

Using Relational Wholebody Focusing Oriented Therapy To Heal Complex Trauma

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Abstract: This article offers a description of this new relational phenomenological method of Relational Wholebody Focusing Oriented Therapy. Multiple case studies offer diverse examples of its clinical application within the cultural context of Mainland China and Hong Kong. A final discussion offers new doorways for exploring embodied interactions of heartfelt connection with Borderline, Anxious, Depressed and Psychotic clients to restore self-coherence, a capacity for self-regulation and new possibilities for healthy and satisfying social interaction.

Context: Complex Trauma and its Socio-Cultural Etiology with Clinical Case Examples ¹ from Mainland China

Complex trauma describes children's early exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. They usually begin early in life and can disrupt many aspects of the child's development and the very formation of a self. Significant mental health problems develop, including depression, anxiety disorders, PTSD, suicidal ideation, psychosis, disrupted attachment related issues, eating disorders and substance abuse disorders. More highly functioning adult survivors of complex trauma struggle to maintain bonds of friendship and love, developing maladaptive coping behaviors such as sexual promiscuity and substance abuse to cope with their feelings of internalized shame, disembodiment and disconnection from others and from their physical world. Psychosomatic illnesses and manifestations often lie behind hidden factors related to complex trauma.

Many Chinese families were separated from each other during the Cultural Revolution in mainland China in the 1960s and 1970's followed by two decades

¹¹ Clinical Examples from a Western Psychotherapist, a Chinese Medical Doctor, Counsellor, Art Therapist, Psycho-Analyst, and a Certified FOT Psychotherapist

of intensive industrial modernization. Spouses were often separated from each other; children were often separated from parents. These difficult nation-wide disturbances were preceded in the 19th century by anti-colonial wars, the invasion by Japan in the early 20th century, followed by the internal war of liberation of many years. These inevitable socio-political struggles occurring in all countries create conditions of daily stress and potential danger at least in the perceived lives of citizens. In some cases, the social fabric of everyday life, accessible mental and physical health-care, and a reliable social structure supporting individuals and families, can be disrupted during periods of displacement, physical deprivation, and a societal loss of familial and interpersonal security and continuity. Today modern China is moving forward as a world leader in many sectors, providing society with untold opportunities for prosperity and socio-economic development at a rate unprecedented in world history. This too presents its unique modern stresses and adaptation period within society as a whole.

Several generations of Chinese have a history of complex trauma as a result of these societal events which occur world-wide in specific cultural contexts. For example, we can also cite the civil wars in Rwanda, Syria and Lebanon, the Stalinist period in Russia, the disputed Palestinian-Israeli conflict which began in the 1940s and continues to this day. Mass emigration due to the wars in the Middle East and Africa, the related deprivations of civil and transnational war, sustained over a generation or more, creates conditions of chronic stress and complex trauma for all members of society.

The effect of these traumatic events on the person is cumulative. The child may experience a repeated field of confusion in family life due to parental alcoholism as a way to cope with too few resources to support one's family or danger to one's very life. Parental post-traumatic stress responses of aggressive reactivity and the inability to self-regulate may be transmitted to their children. Repeated parental criticism without a repair process of play and relaxed communication following it creates fear, anxiety and disorganization in the child's formation of self (Bowlby, 1988).

Many children were raised by grand-parents or extended family members in China whose own complex trauma behaviors may be more severe than the parents. Survivors of complex trauma may unconsciously use the support of children to cope with their disowned experiences of shame, grief and rage. Children internalize these disowned feelings related to the family field of trauma. They grow up believing they are essentially flawed, disconnected from their own embodied naturalness and goodness. The next generation exhibits similar confused self-states as their care-givers, an absence of resilience to challenging situations, basic disturbances in their personality structure (Borderline, Narcissism, Self-Alienation, Psychosis, Autism) as well as mal-adaptive psycho-behavioral coping responses to everyday life situations.

These challenging nation-wide events explain significant disruptions in healthy adult-child attachment processes. Since these painful events occur in the context of the child's relationship with a caregiver, it is within the context of the therapeutic relationship that healthy attachment and inter-personal relational connections can develop and ultimately be restored. The mental and physical disorders underlying complex trauma therefore have a dual etiology:

- 1) neuro-psycho-biological origin (interacting with 2) below)
- 2) inter-corporeal psycho-social connections of the whole person (Healthy embodiment) and its socio-environmental origins

Treating Complex Trauma with Relational Wholebody Focusing Oriented Therapy: The Healing Pathway of Conscious Inter-Relational Embodiment

Complex trauma influences deep layers of the personality- belief system, self-image and control of emotions and urges. The child's external and internal world is characterized by chaos, instability, chronic fear and stress, and growing anxiety in the face of even minor life challenges. Repairing years of mal-adaptive post traumatic stress coping behaviors is a complex and multi-layered healing process requiring stable and trust-worthy relational support. Stability and trust need to occur not only with the therapist, but as well, within the family and societal systems. Treatment does not focus directly or solely on the trauma, but rather on the entire person living inside of their family and societal world (Ban Wang 2004; Courtois & Ford, 2009).

The child and adolescent develop as a person through the brain-body to brain-body attunement and resonance (inter-subjectivity) with care-givers (Schoore, 2003a and b; Schoore & Schoore, 2008; Porges, 1988, 2001) and therapist (Levine, 2010; Mearns and Cooper, 2005; Whalen and McEvenue, 2014; Stolorow and Atwood, 1993; 1994; 2004), within a nurturing relational environment. Mental illness and mal-adaptive behaviors are not a disorder of the brain, but rather a disorder of disembodiment and disconnection of the client living in his world, inside of social situations and environments. Restoring this healthy social interaction of meeting, whole body person to whole body person, creates the conditions of safety and natural human connection needed to transform the debilitating effects of complex trauma on generations of families and society as a whole. It can be helpful to contextualize the cultural history of the Client, creating a map of cultural events in tandem with their personal trans-generational family history. This is a first step in acknowledging the suffering within the family system which can normalize the Client's personal experience of complex trauma.

Following the phenomenological relational approach of Relational

Wholebody Focusing Oriented Therapy (Whalen and Fleisch 2012; Whalen, 2013a; Whalen, 2013b; Whalen and McEvenue, 2014), the Wholebody Heartfelt Connection Process (Whalen and McEvenue, 2014) offers safe and healthy interpersonal contact NOW (in a way it should have happened back then). The complex trauma-based stoppages occur at the interface of 1) Being a Self 2) Expressing a Self and 3) Engaging with others as a Self in social situations. These stoppages exist within the body as a whole inside of the Central and Peripheral nervous systems at all levels of human being, interaction and embodiment. Relational Wholebody Focusing Oriented Therapy offers a whole body approach inside of a safe and healthy relational space. There is a gradual sorting out of these psycho-behavioral stoppages and mal-adaptive coping mechanisms.

Finding **Me Here**, as a whole embodied person, with all of my implicit relational knowing and stoppages, the Client emerges little by little as a more coherent embodied self. In a shared field of embodied interaction and shared enactments with the therapist, the client and therapist co-constitute together a **Me Here** inside of a dynamic and resilient **We Here** space. For lasting healing to occur, the client needs a genuine meeting from a *mutuality of shared presence*, meeting and being met by the therapist, as a whole person, positioned equally with the client inside of the We Here space (Whalen, 2009; Whalen and McEvenue, 2013b).

Step 1 of Relational Wholebody Focusing: Empowering the Client and Creating Safety with Conscious Embodiment of Grounded Presence: Me Here inside of We Here Space

Relational Wholebody Focusing Oriented Therapy (RWBFOT) begins by guiding the Client into an experience of Wholeness of Self Embodied, of Me Here, in conscious connection with the five body spaces. Re-connecting the Client to their larger present moment bodily awareness of self within relational space, Me Here, as a living breathing inter-connected part of the whole situation environment, living inside of a shared We Here field. This living into the wholeness of one's reconnected body-environment situation, follows Gendlin's Process Model (1997) and Philosophy of the Implicit (1962/1997). Despite the severity of trauma suffered by the Client, their wholebody living of their situation is always implying a way forward to complete or heal something that either should not have happened, or something that needed to happen and didn't.

Gendlin states: "The sense of and access to existence is the life of the body as felt from inside, your sense of being your living body just now" (1973, p. 232). Furthermore, Gendlin's notion of body is far greater than the physical structure itself. He says more : "Not only do you physically live the circumstances around you....Your physically felt body is in fact part of a gigantic system of here and

other places, now and other times, you and other people-in fact, the whole universe. This sense of being bodily alive inside of a vast system is the body as felt from inside” (1978, p.75). His statement reminds us of ancient Chinese Philosopher Lao Tsu who suggests: *The whole universe lives inside my living Body or To the mind that is still, the whole universe surrenders.*

Relational Wholebody Focusing invites the client to experience this larger bodily Me Here inside of a living We Here. Together, person to person, we companion the suffering places longing to live forward into the safe and spacious present moment adult body. Kevin McEvenue, Founder of Wholebody Focusing, blended Focusing with the Alexander Technique over 30 years of observation and enquiry. He discovered that when the body is naturally invited to be aware of itself as a whole, it awakens to its own inner wisdom and forward movement. In this way, he intuited and founded this powerful healing modality he called, **Wholebody Focusing** (Van der Kooy & McEvenue, 2006). When the suffering parts of the Client feel the loving acceptance of this wholebody awareness, the triggered or activated field of trauma relaxes, experiences itself from inside in a new way, and spontaneously awakens to its own healing and living forward steps.

Gradually, the Client comes to recognize the safety and vitality inside of their own body experience, not only pain, suffering and confusion. Over time, the We space, consciously embodied between Client and Therapist, becomes a source of support and forward movement for the Client’s healing and life situations. The Client’s internalized self states show up for sorting out inside of a genuine relational field enacted in real time, whole person to whole person. The Therapist embodies their own genuine responses to the Client, first as a person, modeling wholebody and energetic listening, resonance and synchronizing with the Client’s bodily living of the We space situation. The shared field of Wholebody Grounded Presence between T/C creates a larger holding space of awareness for trauma to safely emerge and explore itself.

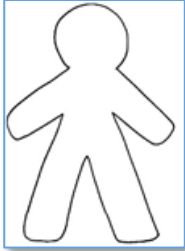
Five Interactive Body Spaces of Grounded Presence

In grounded presence I am noticing my direct experience of the five living, interactive body spaces, shown below. I observe, resonate with and embody all of these connections from the huge dynamic space of a much larger wholeness of Self.



1. environment

sounds, smells, temperature, space, sights



2. physical body

skeletal, muscular, body, posture, gesture, and physical contact with the environment (chair, floor, gravity)



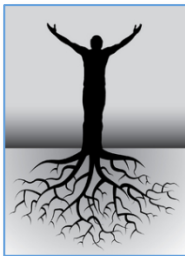
3. sensing energy body

sensory organs, inner body sensations, emotion, energy flow or blockage, breath, internal organs, quality of mind



4. inter-relational

dynamic space between the listener and focuser



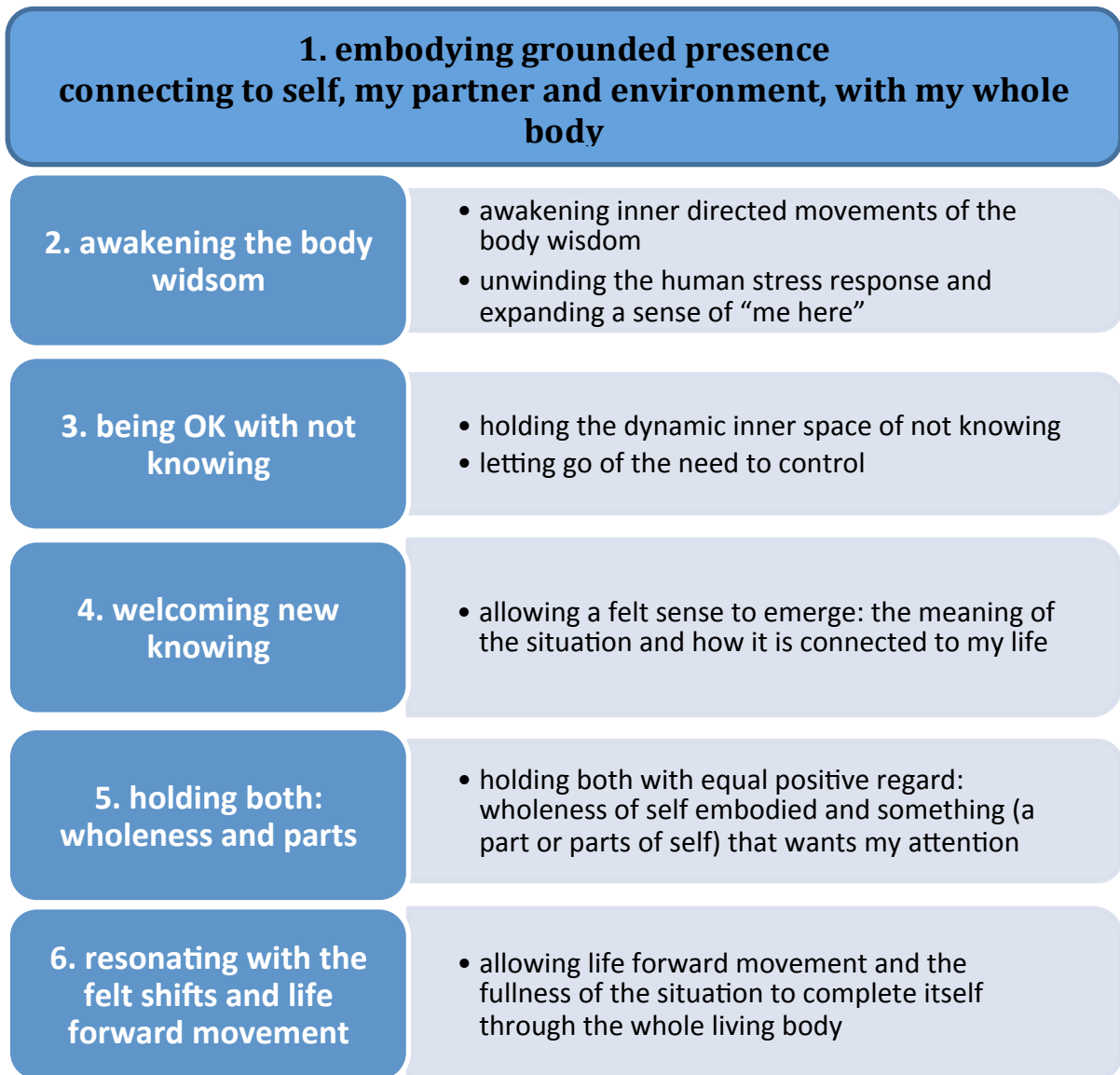
5. wholeness of my larger Self (transpersonal)

all of Me Here at home in my body, observing my living experience interacting with the environment and other(s)

Step 2 of Relational Wholebody Focusing Oriented Therapy: Following the 6 Phases of Wholebody Focusing as an Experiential Relational Process

that is Inner Directed and can Safely Contain and Bring Coherence to Issues Emerging from the Client Trauma Field

The Six Phase Process of Wholebody Focusing: Relating to the Field of Trauma from Wholeness of Self Embodied



When the Client switches their brain-driven confused and repetitive coping awareness to a more spacious Wholebody awareness of Me Here fully embodied, the field of trauma that lives on inside of them, begins to reevaluate its own experience in a bodily way. The Client gradually experiences their

wholebody connection to the 5 body spaces as a source of support, vitality, and neutral information about their everyday present-moment life relationships and situations. They learn by this simple yet powerful practice of wholebody awareness in Grounded Presence, that they can self-regulate and relate to their struggles, pain and confusion with wisdom and stability. The process of Wholebody Focusing generally calms them down, shows them the next right step in their life situation, and with practice, gives them an enjoyable experience of bodily peace and well-being. Only under these conditions will the multi-layered knots of complex trauma feel safe and internally coherent enough to emerge and sort themselves out.

Relating to the Implicit Complexity and Wholebody Felt Sensing of Emotional Responses in Grounded Presence

The Client learns that emotional expression contains a depth and breadth of implicit life information. When their emotional responses emerge, we welcome the energy and information contained within the emotional expression, *to explore itself in a bodily way*. While they enter therapy sessions fearing their own confused emotional overwhelm, they learn with the 6 step process of Wholebody Focusing, that emotional responses held within the larger field of their own adult Grounded Presence, become a source of vitality and precise information about their traumatic history. Unpacking the implicit of their emotional responses, in a bodily conscious relationship with their emotions as an adult Self, transforms over-whelmed and fearful confused self-states into life affirming and forward moving felt senses and next steps. Internal self-coherence and meaningful integrated life narratives emerge over time.

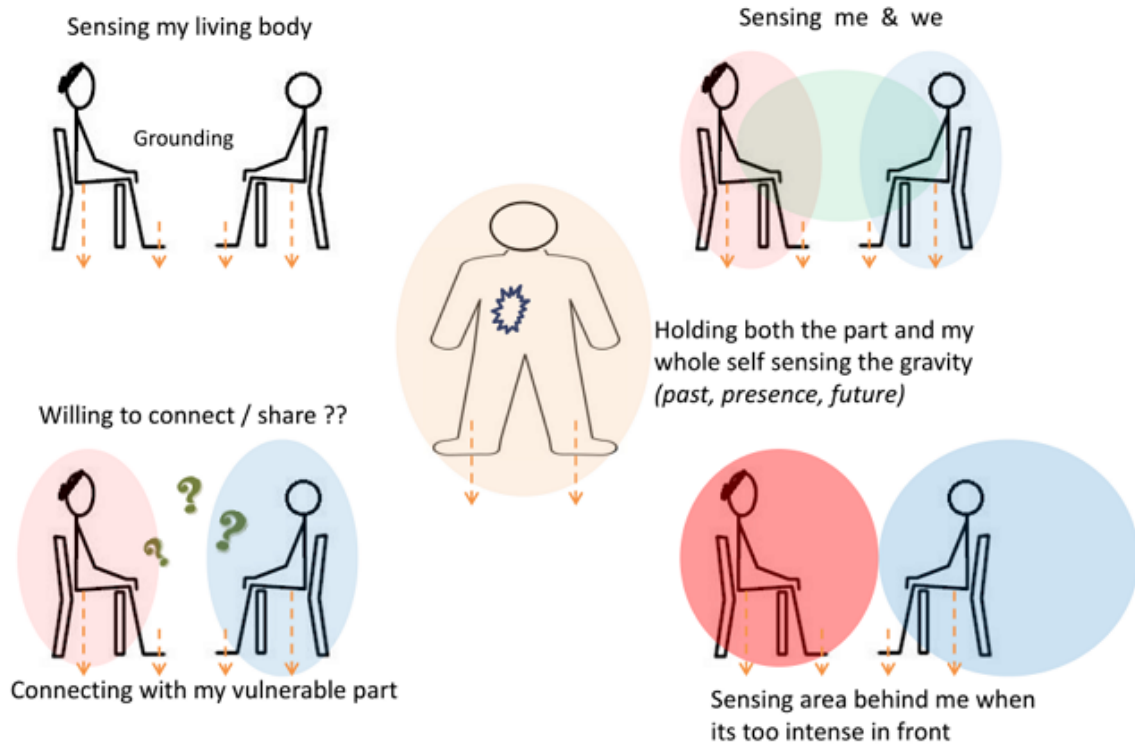
Step 3 of Relational Wholebody Focusing Oriented Therapy: Stabilizing the Living Field of We Here following the Wholebody Heartfelt Connection Process

The Wholebody Heartfelt Connection Process is a very simple yet robust practice which allows the Client to find the ever-emerging Self as a whole person, **in bodily connection with the Therapist**. Steps 1 and 2 above are embedded naturally within this dynamic relational practice as a way to support the information and life energy emerging and carrying forward from the Client's trauma field. We are learning to trust each other together, in real time, whole body to wholebody and whole person to whole person. The Client is learning to trust their own inner bodily felt sense and inner directed movements of the Body Wisdom's own doing and making. The Therapist is sharing how they are touched as a person, in a wholebody way, each step of the way. T/C together hold the space for the trauma field to emerge and re-organize itself inside of the conscious adult, Grounded Presence, of We Here.

Therapist together with Client enact a natural and healthy living into a much larger relational space, with wholebody listening, attuning, resonating, and synchronizing to Me Here, You There, and We Here. This embodied relational space models and creates new neuro-biological pathways of connection and mutuality which were missed in childhood but whose potential remains present, waiting for the right conditions to be embodied and enacted.

It is inside of this relational We Here space that the field of trauma can safely emerge, explore itself, and be transformed. Mentor and beloved teacher to three generations of students, Kevin McEvenue, Founder of Wholebody Focusing, has always reminded us: “When a part of my suffering feels loved, it awakens to its own healing”. The neutral spacious accepting and fully embodied field of We Here provides those conditions required by the trauma field to awaken to its own wisdom and forward movement, in brand new ways. Therapist shares in an ongoing way how they are touched as a person, perhaps with a resonant trauma experience from their own life history, when it is appropriate to do so. That is to say, when the Client has returned to adult wholebody presence *with the Therapist* and naturally wishes to hear the Therapist’s living into their story of trauma.

Exploring the Relational Field of Shared Presence



Sing, Whalen; 2015

The Cultural Context of Training Chinese Health Care Professionals In Relational Wholebody Focusing Oriented Therapy: A 3 Year Professional Development Training Program

The principle author, Karen Whalen, is a Certifying Coordinator on faculty with the International Focusing Institute of New York, and Co-Developer of Relational Wholebody Focusing Oriented Therapy (with Kevin McEvenue). She offers training programs in North America, Europe, Australia, New Zealand, and China (Mainland and Hong Kong). She has noticed from many years of experience, that there is a cultural rightness of fit for Relational Wholebody Focusing Oriented Therapy in China. Students seem to have an innate cultural capacity to relate to the inter-dependent We Here space. They are open and curious about the natural flow of life between Self, Me Here, and another person or group of persons, You There. Most of these students are health care professionals from different areas of China, many practitioners of Self Psychology and Focusing Oriented Therapy, others use a psycho-dynamic orientation in the context of Psycho-Analysis or Art Therapy. Most students have some experience of Mindfulness and other body based practices such as Traditional Chinese Medicine, Acupuncture and QiGong.

In this manner, the existing professional and cultural milieu of China is an excellent fit with Relational Wholebody Focusing Oriented Therapy. While this Clinical Method was developed and articulated in the Humanistic Psychology traditions of Person-Centered Therapy, Existentialism and Phenomenology, it was designed to rebalance western tendencies to over-value a self-absorption in Me Here, and facilitate a more natural relational opening to the inter-dependence of We here experience in families and society. In China, the natural cultural tendency to respond to situations from an awareness of We Here, was also at the cost of forgetting a fully embodied and engaged Me Here. Stating my own personal needs, in connection with my intimate family and friends, seemed to be more difficult for the Chinese.

In China the first author witnessed a blossoming of this particular method and an expansion of its potential application in clinical contexts. The first year of the training program began as an application of this method to student issues and relational life situations. Students practiced this method in their own lives, with their own issues of complex trauma. Each student experienced a developmental improvement in their experience of Self in personal and professional situations. During the second year of training, students began to engage more actively in the Phase 3 Wholebody Heartfelt Connection process of finding Me Here with You There, in a more engaged and back and forth way. Many social coping mechanisms and complex issues related to family and trans-generational trauma emerged into this more dynamic relational We Here space.

My brilliant and dedicated Chinese students, who have become my teachers and my colleagues, began to apply this method to their own relational stoppages and coping mechanisms with class-mates. By the beginning of the third year, several students had begun to apply this method to their own client bases.

The clinical orientation of each client case will be mentioned. What these clinicians witnessed and experienced allowed them to elaborate further on the efficacy and adaptability of this method as a support to existing methods. All client cases described below are varying manifestations of Complex Trauma. In each case, the Therapist worked in a fully embodied relational space with the Client, in mutuality of shared presence. We will relate the essence of the Relational Wholebody Focusing Oriented Therapy practice (Phases 1 – 3) described above, to each of the five Client case anecdotes presented below

Clinical Anecdotes and Discussion

Medical Doctor in Community Clinic in China: 2 Examples of Treating Acute and Chronic Pain and Diseases of a Psycho-somatic Nature (related to Client history of complex trauma)

The writer, as a Community general practitioner for over 20 years of practice, has diagnosed numerous patients who suffered pain and diseases. Suffering from pain is the main reason for patients to visit a doctor, also it sets the criteria for diagnosing diseases and evaluating its effects. Pain is a body reaction of injury, it is an unpleasant subjective feeling and an overwhelming emotional experience. After years of careful observation and research on pain and diseases, the writer has found that complete cure of pain relies on the treatment of its under-lying causes. In this regard, favorable psychological treatment can also reduce and cure the pain, particularly in situations of psychosomatic symptoms underlying trauma and complex trauma.

In a community district clinic, the causes of pain and diseases of patients varies immensely, and are often complicated and hidden. Patients with psychological problems usually are not willing to consult doctors with the real problem, which makes it more difficult to treat. For cases of complicated psychological problems and unfathomed problems from old days of trans-generational complex trauma, the client needs to be referred to a professional and well-trained clinical therapist.

In **grounded presence**, patients can track their own experiences of the self in wholeness, Me Here, and connect with the 5 body spaces. It broadens the experience of body's inner space, thus it makes space for acute and chronic pain and diseases. The patient, as a faithful observer, friend and supporter, directly trusts and experiences the subtle changes of inner space, names it accurately, unleashes the control of nervous system tensions, embraces all inflictions, and attempts to companion the suffering. Without grounded presence, pain is like an enlarged monster baring teeth and waving claws, it minimizes patients' perceptions and

sensors, and frightens patients. When patients learn to be with pain from the wholeness of the larger self, it creates more space for meaning. The suffering, with the space to be aware of itself, offers up its own body wisdom about what it needs and what are its next steps for living. When a new signal of life arrives in the process, patients will feel inner harmony and peace, which expels and diminishes the pain until it vanishes away. Consider the following clinical example of this phenomenon.

Wholebody Focusing practice on a case of chronic knee-joint pain

Ms. Zhang, 56 years old, symptoms: one year right knee-joint pain, deteriorated when stretched, back side muscles strained, MRI results showed right knee degenerative arthritis. PE: comparing her 2 knees, the right knee was swollen, skin temperature was higher, bent slightly, normal movement was affected. Clinically it was a typical knee arthritis with red, swollen and feverish pain. I invited her to practice the Wholebody Focusing therapy, she agreed to it.

I asked the patient to stand at a comfortable position, she adjusted herself and stood with me face to face. I asked her to adjust her breath, notice inhaling and exhaling, and to feel the temperature and moisture in the air, take notice of the surroundings, including things in the clinic, on the floor, on the table, in the chair, on the ceiling, also the lawns and trees in the garden outside the window. She turned her head and looked around. She also heard noises from the air conditioner and clock on the wall, and noises from the neighborhood outside the window. I asked her to pay attention to her feet, take notice of the feelings of her feet when standing on the floor, and to feel the firm support that floor was providing, to our feet, to our lower parts of legs, knees, thighs and hips. I was speaking with a very gentle voice and slow speed. The patient told me she was nervous when I guided her to do all these, and her legs were trembling. I asked the patient to greet her body, to be with her body, and to look at it curiously and tenderly, and name the feelings from her body.

The patient said, when greeting and being with her body, she felt that her trembling was fading away, the nervousness also stopped. She noticed her right knee was heating up, sore, muscles at the back side of her knee were strained, she could not stretch her leg. When I asked her to feel her left knee, she said it was normal. I slowed down, asked her to take notice of her two knees evenly, and to describe the feelings, its temperature, soreness, shape and the relaxation of its muscles, etc. Meantime, I asked her to take notice of the support which the floor provided to her feet, knees and legs, asked her to swing her body, and pay attention to the motion of the knee joint, its temperature and flexibility, take notice of the subtle changes of both knees when alternating her weight between the left and the right. I asked her to observe only, not to comment on the pain. I saw she was in silence, lowered her shoulders, closed her eyes, she was in wholebody adult observer in presence mode, pondering over the subtle changes which were happening in her body. She was swinging her body left and right, and stretched her right knee backwards. She opened her eyes, said in a surprise that the pain on her right knee was diminishing, and the muscle strain vanished, her pain was cured. I examined her right knee, compared to

her left knee, both knees were almost the same in terms of its temperature, color and size. She was very happy about what had happened to her in the last 10 minutes, and said she would practice Whole Body Focusing therapy on her own at home.

Discussion:

Degenerative arthritis is a common disease happening to middle aged and elderly people, the rate of complete cures is very low. Knee arthritis is often caused by unbalanced use of relative muscles and tissue. Clinically, we provide treatment by relaxing muscles of the knee, reducing tensions of the muscles and releasing pressures of the knee joint, so that patients would feel less pain after the treatment. The grounded presence of Wholebody Focusing calms down patients' nervous system, enables patients to receive an expanded source of "body wholeness-environment-we here", a living into their whole existence in the present moment. When a body of wholeness and consciousness connects to an individual in grounded presence, the knee connecting with the whole body is awakened, the body starts to relax and refresh itself spontaneously. Even the knee was not feeling well, but other areas of the leg start to develop and reproduce new life. The body starts to feel the inner flow of life, and self adjusts. The subtle changes start to happen on both knee-joints evenly. The experience of self-adjustment of the knee-joint continues, the initial symptom of being swollen and muscle strains are dissolved, therefore the pain is diminished. In this relational and interactive field, by way of self-adjusting and experiencing, the body, as a life wholeness, starts to reproduce its body wisdom, and transforms physical pain towards a better condition. Wholebody Focusing dramatically changed patients' experience in knee arthritis, also it has potentially promoted the development of new life of the knee-joint.

The relational field: Fully connected human beings have a natural capacity to make space for suffering in a relational way. Favorable relationship between a doctor and a patient benefits the cure of diseases. Wholebody Focusing Oriented therapists kindly invite patients to experience the treatment in a way of curiosity. Relational Wholebody Focusing builds a larger and dynamic field of We Here, it broadens the ties of body consciousness between us. When two people meet each other in the experience of self embodied in wholeness, the treatment process is activated. The links of heart to heart is a sound and novel way, which generates the shared relational field of We here, and keeps patients completely connected with the whole body. This natural process of listening and empathy can happen only when there is a safety and stability in connection to both self and other in a bodily way. As soon as the patients connect themselves to others steadily, their bodies will be liberated from pain and suffer no more. When parts of the body which are suffering pain are invited, again and again, to connect to other parts of the body which feel comfortable, and to another person who is relaxed and at ease with their suffering, the body as a whole is activated, carrying itself forward inside of a larger healing process.

Whole body focusing practice on a case of chronic stomach pain: Using Relational Field of We Here, Therapist's Body to Body Resonance with Patient

Miss Li, 62 years old, had chronic enteritis for 10 years, often felt stomach upset and diarrhea. During the treatment, as Medical Therapist, I felt there was a big mass on my chest. I shared such experience to Miss Li, invited her to feel her own chest in the same way. She started to pay attention to her body and said she felt like there was a big mass on her chest too. I asked her to adjust her breath, concentrate on the feelings of her chest, and ponder over its size, shape, width, texture, etc. she described the mass was as big as her palm, its width was about 5cm, like a big piece of stone. Something was constricting her chest. She had difficulty breathing, needing to take frequent deep breaths. I asked her to be with the big mass of stone on her chest, and not to do anything else. She stood still with her eyes closed and left hand on her chest. Soon as she opened her eyes, she said the mass was diminishing, she felt no more pressures from it.

I asked if there was anything bothering her in life currently?

She said she was not happy with her husband because of money problems recently. She was angry with her husband, there was gas coming out from her stomach while she was saying so. I paid attention to her words, also to my own body. I noticed I still felt pressure on my chest even when she was getting better. I asked her to pay attention to the feelings of her feet standing on the floor, the environment, noises, her own breath and weight in the room. I asked her to relax and open up her mind. I saw that she was practicing grounded presence, a kind of mindfulness connected to body awareness. When she spoke again, she reminisced about the unpleasantness from the old days. Ten years ago, she was trying to borrow money from her mother, her mother made it very difficult for her. She was the eldest child in the family, she was left by her parents and fostered by a relative. Her parents lived with her younger brother and sister. Her mother was biased and loved her brother more. She questioned her mother angrily if she was her child as well. She started to shed tears. At the same time, I felt my hips were connected with the chair, my feet were connected with the floor, the big mass on chest was diminishing, there was gas in my stomach which made me start to burp. Subconsciously, I saw a small girl craving for mother's love. I shared this picture with her, she cried more intensely. I asked her to make space for her anger, her sorrow, and breath of that little girl, looking at the little girl, allowing her to cry. Not only did she see the little girl of her troubled childhood, also the grown-up of herself. She felt the connection between her body and the surroundings. When she stopped crying, she felt relaxed, her breathing was smooth, stomach pain had vanished.

Discussion:

Human beings are able to connect to each other by body synchronization. In Wholebody Focusing I (Medical Doctor/Therapist) learned to trust my body with intimacy. I listened to my patient with body wholeness, trusted my perceptions with an open mind and tender heart, expanded the experience of Me Here, enabled more power of life and information to flow in my body and mind. Because of the

unpleasantness from old days (cultural context of trans-generational complex trauma), the body itself would look for ways to survive, therefore it has contributed to the stomach pain unconsciously. In connection with grounded presence, as a neutral and conscious observer, I connected the inner wholeness with the 5 spaces of outer environment, providing the patient with a safe space, in the relational field of We Here, to explore her own pain and suffering. The patient connected with a larger perception of the body as a whole, its past inside of this shared present moment, activated the healing process within the patient. The dispute between the patient and her husband triggered her memories of unpleasantness with her mother when she was a small child. In the interactive and relational field, connect with and supported by the therapist, the patient was able to be present, and connect her mind with others securely, and present the triggered unpleasantness in a way of body wholeness. Gradually, the body was able to come up with its own way to heal the wounds from old days related to familial complex trauma, inevitably, more work is needed to be done to overcome the loneliness.

Relational Wholebody Focusing Oriented Therapy Approach by Counsellor (Shanghai) : Working with Emotional Over-Whelm of Shame in Client

Following several counseling sessions with a complex trauma Client who is functional and aged 21 (repeated sexual abuse by his uncle beginning in early childhood), I invite the Client to take the self in grounded presence exercise with me. He is reluctant at the beginning, preferring compulsive and repetitive talking in our sessions. I invite him to try what would take place without talk. He replies he will be embarrassed. This is his unbearable feeling. I ask him to pause, giving the embarrassed feeling some breathing space, to permit himself to withdraw into thinking and talking (his habitual response), and at the same time giving his body space to show itself if it wants to.

At this moment, he recalls the scene of sexual molestation by his uncle. It is such embarrassed feeling that he is at first disgusted with himself. His bodily experiencing is a difficult process. The Client tries to escape at the crucial moment, avoiding the grounded presence exercise, reluctant to reenter that feeling space again. His reluctance and withdrawal are perfectly understandable and we make space for his coping behaviors inside of the We Here space. We breathe and look at each other, noticing the whole situation of this living present moment between us where he is okay.

After many more sessions (over 20), the Client begins to allow himself silence to tune into his own body's feeling sense, to experience the embarrassed feeling, which is re-understood as not just embarrassment, but also includes shame, sadness and anger. After many sessions and much practice, the Client is now able to take the grounded presence exercise during the therapy session. He is also able to express his own body feeling, presenting the trauma and its multi-layered healing process now unfolding inside of the trustworthy We Here space with the Therapist.

In the 26th session, the Client shares how his grandma makes dinner for him. It makes him think of his childhood, his grandma used flour in the kitchen in the afternoon. (He

lived with his grandma at that time.) His uncle didn't come back home at that time. He was always away on business. He lowers his head and is silent for a while and then he says: "I think the life of two of us was not bad, although other people showing up will break the balance." He moves on to describe how one day when he was in the library he saw a middle-aged male who had the similar skin color and shape as his uncle. He became very sad. He continues to lower his head and sits in silence for a while. Then he offers: "That experience in the library makes me think about the words that: When the trauma passes by, the emotion is still there all the time (shame and sorrow)".

When I hear this, I feel numb on my back and the numbness moves to my arms. At the same time my chest gets tight. I invite him to pause for a while and describe the bodily feeling of that emotion. He begins to cry. Then he moves to a kind of disconnected talking to me while smiling. Even so, he is noticing my bodily response to him as part of the shared we space. He says: "I noticed your frowning over there as I told my story about the library." I say: "Yes, that you saw I was frowning. That is so". I wait for the Client to invite me to share more. He asks me if I have anything more to share. I tell him my body feelings, and say: "I heard you describe when you saw the male similar to your uncle in the library, you would feel uncomfortable. When I heard that I felt numb in my body and my chest was tight. I realize there is a feeling connected to my heartstrings. Also I notice that you had tears in your eyes." The Client responds in a defended and aggressive way, "I hope I never have that feeling again".

I invited him to pause, make space for not wanting to feel those uncomfortable feelings, and felt sense into his whole body's living of that not wanting. That his feeling is so natural in that situation and I want to keep him company with that feeling. I also guided him to feel the body supported by the chair and the ground supporting. "If you have words there for your whole body's alive feeling, feel free to share and describe how that is for you".

The Client shares that he feels hot in his heart. It is like a fire, a red fire. At the same time, I notice his hands clasped tightly together. I invite him to give the feeling more space and let his body be here, even more alive and natural as it is, more fire it that is what is wanted from inside. I remind him that nothing needs to happen. He can simply sit here with nothing to do or look for. He begins to relax. He describes how the red fire starts to change color, slowly changing to red-black. After some moments, it changes to black. After changing color it's not fire anymore. He feels how the hot has disappeared and his hands have relaxed. He realizes in a wholebody adult presencing way, perhaps for the first time, that he is sensing into anger towards his uncle and anger for the situation of unsafety in extended family, which he couldn't change during all those years. When he couldn't control his own life in the past, he would be angry with himself.

After he spoke out all of that, he felt better and didn't need to hide this uncomfortable feeling. I noticed that the Client had totally relaxed, in a wholebody way. I invited him to tap his two legs, and arms, to touch his own head and his shoulders and say hello to his living body. When the session is completed, he shares a new insight with me. He realizes the reason why he was isolated in his 10 years old younger self. It was not just being isolated in his suffering of repeated trauma at home, but that he had chosen isolation himself. He hated that uncontrollable feeling, which had been experienced many times during his

childhood and adolescence. Perhaps he need not hide away this experience and these feelings anymore. The Relational Wholebody Focusing process helped him connect with his body experiencing freshly and gain new insight about a lifetime of trauma and how he learned to cope with it in the past. In the present time adult self he is re-evaluating his past coping behavior in the light of a healthy and stable bodily self with Therapist.

Discussion:

As Therapist, I practice my own Grounded Presence, noticing my own body's responses to him, living with his difficult complex trauma situation. Over many sessions during which I make space for him with unconditional acceptance, I share with him in a real and heartfelt way my own bodily resonance to his story about uncle look-alike in the library. I share how I was precisely impacted by his story in a bodily way. Because of the safety of our We space developed over a year of work together, my bodily sharing invites the Client to reconnect to the whole bodily implying of that situation in his whole life, in a brand new way. Over time, the Client develops the capacity to self-regulate and tolerate intense feelings of discomfort. His own Brain-Body is learning to listen to itself from adult presence; it is also learning the safe and healthy wholebody to wholebody resonance that naturally happens between Therapist and Client as new doorways to healing and moving forward in his life, despite the sorrow of sexual abuse across the generations. He is reframing his complex trauma narrative inside of this larger inter-connected Me Here fully embodied with another person. Fewer moments of embarrassed feelings and avoiding connection with Therapist are signals that the knots of complex trauma are gradually unwinding and sorting themselves out.

Psycho-Dynamic Psychotherapist Practising WBFOT in Wuxi, JiangSu: Working with Eating and Sleeping Disorder of Complex Trauma Client

Tina, a 24-year-old single lady works in a company as a training teacher. She tried psychological consultation a year ago because of the dysthymic disorder after she crossed in love. But she felt the counselor was too distant and objective. So she quit the therapy after one session. Three months ago, she came to see me because of anxiety, depression and eating/sleeping problems.

Tina lives with her parents since she was born until now. Her father has a severe disease called epilepsy. Most of the time, her father is a silent presence and doesn't really pay attention to his wife or his daughter. To Tina, he is a very distant person. Tina is closer to her mother. Tina's mother has spent years caring for the family and her sick husband. She lays all her hope on her daughter and raised her in a very rigid and strict way. She beat Tina regularly when she was a child and an adolescent, punishing her physically when she Tina cannot meet her requests. Tina was never allowed to do anything she liked but only listen to her mother. Even now Tina is nitpicked by her mother everyday and has to listen to her mother's yelling and nagging. She is very afraid of her mother and hoping to escape from her one day.

On her first visit, she looked very polite and restrained. But when she was talking about the interaction with her mother she can't help crying badly. She can't forget how her mother hurt her. When she talks about her mother she is overwhelmed by many emotions. I used the grounded technique of whole body focusing to help her find self stability and self-regulation. We practice several times and she gradually knows how to find the way. Tina's deepest regret is a life without support of a loving other and not being seen and appreciated by other. Her Mother's own complex trauma and stress response to life in general created self absorption and an inability for Mother to attune to the needs of her child, separate from her own needs.

Through the practice of grounding and connecting with the 5 body spaces Tina embodies more and more the experience of support and connection with the environment, with me the Therapist, and not least of all, with herself. During the Wholebody Focusing process she sometimes has some images in her mind. Once she talked about her mother beating her badly when she ate an ice-cream. This brought much crying and grief. Her mother forced her to kneel on a washboard. She slapped her face in front of some neighbors. Her father who simply looked at Mother's physical violence, walked away and left them alone. I invited her to focus on her body sensation while she shared this story. She felt it but she has no words and then she told me her image. There is a poor little girl curling up on the floor and a strong woman with a broadsword in her hand and the third young woman standing nearby looking very helpless.

When Tina was focusing on her 5 body-spaces, I did the same thing. I tried to connect with my 5 body spaces and grounded myself even more. This situation helped me also connect with Tina. I am also aware of a felt sense of pain. This pain is not a very sharp one, it is blurred and dull, but still hurts. It is restrained and gives me the bodily felt sense of curled inwards upon myself. I could feel much fear mixed up with a little anger. Perhaps there is too much fear in her body and also in mine, so it's not strong enough to fight back. The feeling also recalled me about my memories in my adolescence when I was punished by my Mother. I allow myself to felt sense my own inner body memory of that trauma in a relaxed way. This allows me to connect more energetically to the Client. I hold awareness of my own history and Me Here while holding space for Tina to continue her exploration.

We spent quite a long time to accompany these 3 people until she can say something about it. The strong woman is her mother. She beats her but also protects her. The little girl is herself, especially the child self and the helpless one is her nowadays. She is angry with her mother, but also grateful to her mother. At that moment, she realized that these two inverse feelings exist in her heart at the same time.

Whole body focusing helps her not only connect with her body, but also with the environment and with me. She can use this larger and supported experience of her whole embodied self, this is a new way to review her life. Tina is very easily to feel ashamed, especially when she speaks about being abused in her childhood by her mother. She also has difficulty trusting other people. My genuine and grounded attitude as Me Here with her, has created a new relational situation for her and has made her open up to trusting another person in a new way. This experience of our We Here space encourages her to reconsider relational trust as a possibility in other areas of her life. After 20 sessions, we have more firmly established the therapeutic alliance. Her eating disorder has improved a lot and sleeping is better.

Discussion:

Over time, the practice of Grounded Presence inside of the Therapist/Client We Here space, has allowed Tina to reframe the child's experience of physical abuse in all of its complexity. While Tina manifests the various difficult symptoms of complex trauma, she has developed a capacity to tolerate feelings of deep shame and worthlessness inside of the larger space of We Here. The Therapist uses her own bodily responses as a whole person and shares that information with Tina in a way that normalizes her experience of complex trauma. Because the Therapist shows up as a whole embodied person, and resonates with the Client in a bodily way, a field of mutuality and trust is emerging as an important source of transformation for the Client's everyday life. The possibility of opening up to another person and trusting that adult to adult meeting in mutuality of shared presence, highlights a turning point in Tina's development and healing process. Many more sessions will be needed to continue supporting her healing and also her carrying forward into the fullness of an adult life.

Art Therapist Using Relational Wholebody Focusing Oriented Therapy to Support Embodiment and Social Re-Connection in Schizophrenic Client

The treatment provided for schizophrenia tends to improve the condition of some patients, while fails to cure cognitive mismatches or other behavioral abnormalities in everyday situations. New data indicates that most neuro-psychic abnormalities are caused by changes in developmental trajectory, such as adult schizophrenia developed from ASD in childhood. Gene analysis reveals that the genes related to psychiatric disorder are also highly expressive during development phase. In addition, environmental risk factor may also act as initial-stage risk factor. Repeated traumatic events within the relational field of the family system can create intolerable tensions for the sensitive child who may have no choice but to entirely disconnect from body, self, and the family life surrounding.

The mode of Relational Wholebody Focusing Oriented Therapy for treating traumatic life disorders lays emphasis on conscious embodiment between Therapist

and Client as well as social mirroring to support the healing process of focusing patients. This is the nature of connection between people, which may be interrupted by a traumatic event, or many repeated traumatic events in the case of complex trauma. Healthy neuronal circuits can be rebuilt through a person's listening to another with whole brain and body, as well as safe social mirroring to treat cognitive, emotional and behavioral imbalance.

Application and prospect of Wholebody Focusing and Art Therapy space: art therapy room is the place for relationship development between the therapist and the patient. The images created in the process of art therapy reflect the thoughts and feelings of Client. During the process of art therapy, patients are trying to give form to the seemingly indescribable thoughts and feelings by image creation.

I would like to explain the cross application of "Art Therapy under Wholebody Focusing Companion" with a clinical case. "Star girl" is a 25-year-old schizophrenic. During our first meeting a year ago, she appeared to me like a teenage around 18. She didn't look well with faded acne marks and nervous manner. Back hunched and eyes drooping, Star barely communicated with others. I learned later that she was hospitalized for psychiatric treatment at the age of 18. Her mother encouraged and accompanied her to come to our institution. She barely talked during the first few visits. She would immediately ask to leave the interview room after a glimpse, leaving her mother to talk with me.

After multiple interviews with Star's mother, I came to know that social phobia and body tension, together with hallucination experience, were her residual symptoms. She always has the feeling that there is someone speaking ill behind her back. Sometimes, when laying her eyes on a photograph, she will feel that the figures in the photo was judging and laughing at her. She was under her father's strict family discipline then, while the relationship between her parents often soured due to disagreement concerning recovery expectation of their daughter. According to Star's mother, her father had faith in authorities in the field of psychiatry, but did not believe in psychotherapy, the healing effect of art on human beings. When hearing Star's mother telling the story of their family, I also felt the anger burning inside, wanting to jump out of the chair and move around. However, I also felt the deep-down weakness at the same time with a heavy burden on my back, like I was being controlled with all energies absorbed. I perceived the empathy understanding towards "Star" inside my own body. I knew that it was a really awful feeling to live with the generalized hallucination experience of "inner critics" for a long time. I provided psychological support to Star's mother, and waited for her to come to our institution on her own initiative for rehabilitation.

At the early stage of rehabilitation, Star showed fear towards interpersonal communication and tries to avoid it. Star would be under the attack of body tension symptoms (physical and mental symptoms) for several hours at a time with body reactions such as palm and foot sole sweating, back rigidity, etc. After the establishment of secure relationship, I started to apply wholebody focusing to guide

her to relax her body. After the completion of each session, I would request her feedback of the experience. She answered that “my body is emptied.” During practice of wholebody “presence” rooted to the earth, we learned to listen to ourselves, and wait for the problems of body to reveal its overall complexities to us. **She became increasingly aware of the existence of her self, and became able to describe the perception of her own body.**

An incident occurred during this period. Pressed by her father, Star revealed the “secret” painting practice inside our institution (because not approved of by father). In this way, whether continuing her painting practice or not became a test for the alliance relationship between Star and her mother. According to my opinion, she may bear the secret-keeping anxiety (namely, her mother’s anxiety) alone during this period to prevent fighting between parents. As the situation triggered a psychological crisis for Star, I sought confirmation from her mother for my guess. I told her mother that the existence of “family secret” would impose a negative impact on spiritual dimension of patients with mental illness, and also suggested that the disagreement concerning rehabilitation between parents should be settled. After receiving several sessions for cognition adjustment and training of roles, Star’s mother decided to take the risk to have a thorough talk with her husband, and tried to negotiate the rehabilitation program for Star through equal communication as adults. Star’s parents accompanied her to come back to our institution.

During the next two months, Star stayed indoors and stopped her painting practice. Her mental status was reduced to the low ebb stage before rehabilitation. After losing contact for a period, Star’s mother came back to our institution and told me in tears: Star may never recover. It seemed like the all important moment to share important information about the dysfunctional family field. I invited her to share all that she can.

Star’s mother shares her desperate feelings around relationship with husband. Star’s mother has been in a passive position in the marital relation for a long time, and had been unable to express her needs and carry out equal communication through conversation as adults. As her husband played the role of “elite patriarchy” and “critic”, Star’s mother was recognized as a little girl, failing to grow up with unfulfilled love, under the withdrawal of love and omnipotent power role of husband.

Unconsciously, she also projected her sense of powerlessness to her family members. Star saw that her mother could only get what she wanted through crying and tears. Engaged in such family relationship, Star could only play the role of “caretaker” and “the exploited” regarding emotional energy of the family. Even disconnected from the world, she would still stick to the alliance with her mother. As Therapist I experienced a bodily felt sense of loneliness and powerlessness in connection with this family situation, as it came from my own intuition and physical perception. The word “spiritual battery” occurred to me, as it was related to the concept of utilization and consumption. Again, I felt Star’s loneliness and powerlessness through physical wholebody resonance and empathy *with her*.

Although Star was back to the rehabilitation program, she suffered from even more tense physical reaction and mental anxiety. She returned to painting however, remained silent and was always in a highly activated nervous state. I decided to make some more intervention. First I approved of her development in painting practice. I

suggested that she could try to make the painting process funnier or crazier, as that might naturally arise from her hands connecting with canvas and paint. Star seemed to need to receive some “official invitation to connect with painting playfully and naturally, that this was okay for her to do”. There were some changes and flowing movements emerging from the images of her works soon after hearing my suggestion, such as characters (girls) and interesting composition. At a certain stage, Star drew a series of images of girls. I asked what she intended to express. According to her answer, she would like to become the likes of these girls (understanding of meaning). I saw the charm and grace of various kinds of women from her paintings (ideal self). When I focused on all the feelings of these paintings, it occurred to me that Star pursued the beautiful atmosphere in her works. The energy accumulated inside Star’s body in a great quantity, causing her spasm-typed physical tension (physical and mental symptoms). Her physical tension and anxiety did not seem to be improved (mind-body separation), meaning a large number of developing or traumatic life disorders were still inside her unconsciousness (energy lock). The healing of interpersonal traumatic experience required more time and space for social mirroring and resonance from Therapist through paintings.

As a Wholebody Focusing Art Therapist, I opened up my wholebody physical perception and awareness of the Client. I experienced Star’s loneliness and powerlessness multiple times by the way of physical empathy under wholebody presence. My wholebody resonance with her unspoken difficult inner experience also triggered part of my own inner neural memories. Like a playback with clear images, I recalled my own experience when living with my parents in early years: I played the role of “rescuer”, while my father and mother played the roles of “perpetrator” and “victim” respectively. Sometimes their roles would be interchanged, causing severe cognitive confusion and emotional disturbance to my child self. The traumatic mirroring experience with Star directly ripped open my strong and healthy ego defense structure with violence: I see the deeply helpless soul of a child with nowhere to be placed, being snared by the huge net in her dream. Star kept struggling, but was unable to break free.

This had been a frequently-visited nightmare for me, from my childhood to early youth. I recognized the similarities to Star’s family life situation. The feeling of loneliness rendered me unable to talk about the experience while still living at home. Star’s unspeakable traumatic experience has isolated her from society: her soul lives somewhere else (in art objects she creates, for example), and she has suffered from the symptoms caused by disconnection of physical and mental existence, as well as the pain perceived through cut-off relationship in family and elsewhere. I noticed how my own initially triggered wholebody resonance with Star, became a kind of stable and living holding space of “*living into and with Star’s situation*”. Even though she rarely spoke or looked at me, her bodily posture softened. Something in Star relaxed in my presence when I allowed myself and my own history to live into the space of unresolved complex trauma *with her*. The larger embodied space of Me Here, in Grounded Presence, allowed me to tolerate my own triggered response and still remain in bodily connection with Star. A deeply connected We Here seemed to be alive like a river running through Star’s struggles to embody her own life, its history, and her possible future.

Star continues to make personal and inter-personal progress where she can tolerate her bodily suffering in the presence of the Therapist. The Therapist continues to communicate with the unresolved psychic energies living on inside Star through the patient's paintings. Over time, the quality and energy represented in the paintings has changed. With these changes in artistic creation, Star is more and more able to relate to herself through the visual representation. The following four paintings are examples of this internal energetic transformation which will continue for a long time for this particular patient. Recently, Star showed me 4 paintings, which were drawn in sequence at home when she was under great physical discomfort. Now she can stay with her own symptoms alone and express her perceptions by both experience and painting.

我请她描述身体不舒服时的感受是如何的？

I asked her to describe the feelings when being under physical discomfort?



（第一幅画，躯体紧张最难受的时候）

(1st painting, when Star's body was under the most severe tension)

星：身体紧张（指指后背），想直又直不起来（抬头又低头）

Star (hereinafter referred as S): My body tenses (Point to her back) and cannot straighten up (Raise and lower her head).

咨：我感觉到这里面（作品）有很多情绪（感到我的胸腹间有一团东西在升起）

Counselor (hereinafter referred as C): I feel there are many emotions inside (the works).
(Feel there is something rising from my bosom and abdomen)

星：是的，心里堵，听到别人在评价我，走在大街上有人在后面说我（头下垂）

S: Yes. I am disturbed. Hearing others talking about me. Hearing others speaking ill of me behind my back when walking on the street (Lower her head).

咨：（低下头看星）当听到有人评价你时，还有别的身体反应吗？

C (Bow the head to look at S): Is there any other physical reaction when hearing others' judgement?

星：脚心忽冷忽热，难受！

S: Feel awful! The soles of my feet burn and chill in turn!

咨：嗯，这是最难受时画的，是从这里开始画的吗(上左)，很多半圆的弧线，到中间有了黄色 颜料与水的晕染，有很多感受在里面

C: Yes, you drew the painting during the most uncomfortable moment. Did you start from here (upper left)? Many semicircular curves, and shading of yellow pigment and water. There seems to be many feeling contained inside.

星：是从上面开始的，当时心里很乱，身体非常难受（身心感受）

S: Yes, starting from the upper part. I was mentally disturbed then, my body hurt.
(Physical and mental feelings)



（第二幅画，身体感觉好了一点）
(2nd painting, feeling a little better)

星：画这幅的时候身体感觉好些了

S: I felt better when drawing this painting.

咨：间隔了多久，画了多久？

C: What's the interval? How long did you spend on painting?

星：画画大概二十分钟吧，下一幅画装裱一下就开始了

S: Spent about twenty minutes for this painting. Started after mounting of the next painting.

咨：我看这幅画从色调到线条表现更丰富了，里面有很多的情绪，也有晕染

C: According to me, this painting is more varied in expression of hues and lines. There are many emotions inside, and the shading also appears.

星：是的，最后就集中在这块了（晕染部分）

S: Yeah. At last all is focusing on here (shaded part).

咨：回忆下当时注意集中在这块（作品）时你的身体感受呢

C: Try to memorize your physical feeling at that moment when painting the shaded part (of the work).

星：身体轻松些了

S: Feel more relaxed.



（第三幅画，身体放松和展开）
(3rd painting, Star's body felt relaxed and extended)

咨：你说画完这幅画后身体感觉好多了是吗？

C: You say feeling much better after finishing this painting?

星：是的

S: Yes.

咨：我注意到这幅画有了菱形结构，其中有些加重笔触的线条引起我注意，眼睛很难离开

（我直觉到注意力被吸引）

C: I see there are some diamond structures in this painting. The lines with heavy strokes catch my eyes. It's hard to look away. (Instinctively, my attention is caught by these lines)

星：我故意的

S: I did it on purpose.

咨：那里代表了什么呢？我看到加重笔触的菱形里还有留白（忍不住仔细看了又看）

C: Then what do these represent? There are margins left inside the diamonds with heavy strokes. (Cannot help but watching carefully)

星：它是立体的，还有空洞（象征出现）

S: It's three dimensional, and there is void. (Appearance of symbol)

咨：当时身体感觉呢

C: How did you feel then?

星：是放松和展开的，比之前好很多（动了下肩胛骨）

S: Feel relaxed and extended, much better than before. (Move her shoulder blades)



(第四幅画, 第二天早晨画的, 身体完全放松了)

(4th painting, drew in the morning of the following day with body fully relaxed)

星: 这是第二天早晨画的

S: This was drawn in the morning of the following day.

咨: 我看到了流动的线条, 有韵律和色彩的变化, 画这个状态怎么样?

(感到轻松流畅舒了口气)

C: I see flowing lines and changes in rhythms and colours. How did you feel when drawing this painting?

(Give a sign of relief as there is a feeling of relaxation and ease)

星: 身体完全打开了, 是放松的 (脸上闪过一丝难得的微笑)

S: My body is completely open and relaxed. (A rare smile appears on her face)

咨: 你此时的身体感觉呢? 全身的感觉?

C: How do you feel now? What about the feeling of your whole body?

星: 是放松和打开的, 后背还是有点紧 (直了直上身, 双手摸大腿), 大腿还可以, 屁股下

面, 小腿有些紧 (对身体感受的表达和分寸清晰)

S: Open and relaxed, although a little tense on the back. (Straighten her upper body and touch the thighs with both hands). Thighs are OK. A little tense on the buttocks and calves.

咨: 我注意到刚才你的脚尖一直踮起的, 小腿会紧张了, 后背是悬空的, 我们可以来做一个

全身聚焦的体验, 让臀部放松, 把双脚平放在地板上..... (过程略.....)

C: I see you always standing on tiptoes. Your calves will feel tense. Your back is hunched. Now let us have a wholebody focusing experience: relax your buttocks, place your feet flatwise on the floor.....(the detailed process is omitted) Star is happy to explore a more relaxed bodily posture in her own right way.

Discussion:

The preceding Client Case is a complex one, embedded within the family system situation of chronically unresolved conflict between Mother and Father. The daughter became the unconscious vessel of this unresolvable tension that lived on inside of her bodymind FOR her parents. The degree of tension living on inside of the Client, at every level of her existence, created an intensity of unbearable proportions such that Star had to disconnect from her body, her loved ones, and her environment. In the absence of a bodily connection to reality, what remain are the unresolved energy forces of confusion, withdrawal, unspoken aggression, and profound sorrow in a child who had not been seen and valued in her own right to exist in the world. Psychotic and severe psychosomatic symptoms were inevitable in this situation.

The Art Therapist companioned Star from a bodily connection to herself and a bodily connection to Star. The therapist allowed herself to experience her own childhood experience of a similar unbearable conflict and abandonment by care-givers. The child was valued only as an object to serve the parents' unspoken and unresolved conflicts. Over time, Star is encouraged to express her bodily energies and life drama through

artistic expression, something she expresses well, easily, and eventually to her benefit. The Therapist continues to model an adult wholebody mirroring and resonance with her as a whole person. At this particular stage in the Client's rehabilitation, there has been an easing in Star's bodily suffering and a noticeable stirring of *relating with the therapist* also as a person in her own right. Much more therapeutic resonance and inter-connecting will be needed, again and again, until the Client's very neural-circuitry opens to its own inner-directed re-organization and re-structuring process, based on the Relational Wholebody Focusing practice of embodiment enacted in relational engagement with another, person to person, whole living body to whole living body.

Conclusion:

We have offered several client case samples of this subtle inter-human resonance process of co-emergent wholebody connection in mutuality, whole person to whole person, Therapist with Client, to support clients suffering diverse symptoms of Complex Trauma. To summarize, we will point to the important elements of Relational Wholebody Focusing Oriented Therapy. Firstly RWBFOT offers a repertoire of practices of conscious embodiment to stabilize the Client inside of their present moment Me Here. With practice, Clients suffering chronic pain and illness with psycho-somatic origins can learn to self-regulate and have relief from daily suffering. Clients suffering from a fractured experience of Self (worthlessness, anxiety, depression, loss of self, psychosis) can also learn to practice a simple method of embodiment that allows them to self-regulate and lessen the intensity of anxiety, alienation, and chronic distrust of others. Clients who have lost a connection to a sense of their own self worth and basic goodness can discover the simple joy of feeling the flow of life inside of their living animal body, and the increased flow of life that naturally flows between two people meeting from Grounded Presence.

Finally, the simplicity and robustness of mutually embodied We Here space, offers the conditions of safety and connection, to initiate a gradual repair process in Client developmental attachment-based stoppages. By practicing wholebody and whole person meeting, in a bodily conscious way (Grounded Presence), we are modeling how to be alive in my body, in my own wholeness, with another person. This relational repair work takes time and lots of practice on the part of the Client in-between session. We recall that mental illness and physical ailments exist at the interface of the Client as a person with his or her world life situation. Practising embodiment in connection with my environment and the people in my life situations opens up new possibilities for the sufferer of Complex Trauma. Loss of self in everyday life situations can gradually be transformed into contacting an emerging vital self, moment by moment, with the support of the equally embodied and whole person Therapist.

It is our opinion that the culturally specific context of China offers a unique doorway for health care professionals who recognize the similarities of this Non-Doing and Energetic modality of Wholebody Focusing, with eastern practices of

embodiment such as Mindfulness, Qi-Gong and Traditional Chinese Medicine and Acupuncture. The significant new element of RWBFOT is that of consciously engaging in a *Bodiful* awareness of relational spaces. According to Focusing Founder Dr. Eugene Gendlin, *the living human being is a living into its natural interaction with its current environment-situations* (Gendlin, 1962, 1997). In the client case examples described previously, we invite the expanded field of relational awareness to support the opening and re-organization process of the many knots of complex trauma burdening the Client. The Client need not “try to work out or heal their suffering situations. Rather, the Client is learning to open up to a larger embodied experience of Wholeness of Self that awakens their own inner knowing. The Client is learning to relax and receive the experience of being themselves as they are, with another person being themselves as they are. Inside of this larger and dynamic We Here space, the Client and Therapist trust the *non-doing and being with* qualities of their conscious embodiment. The inner transformation happens from inside of the Client’s body wisdom, supported by the Therapist’s bodily resonance and synchronization to the Client. A felt shift spontaneously occurs. For example, Star began engaging with her painting and her Therapist as a person now existing in the world. Her bodily tensions lessened; she began to look at the Therapist also as a person in the world *with her*.

As a colleague recently stated, Wholebody Focusing is like an everyday engaged practice of Mindfulness. Included within this experiential-phenomenological relational practice, is the symbolization process that eventually emerges in a bottom-up, or bodily led manner. I discover that my brain is actually a brainbody. I discover that my Mind is actually a BodyMind. Taking the time to find my connections to everything around me, in a bodily conscious way, with another person, allows me to discover new meanings and fresh life directions of healing and wholeness. Tina re-oriented to the physical abuse situation in a new way, one that recognized Mother’s protective element. The 21 year old sexual abuse Client began to make space for normalizing responses toward the perpetrator, such as anger and sorrow. His capacity to self regulate improved as a result; his desire to connect with the Therapist as a person signals a developmental shift inside of relational spaces which were previously marked by discomfort and the inability to show himself as he really is.

Some final remarks need to address the limitations of this therapeutic method. For the extremely disorganized or psychotic client, a return to an experience of conscious embodiment will require the additional support of appropriate drug and other forms of talk therapy. RWBFOT can be too challenging for the triggered client who may need to avoid or withdraw from the core of the issue or symptom using indirect means at the beginning stages of treatment. In the case of the Schizophrenic Client above, the Therapist assumed the role and duty of conscious embodiment and Grounded *Presence for both herself and for the Client*. Over time, the Client’s relationship to her body and to her self changed, as she opened to a new possibility of arriving into her own existing present

moment.

Relational Wholebody Focusing Oriented Therapy can be used in tandem with other existing modalities such as Psycho-Dynamic orientation, Psycho-Analysis, Cognitive Behavioral Therapy, Emotion Focused Therapy, Couple's Therapy, Gestalt, Somatic Experiencing, among others. This experiential relational method offers a framework of wholebody presence as an embodied relational attitude towards the Client's situation.

The first author, Dr. Karen Whalen, is deeply grateful to her students in Hong Kong and Mainland China for their professionalism, their creative clinical experience, and their willingness to show up as a whole person with their clients. Her hope is that her students, who have become her colleagues, will continue to bring this work to their colleagues and students in Hong Kong and Mainland China.

Following the section on Client Case Anecdotes above, we have presented a variety of qualitative anecdotal data supporting the validity and efficacy of this method in treating cases of Complex Trauma in China. As the medical practitioner expressed earlier, we hope that this current generation of Relational Wholebody Focusing Oriented Clinicians will continue to meet each other and their Clients with curiosity and Wholebody Heartfelt Connection. We hope that researchers will study this Clinical Method and design clinical trials and studies to further test its applicability and suitability to treating patients of Complex Trauma in Mainland China and elsewhere in the world.

We hope that our article has inspired the readers to reflect on their own clinical practice in treating Clients of Complex Trauma. We welcome your feedback or hearing from you should you wish to pursue training in RWBFOT for your colleagues and students. Dr. Whalen offers heartfelt thanks to Joseph Sing in Hong Kong for inviting her to teach at the Focusing Institute in Hong Kong, and to Mr XuJun for inviting her to teach at his Focusing Institute in Shanghai. We hope the interested reader will reach out to the colleagues who-co-authored this article to engage in further discussion relevant to your clinical contexts in Hong Kong and in Mainland China (see 5 authors biographies below).

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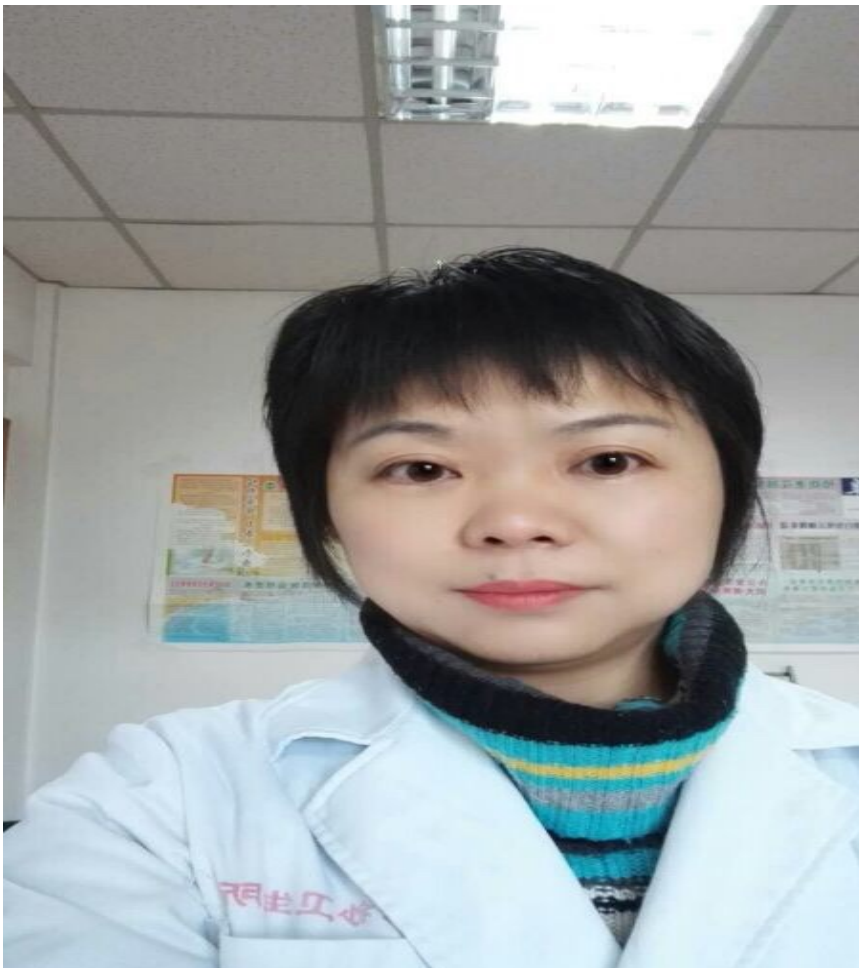
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