



Naropa Faculty

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Christine Caldwell, Ph.D., LPC, ADTR - Founder and former director of the Somatic Counseling Psychology Department at Naropa University in Boulder, Colorado, where she currently teaches. Her work began twenty years ago with studies in anthropology, dance therapy, bodywork and Gestalt therapy, and has developed into innovations in the field of body-centered psychotherapy. She calls her work the *Moving Cycle*. This system goes beyond the limitations of therapy and emphasizes lifelong personal and social evolution through trusting and following body states. She has authored two books: *Getting Our Bodies Back*, and *Getting In Touch*. She offers trainings in somatic psychotherapy (the *Moving Cycle*), with specializations in addictions, play, movement sequencing, therapist training, scientific inquiry, and birth and death.

Ryan Kennedy, LPC, LMFT, RN, CACIII, BC-DMT, CLMA is the Chair of the Somatic Counseling Psychology Department at Naropa University and also serves as the Director of the Body Psychotherapy Program. In addition, he serves on the faculties of Prescott College, University of Colorado Denver, and Front Range Community College. His clinical background includes extensive work with chronic and persistent mental illness, trauma and dissociative disorders, addiction and recovery, domestic/family violence, and living with life-threatening illnesses. He uses an integrative approach that draws from his expertise in trauma recovery, addiction treatment, couple and family therapy, human sexuality, domestic violence prevention/intervention, Gestalt psychotherapy, Jungian analysis, contemplative practice, existential psychotherapy, expressive arts therapies, and movement-oriented, body-based psychotherapy.

Tara Topper has a master's degree in Somatic Counseling Psychology, with a concentration in Dance/Movement Therapy, from Naropa University and a BA in Psychology and Sociology from UCLA. She is a Registered Dance/Movement Therapist (R-DMT) and has a systemic, somatic (body-centered), and person-centered approach to counseling people. This means that she believes understanding your relationship to yourself and others, how you move or inhabit your body, and how you discover your innate wisdom will be essential to building the therapeutic relationship. Her specialties include trauma processing, individual and couples therapy, and experiential play therapy.

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

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

Serge Prengel – I am with Christine Caldwell, Ryan Kennedy and Tara Topper from Naropa University. Hi.

All: Hello.

S P: So we're going to be talking today about contemplative body psychotherapy, which you practice and teach. And could you start by explaining what body psychotherapy is.

Ryan Kennedy: OK. Do you want to take that Christine?

Christine Caldwell: I can begin that, yes. So we can talk about contemplative body psychotherapy. The word contemplative is the first thing to look at, and I would say that if we go by the dictionary, the dictionary talks about contemplative as something that you gaze attentively, you observe, or you look at intently. You study something very carefully, and so a contemplative body psychotherapy is one that really uses what's traditionally called mindfulness. Mindfulness practices to help the focus on body experience and body based processing to be more nuanced, more foregrounded, and more supported by one's attentional focus, and, we might also say, by the capacity to bear witness to one's full bodied experiences.

R K: And I would add to that. I love that definition and the scope of what it covers. I would also add to it that in contemplative practice there is or there can be a connection to an observer who is not necessarily the experienter of the phenomena but a part of the self that's able to recognize there's more to the experience than just the phenomena that's happening. And so it's a cultivation in the sense of an observer or a non-subjective self. So there's part of the contemplative practice that's able to hold experience phenomenologically and also part of the self that's able to hold it more objectively.

C C: I think Ryan's making a good point because one of the capacities that is valued in contemplative body psych is that capacity to know that "I am more than just what has happened to me." And one of the ways in which we understand healing is the capacity to completely engage with the experience, our somatic experience but also to know that we have a capacity to also observe experience.

S P: Right. So what I'm hearing is that there is a sense of being very much in tune with the experience with the body process and at the same time a sense that I am more than what is happening to me.

C C: Yeah. Yeah. I am both identifying with the experience but also that experience isn't me, it's something that I am engaging with.

R K: And this, I think, is where it's a bit of a difficult concept for many people to grasp a hold of and it's not necessarily a concept that we would teach a client straight away, but the contemplative practice embraces an attitude of non-dualism. That multiple realities can be happening simultaneously and they're not contradictory so that the physical experience, the phenomenological experience, of what's happening in and with the body is one-hundred percent accurate. At the same time, there's more to the picture than meets the eye. There are many layers of experience happening, and the gross level of experiencing the body as one layer, there are a lot of subtle layers of experience that are also having to extend beyond just the individual body and go into a more transpersonal perspective. That's part of the contemplative practices as well. It's learning that were not individual separate selves that are isolated, but we're more connected to a bigger body, a communal body or a global body that's beyond just the self. I think that's part of the Buddhist roots of contemplative practice and Naropa, but I think its also part of the systemic view that a lot of therapies are moving towards today. It's this idea that we're part of a larger organic systems that are exchanging energy with each other and informing and changing each other all the time. Part of contemplative practice is to become aware of that larger viewpoint and in doing so we become

connected, and we actually have more compassion for experiences that people have, because things aren't one way or the other in that non-dualistic contemplative viewpoint.

S P: Right. Right. So in other words it's that any perception we have is just an entry point of more perceptions; there's more ways of looking at it and there's also that connection to something larger and that contemplative part is the slowing down in order to be able to see the other perspectives as well.

R K: That's a good summary.

C C: Yes, I think that's true. It's also about the fact that in contemplative body psychotherapy, both as your training in that and as a client in that system, that you come in with a history of what we might call attentional wounds. We have all navigated some kind of experiences where when attention was turned on to us, when attention was paid to us, that attention was critical, unsafe, or manipulative. So one of the meta ideas in contemplative body psychotherapy is that you want to repair the capacity. You want to repair attentional wounds, and you want to repair the capacity to pay good, strong, high quality attention both to your inner experience and your somatic experience especially, but also to others and to the world, like Ryan was saying. So there's these reparative experiences that we can have when we allow our attention for instance to be non-judgmental, non-analytical, and just create a theme of attention towards our experience that is very clear and very open. It's a tremendous way that we create safety for instance with clients.

S P: Mm-hm.

Tara Topper: Yeah. I would also add that if we look at it through a developmental lens, we actually gain a sense of our own self through being witnessed by someone, and so as we start to get witnessed through the therapeutic relationship around that, then we start to internalize that sense of witnessing for our self. That there's actually a relationship helps build an ego structure.

S P: Yeah.

Catherine Caldwell- Nice.

R K: Yeah. Yeah. That's a really excellent point – back to the non-dual idea at Naropa: When we're thinking about the contemplative forms of body psychotherapy and how those are expressed both in training as well as in clinical environments, there's a notion of being able to hold a materialistic viewpoint, or in more Buddhist terms it's the relative world – so these are things like DSM diagnoses and systemic observations about hierarchies in families or however it plays out diagnostic or assessment perspective. So that view can be held and it's not seen as some kind of literal reality that there's more of an absolute truth which gets played out, and that each being and each person is an expression of wholeness as they are in that sense we're supporting. That wholeness and the expression of that wholeness through the mindfulness practices. The contemplative approach as seen beyond or through the wounding allows for the intrinsic basic goodness of the individual to be expressed. And what Tara is saying, I think, is really important because that viewpoint can get oversimplified or sometimes, it can get applied in a polarized way and I think that's dangerous because there are developmental things that are happening in the world of the materialistic growth and development of an individual for the relative world. People need to go through development or trajectory, and the therapist might need to do some corrective experience and things like this

knowing that that's part of the trajectory, while still holding that non-dual absolute truth with the wholeness and the basic goodness of the individual. So there's a quality of the attention, being able to oscillate back and forth between structure or openness between directive interventions or more spacious supportive interventions that are really acutely attuned to the unique processes. Folding between the therapist and the client takes a lot of internal witnessing of one's self and learning – what you know that's motivating, what inspires particular kinds of conceptualizations, and interventions that may be coming out of place of theoretic orientation which is not really rooted in a relational or mindful place.

S P: So maybe that would be a good place to explain what a session would be like to give a sense of what you're talking about.

R K: Well, one thing that I tell students a lot, and I apply it actually in clinical environments, is that when we're talking about contemplative body psychotherapy, we're also talking about things that people already know about, such as cognitive behavioral therapy. CBT, or cognitive behavioral therapy, is looking at cognition and how cognition informs behavior or action. In a way, contemplative body psychotherapy is similar is that we're not just looking at cognition and we're not just looking at contemplative practice. We're looking at the generation of energy on all levels of the mind, body, and in the heart, so that there's a way in which contemplative body psychotherapy can have a lot of the same kind of external look as something like CBT. I think the view of the therapist is that, "I'm not trying to change you by calling your cognition irrational or your thoughts are destructive," but rather it's looking at where those thoughts are coming from. It looks at those kinds of thoughts as distortions of ego based thinking and what we're working on is letting that go – such as supporting a client in accessing intrinsic basic goodness, which allows them to soften, have a little more self-compassion, and get past those kinds of belief systems and structures that prevent them from expressing a full lightness through and with their body.

S P: So if I understand you correctly, in some ways psychotherapists would behave the way another psychotherapist would and pay attention to what's happening on a material level and observe behavior but actually not then be focusing on trying very hard to change the client but actually observing from a sense of the observing distortion of ego based thinking and creating the space for this to flow in a more organic way.

R K: That's a nice way of summarizing what I just said. It sounds pretty abstract and I'm sure, as most body psychotherapists know, it's hard to describe in one session that encapsulates how all sessions will look. Having a more detailed version of the application of these practices in a session might help somebody. It really starts with me as the practitioner, and that I am able to be grounded and centered – not necessarily in a state of perfection, because that's not really the role of contemplative practice. The role of contemplative practice is just to support and invite in a sense. It's about not pushing anything away and it's not about clinging onto anything. That's what we're trying to obtain. It's really about being present and accepting each moment as it presents itself. So as a therapist, doing a contemplative based body psychotherapy session, I'm tracking what's happening with me. I'm not trying to change myself so that I'm more present or make myself into a better rendition of whatever the ideal is. I'm just accepting things as they are, with an understanding that I'm an expression of that basic goodness. There might be things that I can do or say that would support particular things in more clinically relative ways, and I'm also tracking that I'm present, I'm in body and awake. I'm also tracking my own attentional flow, my own biases and I'm taking ownership of them from ongoing oscillating perspective. I'm not getting too focused

inwardly; I'm not getting too focused outwardly; I'm not getting too focused on specific dynamics; I'm not getting too lost in the general territory; my attention is able to track all of those things in an ongoing way. I might be aware of some conceptions or case theoretical orientations but I'm not attaching any kind of fact to that or saying, "This is reality." I'm saying, "Here are some elements of reality that's unfolding." So there's an element of a beginner's mind that's always going along with the experience; that "I don't know" and "I'm in a creative process with this individual exploring the territory without getting lost in the map," and, "I'm trying to be in the territory with them even though maps are helpful in exploring territories." So that's a lot of how a session goes, like holding both things simultaneously. One being the theoretical understanding of body psychotherapy as many people are trained in and understand and the other is an experiential exploration and not really knowing the right It's a co-creative process.

T T: I was going to say that I also think of the moving cycle. Christine, I don't know if you were just about to talk about that.

C C: Yeah. I think of the important things that Ryan is saying is that this type of psychotherapy is not monolithic. There's a lot of different ways that we can bring many other different modalities to it in application to it, and if I were to try to tease out some of the commonalities that might occur, in terms of what Ryan was saying, I would say that you begin a session and you are opening up the session by bringing the client into the present moment. I might ask the client, "Could you please describe for me what you're noticing in your body right now?" and then what occurs at that point is that I am not going to interpret that experience. I'm not going to ask the client to interpret that experience or to create a meaningful narrative at that point. In fact, one of the things in the work that I've developed, called the moving cycle, is a principle that's called postponing interpretation. So what you do is you settle into the body in the present manner, even if there is some goal, story, or even you want to work on. You begin by locating yourself in the present moment, describing your present moment experience, and then stepping into it, really engaging it. So one of the things that might happen is they might say is, "My jaw is tight" and I might ask them to describe that experience. "Is it more on the left or the right? Is it a hot quality?" These are just descriptors but then what I might do is to say, "That's it, stay with that." Just engage with your jaw exactly the way it is. This is what Ryan was saying a little bit ago. That you really hold the somatic experience in a clear environment of attention so the attention actually cares for the experience and holds it. It allows it to then emerge under its own terms. So we're not using our conceptual minds as a box that explains the body. It's not what we do when we talk about our bodies instead of really engaged with our bodies. So we postpone that idea that we're a verbal translator for our physical experiences. Instead, we really encourage the client to immediately engage with that with the experience lets say of the tight jaw and to for instance say things like, "That's it. Just stay with that. What does your jaw want to do right now? How can you breathe just to support your jaw and what it wants to do right now?" Stay with noticing the sensations and then what happens is my feeling is that what gets created there with that very high quality attention. It thins the barrier between conscious and unconscious processing so that stored material or unconscious material can emerge in a very safe way. Then I might then ask the client "As you really stay with your jaw right there, and as you hold and care for that experience in your jaw, do you hear any words? Do any sounds come up? Any sensations elsewhere in your body? Any emotional states? Any memories?" And so we're working with the associative capacity of unconscious processing, or we could also say right brain processing, and bringing up the creative material that is safe to emerge at that point. We're looking for that kind of mindfulness, holding attention, and allowing emotions, movements, or images to

sequence. That is about our capacity to stay associated and not have that very common dissociation that our client suffers in the first place

S P: Mm-hm.

C C: They dissociate for the power and the rich material that's arising when they really take good care of that experience in their jaw. I hope that sort of helps with the clinical.

S P: Yeah that's really beautiful and, not in any way trying to summarize the richness of what you said, but for instance the experience of the jaw may be painful and a normal tendency to human beings is go away from the pain. But probably you're helping people engage with the experience and feeling grounded, and there is a thinning the barrier between the conscious and the unconscious from that place, in that place of safety and grounding.

T T: Yeah. Very well put. I think one of things that I really like about this work too is that as we sit and we're present with the body. The body always tells the truth, so it can often get underneath the rationalizations and distortions that are mindfulness. I think Ryan was making this point earlier, but it has a way of cutting through the stories that we make about our lives. When somebody actually has quality attention paid on themselves, they start to witness themselves and focus in on the sensations and the memories that start to emerge from there. There's a way in which that sensation turns to movement, and it helps to sequence through whatever might be stuck because of whatever belief systems are holding that belief or sensation in place – whatever trauma is distorting the body in that way. I think that as we start to hold those sensations and work with them, they naturally have a movement of their own. When they do that, we can actually relieve the tension that's stored into our body in that way.

S P: So that sensation is actually something that is a gateway to a movement that has not had completion.

T T: Absolutely. Well said.

S P: Mm-hm.

R K: In a way, what I think are the contemplative practices are actually doing by not going to conceptualize actual frameworks straight away, but supporting the somatic experience. It's allowing for the procedural memory to be expressed that didn't get expressed earlier instead of jumping to the somatic memory of what it was about.

S P: Mm-hm. Mm-hm. So how do people get trained to become practitioners in that? What's the training like?

C C: At Naropa, we have a three year program and, in that sense, we have a wonderful luxury of being academics because we can teach both theory and practice. Ethics, social engagement, and practicum are all woven together at the same time. We can also teach many different methodologies at the same time. So one of the things we do in terms of it being not monolithic is actually bring in some important resources that have been developed in verbal methodologies. We really start out with a premise that the student has to really learn to pay high quality attention to their own experience and be a clear channel with their own experience. That's the basis of being

able to sort through things like the differences between intuition, therapeutic intuition, and projection. We can give it fancier term calling, and call it counter transference stress, and certainly, we can that there is somatic counter transference as well as cognitive and emotional. But we really first spend quite a bit of time in helping the students to uncover how to work their own capacity in a free-standing way. In other words, we give them practices they can do on their own but also in an embedded way so that their capacity to oscillate their attention from inside themselves to outside to a client is a very important aspect of the flow of attention. That is actually the way attention naturally operates – especially in a system with two people in it. So we begin and keep that thread going the whole three years that the student is studying. At the same time, they are studying a vast array of different methods and modalities that can be operationalized through a contemplative lens.

S P: So you're describing developing that observer capacity. And focusing on how it would be of use as a psychotherapist in terms of observing ones self while observing the client. Observing, for instance, the difference between intuition and projection.

R K: Some very practical ways in which we bring the contemplative view into our curriculum is we tend to start every class with a period of mindfulness or just actual meditation practice, so it's a transition for even five minutes. Usually, it's about five minutes, but people will settle and track their sensations. They will settle even further and track their thought processes, and even settle further to allow things to be as they are without trying to do something about it or get it right or acquire some kind of state of meditative bliss. We're not encouraging anything like that. It's just to slow down enough so that you can be able to track your own body and mark the transition from one thing to another. In doing so, it cultivates that quality of intentional directionality that supports people in clinical practice. A session is fifty minutes, and they have one kind of energy in the room, so that they can shift and see another client by integrating a new ground. We talk a lot about the ground of practice of contemplative practice as a resource for therapists to come back to help anchor when things start to become deregulated or unpredictable. We're not trying to predict, control, or manage things. We're just trying to be able to keep our seat and support whatever it is coming up to keep us from getting knocked off our center. So classes usually begin and end with some period of mindfulness or contemplative practice. We also have it woven into the curriculum in terms of their own practices. So not only are they woven into every class, but they are also woven into the curriculum. Their own self-standing courses are more of a sitting, meditation practice and how it relates to body psychotherapy. The other is moving practices and we really try to get support people on exploring both. because they both serve different capacities. They are both important and it tends to be that people who are more in the movement body based training programs like the moving practices. So we encourage that. At the same time, there's something useful and valuable by just sitting still, tracking, and observing sensation without always following the impulse. Just as there's something useful about being able to follow the impulse and seeing where it goes without having the conscious mind do some kind of a codified or practiced movement, it's more of a deliberate action, rather than a supportive unconscious process. So that's woven into the curriculum. And then there's just a lot of high quality, post- modern assumption testing, "Who are you?" Essentially, the question that is being asked is, "Who's the who that's answering the question?" and "Where did that who come from," and "Is that a solid who or is that an ever changing who that has an illusion solidness but really isn't necessarily solid because it's changing and transitioning all the time and being influenced by experience." So there's this other part of the training which is tracking beyond well who this "I" is. It can be mind blowing for people.

S P: Yeah.


R K: It's not really asking. It can bring up a ton of anxiety and just sort of existential fear. So being able to sit with that question and the whole state of not knowing can be very useful for therapists. They haven't been able to go down that road a little bit, but their clients are going to be coming in with those similar types of questions when their life crumbles or their plan seems to be afforded. How do we know that quality of mediability of our own lives, and then just sort of be with them in their own place without knowing and still have the ground of practice that just supports not falling all the way through the rabbit hole?

S P: Mm-hm. That sounds like a very beautiful way to put it – just staying with it, not knowing, and not falling down the rabbit hole so it might be a place where we end up. I want to just check if there's something that you might want to say something to conclude other than that.

C C: Mm. You know, on that existential thing, I think most people just want to be seen. What's scary about that is that fear of judgment, and I think the more we can sit with our own non-duality and let meditation support that or mindfulness support that, we're able to bring that quality of attention to our clients without our own projection sitting in the room.

S P: Mm-hm.

R K: I think something that really strikes me was something that I heard the other day from a prospective student who came in and was talking about her interest in studying at Naropa, so I'm just going to kind of add my spin on it. Essentially, the idea is that our emotional body is so intrinsically tied to past experience. It's so rooted in what the limbic system has gathered as dangerous data and so it's included all our bodies and our emotions. Therefore, it's really about sort of the past in some sense. And our brain, our cortical mind, is trying to arrange things, fix things, plan, and design to avoid that pain or to grasp on to the pleasures. In contemplative practice, we see pain and pleasure in similar ways. Pain is something that we dislike so we move away. We try to go to pleasurable things, but pleasure tends to be fleeting too, and we can spend a lot of time clinging on to things because we're afraid of losing them. So the body's situated in the middle. So we are coming into the body in that contemplative awareness of what's happening in our body and then we start to shed the character strategies and the armoring and all these things that go on. And so we get into the direct experience of the moment and a lot of times the energy that's tied up in striving, planning, avoiding, and clinging can be freed up to really allow more aliveness and joy in the moment. Even though painful things might be happening or lovely things might be happening we can experience them fully.

 *This conversation was transcribed by Jessica Cullen.*

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