protective of a relationship, too uncertain of the consequences. The part that swallows a response to maintain a frame. The part that decides not to speak up because the cost feels too high.

All three live in me. All three live in you. The question isn't whether we contain these positions—we do. The question is whether we can become conscious of them; whether we can develop the fourth position that allows us to observe the triangle rather than unconsciously enact it.

What the Fourth Position Requires

The fourth position isn't a place we arrive at once and remain forever. It's a practice, a continuous effort to see beyond the automatic patterns that capture us. Creating it requires three essential capacities.

First: Acknowledging We Contain All Three Positions

This is harder than it sounds. Our ego wants to identify with one position—usually victim—and project the others onto external figures. *I'm the one who was wronged. They're the persecutor. Those other people should have helped, but didn't.* A situation that, when a child is trapped in it, genuinely involves helplessness—but which, as adults, we may have more capacity to navigate than we realise.

Wholeness requires acknowledging: I can be victim, persecutor, and bystander. These aren't separate people, they're aspects of my own psyche, shaped by history and circumstance. When my client arrives with her plastic box, she is in the victim position—genuinely, historically victimised by those who violated her right to her own embodied preferences. That is real. And simultaneously, in this very moment, she is enacting the persecutor position toward me, the therapist who is supposed to be safe, the body in this room that she is now, without knowing it, pressuring – she is giving me the order – “eat Elya, eat”. And she is a bystander to the effect of her gesture—not because she is cruel, but because she cannot yet see it.

The same is true for me. I feel the pressure, the narrowing, the faint alarm. And if I snap at her, I become the latest persecutor. And if I silently comply, eating food I don't want to preserve the relationship, I become a bystander to my own experience.

Acknowledging this doesn't dissolve the positions. But it begins to create space around them. *Ah—here I am, feeling pressed into a corner. Here is the impulse to capitulate. Here is the temptation to become sharp. Here is the triangle.*

Second: Mentalising the Other Position

Mentalisation—the capacity to understand that behaviour is driven by mental states—is what allows us to step outside our own immediate experience and wonder: *What is happening for them?*

Not, *What are they doing to me?* But, *What might be happening in their internal world that leads to this behaviour?*

My client has cooked for me. I feel a flash of repulsion—at the sight of it, and at the commanding edge in her voice as she places it before me. And yet this is not aggression dressed as kindness—or rather, it is not only that. It is also a genuine reaching toward something she never had: the experience of offering nourishment and having it received. Of preparing something with care and being met with gratitude rather than criticism. Of mattering enough that someone would take what she offers into their body without recoiling. The plastic box contains a bid for love. What she is really saying, through the gesture, is: *I want to feed you. I want my nourishing to count. I want, for once, to be the one who gives rather than the one who is made to receive what they didn't want.*



When I can mentalise this—when I can feel my way into what it might be like to be her, carrying that history, arriving at this session with this offering—my reactive discomfort softens. Not because the pressure disappears (it doesn't; the repulsion stirred by that brown, unrecognisable food remains in my body), but because I can see the pain underneath it. I can hold both: this is uncomfortable for me, and she is reaching for something she has never had. Holding both, however, does not mean I can give her what she is looking for. The therapeutic relationship is not the table she was forced to sit at as a child, but neither can it become the unconditional feast she never received. What it can offer is something more modest and perhaps more durable: the experience of being seen in her longing, without that longing being either fulfilled on demand or refused with contempt.

Mentalisation isn't merely cognitive. It's not enough to think *Oh, I understand why she did that*. It requires genuine curiosity, emotional attunement, a willingness to feel into another's experience—especially when they've just activated something difficult in us.

This is sophisticated developmental work. Piaget showed us that children move through stages of perspective-taking, from complete egocentrism to increasingly complex abilities to hold multiple perspectives simultaneously. Many of us get developmentally arrested in domains where we were wounded. The part of my client that stands at the table, forced to eat, cannot yet mentalise effectively. She is still too close to her own pain, still fighting to be seen. She is operating, in this domain, from an earlier developmental stage—not because she is immature generally, but because this particular wound arrested her development in this particular domain.

The therapeutic task is to help her grow through this stage. Not by dismissing the gesture or interpreting it coldly, but by gently, persistently inviting mentalisation: *How do you imagine it feels for me to be presented with food I didn't know was coming, and to feel that saying no might hurt you?*

This question does not deny her experience. It invites her to expand her awareness to include mine.

Third: Seeing Beyond the Triangle Entirely

The fourth position ultimately requires recognising: *We are two human beings in a room*. Beyond the triangle, beyond the position's trauma assigned us, beyond the histories we carry—there are two people here, both trying to survive, both carrying pain, both deserving of recognition.

This doesn't mean ignoring the asymmetry of the therapeutic relationship or pretending that our histories place us in identical positions. They don't. Her experience of coercion at the hands of those who should have cared for her is qualitatively her own. My experience of the pressures of the therapeutic frame is qualitatively mine. These differences matter. But beneath the differences, there is a shared humanity. We are both trying to be seen. We are both capable of wounding and of repair. We are both more than our pain.

Seeing beyond the triangle requires examining our projections—all the ways we unconsciously attribute our own disowned parts to others. It requires confronting our prejudices, both the implicit biases we are barely aware of and the more explicit assumptions we carry about certain presentations, certain diagnoses, certain kinds of people. The label "borderline" itself can function as a persecutory act, flattening a complex human being into a category that explains—and thereby dismisses—everything she does.

The Practice of Finding the Fourth Position

So how do we actually do this?

In the moment of activation, pause. When we are triggered—when we feel suddenly pressed into victim consciousness or persecutor rage or bystander paralysis—our nervous system is lit up. We are in survival mode. The prefrontal cortex, where mentalisation happens, goes offline.

So the first practice is simply noticing: *Ah. I'm activated. I'm in the triangle*. This small moment of awareness begins to create the fourth position. We are not just in the experience; we are also observing it.

Name the position you're in. *I'm in the victim position right now. I can feel the impulse to comply and resent it. I'm tempted to become a bystander to my own discomfort*. Naming doesn't make the position disappear, but it loosens its grip. We are not just the person feeling pressured—we are someone who notices they are feeling pressured. That is already the fourth position beginning to emerge.

Get curious about your own experience. What exactly am I feeling? What does this remind me of? When have I felt this before? The intensity of my reaction to the plastic box—the sense of something being asked of my body without my full consent—probably connects to my own history, my own experiences of having my wishes overridden, my own accumulated exhaustion with having to manage others' needs at the expense of my own.

Mentalise yourself before mentalising the other. What is happening in my internal world right now? What am I afraid of? What do I need? This is not self-indulgence—it is necessary preparation for genuine connection. I cannot truly mentalise another person while I remain unconscious of my own mental states.

Then, and only then, mentalise the other. What might be happening for them? What pain might be driving this behaviour? What do they need that they are not getting? What wound are they trying to heal through this interaction?

Find the question that invites them into the fourth position with you. Not eating the brown, repulsive food — swallowing what has been forced upon you (victim). Not Why are you trying to force this on me? (persecutor). Not silence and compliance (bystander). But something like: *I can see how much care went into this, and something is happening in me that I think it's important for us to explore together — something about feeling that I might not have much room to say no. I wonder if that resonates with anything in your own experience.*

This question does several things simultaneously. It honours the genuine care in her gesture. It acknowledges my own experience without attacking hers. It invites her to make a link—gently, without forcing—between what she has enacted and what was once enacted upon her. It models vulnerability without collapsing. It creates space for something new to emerge between us.

When It Works

When we successfully find the fourth position together, something shifts in the room. There is a sense of two people genuinely meeting—beyond their roles, beyond their defences, beyond the triangle's prescribed choreography.

She might say: *I hadn't thought about that. I just... I wanted to do something nice. But I can hear what you're saying. I didn't give you a choice, did I. That's exactly what they did to me.* And I might say: *Yes. And the fact that you can see that—right now, in this moment—is extraordinary. The care you put into cooking is real. And the not-having-a-choice is real too. Both things are true.*



This is the fourth position. Not *I'm right, you're wrong*, or *my discomfort cancels out your generosity*. But: *We are both here. We have both been shaped by things larger than either of us. And right now, in this room, we have a chance to do something different with that pattern—together.*

The Mask and the Primary Personality

Gerda Boyesen's work reminds us that we develop a Secondary Personality—a defended self—for survival. John Pierrakos writes about the Mask we wear to navigate a world that was not safe for our authentic nature. These defensive structures are not the problem. They protected us when protection was needed.

The problem is unconsciousness. When we don't know we're wearing the mask, when we cannot distinguish between our defended self and our authentic self, we are trapped—acting out patterns automatically, without awareness, without choice.

When my client arrives with the plastic box, she is wearing the mask of the generous caregiver. It is a real part of her—and it is also a defence, a way of managing the terror that her real needs will once again be trampled. She is trying, through feeding me, to rewrite the story. But because she is doing it unconsciously, she is unwittingly reproducing the very dynamic she is trying to escape.

The fourth position does not require dismantling her defences. It simply invites her to become conscious of them. *Ah—I am in my defended position right now. This is the part of me that learned to give before being taken from, to feed before being forced to swallow.* Once she knows she is wearing the mask, she has options. She can choose differently. She can risk being present without a plastic box as the price of admission.

The Healing That Becomes Possible

From the fourth position — holding and acknowledging all three positions whilst observing the base of the pyramid from its uppermost corner, as though surveying the entire three-dimensional structure from above — healing becomes possible in ways the triangle never allows. When we are caught in the endless cycling between victim, persecutor, and bystander, we are recreating trauma: repeating the past, hoping desperately for a different outcome whilst using the very same strategies that have never worked.

From the fourth position, something genuinely new can emerge.

My client can come to know: *I was coerced. And I am not only someone who was coerced. I have agency, choice, the capacity to offer something freely, without the hidden demand that it be received.* She can recognise: *I have coerced others, without meaning to. And I am not only someone who repeats that pattern. I am capable of seeing it, sitting with the discomfort of that recognition, and choosing something different.*

The triangle is where we are stuck. The fourth position is where we are free.



An Invitation to Practice

The triangle will keep showing up—in your relationships, your workplace, your therapeutic work, your internal world. You will find yourself in victim consciousness, or persecutor rage, or bystander paralysis. This isn't failure. It is being human, carrying patterns learned when we were too young to choose differently.

But now you can choose. When you notice the triangle, pause. Breathe. Ask yourself: Which position am I in right now? Where is the other person? What would it be like to step outside this pattern, even for a moment?

The fourth position is where we recognise our shared humanity beyond the roles that trauma assigned us. It is where healing happens—not because pain disappears, but because we finally stop unconsciously recreating it.

We are not just victims or persecutors or bystanders. We are human beings, capable of consciousness, capable of choice, capable of meeting each other beyond the triangle—in a place where genuine transformation becomes possible.



Elya Steinberg is a non-binary British-Israeli biodynamic psychotherapist (Gerda Boyesen Centre) who perceives themselves as Buddhist-Jew. They are a medical doctor, UKCP registered, and an EABP member. They served as co-director of the London School of Biodynamic Psychotherapy for nearly 11 years (2005-2010 & 2014-2019) and headed academic studies from 2014 to 2023. They chaired the EABP Training Standards Committee from 2020 to 2024. They are a lecturer and supervisor at The Minster Centre and Regent's University in London and work in private practice. Additionally, they are an MSc student in applied neuroscience at King's College London and a cancer survivor.

Bibliography

- Boyesen, G. (1969). The Primary Personality and its relationship to the 'Streamings'. *Biodynamic Psychology*.
- De Zulueta, F. (2006). *From Pain to Violence: The Traumatic Roots of Destructiveness* (2nd ed.). Wiley-Blackwell.
- Felitti, V. J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258.
- Khoury, J. E., Dimitrov, L., Bosquet Enlow, M., Haltigan, J. D., Bronfman, E., & Lyons-Ruth, K. (2021). Patterns of maternal childhood maltreatment and disrupted interaction between mothers and their 4-month-old infants. *Child Maltreatment*. Advance online publication. <https://doi.org/10.1177/10775595211007567>
- Pierrakos, J. (1975). *Core energetics: Developing the capacity to love and heal*. Prisma Publishing.

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