Marjorie Rand

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Serge Prengel, LMHC is the editor the *Relational Implicit* project (http://relationalimplicit.com).

The following is a transcript of the original audio. Please note that this conversation was meant to be a spontaneous exchange. For better or worse, the transcript retains the unedited quality of the conversation.

Serge Prengel: Hi Marjorie.

Marjorie Rand: Hi Serge.

S P: So these days you do a lot of work with yoga, but it was quite a journey to get here. Do you want to give a little background as to what you've been doing?

M R: I've practiced yoga off and on for the past 30 years in many different forms so it's something that has been part of my personal practice all along, in my development as a therapist. I also came from dance movement therapy and neo-Reichian and Gestalt and object relations and all of these paths sort of converged to the formation of Integrative Body Psychotherapy (IBP), which actually originated with Jack Rosenberg with whom I became partners in 1976. And we actually put a name to the work that we were doing which was this integration of all these developmental theories and body theories and yoga theories, sort of an Eastern-Western approach.

S P: I would also like to add that in a way just hearing you now it seemed like the balance is more in the eastern part but you also are grounded in western academic psychotherapy.

M R: Absolutely. At one point Jack called it "Western Yoga" or psychological yoga because we know that this (emotional release)doesn't normally happen in a yoga class, but we also know that different poses for different people are going to produce different experiences- depending not only on bodies but also their emotional and mental states. And for some people, certain poses—inversions or back bends for instance—can bring up fear. Now, if you have a psychology background, you may understand how early that fear might be coming from. It isn't anything that might be verbalized because it might be something even prenatal, that's how early it could be.

S P: So maybe in a way I think during the rest of this conversation we're mostly going to be talking about the therapeutic uses of yoga, but maybe apparent as it is here, that when people experience some difficulties in yoga that might be something that they could actually explore in therapy.

M R: Right. I find that how I integrate yoga into body therapy is through the use of specific restorative poses, which means the use of props. In the past I might've asked somebody who was experiencing a diaphragm block or a pelvic block to do bridge pose, which is a back bend, and have them stay in the bridge and breathe and that would spread out the charge or the energy and move it through the body. It would be a very effective, quick way to do it. And it's something like a bio-energetic exercise.

S P: Like a roller chair…

M R: Or standing to stress the quadriceps- it causes a release. That's how I would've done it…that would be my intermediate stage. In the old days I would've taken my hands and worked on the person's body. When I stopped doing that I used specific yoga poses to stress the body. What I do now is that I could see that although during the yoga poses produced a release very quickly, I also found that putting them in the pose caused tension…that they had to do a lot of work and effort and use a lot of muscular tension to do the poses. I got certified four years ago as a teacher of supported yoga therapy, which is even more relaxing than restorative yoga with the use of props. So when a client comes in and wants to do a piece of IBP work with me, this is the way I practice it. I'll take a bolster, which is like a cushion that we use in yoga and it can go horizontally or vertically, or all different directions. Let's say I wanted to have somebody's chest be a little more open, I could place the bolster under their torso with their buttocks on the table or the floor and their knees bent with their feet on the floor and a pillow under their head, but their arms…the bolster is about four inches thick so they would be having a stretch in the diaphragm, chest, shoulders, even the cervical. So their arms would be off to the side, palms up, and their shoulders would be dropping off the bolster. But the whole diaphragm, chest, shoulder area would be very gently stretched. The weight of the arm relaxing and allowing the body to be supported on the bolster…giving into gravity…would allow the chest to gently and gradually open. I would then have them start to work on breathing into the chest and diaphragm area but they wouldn't have to do any work because the weight of their own body is opening the body. So even if I didn't happen to specifically mention breathing…if they just experienced what that felt like, (directing the breath into different places and so forth)then we could achieve an opening of the body without tension.

S P: Right, right. So let me just backtrack a little bit because I think there is a lot in there. I think just on a very basic level it's something that…in your approach you use yoga so everything you do is very much from the IBP model and then yoga is something that you use in the process of IBP.

M R: Yes, everything that I do in my personal practice whether it be yoga, whether it be meditation I integrate into my IBP work. It comes through me as a therapist and it comes out in the work that I do.

S P: Now also what is interesting is that you mentioned that as the work you do uses the body to process what is happening and looking for that release. And that as I understand it, first you were doing touch and then you went looking through forms of self-release and it seemed like you were doing things that were more similar to what Reichian and Bioenergetic therapists do. And now you use yoga in a restorative and supportive way that is gentler.

M R: Reichian therapists use touch more than IBP does. I don't know that Reichian therapists use the yoga postures the way IBP teaches them, they are more similar to Bioenergetic exercises. We

call them self-release techniques and they go all the way from something that the client does himself or herself—we're teaching the client how to fish so to speak—something that they do on their own and that would incorporate yoga postures. But it's also other types of movements and there is some degree of touch, which is involved but it is very subtle. It's working with pressure points to move energy. So not actually going in and going into the blocks because the blocks are there for a reason and the gestalt point of view would really be to just become aware of it and the client would gently at some point in time be willing to let go of it if the container is a safe enough place to open up. Does that make sense?

S P: Yeah, yeah. So there is that notion of containment in your approach.

M R: Absolutely, which is also another sort of shift that I made pretty early on because I have been practicing for about thirty-five years and in the days when I learned what body psychotherapy was, it was a Reichian/neo-Reichian model and it was definitely cathartic. And we did believe that as soon as you did the high charge breathing, that the energy would start to come up and it would confront the blocks in the segment. And then we would do all kinds of things, including action patterns like hitting, kicking, so forth, not only just going in and working on a pelvic block-going in and holding someone's legs together…I've almost shocked myself to even have the image of what that was, but that is what we used to do. Well, over the years that model reinforced patterns that were trauma patterns in the brain. And we learned in a lot of different ways, to quote Peter Levine's model--the resource model, this is a resource model in the sense that the blocks cover up the sense of Self. And the sense of Self, is that flow of energy that we identify with and that when we connect with we're okay and we're connected with the rest of the environment, other people, or the universe or whatever kind of language you want to use. The point is to get to that sense of Self and well-being that exists when that body is open and the energy is flowing and you're in touch with your aliveness. And so what happens is that that's assaulted even before birth.

S P: Yeah, so what you used to do was confront the blocks and go into something that is in fact recreating a struggle that may have been strengthening the blocks, but now you have a much more gentle and supportive approach.

M R: You said something really important. You said that we're strengthening the blocks and that is exactly the problem. If you rip a scab off a wound so to speak, what's going to form there is going to be scar tissue. So I don't think there's any purpose in reopening the wound even when it's being witnessed in a very empathic way by the therapist. I think if you just give the body a chance to open on its own and you have already created a connection to the sense of Self because people have been able to feel comfortable in going through the process with you that they know when they finish the session they're going to feel connected to themselves, they're going to feel grounded, they're going to feel alive, they're going to feel good, they're going to feel happy. Both people leave feeling really good. So the idea that therapy is having to feel your pain to me is just obsolete. So the point is how do I get them to connect to that sense of well being at the end of the session? And once that new pattern is there then if deeper things arise the sense of Self is big enough to handle the regressed states.

S P: Yeah, so let's just think about what could happen. Obviously no two sessions are alike, but let's just imagine a fairly typical situation where the client, you know, comes and has problems… just what happens? Do you talk, do you do physical work, do you do yoga postures?

M R: Okay, well there could be two possible ways. Not everybody who comes here even knows about what IBP is. For instance I work with families, I work with couples, I work with parenting issues, you know, in that sense they're not here to lie down on a massage table or a yoga mat and do some body work (although some of those people ultimately convert over to the body work). I ask them what they're feeling in their body and so forth so they can go into it that way. But even the body part, if a person specifically knows and is referred to me for doing somatic psychotherapy, there's always a verbal component to it. So just lying down is somewhat regressed. Perhaps they might close their eyes; sometimes I want them to help them access their body more easily, I might put a little eye pillow over their eyes, it's very calming and soothing. Other people I wouldn't have close their eyes because I want them to stay present and be able to stay in eye contact with me so it would depend on the person. This would be sort of a typical session. A lot of people want to talk right away but once they find out what happens in a session, generally they get on the table and they first thing they do, and I don't say anything when they do, is they take a big sighing breath, you know, just getting on the table already shifts them into a different mode. But I normally ask people to just tune in with themselves first—don't change anything. This is the awareness, sensory awareness part of it. Just take a look, notice your breath, and notice your sensations, where does awareness go? Very open-ended because I don't really have an agenda and that's their baseline reading for the rest of the session. Now either it can go body to mind or mind to body but if it starts out that they say that they notice a certain something in their body, most people notice tension and pain first of course, we might start from there and start going into that and see where it goes.

S P: Right, so in a way from the very beginning there's a sense of connecting to some curiosity about the self, you know, in the sense of the flow or noticing what is impeding the flow.

M R: What it is, is connecting to their own experience.

S P: To their own experience.

M R: Getting them present, grounded in the body and can they track their experience from moment to moment with me, with themselves. That's basically the whole thing right there. But then it could also start with the verbal thing and go to the body, so it goes back and forth.

S P: Yeah.

M R: A person might come in and come up with some kind of issue or problem that's going on for them in their life right now and I would ask them what they're aware of while they're talking to me. And so, we bounce back and forth between maybe doing a piece of verbal work that comes to a sort of level of resolution and I say okay now what are you feeling? Well, you know, constantly going back and tracking what's happening energetically, what's happening in terms of sensation as the verbal work, whether it's reporting on what's going on in their body or whether it's talking about a regressed experience or a feeling that's coming up from the past or whether it's about something that's happening in their life right now and then back to the body again.

S P: Mmm. And at the point, when you say back to the body, this is about tracking? This is not about any specific movement or but just a simple tracking of the body at this moment as they talk?

M R: Yes. And what happens is (even though I'm not following this as an ideal progression in any way) there does tend to be, especially if I direct them back to their breath, a sequence of moving

from verbal to body awareness . A lot of times I don't have them breathe any specific way. But I'm also tracking (and what the breath influences), is the autonomic nervous system. That is teaching them self-regulation and how to enliven themselves and bring up more energy and how to calm themselves and lower their levels of stress and arousal. That and having them use breathing use the yoga postures.

S P: Okay, so in a way that's kind of the transition mode because so far that's been from the place of noticing and in noticing the internal state and in noticing the breathing there's the basis for some self-regulation. But then there's also you introduce the exercises.

M R: And those are part of the self-regulation. So yes, that's beautifully put, thank you very much. You got it.

S P: Okay. So maybe would you describe some of what could happen with yoga? Because that's something I'm sure that a lot of people there's, you know, yoga has taken such an importance these days it would be…

M R: Well, what I started to say earlier was that people can have emotional releases in a yoga class but a lot of times they don't feel comfortable expressing it because it's not appropriate in that contest. A good yoga instructor would probably notice that someone was having a difficult experience. We know that the yoga postures can affect the autonomic nervous system and that has to do with the segments of the body. And so, putting someone in a forward bend is completely different than putting someone in a backbend. So you can use the postures as well as the breath (which in yoga we call pranayama) to regulate the autonomic nervous system. The fact that people can have emotional releases from opening the body is the basis of body psychotherapy so the yoga just fits in with that because the postures already facilitate that. Does that make sense?

S P: Yeah. In other words, there's a body of experience about what the body can do to the mind that is very old that you draw on that you don't need to reinvent these exercises because they exist. But within the framework of having IBP as a container you're able to find a place to deal with the emotions that are released, or with the nervous system release that happens.

M R: Absolutely. I'm doing a yoga/psychotherapy training program for psychotherapists. I presented it at USABP last year in New Jersey—we did a day long workshop using the yoga poses to bring awareness to the emotional issues . Putting people in certain poses with the props, and using the props for awareness. We will be doing a post conference institute of this work at the 21010 conference. Here's an example, do you know what down dog is?

S P: Mmm.

M R: Okay, so in fact you signed up for that workshop.

S P: Yes.

M R: If I put someone in down dog against the wall so that they're not having to support themselves just on their hands and their feet completely, and I put a block right on their third eye, okay, and they rest their forehead on the block in down dog and it's a light pressure; it's not putting all the weight of your body on it. What do you think is going to happen to the ocular segment? Perfect

example of putting someone in a pose and it totally affects the ocular segment just by the contact of the forehead on the block in the pose. You can do the same thing with blocks under the diaphragm, shoulder stance, on the wall, I mean they're all supported so people do not have to hurt themselves in any way. Anyone can do it.

S P: Right, right. So actually are people when you tell them that, say the example of the downward dog, aware that something is going to happen in the ocular segment or they just, you just introduce the exercise by itself...?

M R: No, no they're not aware because that's what is supposed to happen, they're supposed to become aware of the ocular segment through doing that. And you know when I ask people to report their experience to me I can give you a list of the things they say. Are they doing it right, that is number one. It's a whole performance thing since there is no right thing for them to experience then right there is a piece of work. Where does that come from? And then, you know, how do I look to other people, other people are doing it better than me, you know, all of these issues come up immediately and so there's that and then you can also track their injury to their core self—I'm not good enough, let's just say, let's just make that one up. And you will find that in consistently throughout a session, whether they're using yoga or not, that this will ultimately be present no matter what they're doing.

S P: Right, but maybe what this does is make it come into relief, in stark relief.

M R: But in a gentle way.

S P: In a gentle way. And so actually when this gentle way I know that your approach is very much one of wellness as opposed to pathology. So, would you describe a bit about how that works?

M R: Okay, well I touched upon it earlier when I said that the work is about connecting to that sense of self with the big S and that feeling of connection to self and others. And so this sort of takes us into the containment model again, the idea that the more expanded you are the more aliveness you can contain. So if your container is your body and your energy field, of course, then I say you have to open the body first so that it's expanded and there's space for the energy to flow.

S P: So very literally that sense of a more open body is more space and therefore, more room to contain more resilience.

M R: Absolutely. You're very good at articulating what it is that I'm trying to say. Yeah, that's exactly it. So the more you have the ability to contact that sense of Self, which is energetic, you deal with your life. You walk through your life staying connected to that sense of well-being and okayness. Your feet are on the ground and you have a level of liberation or freedom of choice based on that connection to Self. So working on the level of the problem is more third chakra work, and sure you have to go there. But to me these problems are interruptions to that sense of well being and containment that I want to help the person to experience. I've had people come in and say I've got to talk to you, there's so much going on, there's so many problems and I say you know what? Do a little tiny bit of breathing first and by the end of the session I say so do you want to talk…

S P: Yeah. Which again doesn't mean that you have ignored it, but it's been processed or the container itself has taken care of it and that's what the difference is.

M R: Just to clarify that what I said was what if you just spend a little time tuning in to yourself first, I promise you in a few minutes that I will remind you that you can talk about whatever it was. And she said, "I have to talk about it now because I'll forget." And I said, " I will remember to ask you," so I contained it for her. And by the time I said do you want to talk about it she said it wasn't a problem anymore.

S P: Yeah, yeah. But that's really nice what you mentioned is actually that the containment is at the level of the individual, the person… but, in a way, your own containing it, your own containment makes it possible to create this containment in the client.

M R: Well, absolutely. I think you can practice on your own or you can practice with a teacher. I do consider it very much an educational model that I practice. I do believe that it's really important to be a witness, because their original injury occurred in the context of a relationship. And, in order to transcend that, and to be vulnerable and to open up so that you can connect with all of that, you have to feel safe and I think the idea of being a witness is huge. And then as Heinz Kohut would say the client would internalize that witnessing function and become able to observe themselves. But, you know, the reason it's therapy is really because it happens in a context of a relationship.

S P: So maybe that's also what's important, is that you mentioned the self-psychology and you had talked before about western yoga so that all of this is happening that even though you may not be talking so much about specifics, you know, problems that the awareness, the understanding of your dealing with them is present in the room.

M R: Oh absolutely. I teach actually, or have taught, for many, many years, something that I call somatic empathy and actually I co-wrote a book with Babette Rothschild called Help for the Helper and somatic empathy is the main focus of the whole book. And that's what I practice and teach therapists to practice with their clients, which is tracking yourself in order to track the client. But knowing the difference between what is my feeling and my experience because it is my body, and what is theirs. It's almost like saying training people to be intuitive, but it really is about tracking yourself and noticing am I holding, am I breathing, what am I feeling? And using that information I don't use it by assumption, I check it out. Does that need explaining…?

S P: No, I think it's very nice. In other words it's very experimental, scientific. It's not taking for granted, it's just a series of experiments that you check out what's happening. And so you know, we don't have intuition as being something that is magical quality but that it's a skill you can develop.

M R: You can absolutely develop it and when you you've been doing it as long as I have, then there's the element of trust. You know, I totally trust myself now because I've been doing it for so long. Trust is the problem that most people have because they don't act upon what it is that they know. But what I do is I don't tell the client, I might not say anything. But if I do, I pick up on something I ask them if they know what's going on. Sometimes they do, sometimes they don't. Sometimes it's appropriate to help them find out, sometimes it's appropriate to just wait and see. So that's what I sort of mean by checking it out.

S P: Yeah, yeah.

M R: But you see how gestalt this all is.

S P: Yeah, very much so.

M R: That was my first therapy training in the early seventies, late sixties. Basically, I guess you'd say I'm third generation, you know how they talk about traditions when you've been around as long as I have, I didn't train with Fritz but I trained with all the people that Fritz trained

S P: But that's very nice. What's very beautiful is you talk how all of these different trainings and different approaches are beautifully integrated in this work. Now just as you might be doing yoga with somebody there is Gestalt and self-psychology, you know, there is relational approaches all of these are very much…it's not one thing and another that you might use as different tools.

M R: No, no not at all. I always tell people you'd like to think the B in IBP is the most important letter but it's not. It's the I—integrative. And the other thing that is very amusing to me actually is the renaissance of mindfulness in the psychoanalytic community. I've been studying Zen philosophy and practicing Zazen and practicing Vipasana also for the past thirty years, In my mind, that's a huge part of what we do in therapy, ultimately I'm teaching my clients to meditate, to clear their minds, to, you know, clear the surface of their mind and the turbulence of their thoughts, and to get into deeper levels of awareness. And as I say, I think now all of a sudden it's been rediscovered. You know what I'm talking about reinventing the wheel. I didn't mention mindfulness, I mentioned sensory awareness, but I would want to mention Charlotte Selver, who was probably one of the most important teachers I ever had.

S P: Good. So Marjorie as we're coming to the end is it a good place to leave it, or is there something you would like to add?

M R: No, I think we've pretty much covered everything.

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