Jack Rosenberg & Beverly Kitaen-Morse

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Dr. Jack Lee Rosenberg is internationally recognized as a pioneer for his innovative approach to body psychotherapy, human sexuality, and couples counseling, teaching his approach throughout the United States, Europe and Canada He is founder and Clinical Director of the IBP Central and International Institutes. He has doctorates in dentistry and psychology. His master's thesis focused on group dynamics and industrial psychology, his doctorate on clinical psychology. As Director of Counseling at the University of the Pacific School of Dentistry, he did research on somatic medicine and taught dental psychology. He trained therapists at the Gestalt Institute in San Francisco and at the Center for the Healing Art, Los Angeles. He has conducted workshops at the Esalen Institute for more than twenty-eight years. He is in private practice in Los Angeles. He is the author of *Total Orgasm, Body, Self and Soul: Sustaining Integration* and co-author of *The Intimate Couple*.

Dr. Beverly Kitaen Morse is the Executive Director of the Rosenberg-Kitaen IBP Central Institute. She is co-developer of IBP theory and practice. Dr. Morse is in charge of the international IBP Professional Training Program, which provides personal and professional development and certification for mental health and allied professionals. She entered her professional career in mid-life. While raising her four children she gained leadership training through extensive community service. She launched her study of psychology when opening her home to foster children whose needs exceeded parenting skills. She has been affiliated with IBP since 1979 and was the first trained teacher and key member of the IBP Advisory and Development Board. She is the co-author of *The Intimate Couple*. Dr. Morse is currently in private practice in Santa Monica, California. She leads groups, teaches and lectures at the Esalen Institute in Big Sur, and throughout the United Stats, Canada, and Europe.

Serge Prengel, LMHC is the editor the *Proactive Mindfulness* project.

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: This is a conversation with Jack Lee Rosenberg and Beverly Kitaen Morse. Hi Jack. Hi Beverly.

Jack Lee Rosenberg: Hi.

Beverly Kitaen Morse: Hello. Good Morning.

J R: Nice to talk to you.

S P: So you pay a lot of attention to integrating body and mind.

J R: When you think of body and mind, body psychotherapy, people often think of something like massage. If you do massage, you have hands on the body, you're touching a lot. If you are doing psychotherapy, one of the things we are very, very concerned about is that touching changes the relationship between the client and therapist in the transference relationship. It really changes the way you function with the client. So what we try to do is a body-mind psychotherapy in which we can

work with the body, without physically touching as much. So we have a whole system of working that allows us to open and release muscular and emotional patterns that interfere with integration and wellbeing. We use stress positions, psychological and energetic interventions to allow them to release interruptive patterns.

S P: Yeah. So we're talking about, in a way, deeply touching without physically touching.

B K M: Well, you start first with the relationship between the therapist and the client, of course. In our training program and our work, we make sure that we, as therapists, are awakened and integrated ourselves and are able to actually make a limbic energetic connection. When we work with people, we work with the psychology, we work with the breadth, and we work with movement. It's always rather amazing to me that, in a very short time, we can help people have an experience of full opening, integration, and being present. If we mean by present, awakened inside, really in the moment, but also clear of all the implicit, explicit memories that create probabilities that color our views, attitudes and behaviors. We want people to have an experience of when they're centered and clear of distortions. While we make a connection with them we do a variety of breathing and presence exercises along with psychological awareness and concepts. With this they have an experience that comes with embodiment or integration. You know that experience people can recognize from the best of yoga, a good run, swimming, surfing, many different awakening-centering activities that people do. They experience clarity, a feeling of wellbeing and resilience and a sense of constancy and flow. With IBP body-mind psychotherapy we don't want to do therapy from a place where people are shut down or masked with the false self. We want to get under the false self, so we bring people to that integrated place and do therapy from there.

S P: Yeah. Yeah. So very clearly, that sense of therapy doesn't happen in the false self and what you're doing is helping to bring people to the present clear of all the implicit and explicit baggage that exists.

B K M: What happens in that atmosphere of awakening is that old patterns will come to the surface, and when they do they are a little more distant, so that people can now look at them more clearly with greater perspective. The breadth work intensifies underlying material, memories, feelings, emotions and longings so that they become accessible. Their awareness may emerge from their own memory experiences or in terms of the transference, how they're feeling towards their attachment with the therapist. We know what we are working with is mostly underlying early attachment themes.

S P: Yeah. Yeah. And so, in order to bring people in the present moment and with that clarity, part of the beginning of the session is going to involve some breathing and some physical exercise?

J R: Well, not exactly physical exercise. We teach students to use a number of weighted balls. We start with a six or five pound balls. With the client lying down we put a ball between their legs and one underneath their feet. Now they're in balance and they have to pay attention to holding one ball between the knees, and one under their feet. As they lie there, balancing and holding the balls, they're tiring the adductor muscles of the pelvis. They're opening the pelvis by tiring these muscles. We are just talking to them, talking about what's going on, and they're lying there holding the ball between their knees with their feet balancing on a ball. They now have to pay attention. They can't just kind of fall asleep or space out because they will drop the ball. While we're talking to them, they're opening their pelvis for grounding and integration. When they get tired, we might remove the ball and replace it with a strap so that the adductors are stressed. We're just talking to them, all the time, not touching the body in a sense. We are doing very profound openings of the pelvis and grounding the person. At the same time, we are talking to them about the deepest parts of emotional therapy.

B K M: If we pay attention, even if we're not a therapist, we know that when we meet new people we have a pretty good sense of who they are and what they're like, and whether they had very good parenting or not. That's pretty obvious because the patterns that keep us functioning in repetitive ways, that keep the old habits, fears and longings going, show throughout the body. They are both in the mind and the brain. We're releasing people from being caught by their implicit, early, utero, first year of life relationship memory patterns. These memories flow in the background to inform how we think about ourselves, about others, and the world. These patterns are set before explicit memory is fully functioning. It's primarily through the body that these deeper, preverbal, non-verbal memories are accessed because they're so visceral. We always bring focus to paying attention to the body. What are you experiencing, feelings, sensations, emotions, images? What are you feeling, what are you feeling in your body now, where do you feel it? Little by little, all the old memories of early childhood come through because most of them are stored in the body, not in explicit memory but implicit. If you just talk to people, you only have access to the later memories we use to try to make sense of how we feel.

S P: Uh-huh. Uh-huh. Yeah. So it's really bypassing the layers of coherent narrative that are from later years to get to that more basic, earlier, pre-verbal, pre-conceptual experience.

B K M: Michael Balant wrote a book about the basic fault. It was excellent and we learned a lot from it. We use it quite differently because we are not theoreticians we are clinicians. We look at the very first experiences in utero and early childhood as foundational. As you know research is now finding that babies are learning so much in utero. We know that emotions are chemicals in the body. While in utero, we're experiencing our mother's chemicals of emotions. So, as babies we are learning from mother whether life is safe, whether we are going to be taken care of, and whether there is anyone really there for us, whether mother has a strong core and is attaching. As a baby, even when we are first born we have formed a beginning blueprint for our sense of self, other and the world. It's very profound for people, when they realize how early these patterns are laid down. As Michael Balant might say, a basic fault, a crack in our sense of self, much like a crack in the earth caused by an earthquake, is formed. When a strong attachment is not secured between mother and child, the child forms a basic fault, a sense of relational aloneness. Even with the best of mothers and fathers, if they did not receive energetic limbic attunement from their parents, it most likely won't then be passed energetically to the child. Without this energetic attunement the child does not fully develop a sense of constancy and resilience. When we later try to make sense of the raw basic fault feeling in our body, we give ourselves a false childlike attempt at a coherent narrative. We think we have the body feeling because something is wrong with us, we're not good enough, too much or not enough, bad or that something I wrong with others. So we tend to feel a relationship aloneness that does not protect us from a sense of existential aloneness. The two kinds of aloneness merge, binding the two together. Existentially, we're all in that together but in the relationship as a child, we need to have that comfort, and soothing, and connection from mommy, from daddy, from our caregivers, to not have to feel that void.

S P: Yeah.

B K M: Not lost in it.

S P: So the experience in the work is to be able to connect both to that existential aloneness and to what happens in relationship and then the relationship part is all the ways in which we have been conditioned by our past, to deal with how to, basically, make life bearable.

B K M: And we tend to confuse the two. We tend very often to confuse existential, transpersonal, spiritual themes with psychological themes. One of the things that we try to do in IBP is separate

relationship, psychological themes from those that are existential. Psychological themes can really be worked through. Existential themes have to be met and we have to accept the issues of existence.

S P: Yeah. So how would it take place, for instance, is there a case or vignette or something that could illustrate the difference in a clinical level, of dealing with both or dancing along the fine line between both?

B K-M: Well, the most common, probably, is that when people start to do this opening, awakening work, they often become more open to existential experience. This opening can come with age, a life crisis, like losing a loved one, having a serious illness, losing a job. When open to existential, spiritual themes, rather than explore mortality or what am I doing here, what is life about, they may feel the aloneness turn towards their relationship and not feel met or suspect their partner of having an affair. It's up to the witness, the therapist to be able to have a sense from tone and quality, what else is going on in their life, whether it's a relationship issue or they're really just opening to something larger than the self, because they've connected to something inside that's very deep.

S P: Yeah. So in a way, the question or the inquiry, the curiosity is in the therapist's mind of, what am I witnessing, what am I, in this relationship with the client. Is it something that still is at the relational level, of trying to define help dealing with existential crisis in this relational or is it something that, getting in touch with something larger?

B K M: About fifteen years ago in Los Angeles we had a large earthquake. People came into our offices and they were so not in their bodies they looked almost translucent. What they mostly wanted to talk about was, who was there and who was not there and find fault with their partners. And when we could shift it so that they saw the earthquake as existential rather than a personal betrayal, they were able to release the displaced resentments towards others. Their hearts were more open and they could talk about the existential experience. We do a lot of couples therapy. The main focus always is on helping them to have a limbic heart relational connection. When a client becomes open to existential-spiritual awareness, in the beginning they often confuse the body feeling of existential aloneness with relational aloneness and stress the bond of the relationship. When someone is stressed, such as with the earthquake, or a hard time with the kids or at work, the part of our body that usually closes is our chest, right? When our chest closes and we look at our partner, we're not likely to feel love or attachment. Because our chest is closed, we then start to think, well, what's the problem? Have they done anything to earn our love today? Is something is wrong with us because we can't love. We become very confused between existential-spiritual and psychological-relational. We are usually not aware that there are certain feelings such as love or trust that are body feelings and can't be known by the mind alone.

S P: Yeah. So for instance, I want to back track a little bit, you mentioned the earthquake in Los Angeles and people arriving and standard normal reactions, But you take it as a gateway and the work is to transform in a way that blame situation on the relationship on the partner to something about the expansion to more of a consciousness of the existential situation.

J R: You got it.

B K M: Well, we help clients develop a consciousness and a responsibility for their own, one-person problems. If they have an abandonment anxiety, and let's say on a scale of one to ten, if they carry that from their childhood, at a six, all the partner has to do is, a four, and they feel ten! Ten! Ten! Ten! If they act this out, their partner is going to think that they're crazy, they're out of bounds and is liable to be defensive. But, if they can take care of their six and only talk about the four, they'll get what they need and have compassion and support from their partner. So whether it's a student or a

client of ours, whether we're working with individuals or couples, the work is always on ones self. They are responsible for their one-person challenges.

S P: Right, and so, for instance, in the example of the couple that you mentioned, you described how physiologically, what's happening is there's a problem, the heart is going to be closed, the chest is going to be closed, then physiologically, it's going to be harder to relate in an open and expansive way to your partner. So, by putting the attention and the focus there, there is a sense of giving the person the responsibility for what's happening as their own thing, as opposed to their partner.

J R: That's why we work with the breath. So we lie someone down and have them take some breaths and as they breathe, they change the balance of the sympathetic and parasympathetic nervous system giving them a sense of wellbeing. In a session as they breathe and we talk to them about what's going on emotionally and they take some more breadths, their feelings come to the surface and they tend to become more centered, honest and emotionally available. People become more authentic, available, and integrated in mind and body. That's what we call Integrative Body Psychotherapy.

S P: Yeah. So what I'm hearing there is a sense of that integration is also in the rhythm of the session, there is a dance between the talking and using conceptual tools and narrative and at the same time, the work with something like the breathing. You often notice something, the agency about being able to do something by acting on your body.

J R: By changing that balance of the sympathetic, parasympathetic nervous system.

S P: Yeah.

B K M: Yes. And if we were working with a couple, we wouldn't have them lie down on a table and do the breathing. They would sit in chairs and we would have them breathe, use their eyes, look around and become really present. We would do the presence work until they became centered, with that "I am" experience, high in their chest. What we have found doing this work all over the world, is that if we say to people, "Where would you point in your body if you're going to say, this is me and this is me." 99 percent of the people point to the upper center of their chest and they say, "This is me, this is me." So that's where we tend to direct people even though that feeling can be felt all over the body. We want them to have an easy access to their center of self and wellbeing.

S P: Right.

B K M: We teach people to go back to their center. So when they can find their center, then we have them look at each other, hold on to their inner center and then just meet half way and not abandon their own center. A major issue with all of us, is that when we were a little infant, very, very young, we learned that our own volition, our core voice, whatever term we want to use to call that inner compass, navigation system that makes us the author of our own life, becomes quickly confiscated by who we attach to, mainly mother, father, and what we have to do, in that relationship to be loved and cared for. Is it possible to pay attention to our volitional voice and sustain a bond and attunement? For most people, there is some level of having to numb or avoid that inner voice so that they can pay more attention to another person, usually mom. Maybe, mom needs some stabilization. Maybe, mom needs you to be a certain way so that you can get the love and attention you need or just to avoid dangers. Most people tend to abandon and dissociate from their core volitional voice so as to become hyper vigilant, focusing on the needs of others. When they do turn to their inner voice, they can only hear a more surface relationship, false self or protective voice. One of the main tasks is to help people reawaken their original deeper, soul, essence, spirit…

J R: Somatic.

B K M: Somatic sense. So if people abandon that somatic voice for another, then they will feel insecure, they will feel unsure, they will often feel angry or betrayed. Then they go back to the relationship, and they think that's the problem or the thing that they've done, they think that's the problem. But the problem isn't the problem. The problem is that they have again abandoned their own deeper inner voice, that connection, that somatic connection, that integration inside. So for instance, last week, I had a relatively new client who was doing the breath work on the table for the first time and he quickly came to full integration. He said that he felt clear, happy and alive. He was a runner, so his body was more adaptable. He kept interrupting the experience by telling me over and over again, everything that his wife was doing, that was hostile to him. I kept saying, "What happened to that inner clarity, that inner feeling of self?" Then I would suggest that he take a few breaths and go back to that place of wellbeing. I did that about five times with him. Every time he started blaming her for something and he would start to lose his integrity, I would say to him, "Remember that clarity you were feeling, where did you feel it?" "Oh, right here in my chest." "Okay, could you go back take a few breaths and feel that?" Pretty soon, he said to me, "Oh, I don't have to get all upset about what she's doing. I can just go back to my body. I can go back, and I feel calm, and I feel centered, and I don't get pulled into her things."

S P: Uh-huh. Uh-huh. So that was a beautiful example. Thank you and I think that what it shows and the part I want to summarize in what I'm hearing, is that sense that what the breathing does is it brings you back to that place in the center of the chest. You mentioned is where we feel we are, and that place itself and that sensation of I am that's related to the breathing and the openness is also not just about that place in the chest, but is actually part of the nervous system being free from the push and pull of the fight-flight actions that have been stored in our memory from the past interactions. So coming back to that place, is a place of actually calming the nervous system to come to a sense of who I am and then from that more solid, integrated place, be able to face dangerous problems in a more grounded way. (23:40)

J R: We actually call that the "I am" experience.

S P: The "I am" experience. Yeah.

B K M: We think of that as the essence of being, 'aspirates' life breath, that which comes in with the first breath when we're born, that leaves with that last breath when we die. If anything continues, it's probably that. We tend to forget to keep connecting with our essence in our every day life.

S P: Yeah. So the "I am" experience, and then that sense of the breath related to it and many traditions think of the breath as the spirit or etymologically, the two words are connected. So that's a part that is very central and that sense of how it's related to the nervous system and in turn, to the all the history of early attachment and orienting to the world.

B K M: And IBP is also a teaching model. Our therapists are very integrated, grounded, and present. They have the openness to connect yet still have good boundaries. But we also teach mental health skills. When integration is lost and people become fragmented, we teach steps for reintegration. We fragment when something in the current event triggers an old theme from our early childhood history. We call these themes the primary scenario because they're like an inner movie that we keep running. We use our inner movie as reference for our emotions, making sense out of everything. So, it is imperative to use the steps out of fragmentation to become your own therapist and clean up your movie. We recommend clients work in their journal. We have many tools that we use, more than we can talk about here for people to learn how to take responsibility for their own mental health.

S P: Yeah. So the sense of being able to, when pulled back in the wound, in that primal experience, to be able to step out of it and come back to the present moment. So these tools are ways to…

B K M: … full integration.

S P: To full integration. Yeah.

B K M: It's both in mind and body.

S P: Great. So I wanted to just come back to actually something that Jack mentioned at the beginning… you were mentioning the session with a person, lying on their back with a ball on the feet and so I want to just double check, I know that you, Beverly mentioned when it's a couple, they're sitting, but is the individual spending the session lying down on a table?

J R: Yes, Of course, I don't have them lie down for breath work when they first come in. I do a couple of sessions with them first. I take a history, what we call a primary scenario or history of their first family and later attachments relationships. This usually takes about two sessions. It helps us to get acquainted with them, their inner world and find out what's going on now. Then I say, the next session when you come in, please wear slacks so that I can put you on the table and we can start to work. Then I have them lie down on the table and I put their feet on a ball and a ball between their legs that they can hold. The ball held between their legs opens the pelvis. All the muscles in the pelvis get tired. When they get tired holding the ball I put an elastic strap just above their knees, this tires the whole pelvis. So without touching anybody, particularly women, I have done, what I used to do by not touching at all and much more effectively. Then they start to talk to you about whatever memories or feelings that are stored and coming up from opening the pelvis.

B K M: And Jack, do you want to talk about one of the things that is different about IBP, we don't just have people huff and puff and breathe. We make sure that they stay present and connected with us and they stay within that window of tolerance.

J R: And again, when I say, have them breathe, I mean take them to a high charge all the time they're working. This keeps the parasympathetic nervous system activated. They're breathing and they have a feeling tone in their body, so that when they say something to me, they're really emotionally charged.

B K M: We've had many people come to us from other therapists that have experienced, even with meditation work, deeper work than that person could tolerate. We've had people who have done a lot of breath work and weren't encouraged to stay present and in contact with the observer, the therapist. We are very concerned about that because people can become very lost. So we make sure that when people do regression work they have already learned how to stay connected and present. We don't want to send them home in a puddle, decompensated. We don't want to send them home emotionally lost or they can disrupt their life because of the therapy they're doing. We support them to experience as much regression as they can understand, remain clear, stable and resilient with and incorporate into their lives.

S P: Yeah. Yeah. So very clearly the focus is on being clear and resilient and so that's a means to, the breathing is a means to that end, as opposed to simply getting into whatever level without consideration of whether that's within their bandwidth or not.

J R: I've had a lot of therapy myself. Many of my experiences have been undermining and destructive. I would never treat people like that. It was done many years ago, the Reichian therapy I

had, I screamed and yelled, did all kinds of things and that took me, sometimes, two or three days, to recover from the stress.

B K M: No, it can take longer than that. I know, we've been around, doing this for such a long time when people were doing therapy quite differently. We know how to blow people open but then, there's a lot of residue and sometimes people close down much more than they were to begin with. So it's another injury if we don't take people step by step.

S P: Yeah. Yeah. Yeah.

J R: It's the kind of work I have been doing for a long time. You really want to be careful with people. You are dealing with a human being, not a body out there. And so we're very careful and that's one of the reasons that we do not do a lot of massage and touching and stuff like that with a client. They'll get the work done in releasing of body-mind holding patterns. It's amazing how rapidly change happens. You think a man working with a woman, even though I have a secretary, sitting right just outside one door but it's a very delicate, intimate kind of situation.

S P: Uh-huh. Uh-huh. Uh-huh. Yeah. Yeah. Yeah. So there's that sense of respect for the person.

B K M: Absolutely.

J R: We try to be as conscientious and sensitive as we can be as therapists.

B K M: IBP is both practical and transformational, because we work with the deeper issues and awaken people at their core. When you do this, people make a shift in their state of consciousness and you exchange the lens through which they see life. If someone comes in and they're fragmented or they're just in their normal false self, then they will tell you one story, but as soon as you awaken them from the inside and help them become centered, grounded and clear, then they will say, "What's the problem," they'll say, "Well there isn't a problem but here is what I would like to look at," and then look at it in a very clear sense. So why do therapy from a place that will never become integrated, and won't develop the constancy that is created when you meditate, or practice what we call the sustaining constancy exercise. We have an exercise that we teach in the office and then have then practice at home. When people do this work, they tend to begin to have what we call, somatic constancy, that inner sense of self, wellbeing, stability, and clarity. Most of our clients come off of medication they were taking before they came to us. They don't need it anymore because they have an inner place to turn to that is stable and resilient and clear.

S P: Yeah. So that sense of helping people develop the ability to sustain somatic constancy.

B K M: Uh-huh. Find it. Know the inner experience of somatic constancy. They become familiar with the practice and do it with us a number of times until it's so familiar that they can do it on their own. After a time the somatic constancy becomes embodied.

S P: Okay. So is this a good place to end or would you want to add a little something here?

J R: Well, I would like to say something more about the state of constancy.

J R: We worked on the Sustaining Constancy Series for so many years. It opens every segment of the body, and clients can do these exercises for themselves. We have printouts of the series that we hand out to clients so they can do them at home. All they need is a couple of balls and a strap and they can

practice a series of exercises that clears their mind, clears the body and makes them feel together. It provides a system for awakening aliveness and sustaining integration in the body.

S P: Yeah. So I see the part where you mentioned, barely mentioned, the teaching model that there's that part of teaching skills.

B K M: I would finish probably with… Jack and I are just completing a new book on aging, people fifty and over.

J R: It's a whole new world.

B K M: As we age, we can no longer sustain our body defense systems, the armoring. We can no longer pursue our busy multi-tasking, we don't have our full left-brain linear clarity and the strength that we once had. This allows old memories to recycle and come to the surface. Unresolved holding patterns open and reveal feelings, emotions and longings in a way they never have before. We are most likely to think that the emotions are about the present. The feelings don't necessarily come out saying, "Oh this is a memory". They may come with the feeling tone of old fears, emotional betrayals and missed opportunities. Our basic fault is our primary Achilles heel as we age. If we project these old ghosts on to self, others and things in our present it can become very destructive. It's very important for us to be able to process these emerging memories if we're to have our constancy, resilience, clarity, wellbeing and sense of self in our later years. There is so much we have to face in the End Zone, recycled memories, changes in self, relationships, work and a myriad of existential themes unfolding. It is difficult to remain present. If we are not present, others or we may think of our self as senile and we are likely to miss out on the profound.

S P: Yeah. Yeah. So in a way, that what happens at that age, is some of the defenses or some of the mechanisms that allow people to override in a way, some of these issues in earlier life, are weakened. So these issues come to the full force but that's an opportunity to actually deal with that.

J R: Yes…

B K M: It's always an opportunity. Every difficulty, every pain, every problem, is always an opportunity and aging is the best opportunity to really clear up our past and presence.

J R: That's why the Sustaining Constancy Series is so important. You can do a simple series of brain exercises that can awaken the core sense of self in the body. It's just an amazing process.

B K M: If we are about to have a car accident or drown, it is often said that a person's life flashes before their eyes. As we age, our life starts to flash before our eyes, only more slowly. We need to know that's what's happening, that it's not about now.

S P: Okay. Yeah. Yeah. Yeah. So maybe that's a wonderful part of, in a way that we loop the loop with the stuff that's happening knowing it is not about now. That's where we find the theme that we had earlier as well and the integrative approach is to find ways to remember that and deal with it.

B K M: Yes.

J R: I'm one of the most senior of the therapists around. In September, I will be eighty years old and I'm still practicing and I love it. I feel like I'm a better therapist now because I'm more cognizant of the struggles that I see in people. It's just amazing to be an observer of life.

S P: Thanks, Jack. Thanks, Beverly.

🕮 *This conversation was transcribed by San Kim.*

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