

Help Me -- I'm Tired Of Feeling Bad

Newer, Simpler and Much Deeper Instructions
to move out of Serious Emotional Pain and Stress

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Dr. Vereshack has resigned his medical licence.
He remains in the private practice of Depth Therapy in Toronto.
Please see the [Preface](#) for details.

This book is available in a soft covered signed version called

"The Psychotherapy of The Deepest Self".

Instructions how to order the book on the last page



"This book, by Dr. Vereshack, reveals more about the
process of primal therapy than all previous books on this subject combined.
History will show this work to be the single most important contribution
of the century for the advancement of primal theory and practice."

Donald Allan
Former board member of The International Primal Association



PART ONE - EXPERIENCING

Depth therapy, including the use of touch and holding

PART TWO - AWAKENING

The feeling-oriented management of serious emotional pain and stress



PART ONE

All knowledge above the abyss
is the knowledge of avoidance

- First Law of Regressive Therapy

- PREFACE
- Introduction to Part One
- CHAPTER 1: A Little Bit of Background
- CHAPTER 2: How the Central Nervous System Gets Damaged
- CHAPTER 3: Levels of Therapeutic intensity
- CHAPTER 4: How Do We Summon the Unconscious?
- CHAPTER 5: The Brain's Active Search to Complete What's Unfinished
- CHAPTER 6: Direct Therapeutic Nurture
- CHAPTER 7: The Problem of Therapist Pleasure in Regressive Therapy
- CHAPTER 8: Necessities in Level Four regressive Therapy
- CHAPTER 9: Risks, Cautions, and Indications for Therapy



PART TWO

The more complicated the therapy The more terrified the therapist

- consequence of the First Law of Regressive Therapy

- Introduction to Part Two
- CHAPTER 10: The Basic Problem of Stress Management and Human Growth
- CHAPTER 11: Major Precautions Which Under No Circumstances Should be Ignored
- CHAPTER 12: Who Should Take the Journey?
- CHAPTER 13: What the Brain Does When It Is In Pain
- CHAPTER 14: How the Brain Alerts Us To Its Distress
- CHAPTER 15: The Problem Of Experiential Intensity
- CHAPTER 16: Swimmers In the Sea Of Regressive Therapy
- CHAPTER 17: What We Are Trying to Do Within the Sea of the Deeper Self
- CHAPTER 18: Possible Results Of Merging
- CHAPTER 19: How The Brain Defends: Resistance
- CHAPTER 20: The Devices, Forces and Trickery Used By the Unconscious to Keep Us Out of Our Own Brain
- CHAPTER 21: Counter-Devices to Dissolve the Brain's Defensive Trickery (Introduction)
- CHAPTER 22: Specific Counter-Devices to Dissolve the Brain's Defensive Trickery (Activating the Immaculate Functions Of the Mind)
- CHAPTER 23: The Attitude Which Shapes the Therapy Key (The Barrier Paradox of Intent)

- CHAPTER 24: Purities of Intent and Therapeutic Work (The Work We Can Do to Ready Ourselves For the Gifts Of Insight)
 - CHAPTER 25: Worldiness versus Inwardness
 - CHAPTER 26: Therapy Without a Therapist
 - CHAPTER 27: Summary of instructions
 - CHAPTER 28: Experiencing versus Symbolizing
-
- APPENDIX: Images, Image Sequences, and Dreams
-
- Credits
-
- Publishing and Copyright Information



Preface

In the fall of 1991, I was called upon to defend myself before the College of Physicians and Surgeons of Ontario against two charges of sexual misconduct in my practice. I had experimented beyond what was considered acceptable in my profession, and I had been aware that I was doing it. The trial was closed to the public. (This book was a permitted exception because Part One had already been written and gave no specific information about the hearing.)

Legal process, taking the time that it does, allowed me more than a year to write a paper describing for the Discipline Committee, the precise nature of my particular and unusual psychotherapy methods.

I decided to publish this presentation as a book, even though many people urged me to rewrite it. They said I should remove myself from the text, and change several highly controversial examples of my work to make it more acceptable.

I have decided after much thought to let the book stand as I presented it in the courtroom. I decided this because it is a real and living experience and it is, word for word, my struggle to make myself understood simply and clearly. Part One of this book is essentially what the courtroom heard.

In October of 1991, the four-day trial was held before the Discipline Committee of the College of Physicians and Surgeons of Ontario (the profession's governing body). In addition to the presentation of Part One of this book, 23 women, five men, and two couples came forward to corroborate the nature of my work, and the truths that are put forward in the book.

Nevertheless, the College revoked my license for life. I then appealed to the Divisional Court of Ontario (part of the public civil court system).

In October 1992, the three judges of this court saw my original presentation in a different light than did the College. Accordingly, they overruled the lifetime suspension and changed it to 18 months, with mandatory re-instatement.

In January of 1993 the College attempted once again to have my license revoked permanently. The Appeal Court of Ontario ruled that it was satisfied with the Divisional Court's decision, and disallowed any further appeals against me. The case was closed.

Shortly after being reinstated, I resigned my license to practice medicine. I remain in the private practice of psychotherapy, in Toronto.

This is a book about new techniques in depth psychotherapy. It is simple to read and will greatly deepen your understanding of the mind.

This book could be very, very dangerous if used as a self-help manual without continuous therapy supervision. Part Two will discuss this particular issue in considerable detail.

The psychotherapy, which I have practiced, because of its unusual nature, has made it necessary for me to challenge commonly accepted methods. I have found that the needs of a very deep psychotherapy are often completely different from those used in a more general approach.

Just as divers, thousands of feet below the ocean's surface, must breathe exotic gasses such as helium to avoid death, so too must deep-working therapists and patients involve themselves in practices which on the surface of their lives would seem exotic, unnecessary, intrusive, and even unethical.

Chapter One

A Little Bit Of Background

In 1969 I had completed twelve years of post secondary education at the University of Toronto: three years of Arts; four years of Medicine; a one-year general rotating internship; and four years of full-time training in psychiatry in five Toronto psychiatric training centers. They were: The Toronto Psychiatric Hospital, Wellesley Hospital, Mount Sinai Hospital, The Clarke Institute of Psychiatry and the University of Toronto Health Services, Division of Psychiatry.

During a senior resident seminar at the end of my training, where I was constantly questioning basic theory, the professor of psychiatry at the University of Toronto finally said to me, 'For God's sake, will you stop always trying to re-invent the wheel!'

My response to him then, was exactly the same as it would be today "I can't."

Although I loved psychotherapy and still do, I was deeply disappointed in its seeming lack of healing.

* * *

My distrust of psychotherapy came from several directions:

- 1- It required a vast amount of time;
- 2- Patients were not changing as deeply or significantly as one might expect; and;
- 3- Many of the psychiatrists who I knew seemed to me to have a guardedness, a lack of spontaneity and warmth about them which triggered my deep suspicion.

I began to sense that healing might require some kind of direct nurturing which the men and women in my profession would have found theoretically unsupportable and, in any case, would have been characterologically unable to deliver.

I began to suspect that psychiatry dwelt in an extraordinarily complex theoretical tower, which acted primarily to preserve the safety of the people who practiced it. I came to feel, in fact, that psychiatry is the most sophisticated art of self-defense that the world has ever known. The patient is always the object and the psychiatrist is always safely removed, behind an enormous amount of theory.

I remember once at a psychiatric association dance watching the woodenness in the bodies of my colleagues and I reached the conclusion that something in our entire approach to healing was wrong. I had discovered this rigidity of movement in myself and I knew in my heart that it came from neurotic and body armour defenses.

By now I was beginning to learn from what I saw and intuited rather than from the theory I was being taught. The theory seemed irrelevant and seldom connected to the flow of my patients' conversation and pain.

I myself, at that time, after twelve years of post secondary education and two different personal psychotherapy experiences, did not feel healed of my own pain in the way I would have expected, helped to be sure, but not really healed. Finally, as the culmination of all these things, I lifted my eyes above the ground I was standing on and stepped sideways into the world of what has been called 'humanistic psychology', where things were more easy going and experimental.

After Freud's epic contributions to our knowledge of the unconscious, many workers, during the middle part of this century, took important steps forward for the profession:

Carl Rogers had shown that clear reflective statements allow the mind to heal along its own path rather than the paths dictated by psychological theory. The notion of healing as an unfolding of a mind freed of conflict began to replace the notion of healing as insight into sophisticated psychiatric theory.

Fritz Perls, the famous innovator of Gestalt therapy, added to the idea of unfolding by showing that the mind always struggles to complete what is unresolved within it. In short - to form a **Gestalt**. He gave us an entirely new set of tools for retrieving unconscious material and re-integrating it within the larger body of mental phenomena. The actual experiencing of previously warded-off processes and buried hurts received even more primacy than it had before.

THE CENTRAL PARADOX of all experiential therapy emerged, which is that, *when we move to the absolute feeling center of the most painful and the worst that has ever happened to us, barriers within the mind collapse, the pain is experienced and an emotional completion occurs*. Perls did not solve all our problems but he took us on a huge leap in the right direction.

Jacob Moreno, with his psychodrama, added to and built upon the notion of expressing pathology through playing out the parts of ourselves and people in our past.

Alexander Lowen and *Ida Rolf*, building on Reich's body armour concepts, began to access early traumatic material through body pain and dysfunction. The notion of touch as a therapeutic tool was born.

Roberto Assagioli injected notions of spirituality into mental health healing.

Eric Berne analyzed communication and found that communicating, in almost every instance, is a manipulation for personal gain.

Perls had already stated that the human personality, with its endless conversation, was the sum total of all the devices we have ever acquired to manipulate our fellow man. This will be important in a few minutes when I talk to you about therapy, which fractures and deprives a person of normal conversational defenses.

Then onto the scene burst the most significant figure, in my opinion, since Freud.

Arthur Janov, working in Los Angeles, expanded upon a very old psychiatric notion and brought it into the middle of the twentieth century in full force. He discovered that if you lie a person down in a darkened sound-proof room, prevent them from talking and ask them to stay with what they feel, defenses crumble and early traumatic memory and pain rush to the surface where they are expressed, sometimes quite convulsively. People find, to their amazement, that they come out of these experiences feeling lighter and easier within themselves than they have ever felt in their lives. In short, all childhood pain is trauma to the central nervous system and can be treated as though it were a traumatic neurosis of war, but without the necessity for sodium pentothal as a regressive facilitator. Janov discovered that the royal road to deep unconscious conflict was not only the dream as Freud had stated, but that it was the act of staying with a feeling and not distracting yourself with talk.

Later today I am going to introduce to you for the first time ever, as far as I know, another royal road to the unconscious. There is a new and even more powerful principle which will enable therapists to penetrate defenses and help their patients to re-experience unconscious childhood pain. In understanding the intensity of the feelings with which I work in my practice and the necessities which then arise in my work for the handling of such feelings, I

believe you will come to realize that what has brought these two complainants here today is not a lack of ethics; it is an error pertaining to this kind of therapy, which I now understand and have corrected. Janov's technique brought with it serious difficulties which will lead you to understand why we must involve ourselves in practices that will appear unusual, such as the use of full body holding, when certain levels of regression are achieved.

The problem that Janov presented us with was twofold:

1- When defenses begin to crumble, the ego, which contains our integrated ability to function, also starts to crumble and we have a potential landslide of disintegration in our patients. People in deep therapy can become seriously disabled for months or years, mired in an ever-deepening circle of pain and dysfunction. It has therefore been imperative to find methods not only to control the disintegration but also to sustain and nurture the child, which these powerful regressive techniques lay bare.

2- The therapist must help patients to move through a window of entry into the deeper self, like the astronauts do when they return to earth. The level of therapeutic intensity must not be so profound that it stops the brain from functioning, nor so superficial that no real penetration into the deeper self is achieved. There are many ways to help control the rate, the intensity and the depth of regression.

Chapter Two

How the Central Nervous System Gets Damaged

It is the business of the Central Nervous System (CNS) to contain the powerful buried material of childhood in order to prevent suicide or homicide. The CNS does this by allowing the slow leakage of these pressures in a highly disguised form. For example, the rage of one child may become the cutting knife of the surgeon, thus containing it and leaking it out across a lifetime in a highly constructive way. In another child it may become the cutting edge of a knife during a street brawl. Yet again, it could become the cutting article of a professional critic.

Whatever the disguise, the impulses come from the same place, the white, hot inferno of the unconscious which is shaped and channeled by the mental mechanisms of defense into all the shades and textures of adult behaviour.

We are the living disguise of a primitive and powerful childhood self.

When we seek depth therapy, we ask the therapist to penetrate and remove our outer civilized self so that the wounded and infected parts of our being may be laid bare, drained, and thus permitted to heal.

Therapists work at different depths; each depth has its method and its necessities. Only a few of us attempt to handle the white-hot stuff of the unconscious directly. Most therapists remain near the surface while the sharks remain asleep in the depths.

Therapy is impelled forward by the same thing that impels all behaviour: the need to finish what is unfinished, and to obtain what is needed. What

therapy patients seek more directly than others, in ordinary society, is to uncover and express aloud this early pain, the situations that caused it and the results in adult life. When the patient connects with unconscious material and brings it across the great river of defensiveness into conscious awareness, healing begins. Previously frozen processes melt, enter the mainstream of mental phenomena and become integrated, losing the power to warp human thought, feeling and behaviour from a hiding place inside of us that we cannot see. Let us look at childhood damage and see what it is we are trying to heal.

There are only two ways that an adult can hurt a child. In the first way, an adult can withhold itself, its presence, its empathy, its physical and verbal support. From the child's point of view this is called, in the jargon of our profession, 'object loss'. The parental object is missing. The child begins to starve slowly and inexorably, the tree of its life, without nourishment, stunting and twisting like a plant when nutrients are withheld.

The second thing an adult can do to hurt a child is to intrude into its world with verbal, physical or sexual abuse. In the jargon of our profession this is called 'object intrusion' and once again the tree twists.

Most childhood damage contains both of the above elements. A beaten child, for instance, is intruded upon and also suffers a major loss of empathy.

Trauma does not have to be sudden and dramatic. It can happen in small ways over a long period of time.

The inability on the part of parents to properly listen to their children, without inserting their own thoughts and feelings into the child's mental life, is one of the most damaging kinds of parenting. This interrupts the growing self with a constant denial of the child's inner reality and feelings. This failure of empathy and the endless application of rules and beliefs that override and do not honour the child's own processes can, over the years, destroy the intrinsic self-balancing mechanisms of the growing brain.

This failure of empathy can leave, in the end, as much pain and disability as actual physical harm.

- Mommy, mommy...the teacher was unfair to me today.

- Now dear, the teacher was only trying to do his best.

-

This lack of allowing the child to explore its feelings, when they occur, tens of thousands of times across the growing years, seriously disables the supple processes of the young mind.

The finest book I know which deals with this issue is *Parent Effectiveness Training* by Gordon.

When negative influences impinge upon the child, how does the tree of life twist and stunt? Very simply, the child seeks to avoid pain by suppressing not only the pain but chunks of mental process as well. Thoughts, needs, feelings and behaviour which might lead to the pain, or in later life recall the pain, are shunted into the unconscious and, with many of its processes taken off-line (to borrow the language of computers), a child consciously and unconsciously builds a self which will lead to safety and the fulfillment of its needs. Rebellion, or avoidance and compliance with its world, begins to take precedence. In the suppression of the child's real and organic self, the unconscious becomes filled with pain and unmet needs which, no matter how carefully we try to hide, make themselves known in many subtle ways, wrecking our adult life.

The damaged child becomes two adults:

1- First, the false outer self emerges, within which, to a certain extent, we all dwell. This self has been constructed to keep inner pain at bay. It does not see itself, or should I say we do not see ourselves, as false and we will fight like cornered rats to maintain our view of reality regardless of external truth. It is in this region which cultural consensus lies.

2- The second self is the underlying damaged child which still lives in a pressure cooker of anguish, fear, rage and sadness. In the case of the damaged child we have both an increasingly chaotic unconscious and a decreasing strength in the self, which has to contain it. Thus the self becomes brittle, frightened, easily provoked, swept by storms and ineffectiveness in life. We misunderstand our world and overreact to it. These forces are immensely powerful. For instance, consider a child left un-held in its crib. At first it cries out for attention and then sinks into a depression and finally dies in a condition known as marasmus.

Place yourself for a moment, if you will, inside that dying child and you will begin to appreciate the forces with which I deal. Those of us who take our patients back in time to re-experience this pain directly are subject to the most unbelievable degree of feeling and therapeutic necessity. Our world in the depths of the mind is sometimes seemingly bizarre.

The therapist does battle with a false self-locked around a core of pain which it does and does not wish to feel.

Now, obeying the central paradox of depth therapy, we must journey with our patient to the center of these chaotic places. The release achieved when this material is brought to the surface is the only and final real relief we can find. Around this paradox all deep healing takes place.

To put it briefly, *feel it and you will be freed from it.*

It is astounding how the vast majority of psychotherapists and the vast majority of patients will do anything to avoid this truth. Psychotherapy has fled from this understanding and built in its stead castles of theory, as I have said, to keep its practitioners safe from the feelings a deeply regressed patient will trigger in them.

I was trained in classical methods of thought as a resident in psychiatry and it has taken me twenty-five years and more than thirty-two thousand hours of psychotherapy to penetrate the ornate buildings of psychodynamic theory and bring forward the simple truths which I am about to share with you today. My methods work for those who can utilize them. I have treated more than one thousand patients of which at least seven hundred were women. I know what I am talking about.

Chapter Three

Levels Of Therapeutic Intensity

Therapeutic Intensity: Level One

Level One in psychotherapy, referred to colloquially as 'sitting up' therapy, contains the following issues: the therapist and patient talk to each other from a sitting position in a comfortably structured room. This body configuration supports a conscious, defensive presentation of both selves. Therapist and patient are polite and rational by normal standards. The effect is somewhat the same as having a serious discussion in the carefully

constrained conventions of a tea party. Distance from deep pain is maximal, both for the therapist and the patient. The patient presents a story and talks about events in an essentially logical, linear, discursive manner. The discussion is under conscious control where thinking about and actively recalling past events take place. The therapist offers thoughtful, objective listening and makes client-centered reflective statements. The therapist may or may not offer advice. Patients want support, clarification, and validation thus hoping, by and large, that their defenses will not be too deeply challenged. They want their beliefs and values and, in short, their personality structure, to remain for the most part intact.

There is no serious threat to their rational idea of themselves or to their function. The patient can look forward to some mild relief from current feelings and behaviour, usually for a limited period of time. The Central Nervous System remains essentially closed and there are no deep shifts in personal processes. This method of therapy is offered by most mental health professionals, from psychiatry to social work. It is traditional, safe, and leads to minimal change.

Therapeutic Intensity: Level Two

At this level we see the emergence of what we call 'lying down' therapy. The patient lies in a comfortable, structured room and because of this body position starts to be freed from the conscious daytime, defensive external self. The therapist usually sits up in a comfortable chair. The all-important shift at this level is towards the dismantling of daytime logic, which is replaced with the use of free association, a technique developed by Freud. In allowing thoughts to come to us, rather than consciously manipulating them, we enter the world of non-logical experience, which allows deeper material to come up into consciousness with more ease and fluidity. Connections now occur more freely by association instead of logic. We become for the first time, at Level Two, receivers of information more directly from the deeper levels of the mind.

Patient conversation becomes more obedient to the imperative that unfinished material within us must seek expression.

Powerful material, when it arrives in our awareness, is still however being converted to linear verbal expression and feeling is still being channeled into logical conversation. This ensures that Level Two psychotherapy will not go deeper and tip over into Level Three. It also ensures considerable limitations around the experiencing of deeper pain.

Over time, deeper penetration into personality may be achieved and some real challenge to our basic ideas of self may occur, with consequent deeper shifts.

Vulnerability at this level is deepening, as is the necessity for trust in the therapist. The therapist remains in a sitting up position and, by and large, in his logical mind 'professionally removed from the patient's pain', courteous, helpful, intuitive to a degree but nonetheless detached and intellectually analytical. Imperatives for the direct emergence of deeper material are stillborn and frustrated. Because of this, psychotherapies, like psychoanalysis, have been known to continue for vast numbers of years without resolution.

Therapeutic Intensity: Level Three

At Level Three one of the most significant breakthroughs in modern psychotherapy takes place. For the first time feelings and body sensations are used to guide free association towards deep unconscious pain. They are also kept to the forefront as the therapy hour unfolds, to anchor and render more intense and meaningful the insights that arrive into consciousness. The simple and profound truth of depth therapy which has been discovered all over the world, especially in North America, is this: if we lie someone down in a comfortable, neutral position on their back, with arms at their side and legs uncrossed, and if we ask them to focus not on thoughts but on feelings and/or on internal body sensations and discomforts, these sensations, after a brief period of reorientation in the mind/body system, begin to act like magnets and draw towards themselves those memories that have been repressed.

One of the most well-known contributors in this field of what I would call Level Three medium intensity therapy is Eugene Gendlin at the University of Chicago. He has given us great help with the problem that we all face at this depth. When we open the door directly into the unconscious using feelings and body sensations as a guide, we encounter in the upper levels of the unconscious extremely elusive material. Thoughts and images move through the shallows like minnows pursued by a child on a beach. To develop a feeling connection with these little fish, maintain it and then to bring the insights up into consciousness is extremely tricky. The moment we start talking or thinking about one of these dimly perceived, quick, darting insights we find ourselves 'in our head' and the feeling is lost. So we end up back at Level One, talking about and distancing ourselves from the very events we are trying to feel.

The object of work at Level Three is to have a feeling experience of the self. Thus, if I ask a patient who has become aware of a constriction in the throat to simply go ahead and talk about it, the intensity disappears, rendering the insight intellectual and useless. Gendlin suggested that, if instead of talking about it we remain attentive to the feeling and allow a single word or phrase to come to us from the body sensation, we will remain connected to the unconscious material. This simple cortical, but non-intellectual, connectedness is even further solidified by saying the word over and over again, matching it back to the feeling. The body senses if the word is making an accurate connection and at that point we can request further information in a simple form. The patient, if handled very carefully and not allowed to drift into too much intellectuality, will have what we might call a connected or grounded insight. The body actually experiences that something within it has shifted.

For example, the patient with the constriction in her throat once centered in that feeling, may utter the word 'swallow' and be asked to repeat it several times. The feeling or body sensation acting as a magnet may draw in the connection. 'I just cannot swallow any more pain from my boss.' This intensity of feeling and connectedness to the body symptom, when insisted upon by the therapist, before moving to the intellectual connection, leads to a felt shift internally. This grounded insight has power and often produces real therapeutic change.

In this case, for instance, the constriction in the throat may disappear or shift in some other way. This in turn might lead to an improved self-defining with the boss. He will get feedback from the patient about what he does which might make him less difficult to swallow.

Once again, however, we are converting a feeling or a sensation, i.e. the constriction in the throat, to an insight, I just cannot swallow any more pain from my boss, too quickly. The speed with which we have facilitated this conversion insures that a Level Three intensity therapy will not tip over into Level Four.

In Level Four she would have a direct experience of her uncle filling her mouth with semen at age three, thus setting her up for a lifetime of swallowing things dished out to her by aggressive men. We will deal with Level Four experiences in a moment. Many modern therapies now anchor insights to feelings and body experiences. Two examples would be Alexander Lowen's Bioenergetics and Ida Rolf's Deep Pressure Massage.

Therapeutic Intensity: Level Four

In Level Four there is direct experiencing of deep, repressed material. Imperatives emerge that are new to psychiatry; imperatives that we have shunned since the dawn of this healing art and yet they are so obvious when the issues of this level are revealed. We now are dealing directly with white-hot unconscious material. Here, once we start the process in motion, the forces are so powerful the necessities must be honoured.

Once the Wright Brothers were in the air they did what the air demanded. Movements quite unlike anything people make on earth.

Once the lumberjack steps onto the flow of rolling logs, he does what they demand, a strange, exotic dance completely out of place in a restaurant but an absolute necessity for him at that moment if he is to preserve his life.

In Level Four when we finally have the shark by the tail, we ride it downward. We deepen and intensify feelings and sensations until they take us down through terrible pain to the landscape of early experience.

In that landscape we assist the actual reliving of those experiences.

There are three main problems associated with Level Four deep regressive psychotherapy:

1 - How do we trigger a descent into those depths?

2 - How do we contain such powerful experiences within an ego structure which varies in its tensile strength from person to person?

3 - How do we behave with a wide-open agonized childhood or infantile Central Nervous System? What are the necessities of life itself and healing in this vulnerable and chaotic place?

Chapter Four

How Do We Summon the Unconscious?

Down through the ages, we have been told not to feel. It is one of our earliest injunctions.

'Stop crying, or I'll give you something to cry about'

'Don't stand around feeling sorry for yourself, get on with the job.'

'Think of others, don't be so self-indulgent.'

Not being allowed to feel is the hallmark of the human race. When we bury feeling, we bury the vast, subtle, intuitive continent of the brain. We lose the largest and most organically productive part of ourselves. The deepest compass of the mind goes awry. Intuition and creativity become damaged. Sensitivity to self and world dampens.

Above all else, the therapist must return to his clients the permission to feel. We bring about this return of the permission to feel in a variety of ways. These methods are all based on a common process, which I am going to name

THE PRINCIPLE OF CONGRUENCE.

Present events have their own reality. Often, however, they resonate with or trigger old feelings. In fact, present events trigger a surprising number of internal experiences, which are exactly congruent with experiences from the past.

When a therapist leads a patient to experience a series of congruences between a present and past event, the tumblers of the mind fall into place, and the past event is re-experienced with great intensity.

We encourage the reliving of past experiences because only after this occurs does the mind break free of its bondage to early trauma. Until an event is re-experienced, as fully as possible, it remains anchored and unchanging in the depths of the mind. From this hidden place, the early feelings radiate disorganization into our present life, causing us to bear the double burden of both present pain, and past pain, whenever something in our adult lives hurts us.

This double burden produces avoidance and over-reaction in our daily lives. The person who cannot enter a room full of people for fear of being criticized is reacting to early criticism, which has remained unearthed in the depths of the past. It will continue to harm present function until it is re-experienced. Thus, as adults, we move through two landscapes without ever knowing it. We are never fully available to create or respond to our current existence. The past contaminates the present.

It follows from this, that the first and greatest of the congruences, which we will strive to create for our patients is the CONGRUENCE OF FEELING.

Congruence I:

In the summoning of unconscious material to create Level Four regressive psychotherapy.

The Congruence of Feeling

When a person has a powerful feeling about a present event, almost always the identical feeling has existed in his past, having accompanied an early traumatic event. For example, if someone is breaking down under continuous criticism from a boss, they will be carrying the double load of the present event, plus significant criticism from their childhood. The present stress will trigger and resonate with the unknown pool of pain in the past. Thus, the patient will overreact in the present, and a breakdown of function, to a greater or lesser degree, will occur.

Our job, as therapists, is to bring the past into view. Our job, as Level Four regressive therapists, is to arrange a feeling of the congruence between the present and the past event, powerful enough so that past events are re-activated and relived in the therapy room. Thus, the patient is freed from this early landscape.

Accordingly, we lie people down in a comfortable, neutral position on a padded mat in a semi-darkened, soundproof room and ask them to leave all their thinking processes behind. Then we ask them to feel the feelings that are centered around the current event. Each time they return to their head and begin to talk about themselves and to tell their story (Level One therapy) we gently and firmly turn their attention back to what they are feeling and sensing in their bodies. Unlike the Level Three therapist, we do not immediately convert the feeling to words. We ask the patients to enter the experience more deeply, to stay inside the feeling and, like the choke on a car enriching the mixture in cold weather, we enrich the experience and ignite the regressive process. This regressive process takes on a downhill, toboggan-like intensity, bringing on a re-living of the early childhood trauma. The ignition of this experience is rarely as simple as I have just made it sound. The mind and body, even in highly motivated people, are profoundly repelled by pain. This repulsion is quite beyond the conscious control of our patients. Because of it, the mind struggles to return to normal daytime intellectual function.

In the case of the criticized employee, for instance, we simply ask the patient who is now lying in our semi-darkened, soundproof room to stay with the feeling he experiences while the boss is actively criticizing him. If he can allow the feeling to become intense enough, and if he can stay inside it for long enough, then suddenly he will be six years old and his father will be laughing at him in front of his brothers and sisters while he struggles to ride his new bicycle. The anguish will return in full force and be re-lived.

The principle of maintaining the experience of feelings attached to a present event with sufficient intensity, and for a long enough duration of time in the therapy room, is crucial to the triggering effect in all the congruences we shall study.

Congruence II:

To promote the re-living of early traumatic experience in Level Four deep regressive psychotherapy.

A. The Congruence of Inarticulate Sound

The congruence of inarticulate sound is not necessarily congruence between a present sound and the sound of a past event. It is rather the congruence between what we feel during a therapy hour and how we would sound if we were allowed to speak or cry out during the experiencing of the feeling. This may or may not match how we cried out as a child when we were hurt. We may not have been allowed to cry out at all.

In the present, however, there is a sound, which will exactly match in quality and intensity the feeling we are experiencing in therapy. In passing, we should note that the making of no sound may itself be a resonance with a childhood situation and thus precipitate a reliving.

The direct expression of the pain we are experiencing, through the use of an inarticulate sound, activates almost immediate relief whether the pain be emotional or physical, but most especially, if it is emotional.

Thus, in Level Four regressive therapy, we ask our patients to shape the sound, which exactly fits or mirrors the painful feeling. The intensity and the quality of this sound, move it toward congruence. At this moment, we become on the outside what we feel on the inside, and congruence is achieved.

For example, the man who has a pain in his gut would be encouraged to experiment with a low grunting sound, while a woman who, as a baby, was left alone and untended in her crib, might find her way to a higher-pitched whimpering. The manipulation of the texture of the sound is done by the patient, who is guided by an inner body sense to produce a noise that is exactly correct.

For example, recall the earlier story of the woman who couldn't swallow anything more from her boss, the one with the constriction in her throat. If, instead of converting the feeling of constriction into words, she had been encouraged to make the sounds of someone strangling, this congruence with the strangling experienced when her uncle filled her mouth with semen would quite possibly ignite a reliving of the incest.

B. The Congruence of Articulate Sound

The use of human speech in deep regressive psychotherapy can be extremely helpful but it carries with it one major problem.

We have already said that the more conversational we become during depth therapy, the more it tends to lift us away from direct experiencing. It renders the process intellectual and returns us to Level One therapy. Conversation is (under any social or therapeutic circumstances) almost always a defense against feeling. It can, however, be used in depth therapy in several ways. First, conversation can be used as a scanning device. For those patients who cannot lie down and connect with a feeling or internal body state, talking is an excellent place to begin. If we set someone free to talk about anything they wish, slowly but surely, the topic they choose will get closer and closer to their unfinished emotional business. Pain, acting like a magnet, draws normal conversation inexorably toward the hurts that lie buried within us. We will begin to circle endlessly above the deeper issue in a highly displaced and symbolized manner.

For example, a man who was not treated well by his mother may turn to the theme of women's inadequacy in politics. He may argue at great length about how they are not strong enough to properly look after their constituents.

A therapist listening for the underlying theme might sense that this man was not properly looked after by the significant woman in his life when he was a child. He would gently help the patient to make the connection and talk about his childhood relationship to his mother.

The regressive psychotherapist would ask the patient what he feels as he talks about women politicians, and would keep him lying down in the feeling until a congruence occurred. A re-experiencing of the early relationship might then be triggered.

Not only does conversation circle around unresolved pain, but the actual words and phrases of early childhood lie scattered everywhere on the beach of adult conversation. For those therapists who know how to recognize them, these perfect little shells are excellent doorways into deep unconscious material.

For example, a patient describes an argument with a taxi driver who has taken her to the wrong address. In the course of her story she says, 'No matter how carefully I explained his error to him, he just couldn't hear me.' The depth therapist hearing the phrase, 'He just couldn't hear me,' might ask the patient, lying down in a semi-darkened, soundproof room, to say the phrase over and over again until, breaking into tears, she might realize that most of the feeling attached to this argument was coming from an entire

childhood of not being heard by her father. The phrase, 'He just couldn't hear me,' creates a perfect congruence between present and past, and the doors of the unconscious open.

The repetition by the patient of childhood phrases, which lie scattered about in adult conversation acts as a diamond drill easily penetrating defenses. Conversation can be used by the depth therapist, but we have to divest it of its defensive qualities. We have to re-work it so that it becomes a device for search and penetration rather than a device of avoidance.

Another way of making conversation useful for depth therapy is to ask patients to restrict their vocabulary to the use of short words and simple phrases. Because this kind of speech is similar to the simple speech of childhood, it becomes more congruent with childhood. Thus, these simple words and simple phrases melt through adult defenses.

The use of any significant short words and simple phrases, attached by the patient to felt experiences in therapy, allow a shift from the symbolic to the actual and begin to approach the intense power of inarticulate sound.

A patient tells a long and complicated story of a man who has taken advantage of him in a business deal. The use of a simple phrase at this point such as, 'He hurt you very much', will often cut through defensive conversation and bring the patient to tears. The phrase has touched upon a childhood theme.

Congruence III:

In the summoning of unconscious material, to create Level Four regressive therapy.

The Experiencing of Body Position

The third method of igniting a reliving of original trauma, utilizes what depth therapists call body memory.

If a child was beaten while lying curled up on a bed, a request is made for the patient to assume the same position on the mat. If we add to this a request for feelings when this position is taken, and even further, suggest that the patient make the sounds, which exactly duplicate the childhood cries of distress, we are adding three congruences to each other. By doing this, we are creating a highly specific pressure on the mental mechanisms of defense. They will eventually give way and thereby allow a re-living of the early childhood trauma.

Congruences are cumulative and we seek to combine as many of them as we can.

When body position in the therapy room becomes congruent with body position during the childhood trauma, untold numbers of nerve cells in the Peripheral, and in the Central Nervous System, fire in precisely the same configuration as that which occurred during the childhood event. This electronic key fits the lock and therapy moves forward.

The creation of congruences are all methods of summoning the unconscious. Therefore I wish to include, in this group of techniques, a fourth method of breaking through defenses. Although not exactly the same kind of congruence, it is, however, a highly specific physical intervention which calls forth childhood re-experiencing.

Congruence IV:

In the summoning of unconscious material, to create Level Four regressive therapy.

The Method of Physical Intensification:

This method of breaking through defenses involves the use of touch to intensify the physical pain of symptoms that have been displaced in the body. We talked earlier, in Level Three, about tapping into the diffuse, subtle, inner-body state as outlined by Gendlin. This time we are referring to a different technique, involving a more discreet, intense, focal kind of body symptom and the approach is different. We can do this with any psychologically generated physical pain.

A man lies not far from me in the semi-darkness of my primal room. On this occasion he is free from all feeling except a mild pain in his upper abdomen. Inner exploration has ceased because there is not enough intensity to drive it forward. The feeling in his abdomen is produced by, absorbs, and hides the memory of some conflict.

I place the tips of my fingers exactly in the center of the painful area. If the placing is not exact to the millimeter, nothing will occur. The past will remain hidden. I ask the patient to guide my fingers and his inner sense tells him the precise spot.

I now begin to push downward slowly, increasing the intensity of the pain. I take care not to push so hard that I hurt what might be a duodenal ulcer. I instruct the patient that it is crucial he not think about anything but, rather, let come to him whatever wants to come. Thus, by staying out of his head, he is not lifted back up into a Level Two or Level Three connection. The power of the insight will not, therefore, be diluted.

As my fingers increase the pain, suddenly the symptom's ability to hold and bind the forces of repression lets go. The symptom is, we might say, overwhelmed and the patient begins to sob. Now he is in the past, feeling the death of his father when he was nine, and experiencing the grief that he was not allowed to feel because he had to be strong for mummy and his little brothers and sisters. For the first time in twenty years his stomach relaxes, he grieves, and his ulcer, previously treated by a succession of medicines, finally begins to heal.

The congruence is somewhat hidden in this last method. In the example given above, the placing of the fingers must be exactly congruent to the location of the pain. The pressure exerted must create and intensify precisely the pain which is being felt. It must be congruent with the pain. In fact, as the pain increases, if this work is precisely done, the patient has no sense of the therapist's fingers. There is only the feeling of the original pain growing, to a point where it can no longer bind and hide the memory. The stomach pain may or may not have been present in childhood.

To sum up, staying with the feeling, creating its exact sounds and words, placing the body in the position of the original trauma, and touching the exact point of pain all involve a series of congruences.

When using these techniques, it becomes apparent that the mind/body axis is like a combination lock. Each technique, which achieves an added level of congruence is another correct number in the combination. Finally, when all the tumblers have come into alignment, the mental mechanisms of defense shift aside - and childhood appears.

I call this phenomenon CONSCIOUS-UNCONSCIOUS CONGRUENCE.

Within a knowledgeable and caring therapeutic environment, this phenomenon must be allowed to reach its goal, which is to re-experience. This re-experiencing, which often must occur again and again in therapy, is a necessity if deep trauma is to be integrated.

There is a danger of clients becoming addicted to the warm, self-validating, early painful experiences. Strange as it may sound, re-experiencing early pain has a warmth and a realness which draws some patients into an endless repetitive re-experiencing. The avoidance of this addiction is another issue for depth therapists.

If, as Freud said, dreams are the royal road to the unconscious, then the techniques of CONSCIOUS-UNCONSCIOUS CONGRUENCE are the express elevator.

Chapter Five

The Brain's Active Search To Complete What's Unfinished

We come now to a turning point in our journey. We have been speaking so far of techniques used by the therapist. Now we must speak of the mechanism, which impels the patient forward.

The completion of early, unfinished childhood business requires two mechanisms, which impart power and direction to the therapeutic process in Level Four regressive psychotherapy. I am going to call them:

The Search for Congruence and Body Necessity.

The first term expresses what is happening and the second term describes the power behind the process.

At Therapeutic Intensity Level Two, we saw that in free association the mind seeks to complete its un-worked-through material. This need guides the seemingly non-logical free associative state, according to the deeper logic of Gestalt formation. Thus the ultimate goal of remembering and speaking aloud what has heretofore been unconscious can be achieved. What is crucial to remember is that the intensity of the experience is a Level Two intensity, nothing at all like what we will find at Level Four. At Level Two the patient's boat is, as we say, in light air and lazily finds the harbour of remembering.

At Therapeutic Intensity Level Three, the intensity of the drive toward remembering unconscious material increases. However, this increase is defused by therapists who convert the feelings and body sensations into words too soon. Thus, at Level Three, a grounded and high quality recall may occur but an actual re-living is less likely to be ignited than at Level Four, where we remain in the feelings for a longer period of time. Ignition of re-living, then, occurs without the therapist having to stitch together the connection between feeling and memory. The little fish in the shallows do not have to be coaxed into the cerebral net. In an instant, they grow very large indeed and leap into it without any urging.

It is at this point we encounter our new phenomena of the SEARCH FOR CONGRUENCE and BODY NECESSITY.

The push toward remembering, which we have seen on previous levels of therapy, is now converted into a push toward 'doing.' The doing in this case means the arranging of a congruence. The body actively struggles toward finding the congruences previously discussed, so that it can actually re-live early buried trauma rather than simply recall it.

It is in the SEARCH FOR CONGRUENCE and BODY NECESSITY where we see the real power of regressive therapy.

The mind pushes open to feel, the voice pushes toward the exact sound, the body pushes toward placing itself in the position of the original trauma. In addition, the mind/body axis actively seeks or pushes to touch or be touched in a way that produces congruence. Just as at a certain point in the birth of an infant, the woman loses control and contractions come of their own primordial volition, so, too, the mind/body axis takes over, pushing toward congruence so that it can re-experience what is repressed.

It is the power behind this push, which I have called BODY NECESSITY.

Something quite new now arrives on the scene: a new kind of insight occurs when we re-live early painful experiences in this way. In this case, the awakening of consciousness is altogether more profound. It is more profound because of the enormous internal impact. It is more profound because it is multi-dimensional, nonlinear and hits us more like a wave front than a single event. It is as though we are feeling our way through a garden in absolute darkness when suddenly a flashbulb goes off, illuminating not only the garden, but the house to which it is attached, and the entire surrounding neighbourhood.

A patient tries to describe the sudden and complex insight he has during one of his re-livings. His father, in a railway station, was lifting him off his shoulder and handing him to his mother as she boarded a train. It was in England, in 1940, at the beginning of the Second World War. He was three and half years old. He would not see his father again until he was fully grown.

In his re-living he felt his cheek against the Harris tweed jacket which covered his father's shoulder. He felt the full tragedy of losing his daddy. He saw how, down through the years, he had made friends with men whose shoulders, unknown to him, recalled to his unconscious that terrible moment of parting. In a flash, he sensed the warp and woof of his life and its relationships across the decades. At the very same time, he felt on a different plane altogether: how not ever having been held by his father had doomed him to having an uncreated body. By this he meant that in all his physical activities he was timid and lacking in male strength. It became clear to him that physical power in a man is deeply related to the physical presence of that man's father. The gardens, with their grief, were illuminated, as was the entire neighbourhood of his life as it pertained to men he had liked and his relationship with his own body.

These insights well up instantly, seemingly from the whole body. They move like a wave front or wall of comprehension, seeming to originate from the abdomen, chest, bones and muscles, moving upward into consciousness. They do not feel like thoughts; they feel like sudden illuminations. They have the quality of sun suddenly breaking through cloud, illuminating the darkened landscape around us in a single awe-inspiring burst of comprehension. After these kinds of experiences in regressive therapy, linear intellectual thought is like watered-down soup imbibed while watching black and white television. It ceases to satisfy. It is the power and depth of these re-livings that finally free us from the grief that we can shed in no other way.

People who have these experiences often feel afterward both overwhelmingly exhausted and overwhelmingly relieved, as though five hundred pounds of cement have been lifted from them. Large chunks of repressed pain and accompanying processes surge forward, causing profound shifts in growth. Patients experience a lightness of being, a loss of fearfulness in their day-to-day lives, a sense of internal blockages crumbling and the birth of a new sense of self.

The feelings experienced at this level were often not even felt at the time the event occurred. For example, one woman in my practice regularly floated to the ceiling when her father beat her. The job of Level Four therapy is to bring her down from the ceiling and allow her to actually feel the beating.

Now you will begin to understand the mechanisms behind not only the bizarre quality of what follows, but the intensity with which these experiences will be impelled towards a conclusion.

Let us look at a series of examples to demonstrate the principle that the mind/body axis in Level Four psychotherapy actively searches for a congruence, which then allows its defenses to crumble so that it may re-experience an early trauma. You will see that, illogical and non-linear on the surface, the deeper logic of Gestalt formation will always prevail.

Example One: Body necessity driving a patient toward congruence so that he may re-experience an unconscious issue

A middle-aged man sits facing the wall in my primal room. He feels impelled to make faces (body necessity). No sound emerges as he grimaces and twists his face into an endless series of horrible masks. He does not know why he is doing this. We know that if we trust this body necessity, he will achieve congruence eventually with some issue deeper down that we cannot yet see. He does nothing but this for six weeks. I assure him that, if he stays out of his head and trusts what is happening, eventually understanding will come. Week after week he looks for all the world quite insane. Surface logic has gone to the wind and a deeper logic is impelling him forward. Finally congruence is achieved and the penny drops. The insight is as simple as it is profound. He has simply been creating the faces, which he would have shown if he had been allowed to when he was traumatized as a child. As yet there are no feelings attached and neither are there any sounds, but these will come as long as he trusts his body and his feeling to lead him. For now it is sufficient that he realizes, at a gut level, that he is these faces and not the well-dressed, urbane business executive he has thought himself to be. The next step in this therapy will be to further the congruence by asking him to make the sounds which exactly fit the horrible faces. You will understand why a soundproof room is necessary.

Example Two: Body necessity driving a patient toward congruence so that she may re-experience an unconscious issue

A woman in her thirties lies in my primal room, adrift in the winds of time. She unconsciously reaches for my hand and begins to play with my fingers. The object of her touching is not romantic or sexual, it is something deadly serious in her search for growth. Slowly she plays with each finger and then, quite unconsciously, she closes my hand and makes it into a fist. She begins to whimper. She is six years old now and she recalls how her daddy used to beat her with his fist. Unconscious necessity, below the level of logic, has impelled her to arrange a congruence, the fist of her therapist has been

brought to match the fist of her father. The tumblers fall, defenses clear away and the original event is re-experienced.

Example Three: *Body necessity driving a patient toward congruence so that she may re-experience an unconscious issue*

A 25-year-old woman sits beside me. She has been mute in my practice for six months. She had been absolutely silent in a previous psychiatrist's practice for over a year. I notice that she is making small motions with her fingers towards the buttons on my shirt. Recognizing a body necessity, I ask her to let her fingers do as they wish. Slowly, over several sessions, she undoes the buttons and, even more slowly over many more sessions, places her lips against my nipple and begins to suck. She suckles at my breast, lying beside me with my shirt removed, for three years, her hands kneading and squeezing my arms and back.

It seems that in early childhood her body had been covered with weeping, ugly sores and she had not been held during long periods in her infancy. She was fed by bottle in her crib. Her body found in therapy exactly what it needed. She was drinking both with her lips and her fingertips. Her unmet infant need for touch, holding, and suckling was now being met. We will have more to say of this patient in a later example.

Example Four: *Body necessity driving a patient toward congruence so that she may re-experience an unconscious issue*

This brings us into a therapeutic situation where, if the previous risks weren't sufficient for the therapist, we are now moving into much more dangerous territory.

A woman who has been working with me in the primal room for at least a year is moving deeply within herself at Level Four. She asks me if I will lie on top of her in a sexual position with both of us fully dressed. Sensing that this is a body necessity but afraid of losing my license to practice medicine, I undergo a considerable internal struggle. I decide to help her and climb between her legs as though we were about to have sexual intercourse. She begins thrusting her pelvis against me and making guttural sounds. After twenty minutes or so, she lies back exhausted and no insight has come forward. There has been no sexual pleasure, if anything the experience has been physically painful for both of us. I remember how long the man who made faces had to stay with his 'illogical' search for congruence, and when she asks me in our next session if I will please do it again, although the whole thing is making me quite anxious, once again I say yes. Finally the penny drops and she realizes that she has been trying to expel her mother from her body. She feels she is succeeding.

This patient had introjected a maternal personality, which was profoundly negative, and all her life she had worried about having these deeply negative qualities. Her body, needing to expel this maternal introject, had unconsciously sought a female way of doing it, such as through her vagina. To achieve the necessary congruence and the necessary intensity, she had needed someone to buck against, thereby experiencing congruence through the creation of a body metaphor. Just as she had bucked against her mother whose vicious personality granted her no success, she bucked against me whose receptive and empathic stance permitted the completion of her symbolic act. Without this experience, healing would have been greatly hindered and possibly never have occurred.

Example Five: *Body necessity driving a patient toward congruence so that she may re-experience an unconscious issue*

This final example crosses over even more deeply into the sacred area of sexuality.

You will remember the woman who suckled my breast. After three years of suckling, she developed a compulsion to fondle my penis. Again and again I pushed her hand away until I realized that I seemed to be bumping into a Level Four profoundly powerful body necessity. Once again, I decided to let her go ahead and do what she needed to do. After the long suckling experience, she needed to establish deeply within herself that I was, in fact, a male. Her deepest sense of my gender had blurred. This was impinging upon the edges of her own sexual identity. In feeling my penis, and in this case feeling it respond to her touch through my clothing, the male in me could call forth her sense of womanhood and re-balance both our gender identities in her mind.

But something much more profound was yet to come. After a few sessions of gentle touch on her part, the biggest penny of all dropped into her life. She remembered that her father had sexually molested her every single day of her life from age three to thirteen. So powerful was her repression of this event that, after four years of depth therapy, only this moment of congruence could bring it to the surface. So powerful was her repression of this event that down through the years she had had epileptic seizures rather than allow these memories to the surface. In our work together, at times like these I had to hold her firmly by the shoulders, shake her gently and tell her, session after session after session, not to have an epileptic fit but to hold the memory of her father's sexual activities with her in her consciousness.

Many, many memories have come forward over the last couple of years and much, much healing has been achieved. She could only re-enter and experience these memories when she put her hand on my penis thus recalling how her father taught her to put her hand on his penis. It was the compulsion to do this, which constituted what I am naming a body necessity. When this body necessity pushed her hand towards the congruence of her present and past experience, repression was then defeated, the tumblers fell and childhood reappeared. I think you will appreciate that even though these events are connected with sexuality, they are not sexual in the social sense. There is no seduction here. There is no sexual titillation for pleasure here. We are in the deadly serious business of honouring a body necessity so that a congruence may be achieved so that a re-experiencing of childhood trauma may occur. This search for pathology is no different than the internal examination of a gynecologist searching for pathology on the physical plane. This search is no more sexually self-indulgent than the research of Masters and Johnson observing a mechanical penis plunging in and out of women's vaginas to record their true physiology.

We need to continue talking about use of touch and holding in deep, regressive therapy much beyond even the ground that we have already covered. In fact the most profound use of these techniques has yet to be discussed.

Chapter Six

Direct Therapeutic Nurture

When we have asked a patient to journey back on the wings of pain to childhood trauma, it is somewhat equivalent to taking a baby out for a Sunday walk, torturing it in the baby carriage, and finally abandoning it in the rubble of a bombed-out city. It requires pain to return to childhood and, once we arrive there, we are usually greeted with a psychological wasteland. When we enter into the desolation of a childhood which has been deprived of love, deprived of touch, deprived of empathy and filled with abuse, what do we do with an adult who has now become a baby and whose Central Nervous System is wide open to feel its pain, wide open in a world without nurture? The answer is obvious. We do not leave this psychological infant to die of exposure in some new and grotesque Roman tradition. You will remember the Romans killed babies for a variety of reasons by abandoning them on a hill side.

I do not abandon my psychological children and once again this requires pushing forward into a strictly forbidden zone. I do provide what I would call '**direct therapeutic nurture**', the third mechanism, which I am naming as a new and legitimate therapeutic phenomenon.

What does **direct therapeutic nurture** mean?

First, to match the intensity of Level Four vulnerability, the therapist must be intensely present. In my case this means many things. I lie sometimes very close to my patients without actually touching them, peering at them through the gloom so that if they open their eyes they will see a face of caring that they never saw early in their life.

Second, **direct therapeutic nurture** means touch.

I touch my patients in a variety of non-sexual ways. I might put a hand on a hand, a hand on an arm, a hand on a back, on a neck, on a face, on a head as a father would touch a child who is in pain.

In the use of touch for feeding and nurture, I might place a hand on someone's abdomen, on top of or underneath clothing, where their bodies can drink in the warmth, skin to skin if necessary. In deep, regressive therapy we recognize body hunger and skin hunger.

Skin hunger is well known in the world of infants. Lack of skin contact gives rise to depression and death. This process in infants has been well known since the studies of Spitz and Bowlby conducted before World War II. In foundling homes, babies fed and kept clean experienced depression, and finally death, unless they were touched.

More recently premature infant death rates fell sharply when babies were placed on sheepskin rugs instead of sheets. The texture saved their lives. In the world of the young child, touch and life are synonymous.

Feeding with direct touch is the second body necessity just as searching for congruence is the first body necessity. Where human beings have not been satisfied by good nurturing in infancy, there remains an intense need for holding and touch. This normally gives rise during and after adolescence to the use of sexuality as a tool for obtaining relief. How many times have I heard women say, 'If only he could hold me without becoming sexual.' In therapy I hold damaged people without becoming sexual. We hold to regress and we hold to heal. Sometimes the same gesture will combine both.

For example, a young woman psychotherapist came to me for depression and severe panic around moments of plunging self-esteem. She was terrified that in her new marriage her husband would find nothing of value in her to sustain his love. She trembled in panic at any negative look and felt that she would disintegrate.

During our work, this patient developed severe abdominal discomfort. Obeying an intuitive sense, I placed my hand on her abdomen. Her stomach started to heave violently. I rolled toward her to offer her physical support by holding her. I wanted to help her contain a rapidly rising tidal wave of physical and emotional pain.

She had also turned toward me and so we came, as so often happens by mutual consent, to a position of holding which was a tight full frontal embrace. The heaving of her abdomen increased. I then felt it necessary to place my hand in the small of her back and press her abdomen even more tightly against mine.

She began to scream, her body was racked with the convulsions and the sounds that she made were loud and frightening. Gradually her voice changed and became more infant-like. Sessions like this continued for months and no insight emerged.

In addition to an absolutely rejecting father and an angry, undermining mother, I sensed there must be some other trauma. I asked her if she had suffered any other serious hurt as a young child. She told me that she was hospitalized for several weeks, under the age of eleven months, with an intense gastro-intestinal disorder. She did not see her mother during this time. Research has shown that abandonment of an infant under the age of eleven months can give rise to irreparable damage. As she convulsed against me, she screamed over and over again, 'Don't leave me.' When I said that I would not, she needed to pull back and carefully examine my face to ascertain whether or not she could trust me. Strangely enough, after this re-experiencing of an infantile problem, her panic attacks around low self-esteem began to subside. It seems that infant abandonment, even for a few weeks, can send ripples down through the decades and wreck self-esteem in adult intimacy.

Here we see holding both provoking and healing childhood trauma at the same time. Where intense physical presence is needed to contain a pain-shattered ego, or to heal catastrophic levels of early childhood deprivation, the touching must be very close indeed.

As Anna Freud pointed out in her book on the mental mechanisms of defense, the intensity of the defense is equal to the intensity of the damage. In my world this means that where serious childhood damage has occurred, equally serious or equally intense reparative work must occur. It must also obey the rule of congruence: it must be exactly correct.

For example, in the case of the last patient who screamed and regressed to nine months of age, she only did so when I pressed my abdomen against hers. No intensity of hand-holding or verbal urging would have provided the necessary key.

During her moments of regression, I was the maternal lifeline, the nurturing event before her revisited potential infant death. She clung to me with the intensity of a concentration-camp victim being taken to the ovens. I clung back with a powerful, empathic human response. I could have done nothing else.

Congruence having been achieved, and having utilized the abdominal pain in the present, we quickly found ourselves in the deep preverbal past. The

gastro-intestinal emergency was being re-experienced, along with the infant's death-dealing feelings of abandonment.

In the area of therapeutic touch skin-to-skin contact is an extremely important issue. Skin-to-skin contact is profound, powerful and necessary for the unfolding of the infant's mind/body structures.

I believe that during adolescence an emotional shunt occurs. This shunt is analogous, in the emotional realm, to the closing of the hole between the left and right sides of the heart, immediately after birth, which causes blood flow to begin picking up oxygen in the infant's lungs instead of picking it up from the maternal umbilical supply.

In adolescence, touching of the skin shifts much of its internal significance from direct nurture to sexual arousal.

The dual nature of touch gives rise to a serious problem in regressive psychotherapy. When an adult regresses to a childhood or infantile state, direct touch is often called for. There is, however, always an adult present in the patient. The adult can allow sexuality to emerge, or can choose the nurture side of the NURTURE-SEXUAL SHUNT. What might have been sexual becomes a nurturing event. If there is some spillover into sexual arousal, the adult in both the patient and the therapist can work to neutralize it. Indeed, the nurturing aspect becomes so dominant that the patient begins to experience it as a core and lifesaving event.

Clearly great care must be exercised in these nurturing experiences.

Much trust and goodwill are needed.

Are there not many times in medicine where great care is needed?

One of the most profound neutralizers of adult terror is the placing of one abdomen against another. The calming effects of this experience are enhanced tenfold if clothing is drawn back from the abdominal area. The relief from deep fear and despair that this kind of touch occasions is dramatic and immediate. We have all experienced this kind of comfort in an attenuated form during adult hugging.

It is possible to utilize this technique during regressive therapy to achieve profound calming and deep nurture.

Care must be taken to avoid sexual movements of the pelvis.

One of my patients, who made use of this technique to alleviate severe anxiety and convulsive crying, referred to these moments as tummy hugs.

It is a comment on our civilization, at this time in its development that such a simple organic and effective neutralizer of terror in depth therapy might be looked upon with intolerance.

If we stop to consider for a moment, we will recall that the most joyous thing a new mother can do is to place her infant child upon her abdomen. This expresses her love in a powerful skin-to-skin catalyst of early growth for her child. Skin-to-skin nurture is the physical base upon which psychological health builds. It is the uttermost ground of the healthy personality.

Where deep regressive therapy occurs, physical re-parenting may be an absolute necessity. Some patients seem to be able to do extraordinarily deep regressive work without requiring any touch from their therapists. Others cannot handle the extreme intensity of these painful regressions without a great deal of touch and deep physical connectedness.

Over and over again, when therapists supply this kind of nurturing they caution their patients not to talk about it under any circumstances. The time has come for this fearfulness and dishonesty to end. If we can make nuclear energy safe, we can make deep nurture safe.

The Sense of Smell in Human Growth

In the area of direct touch, there is another issue related to the issue of direct skin contact. I noticed over and over again when holding women patients, that they would bury their faces in the base of my neck where the open top button of my shirt left a small V-shaped area of skin exposed. I began to loosen the top of my shirt so that patients could lay the skin of their faces against the skin of my neck. Skin-to-skin contact often seemed to be sought in this way, even though it is not an easy position in which to breathe.

I then realized that breathing was precisely the issue at stake here. Patients were seeking reassurance through their sense of smell just as lower mammals do. Anyone who has ever owned a dog or cat is familiar with this. Although somewhat vestigial, the olfactory lobes of the brain, which bring us our sense of smell, are still relatively large in our species.

The attempt to get physically closer and closer to a therapist provides a base of bonding which facilitates the introjection of a new parental substitute. This re-parenting effect with its subsequent internalization on the part of the patient provides a new and sturdier ground for the personality. This is especially true where the initial parents were too depriving or damaging. Extreme closeness to a therapist in this way during Level Four regressive psychotherapy, for some people, is an absolute psycho-physiological necessity. As I have said earlier, extreme physical closeness between therapist and patient is the second body necessity in Level Four depth therapy. The first, you will recall, was the search for congruence of which we have spoken.

Two of my patients reported to me that during periods of insomnia, or after a nightmare, they would fantasize my presence in a non-sexual way to neutralize their anxiety. One fantasizes my holding her, another fantasizes my stroking the back of her neck. With these fantasies comes an alleviation of the anxiety and a return to sleep. Yet another asked if I would tear off a piece of my shirt so that she could hold it against her face and take in the scent of my body to calm her between sessions. She was thereby utilizing a parent substitute object for the dual purpose of stimulating her sense of both touch and smell. These patients are obviously attempting to take in, or introject, a parent substitute object, which will more fully reassure them than did their original parents. This shores up and makes stronger the ground of their personality systems in the face of these traumatic re-experiencing-events. This is what I mean when I talk about intense therapist presence during Level Four regressive psychotherapy. You will note that this kind of presence in no way interferes with the patient's inner processes in terms of insight production. In fact, it is a catalyst for precisely these deeper insights. Touch is as necessary for physiological and psychological unfolding, as vitamins are during pregnancy, to the unfolding of intellectual competence. When I first discovered touch and holding as powerful facilitators in the late 1970s, I made a number of errors. First I failed to separate them from each other clearly. Often they are very separate and sometimes they are very similar.

Direct touch to trigger early re-living usually works very well.

You will recall the man with the ulcer in the early part of this book. Cases such as this are quite common. Direct touch can provoke regression or it can be used for physical reassurance and containment.

For example, when someone is approaching deep negative feelings, a hand placed firmly in the center of that person's back will often give them the support necessary to allow these powerful feelings to come forward. Holding also, as we have seen, can facilitate or contain overwhelming feelings. In the early years of exploring these techniques, I made a serious error on a number of occasions by using holding to facilitate a return to the childhood state before the patient felt the need of it. In short, I ceased to be client-centered. The result of this was that several patients became upset with me and felt intruded upon rather than facilitated. I learned the old lesson of therapy, which is: to walk beside a patient or behind a patient, but to be extraordinarily careful when walking in front using a powerful facilitative process. I learned that holding can only be used when powerful client need calls it forth in an organic way. Holding, before it is needed, may be felt as incongruent, invasive and possibly sexual. Holding, before it is needed, may deepen therapy too quickly with various unproductive results, and is rightfully perceived as hurtful. Touch and holding must be needed, wanted, and requested within a self that comprehends what is being asked for. That self must be deeply committed to experiencing and must have sufficient strength to contain and work through the powerful feelings that will emerge. When one is truly at work within Level Four depth psychotherapy, touch and holding are a warm and safe hearth in a desperate storm.

Sexual Touch

I have come to understand that sexual touch is impossibly difficult to use. It has become clear to me that most patients who request it have no idea how badly it will upset them.

Sexuality is a separate ocean in a patient's world. Deep, treacherous, wracked by storms -- and most especially so when there has been sexual abuse in childhood.

The terrible and complicating truth about sexual touch is that in addition to triggering a re-living of childhood trauma, it may ignite the mating processes of the brain. This can give rise to powerful expectations of love, feelings of abandonment, jealousy, rage, and the whole gamut of responses to which "love" is prey. In turn, these feelings can overwhelm the damaged ego container of the client and, indeed, of the therapist, and spill over into the therapy with disastrous results.

As if these problems weren't enough, the defensive forces of the brain may seize upon the therapist as the source of pain, thereby avoiding the frightening early primal work. As I say elsewhere, it is easier to destroy the therapist than it is to face our early molestation.

And yet, Masters and Johnson, and other sexual researchers, have used direct sexual techniques and surrogate partners, in an ever-widening area of innovation. My treatment of the patient, who could only re-live her childhood sexual abuse by touching me, stands in my mind as ethical therapy.

But therapists must be on guard as to whether a request for sexual touch is coming from impulses, which are unhealthy, as opposed to a Level Four body necessity, which is searching for congruence to enable a therapeutic re-living.

Even with this understanding I do not feel that I could ever risk using sexual touch again. Instead, I have turned to the use of therapeutic sexual models. For example, a long hard object under a blanket has caused one of my clients to effectively re-live an early molestation.

Chapter Seven

The Problem of Therapist Pleasure in Regressive Therapy

One of the most difficult problems in any therapy, which employs touch and holding is the problem of therapist pleasure. Most especially the problem becomes acute when we think of any kind of sexual contact between patient and therapist. So acute, in fact, is this problem that we have ruled out any kind of sexual contact entirely.

Let us spend a few moments rethinking some of our most cherished suppositions in this area.

All psychotherapy brings pleasure to its practitioners; the pleasure and healing of being within an intimate relationship. For the therapist this intimacy is safe. The therapist does not have to risk; therapists are in charge. They know *more* than the patient; they are set *above* the patient; and safely set apart. Yet, even from this vantage point, therapists can feed themselves emotionally within the professional relationship. We can do this because patients, at considerable risk to themselves, make the relationship intimate with their sharing.

I put it to you that all of us as therapists can and do nourish ourselves on this kind of intimacy, and do so whether we care to admit it or not. I suspect that we are getting a closeness, which we never had as children. All of us have to be careful that we do not allow our own nurture to become primary, thereby damaging the client-centered quality of the experience.

Pleasure in psychotherapy also comes from its voyeuristic aspect. Current works, for instance, caution both patients and therapists to be alert for too much interest in the lurid details of childhood and other sexual encounters. This is especially difficult for everybody concerned since, as I have repeatedly said, traumatic experiences must be re-lived in extraordinary detail for healing to occur. Explicit interest in detailed re-living of difficult life situations, for the purpose of facilitation and healing, can be intuitively differentiated from voyeuristic interest most of the time.

Let there be no mistake about it; a therapist receives pleasure from doing therapy, so does a pilot from flying, or a diver from diving but in the area of psychotherapy the nurture of the professional experience is more direct, more approaching the intimacy in which we should have been originally raised and so seldom were.

The speaking aloud of deep personal truths always nurtures the listener.

Level Four regressive psychotherapy increases the intimacy and the nurture received by the therapist because it is so much more intense, and even this intensity is increased where skin contact occurs. Now in a therapeutic experience, which contains deep emotive material, coupled with touch and holding, both patient and therapist may find themselves deep in a mutual primal nurture. Of course, we, as therapists, cannot let ourselves go and actively search for the same level of nurture that the patient does. The therapist still has an objective job to do. Nonetheless, the therapist is nurtured. In fact, if I am not deeply present and simply lend the presence of my body, patients seem to notice it and will say to me something like, 'You're not here today'. So when I hold someone, I have discovered that the

nurture definitely flows both ways. During therapy the big arrow in this equation is toward the patient.

During one long-term depth treatment, I discovered that, as a by-product, an ulcer that had been with me for eight years was gone. The therapist was also healed.

Does not the parent receive as it gives? More than one woman has spoken to me about the deep sensual pleasure of nursing an infant.

To put holding and touch at the service of the patient, to make it truly client-centered, requires a level of growth in the therapist that is difficult to attain and represents the end point of a long and difficult journey. It does not come from books. It comes from experience. And because experience is its own teacher, it comes with mistakes. Just as an explorer may be ensnared and held captive by a primitive tribe, so can the difficulties of depth therapy ensnare and subvert a therapeutic journey.

Sexual touch, of course, adds pleasure to an already nurturing experience. Is there anything on earth that could possibly keep a therapist more interested in healing than in personal satisfaction? I believe there is in the human being a force equal to this task; I believe that there is an even more powerful motivation than the deep nurture of touch and sexual pleasure in therapy. I believe that having 'meaning' in one's life is more powerful than having pleasure.

Men and women from earliest times have sacrificed far more than pleasure for meaning. Men have thrown themselves on hand grenades to save their friends. Women have risked torture and death in resistance movements during times of oppression. The examples could go on forever. All manner of stress has been borne by members of our race to give their lives meaning. It is the decisive and profound edge of meaninglessness that permits a therapist of goodwill to be guided by the client's needs. When therapists allow themselves to pursue their own interests during therapy, meaning ceases.

Can we be client-centered? We have to be. The alternative is nothingness and despair, which come to rule an ever-darkening landscape of the spirit until depression and / or death supervene. Meaninglessness and death are very close partners.

In the end, when all is said and done, pleasure is no match for meaning in a developed human being.

* * *

I had argued that, because of the primacy of meaning over pleasure, where it was clear to a patient that an intervention using sexual touch had come from a health-oriented client need, and had been conducted from a client-centered orientation (not motivated by therapist gratification), this intervention might occasionally bring about genuine healing with no damage to the relationship.

I now believe that this area of experimentation is so dangerous and so easily misinterpreted that it should *never* be undertaken. Five years of conversations with clients and colleagues have changed my mind.

On those rare occasions in Level Four therapy, when a patient is pursuing a body necessity to achieve congruence with a past event (for the purpose of re-experiencing that event), sexual touch from the therapist must be denied.

In holding an attractive woman there can be, during the learning stages of this technique, what I call a 'sexual halo' within the therapeutic experience. It is impossible not to be aware of a woman's body under some of these circumstances. It is not that difficult to negate feelings of sexual arousal. Mature males do have reasonable control in this area.

If I was experiencing this sexual feeling or halo while holding a woman closely, and if this led to some arousal, I could reassure her that this was a physiological response and, as such, not something for her to be concerned about. It does not have to overwhelm judgment or control. In these instances, where there is goodwill and trust, a patient has no difficulty in appreciating that the sexual response is an artifact. It does not have to open a combination lock to disaster. We can acknowledge what is happening and not become involved with it. When we continue with what is healthful to the therapeutic moment, sexual arousal simply dies away. There is no purpose and no goal for it.

If we are not prepared to take occasional risks in providing nurture and physical assistance, we will lose our sense of being therapeutically alive. Some patients who might have been helped will be forever stranded in a devastated childhood from which they cannot healthfully return. They may rebuild their defenses but in the end they will be rigid, fragile and anxious. The Central Paradox of Therapy *can* be avoided but the price is always high. A Final Word About Nurture

Under normal circumstances, holding someone, while it is a pleasant enough experience, will not nurture and shift the core child. But under circumstances of regression, holding does nurture the core child because the Central Nervous System is wide open. I have called this technique THERAPEUTIC NURTURE.

Patients come to me now because they know that I do regressive therapy and will provide supportive nurture. Indeed with many people, in the context of a regressive therapy, the last fifteen minutes of every session are given over to holding. These are basically warm, deeply meaningful, full body hugs. They occur in the lying down position, therapist and patient lying on their sides. Nurturing holding can occur in Level Four regressive therapy without necessarily being part of a powerful regressive re-living.

One of my patients, the daughter of an alcoholic and highly dysfunctional family, has insisted that I give her twenty minutes of holding at the end of every session. She says that it is this activity, which has reversed her alcoholism, her bulimia, her compulsive vomiting and her obsessive preoccupation with suicide. She has stopped writing suicide notes in her own blood. The holding she feels she needs is replacing the nurture she did not get. No amount of discussion will ever provide it.

Over and over again patients speak to me positively about the effects of deep nurture. This will always be a part of deep regressive psychotherapy. I have no patience at this time in my life with endless psychiatric debates about whether a therapist should shake hands with a patient. The kind of psychotherapy that I, and a few others, practice is so far beyond mainstream ambivalence about holding that the literature is useless to us.

Chapter Eight

Necessities in Level Four Regressive Therapy

a: Clarity

Human beings are extremely contaminated in their ability to see clearly and are therefore contaminated in their ability to intervene.

Human defensiveness, which we all see continuously at work, would seem to suggest that personality is a construct founded upon a base of terror. It seems we are terrified that we will cease to exist. We cannot tolerate any challenge to our belief systems because it pushes us toward our fear of non-being.

If you are right and I am wrong, my sense of being wrong might start to spread and I will fall into an abyss of wrongness where I will disintegrate and become nothing and die. Anything external to us can trigger this kind of terror in us. Rather than suffer the abyss of wrongness, we will defend ourselves, we will not hear, we will distort, and we will maintain our truth at all costs. It is this terror, which generates the opinions we hold and causes us to try to neutralize the opinions of others. It is this terror, which can cause therapists to intrude their therapeutic belief systems into clients' journeys. Interestingly it is, among other things, our personality construct, which Zen Buddhism seeks to dissolve with its 'unsolvable' riddles. This is one of the methods, which Zen uses in its journey toward no-mindedness. Therapists are as contaminated as anyone. They have, however, the world's most perfect defense. They have the defense of knowing. It is remarkable how much some therapists know, and yet they cannot seem to work directly with their clients in deep regressive psychotherapy. This would seem to suggest that what they know is a construct to keep themselves safe. It would seem to suggest that they are terrified. The contamination of a patient's journey with therapist terror is continuous, subtle, invisible and complete. It often carries the name 'psycho-dynamic theory'.

Many therapists, who consider themselves 'rational', cannot truly believe therapy's first truth; that *the human mind, if allowed to feel, will heal itself*. They cannot accept this basic belief. As strange as it may seem, the ability to stand back from a patient's deep work, to not get in the way, is founded upon the doctrine of no-mindedness. That is to say, while therapists may believe deeply in the techniques they use to open the doors of the mind, once those doors open it is profoundly important that they not inject their own beliefs into the process. They must wait expectantly and without interference. Their own minds must be 'empty' of their own conflicts so that they may be intuitively resonant with the patient. If the therapist is full of knowledge, he or she will almost certainly interfere with the connections coming forward during the process. The doctrine of no-mindedness is a Zen Buddhist concept, which has emerged into western psychotherapy in Fritz Perls's notion of the fertile void. We cannot expand on this issue here, except to say that in the Buddhist sense it is almost an unattainable goal; in the therapy sense it is much more possible.

No-mindedness in a therapist rests deeply upon the therapist having had at least two to four years of depth psychotherapy as a patient (another necessity for doing this work). Any therapist who has not worked at Level Four on themselves would be a menace. It would not be possible for that therapist to stand aside and allow re-experiencing. This is because human

consciousness sits halfway between its own past and the external world. To give a brief example: if, in my childhood, beyond the recall of conscious memory, I was bitten by a dog, that memory, unbeknownst to me, will influence how my conscious mind responds to a patient who is talking about dogs. Let us say that the patient wishes to own two or three dogs and, quite unconsciously, I make the comment, 'Don't you think one dog would be enough?' While it would seem that I am being patient-centered and caring (external world event), what I am really doing is responding to what has triggered an unknown past event. If it is realized that most of our childhood is beyond conscious recall, and that those memories influence the way we feel, think and respond to people each day, then it is clear that therapists' responses to patients are enormously contaminated. Most people, when they try to listen, only hear and respond to the fears, which are stirred up in them.

Powerful feelings also subvert clarity. If I am raised without love, my need for love can bias my work. I may focus on it too much or I may be afraid to confront my patients for fear of losing their love. If I am raised in an angry family, anger may saturate my therapeutic objectives. Any one of hundreds of biases may appear, all stemming from a single problem.

The mind is enormously flexible. It can take any event, or a series of events which have impacted upon it, and disguise both its meaning and the infinite number of ways which we defend against that impact.

Therapists listen from within an invisible matrix of safety-oriented operations and draw patients into the subtle interwoven strands of their defenses. The therapists don't know it, the patients don't know it, and indeed often have no idea how the therapist has brought their journey to an end.

Every time a patient talks to a therapist, they unconsciously mobilize within us responses that are not appropriate in a patient-centered therapy. What they (external world) mobilize is our own defensive attitude towards each issue that is brought forward. This problem becomes much more intense in regressive psychotherapy because our defenses become activated very, very quickly in order to shut down on and handle the extremely powerful material that a Level Four patient triggers both in themselves and resonantly in us. For example, if we have had difficulties we do not remember, with a father, and the patient hovers on the edge of a similar moment of pain with his own father, we will cough at the wrong moment, clear our throat, or make a so-called helpful suggestion all of which are designed to keep our own memories hidden. Thus what is hidden in us will not permit that material to emerge in our patients.

Literally every response we make, if we are not conscious of this problem, comes from things within ourselves we don't remember. And so our attempts to remain patient-centered, and to allow frightening material to emerge, fail over and over again. There is a safety here. Therapists who are unaware of this issue never produce sufficient empathic congruence to get people to Level Four. If they do, the therapists' unconscious will soon return them to less intense work.

Congruence V:

Therapist - Client Congruence

The empathic congruence of the therapist with the client's deepest issues is Congruence Five, without which the reliving of early painful material will be blocked over and over again.

We are now encountering a therapeutic paradox. How can the terrified facilitate the terrified?
How can contaminated human beings facilitate contaminated human beings?

First and foremost, the therapist must go through his own personal therapy; the deeper he goes the clearer he gets. This therapy, at a minimum of once a week, will usually take several years.

The Zen master asks his monks if anybody among them can speak 'one true word'. They discover, with the very rare exception, that they cannot. The Zen master is setting a task for the monks to help them dissolve the symbolic substitute that they have placed between themselves and a direct experience of the universe. The task of attaining ultimate clarity, sometimes referred to as Sudden Illumination, or Satori, could also be a goal for therapists.

In fact we, as therapists, have a somewhat lesser journey. We have the task of listening with the most open and uncontaminated attention, which we can bring to the job. The concept of the 'good-enough mother' has entered psychiatry, reassuring us that no mother need be perfect. The concept of the 'good-enough therapist' will free us from similar fears that in our work we must be perfect.

We can, however, listen with the closest thing we can find to the no-mindedness of Zen and allow our patient's words to cause a blossoming within us of truly client-centered resonant responses. On our journey toward uncontaminated therapy, the finest of all techniques is the Rogerian reflective statement. It does not contaminate the patient with therapist material. It simply reflects.

NECESSITIES AT LEVEL FOUR REGRESSIVE THERAPY

b: Reflective therapy

Reflective Therapy is often felt to lack power. In fact, it is the most powerful tool of all and the purest. Reflecting back the content of someone's discussion, gives it a finer outline against the darkness and confusion of emotional pain. For example, the comment, 'it seems that you had difficulty the moment you entered the room,' renders a generalized fear more specific and manageable. It outlines with clear strokes what was only dimly perceived. This completes the insight and allows the next connection to come forward.

Reflecting feelings firms up our sense of where the power comes from in our moments of upset. For example, 'You hated him when he did that to you,' shows both where the feeling arose and the depth to which we have been touched by an event.

Reflecting lifelong themes shows how we have been caught up in similar issues over and over again down through the years. For example, 'Each time a woman asks you for something, you end the relationship'.

The therapist learns to reflect material, which will come to lie just within the boundaries of what the patients can feel once they hear it. To reflect more deeply than this misses the mark, loses the feeling, and brings the therapeutic movement to a halt.

This ability to broaden the circle of patients' awareness by reflecting slightly beyond what they know, but still within what they can feel once they hear it,

is at the core of the therapist's facilitative art. In short, if they can't feel it, the information is useless.

For example, 'Each time you have had a difficult boss, you have left your job in anger,' is something a patient can hear and feel. Whereas 'Your father's constant anger with you when you were small causes you to leave your job whenever you encounter a difficult boss,' may be completely true but cannot be felt and is, therefore, a therapeutic comment which is unable to facilitate growth.

NECESSITIES AT LEVEL FOUR REGRESSIVE THERAPY

c: Resonant Listening

There is a kind of listening stance where, as therapists, we can come to center our awareness on our patients so deeply that our own problems disappear and a new phenomenon emerges. This is the phenomenon of resonance.

Resonance occurs in the therapist during moments of intense, clear listening. This intensity produces a kind of meditational state. In this state, we become so congruent with our patients that their issues and discussions trigger within us a similar set of connections. In fact, our unconscious begins to resonate with their unconscious, producing reflective statements from us, which become almost telepathic and stir material in them, which lies far below their awareness. For example, a woman has been telling a therapist for about twenty minutes how disappointed she is in her life. He responds unthinkingly with a metaphor, 'Ever since you left the castle, things just haven't been the same.' Her eyes widen and she tells him in a surprised voice that, all through her childhood, she played a game, which she called the princess in the castle.

This meditational listening approaches the Zen phenomenon of no-mindedness. This is the ability to take in the world without the contamination of the mind's filtering and symbolizing processes. It is this phenomenon of no-mindedness and resonance in a therapist's listening, which constitutes the Fifth Congruence of Level Four depth psychotherapy:

Without continuous empathic understanding, congruence fails, and immediately therapy fails.

The accuracy of these reflections is always borne out by the patient's sense of their rightness. When the therapist is wrong the patient quickly knows it, and the empathic moment crumbles. Therapy is an ongoing, self-corrective process, which falters in the midst of therapist inaccuracy. This ability to reflect back to the patient what they're talking about on Levels One through Four when, and only when, the patient is ready to hear it, greatly deepens rapport and allows each thing to lead to the next. When we add to this a feeling- and body-based orientation, making sure that the patient never strays very far from this, each hour becomes deeper than the hour before.

NECESSITIES AT LEVEL FOUR REGRESSIVE THERAPY

d: Beyond Therapist Neutrality

The road to optimum depth therapy is paved with seeming paradoxes. We now encounter a paradox, which has paralyzed psychotherapy for more than

one hundred years. On the one hand, I have said that therapist clarity and lack of contamination of patient processes is primary. On the other hand, I have shown a degree of involvement in my therapy practice, which by any usual standards would seem unsupportable. This paradox is resolved when we understand the dual nature of psychotherapy.

1- Therapy as Insight-Oriented, Re-experiencing

Helping a client draw unconscious connections and experiences to the surface requires the feather-light touch of absolutely clear, reflective statements. As the material emerges, if it is continuously re-grounded in feelings and body states, the regressive landslide we spoke of earlier is a natural consequence. The essence of this process is the emergence of one thought after another, one feeling after another, one re-experiencing after another. These delicate chains of connectedness between internal phenomena can only begin to emerge if the process in the patient is not derailed by therapist intrusion. It is in this area of psychotherapy that lack of contamination is essential for forward movement. When a therapist's presence ceases to be resonant and congruent, therapy fails. It is this failure in the therapist, which is the largest single safeguard against catastrophe. It prevents therapy from attaining real depth.

As with so many issues in therapy, goodwill, caring, and trust on both sides will see the therapeutic process through many a potentially difficult moment. A therapist must be able to withstand ambiguity and confusion of an intense nature. You will remember how the man made faces for weeks and weeks without the resolution of an insight. If these weeks of bizarre behaviour had caused me, out of my own anxiety, to put forward some reassuring theoretical truth, this journey would have been blocked. If I had mistaken his behaviour, again out of my own anxiety, for a borderline psychosis, I might have given him major tranquilizers basically to soothe myself and derailed his therapy altogether.

On the other hand, another deep-working male client began to think that people could actually read his mind. In this case I gave him anti-psychotic medication to avoid a major paranoid-schizophrenic breakdown.

Understanding these differences is very much a part of any psychiatric training.

Recognizing that the making of these faces was a non-psychotic body necessity, allowed him the permission to finally bring us home to his insight.

2- Therapy as Re-Parenting: With Touch, Holding, and Personal Sharing

Small children grow in the textural presence of their parents. Imagine for a moment a child being raised by machinery, robotics, and video programming. Imagine for a moment an infant trying to cuddle and relate with any machine. The notion is horrifying. The human central nervous system and body unfold, within a holding environment of continuous touch and parental presence, with all the texture good and bad, which this supplies. Texture and healthy growth are synonymous.

In deep regressive Level Four psychotherapy, when we as therapists re-encounter the child, we must bring texture. And that often means holding and touch for nourishment, holding and touch for containment of painful re-experiencing, and holding and touch for facilitation in the emergence of childhood issues. This texture provides the physical basis for re-growth.

How can we give at this physical level clear and helpful facilitative contact? I have discovered, through trial and error, that just as there is client-centered verbal therapy, there is such a thing as client-centered physical therapy. Touch and holding are natural human empathic responses. The difficulty is to know when these responses facilitate and when they block growth. Cuddling can promote re-experiencing, or it can 'cuddle away' the patient's feelings, thereby immediately stopping the therapy work.

A middle-aged man lies in my primal room having left the present behind. He is a child again entering his home, one day after school.

He discovers blood on the floor. Moving as in a nightmare, he follows the trail of it from room to room. He comes finally to his father lying, wrists slashed, upon a chesterfield, the blood still pumping out of his arms and forming pools on the floor.

The child in the past and the man in my room begin to scream. Finally, the man in my room sits bolt upright to break the contact with his childhood self. I put my arms around him and hold him close.

Have I reacted too soon, have I reacted too late? Am I responding to my horror or to his? Am I blocking his growth? Am I facilitating it? Am I containing a shattered ego? Am I nurturing a shattered child who has taken refuge in a lifetime of alcoholism?

Am I client-centered, or am I acting out? How can I know the answer to any of this?

The answer is that therapy work has a life, a texture, and a forward movement of its own which is discernible by the therapist. This discernment lies at the heart of clinical experience and only experience can teach the therapist when to touch and when not to touch. This knowing is the most difficult thing in the world to explain, but there are some guidelines.

First, the whole subject of touch and holding can be openly discussed with patients at the beginning of depth therapy. I may simply say, for instance, that sometimes people need to be held when re-experiencing childhood pain, and that the patient can ask for this physical contact if they need it. In fact however most people are reluctant to make such an intimate request. From time to time therefore, during moments of pain, I will ask again if they would like to be held.

Some clients ask me directly whether I will hold them if they choose to do depth therapy. Some will not come into my practice unless they know they will have that safety net.

Many people just don't know what they will need, but during the pain of therapy will automatically reach out for my hand. Many people cannot allow any pain to surface unless there is some physical connection.

In the end there is no substitute for intuition and the courage to offer what you sense is needed even though you may make a mistake.

* * *

Therapists must be able to share judiciously of themselves when asked. We are in the same situation as a child's parent, sharing creates texture and the trellis upon which the child within the client grows. Further, when our patients intuit that we are deviating from absolute honesty and accuracy, we must stand ready to verify their growing sensitivity. Naturally, all this is subject to good sense, diplomacy and client-centeredness.

There is a difference between information, which encourages dependency and information, which supports growth. There is a difference between information based on therapist arrogance and information, which has an

intrinsically healthful feeling. Again, experience, dedication to catalyzing growth and a sense of balance are all necessary in this area.

- How am I doing in my therapy?
- Are you asking me how you feel?
- No, I want to know if you think I'm getting better.
- Are you asking me how you feel?
- Well...I guess I am.
- I can't tell you how you feel ask yourself.
- Well, I do feel better than I did six months ago.
- So, how are you doing in your therapy?
- I guess I'm getting better.

* * *

- I've been feeling awful lately. Is it common for people to feel worse and worse in this kind of therapy?
- Yes it is.
- Well I sure have been very, very down lately.
- In the midst of all this down-ness, do you have any sense that you are dumping a lot of `garbage' out of yourself, which has been inside you for a long, long time?
- Well, yes I do feel I am getting at things that I haven't experienced before. But it sure does hurt. If I get too depressed, can we use some medication?
- If we go beyond your body's ability to cope and remain functional, we certainly can calm things down and/or support your mood with medication.
- How will I know if I need them?
- There are signs, such as weight loss, sleeplessness and exhaustion, as well as very low mood and too much fear. We will stay on the alert.

* * *

- Have you ever felt so bad you just wanted to die?
- Yes I have.
- What did you do?
- I lay down and centered myself inside the feeling. I repeated over and over again those very words, `I just want to die.' I repeated them many, many times until finally the feeling of wanting to die ebbed away.
- You never had any further problem with suicide then?
- This issue does come up from time to time in my life if I am sufficiently deeply stressed. When it does, I use this technique and the feeling of wanting to die always passes.
- So life has been a struggle for you too?
- Yes it has, it's a struggle for all sensitive human beings.

There are no rules about when and how to share; only an informed and loving heart.

My own therapist used to say, `Don't dump your stuff onto your patients and don't spend a lot of time defending yourself.'

If I am asked a question about my life from within a spirit of healing, and with goodwill, I will often share from within myself. This is part of the re-parenting texture. It provides a relational connectedness with the patient. Sharing is analogous to physical presence. It is the trellis. The starvation of psychoanalytic neutrality is actively avoided, although silence is still one of our main tools. Patients need our humanity and our humanity, if carefully offered, does not have to distort their own burgeoning sense of self.

For instance it is my practice to offer anecdotes from my life when I feel they are truly appropriate. In a loving and growth-oriented situation, these anecdotes are accepted as genuine contributions to the therapy.

NECESSITIES AT LEVEL FOUR REGRESSIVE THERAPY

e: Therapeutic Belief in Feeling

The therapist must believe in the *central paradox* of feeling-oriented therapy that if we go to the center of the most painful and difficult feelings, no matter where they lead, and re-experience their shame and horror, we will gradually unburden and heal.

Therapy is rarely straightforward and usually takes months or years to bring these experiences to the surface. Even after we do so, individual growth sequences must often be repeated many, many times.

Enormous levels of trust are built and momentum is gained so that the patient naturally wants to share more and more. Honesty with the therapist, and with the self, becomes an impassioned goal, washing away a lifetime of falseness.

There are many more necessities in the practice of Level Four Psychotherapy: a few of them are:

- * The therapist must possess a loving heart. Technical excellence will not carry the day. It is not enough of a companion in the wasteland of a damaged childhood.
- * The therapist must be curious and have great energy for exploring the unknown, but this must never lead to an over-zealous application of the techniques.
- * The therapist must have a gentle yet firm hand in defining him or herself in the face of patient needs.

The more years I spend in the depths of the mind, the more I realize that things do keep shading off into the unknown into some final place from which all the processes of the universe emerge. The fact of the matter is that I do not know, in any given moment, what will happen next and, to paraphrase Alan Watts, a famous 20th-century thinker, 'I am at all times surrounded by darkness and am very limited in my ultimate ability to see.' In the face of this, I observe and I trust. After 25 years and 32,000 hours of experience, I have achieved a certain comfort with the unknown, that it resolves itself one way or the other.

The principles hold firm. When we clear the mind of its debris and offer comfort, healing almost always comes about.

NECESSITIES AT LEVEL FOUR REGRESSIVE THERAPY

f: Qualities Required in the Patient:

The ability to lie inside a feeling and to experience the feeling without acting on it, is the most necessary requirement for anyone in deep regressive psychotherapy. Some have this ability; some can learn it; many, however, simply cannot tolerate this experience without confusing the difference between feeling a feeling and acting on a feeling.

Where childhood damage has filled the ego container with too much chaotic material, and where childhood damage has too-greatly weakened the container itself, powerful feelings sometimes give rise to acting out, in order to avoid the overwhelming tension of a disintegrating personality.

Worldly living teaches us to neutralize unpleasant feelings by doing something about them. The `doing' of the world is opposite to the `doing' of depth therapy.

In the `doing' of the world if we are hungry, we eat; if we are angry, we give hurt; if we need, we seek gratification.

In the `doing' of depth therapy we lie down and feel. The feeling brings insight; the insight brings clarity; the clarity brings balance, and all this leads to the emergence of a new organic self.

The organic self does not struggle to do. The organic self spontaneously and integrally responds to outer and inner stimuli, naturally, harmoniously and without effort. The organic self does not strive and struggle for control. It simply moves and has its being from the automatic self-balancing core of a brain freed from conflict.

Often patients ask, `What do I have to do?' The answer is that there is nothing they have to do except the inner work of therapy. Worldly `doing' will begin to come naturally if they do their inner work on the mat.

For example, in the world we have assertiveness training classes which teach techniques of self-definition. We are taught what to say and how to say it, if someone encroaches on our personal boundaries.

In depth therapy, the awakening sense of the extraordinary preciousness of the `self' leads automatically to comfortable self-definition. I say `no' when it comes to me that my selfhood is in jeopardy, not because I have learned how to say `no.' I say `no' because I no longer wish to say `yes' to that which harms me.

Chapter Nine

Risks, Cautions, and Indications for Therapy

Risks for Therapists and Patients

The road to the organic self, utilizing Level Four depth psychotherapy, is fraught with risks.

When impulses overwhelm the ego container, they often flow toward the therapist. It is easier to murder symbolically, or actually, than it is to feel the overwhelming sadness and rage of early parental betrayal.

This is the risk that all depth therapists run. One of my deepest-working patients told me, `There have been times in my therapy when I wished to destroy you because I could not stand to face what my father had done to me.'

* * *

A regressive therapist is a person who is driven to know. Our search must be vertical (downward and inward) rather than lateral with its endless seduction into worldly knowledge. There is no end to worldly knowledge. It pierces nothing.

The regressive therapist comes to see that each thing he finds is a mask overlaying a mask. Each layer is protected and lies underneath a region of terror, which must be pierced in order to get at the underlying truth. Each

layer displaces the truth of the layer underneath it, so that the deepest human truths lie far away from what would seem to be on the surface. In our civilization, we are cultured and raised among disguises until we are completely and utterly lost. We pursue chimera and shadow and our song becomes 'I just can't get no satisfaction.'

A man who is himself a therapist lies in my primal room on the shores of his terror. He has been inordinately afraid that one of his own male patients is going to murder him. He can't get rid of the vision of himself being stabbed to death. The scene endlessly recurs, coming unbidden to his mind. Under the terror, he learns to his dismay that in fact he actually does hope that his patient will stab him to death. He experiences a period of relief and then the terror begins again. Staying in it, he sees that what he really wants is not to be stabbed but to be raped by his patient. He wishes to have this man's penis plunged into his rectum. He experiences a brief relief with this insight, wondering if he is homosexual and then the terror begins again. Remaining within the layer, he realizes that now what he really wants is not the insertion of a penis but rather the close physical embrace of a father, a father he never had. Freed of his fear at last, he lies sobbing in the soundproof semi-darkness. And now he knows that all he has ever wanted was to have had a daddy. The terror is gone, the fear of being murdered by his patient is gone, the fear of his homosexuality is gone and in the place of all these things is the real sadness he has suppressed for a lifetime. When I meet this man in the street or any man or any woman, the things they say and do have no discernible relationship to their truth. I have floundered in a parenting and I have floundered in a civilization that has no discernible relationship to its truth. In my pain, I have been impassioned to find civilization's truths. The deeper I have gone, the more alone I have been and the sounds of my fellow human beings in their intellectual journeys have been like rain falling on a distant roof. I have learned that nothing is what it seems to be and any patient who comes to me learns the same awesome lesson. I have learned to move into the unknown and empty my mind of all learning so that it might be filled with my patients' ghosts. I have learned that the ultimate compass is what we feel and what we sense in our bodies. It is these two processes (feelings and body sensations) that our minds in desperation, have made the repository of the experiences we cannot bear to face and have layered over with fear and intellectual knowing. It is here under the terror and under the knowing that the locked boxes sit 'row on row'. It is here that the key becomes the words 'please stay with that feeling.' When these words are spoken quietly in a place where the response will be honoured by a therapist waiting in silence and ignorant of what will come, the truth will finally be known. Only then can we stop being symbolic human beings and return to the organic selves which have eluded us for untold tens of thousands of years.

Cautions

About half of my patients can learn to focus deeply within their feelings. About one person in eight does continuous Level Four therapy. Wanting to do deep work is a crucially important factor in doing it. Wanting, however, does not mean that a person can or should work in this way. Many

people who want to do regressive therapy find that their defenses simply will not allow it. They just cannot get down there.

Others who can reach these levels should not attempt to do so. Their pain may be too great, their ego structures too weakened by childhood experiences. This dangerous combination can give rise to severe acting-out or other kinds of breakdown.

An experienced depth therapist can help with these decisions and can often modify the techniques to suit individual needs. Usually, however, it requires working with someone for several months to know what is and is not right for them. Others, however, will only acquire the skills and the confidence after a year or more of less intense work.

Although I personally feel that everyone who wants to, should be given a chance to try depth psychotherapy, it must be stated that for a certain percentage of people, Level Four regressive psychotherapy is not a safe option.

Indicators of Readiness for Depth Therapy

1- Once having had the techniques explained, the client shows an ongoing preference for lying down in the therapy room and centering him or herself within their feelings and inner body state.

2- The client demonstrates an ability to remain inside the feeling and to verbalize the non-logical material which the feeling brings forward.

3- The client allows feelings to intensify and continues to externalize them with words and sounds. Externalization is central to this therapy.

4- The client realizes that these feelings are to be experienced, learned from, and not to be acted upon.

5- The client does not simply 'forget' about the therapy work between sessions, but rather continues to ponder on and process the material in a non-compulsive way between visits. It will usually be some time, weeks or months, before the confidence to actually lie down alone and do therapy work emerges.

6- The client is not surprised to have periods of feeling truly awful as therapy deepens. There is, however, an inner sense that these truly awful feelings are just exactly that. They are feelings and as such, can, and will, be processed on the mat using the techniques we have already outlined.

Indicators of Readiness for Touch and Holding

By the time all six of the above criteria have been met, we are dealing with a client who has a broad gut-level awareness about regressive psychotherapy. This brings with it a deepening body sense that there may be times when the triggering, anchoring and nurturing effects of physical contact are necessary. Trust and goodwill by this time have been deeply established. In addition, the client is usually willing to experiment, knowing that when the therapist makes a mistake, this too can be processed and the work will move forward.

* * *

**Humankind has remained hidden from itself from the dawn of time.
This hiding rests on one simple brain mechanism.
When we feel, we act.
This outward-ness displaces us away from ourselves.
It is the easiest way to reduce tension.**

If we reverse this mechanism, if we lie down and continue to feel the feeling instead of acting on it, and if we externalize this feeling with sounds and words, we are drawn downward into our own depths. At this point, the dishonesty, which is intrinsic to our species, ends.



PART TWO

The more complicated the therapy
the more terrified the therapist

- consequence of the First Law of Regressive Therapy

Introduction to Part Two

AWAKENING

The feeling-oriented management of serious emotional pain and stress

By the time I was finishing high school, I was so separated from what was organic within me, I would be off course for most of the rest of my life. Twelve years of post-secondary education in arts, medicine and psychiatry would do nothing to correct this damage.

This section of this book is dedicated to those who will use it to find that which underlies and carries forward all other functions : THE SELF.

There is a tiger
who plays with me.
Its paws
upon my chest.
Paw prints
of Eternity.
Paw prints
of every face
and every leaf
I have ever known.

Chapter Ten

The Basic Problem Of Stress Management and Human Growth

Stress management manuals almost always fail. They fail because they ignore a central insurmountable mental process; what psychiatry calls the *Return of the Repressed*.

These books seek to suppress pain by either tranquilizing the mind with relaxation and meditation techniques, or they use 'the power of positive thinking' to reframe the meaning of events. Of course the pain always returns because it has never been truly neutralized.

Those books, which do work toward insight, encounter a serious problem. The brain is always under pressure, even in the best-adjusted individuals. Stress books deal with this problem by backing away from the deepest self. They run home to what is intellectual and thus abort their journey into deep and lasting change.

In the damaged human being, that includes most of us, we have seen in Part One that the unconscious fills with pain. We have seen that rage and anguish build up in the deepest self to a powerful degree. At the same time, the parts of the self, which act as a container become weakened due to the same poor parenting which created the pain. Thus, we have rising pressure in a weakened container. The 'serious problem' which all stress management manuals face is: How do we work to repair a mechanism, such as the human mind under great pressure, without causing an explosion?

Should we simply give up and run home to less intense levels of therapy? Should we never, ever, put a manual on the general market about Deep Organic Self-Management?

I do not believe that we should give up. Deep oceans, unknown continents and terrible gulfs have never stopped mankind from advancing in the past. The advancement of our race into the realm of ultra-high technology suggests that we keep pace. Our mental development really must parallel our technical development, and it must do so for all of us, not just the knowledgeable few.

This book is dedicated to the proposition that non-psychotic emotional distress is caused by early childhood pain and a resultant lack of consciousness in adult life.

* * *

We know that the mind can observe, process, store, and function perfectly. When a neurosurgeon touches the exposed brain with a tiny amount of electricity, a patient can re-live in perfect detail an early childhood event. When life-threatening danger suddenly comes upon us, people have reported an ability to observe and respond to the external world that is so far beyond the average as to be literally a different plane of existence.

During a regressive therapy experience, clients will relive events with utter clarity. They will, in fact, even experience feelings that were suppressed so quickly during the actual moment of trauma that they never, ever, have been consciously known.

There is unquestionably therefore, in the depths of the brain, a set of processes, which can be called uncontaminated, perfect, or immaculate.

These processes would include: Immaculate Observation, Immaculate Storage, Immaculate Processing (including re-experiencing), and Immaculate Function.

We lose these immaculate processes when we are afraid that the consequences of using them will bring us extraordinary harm. The principle of being personally safe overrides the immaculate processes of the brain. When threatened, the child, and indeed the adult, turns off conscious knowledge as fast as it emerges and shunts it safely down and away from awareness.

The threatened and traumatized child not only instantly buries its knowledge, it also buries living processes that are attached to the knowing that it wants to be rid of. Thus we lose not only memory but function.

For instance, if a child is traumatized in a car accident and represses this knowledge, he or she may later refuse to drive a car. Thus the original knowledge of the event is lost, and the ability to function in the present is also lost.

The underlying ground of all brain function for human beings is the confidence that what we see, think and feel is true. If we couldn't count on this, we would degenerate into terror. For example, if you thought the sidewalk was going to disappear out from under your feet, you would refuse to take a step.

The brain must maintain the confidence that what it knows is true and stable. At the same time, the brain keeps suppressing more and more of what it knows. It does this to keep us safe in the moment, so that internal pain and external threat will be adjusted to at any cost. Immediate survival outweighs truth. The traumatized child, therefore, is alive but increasingly diminished.

To function knowing less and less of our truth, and yet at the same time to maintain our belief in the basic ground underneath us, we fill in the spaces with false beliefs. We remember what we need to remember. We repress what we need to repress. We see what supports our view and we stop seeing things that do not

We unconsciously build a conscious personal self, which becomes a house of cards. This house of cards can only be maintained by more and more external validation. Fitting in and receiving validation keeps us from collapse. For example, imagine that you go to work one day and nobody acknowledges your presence. Hour after hour people look right through you and give no signal that you are there. How long do you imagine any of us could remain free of terror without being validated even on that most basic level?

The adult replaces IMMACULATE OBSERVATION with disordered observation, IMMACULATE STORAGE (memory) with disordered storage, IMMACULATE PROCESSING with disordered processing and IMMACULATE FUNCTION with disordered function.

We become honeycombed with these invisible disorders, making our life decisions and choices, such as who to marry and what work to do, with insufficient understanding. Thus we do *not* get what we need, and we *do* get what we don't need. We exhaust ourselves, feel dissatisfied and, unable to find meaning, walk our path from birth to death.

This manual, which you are reading exists to reverse this difficult human plight.

We can find our truth, and we can live in an organic and fruitful way.

In and around the buried Immaculate Processes (observing, storing, processing and functioning), which we have discussed, lie an entirely different but connected set of brain functions. I call these functions the Processes of Holistic Insight.

Holistic Insight is the sudden, global, non-linear awareness of self and world which dissolves the disordered brain function that we have discussed. Holistic Insight is itself an Immaculate Function, and returns us, in quantum leaps, to greater and greater clarity.

In this book our job will be to find the techniques, which activate the IMMACULATE PROCESS OF HOLISTIC INSIGHT, in order to actually experience the parts of us that are lost. We want to win back from the darkness the supple processes of the mind. In so doing we will disassemble the false self, which we have constructed to avoid anything that triggers our pain. We seek to become clear and comfortable in our function, by finding and experiencing each buried hurt that misdirects our lives and prevents us from clear, self-balancing organic living.

With the gift of HOLISTIC INSIGHT we will then access the uncontaminated IMMACULATE FUNCTIONS of the brain.

Finally, we will be able to perceive, to process, and to act without so many of the distortions that have plagued our lives and formed the basis of the lies that we live. We will also, as a bonus, be able to process emotional pain and stress with the tools, which we are about to acquire.

Chapter Eleven

Major Precautions Which Under No Circumstances Should be Ignored

Caution One

Find a general practitioner and obtain a complete physical examination with special emphasis on cardiac function. Patients have experienced angina, blood-pressure fluctuations, and other physical problems during depth therapy. I have recently suggested that one of my patients, who experienced chest pain during therapy, seek heart-bypass surgery before he proceed with his in-depth work. He has done so and is currently convalescing, waiting to begin his therapy again.

Caution Two

Find a psychiatrist to evaluate your general mental health, with special emphasis on the strength of your mind's ability to contain and process powerful feelings without either developing a psychosis or having to rush out and hurt yourself or somebody else.

Caution Three

Find a psychotherapist to companion you on your inner journey; one who is warm and caring, and not overly opinionated in a defensive way. Most especially, find a therapist who is comfortable allowing you to experience your deepest feelings.

Caution Four

If your therapist will not give you touch and holding should you need it, find a massage therapist and go several times a month for the express purpose of nourishing yourself through skin contact with the therapist's hands, in addition to deeper kinds of muscle massage.

The massage therapist you select must have an appreciation of the difference between touch and massage for the purpose of nurture, and massage for the purpose of manipulating deep tissue. Let this person be creative with you, and do not become sexual. Never go beyond what your intuition tells you is right for you at any given time.

Caution Five

Find a self-help group such as Adult Children of Alcoholics and Other Dysfunctional Families (ACA). Check your telephone book.

Eugene Gendlin's growing *Focusing Network* might also be helpful. See the reference to his book in the appendix.

Make sure these are feeling-oriented groups which do not substitute ungrounded beliefs and the power of positive thinking for careful, ongoing depth work. Belief and positive thinking are both very precious. But they can, like anything else, become a defense.

Caution Six

Read this entire book slowly and carefully three times. Thoughtfully digest every single paragraph.

Over and over again, after finishing the first section of this book, people ask me questions, which have already been carefully and clearly answered within the text. This tells me that one or two readings are not enough. As clearly written as it is, this book is absolutely packed with information, and each item has many issues attached to it.

One of my patients has a doctoral degree in psychology and has been in depth psychotherapy with me for several years. She informed me that she had read the book eight times. Although she finally felt she understood it, we have still had occasional disagreements and, when we have returned to the text, we have found that she forgot or misremembered the occasional, very clearly articulated passages.

I repeat, read this book slowly and carefully, at least three times, so that you will have an overall sense of what you are doing when the forest you are about to enter closes in around you.

It is not recommended that you attempt the exercises in this manual without adequate psychotherapy.

Chapter Twelve

Who Should Take the Journey?

I have always said to incoming patients who wonder if they should be in psychotherapy, 'If your brain works, leave it alone.' If you are reasonably functional in your thinking, feeling, and behaviour, if your work, your play,

and your intimacy are going well, if you are reasonably content and feel good most of the time, for God's sake don't try to undo the anchorings of your mind.

If, however, you hurt too much of the time, if things aren't going well in too many areas of your life, or, if you are the kind of person who feels compelled to understand your deepest self, and if you are prepared to be in emotional pain for an undetermined period of time in order to obtain the gifts of Holistic Insight and improved function, then welcome aboard.

Chapter Thirteen

What the Brain Does When It Is In Pain

**Within the mind nothing is as simple as it seems.
And yet it is also true that often things are far more
simple than psychiatry would have us believe.**

In order to understand what we must do when we are working with the deepest levels of the mind, we must first understand in a simple way what the mind does when it suffers. We do not need complex physiological information. What we do need is a simple straightforward sense of what is going on.

The expressing and healing of psychological pain depend upon the following truths of brain function:

1. The brain hates pain.
2. The brain hates knowing precisely how its pain arose in the first place.
3. When faced with either pain itself or knowledge of how that pain was created, the brain will try to bury it completely by pushing both the pain and the knowledge connected to it down and away from conscious awareness.

Feeling discomforted and not wanting to know directly why, the brain struggles to solve the problem in a disguised and unfruitful way in later life. It will reorder the past and the present, changing the meaning of anything inside or outside itself in order to keep itself safe, and to attempt to solve its problems.

*It has been pointed out to me by Dr. Aletha Solter that when babies and young children are permitted to feel their feelings, they do not avoid pain. Please see both her book "**Tears and Tantrums**", and her website: [Aware Parenting Institute \(http://www.awareparenting.com/\)](http://www.awareparenting.com/).*

You can contact Dr. Aletha Solter at:

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email: info@awareparenting.com*

4. The brain is anesthetic. It cannot feel directly.

In surgery, after it is laid bare, it can be cut or burned and it feels nothing. Therefore the brain, when in difficulty, struggles to alert us but can only do so indirectly.

Given the restrictions in its function that we have just mentioned, the brain arrives at the following solutions:

Like a movie projector, the mind takes what is happening inside itself and projects it outward so that we can become aware that something is wrong. Living in a vault of absolute silence, the mind must find a way to signal us. These signals must impinge upon our senses, otherwise we would not become aware of them.

For example, the shipwrecked sailor might throw a bottle with a message into the sea but we would only perceive his distress when we discovered the bottle on the beach. A man lost on the highway at night would have to find a phone before we could hear his distress. In every example we could give you of this kind, *we remain ignorant of distress until it triggers our senses.*

The brain functions in just this way. It sends messages to us, through our senses and feelings, which trigger our awareness. For example, we may be warned of anxiety by our heart beginning to race, or perhaps through having 'butterflies in our stomach'. The bottle has arrived on the beach of our awareness; the telephone has rung.

To complicate matters even further, sensations, which come to us from deep within the body are non-specific. If something pricks us on our finger we can localize the area of disturbance and even usually know exactly what is causing it. This is because our external senses usually have a high degree of ability to discriminate. They usually know exactly what is going on.

Senses deep within the body do not have a high level of discrimination.

Messages from within are often extremely diffuse. For example, most of us at some time in our life have had a stomach-ache, yet we could not tell *exactly* where it was located.

A brain unwilling to know exactly why it hurts, and unable to feel directly within itself, must now cast its pain outward and broadcast it back to our consciousness by giving very diffuse and non-specific messages.

Our entire journey in this manual will be to devise techniques, which will render these confusing messages transparent. You can now see why we will always begin with sensory phenomena.

Our inward journey will always begin with what we sense and feel inside our bodies.

Chapter Fourteen

How the Brain Alerts Us To Its Distress

HOW THE BRAIN ALERTS US TO ITS DISTRESS:

1. Specific Body Sensations or Symptoms

These are among the brain's simplest methods of alerting us to the fact that we are in distress.

A racing heart or a pain in our head are examples of simple specific body sensations. Simple though they may be, you may be interested to note that the deepest causes may be very far away in time, and in space, from the physical sensations of which we first become aware. Thus, we are alerted but may have no idea what is wrong. This experience of realizing we are in distress, but having no idea of what is actually wrong, is common to all the alerting systems we will study. Even if we *do* know what is wrong in the present, more often than not it is resonating with something we do *not* know in the past.

- All week long my stomach has been killing me.
- All week long?
- Yeah, I guess it started last Sunday night when I had that fight with my daughter. She hates me.

HOW THE BRAIN ALERTS US TO ITS DISTRESS:

2. Diffuse Inner Body States

Diffuse inner body states are just exactly that; they are an overall inner sense that something is wrong. For example, the general state of uneasiness, which might permeate our being when we are somewhere we don't wish to be. Although these sensations are not coming from a specific organ within us, and although they seem at first difficult to grasp, they can be one of the most rewarding of our basic doorways into the unconscious. Once we develop the knack of focusing on them, we will discover that they are extraordinarily rich in texture. They will be seen to radiate from one or several places within the body all at the same time, different areas contributing different textures and intensities.

- I've been feeling kind of funny inside for several days. I can't quite put my finger on it. I just don't feel good. My buddy at work was fired last week. I guess I kind of wondered if I am next.

HOW THE BRAIN ALERTS US TO ITS DISTRESS:

3. Specific Feelings

Feelings themselves are one of the most complex phenomena, the pursuit of which we will attempt to master. They lie inside and all around the other phenomena we will study. They intermingle with body sensations and diffuse body states. Sometimes they are in the foreground and sometimes in the background. But everywhere we go they will be our companions and our guides and sometimes contribute greatly to our confusion.

Nothing in depth therapy can match feelings in their fluidity of motion and in their ability to shift back and forth between themselves. Feelings are the shape changers of the regressive world.

Feelings are powerful; they travel in packs and they often do not get along with each other. They also travel in two different kinds of opposing pairs. They are the handmaidens of the brain's defenses because they are quick; they can be vicious; and they are experts at spreading confusion. As if this weren't enough, they can be, and often are, invisible.

In spite of this impressive list of chaotic achievements, once they are house-broken they are our best friends. When we are damaged in childhood, it is

our feelings more than anything else which become dysfunctional. It is one of the great paradoxes of the mind that we shall turn to these dysfunctional elements and rely on them in the end to lead us home to health.

- I've been so frightened lately. I just walk around all the time feeling scared. I guess it's been since my mother died.

Within the realm of feelings lie specific individual feelings and also two kinds of opposites:

THE OPPOSITIONAL PAIRINGS OF FEELINGS:

A. Simple Benign Opposites

This first set of opposites is confusing but relatively benign. We can love someone and hate them at the same time. We can want something and not want it at the same time. These kinds of simple opposites spread confusion until someone gives us permission to let them live together.

- I can't be angry with him, I love him. Sometimes, however, I am so angry with him, I actually hate him. I know this doesn't make any sense because I love him.

- So you feel both love and hate for him at the same time?
- Isn't that crazy?
- It's what you feel.
- Yeah, I guess it is.

THE OPPOSITIONAL PAIRINGS OF FEELINGS:

B. Complex Malignant Opposites

The brain has impulses and it has controls. A person without controls is very, very dangerous. As necessary as controls are, however, in the damaged child they often grow too large and can later strangle the growth of the adult. Over-control in adults can come from many places. When a child is terrified of its parents, it fears to speak up. It fears it will be killed or at the very least badly treated. This is a lesson it never forgets; it learns to control itself forever.

The child's terror may grow so great that the adult it will become suppresses itself with a power that is quite malignant.

Furthermore, the damaged child always concludes that it is worthless. Otherwise, it reasons, why would people be hurting it? If it is worthless, nothing coming from within it could possibly have any value -- so again it shuts up for good.

As we struggle to liberate the mind in these kinds of people, an endless series of these malignant opposites begin to surface.

These opposites lie everywhere within the mind and are the largest stumbling-blocks to its growth. They are the result of over-control and they serve to keep the mind's secrets well and truly hidden.

HOW THE BRAIN ALERTS US TO ITS DISTRESS:

5. Unusual Behaviour

From time to time, we all find ourselves doing things that don't seem to make sense. Behaviour can range in its complexity all the way from multiple personality to simply hanging around with someone we never used to like. Whenever They also serve to prevent the expression of murderous rage toward ourselves or someone else.

I want - I'm not supposed to want
I love - I'm not supposed to love
I hate - I'm not supposed to hate
I think - I'm not supposed to think
I want to speak - I'm not supposed to speak
I'm an okay person - I'm the most disgusting, rotten thing that ever crawled on the face of the earth.
I have no right to think, to feel or to do anything.

The list is endless and each item on it inhibits growth. The bottom line, of course, is that these people are not allowed to be. They have no right to exist on any level whatsoever. All forward motion in their growth, and in their therapy is therefore completely and finally terminated.

- I want to tell you how often my mother used to come home drunk.
- Tell me about it.
- I can't. I'm not allowed to say bad things about my mother. I want to but every time I start to talk about this I just can't.

HOW THE BRAIN ALERTS US TO ITS DISTRESS:

4. Thoughts, Images, and Image Sequences such as Dreams

The thoughts, images, or image sequences, which come to us during our inner journey may be straightforward statements which require very little interpretation. They may, on the other hand, be highly symbolized and displaced representations of something we cannot easily see. Nothing is more ornate than a dream and yet, attended to with a few simple rules, dreams too can take us straight to the feeling-center of an issue. After reading this whole manual, you will be ready to read the Appendix, which contains a very short trip into the unraveling of these seemingly exotic communications.

- This image of my baby being killed keeps coming into my mind.
- Killed?
- Yeah, someone sneaks into her room and strangles her. It's horrible. Am I going crazy or something?

* *

- Last night I dreamt about a little tiny frog, which was run over by a great big truck.

HOW THE BRAIN ALERTS US TO ITS DISTRESS:

5. Unusual Behaviour

From time to time, we all find ourselves doing things that don't seem to make sense. Behaviour can range in its complexity all the way from multiple personality to simply hanging around with someone we never used to like.

Whenever

we do things which deviate from our usual routines, we may have something worth exploring. It is not my intention in this book to pursue this area in great depth. It deserves to be mentioned in passing, however, as something which may trigger our awareness to underlying difficulties.

- I think I had one of the strangest experiences that a woman can have last week.
- What was that?
- I went into the washroom in a restaurant. There was this guy standing in front of a urinal staring at me in surprise.
- So you were in the men's washroom?
- Yes. Why do you suppose I would make a mistake like that?

HOW THE BRAIN ALERTS US TO ITS DISTRESS:

6. Psychosomatic Illnesses

Again, I am not intending to pursue this topic to any great degree except to re-confirm that unresolved emotional distress does damage the physical body. Whether it be the asthma of an unhappy child (although not all asthma comes from unhappiness) or the ulcer of an adult whose needs have never been met, these breakdowns in bodily function are also excellent doorways into the unconscious.

- My husband hit me again last week and I had the strangest reaction. I simply couldn't catch my breath. My family doctor said that it was an asthma attack. I've never had asthma before in my life.

Chapter Fifteen

The Problem Of Experiential Intensity

I have said many times that in order to drill our way through the defenses of the deeper mind, our awareness must have the intensifying power of pain. You will remember the six ways that the brain alerts us to its distress. They are:

- 1) Specific Body Sensations or Symptoms
- 2) Diffuse Inner Body States

- 3) Specific Feelings
- 4) Thoughts, Image Sequences, such as dreams
- 5) Unusual Behaviour
- 6) Psychosomatic Illnesses.

Only the first three give us a direct experience of painful sensations, although psychosomatic illnesses could be included. Therefore it will be up to us, no matter how our attention is triggered, to find the specific body sensations, diffuse inner body states or specific feelings which accompany all other communications from the brain. It is the intensity of these feelings within all distress communications, which will take us finally home to the deepest self. It is for this reason that, over and over again, we will shift our awareness and our focus toward those aspects of our experience, which we can actually and literally feel. These feelings will be the river upon which we must navigate if we are to find the origin of the distress within us.

We do not immerse ourselves in pain because we enjoy it. We immerse ourselves in pain because it unflinchingly takes us to the center of things. As hard as this may seem, it is one very favourable aspect to the experiencing of emotional pain.

Pain, which is associated with inner work has a constructive feeling about it. This is a very central point. This constructive feeling gives us the ongoing positive feedback, which supports and sustains us in our darkest times. For example, when we finally experience the hot and painful grief of our mourning for a lost loved one, we know at the very same time we are hurting that we are healing ourselves. Whenever we finally admit into consciousness something terrible that has lain buried within us, at the same time we experience the agony, there comes to us a deep and abiding sense of relief. When pain connects to its original source the agony can be immense but, at the very same moment or shortly thereafter, we sense an enormous rightness in the event. We know that at last we are on the road to health and, dimly though it may be perceived, sunlight begins to break over the darkened landscape of our life. Pain becomes our friend. It is like the noise of a rusty hinge as we open a long-unused door to find a treasure, which will illuminate our existence.

Feeling pain for pain's sake (pain that remains unconnected to its source) is, of course, useless and masochistic.

Chapter Sixteen

Swimming In the Sea Of Regressive Therapy

When we dip below the waves of everyday life and begin to open ourselves to the feelings and sensations, which are being broadcast to us, in a roundabout way from a distressed brain, we enter a very unusual world. What is it like and how do we move around in this place?

The world of mind has a freedom we can never achieve in daily life. Within, it is as though we are suspended in three-dimensional space like a scuba diver suspended between the bottom and the surface. Unlike the diver, however, we can move in any direction without having to use our arms and legs. We

move simply by taking thought and shifting ourselves as though we were a subject in a fantasy. We can move toward, or away from, inner things. We can go deeper or shallower or, if we wish, leave the water entirely. We can examine inner objects and processes with our senses and our intuition in the same way we would if we were attending to an external world event.

We are alive to that which we encounter within us, in the same way that we are to what is outside us. We can be guided by the same responses. We are, however, infinitely more mobile, moving slowly, or if we wish, moving like lightning. We can even sit up and open our eyes during a therapy experience and thereby disengage from our inner world.

Unlike the outer world, we cannot always rely on the inner world remaining solid and separate from us. It is here in this issue that we may be overwhelmed and unable to control what is happening. We have the age-old knowledge of our race that something in the depths of our mind might move beyond our control, thus making us mortally afraid. What we are observing in the inner world (a dream image for instance) might suddenly come toward us and overwhelm our ability to stay separate from it.

Thus human beings fear loss of control as much as they fear anything. We are afraid that we may be overtaken by a feeling that is so large that we will have to act on it and hurt either ourselves or someone else. We fear that we may be overwhelmed, go insane and be carted off to some giant mental hospital, where we will be taken to a back ward, locked up, placed in a straight jacket, tranquilized or shocked into a vegetative state and never be seen again.

Indeed, there is a real possibility that some people who try to use this book might end up needing the services of a psychiatrist or a local psychiatric institution. The situation just described, however, is obviously archaic.

I believe, however, that serious breakdown can be avoided by following the cautions that have already been and will be outlined.

Once we have submerged from the surface of our daytime self, we find ourselves suspended in our three-dimensional world. We encounter the communications we have spoken of earlier. SPECIFIC BODY SENSATIONS like spikes of coral brush against us. DIFFUSE INNER BODY STATES come and go like dark shadows around us. Feelings make themselves known like layers of water at different temperatures. Images move beside us like aquatic creatures, and IMAGE SEQUENCES pass before our eyes like schools of fish.

The difference between the undersea world of the self and the undersea world of the ocean is, of course, that everything we see in the undersea world of the self has been projected into it from within the depth of our own mind. This is a symbolic world and because it comes from deep within us, it all has meaning for us. We feel the puzzlement and the tidal pull of these potential meanings, and we know we are in a place, which will speak to us if only we can learn how to listen.

With our undersea senses, we can open ourselves to become aware of our inner distress. We feel the ache in our neck, we sense the diffuse upset and nausea in our bowel. We become aware of the constriction in our chest a dark, inner, pain-radiating landscape becomes visible around us.

If we are, for instance, submerged within the sea of our inner world, and once there we feel an unusually powerful fear of criticism, this exaggerated concern is a fear, which does not have real existence in the world. We have projected it from our deeper self into the sea around us where we can now move toward it, or withdraw from it.

Chapter Seventeen

What We Are Trying to Do Within the Sea of the Deeper Self

RETURNING TO THE CENTRAL PARADOX OF THERAPY

The heart, the core, the soul of regressive feeling-oriented therapy is the notion that we must merge with our pain in order to digest it, thereby automatically disassembling its malignant forms.

What we are going to do, having entered the sea of the deeper self, is to merge and become one with every single painful thing we encounter. We concentrate on pain because it is our signal that something within us has not yet been worked through. Joy will come later, as a by-product of the work we do.

MERGING (BECOMING ONE WITH OUR PAIN)

Stage 1: Beginning the Process of Merging

When I submerge into the deeper self I may, for example, sense a diffuse inner body state. The entire front of my chest may be aching in a gentle way. At first I perceive it as a diffuse radiation of pain. The pain feels separate from me, I am here observing and it is there in my chest. I seem to be floating above it, looking down on my body like an astronaut in a science fiction film.

I open myself to sense its fullness. I let it come to me. It washes through me bringing its location, its intensity and its texture. I wait till this washing through has ceased to bring me further sensory information.

I call this process of allowing the discomfort to intensify and make its texture known to me, the process of 'enrichment' or 'textural enhancement.'

So far I have been passive and have let the pain come to me. I am now suffused with the rich sensory knowledge of its existence. Now I become active and move myself gently into the center of it. My sense is that I am now lying in it. I am seeking to dissolve the boundaries between my awareness and the pain, which has been hidden within me. I am seeking to become one with this physical communication. I open myself utterly. It is as though the very pores of my skin and all my body orifices let the pain into my conscious awareness. It and I become one. The pain penetrates every part of me, soaking right through to the marrow of my bones. In this manner, and only in this manner, I will digest it. Its previous frozen, malignant form will begin to dissolve utterly. As its structure disassembles, its power to hurt me will gradually disappear. But I will have to feel this pain deeply, and possibly many times, to be finally free of it.

Stage 2: Deepening the Process of Merging

At this point, the reader should return to Part One of this book where we deal with the creation of congruences in order to fully merge with our painful inner landscape.

A: Using the Congruence of Feeling to deepen our merging

When I allow the consciously aware part of myself to feel the sensations, which are being radiated toward me by the inner event, I am involved in creating the CONGRUENCE OF FEELING. The more deeply I soak within the center of these feelings and sensations, the more congruent I become with them. My conscious awareness experiences exactly what has previously been unconscious. This openness toward feelings and sensations, this merging of conscious awareness with the inner experience, must become our continuous therapeutic work.

We will be using the remaining congruences to further intensify this unity of consciousness and sensation. This merging and becoming one with our inner state is a law of emotional healing. This law brooks no exception. Those patients who do not merge with, and thus disassemble their pain, do not get better. They continue suffering and dumping it into their world in a disguised way. Whenever we deviate from comfortable balanced function, we are dumping something unconscious into our daily life.

B: Using the Congruence of Inarticulate Sound to deepen our merging

The CONGRUENCE OF INARTICULATE SOUND now proceeds as I allow sounds to rise up into my throat and out of my mouth from the sensations in my body. I will make the sound match the sensations in intensity and quality until I achieve an exact fit. My inner body senses will feel the match when it occurs just as we feel the 'sweet spot' when we hit a tennis ball with the exact center of our racket. We will hold this congruence until enrichment (the experiencing of location, intensity and texture) ceases.

C: Using the Congruence of Articulate Sound to deepen our merging

We may or may not find that our inarticulate sounds wish to shift toward actual simple words or simple phrases. It is important to allow these changes to occur in and of themselves. Never forget you are a receiver of information. If you try to force things and become a manipulator of information, other than to open the correct doors, you will break the spell within which the deepest self can communicate with you.

If words want to come to you let them do so, keep them brief, keep your phrases short and do not jump from phrase to phrase. Always seek to distill a long phrase down to its shortest possible length, which completely captures the feeling you are trying to merge with.

For instance, if you are remembering your father beating you and you find yourself saying the phrase 'I don't want you to hit me any more,' you can shorten it in jumps. First to the phrase 'Don't hit me any more,' then to the phrase 'Don't hit me,' then to the word 'Don't!' You will discover, as you make your articulation more and more brief, that the intensity of the feeling distills down into the word 'Don't!' You now find yourself able to repeat or scream the simple word "Don't!" over and over again in order to most powerfully and poignantly release the pain of the encounter with your father. A single word such as 'Don't!' becomes the last verbal distillation of your pain before it progresses to inarticulate sounds, such as a scream of rage, pain, or fear.

You may start to drift back and forth between sounds and words, words and sounds. This is fine, but try not to leave either one until the energy within it peaks and leads you naturally to the next. Do not reach for and make

connections unless they come to you naturally. Intellectual connections produce closure and confine the processes of your mind. The intellect shifts you toward the linear surface (Level One therapy) and erects walls within you between your conscious self and your deep potential for HOLISTIC EXPERIENCE. Your congruences are a drill, boring downward. Wait for the relief of tension, which may or may not be accompanied by varying degrees of HOLISTIC AWARENESS.

D: Using the Congruence of Body Position (non-moving) to deepen our merging

Allow your body to assume whatever position it wishes, twisted into some shape or other. For example, you may curl up like a fetus, or lie with your legs pointing straight up the wall. Take any position your body wants to assume.

E: Using the Congruence of Body Position (moving) to deepen our merging

Let your body begin to move in some continuous way if it so wishes; for example, rocking from side to side, or whatever else it wants to do. Your inner body senses will tell you if these physical responses are helping to increase intensity and depth, or if they are interfering in some way with this process of intensification.

Everything you do in depth therapy can either facilitate and deepen your progress or it can dissipate the intensity and return you to the surface (Level One Therapy). Nowhere is this more apparent than in body movement. For instance, if we are in deep pain, the rocking motion of the infant may enhance and deepen our journey toward relief and HOLISTIC INSIGHT. It can, on the other hand, lessen our tension and comfort us. We will have an inner body knowing as to whether we are on the track of intensification or on the track of dissipating the intensity of our journey. Try to be aware of this issue. Choose whichever one is best for you at the moment, remembering that the deeper you go, the more profound will be your healing.

It is also true that the deeper you go the more necessary it will be for you to have continuous therapy supervision.

Chapter Eighteen

Possible Results Of Merging

If you have proceeded in a careful, focused and receptive way along the path we have outlined, and if you have completed a feeling sequence, you may achieve one or all of the following results:

The First Result of Merging

You will in almost every instance find that your symptoms and tensions greatly reduce. This is the most invariable result of completing any deep

therapy sequence. If you are dealing with something extraordinarily large, it may take weeks or months for a final resolution. Be prepared to repeat a growth-sequence path any number of times until a given issue stops signaling for your attention.

The Second Result of Merging

Even if you do not receive an actual HOLISTIC INSIGHT, you will have greatly enhanced your sense of your own inner structures. This non-specific deepening of self-awareness I call TEXTURAL SELF-ENHANCEMENT. This increasing sense of the depth, complexity and texture of our deepest self is a crucial part of our growth. It enhances our sense of how profoundly complex, textured and precious we are. This bears directly in a positive way on our basic sense of self-esteem. We come to recognize that we are separate from other people and that, in the end, no one can tell us what to do or what to feel. We are too deep and too complex for anyone else's opinion to be more significant to us than our own. This neutralizes lifelong fears about what other people may think and places our existence firmly back in our own hands. It becomes clear that no one else can ever know what we know about ourselves.

TEXTURAL SELF-ENHANCEMENT, while highly non-specific, is one of the crucial bases within which we will heal and develop new personality structures.

The Third Result of Merging

This last result is, of course, our much sought-after experience of HOLISTIC INSIGHT. Here is the flashbulb in the garden at midnight. Here is the sudden illumination of self and other. Here is the last psychobiological illumination before the actual Satori experiences of Zen. Here is our great human heritage, the insight, which dissolves dilemma, on the psychobiological plane.

A further word about Intensification, Enrichment and Plateauing

Whenever we are in the undersea world of depth therapy, we let each thing come of its own accord. We become a receiver of inner gifts.

We experience a rising sense that something significant is happening. This is part of ENRICHMENT. For instance, when we move toward an inner process such as a specific body sensation, the experiencing of it intensifies and enriches. When we enter the feeling and let it enter us, again there is this rising sense that something is intensifying within the connection. This enrichment process reaches a peak where it can either ebb away, bringing physical relief, with or without insight, or be held on a plateau of intensity, where it may cause a shift of context and phrase.

It is very, very important not to move between processes before the enrichment plateau is achieved. Do not rush from feeling to feeling, from phrase to phrase or between any of the links in the chains of phenomena, which you will be tracking.

We are too used to daytime conversation and its fluid, high-speed production. Step slowly in your growth work, as you move from rock to rock in the darkness. Occasionally the mind will move like lightning on your behalf but, on the whole, fast transitions mean no growth. Treat each new sensation or congruence as though it were a sip of extremely expensive wine. Hold it in your senses so that wave after wave of texture can come to you. The more unpleasant it is, the more likely it will be to produce relief, insight and growth.

Chapter Nineteen

How the Brain Defends: Resistance

The brain hates pain. The only thing it hates more than pain is knowing exactly where the pain is coming from. The brain hates connecting with the details of why and how we were originally hurt. It will do anything to keep from the direct experience of this knowledge.

The brain blocks knowledge to preserve itself from being overwhelmed. It is not capable of remembering and reliving, all at once, the hundreds of thousands of large and small assaults that it has sustained and defended itself against through its lifetime. The ever-watchful unconscious will only let you in when it finally perceives that you have taken up the sword of inwardness and that you will not be turned aside. Then, and only then, will it begin to yield its ground to you. It tests you with serious discomfort. If, in spite of this, you remain implacably oriented toward it, it will fill your mind with its awesome and bittersweet treasures.

Defenses and resistances are very, very necessary in both the child and the adult. This is most especially true in childhood, when there is so much vulnerability and when the central nervous system (unless it is traumatized repeatedly) is so open. Even though the adult central nervous system is much more closed, the adult has a very great ability (with due respect to timing and readiness) to experience and integrate traumatic information, both from the present and from the past.

Depth therapy requires that you introduce yourself both to present and past traumatic events. In so doing, you must be prepared to experience the pain of reliving them. Depth therapy further requires that, before you achieve deep insight, the pain must be allowed to increase considerably. You must enter the paradox of embracing deeper and deeper pain in order to get rid of it (the CENTRAL PARADOX OF THERAPY). When you do this, your reward will be to make deep connections, and to experience profound release from lifelong tension and dysfunction. You will also gain profound insight into yourself and all aspects of your world including the manipulative behaviour of those around you.

The ever-watchful unconscious knows that you want to be rid of your discomforts. What it does not know is whether or not you are prepared to take the arduous journey that will be needed. It does not know if you are willing to pay the price.

Everyone I have ever met wants relief from pain. Only one in three people who have come unscreened into my practice are prepared to fight for this release through aiming themselves into their own depths with courage, energy and determination. One in three are prepared to move into pain in order to release it. One in three are prepared to give up their sense that their pain exists because other people are hurting them, and to adopt the astonishing notion that before they can blame others they must first take their own inner journey. Much, much later, after having taken this journey, a true clarity will emerge showing exactly who is doing what to whom. This knowledge of self and others, this enormous clarity, comes as a by-product of inwardness. Those who try to grasp it before they have finished the inward journey make a serious mistake. Whether they are looking inward or outward, they fail to see the real causes of their pain.

* * *

We are going to study the many ways, which the brain has of defeating the inward journey. We have said that the unconscious does not want you within it. It will use force and every conceivable kind of trickery to turn you aside. The forces used against you will be powerful and often completely invisible. It is as though you have been dropped into a small rowboat offshore from where a huge river empties into the sea. The river, a thousand miles in length, empties the vast dark continent of the unconscious.

The moment you decide to row toward the mouth of this river, you are fighting both the current, that moves against you, and a powerful offshore wind that is trying to blow you back out to sea. Like the river current and the wind, the mind's defenses are usually invisible but they exert a continuous, subtle, powerful force against you.

One of the major tasks of this book is to make these forces of the unconscious visible, and we will then offer ways of neutralizing them so that we may proceed up-river against this resistance, into the source of our pain. We will try to keep our language very simple so that we do not get lost in yet another defense the defense of intellectualization.

Chapter 20

The Devices, Forces and Trickery Used By The Unconscious to Keep Us Out of Our Own Brain

The defenses with which we will concern ourselves are:

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

1 The Devices of Invisibility and Not Knowing

The unconscious part of our mind directs our thought, feeling and behaviour at all times, and it absolutely does not want us to know this fact. It works invisibly and it succeeds. We almost never do see it in action. The unconscious is a bully and it pushes us around.

In the real world, a woman leaves a party early. Her conscious sense of why she is going home is that she has become tired of the superficial conversation all around her.

Actually, a man sitting near her, who has been speaking in an authoritarian way, has triggered a feeling of negativity, which more properly belongs to her father. She does not know this. The unconscious connection and the force with which it drives her out of the room are absolutely invisible.

Without knowing *that* she is fleeing, or *what* she is fleeing from, she nonetheless flees.

The DEVICES OF INVISIBILITY AND NOT KNOWING have prevented her growth although, in another way, they have kept her safe.

As we go on we shall see that THE DEVICES OF INVISIBILITY AND NOT KNOWING will curl and twist through all the mental phenomena we shall study, from the shallowest to the deepest levels of the mind.

- I don't know why I am so crabby and irritable all the time. My life really isn't that bad. Bob's mom has been staying with us but she tries so hard that I really can't tell her when she makes me angry.
- You don't know why you're feeling irritated?
- Not really. I just wish she wouldn't try so hard. She's been staying with us for two months. I like her really. She's okay.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

2. The Device Of Misdirected Attention

The unconscious can have its way with us only if it can get us to examine the wrong things. Coming to see the wrong things as the cause of our pain and our behaviour is the hallmark of the human race.

The woman who leaves the party will tell her friends the next day how she has matured. She will brag about how she has risen above superficial party conversation. Her attention has been misdirected by her unconscious; she has left the river of knowing and is examining the trees along the bank.

A man in my primal room is exploring the revulsion he feels when he is with a homosexual business associate. He talks to me at great length about AIDS and other sexual diseases. He has become an expert in this area. He does community service one evening a week, teaching young people how to avoid sexual disease. What he cannot look at is his childhood wish to touch his big brother's penis, which was often shown to him as an example of manhood. His attention in the present has been misdirected against gays and has been given social approval as he teaches the avoidance of sexually-transmitted diseases.

His awareness has been misdirected and he will pursue false goals throughout his entire life, unless he discovers and experiences the original connections. His interests and activities in the area of sexual education have 'protected' him from his early memories and desires.

The DEVICE OF MISDIRECTED ATTENTION always travels in close company with the DEVICES OF INVISIBILITY AND NOT KNOWING.

Defenses come in all combinations and intensities. We can be very, very blind to something, and in the midst of that blindness we can pursue the wrong ends with tremendous energy.

- That damn boss, I hate his guts. In fact I've hated every boss I've ever had.

Later in this book, we will discover some devices of our own to make these defenses visible. Finally we will dissolve them altogether. For the time being, we must look at each one so that, when we work with them, they will feel familiar.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

3. The Spell of Forgetfulness

A mother who is in therapy screams uncontrollably at her two-year old who has just dumped porridge on the kitchen table. She has forgotten what she

learned; her scream is hiding a feeling. She has forgotten that if she lies down on her bed and feels the rage as we are teaching her to do, the rage will evaporate without damaging her child.

A man is learning how to recall his dreams. His instructions are to tell himself, before he goes to sleep, that he wants to dream. He has been told to put a pad, pencil and penlight on his night table. He has been told that whenever he awakens in the night or in the morning he must scan back quickly and write down any fragments of his dream, which he can recall. In the first week he forgets to apply the directions he has been given. The second week he reminds himself that he must remember his dreams, but forgets his pad and pencil. The third week he is so sure he will remember a powerful dream he had that he doesn't write it down, and he later forgets it. In the fourth week he does everything he has been asked to, but leaves his pad of dreams at home. In the fifth week he remembers to bring the pad, then forgets to get off the bus at my stop. Through all this he stoutly maintains that his forgetfulness was merely coincidence. He is actually deep within the SPELL OF FORGETFULNESS, an unconscious device to prevent penetration of the deeper self.

- Did you lie down and work on yourself at all this week?
- Well, you know how it is. Things pile up and before you know it, a week has gone by. I sure was angry, though; Jean and I fought continuously.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

4. The Defense of Not Wanting To

A woman enters my office who, in the previous session, has had her first regressive breakthrough. She announces that she has been crying all week. She does not want any more tears. She does not want to go into work with her eyes all puffy.

- What would you like to do today?
 - I don't know. I just don't want to feel any more pain right now.
 - Would you like to leave early this week and try again next week?
- Then she replies,
- Well no, I want to be here, I just don't want any more pain this week.

* * *

A man lies in the dark, crying. He recalls the death of a playmate when he was six years old.

- I don't want to feel this.
- It hurts too much?
- Yes... It was my fault.
- You killed her?
- No, but somehow I always felt that I did.
- Would you like to try staying inside the feeling that you killed her?
- I don't want to.
- You don't want to?
- No, there's something bad in there.
- What would you like to do?
- I guess I better try.

- Place yourself in the center of that old, old feeling that, at age six, you did something which caused your little girlfriend to die.
- (the patient begins to cry.)
- We used to undress together all the time and look at each other and touch each other. And doing this led to her death. I always felt that doing these bad things caused her to die.
- You really didn't want to feel this, did you?
- No I didn't.

* * *

- Please center yourself in that feeling.
- I can't.
- I think you can. Imagine entering the elevator to go down to your car.
- Please, I don't want to do this.
- To get free of this, you're going to have to re-experience this rape attack.
- I do re-experience it; I dream about it all the time.
- If you relive it while you are awake and in therapy here with me, it will not have to come to you in your dreams.
- I just don't want to do it yet.
- Is there something else you want to do today?
- Yes, I want to talk about my mother.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

5. The Defense of Not Being Allowed To

This, you will come to realize, is one side of the malignant opposites we spoke of earlier when we were talking about feelings which came in pairs:

- There's something about your mother that you just don't want to talk about.
- That's true.
- Is it hard for you to talk about her?
- Yes.
- Is there a feeling there?
- Yes, I just don't want to talk about her.
- Please sink down into that feeling of not wanting to.
- I guess it's not that I don't want to, it's that I'm not supposed to. I'm not allowed to talk about all the bad things she did.

Wringing her hands after a long silence:

- She had a lover... I just know I shouldn't talk about this.
- You've carried this secret with you all these years?
- Yes.
- Let's go inside that feeling of not being allowed to tell. Lie inside that little girl who couldn't tell. Don't say anything to me for at least one minute.
- I
- No, don't talk, lie inside the feeling of being a little girl having a terrible secret.
- Dad would have killed her. He had uncontrollable rages and he had guns in the basement.
- So by keeping her secret you kept her alive.
- I guess I did.

- How did that feel?
- I was always scared to death.

Within the DEFENSE OF NOT BEING ALLOWED TO lies the extremely powerful and subtle PROBLEM OF DISLOYALTY.

Over and over again patients will bring their journey to a halt because they feel that it is disloyal to speak negatively about significant people in their lives, both past and present. It cannot be over-emphasized that blame is not the same thing as establishing a deep inner-connection.

When someone is working on the mat, screaming at his father that he hates him, this is the feeling through of an important, internal, shaping experience. It is not the blaming of this patient's father for what the father did to him. The difference between blame and feeling through a connection is subtle, but absolutely crucial. We know intellectually that our fathers were the product of *their* upbringing and, therefore, not to blame for what they did to us. We must, however, bypass this intellectual knowing, and be allowed to feel and externalize the hurt that their behaviour brought into our world. The feeling of past connections is vital for our healing. Blame is a completely separate issue.

Once we realize that our expressing of feelings is a therapeutic externalization and not a laying of blame, we are then freed to feel the feeling. The DEFENSE OF NOT BEING ALLOWED TO drops away and finally we can say negative things about our loved ones because we realize we are exploring a feeling.

It is important to remember, however, that the DEFENSE OF NOT BEING ALLOWED TO is still also a feeling and may not dissolve until we have entered it and repeated it many times. Simply knowing the difference between casting blame and experiencing a feeling, like any other intellectual knowing, will not suddenly set us free. It does, however, give us a point of focus upon which to concentrate our feeling-oriented techniques.

The fact is that feeling disloyal happens to be one of the brain's most subtle tricks to keep us from entering the deeper self. It is a device created by deep fear of our early pain, and we shall return to it more directly when we study the DEVICE OF EXTREME TERROR.

- What did your father do all those evenings in the basement?
- I can't tell you.
- Can't tell me?
- We were never allowed to talk about our parents. They told us it was disloyal.
- Can you speak about it now?
- No. I just can't get it out.
- And yet you have a lot of feelings about all this, don't you?
- Yes.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

6. The Defence of Other Temptations

(a) Ornate Intellectual Delights

- All my life I've made people laugh. I'm an archetype, a joker. You see, an archetype is...

- What does it feel like to be funny all the time?
- Well, I like being the center of a crowd. My dad used to tell jokes a lot.
- Stop talking to me about this; lie back and image the situation. Where were you?
- At my club.
- Close your eyes, imagine that you are there and build up the image until it is as real as possible. Now enter the feeling you have as you tell the joke... Don't talk to me about it, lie inside the feeling for at least half a minute.
- There's a kind of push inside of me to be funny.
- Stay inside that 'push' and let it deepen. Let a single word, phrase, or sound, come up and out of your mouth. Don't tell me a story and don't get logical.
- Laugh at me!
- Does that phrase exactly fit the feeling?
- Yes.
- Then very carefully staying inside the feeling, repeat the phrase over and over again.
- Laugh at me... Laugh at me... Laugh at me... Laugh at me... I'm suddenly feeling very sad.
- Stay inside the feeling of sadness and keep repeating the phrase.
- Laugh at me... (the patient starts to cry)
- Love me... (cries openly now) I just want someone to love me....
- Would you like to talk to me about archetypes?
- No, I just want someone to love me.
- Exactly.

When we stop people from getting intellectual and keep them inside the feeling, they stand a much better chance of having an ever-deepening experience of themselves. Without this focus and intensity there can be no real therapy.

- My dad couldn't help it you know.
- You mean he couldn't help beating you?
- Yes, that's right. (pause)
It's been proven that if your parents were beaten, they will pass it on and beat you.
- How did the beatings make you feel?
- That doesn't matter now. It all happened a long time ago, and I've read a lot of books about this.
- How did it make you feel?
- That doesn't matter I've worked it out. I did an M.A. thesis on family violence.
- How did it make you feel?
- Please don't ask me to feel this.
- How did it make you feel?
- I was so scared all the time.... (crying)

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

(b) Ornate Intellectual Questions and the Need to Know

Feeling-oriented depth therapy requires that we reverse normal daytime processes. By this I mean we must trust that if we feel the feeling first, without asking questions, the conscious-unconscious axis will reorient and

bring us the answers we seek. In a sense, we must learn to jump off the cliff and into the feeling, but without looking that is, without asking questions. In many people, the need to know what they are doing must seemingly be appeased before they will allow themselves to have a feeling. This asking of questions and pursuing of the NEED TO KNOW keeps the conscious-unconscious axis oriented towards the intellect, and away from the journey downward and inward. The need to know is born from deep terror and is the essence of conscious control. The need to know and to ask questions before we will allow ourselves to feel, is one of the brain's chief methods of keeping therapy at Level One.

- I don't know why I should have that feeling every time I enter my mother's home.
- Please just stay inside the feeling without asking the question why.
- But it doesn't make any sense, why should it happen like this?
- Please just enter the feeling, image your mother's home and you walking into it. Stop asking for reasons before you feel the feeling. It keeps you in your head.
- All right. I'm standing just inside the door of my mother's home.
- What do you feel?
- I feel that I want to run away.
- Please allow the feeling to deepen. Don't think and don't ask questions.
- Please don't hit me again mommy. Please don't hit me again (crying).
- So now your question has been answered.
- Yes it has.

When we drop our ornate intellectual questions and our need to know, feeling the feeling will allow us to experience our truth.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

(b) The Pleasures of the Appetites

- I'm finding that when I try to lie down and work on myself, I get an urge to masturbate. And afterwards I fall asleep.
- Is it helpful for you on your therapy journey?
- I don't think so.
- In that case when you want to masturbate, stay inside the feeling of wanting to. Externalize your sounds and words and stay with what comes out.

* * *

- I find I'm always going to the fridge for food.
- Are you letting yourself feel that hunger without opening the refrigerator door?
- I keep forgetting to.
- I'll bet you do.

* * *

- I don't want to feel this. I just want you to hold me.
- Let's just stay in the feeling for a while first and save the holding for later.

* * *

- Sex with my wife is always so much better after we fight.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

(c) The Pleasure and Safety of Hurtful Delights

So often, when we are negative toward others, it is an attempt to get above our pain. Nowhere is this more true than when we are being critical.

The critical faculty has been with life since the dawn of time. The amoeba must assess whether or not what it is about to ingest is toxic or nourishing. The elephant has the same problem. Criticism is an upward displacement of this basic judging around the necessities of life. Criticism at the verbal and symbolic level still helps us weed out what is toxic in the long run from what is nourishing and growth-producing.

Unfortunately most of us overlay this basic necessary function with something extra. We use criticism to gain altitude and safety above our fear. Ultimately, underneath the fear, lurks the grief of all our childhood hurts.

- That man is such an ass. He's always doing something stupid.
- You don't have much respect for him?
- It's not that, I just don't like him.
- Can you stay inside that feeling?
- Well, actually, I find him kind of scary. He's sort of like my dad.

How much easier it is to hate, than to turn inward and face our fear.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

(d) The Safety of False Beliefs

- I truly believe all men are bastards.
- All men are bastards?
- Yes. I hate them.
- Sink down into the center of that hatred and repeat the phrase 'I hate them' at least five times.
- I hate them ... I hate them ... I hate them ... I hate them It's my brother (starting to cry).
- I hate him for all the times he hurt me. For sticking his fingers into me.
- All men are bastards?
- My brother was a bastard.
- Yes, he certainly was.

Whenever we stop pursuing our feelings, a platform of false beliefs re-assembles. This is called "personality". With it we manipulate our world and avoid our pain.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

7. The Device of Confusion

Often in the landscape of the unconscious, many different kinds of feelings collide like the coming together of different rivers from many directions. The intermingling currents produce very muddy and unsettled water. When we decide, after a lifetime of denial, to finally enter the landscape of feelings, we often feel many different things at the same time things, which lead to a feeling of confusion. This feeling of confusion can be treated like any other feeling. We enter the water, we remain in the center of it and slowly but

surely, after a number of hours, the different currents and layers make themselves known to us.

- Whenever I think about my family, I get completely confused.
- Lie inside the confusion, leave your thoughts behind, and feel the richness and complexity. Soak in it for at least half a minute. And let whatever phrase wants to, come up and out of your mouth. Don't be logical and don't tell me a story.
- I love you Bobby.
- Bobby?
- My older brother, the only one in the house who seemed to care about me. When everything else was horrible I always knew he cared about me.
- There's no confusion in that feeling, is there?
- No, there isn't.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

8. The Silliness Barrier

The surface self is devoted to logic. When the surface self views the deeper self, it is peering into non-logical processes. The deeper self works by association so that one thing can lead to another in a way, which seems silly. We have already discovered in this book, however, that the non-logical processes of the deeper self, when unraveled, always end up making perfect sense.

When the surface logical self looks at the deeper non-logical self, it has a built-in excuse to avoid deeper examination. The surface self says, 'There is no point in examining this issue because it is silly.' Again and again, we hear in therapy the comment that something is silly and therefore not worth going into.

- I don't want to talk about it. I feel silly when I complain about my mother's gift.
- You feel silly?
- Well, it is silly. She gave me a fur coat and I feel silly because I'm not grateful. I'm just not happy with it, and it is such an expensive gift.
- Let yourself enter the feeling that you have when you think about the gift.
- (After a few moments)
- I hate it.
- You hate it.
- She's always trying to make me into a smaller version of her.
- So your hatred of the coat isn't really all that silly.
- No, I guess it isn't.

* * *

- I had a dream last night but it seems very silly.
- What was the dream about?
- Well I was in a desert and there was this icicle hanging from a tree.
- Focus on the scene. Let yourself have feelings about it and see what comes.
- The icicle is cold in the midst of all that warmth.
- Does that make any sense to you?
- Well, my husband showers me with love and yet for some reason I feel very cold toward him.

- So as a metaphor, is it silly?
- No, I guess it isn't. In fact it's the biggest problem I have.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

9. Avoiding Negative Self-Beliefs

No device can thwart our journey into the CENTRAL PARADOX OF THERAPY more effectively than this one. When we encounter this defense our revulsion can become so extreme that it can altogether derail our inwardness. The entering and use of this device seems to so powerfully fly in the face of reason that it has prevented humankind's self-exploration from the very beginning.

And yet the CENTRAL PARADOX OF THERAPY holds true. To dissolve an inner malignant process, you must experience and acknowledge that, no matter how malignant or how negative it seems, it is still part of you. This and only this will free you from the grip of these very difficult feelings. It is here, more than anywhere else, that we diverge from those therapies, which employ the power of positive thinking or the re-framing of deep, negative belief to render it palatable. The moment we employ these shallower self-help devices we are lost. The repressed remains repressed. There is no real hope of integration and we are stranded forever inside the structures of the false self. We remain split off from the awesome heritage of our profound ability to integrate with HOLISTIC INSIGHT and to become comfortable with the darkest parts of our inner landscape.

Denial is the cornerstone of the mental mechanisms of defense, the foundation supporting the house of cards, which is the false or pseudo adult self. Denial stands at the intersection of true and false in the mind. It keeps the seemingly negative or dark side of us so deeply frozen within our unconscious that most people go to their graves without ever knowing even a small portion of their deeper self.

Nowhere does denial operate more powerfully than in the avoidance of NEGATIVE SELF-BELIEFS.

You will recall that, early in this book, we said the child buries its grief and rage and develops in its place the outer intrinsically manipulative part of the self that we call personality. That is to say, the child learns what it can and cannot say, what it can and cannot feel, and indeed what it can and cannot think, to be accepted as a human being. The deeper self with its pain slides down and away into oblivion, while the surface self grows its ever more ornate matrix of rationalizations to get what it needs and to be safely accepted within the larger family of humankind.

Finally we have a personality, which comes to be profoundly complex. It towers into the sky on a base of untruth, 'I am this and I am not that,' or 'I am that and I am not this,' all untrue. We shall come to see that men and women are all things. There is no combustion engine without fire and heat, no matter how gently the wheels may turn.

Our self-esteem comes to depend not on an organic and therefore intrinsically ethical core, but on what Scott Peck has referred to as 'The Lie.' How do we come to feel okay, to feel safe, living on the top floors of a tower built on sand?

We must develop a more and more powerful process of denial and then we must seek continuous validation from our world. We join the 'Society of The Lie.'

You smile and validate me whenever I speak my rationalizations and I will smile and validate you whenever you speak yours. We will all be okay just as long as we do not lie down and feel deeply.

Feelings are the x-rays of the mind, and although they may begin in confusion, in the end, if we go deeply enough, they do not lie.

The human brain (the 'Whole Brain') can come to integrate almost any truth within its depths. First, however, it must find that truth. Denial of deep and seemingly ugly feelings prevents the Whole Brain from bringing to bear the full power of its integrating and healing abilities.

The journey into the deepest self is a journey into what at first seems an unacceptable self. On this journey we must struggle to suspend our social judgment of what is good or bad. Just as scuba divers suspend for a while their surface breathing in order to find the depths.

Unfortunately, so deeply have we taken into ourselves our matrix of social judgments that we can become panic stricken when we begin to undo them. We fear everyone will reject us and we will die alone in an agony of negative feelings.

How can we look at and allow ourselves to feel the seeming ugliness with which we must ultimately merge and which we must finally re-own? How can we repeat phrases to deepen our inner experience that seem to fly in the face of every teaching we have ever had? How can we say things out loud that seem to be beyond all reasonable standards of self-help?

The answer is that we must trust what we feel, to lead us to the next link in the feeling chain. We must trust that the CENTRAL PARADOX OF THERAPY, although it may wind a tortuous route, will always bring us home to a truth, which needs to be heard and integrated.

We begin first with small things. As we start to experience relief when we experience our truths, our trust in ourselves and in this method of therapy will grow more and more solid. The tower will begin to rebalance itself, and the ground around its base to grow firm and sure.

In the unfolding of these processes, you will come to realize that taking ownership of what feels profoundly negative within us will open the door to the final hiding places of the deepest mind. Here then, more than in any other place, the CENTRAL PARADOX OF THERAPY will first appear to be a terrible transgression of therapeutic endeavour. It will then emerge as the brightest and cleanest method of self-exploration.

- I was so angry at my kids the other day.
- So angry?
- Well, pretty damn angry.
- Lie back, enter the anger and after you've soaked in it, let a simple phrase come.
- I hate you ... I can't say this
- Can't say what?
- I simply cannot say the next thing
- Trust your brain. It will handle the feeling.
- (patient crying) "I can't go on.
- Let's give the `I can't' the same treatment we would give any other feeling. Find your way into the feeling of this resistance, this `I can't' and when you have connected with it, say the words `I can't' very, very carefully five to ten times.
- I can't... I can't... I can't... I can't... I can't... I can't... I can't...."
- I HATE YOU FUCKING KIDS ... The fact is I realize that sometimes I want to kill my children

---(patient looking at me in horror).

- Kneel on the mat, take the plastic bat in both hands, raise it above your head, bring it down as hard as you can and scream at the same time 'I want to kill you'.

(Long pause... patient reluctantly hits the mat and says in a half-hearted voice:)

- I'll kill you.

- I want you to hit the mat hard and scream 'I'll kill you'.

- I'LL KILL YOU... I'LL KILL YOU... I'LL KILL YOU!

---(Patient now hitting the mat vigorously).

Now watch what happens when the patient overcomes her resistance to something within her, which fills her "normal self" with deep revulsion. Watch what happens when she trusts that what she is dealing with is a feeling and it does not necessarily represent ultimate truth (although it may feel like it). If she stays in the process not only will it resolve itself, but it will begin to take her to the next and deeper insight.

- I'll kill you... I'll kill you ... I'll kill you....

--- (hitting the mat hard).

- My God this is what my mother use to scream at me!

- Keep screaming.

- I'll kill you ... I'll kill you...

---(patient now hitting in a frenzy)

- Kill, kill, kill...".

- Don't kill me mommy (sobbing) . . .

- Please don't kill me mommy.

Only when the patient experiences the full power of her rage against her children, does her pain rise to an intensity which will fracture her defenses against remembering that her mother used to threaten her life regularly. As this sequence gets properly completed, and only as it gets properly completed, does the rest of the iceberg get heaved up to the surface so that the whole issue becomes visible. Now with all this brought forward, the Whole Brain can begin to do its work. What seemed to be something, which was impossibly and detrimentally negative, comes to be seen as psychologically straightforward and easily forgivable. In fact, in the most profound sense, there is literally nothing to forgive. The patient has simply been caught up in a very logical chain of feeling circumstances which resulted in killing rage toward her own offspring.

When we enter the negative, we discover at a feeling level that the pain does not need external forgiveness. When pursued deeply enough, NEGATIVE SELF BELIEF, as does any other feeling, always opens out onto a landscape of holistic understanding, which ultimately shows that there is nothing to forgive. Everything that we have ever thought or done makes perfect sense and the Whole Brain ultimately integrates itself.

This is not a license to do wrong. It is a deepening organic knowledge that, given the circumstances we have been in, we were helpless to do or be other than what we were. Having seen and felt this, we are cleansed and can move forward within a more profound and intrinsically guilt-free and ethical life.

Level Four depth psychotherapy undoes our dependence on those who make a living out of 'selling' acceptance and forgiveness. If you think about this, the meaning for civilization is awesome.

- How are you feeling toward your children now?
- I love them and sometimes I get so angry with them I feel like killing them. Somehow it's okay. It doesn't scare me now when I say it.

* * *

A man becomes filled with rage while sitting in a hospital outpatient department waiting to find the results of an important test. He starts shouting at a nurse and then gets up and runs out of the hospital:

- I don't know what got into me.
- Put yourself back in the hospital setting. Let the feeling come to you and stay in it for half a minute.
- I don't know why I might have a tumor. I'm not a bad person.
- (Here we see once again someone trying to keep above a feeling, which seems negative to their mental health.)

If we keep to the CENTRAL PARADOX OF THERAPY, let us see what happens:

- I want you to say five or six times, 'I am bad.'
- I don't want to say that. I'm not bad.
- Trust your brain to handle things that seem terribly negative.
- I am bad.
- Say it again.
- I am bad.
- Five times please.
- This is silly.
- Say it five times please and say it with feeling.
- I am bad... I am bad... I am bad... I am bad... I am bad. Mom used to blame me for everything.
- Say it again five times.
- I am bad... I am bad... I am bad.... She blamed me when our father left us.... My God, I do feel I am bad . I feel that it was my fault.... I felt so helpless when he left. Like there was nothing I could do about it and it was my fault.
- Let's go back now to the outpatient department and revisit all that anger. You had been saying to me 'I don't know why I have this tumor. I am not bad.'
- I don't know why I might have this tumor. I am not bad. My God, the tumor is my fault. I can't believe it. It's the same feeling as when my dad left. It's my fault that I am ill. What a load of shit to carry!
- Exactly.

Therapists who encourage people to make things positive by using 'the power of positive thinking' prevent their patients from going to the center of their most important issues. Unless we embrace the CENTRAL PARADOX OF THERAPY and encourage our patients to feel every negative thing about themselves, which comes to the surface, we are simply helping them to build a higher and higher house of cards. We are telling them not to trust the capacity of their Whole Brain. We are leaving them stranded in an even more complex denial. What we are really saying to them is that, as therapists, we trust neither them nor ourselves to do the deepest and most necessary work. This elaboration of the great societal lie, on the part of someone seen as an authority in the mental health field, can only lead to an unutterable and profound despair. To people who trust therapists as the court of last resort in

the mind's truth, this is a crucial betrayal. When it occurs in any therapy, it can lead ultimately to suicide because the patient now knows that even the therapist cannot face the negativity, which is so profoundly a part of all our lives.

When therapy itself lacks the courage to go into life's darkest places, then indeed there is nowhere left to turn.

When I hear about people in therapy having committed suicide, I often wonder if they did so for that very reason. When the therapist backs away from what is seemingly most unbearable, rather than pushing forward into it, there may seem nothing left for patients but to take their lives. The message has been given that there is a limit to what we can face and integrate. Feeling-oriented depth psychotherapy, which uses as its foundation the CENTRAL PARADOX OF THERAPY, never gives an ultimately pessimistic view of existence. This therapy remains open-ended and hence profoundly optimistic.

The CENTRAL PARADOX OF THERAPY will not fail us in this frightening place unless our ego structure (personal strength) has been so shattered by childhood trauma that there is not enough strength left in our brain function to see us through.

Please re-read the chapter on Cautions.

Even so, moving slowly over time, we can still do wonders in terms of what we can come to accept.

This may be one of the times in therapy when having a psychiatrist evaluate what is and is not possible for you could be very helpful. Always bear in mind, however, that the term psychiatrist is not synonymous with ultimate wisdom. Psychiatrists have their belief systems to keep themselves safe just like anyone else. Never completely turn your back on your own deepest intuition, even though, God knows, it can sometimes be wrong.

Hence the cautions at the front of the book.

In the early stages of therapy, and indeed for some considerable time during it, we may need the compassion of our companion-therapist to reassure us that we are okay. As one of my therapists used to say to me, 'You are just a person, Paul, not a monster.'

Some further examples of pursuing the negative will suffice to show that 'the negative' is a doorway to truth, not a gateway to hell.

- She left me. And the funny thing is I'm not angry.
- Repeat 'I'm not angry' several times.
- I'm not angry... I'm not angry... I'm not angry... I'm not angry... Jesus Christ! What a load of bullshit. I hate her for doing this.
- Lie back, center in the hatred and begin repeating the phrase 'I hate you' as though you were speaking directly to her.
- I hate you... I could kill you... I don't like this. It's scary.
- Stay with it.
- I could kill you... I could kill you....
- Here's the plastic bat, take it in both hands, raise it over your head and bring it down hard on the mat at the same time repeating your phrase.
- I'm afraid to do this.
- Bring your rage up from the center of yourself through the muscles of your back, your shoulders and your arms and out onto the mat. If you do your anger work here and keep it on the mat, you will not have to struggle with it out there.

- (hitting and screaming, the patient finally exhausts himself.)
- How's your rage?
- It feels much less and I realize I have been angry all my life.
- So it's not all your girlfriend's leaving?
- No, it's triggering something much deeper.
- That's right.
- But I really do miss her, you know.
- You loved her very much.
- Yes ... I did.

Whenever you find yourself denying something, especially if the feeling of denial seems overly powerful, reverse the denial. Put on your scuba gear, submerge underneath your 'I'm okay' position and merge with an admission of the most negative thing you can say. Externalize this over and over again until your HOLISTIC INSIGHT processes find the real balance of the positive and negative within you. Ninety-nine times out of a hundred, a statement of denial will defensively cover a profound negative belief. This, in turn, hides the deeper connection that we must feel to free ourselves from the belief. The following sequence in therapy illustrates the problem of denial and the return of what we have tried to repress:

"My mother and father's marriage broke up when I was six years old and I believed that it was my fault. I felt so badly that I wanted to die.

"I was told not to be so silly; that it was not my fault. I finally repressed the belief that I was responsible for my mother and father separating, and I repressed the feeling that I wanted to die.

"Years later I became the kind of person who felt responsible whenever anything went wrong. I was plagued by powerful feelings of guilt and suicidal thoughts. I struggled to handle it all by devoting myself to good works. Still I couldn't rid myself of wanting to die. I taught children in Sunday school that they should learn how to forgive themselves when they make mistakes. Everybody told me that I was a fine person. Still I wanted to die. Now finally I have decided to work on this in therapy."

- You seem, by everything you have said, to have a powerful hatred toward yourself.
- I never thought about it before.
- And yet you keep wanting to kill yourself.
- Yeah, well I guess that's true.
- Let yourself lie back, say the phrase five to ten times, 'I hate myself '.
- I can't do that.
- Why not?
- It's against my belief to say negative things to myself. I thought I was here to learn to love myself. I don't see how I can learn to love myself by repeating over and over again that I hate myself.
- Trust that when you follow the feeling it will set you free of this hatred. Lie back and let yourself feel what it's like inside when you want to commit suicide. Stay in the middle of the feeling and say the phrase "I hate myself" five to ten times, very carefully.
- I hate myself... I hate myself...
- Louder.
- I hate myself...
- Louder.
- (screaming) I HATE MYSELF!... IT'S ALL MY FAULT!

- What is your fault?
- My daddy left me... He went away forever and it's all my fault.
- You caused your parents to break up?
- Yes.
- Say the words 'It's my fault' at least five to ten times and stay in the feeling.
- It's my fault... my fault... Don't leave me, Daddy... Don't leave me (patient sobs) Please... Please... Please don't leave me Daddy... (long silence)
- Well, is it your fault?
- No. But I think that I always believed that it was.
- How do you feel about killing yourself right now?
- I don't want to.
- So if you really let yourself go, to the bottom of your terrible and negative belief that you hate yourself and that your parents' breakup was all your fault, you suddenly discover that you no longer wish to die.
- Yeah, I guess that's right.
- Every time you want to die, walk away from the railing of the bridge, get into your car, lean back and begin your feeling sequence until you reach this state of relaxation. You may have to do this a hundred times across two or three years before you completely bring the suicidal feelings to a stop.

- When you encounter the ugly within you, do not let anyone tell you to suppress it. Approach it with the knowledge that if you do your feeling work on the mat, you will not have to hurt either yourself or anyone else.

In passing, I would like to say that I believe most adult suicides are really childhood suicides that have been delayed and acted out much, much later. There are many times in life when a little conscious, positive thinking can see us through scary or difficult situations. Simple phrases such as "I know I can get through this" and other words of encouragement can be a helpful life-raft.

Do not, however, attempt to insert positive thinking into the base of your personality structure as a foundational process. It will, in the end, never really work and even when it seems to, the price of repression with its future inner rigidity will be very high indeed.

When working on the mat, no matter what the feeling, we must express it and we must express it congruently, showing outwardly the same energy, which exists inwardly. If we do not do this, or are steered away from it through false positives, we commit murder against the processes of the self. We never heal.

During the change from repressive, linear, judgmental consciousness to holistic non-judgmental consciousness, we will usually need support, permission, and reassurance. Nothing is more terrifying than encountering a deeper self which does not carry the badge of social approval. For this reason you must read *Caution Three* at the beginning of this section.

The deeper we go into the mind and the more holistic our insights, the less judgmental we will become. As we experience the enormous, unconscious complexity of those things, which cause our behaviour, and the external forces, which shape it, we will be less and less inclined to apply a good versus bad judgment. We become intrinsically forgiving of self and others, the only true basis for a compassionate life.

In the world it is necessary, for the survival of our race, to make judgments about human behaviour as to whether or not it is constructive or destructive

for society as a whole. At a societal level, of course, we still have to obey the rules or chaos would result.

Yet, in the deep mind, everything is seen to have been shaped by forces over which we have no control. The resultant behaviour comes from places so far below anything we can see, that the notion of personal responsibility, in the sense of being conscious of why we do or don't do certain things, begins to evaporate.

HOLISTIC INSIGHT illuminates perfectly. Perfect illumination, even in small quantities, dissolves guilt. We come to see that we have always done our best with the extremely limited information available to our consciousness. A man trusts somebody in a serious business deal. He is warned not to but he has a deep feeling within him that he must do so anyway. He loses all his money.

He will never know that the hair-style of this man triggered deep associations belonging to his father. He will blame himself for bad judgment and will suffer guilt. Deep regressive therapy, in calling forward early connections with his father, allows him to see that the forces behind his business decision were both beyond his control in the first instance, and, in the second, completely unknown to him. His guilt dissolves. He also comes to have less need to criticize the seemingly strange decisions of others.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

10. Device of Shape-Changing and Symptom Travel

One of the most puzzling devices used by the unconscious to prevent our inward journey is the endless shifting between phenomena that we are attempting to connect with. In the unconscious, anything can change its shape to become anything else. Feelings cloak and re-cloak themselves under coats of many colours and behind buildings of many facades. It is as though the feeling is a mischievous wood sprite who can be now within a tree, now within a rock and now within a river. Things that stand for this, may suddenly stand for that, and, as I said a moment ago, anything can become anything. Don't be alarmed by this. No matter how bizarre and shifting inner processes become, we will have magic to equal them, to track them, and to bring them forth from where they hide.

- My stomach has been hurting all week.
- Lie back, drift down into the pain and soak in the center of it like a pickle in brine. Don't think, don't talk, just soak.
- My boss yelled at me last Monday morning in front of the whole staff.
- How did that feel?
- I was angry as hell but I couldn't say anything.
- And your stomach has been hurting all week?
- Yeah.
- Stay in the physical pain.
- I'd like to yell back at him.
- Staying inside the pain, yell anything what comes to you from that hurting stomach.
- Fuck you... Fuck you... Fuck you... Fuck you... .
- How's your stomach?
- It's a little better but it still hurts.
- Then re-center in it and let more stuff come out.
- Asshole... asshole... asshole... ASSHOLE!

- How's your stomach now?
- The pain's gone.

Rage and humiliation have become a stomach ache. They have changed their shape and have hidden themselves in a different place.

* * *

- I hope he dies in that sports car. He scares me with all the damn chances he takes...
- (a pause)
- I really love him you know.

Love becomes anger. Anger changes to fear. And fear changes back to love. In the unconscious, no matter where we start, processes change and change and change. We almost never end up where we begin. Because we can never see the end of a sequence, those people of whom we have already spoken, who need to know why they are having a feeling, will never be able to flow through unconscious connections. First come the feelings and, only later if we trust them, will they entice the causes into our awareness. Symptom travel is one of the common shape-changing events in the endless shifting from one thing to another as we try to track a process through the deeper forest.

- I have a pain in my stomach.
- Stay in the pain.
- It seems somehow to have shifted into my chest.
- Let's go up into your chest and lie inside the feeling.
- I know this sounds crazy, but now it's in my throat.
- Stay with it in your throat.
- I feel like gagging, I can hardly speak.
- Stay inside the gagging and let yourself make gagging noises.
- I just can't get anything out.
- Your unconscious will do anything to keep you from speaking your pain.
- Yeah. I think you're right.

When you try to enter a symptom and it counters your attempt by moving from place to place within the body, if you patiently focus on every new manifestation, eventually these shape changings and symptom travelings which bind and hide the insight will break down. Sometimes, as in this case, a client will even have to retch into a wastepaper basket before the symptom will give up and allow the pain and the insight to come forth.

DEVICES TO KEEP US OUT OF OUR OWN BRAIN:

11. The Device of Extreme Terror

Of all the barriers between us and what we need to know about ourselves, extreme terror is the most difficult to overcome. Very few people can face it as it intensifies. Very few therapists can face it either, in their patients or in themselves.

The amazing truth, however, is that if we stay within our terror and feel it and drink it and let it flood in on us, this monster of the deep will dissolve like every other feeling we shall deal with.

Terror is the curtain before the main play. When it is fully felt, this mysterious and painful process disappears and is usually replaced by a childhood re-living and a major insight. This is so easy to say and so very hard for most of us to do.

Usually people require months or years of trust in themselves and in their therapists to plunge through this flaming barrier. Some can do it within a few sessions, others can never bring themselves to risk it at all. This kind of readiness is a deep and personal thing. No one should enter extreme terror without having paid particular attention to the cautions at the beginning of the book. The DEVICE OF EXTREME TERROR, like any other defense, may be a necessary protective device against real disintegration. Nevertheless, most of the clients who come to me can handle it with a little encouragement. When we get to the insight behind the terror, we often discover that it did not seem to warrant the degree of defensive fuss that it created. When we do get behind the fear to the deeper feeling with its HOLISTIC INSIGHT, we experience a vast relief in mind and body.

In general, the larger the trauma, the larger the terror. And the weaker the ego structure (personal strength) the larger the terror. Often, however, there is no obvious relationship between any of these things.

Sometimes a person comes to a session with anxiety or it arises as they talk.

- There's something about my friend's husband that makes me anxious.
- Lie back and insert yourself into the center of this feeling.
- I'm getting more scared.
- Stay with it.
- My heart's pounding.
- Let it pound.
- I'm starting to sweat all over.
- Let yourself sweat. Let your heart pound and stay inside that terror (very long pause). He reminds me of my uncle,
- How old are you?
- Eleven years old.
- What's happening?
- He's teaching me how to kiss. He says it's time for me to learn.
- How's your terror?
- It's gone.

If we remain inside the fear, it opens out onto a platform of understanding and the fear itself ends.

There is no greater constant in my practice than the ending of terror if one can only keep returning to it and staying in it until it breaks open and yields its insight.

Chronic anxiety has always been a problem in psychotherapy, and, in general, psychotherapy has not done well with it. Yet, in a feeling-oriented regressive practice, chronic anxiety is our ally. It is a long, long corridor full of doors, which open on to early childhood pain, and on to all the issues that are related to it in adult life. Chronic anxiety is one of the best tools we have; it is the entrance to the deeper self and, in the end, it will always yield to our techniques, bringing relief and insight.

- I've been feeling really afraid all week.
- Lie back and let the fear come to you.
- (patient begins to shake uncontrollably)
- What's happening to me?
- You are shaking. This is one way the body expresses feelings.

- I don't like this.
- Let yourself shake and see if there are any words that want to come up and out of your mouth.
- (patient now shakes even more violently)
- No... No... No... (now sobbing she begins to scream)
- NO... NO... NO... My father is taking my little sisters to the basement where he is molesting them. I can hear them crying... I can't do anything about it... Oh my God, I can't protect them... He has a gun... He is saying he will kill us all if I tell anybody about this....
- What's happened to that fear you have been carrying all week?
- It's gone but I feel sick in my stomach.
- Would you like to enter this feeling?
- I've had enough for today.
- That's fine.

Most people in my practice do not encounter this level of trauma but it is not uncommon. Once again, we see that if we can find the courage to remain inside the terror, it dissolves and insight takes its place.

Moderate-to-severe anxiety, before a deep insight occurs, is as common as wind before a storm. We learn that anxiety and fear, and even terror if felt fully, will not destroy us.

(If your therapist begins talking as your panic rises and thereby prevents it from peaking, you may be with the wrong therapist.)

Often it requires a few months of practice in staying with fear before we can see it through. Others struggle to stay with it for years. Once we find that terror does not destroy us and that it does lead to an extraordinary recovery of early material, this initially frightening mental device (THE DEVICE OF EXTREME TERROR) becomes just another feeling, just another doorway and we no longer have to avoid it at all costs.

Again it must be said that there are some mental conditions, such as borderline psychotic states, where staying inside terror may cause psychotic disintegration. Please reread *Caution Two*.

I must emphasize that this is not an issue for the great majority of general psychotherapy patients. It is important, of course, that your therapist-companion be available to you as a support when you first breach these defenses.

Now let us look at magic to dissolve the devices and trickery of the brain's defenses and to unearth the deep immaculate healing processes of the mind.

Chapter Twenty-One

Counter-Devices to Dissolve the Brain's Defensive Trickery

INTRODUCTION

Pain leaks. It broadcasts both its existence and its location. Pain is like a child hiding in a closet shouting, 'You can't find me.'

Pain broadcasts its existence and its locations by forming the symptoms, which we have already looked at.

Remember:

- 1- Specific Body Sensations
- 2- Diffuse Inner Body States
- 3- Actual Specific Feelings
- 4- Thoughts, Images, and Dream Sequences
- 5- Unusual Behaviour
- 6- Psychosomatic Illnesses

The six different pain broadcasts come to us from a brain in distress. They all either contain, or are closely associated with, painful physical and emotional sensations.

PAINFUL, PHYSICAL AND EMOTIONAL SENSATIONS
are important for us because they are:

1. the field of energy which orients the compass of our awareness;
2. the field of energy which possesses the power to fracture defenses;
- 3.** the field of energy which contains the processes we must feel, in order to trigger the Immaculate Functions -- relating to, and including, Holistic Insight.

Pain, if followed in the ways that we are describing, will give us back our life. Its presence is absolutely necessary to our work. We must always locate it, especially when it is buried within the quieter symptoms, for the reasons that are listed above.

The human brain can be trained into greater and greater sensitivity as a compass, which will operate within the magnetic field of our feelings. We can sense the presence of either physical discomfort or emotional discomfort even when these feelings are at an extremely low level of intensity, or when they are confused. We can begin to read their subtleties of texture. We can move down their roadways (track them) and we can merge with them. In this way, we can drop through the veils of the mind into its deepest core, its long-ago past and its complex present. Here at our journey's end, we will emerge into new dimensions of comprehension regarding self and other. All the defensive devices of the mind, which we have looked at cannot turn us from our direction, any more than wind and rain will shift a compass needle.

The principle always holds: If we stay within the feeling and make our congruent repetitions of sound and word and body movement, we will find ourselves at the center of the worst experiences, which shaped us. Once in that center, if we stay open and let the winds of painful experience blow through us, the painful early or present experiences will be disassembled and integrated into the mainstream of our mental life. And their capacity to harm us will recede.

Chapter Twenty-Two

Specific Counter-Devices to Dissolve the Brain's Defensive Trickery

ACTIVATING THE IMMACULATE FUNCTIONS OF THE MIND

COUNTER-DEVICES TO DISSOLVE THE BRAIN'S DEFENSIVE TRICKERY:

1. The Device of 'Staying With'

We saw early in the first part of this book that lying inside a feeling until it becomes intense enough, and until sufficient time has passed, will cause a major reorientation in the working of the conscious-unconscious axis. When we actively turn away from cerebral intellectual function (normal daytime thought) and give ourselves over to the sensory experience of remaining attentive to feelings and body sensations, the brain reorients itself toward deeper repressed material. The sensing we involve ourselves in acts like a magnet and draws the past powerfully and experientially into our awareness. This STAYING WITH phenomenon is the central and crucial mechanism in all feeling-oriented regressive psychotherapy. This device is our constant companion, which underpins and creates the experiences of deep therapy. STAYING WITH, and only STAYING WITH, places us continuously within the CENTRAL PARADOX OF THERAPY and thus allows us to actually re-experience the hurt which is our only route to freedom.

The therapist exerts a continuous, gentle pressure against the patient's flow of normal daytime conversation. This ongoing work never ceases until the patient comes to deeply, firmly and consciously recognize that **normal conversation is a defense**.

This defense must be either utilized to find the feelings within which we will do our therapeutic work, or it must be fractured altogether.

(Please re-read the section in *Part One*, which deals with the DEVICES OF INARTICULATE AND ARTICULATE SOUNDS).

- My husband's brother is always barging into our home. I have asked my husband to talk to him about it but he just won't. I know that they are very close but...
- Put yourself in the front hallway of your home. Image yourself looking up to see your husband's brother coming through the door. Fix the moment in your mind. Hold the scene and allow yourself to feel what you feel when this happens.
- Well I know that he has every right to be there and...
- Don't tell me a story. Don't rationalize the situation. Put yourself in the hall and feel the feeling.
- I don't have any feeling...
- Recreate your image of the hallway and the brother coming in. Enter the scene. Look at him and wait until some kind of feeling emerges...
- I guess I'm feeling irritated.
- Don't guess. Guessing has one foot in your thinking processes and the other in the denial of your feelings. Put yourself back in the hallway. See the brother and wait until you know what you feel.
- I feel angry.

- Let the anger come to you and stay inside it. See where it is in your body. Feel your way into its intensity and texture.
 - Get the fuck out of my house.
 - Repeat that phrase five to ten times.
 - Get the fuck out of my house...Get the fuck out of my house... GET THE FUCK OUT OF MY HOUSE... (et cetera).
 - It's my brother, he used to barge into my room to try and get a look at me while I was dressing.
 - Take a moment to remember what that felt like, and then say to your brother whatever simple phrase comes to mind.
 - (patient very angry) Get the fuck out of my room....
 - Say this phrase over and over again until you are finished with it.
- The patient screams the phrase several times, more and more loudly. She finally lies back, exhausted.
- Now put yourself back in the present situation with your husband's brother in that hallway. What do you feel?
 - I'm not so angry as I think about it now.
 - What would you like to say to him?
 - Please, Michael, ring the doorbell before you come into the house just in case I'm not fully dressed.
 - How does it feel to say that to him?
 - I feel quite comfortable.
 - The rage has gone?
 - Yes.

This last example demonstrates that, when the therapist does not allow the patient to intellectualize, but rather exerts continuous gentle pressure toward feeling and sensing the experience (awareness moves swiftly along the feeling line of congruence between the present feeling and the childhood feeling thus instantly opening our experiencing onto another stage in the past).

We are about to study more specifically the mechanism within the brain which allows this sudden shift through time, along the lines of congruence, which comes to exist between a present feeling and its similar partner feeling in the past.

COUNTER-DEVICES TO DISSOLVE THE BRAIN'S DEFENSIVE TRICKERY:

2. Magic Time Carpet

(Temporal Contextual Shift): An *Immaculate Function of the Brain*

There comes a moment in all depth therapy when, having applied our tracking, our STAYING WITH, and our congruence techniques, we achieve an outstanding reward: We suddenly and unexpectedly find ourselves thrown back in time to comprehend and/or re-live an early formative experience. This shift is instantaneous. The re-living is often extraordinarily real and the comprehension, which flows from it is global. Our consciousness shifts profoundly in a single, vivid, life-enhancing moment. Deep emotional and physical relief always follow.

This sudden shift in time and context between two events which share the same feeling or body sensation, we can refer to as Temporal Contextual Shift or, more simply, MAGIC TIME CARPET. This magical, instantaneous process always works best if it is self-activating. That is to say, when we have found

a feeling or a discomfort, have entered it, have allowed it to intensify, enrich and peak, we will occasionally find ourselves in the deep past and what was a small, inert piece of information suddenly comes alive to our experience. It is always tempting, when patients get stuck in a feeling and the feeling does not take them anywhere, for the therapist to try to gain control over the MAGIC TIME CARPET. Occasionally in therapy this can be helpful, by reinforcing the intention of the therapeutic process. But, when the therapist actively tries to arrange a TEMPORAL CONTEXTUAL SHIFT, the price is always high. Under circumstances of therapist arrangement, the unearthed memory or connection is always diluted. The intensity, and hence the growth potential, is leached out of the experience in direct proportion to the amount of guiding and connecting that the therapist does.

- I was so angry with my mother today when she criticized the cake I had baked.
- Let yourself remember your early relationship with your mother and see if today's feeling of anger is similar to feelings you have had with her before.
- Yes. I remember I used to feel this way whenever she criticized me.

In this example, the therapist has actively created a non-experiential, TEMPORAL CONTEXTUAL SHIFT and the result is that the potential power and growth of the experience has been extracted from it.

Let us try this example again:

- I was so angry with my mother today when she criticized the cake I had baked.
- Please stay with that feeling of anger.
- I hate her.
- Please repeat this phrase several times and stay in the feeling.
- I hate her. I HATE HER.... She used to do the same damn thing to me through my whole childhood.
- Stay in the feeling. What do you want to say to her from this childhood space?
- Leave me alone. (crying) Just leave me alone.

Here, the therapist maintains the pressure but forgoes the pleasure of arranging the connection. Whenever we, as therapists, try to gain conscious control over our patients' processes, we diffuse the power of our patients' journey. Therapists who do a lot of talking and explaining will always take your journey and your growth away from you. Therapists who push too hard, emotionally or physically, can also take your journey away from you. They can create newer and deeper defenses. You may end up making lots of noise and physical rumpus, but you may not get a true depth experience of insight and relief. When a therapist asks you to do something in depth therapy before you are opening to it, the core of the brain defends automatically while the false external self complies with the therapist's requests.

Forced maneuvers in therapy can end by giving you water instead of soup.

Good therapeutic experiences have the quality of a lightning-strike. Our job is to stand patients in the center of the emotional storm. It is the job of the patients' own minds to unleash the lightning-strike of a full Holistic Insight.

- I felt so sad when I saw my friend off for Europe last week. I couldn't believe how deeply I felt. You would have thought she was dying or something. But she is only going away for the summer.
- The grief seemed too large?
- I was actually sobbing when I said goodbye.
- Put yourself at the airport, find the feeling if you can, enter it and stay in it. What simple phrase or word or sound wants to come up and out of your mouth?
- I don't want you to go.
- Please say this, matching the phrase to the feeling with great care and keep repeating it.
- I don't want you to go... I don't want you to go... I don't want you to go... (patient's voice becomes high and childlike.)
- Stay with it.
- I don't want you to go... I don't want you to go... I don't want you to go... (patient begins to sob) Please don't go mommy, please don't go. (Long pause) My mommy's ill. She's going away to the `samitorium'.
- The `samitorium'?
- She's got `T.D.' I'm not going to see her for a long, long time.

Let me repeat yet again one of the most central instructions in this book: The maintenance of a feeling with sufficient intensity and for a sufficient length of time is crucial to the activation of the MAGIC TIME CARPET, and its resultant HOLISTIC RE-LIVING. This is why a feeling-oriented therapy has the power that no other therapy can match.

One extremely important point must now be made. Where there has been extreme trauma, TIME CARPET may deposit patients into a past experience and return them to the present without any memory of ever having taken such a journey. I had been practicing regressive therapy for years before I fully realized this.

It is crucial for therapists to make sure that patients have returned to the present with their memory intact.

(Please reread in Part One, Chapter 5 Example Five, *Body Necessity Driving a Patient Toward Congruence.*)

COUNTER-DEVICES TO DISSOLVE THE BRAIN'S DEFENSIVE TRICKERY:

3. Time Pebbles

(or Reverse Temporal Contextual Shift)

The MAGIC TIME CARPET has a very important reverse function. Not only does it transport us backward in time, it can bring the past forward into the present. These extremely helpful gifts from the past also act as one of the mind's greatest disguises. When the TIME CARPET brings us a gift from the past, it changes its context and thus conceals itself.

These are the childhood phrases and feelings, which we have already said lie scattered on the beach of adult conversation. These TIME PEBBLES enter the therapy room with great power, disguised as present processes. If we read

them in the present context and don't realize they come from the past, they can throw us completely off track. Once we realize they represent a past feeling fastened onto a present process, we have a major key to the unconscious. TIME PEBBLES (Reverse Temporal Contextual Shift) enter the present therapy process in the form of key phrases, which have a high feeling content and a simplicity, which feels childlike. For example, a woman is speaking of a summer holiday in her past. The effort of re-experiencing this past event is encountering great resistance. Her conversation goes something like this:

- Whenever I think of our family cottage, I get a funny feeling.
- Are you having any of that feeling right now?
- Yes, I am.
- Let that feeling come to you and grow in strength. It sometimes helps to actually visualize the place.

There is a pause as the patient allows the feeling to develop and enrich. She prepares to merge with it. Then she says:

- I can't do this.

Here is our TIME PEBBLE. If we do not intuit this, therapist and patient will both think that, when the patient says 'I can't do this,' she simply means that the prescribed therapy exercise is too hard. Wrong. This is where the CONTEXTUAL SHIFT takes place. It feels as though the context is a resistance in the present. Watch what happens if we treat this phrase simply as a feeling, and do not pin it into a present context. We will notice a CONTEXTUAL TIME SHIFT which will take us back into the patient's childhood. Let us return to the previous dialogue:

- Visualize your cottage and let the feeling come to you.
- (A pause, while the patient allows the feeling to develop, and then prepares to merge with it.)
- I can't do this.
- Please let yourself feel the phrase 'I can't do this' and repeat it five to ten times.
- Why do you want to make me go on when I have just told you I can't do this exercise?
- Repeat the phrase ten times.
 - I can't do this. I can't do this. I can't do this.
- (her body shifts position)
- I can't do this. I can't do this.
- (her eyes widen)
- I can't do this.
- (her breathing accelerates)
- I can't do this. I can't do this.
- (her voice grows childlike... she pauses and looks at me.)
- Don't look at me. Stay with the phrase and whatever else comes to you.
- I can't do this. I can't do this. Oh God, don't make me. (she starts to cry).

The MAGIC TIME CARPET has put her back at the cottage at the age of eight and, as you have guessed, she experiences an incest event.

The words 'I can't do this' were a TIME PEBBLE, pushed forward into the present by the unconscious, alerting us and at the same time throwing us off the track.

Here again we see the brain responding to its old dilemma of both wanting and not wanting to know the origins of its pain. As usual, under these circumstances it struggles to give us a hint while at the same time hiding the very hint that it gives.

The patient's resistance to re-experiencing this unpleasant event with her uncle had sufficient congruence with her resistance to her therapy work, that the phrase 'I can't do this' detached itself from the original experience and slid forward in time. Thus it changed in context, and showed up in the present as a TIME PEBBLE.

This REVERSE TEMPORAL CONTEXTUAL SHIFT, where a past meaning seems to fit a present context, is one of the most subtle defenses in the mind's desperate attempt to prevent the re-experiencing of a past event.

Watch what happens in therapy if we don't recognize the TIME PEBBLE when it emerges into the present:

--I can't do this. --(Time Pebble)

--Let yourself go a little. ---(misunderstanding of context)

--I just can't do this. ---(Time Pebble)

--Is it hard for you to trust me? ---(therapist misunderstands again)

--I just can't trust anyone. ---(contamination of therapeutic flow as patient responds to misunderstood context)

--You don't have to worry, you're safe here. ---(misunderstood context maintained by therapist again)

--I know I'm safe here. ---(patient lying due to incest betrayal)

--Well, perhaps we should pick another topic today. ---(patient and therapist completely derailed from the hint of an earlier meaning contained in original phrase, 'I can't do this.')

Unconscious defenses have won the battle to hide past pain.

It is important to note that the statement 'I can't do this' is a feeling-oriented statement. If we treat resistances as feelings, we will begin to realize, without knowing it beforehand, that many of these kinds of statements are the time and contextually shifted early feelings which I am calling TIME PEBBLES. Trust the feeling within the resistance, go with it, don't let it scamper away and often you will discover that TIME PEBBLES have come to you and can then activate the MAGIC TIME CARPET contextual shift, pushing you into the deep past.

A man talks about his boss:

--He hates me. ---(Time Pebble)

--Do you think you might be projecting something onto him? ---(therapist's intellectual delight)

--No, he hates me. ---(Time Pebble)

--Do you have any real evidence of that? ---(misunderstood time context: therapy derailed)

In addition to misunderstanding that 'he hates me' is a time-displaced phrase, this therapist is continually jarring his patient away from feeling. Instead, he is lifting him upward into a Level One intellectual dead-end. MAGIC TIME CARPET can be activated by finding the feeling, which lies inside the statement 'he hates me.'

This feeling, which is congruent between past and present, will join the past and present phrase together and a sudden, TEMPORAL CONTEXTUAL SHIFT will occur, leading to a HOLISTIC INSIGHT.

Let us briefly observe an entirely different flow in the patient's therapy when the phrase 'he hates me' is seen to be a TIME PEBBLE, a comment which is relevant in the past as well as the present:

--He hates me. ---(Time Pebble)

--Stay inside that feeling and ---(potential Time Pebble sought) let it grow as you keep repeating the phrase.

--He hates me. He hates me. ---(Magic Time Carpet activated. - He hates me... It's my brother. ---(Contextual Shift to deep past achieved.)

- He never stopped picking on me.

Whenever a simple phrase which a child might use emerges into adult conversation (especially when accompanied by a feeling which is too strong for the current situation) you may be looking at a time-displaced phrase. Merge with it, repeat it, and get ready to travel back to its origin.

COUNTER-DEVICES TO DISSOLVE THE BRAIN'S DEFENSIVE TRICKERY:

4. Holistic Insight

(An *Immaculate Function of the Brain*)

HOLISTIC INSIGHT has *gradations of quality and extensiveness*, which can be seen to exist in six stages:

Holistic Insight: Stage One

Holistic Insight, Stage One, begins with the experience of inwardness, which comes to us when we lie down to focus on the inner arena of our life.

We begin to sense the ground of our being, the place where we will study and merge with the previously warded-off parts of our deepest self.

Just as putting our hand in water gives us a direct sense of what water is, so, now, we start to gain a non-verbal, non-intellectual awareness of our inner environment.

This is the beginning of the long, sweet relief of giving a harassed surface self over to a study of our deeper processes.

This relief is increased as we allow our conscious self to fully feel the six ways in which our brain broadcasts its pain to us (specific body sensations, et cetera).

The relief is even further enhanced as we make our congruent expressions to fully merge with these deeper experiences.

It is here where Holistic Insight truly begins, when we feel the deeper self and the surface self, coming into alignment for the first time. Now the sweep of honesty begins to neutralize the displaced and disguised fruitless struggles of our life.

Stage One, Holistic Insight is, then, the direct non-linear, non-symbolized experience of an inwardness, and a re-alignment between the unconscious and conscious parts of our being, through the use of the techniques of congruence and externalization.

At this level, no specific insight is required; no words, no images and no re-experiencings are necessary. There is, nonetheless, a deep and growing sense that something within us is easing and becoming whole. Because all these Stage One processes have been without specific insight, and yet deepen our non-specific awareness, we can refer to them as TEXTURAL SELF-ENHANCEMENT.

Holistic Insight: Stage Two

Holistic Insight, Stage Two, is marked by the emergence into consciousness of a specific issue, and some of the meaning attached to it. We have focused inwardly on some discomfort. We are allowing it to fill our awareness. We are merging with it and we may or may not have started to make our congruences. Suddenly we realize something new about ourselves. We become completely aware of a truth concerning our existence. For example, an argument with someone leaves us feeling very discomforted, with a tightness in our chest. We lie down, focus on the tightness, merge with it, and suddenly find ourselves saying , 'Please don't hurt me.' We repeat this congruence five to ten times, matching the words against the feeling. Suddenly we have the insight that we have been overwhelmingly hurt far more deeply than we realized. We have a sense that, in some way, our whole mind-and-body axis has been rocked on its foundation.

This is a realization, which has definite form and insight. It is limited, however, to the present and to the circumscribed event. This is the hallmark of a HOLISTIC INSIGHT, Stage Two.

It is non-linear, and comes suddenly in a small wave-front of awareness. It is this instantaneous, gut-level, non-verbal, non-linear knowing which classifies it as a Holistic Experience.

It is holistic because our sense of knowing, and being, instantly expands with the experience itself. It is felt within the mind as clarity, and within the body as relaxation. The enhanced knowing, and the physical relief, are simultaneous and immediate. We have the intriguing deeper sense that, because of what we have just realized, we are suddenly more than we were. The quality of our knowledge expands in many directions. For instance, we realize that we *do* hurt, and that we *are* hurtable. There is a shift from a false sense of strength to a sense that we are always vulnerable. And yet, because of our new-found skill, we sense that we are also reparable. We do not *have* to be rigid and self-protecting. We can live more openly without being destroyed. This is an example of the kind of awareness-expansion which accompanies a typical HOLISTIC INSIGHT.

HOLISTIC INSIGHT, Stage Two, is, then, a sudden, non-linear expansion of present awareness, confined to a single issue, and the insight is internal to the life of the one who experiences it. It is experienced mentally as insight, and physically as relaxation.

Holistic Insight: Stage Three

The third stage of HOLISTIC INSIGHT is a sudden, non-linear awareness, which expands laterally in the present to include self and world. For example, a feeling sequence on the mat, after an argument with a boss, can yield the realization not only that we have been deeply hurt (Holistic Insight, Stage Two) but also that the boss is a deeply damaged and therefore hurtful man. We see how his damage permeates the world around him, triggering

everybody's pain. We become aware that many people in authority are like this, and we sense things that are intrinsic to negative authority, how it comes about, and how it harms us all.

The third stage of Holistic Insight, then, suddenly enhances our comprehension, not only about matters internal to ourselves, but the insight spreads outward to encompass the world around us, and its dynamics. The awareness confines itself to the present.

Holistic Insight: Stage Four

At this level, realization spans out not only laterally but backward in time. We suddenly see flashes of our existence down through the years as they pertain to our current discomfort. We realize that old pain within us has been activated. Once again, this is a sudden wall of comprehension, which bursts in upon us. We are not, however, actually *re-living* a past event, although we do feel eased, in body and in mind, at the moment of perception.

Holistic Insight: Stage Five

At this level the MAGIC TIME CARPET (Temporal Contextual Shift) is activated. We are in a childhood experience, present awareness fades and we re-live the experience with the completeness and intensity of an actual hallucination. Corridors of connectedness open within our minds, leading from the past event to multiple significant experiences down through our lives. We are suddenly illuminated as to the multiple causes of our existence with regard to important events through time.

The sensation is strange and wondrous as barriers within the mind collapse. The experience seems to take one to three seconds. The aftermath is a most profound knowing on the plane of psychobiology, which leaves the body deeply relaxed and changed forever, especially in the structure of its defenses. The mind comes to trust openness and vulnerability as part of deep organic function. Self-forgiveness and forgiveness of others is generated from within a disentangled organic core. A non-judgmental, profoundly ethical stance begins to replace a lifetime of external teachings, and guilt. The brain begins to stand alone with no man and no institution as either its master or generator of forgiveness. A sense of the profound complexity and preciousness of life automatically brings compassion and morality.

Stage Five Holistic Insight is the last stage of Holistic Awareness before the great experience of Sudden Illumination or Satori itself, which is the goal of Zen. Stage Five Holistic Insight shares many of the characteristics and qualities of Satori. It is sudden, it is profound, it brings enormous comprehension, it yields exquisite relief to body and mind. It is not, however, actual Satori. It is limited to the plane of psychobiology and confines itself to connections and processes of a wordly nature. That is to say, it is not metaphysical.

Holistic Insight: Stage Six (*Sudden Illumination, or 'Satori'*)

Because I believe that the mechanisms involved in Psycho-biological Holistic Insight and those in actual Zen-oriented Satori share similar processes, I will include a few brief comments about this ultimate experience.

Satori itself, as I have studied it and experienced it, is a sudden and profound awakening of an altogether different kind of consciousness.

Psychobiological awakening (Holistic Insight) concerns itself with the fracturing of discrete compartments within internal experience. It is obtained by careful and minute attention to inner body states and the creation of the congruences that we have already described. These are mechanisms of mind and body (inquiry within the psychobiological plane) and therefore work in this area issues forth in awareness at this level.

Satori itself is an attempt to fracture the compartmentalization of the mind in a much more profound way. It is an attempt to fracture the absolute ground of symbolization as it pertains to the mind's view of all things. The stage of inquiry is vaster, in fact it is infinite, encompassing the structure of mind, the structure of matter, and the relationship between the two. It also includes the Prime Movement of the universe.

Our perception of all things is now challenged as Satori itself disassembles, in one blinding flash, all symbolic barriers between comprehension and matter itself.

It is for this reason that the Zen Koan, or mind puzzle, is so profoundly enigmatic. The solving of a Zen puzzle

(for example, What is the sound of one hand clapping?)

brings the actual symbolizing functions of the brain crashing down around us until we and the universe are one. A Zen monk requires years, sometimes decades, of concentrated meditation to achieve final dissolution of such intrinsic brain function.

It is extraordinarily interesting to note that the cultivation of what we shall call Purity of Intent in approaching Holistic Insight is very similar to the cultivation of Purity of Intent in the approach to Satori itself.

Both require the same paradoxical process of intensity versus letting go, extraordinary humility, patience, lack of expectation and extreme focus.

The driving force at the psychobiological level is pain. The method is the forging of a link, between present experience and past experience, through the use of congruent feelings. The ultra high level of congruence between a present feeling and a past feeling activates the psycho-biologically immaculate process of non-linear Holistic Insight.

Holistic Insight is the sudden overwhelming expansion of consciousness within the psychobiological field of enquiry.

The driving force toward the Satori level experience is profound existential dissatisfaction coupled with extraordinarily intense meditational techniques extending over time and employing puzzles which have no solution at the level of the mind's symbolizing processes.

Both processes share a sudden profound expansion of consciousness. Holistic Insight is still confined, however, within its psychological and biological field of examination.

Satori shatters all confinement of awareness. It would seem to be the most profound and complete achievement of awareness possible for our bio-chemically-based consciousness.

We will expand considerably on the attitude necessary for the cultivation of growth in the next chapter.

Chapter Twenty-Three

The Attitude, Which Shapes the Therapy Key

THE BARRIER PARADOX OF INTENT

We may apply all that we have learned and still not be admitted to deep insight. One last key remains and that is the key of attitude.

There is a puzzle, which lies inside the attitude we bring to our therapy work. This puzzle has formed a barrier to all wisdom work down through the ages of humankind. This barrier paradox could be called the BARRIER PARADOX OF INTENT. It springs into existence the moment we attempt any work of enlightenment, whether it be in the area of psychotherapy or in the area of spiritual enlightenment itself. The barrier of this paradox of intent is that we must reconcile the following opposites. While striving with intensity to do our inner work we must, at the very same time, let go and relax. There are several reasons why this paradox springs into existence.

Conscious awareness can only focus on one thing at a time. We cannot force holistic insights to come to us. We can only hope to receive them. Insights come as gifts. We do not create them. All that we can create are the circumstances within ourselves, which open us to be receivers of wisdom information (insight beyond egocentric need). The actual gift, the insight itself, we cannot cause to come into our consciousness. This is beyond us. For this reason, one side of the BARRIER PARADOX OF INTENT must have the quality of letting-go to openness. Without it, the thousand tiny gates of the mind will not swing free.

Perhaps fortunately for humankind, the gifts of real wisdom insight cannot be forced into existence by manipulation. If they could be, arch manipulators would be able to use deep wisdom against us all. In fact, deep wisdom is an intrinsic neutralizer of manipulation. It unclenches the manipulative attitude the moment it appears.

On the other side of the BARRIER PARADOX OF INTENT, it is clear that, if we make no real effort toward an inward search, we will probably receive no gifts of insight. Intensity and dedication, therefore, must be profoundly present. There must be intensity both in the pursuit of feelings and in the actual experiencing of feelings. In addition, there must also be extraordinary intensity of concentration and meticulous application of each technique we are learning. The entire journey, therefore, on this side of the barrier paradox is a matter of intense striving and focus. We can now see that this paradox involves the combining of an intense striving with a profound letting-go.

The Solution to the Barrier Paradox of Intent

The dissolving of this barrier-dilemma lies in the cultivation of a special attitude.

This new attitude is called humility. True humility works hard and lives in hope but lays aside selfish expectation. True humility is a high level of intent without greediness for reward, without the grasping selfishness of the manipulator who enters growth work with the idea of directly and immediately forcing open the doors of the mind for the purpose of increasing his or her personal power.

To solve the problem, then, of intense application coupled with relaxed letting go, we must give our brain a message, which will allow it to develop this attitude. We can help ourselves by pondering on the difficulty of our barrier paradox (striving and letting go) between periods of intense work. Thus, now and then in our daily life, we can dwell on the problem and give ourselves the message to cultivate an attitude of relaxation in the center of our intense work.

Our messages to the unconscious about attitude will be drawn down and into the deep self. Over a period of time they will become an Immaculate Key to the IMMACULATE PROCESSES OF HOLISTIC INSIGHT. This is a rare occasion when we can directly strive to create an Immaculate Process (the attitude of true humility). It is rather like giving the brain a post-hypnotic suggestion, or like telling ourselves, across a period of time, that we want to remember our dreams. The unconscious hears us, and eventually gives us what we need. In addition, as we begin to experience the rewards of relaxation and deeper insight, we come to know more intimately that although we can arrange the work of growth, the insights themselves are a gift. With this knowing comes the relaxation within our striving, which furthers our growth.

The more we work at all this, the more we come to see. The more we come to see, the more faith we have in the principles of our therapy. This upward spiral of knowing is a long, slow experience of awakening; a kind of slow motion psychobiological SATORI. It occurs in sudden small awarenesses, which enhance and inform our growing organic and balanced awareness. These leaps of growth, small or large as the case may be, seem comparable to the quantum leaps of energy in subatomic physics.

Now we can see the resolution to the puzzle of the BARRIER PARADOX OF INTENT. It lies inside our attitude toward growth. We strive to do our actual exercises with intensity and extreme care, while at the same time realizing that we are helpless to give ourselves insights. Thus we endure, do our work, and wait with patience and openness. Now the thousand tiny gates start to swing to our new touch.

Chapter Twenty-Four

Purities Of Intent and Therapeutic Work

THE WORK THAT WE CAN DO TO READY OURSELVES FOR THE GIFTS OF INSIGHT

The First Purity of Therapeutic Work

This purity of therapeutic work has to do with how we open ourselves to feelings. When feeling stirs within us, we must become exceedingly quiet and exceedingly open. If we are extremely careful, this inner stillness, with its gentle focus upon the intangible, will allow the feeling within us to blossom more fully, and display a greater and greater texture. It is this enrichment of experiencing which lifts us toward HOLISTIC INSIGHT. An example would be a photographer who waits in the forest for the appearance of an animal. He moves into position with great care, sits with an attitude of energetic

quietness, and slowly realizes that what was a dappled shadow is gradually changing to reveal the presence of something wild. He is actively still, doing nothing to stop the emerging process. The photograph is taken (the feeling experienced) and the animal leaves.

The Second Purity of Therapeutic Work

This has to do with the exquisite care with which we do our inner work. The most crucial part of this inner work has to do with the arranging of our congruences.

That is to say, we must engage the conscious muscles of our body very, very carefully in order to become, on the outside, an exact replica of what we are on the inside.

The voluntary muscles, of course, include our vocal chords as well as the large muscles of the physical body.

We set about the making of sounds, the creating of body position, and, perhaps, body motion.

Let us begin with the creation of sounds:

Remember that inner discomfort, whether it be a feeling, a body sensation or a more complex body state, has location intensity and quality. For the moment, however, it is the intensity and quality of the inner experience with which we are concerned. Purity of therapeutic work dictates that the sound we make match precisely the intensity and quality of what we feel. A powerful pain requires a powerful sound. A powerful feeling requires a powerful sound. A ragged pain requires a ragged sound. A ragged feeling requires a ragged sound, and so on. Thus, as we have opened ourselves to the expansion of the inner experience, and have activated our vocal chords to match and follow (track) the shifts that occur, we sculpt ourselves on the outside to exactly match what we are on the inside. Our purity of therapeutic work brings the match of the inner and outer being into exactness. This is the inner work, which will bring us closest to Holistic Insight.

This is the meticulous work which is under our conscious control and which we can do.

When words come to us from this inner set of sensations, again we activate our vocal chords to find the exact words, which match the inner feelings. The words and phrases must be simple, just as the inner feelings are simple. We must not move away from any given word or phrase until we have exhausted the energy, which arises within it during the congruence. Moving quickly from word to word or from phrase to phrase is similar to moving a drill point from place to place on a piece of wood before it has a chance to bite into the surface. No matter how often I explain to patients that it is often necessary to stay with any given word or phrase for several minutes, and sometimes up to half an hour, they never seem to understand. For instance, the repetition of the word 'hurt' might occur fifty to a hundred times in one of my personal sequences before the bubble of feeling has fully enlarged and can grow no bigger.

Imagine an actor saying a simple word with all the depth and power of her skill during a moment of extraordinary intensity. To maintain your purity of therapeutic work, you must achieve similar results. Take care during your work that you do not lose contact with the underlying feeling and fall in love with what you are creating, or you will un-ground yourself from the inner sensations which are supplying you with your energy and direction.

When you activate voluntary body muscles to further become on the outside what you are on the inside, once again exactness is important. If you feel

that something within you is twisted, then twist your physical body to match it. Open yourself to the new set of sensations, which your twisted body will begin reporting to you. Purity of therapeutic work dictates that your external position feels exactly right. Often in my own work I have lain with my head thrown back, my upper body twisted to the left, right arm thrown backward behind me, palm out, while my left arm hung loosely by my side. This bizarre body position sent hot pain racing up and down the muscles which attached my right shoulder blade to my spine (the rhomboids) and I found myself in this position hundreds and hundreds of times making the gargling sounds of a baby. It was necessary for me to give myself completely to the weirdness of the experience for many, many months without having the slightest idea of why I was doing what I was doing.

(This is highly reminiscent of the example given early in the book of the man who had to make faces.)

In the end, it proved to have a connection with my birth.

The same purity of therapeutic work and the same principles hold true when we are making active body motions. That is to say, if our inner feelings and sensations are more correctly externalized by moving, as opposed to holding a still position, then move we must.

Remember, the one serious drawback related to body motion in the creation of a congruence is that body motion quiets the brain. Body motion floods the central nervous system with impulses from muscles and joints. These are warm self-reassuring sensations.

An example of this is the rocking motion which a traumatized child or adult may make in order to process extraordinary emotional pain.

The Third Purity of Therapeutic Work

To repeat once again, it is very important to know whether you are intensifying or quieting your emotional pain. There are certainly times when you may need to quiet yourself. At least be aware which of the two paths you are on, so that you will not be surprised by the results.

Remember when a therapist offers touch and holding, the same issue arises. There is touch, which comforts and there is holding which comforts. There is touch, which intensifies and there is holding which intensifies, or allows intensification, through providing physical support, which enhances emotional support during periods of extreme distress. It is up to you as a client to provide feedback for your therapist as to what touch and holding are offering you in any given moment and what it is you need.

The Fourth Purity of Therapeutic Work

This Purity of Therapeutic Work requires that you trust your feelings and trust your congruences without knowing what it is that you are doing or why you are doing it. This letting-go of intellectual knowledge, trusting that the feeling comes first, and the understanding comes second, is crucial to forward movement in therapy. It is a way of saying 'yes' to the deeper brain. Without this 'yes' the unconscious will not open its doors to HOLISTIC INSIGHT.

The Fifth Purity of Therapeutic Work

Some of the major danger in this manual comes to exist right here. Keep your pain on the mat. It is absolutely not acceptable to take the unfinished

psychological material, which lies inside you and dump it into the world, hurting others. First, it is extraordinarily dishonest to use another human being this way. Second, it diffuses the therapy journey by draining off the therapy-driving pain into the PLEASURE OF HURTFUL DELIGHTS and brings us to the second law of regressive therapy.

The Second Law of Regressive Therapy:

If you do not keep your pain on the mat and feel it fully, you will use it to hurt yourself or others in the world.

Pain is the laboratory within which we work. It is there to be felt. We orient ourselves toward it in order to examine it. We create our congruences in order to feel it, merge with it, and externalize it. We do this in the therapy room, never aiming it at others.

Pain must never be suddenly used during therapy as a motivator, pushing us into the world. We must suffer the paradox of feeling it and connecting with it, while at the same time recognizing that we are in a feeling and must not act on it. We are involved in connecting deeply with our inner processes, while at the very same time disconnecting what we actually do in the world from those very processes.

This is the essence of the FIFTH PURITY OF THERAPEUTIC WORK:

to feel deeply, and not to act.

Integrated action will come in its own time and in its own way and when it does, this integrated action will gradually and organically shift our way of being in the world.

As the monk wrestles with his spirituality inside the monastery, we wrestle with our feelings inside our private therapy place.

When we leave this place of deep, regressive experience, we would do well to cultivate an attitude of observation and respectful courtesy toward others until enough time and therapy take place to mature and integrate what will finally become a more organic, self-defining, compassionate and loving life.

Chapter Twenty-Five

Worldliness versus Inwardness

The attitude, which opens the mind, stands in direct opposition to our normal, worldly orientation. We have been taught that we can grasp the world and wrench what we need from it. We have been taught that we can grasp our deepest self and wrench it into whatever shape will serve the manipulative purposes of the false and terrified self. This approach to the mind is the essence of control madness. It is the ground of humankind's misunderstanding about itself and the natural world.

This is the clenched attitude, which is so solidly rooted in us, because our main hope has always been to avoid pain and to gain safety. This clenched attitude closes, rather than opens, the doors of the mind; only a very few things can change it. Some of them are:

First, when we are absolutely successful in a life-pursuit, which comes naturally to us, and then discover emptiness instead of fulfillment, this can cause us to embark upon a new level of search.

Second, when we face absolute failure in our lives and find every single thing crashing down around us, we may finally admit that we have never really been in control of anything, and thus come to approach our growth work with the appropriate set of keys.

Third, a near-death experience can shatter our arrogance and endow us with deep wisdom.

Fourth, in their lifetime some people will have the good fortune to receive from nature a gradual awakening to wisdom without having to do a great deal of specific growth work.

Fifth, some people will have the good fortune to be granted a major SATORI experience (Sudden Illumination) without any conscious preparation at all.

Sixth, for most of us the long, slow work of growth will be necessary before we can achieve real wisdom.

Awakening to the fact that we have never been in control, and that every aspect of our life is a gift, does not mean a descent into meekness and impotence. Knowing that we receive life, rather than create it from zero, allows us the kind of letting-go which leads to graceful, forward motion even in times of confusion and turbulence.

We do not have to tear life open with bleeding fingernails. When there is struggle, it feels on some level natural and good, because we feel natural and good. We are not so afraid of worldly failure and not being afraid enhances our effectiveness.

This is the letting-go, which frees up more and more of the responsive and creative processes of the deeper self. The remainder unfolds as we go along. The inner processes of life are self-generative. They will carry us without our struggling to make them work.

Chapter Twenty-Six

Therapy Without a Therapist

It is doubtful to me, and to almost every patient and therapist with whom I have ever spoken, that depth therapy can be pursued without the presence of a depth therapist.

We spoke earlier in the book of the profound importance of re-parenting, We said that touch and holding are the groundwork - upon which much deep, regressive psychotherapy depends.

Not everyone appears to need it, but certainly many do. We suggested that careful sharing of the therapist's own inner spaces help to provide a trellis that will support the new growth of healthful thoughts and beliefs, which spring up within the mind and body of the client. We have also suggested that during times of confusion, emotional instability, and negative self-belief

the therapist's steady presence provides a secondary strength upon which clients can rely when the ground begins to shift beneath their feet. Surely, then, it must be folly to produce a manual of instruction that anyone can read and attempt to apply to themselves.

This is a most crucial and central question and I am going to try to answer it with the following argument.

I have struggled with a lifelong rage around what I have characterized and Scott Peck has popularized as the notion of The Lie. Just as a cucumber soaks in brine and thereby cannot avoid becoming a pickle, we soak in the culture of the false self. We cannot avoid becoming false. We cannot avoid that most profound of splits which occur between our deepest organic self and the personality which we form in order to be safe and to obtain what we need within our cultural matrix. This problem seems to have been common to all the ages of humanity.

Because our adult needs are displaced, disguised and symbolized away from our simple, basic, organic truths, we can never attain satisfaction and balance in our adult lives. It is only in middle life, when our defensive, external, dishonest persona finally fails us, that we even come close to the notion that so much of our life journey has been profoundly 'wrong' and unsatisfying. Even then, there is no real compass for us to look at, just as there has never been in our life any real compass shorn of The Lie in which we have been reared. The pickle floating in its barrel seeks to divest itself of its juice.

The vast implication put forward by everyone we have ever known, especially our teachers from kindergarten to post-PhD., is that if only we will learn what they know, we will finally be successful in the world and find our way to happiness. Since their lives have been lived within the brine of symbolization and displacement away from their deepest organic self, the hand that they extend to help us is contaminated with their untruth. It passes through our outstretched need as though it were a ghost.

The hand they extend to help us does not truly speak the language of either their pain or ours.

Therefore, across our lifetime, we are not helped and, in the end, we sink beneath the waves of our panic and depression.

I believe that this book constitutes a trustworthy compass and a pole star to which any human being can turn, and begin to find real truth.

That is to say, the debris of their emotional damage, the path through it and the goal of comprehension, once it is shorn of intrinsic self-deception, can be pursued with the techniques we have outlined.

It is not that I have the truth for the world.

It is that I have been using, both on others and on myself, a set of techniques, which invariably lead to a profound sense of our own inner, uncontaminated structures. I have called these structures Immaculate Sensing, Immaculate Knowing and Immaculate Function. They exist within all of us if we can divest our mental processes of a lifetime's contamination. Just as the steam engine and the loom, at the beginning of the Industrial Revolution, created massive upheaval and pain, so also it is possible that the mechanisms outlined in this work will do the same.

Would any of us turn back the clock and forego the Industrial Revolution?

Would any of us turn our back on the evolution of the mind in its journey toward truth? I believe that, as this kind of work filters through humankind's consciousness across thousands of years, eventually we will be deeper, wiser, more ethical, less manipulative and less susceptible to other people's manipulation.

This is the dream that I hold, born of my childhood pain.

I feel, therefore, that I must place this manual on the open market.

The cautions in the front of the book must be heeded with great care.

There will be instances where people, beleaguered in mind, in body and in spirit, with nowhere to turn and no one to turn to, will use this manual without guidance.

To you, I say, go slowly and with great care, remembering that whenever you turn to anyone for advice and help, unless they are accomplished depth therapists, you will, sooner or later, be the object of their 'defensive wisdom'. As you trigger within them their own un-worked-through feelings, they will advise you from mechanisms within their own false self. This advice will have as its common denominator an attempt to keep you from feeling your pain. You must be the judge as to whether the chaos you are uncovering within yourself is coming faster than you can process.

If you are becoming sleepless, ceasing to eat, losing your ability to function and obviously moving beyond your own healthy control, it is crucial that you slow down and make a major effort to seek loving and enlightened feeling-oriented support.

You do not have to throw yourself over a cliff in order to grow. You can attempt to use the instructions in a gentle and self-loving way. In the end, however, it is only fair to warn you that there may be times of extraordinary terror on your journey. Look after yourself and/or get yourself looked after and never turn your back on your deepest, feeling sense and intuition about what is right for you.

Above all, remember: If you are deliberately harming people, you are probably off the growth track.

This is the harm, which occurs when you go out into the world saying and doing chaotic and destructive things.

Instead you should examine the underlying feelings that bring this about, doing so in the privacy of your therapy room.

Naturally, as you begin to define yourself more clearly in the world, regarding what you can and cannot accept in your life, others will feel pain as they learn that they cannot use you.

Be careful of this issue.

Be careful when asking anyone to accept change faster than is safe for you and for them.

Simple Rules of Conduct

1. You are entitled to say what you feel to anyone as long as you do so in a courteous manner.
2. You are entitled to make a request of what you need from anyone as long as you do so in a courteous manner.
3. You are entitled to refuse anyone's request as long as you do so in a courteous manner.

Obviously, these rules are subject to one's basic sense of human decency, and to one's understanding of what, in any situation, is appropriate and diplomatic.

Chapter Twenty-Seven

Summary Of Instructions

It could probably be said that most human endeavour, whether real, fiction or myth, boils down to one simple thing: A *Quest*. I feel that the QUEST is an externalization of the basic search for self and for enlightenment. It is essentially the search for deep personal understanding and spiritual fulfillment with which we are involved in this book. However, in myth, it has been displaced outward into the world so that mankind has spent its energies looking for dragons and grails when, in fact, these things are symbolized versions of internal struggles. In essence then, the QUEST is the externalized search for those things within us, which leave us disquieted, cut off from our deepest self and hence from an organic balanced relationship between self and world.

Here, then, is the simplest and cleanest possible set of instructions for the inner quest, which will dissolve man's outer quest for things, which symbolize and stand for the issues of the deeper self. These instructions will facilitate our growth from psychobiological confusion to psychobiological clarity and peacefulness. Thus we will ready ourselves for the last great leap of consciousness, which is Enlightenment or SATORI itself. ,

1. Become vigilant toward yourself. Open an input channel to feelings and body sensations. Keep it open as you live your life. Recognize when some discomfort, physical or emotional, is creeping up on you.

Nowhere in your journey, will you be more consistently thwarted than here at the very beginning. The DEVICE OF INVISIBILITY AND NOT KNOWING, the DEVICE OF MISDIRECTED ATTENTION, and the SPELL OF FORGETFULNESS are all continuously at work in daily life to keep you from starting your inwardness.

Never carry pain. At the earliest opportunity, lie down with it. Again and again, you will realize you have been carrying pain for hours, days or weeks without being aware of it.

2. Find a quiet, comfortable place, as quiet and as soundproof as possible. Cars, for instance, make great emergency primal rooms. Nowhere else in civilization can you find a place which will allow you to scream with very little chance of being heard. Park. Don't drive through a red light.

3. Lie down (sit or stand if you have no choice). Place yourself on your back comfortably with a pillow under your head, arms and hands at your sides. If you put your hands on your abdomen, you are blocking your ability to receive impulses, which will come in that area, rather like sticking a metal object in front of a radar antenna. Uncross your legs, create a sense of being open with this vulnerable and exposed body position.

4. Turn your awareness to your feelings and inner body state. Look for any kind of discomfort. Check your six major symptom categories, specific body sensations, diffuse body states, and so on. Do you deviate from complete comfort in any way at all along these six channels?

5. Do not think. You are now a receiving system for sensory input. If you have trouble switching off your mind, go to the use of inarticulate sound. Reread the sections dealing with this. When our minds are racing with ideas and words, it is helpful to use the skills, which are wordless.

6. When something comes to you in the area of physical or emotional disturbance, dip down beneath the waves of logical everyday life. Go to meet it like a diver beneath the sea. Scan for location, intensity and texture. Move toward the discomfort and let it move toward you.

7. Merge with it. Open your mind and your body. Open the pores of your skin, the front of your guts, your body orifices, eyes, ears, mouth, vagina, penis, rectum everything. Become one with this discomfort. Soak within these sensations for a minimum of thirty seconds, to allow the reorientation of awareness from the verbal level of the mind to the sensing and feeling level of the mind, which, in turn, calls forth the holistic functions of the brain.

8. Assume any position that increases the feeling and your experiencing of it. If it helps, let your body move.

9. Activate your vocal chords with unscreened and often non-logical sounds, words and phrases, which exactly come from and match the intensity and texture of the physical and/or emotional discomfort, which you are tracking. Strive for absolute congruence. Match each verbal production back to the original feeling as you would throw a dart into a bull's-eye. Your inner body sense will tell you when your vocal productions, words or sounds are precisely accurate. Listen to what is coming forth. Do not move from one thing to another until the tension peaks and leads automatically to the next thing. More than anything else you can do on a depth therapy journey, this exercise of sound and word congruence is the most important.

10. When you achieve absolute congruence, maintain the congruence with your repetitions as the pain intensifies (enrichment), peaks and then recedes. You should be left exhausted and free of the discomfort you began with, so that the tension leaves your mind and body. You may or may not receive a Holistic Insight.

Do not under any circumstances leave the room and do anything to yourself or any other person. Your judgment systems may be temporarily disabled for hours, days or weeks. Never act soon on the insights that come to you. Bide your time. If you are increasingly contemplating hurting yourself or someone else, go to an emergency department and get a psychiatric evaluation.

11. While you work do not go actively into your intellect and search for, or try to force, understanding. This kind of intellectual closure prevents Holistic Insight and straightjackets the mind into linear function. When the insight is ready to arrive, during or after the therapy sequence, it will come to you.

12. Gentle pondering on issues between sessions is not a bad thing, if it is done in a relaxed manner. Your awarenesses, however, will almost always come to you during a moment of letting-go. When pondering or considering an issue between sessions, forced concentration tends to keep insight away. It is therefore important to leave vegetative non-striving time in your daily journey.

13. Mental hygiene work, as outlined above, will probably have to be done several times a week across a number of years. Do not be obsessive about it for there may be times when your mind needs to drop its struggle with therapeutic pursuits for weeks, months or even years at a time, in order to integrate some of the profound shifts that may occur.

14. Remember that the mind and body need relaxation. Do not use these sequences so often that you drive yourself into a state of exhaustion. Find the rhythm that is right for you. Find the intensity that is right for you. In your heart you will always know whether you are healing or harming yourself.

15. On the other hand, as I often say to my own patients, there is no need for you to carry pain. When pain comes, lie down as soon as you can reasonably do so and use your mental hygiene skills as outlined. Do not be afraid occasionally to do lighter or more gentle work on yourself when you are in a therapeutically quiet phase of your journey. Pain can be gently blown off, using almost any of our techniques at a lesser intensity.

Chapter Twenty-Eight

Experiencing versus Symbolizing

There is a saying in Zen, which goes something like this:

*One word,
And heaven and earth
Are split apart.*

The saying is meant to teach us that experiencing is being diluted by the symbolizing process of the brain.

The word or symbol is not the thing being described.

The use of words removes us instantly from experiencing and sets us apart from our potential unity or oneness with the flow of the universe.

It is for this reason that feeling and sensing are so important. It is for this reason that the making of our congruences is so central. Our congruences set us within and make us one with our own small portion of the universal flow.

The doing of this work, therefore, readies us for the arrival of HOLISTIC INSIGHT. Holistic Insight is insight from within the flow.

Finally, we become ready for Satori itself, if and when we choose to leave the plane of psychobiological awareness and try for the ultimate experience of Sudden Illumination.

When you listen to anyone's advice, including therapists', perhaps especially therapists', ask if they are placing you within the experience of the self or whether they are removing you and cutting you off from it.

Oh yes, I forgot . . .

There is one more thing:

More than two-thirds of my patients have reported an enhanced sense of spirituality.

That surprised me, but it shouldn't have. I have felt it myself.

After all, long-term disciplined focus on anything yields a deepening sense of wonder.

Wonder, lives next door to awe.

And awe surrounds the doorway to eternity.

- PV

APPENDIX

Images, Image Sequences, and Dreams

For those people who are not familiar with modern dream interpretation techniques, I am going to offer an extremely short course in unraveling the meaning behind these seemingly bizarre communications. Let us strip them of their disguise.

The abiding rule in the world of imagination is that images always stand for some issue that is active within us. The brain, as we have said, abhors both pain and the knowledge of how the pain came to be. We have seen how the brain broadcasts its pain outward to signal us with the six mechanisms talked about early in this section (specific body sensations, et cetera).

When the brain wishes to work within itself to unravel and express its pain, it does so using imagery in such a manner that conscious knowledge of its hurt is avoided. Thus, it remains true to its struggle to process material without letting our conscious mind know how much we hurt or where the hurt comes from. Thus, images and dreams give us information in a displaced and symbolically disguised manner. Freud taught us a hundred years ago that the normal censorship of the mind relaxes in our dream experiences so that they need not be logical. We can jump off a building. We can ride a bicycle under water. Daytime logic and daytime necessity no longer need to be obeyed.

Thus, images and dreams flow without regard to daytime reality and appear to be complete nonsense. But in this manual we have already become used to the nonsense of symptoms. We have already seen that while seemingly non-logical on the surface, they always obey the deep, inner necessity to complete a psychological process (to form a Gestalt). Thus, like symptoms, if we pursue images and dreams with a few simple tools, the underlying processes will always be laid bare.

Let us study images, image sequences and dreams by constructing one and observing how it is built from the ground up. This will allow us later to start at the top with what we see, and work our way back down to the ground of what is actually struggling to be known.

Take an issue that is bothering you and turn it into a metaphor.

For example, let us suppose your older sister is always criticizing you and over and over again she hurts you in this way. We could turn this basic problem into a metaphor, using pictures, which represent your struggle. For example, you might have a dream in which you are a child who is sitting in the sand by the sea. You are building beautiful sand castles but unfortunately they are too close to the rushing waves. Each time you build your castle, a wave washes it away and everything you build comes to nothing.

The sea is your sister, unceasing, remorseless, implacable in its destruction of all that you try to do. Just as her criticisms destroy your efforts in the real world, the sea destroys your efforts in the dream world.

Let us say, not understanding any of this, that you have such a dream, and that you take it to your therapist. How does the therapist help you move from the dream that you see within yourself (manifest dream content) to the underlying issue your brain is struggling to deal with in a disguised way (latent dream content)? There are several common methods, which will take us from the surface of the dream to the depths of the problem.

IMAGE SEQUENCE AND DREAM INTERPRETATION

Method One: The method of Fritz Perls' Gestalt Therapy

Fritz Perls told us to imagine that the dream is a play upon a stage and that we are to become each image, alive or inanimate, and give that image a voice. We are to insert ourselves into each symbol and speak that symbol's truth. For example, to unravel the dream discussed above, the client might become the little girl and would then describe the little girl's dream using the word ' I ' (present tense, personal pronoun).

- I am a little girl and everything that I build is getting destroyed. No matter how hard I try, nothing escapes the destruction of the sea.
- I am the sea. I will destroy everything you build. I don't care how hard you try.
- I am the sand castle. I am being destroyed.

Perls went one step further and suggested that dialogues be arranged between the dream symbols. For example, the sea might talk to the little girl.

- I am the sea. I hate you, little girl. I am big and powerful and I am going to destroy you.
- I am the little girl and I hate you for what you are doing to me.

At this point, the patient would usually make the connections that are relevant for her. If not, the therapist could inquire if the dream accurately represents or stands for (in metaphorical form) the client's actual or previous life situation. The client, if the connection had not already been made, would probably come to understand that the sea is really her sister, who has tried to destroy everything she had built in her lifetime. The dream is, therefore, a representation of her existence in the present or the past. In that sense, the dream is an existential statement and allows the brain to express a painful or conflicted life situation, without having to know, or feel directly, what is wrong. The brain's abhorrence of pain and the processes which cause it, give

rise to avoidance of direct understanding on the one hand, and yet allow an attempt at processing the issue on the other.

IMAGE SEQUENCE AND DREAM INTERPRETATION

Method Two: The Intuitive Leap

- I dreamed my sand castles were being destroyed by the sea.
- Does this remind you of anything?
- Yeah, my sister is always trying to destroy me with her criticism.

IMAGE SEQUENCE AND DREAM INTERPRETATION

Method Three: The Feeling-Oriented Approach (Level Four Therapy)

Images and dreams, if entered one image at a time, will almost always yield a feeling. Sometimes it is an image sequence, which yields a feeling and sometimes it is a whole dream, which yields a feeling and sometimes there are several feelings.

If we treat the images and sequences as we would treat any other symptom, which we have studied, enter them and merge with them, we will return very quickly to the basic methods outlined in this manual. We will, in fact, be using the method of STAYING WITH, which is one of our devices to neutralize the brain's trickery. We will also be obeying the rule, which tells us to find the actual feelings and sensations, which are obviously, or subtly, connected to the six main body-alerting systems. Remember, we do this because we need the presence of the actual feelings to orient the compass of our awareness, and we need the intensity to penetrate the defensive net.

It should also be noted that because feelings are simple and powerful, they bore downward through our intellectual and symbolizing defenses like a hot knife through butter always seeking the basic issue, the pain-radiating event which has given rise to the super structure of the elegant, the complex and the intellectual. The feeling attached to any symptom unfailingly attracts our attention regardless of how confused, how complex and how symbolized the symptom layers may be.

In addition to this, feelings allow us to create our congruences, which in turn intensify the very feelings with which we are seeking to merge. Thus, feelings have a four-part importance in the therapeutic journey. No wonder feeling-oriented therapists are so dedicated to the feeling of feelings.

Let us now unravel our dream, using our feeling-oriented Level Four therapy approach:

- I dreamed I was a little girl, sitting by the sea building castles. Each time I built a sand castle the sea washed it away.
- What is the feeling in this dream?
- I'm angry.
- Enter the anger, allow it to come to you, stay inside it for at least half a minute and then say whatever simple words or phrases or sounds want to come up out of that place.
- (Long pause) I hate you, I hate you, I hate you.
- Scream it as loudly as you can.
- I HATE YOU, I HATE YOU, I HATE YOU (pause) It's my fucking sister. She tries to destroy everything I do. (and so on.)

Here we see, once again, that if we stay inside a feeling it cuts through the symbolizing processes of the brain, precipitating our various levels of HOLISTIC INSIGHT. In the end, feelings can never be fooled. It is for this reason that those who would manipulate us would rather that we do not feel. Sometimes, if everything else fails, simply return to the dream from time to time, asking how it represents your life. Sooner or later the answer will come to you.

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Source Books

Some books that I have found helpful:

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About the Author

Dr. Paul Vereshack, a medical psychotherapist, completed twelve years of post-secondary studies at the University of Toronto in 1969. He obtained a Diploma in Psychiatry in 1967. He did not pass his certification in psychiatry.

His training included three years of Arts, four years of Medicine, a one-

year general rotating internship, and four years of full-time training in five Toronto psychiatric centers: The Toronto Psychiatric Hospital, Wellesley Hospital, Mount Sinai Hospital, The Clarke Institute of Psychiatry, and the University of Toronto Health Services' Division of Psychiatry.

At Toronto's York University he has taught psychotherapy, and has led week-long residential encounter groups. At the University of Toronto he has taught small-group process. For one-and-a-half years in the early 1970s he was on the psychiatric staff of the Toronto East General Hospital. Dr. Vereshack limits his practice to depth psychotherapy.

Since finishing his training, he has treated more than 1,000 people, more than 700 of them women. This represents approximately 32,000 hours of therapy experience. During this time he has not had a single suicide among his patients.

Dr. Vereshack's personal psychotherapy experiences have included: one year of psycho-analytically-oriented psychotherapy; one year of psycho-analytically-oriented group psychotherapy; one year of encounter-group-oriented group psychotherapy; four years of formal primal therapy; and thirteen years of daily personal primal work.

Personal Biography

I was born with the name Paul Moss, in London England in 1937, three years before the Second World War.

My father was the successful manager of a small chain of radio and television stores in a suburb of London. My mother, much younger than he, was his second wife. He provided a home for us in a lovely tree lined town called Twickenham, and for my first three years, our life was idyllic, except perhaps for my thirty six hour birth which ended in a Caesarian Section, and for the rigid scheduled feedings that left me crying with hunger for the first six weeks of my life. My mother finally fired the nurse.

My mother was the daughter of a middle level executive in a very successful chain of London tea-houses. Unfortunately, all his adult life he was in chronic severe pain from an abdominal ailment that no one, in that era, could properly diagnose. My mother's mother was said to have been highly educated, a rare thing at that time. Unfortunately she gambled, and this, plus my grandfather's illness placed an aura of fearful uncertainty around my mother's childhood.

In 1940 my father sent my mother and me away to Canada, on one of the early naval convoys, to escape what was thought to be the coming German invasion. Our family was Jewish.

At this time, my only religious orientation is toward the heart of Zen

teachings, as can be seen in my book.

I only saw my father once after the age of three, when I was fourteen. I spent an afternoon with him during a trip to England. The five years apart during the war had broken up my parent's marriage and I was adopted by my new step father, Sam Vereshack. He was a successful handbag manufacturer.

I was sent away to boarding school at seven years of age, which according to my mother's British background was an absolute necessity for success. Until the age of nineteen I lived in two of Canada's finest schools. I had every advantage, small classes, and intensive training in many different kinds of sports, coupled with fair and consistent discipline from my teachers (who we called "masters"). We lived in this atmosphere of "controlled growth", twenty-four hours a day.

I learned to study hard, and evening homework was a supervised and mandatory affair. This would stand me in good stead later at University.

While my boarding schools provided excellent training in many ways, they lacked what I now understand to be the essentials of a healthy growth environment.

There was no love, no touch, and no deep empathy as we know it to be possible today. There was also no exposure to girls.

Thus, many normal processes that should have been catalyzed into development were not.

My empathic systems were full of holes, and it would be a long time before I saw women for the human beings they are, and not just as bodies.

The school motto was, "Fight the good fight", and accordingly, feelings were never really focused on. The result was the production of a "soldier" attitude, wonderful perhaps in battle but less than wonderful for the development of a healthy emotional life.

As a child, at night, in my little iron cot, my body full of the pain of not having parents in my life, I cried myself to sleep on and off across the six years between age seven and age thirteen. I prayed that my feelings would go away, and finally at age thirteen, I noticed with great relief that in fact they had. What I would not know, until I entered Primal Therapy at age 40, was that the deepest levels of healthy feeling process within me had also been buried. I was without a rudder in a complex world.

Eventually this would give rise to two marriages that would end. The first was a twenty-nine year relationship and the second, six. I have two adult children from my first marriage.

None of this personal damage mattered of course because I wasn't aware of the loss. I was determined to become a doctor, in order to obtain the worship I needed, unconsciously hoping to replace my shattered self esteem, and also to keep up with the old family money all around me. Almost any child who is "sent away" from its parents will come to believe

that it is worthless. Why else would we have been sent away?

During those childhood years, when I was at home on holidays, I struggled with a mother who was deeply hurt within herself. This struggle added greatly to my other problems and is frankly too private for this particular journal. Suffice it to say that my family life was chaotic in many significant ways. My step-father simply did not have the strength to cope with what he found on his plate.

So I entered the world with a charming external personality, ("Yes thank you ma'am, and no thank you sir"), and the engineered strength of a soldier.

The pain of my childhood "cot years" would return in my adulthood as early morning depression and terror. I began to seek therapy and went to some of the best people in Toronto for a number of years.

Of course these traditional "talk" sessions did not handle the issues.

Here I was, a successful M.D. Psychotherapist with a Diploma in Psychiatry and I could not stop my own pain.

Then the Universe moved on my behalf, as it has done so very often since that time. One of my best friends in the Psychiatry course, Dr. Mary Louise MacKintosh, needing some help for herself, went to someone called Arthur Janov. She stayed in therapy with him for a year.

Upon her return, she told me that if I was wise I would come into her new (classically run) Primal Therapy practice as a patient, and find out what had been missing from all our training and from all my attempts to get help for myself.

My three week Intensive occurred in the fall of 1976. Nothing has been the same since.

My life has had many mistakes in it. These mistakes, exposed to the work of deep feeling oriented therapy, have yielded up their insights slowly over many years.

The gift of being insightful which came upon me as a child, now had fertile ground to really develop for the first time.

The thousands of hours of work on myself, for the first six years supervised by my friend and by her five therapists, and since that time, the depth work done alone as a self primal-er, have healed many things within me. These hours coupled with thirty five years of clinical experience, gave rise to the book I have written.

"Help Me - I'm Tired of Feeling Bad", would never have been born if the Universe hadn't embroiled me in the struggles that it did.

I am sixty-four years old and my job, as I now see it, is to maintain what I call this "lighthouse" that I have created, on the Internet for as long as I live. After my death, I have arranged for its continued maintenance

across a large part of the current century.

This online book, is my gift to human beings everywhere, who are struggling toward a higher awareness of themselves and others.

It is my belief that this kind of knowledge must always be freely given.

Paul Vereshack



(Interestingly, amidst the seriousness of creating this web site, I have forgotten to include some of the great joys of my life which are, canoeing, sailing, power-boating, swimming, music, cycling at least an hour every day, walking two dogs, the lakes of Ontario with their gorgeous shorelines of rock and pine, reading, and the joy of deep and microscopically honest relationships.)

"My goal is to bring clients to a point where they can do their own work." — Dr. Paul Vereshack

Interview

with John A. Speyrer, Editor, The Primal Psychology Page

<http://primal-page.com/>

"I first learned of Dr. Vereshack's book, *Help Me, I'm Tired of Feeling Bad*, from a reader in Finland who wrote to tell me about an interesting website which featured a book by a Canadian primal therapist.

I immediately downloaded the book and during the next few days read the book a number of times. There were many intriguing parts which hinted that its author might have more to say about a subject, so I telephoned Dr. Vereshack and asked if he would be interested in an interview. He agreed to the interview and this article is the result of a subsequent telephone conversation.

Dr. Vereshack has a solo practice in Toronto, and unlike other primal therapists does not use the three week intensive which many therapists claim is invaluable for lowering patient's defenses.

That's a question I should have asked him about, but perhaps there will be a next time.

For now, here with the author's responses, are the questions I posed."

John A. Speyrer, Editor, The Primal Psychotherapy Page

P P P = Primal Psychology Page

P V = Paul Vereshack

P P P: How does your type of deep feeling therapy differ from the more traditional psychotherapies?

P V: First, staying deeply inside a feeling alters the way the mind retrieves and processes information. It activates deeper experiencing of issues in time, present and past.

Second, every therapist I have met has had some kind of bias. They suffered from too much knowing. I think it is terribly important for therapists "not to know." The ego wants to know as a defense (See Chapter 19, #6B). A very good therapist said to me "It's quite alright for you Paul, to put out a book of your knowledge. But why do the rest of us have to shut up?"

The answer to that is that everything I have been doing and writing has really been an instruction on how to open a door. And in that sense, the book, *Help Me -- I'm Tired of Feeling Bad*, that I've written is not full of knowledge. It's not full of knowledge about how people should behave, what they should do, where they should go, what they should believe in. It's a book that is singularly devoid of knowledge, except how to go deeper and deeper inside ones self. Life prescriptions are limited to precautions, or the last few sentences in Chapter 26.

It is the "knowing" which I find to be so upsetting in the average therapist. The only dependable thing a therapy can do, is to teach someone how to take the next step inward. I can't emphasize enough the Zen quality of this therapy. It is Zen based because it doesn't "know." Zen says "hold no belief." Open yourself to what is. The book is a set of instructions about

how to open the doors of the mind. There is a crucial difference between that and the kind of knowledge that most people bring into the practice of psychology. So this is the therapy of ignorance. I don't know who you are. I don't know what you should do. I only know that if you want to know, you can take the following set of steps and your consciousness will increase. So in that sense I excuse myself for being a teacher. You know the old saying, "Those who can, do, those who can't do, teach, and those who can't teach, teach teachers!" I'm not teaching anybody. I want to squeak through this doorway by saying that I'm not teaching anybody anything. I'm only showing people doorways, and how to arrange their opening.

(As an aside, I want to say that I don't like to use the words "primal therapy." I would prefer to say feeling oriented therapy or deep regressive therapy, because I don't want to clash with Arthur Janov in however he defines what is primal. So I restrict my use of the word primal to regressive or feeling oriented therapy.)

P P P: One recurring theme of your book, which I particularly like, is that you mince no words in telling your readers that being your own therapist can be hazardous to your health. You have warned your readers repeatedly about the dangers of self-regression. This is something that other authors have backpedaled on or not mentioned at all.

For example, you write, that "there is a real possibility that some people who try to use this book might end up needing the services of a psychiatrist or a local psychiatric institution." You further write that you believe that ". . . the deeper you go, the more necessary it will be for you to have continuous therapy supervision." (Chapter 15)

Two questions: Have you heard stories of ill-fated attempts at self therapy or is your position based on the continuation of self-therapy of some of your former patients who continued on their own?

P V: My answer is no to these two questions. My goal is to bring clients to a point where they can do their own work.

I think my fear around this business of self-therapy dates from the early 1970's when I ran encounter groups for our York University here in Toronto. No matter how carefully in our brochure we suggested that people who were disturbed or upset in some way should not come to these encounter groups which lasted as long as seven days, people would show up who were, I don't like the words, 'psychologically unsophisticated,' but who really did not understand how much pain there was underneath the veneer that they had been wearing all their lives. They would sometimes get into serious upsets with no ongoing integrative method of handling that pain.

So, I became sensitized to people jumping into the deep end. I guess my feeling is that there are a lot of people who don't realize how deep and powerful the mind is, and how thin or how brittle the defensive outer shell might be. It isn't that brittle in everybody, but it is in many people so these cautions that I keep giving in the book, are very necessary.

However, I have a great respect for the fact that there are many people scattered around the world who can't get effective emotional help, who are in a great deal of pain and who have a relatively integrated, relatively strong ego function. For these people to lie down and begin to use the methods in the book. slowly and carefully and gently. rather than be in a

life with no answers and no solutions, this may be better than a life of ignorance and pain. Frankly, I would rather see them give it a kind of small go. Maybe working with a local family doctor, maybe working with a local therapist of some skill, two or more people could work through the book together.

Even though you were kind enough to point out in your critique of the book, that I by no means call it a self-help book, the fact is, in my heart, I'd rather see someone try the book -- someone who is far away and beleaguered in spirit, and thousands of miles from help. I'd rather see them have some tool, rather than have no tool at all. So the horrible truth is that there is a very definite self-help quality in this work, when no other option exists!

My own awakening occurred after my training in psychiatry in the early 1970's. I was desperately upset inside myself, and looking in every direction for help and I could not find it. I just knew that there was something wrong. I didn't know what it was. It would be years before I discovered the principles of feeling-oriented therapy. And, at that time, I literally stumbled upon a book, called *Gestalt Therapy: Excitement and Growth in the Human Personality* by Perls, Hefferline and Goodman, and in that book were twenty-four experiments that were to be done by yourself. In my desperation I lay down every lunch hour - I had cleared out two hours out of my schedule - lay down on the chesterfield in my office and began to work my way through the exercises. For me that was the beginning of an awakening which would only get completed ten to fifteen years later when I actually went into a classical primal practice, run by a psychiatrist in Toronto who had spent a year with Janov.

So, to tell you the truth, John, I expect this book to be very very significant - I sound a bit meglomaniac, trying to offer a way of raising the consciousness of our species over many years, as people begin to use it. I want to see the book out there. I want people to give it a careful try if they have no one to help them. I have very strong feelings about wanting this to be a major turning point for the human race, in that, just as Freud put dreams in our heads a hundred years ago, I think this book can put feeling skills in our heads now, today, and for the next century, Let people try the book, and with professional help if possible.

If they wish to, they can call me. If they really need to, they can fly to Toronto, if they can afford it, and have a training session, and then go home and use what they have learned. There are lots of ways we can do it.

P P P: In Chapter 10 you write that your book "is dedicated to the proposition that non-psychotic distress is caused by childhood pain." Do you believe that the origin of psychosis is not based on early trauma?

P V: You have to remember that I have a degree in medicine itself and went through a general psychiatric training where brain chemistry was considered to be important. I think its absolutely for sure that psychosis has its origins in disordered brain chemistry, probably added to by an upbringing that may have been quite tortured psychologically. But I think that unless you have a disordered chemistry you can be psychologically hurt, but you don't get a psychosis. What you get is a severely depressed or disturbed person, but he doesn't start hearing voices or seeing things. So for me, psychosis is rooted in genetics and/or a brain chemistry disorder. However. once that disorder has been treated with an anti-

psychotic medication, it is still possible to do psychotherapy with many people, who suffer in this kind of way. It is relatively rare that someone with a psychosis has come to me. When that has happened I have found that anti-psychotic medications bring a person to a point where they quite legitimately, as a human being, might wish to study themselves.

P P P: Do you believe that human beings have free will or are we merely automatons being pulled as puppets by the strings of our early pain and perhaps not as responsible for our behavior as the churches and judicial systems would have us believe?

P V: This is a fantastic question, John, and it strikes right to the core of an issue, which has preoccupied me greatly in the last year or two. It also relates to the third section of this book, which I hope to write over the next few years. It is just such a staggeringly huge question, but I think I can give you a feeling of my beliefs.

I hate to say this because it stirs up tremendous anger in people, but I do not believe in free will. I see the human being as an unfolding flower, only we are unfolding along psychological lines. The central nervous system conducts very rapid brain scans below the level of consciousness. I really feel that the brain scans millions of bytes of information under any given circumstances and comes to a conclusion. There is, I think, a huge psycho-biological trick of nature which gives us the feeling that we are making a choice. In fact, in my opinion, what we are really doing under all circumstances is responding to this rapid scan of our entire memory inventory and our current situation. The brain then gives us a read out which we feel to be a choice, as we put it into action.

We do not feel the very subtle lack of choice here, because in fact, it is not a choice. It is a response to a huge amount of conscious and most probably mostly unconscious information. I like the model of the unfolding mind. The more we work on it, the more we are conscious of the things that have and will go into our so-called choices and the more we enjoy the wonder of a broader and broader view of mental mechanisms than the view we had.

Lack of choice can be proved as follows: If you take any given moment of so-called choice, and go into therapy to examine why you did what you did in that moment, you can spend days, months, years and literally decades unraveling the roots of a single moment of behavior. Now clearly, during that moment of behavior you were not aware of even a small portion of all you might uncover in therapy and yet, moment, by moment we do behave, we do respond. So by definition if we do not know the roots of our response in any given moment, it follows that the brain scans on our behalf and produces its decisions for us, thus we never have conscious choices, we only deal with what is unfolding for us at whatever level of development we have in that moment. And I think we have to get comfortable with the idea of "letting go" around this business of control. Like the Samurai swordsman, who "lets go" and becomes a superb fighter. Anyone who really perfects any kind of doing or skill, knows that at some point they have to let go, get out of their own way, and enjoy the fact that their mind will function. It will always function for them. And so if I were going to suggest any ultimate directive of development for humankind it would be let go and get out of your own way. Please note: This is not a license for undisciplined behavior.

P P P: When you read in my critique of your book that I had called you "the first poet/philosopher of the primal process," you remarked that my perception of you as a poet was valid since you had written a book of love poems.

P V: Yes, I will eventually have a complete book of love poetry on the same website which contains my book. It is presently being prepared. This is a very unusual and lovely book of poetry and it is even interestingly interactive. It should be on the net in October or November of this year.

P P P: Approximately what percentage of your patients access birth trauma? Do you have any comments you wish to make about birth material in deep regressive therapy?

P V: I think if you do good solid regressive work, you stand a fairly good chance of bumping into some kind of experience that was shaped by birth. It does not come up very often in my practice. This may be due to a lack of my pushing in that particular direction. It may be because I open doors, but I don't suggest to people what is coming or where they're going or what they're going to experience. or I may not be skillful enough to operate well at that level.

In fact, I did not really believe in birth trauma much until ten or fifteen years ago when I found myself twice going through experiences, which I reluctantly had to admit, must have been birth experiences.

But I do have one very strong feeling about this. The notion of going away for a weekend and accessing a depth inside of yourself at the level of birth, I find repugnant. I find it flies in the face of my sense of what a long and disciplined journey is required to achieve this depth.

We're talking about the end point of years of hard work here in an integrated deep feeling oriented therapy. I guess I have to tell you that I'm coming on the net as an opponent of instant birth therapy. We usually work week after week, month after month and year after year until finally we begin to get some intimations of that kind of depth. Although, it can come faster. I'm not saying it can't. For me, the idea of taking a group away and arranging this experience in a few hours is completely unacceptable for more reasons than I can go into right now.

However, I will say that I was in a crisis once and needed to go to a friend who was a good therapist and she did a birthy kind of thing with me -- a very unusual thing which shifted my feelings about my own state. She kneeled down above my head (I was on my back), and put her arms bent together and forced the soft part of her forearms slowly down over my head down to my neck.

Feelings and pain that I had had in my face on and off in my life during this period of stress came rushing forward and when she was through they left and never returned! I can only conclude that this had to do with my face being crushed in the birth canal. I had been delivered by Caesarean section after a thirty-six hour labour. But, when I went to this lady, I had already had years and years of regressive therapy. It wasn't like I was brand new to it on a single weekend.

I think that there may be some people with some skills in this area I don't have. But I still feel it should be a part of an ongoing integrative kind of therapy work and not some kind of "rah, rah, rah - I just experienced my birth and now I'm OK," type of thing. I really have a repugnance for that and I do not believe that it is theoretically sound.

P P P: I have been very frustrated at my inability to convince one single family member or friend of the reality and benefits of re-experiencing early traumas. Not one person has entered the therapy as a result of my enthusiasm for the subject! Apart from your practice, have you had better luck than I in convincing others?

P V: No, I don't think so. And I think you are putting your finger on another interesting thing. There is a saying that, "Readiness is All." And I have to tell you, the way I look at it is that some people are unfolding into an interest into deeper levels of awareness. Those people who have that particular unfolding going on in their central nervous system begin to hunt, to look and to search and are avid for greater breath and depth in their journey toward greater consciousness. I think it actually may be a genetically guided unfolding, that thing we may call interest in expanding our consciousness.

If you don't have it we can't talk you into it and that may be a very good thing!! The defenses of the mind, for the most part, remain firmly closed unless the unconscious gets the message that you have a deep interest.

P P P: In Chapter 8 you write: "The more years in the depths of the mind, the more I realize that things do keep shading off into the unknown into some final place from which all the processes of the universe emerge." Would you elaborate on that intriguing sentence.

P V: This question comes close to what I would call the particular search that I'm involved in within my own spirit at this period in my life, because I am not that interested in primal therapy itself at this time except insofar as it needs to be taught, as a consciousness enhancing device for humanities evolution.

I don't have an understanding of physics. I was never bright enough mathematically to pursue it, but I believe scientists are actually discovering energy and matter interchanging, and the coming into view of new particles, etc. For me, the real area of interest at this time is the fact that we are constantly supported by and emerging from within some kind of ground of the universe that we can call the void. Fritz Perls, a famous psychologist 30 years ago called it the fertile void. I think that we are coming from some ground-bed of expansion, which is actually connected to the occurrence of the original big bang of the universe. Most know that the universe is exploding outward. I think it is exploding outward not just in terms of the macro-cosmic explosion. That explosion is also happening inside of us as our personal unfolding.

I think we are emerging from the void at every moment. I believe that if you fold thought back deeply enough into itself you will encounter chemistry. Thoughts are supported by biochemistry. The brain surgeon, Wilder Penfield, said "no brain, no mind." If you follow thought and feeling deeply enough you come to brain chemistry and if you follow brain chemistry deeply enough you come to subatomic particles and if you follow subatomic particles deeply enough you come closer to the ground of the creative force of the universe.

I think that we are both physically and mentally an upward extension of that galactic birth and I think that in a funny kind of way we are emerging from void all the time so that the way I see it, once we get a grip on the psycho- biological level, and the emotion mechanics of being a human being. The next stop is awe and other levels of meaning.

As I approach my old age (I'm 60 now) I think about those things. I've

found that what I am trying to do, as I do my meditative work, is to open myself to this brain nebulous ground of creation with a sense of not knowing what I will encounter or whether I will encounter anything other than the fuzzy barrier in which we live our lives.

Review

Help Me --- I'm Tired of Feeling Bad by Paul Vereshack M.D, \$25.00

Reviewed By John A. Speyrer <http://primal-page.com/>

Written in easy to understand language, physician and psychologist Paul Vereshack, has produced a most remarkable and fascinating introduction to regression psychotherapy. '*Help Me ...*' reveals its author as the first poet/philosopher of the primal process and one who rightly recognizes Arthur Janov as "... the most significant figure since Freud."

The author is a master of the well-turned metaphor. Poets do have that particular talent. While reading *Help Me*. . . the metaphors literally jumped out of the pages at me. However, it is difficult to read such a work on the computer screen as a book. After a while your hands and arms become tired holding up the monitor! Sorry, I could not resist.

Dr. Vereshack has treated over one thousand patients and has over 32,000 hours of regression therapy experience. The first part of the book had its origin as preparation for the author's defense in a hearing before the College of Physicians and Surgeons of Ontario, Canada, in 1991, against two charges of sexual misconduct (touch) with female patients.

Much of the book is about techniques, which can be used to decipher what our brain is telling us about its distress, but the book is emphatically not a self-help guide. The author claims that self-regressive therapy can be dangerous and that the information contained within his book should be approached with caution.

This book, "Help Me - I'm Tired of Feeling Bad", given freely here on my website, has been designed to save the life of those people who can use it.

It has been designed so that each chapter, each paragraph, and each sentence can be fruitfully returned to again and again across the years of your growth. As your awareness expands so also will your need to concentrate deeply upon the kind of real emotional food contained within these carefully written instructions.

The clarity and depth of this manual for your personal journey will not fail you.

"It should however be supplemented by reading the "[Articles](#)" here on my website, some of which contain ways of modifying Depth Therapy for those who need something less intense.

To those who will nonetheless embark on this journey, on their own, Vereshack feels that terror may arise and propel the voyager to eventually seek guidance. It will then be imperative that the self-regressor deal only with proficient therapists since others will prevent the explorer from feeling his pain as the helper triggers within himself his own unworked-through feelings. It seems that you can't lead someone to where you have never been.

In Chapter 6, Direct Therapeutic Nurture, the author emphasizes the importance of touch in eliciting and intensifying feelings from infancy and early childhood. Calling touch a "forbidden zone" in traditional therapy, Dr. Vereshack says holding helps both to regress the patient and to promote healing. But touching can cause problems in any regressive therapy, both for the therapist and for the patient. While touch, prior to adolescence, is associated with nurturing, afterwards it is associated with sexuality.

It is this first function of touch, which impels the therapist to use touch for uncovering infantile and early childhood material, but which at the same time can elicit sexual feelings in the adult self. For those who are not in regressive therapy, touching and holding can be misperceived. Touch is necessary in regressive therapy, but its administration must be timed correctly. Timing is everything in any regressive therapy, and the author writes that walking with the patient and walking behind the patient is acceptable, but a therapist should walk in front of the patient only with extreme care.

Dr. Vereshack no longer uses sexual touch. He claims that it "is impossibly difficult to use" and feels that even if used with no ulterior motive, can wreck havoc with both the therapist and the patient. He says that oftentimes for the patient "it is easier to destroy the therapist than it is to face . . . early molestations." But there remains to discuss the issue of therapist pleasure (both touch and other intimacies) which is interestingly covered in a separate chapter. The author believes that the therapist level of growth required to use full body holding as a strictly client-centered endeavor "is difficult to attain and represents the end point of a long and difficult journey."

In the short chapter entitled, Who Should Take the Journey? the author believes that if you are functioning at a reasonable level and if you are happy in work and play and are capable of intimacy then perhaps it is better to leave well enough alone. Regressive therapies are for those whose lives are not going well or who have an imperative need to understand themselves more fully. Dr. Vereshack tells it like it can be when he writes that regressive therapy is not for everyone because "people in deep therapy can become seriously disabled for months or years, mired in an ever-deepening circle of pain and dysfunction."

The author divides the intensity of the psycho-therapeutic process into four levels. The least intensive level is termed Level One and its' depth is barely below consciousness. It is the level used by most psychotherapists. Level Two is represented by psychoanalysis with the therapist interpreting the patient's free association. But, at this level, there still remains more talking than feeling. In Level Three, free association is guided into deep unconscious pain as true regressive therapy begins. It is where connections and insights begin. At this level one is able to trace back neurotic feelings to some of their origins. Level Four access deals with "white-hot unconscious material." Is it the depth, at which even deeper connections occur.

One of the most interesting chapters is entitled The Devices, Forces and Trickery Used By the Unconscious to Keep Us Out of Our Own Brain. It contains short but powerful examples of such defenses. Another chapter is about Specific Counter Devices we can use to Dissolve the Brain's Defensive Trickery. The chapter continues the use of short but totally absorbing examples.

I heartily recommend that you read ***Help Me -- I'm Tired of Feeling Bad***, not just once, but a number of times.

Help Me -- I'm Tired of Feeling Bad is a book you will not soon forget.