



Dr. Sharon Stanley has educated thousands of psychotherapists in Canada, the USA and Israel in the principles and practices of somatic psychotherapy. Sharon has served on graduate level faculties including the University of Victoria and the Foundation for Human Enrichment, developing curriculum and teaching mental health professionals. Building on her doctoral research on empathy with traumatized youth, Sharon founded *Somatic Transformation*, a trauma model and educational curriculum guiding practitioners in treating physiological, psychological and spiritual dynamics of relational trauma. Sharon's work with indigenous people, the study of Afro-Brazilian healing practices and phenomenological research has led to a convergence of neuroscience, somatic therapy and cross cultural wisdom to heal "soul wounds". Sharon has a private clinical practice on Bainbridge Island, Washington.

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

Serge Prengel: I'm with Sharon Stanley. Hi, Sharon.

Sharon Stanley: Hi, Serge.

S P: So, Sharon, your practice is about somatic transformation. Do you want to say a little about that?

S S: Yes, my practice... I work with mainly adult clients, and I work with a combination of attention to the body, to emotions, to movements, to images and to symbolic archetypes, kind of recognizing that change and the change in people's lives really happens on the right hemisphere of the brain. So, as we kind of work with the different elements, the different ways the right hemisphere of the brain manifests itself, then we can process intense emotions from trauma.

S P: So, it's an interesting way to consider all of these things from body to movement to archetype. And, the coming point is the right hemisphere.

S S: That's right. And, another way of thinking of it is as an effect of the processing model of psychotherapy. So, it processes intense emotions that have yet to be integrated into someone's personality, someone's lived experience.

S P: Yes, so maybe one way to put some direction into it is to describe some of what happens, what you do in a session.

S S: Yes, and I think it is probably important to begin by saying each session is really different. Each client is different each time that we work. The general principle that we are really working with is the principle of neuroplasticity, of how neurological patterns can change, how the brain can change. So, what I basically work with, are the basic principles of empathy and intersubjectivity, which is a concept that probably you're familiar with of a way of being present to another. Intersubjectivity, where you're

honoring the subjectivity of the other person as you're honoring your own subjectivity. So, as we normally begin work, like let's say I am working with a new client, one of the things that I spend a fair amount of time doing is establishing a way that we can both be present to each other, be present in awareness, in the moment, so that this empathic bond or intersubjective field can be the container for the intense emotion, intense traumatic, survival emotions.

S P: So, maybe we can speak a little more about this. It's just not that intention of being ready and open to intersubjectivity, but it's also doing something to prepare for this, to allow it to happen.

S S: Yes, the first principle to allow this kind of intersubjectivity to happen, I call it 'somatic empathy'. And, it's about receiving the other person fully, in your mind and in your body and in your spirit, so that you have to come into it as a practitioner fully, being fully present, embodied yourself.

S P: So, receiving the other person, being embodied yourself.

S S: That's right.

S P: How does that happen? In a sense, how would you describe that?

S S: Well, the first step that I know that I need to take to be able to be present is to receive the other person. I need to hold the intention that I am going to be present in my body and in my mind. That I'm going to really be there focused and interested in the other person. And, so that becomes basically a habitual way of being with another. It tends to give the person a sense of safety and continuity that they can count on. They can count on me or another person practicing this way, of being there for them. Not only being there to pick up what they say, but to pick up the subtle messages that their communication of the body is giving, particularly the messages that the face is continually communicating to another person when they feel safe.

S P: Yes, so that's the intention of being present. What happens at moments where you notice that you're present as a practitioner, but not as present as you'd like to be?

S S: Well, one of the first things that I need to do is I sense that my attention has wandered.... is to come back in and to my own body and sense the ground under my feet, to really get a sense of gravity pulling my body down to the earth. And as I do that, it seems to then bring me back into the present moment, bring me back into awareness of my subjectivity and the subjectivity of the other.

S P: So, during upsets, paying attention to the body, gravity is a way to come back into the present moment.

S S: Right. And, if I notice that I seem to have some kind of tension or tightness or some kind of reaction that I have to something that's coming up in the session, then just noticing that and taking time to be curious and be interested about it so that it's part of the whole intersubjective field is my reception of what dynamics are going on between us in that relationship.

S P: Yes, so having or paying attention to the state of receptivity, you were describing what happens in the session, understanding that most of the sessions are what?

S S: Yes, and in the session, basically. Then, once there is this kind of flow, I sense it as a mutual flow that we are... Some people might describe it as that you're on the same page, or you're attuned, or you're resonant. Because, one of the things that I have realized is that people who have come for help, or people who have come because they have been in intense suffering, are constantly aware, continually aware of how I'm receiving them. So, they're continually checking in to see, "Is this too much for Sharon? Is it boring to Sharon? Am I going to traumatize her if I tell her what's really going on for me? Will she judge me?" So, there's a conversation that's going on physiologically face-to-face encounters that's beneath the spoken words.

S P: Yes, so really we are not just talking about the contents of the session. We are talking about the process of being on the same page, of being attuned.

S S: Yes, it's really being attuned to the nonverbal communication. As Allan Schore would describe it, "being attuned to the right hemispheric shifts in the face, the small movements that happen in a fraction of a second where someone can express, just in a flash, their hurt or their curiosity, being attuned so that you pick these subtler cues that lead you in deeper and deeper in to the dynamics of that trauma." Because, we know that once we have established the intersubjective field that we're often going to get a reenactment of the trauma, in the present moment and in the present moment relationship so that we notice those dynamics with a witness. So, okay, I'm noticing that we're both going into a kind of reenactment. There's something familiar to both of us about what we're processing at this deeper level. It may be new information on a verbal level, on an explicit level, that the right hemisphere is entering into relational dynamics that are, I think, best described as enactments.

S P: Yes, so relational field... within that relational field there's an enactment, or enactments of some dynamic.

S S: Of some dynamic that on some level I have subjective response to what's being offered by the patient. Or, the patient has a subjective response to my reaction so that there's this ongoing dynamic that hopefully we will find, together, a new way to emerge that completes this traumatic experience of the past and will complete it in the present moment, in the psychotherapeutic experience.

S P: So, maybe, could you mention a way or example in the session in which some of this enactment takes place?

S S: Yes, I was thinking of a case, Serge, just as we were preparing for this talk and was thinking of a woman I had worked with for probably about three years. We were working with a lot of intense emotions, a lot of early attachment trauma, a fair amount of dissociation and dissociated behavior, addictive behavior. So, one of the things that had happened in one of our sessions is that this woman went into an intensely angry description of something that had happened to her. And, as I watched her and picked up her anger, I realized that she had gone into a very strong hyperarousal, and this hyperarousal of, really, rage. And then in an instant, just a flash, she descended from that rage into a very deep hypoaroused state, and her lips started to turn blue. It looked like she was in shock. And so, I became a little frightened because I was concerned about just her body state in that moment and I asked her to very slowly open her eyes and come back to the present moment. So, this very quick descent from hyperaroused state to a hypoaroused state concerned me, brought a little bit of fear in me of her well-being. For her, her experience was that this quick descent from her rage gave her a relief from her rage. And so, she was frustrated with me asking her to be present in the present

moment. So, we had to negotiate that. We had to negotiate her experience of needing to have a relief and my experience of concern and fear that perhaps this quick descent into a hypoaroused state, or as Stephen Porges would call it, as a 'dorsal vagal state' that has been coupled with fear. This state Porges describes as lethal in human beings was a concern to me, but this woman had been using this process of managing intense rage most of her life. And it seemed for her, from her point of view, to work for her. So, this became a very fertile place, for the two of us to start to negotiate. Well, perhaps there are other ways to work with these rage states when they emerge.

S P: So, there are several levels to what you're talking now and one of them is the sense of noticing the hyperarousal and hypoarousal fact that hypoarousal is not the only way to manage the rage states. But, another one is the intersubjective events between you and her and you having some concern for being comfortable with her habitually enacting her rage and the negotiation that happened after that.

S S: Yes, and it seemed to me it was in this negotiation of another pattern, another way of managing these intense states, that then a change was possible. A transformation, if you will, was possible.

S P: Would you like to talk a little bit more of that? You said, in this negotiation, that another pattern was possible. What happened in the negotiation?

S S: Well in this negotiation phase, it lasted for a while and a number of sessions. It was important for me to really come to understand what might my concern was and to realize that I had expressed my concern with... not particularly skillfully. I had expressed my concern as I probably would express my concern if I would have seen a child heading near a fire. I had frightened her with my concern and so the way that I had frightened her, I needed to take the responsibility for, I needed to be accountable for. And, also, I really needed to listen to the deep comfort that she got in these hypo-aroused states and to validate that this had been an important survival strategy for her for most of her life. And I also just, to be honest, I needed to apologize for frightening her. For, perhaps, for not skillfully helping her come out of that hypoaroused state as well as we could have. So, it was important for me to look deeply in my part of a bit of a breach in our relationship and to take responsibility where I felt I was responsible.

S P: That's a very beautiful example of... in showing that intersubjective parts. We are now talking about things happening neurologically, independent of the relationship; we are now talking of fixing them in just a way, fixing the nervous system as to be independent of the interaction between the human beings.

S S: Serge, I think you got it. It's the central theme that I'm trying to develop in the work, that "How do we show up fully as persons and therapists to our patients, to our clients?" And, "How do we continue to transform our own lives from the gifts that they offer us?"

S P: Yes, I can see that.

S S: So that as we go deeper and deeper into this intersubjective field, it affects both of us.

S P: So, I see that when you call the practice 'somatic transformation'... I can see how the goal is very transformative.

S S: Well, it is. It's transformative of, like you say, older illogical patterns that are really getting in the way of our ability to fully live out our lives in the world. So, we are transforming those neural patterns, but it's definitely within the context of a real lived relationship where we both are struggling to find what's true and what's real and what's kind and loving.

S P: So, we have touched, with this example, on relationships and their importance. What we haven't talked about is an aspect of your work that's related to archetype, to other civilizations, and those kinds of things.

S S: Yes, I think I have been very, very strongly influenced by several different cross-cultural experiences I've had. The first one that I could speak about was I worked a number of years in Canada with first nations tribes, working with what is called 'residential school trauma' that a whole civilization, a whole culture in Canada, endured for over a hundred years, and the 'tremendous genocide', in their term, that they have used to describe the intrusion of colonialism in their lives. And, as I was a university teacher at the University of Victoria, and I came into contact with people from the tribes who were studying to get a masters in psychotherapy, they became really interested in the work I had been doing on somatic work with trauma. And so, two different nations invited me to come and to work with them and work with their people. And, I think, as I look back on those days, I think they know that in many ways that I made errors that I had wished I hadn't. I really didn't, and I didn't expect, that for most of us who had grown up in white America, that I didn't fully understand the cultural differences. And, I think I consider those years, where I became deeply educated by people who put up with me and forgave me and taught me what it was to be embodied, to live life in the body and to communicate often simply through the body, without necessarily needing words. So that... this was what I learnt, that the indigenous people had survived for centuries and they had survived with strong social organizations, strong social hierarchies, and lived with, with beautiful art, with beautiful ways of expressing themselves... that it was really rooted in the body. It was rooted in their connection with the earth and with nature. Since I worked there for approximately five years... since then I have been working with the culture in Brazil. It's an Afro-Brazilian culture that draws on the experience of African practices that were used as recourse to the trauma of slavery. And so, I have been very interested for the past six years and traveled to Brazil. And, the philosophy and the practices of these ancient cultures that people used to negotiate, navigate, through actually centuries of slavery. And I'm very moved by the love that was developed in their culture as they did that.

S P: So, we are talking about cultures that had the very strong practice of relying on the body and sensing through the body or living in the body and using these practices as a way to deal with the collective trauma, like colonial oppression.

S S: Exactly. And, it's just not being in the body. It's being in the body in the relationship. I think the two need to be... for the two to be inextricably bound to each other, that I can be in my body and I can have a wonderful meditative solitary experience. But, it's radically different if I'm in my body in relationship. Then, I think that the transformation can happen.

S P: The same way as in our own individual history. As babies, it is formed through attachment that helps our development.

S S: That's right. And, I've really gotten interested in the dimension of the attachment process that includes music of rhythm, of factors of a concept that I am very intrigued with called "communicative musicality," where this rhythm of this early attachment with the caregiver and the rhythm of the back

and forth of the intersubjective relationship, if you will, between the infant and caregiver, this rhythm is the profound dimension of the life force coming through the relationship, open to healing that which has been perhaps, been hurt or wounded or broken and is an ongoing practice of development. So that's in relationship, but in this kind of communicative rhythm of life.

S P: So, as we are talking about this rhythm, you're talking about heartbeat. You're talking about the rhythm of the responses to see the way infant reacts, the mother reacts. What else?

S S: The rhythm of prosody. A term that, that Allan Schore speaks about, 'prosody' is the voice of the caregiver; it's the rhythm that is in the structure in the language where the mother and father talk to the infant. And the infant understands, not because they grasp the words or the concepts, but they feel the rhythm of the music; they feel the inner action of the body. And as the body moves, the voice moves as the gestures move in rhythm. Then, this communicates life. I think one of the interesting things that I'm fascinated by, in the work of Edward Tronick, has based a lot of research in attachment, and he works with a research model called 'the still face'. And, in this research model, you might be familiar with it, the infant is playing with the mother and the mother is engaging spontaneously with the infant. And then, the mother in this research is instructed to allow her face to go still and not respond to the baby. And, there is a part of my heart that breaks whenever I see this research because instantly you see the baby wondering what's happening. And you know in a period of time, some babies just give up and they begin to have that facial configuration of stillness themselves. I think that's a lot of what we have seen in these children being diagnosed as autistic. And, and this research has given us a tremendous amount of information about the rhythm of spontaneity and spontaneous play, spontaneous interaction between the mother, the caregiver, and the infant. And, maybe we need to start thinking about bringing that into our psychotherapeutic practice. That we can go beyond just being embodied, being in a relationship. We can bring this way of being in a rhythm together.

S P: That's a connection at a rhythmic level.

S S: Yes, and that's the emotions when they become... when they are unprocessed. It leads to that kind of stillness. It leads to, what again, Porges is calling the 'immobilized response' that's locked in it, overlaying with the synthetic arousal so that there's a real stillness, quiet, sometimes a calmness that is mistaken for well-being when, actually, the alive, developing child is someone who feels the rhythm of the world around it, the world of the parent, the world of the nature, the world of the relationships that they are in. And, they can flow because they are in this rhythm and not caught in an immobilized state so that this rhythm is the rhythm of life, like you say, the rhythm of the heartbeat, the rhythm of the breath, the rhythm of the cellular movement, of contraction and expansion. These fundamental rhythms are being restored in this, in this daily encounter with the caregiver that the infant has, if the caregiver is able to be in a 'state of regulation', as many different researchers have called it. And so, that's what we are trying to replicate in psychotherapy. How do we provide this, kind of this rich, lived experience where we go deeply into this stillness: the pain, the fear and suffering? But, we also bring to that the aliveness we carry within us, within our own psyche, within our bodies. And, thus, we both transform.

S P: So, really, I am struck by the words that you're using, that "rich, lived experience." So, that's very consistent with the other ways you have described as therapy, that moment of intersubjectivity, the connections that are treatments that create rich, lived experiences.

S S: Yes, a lived experience that has depth and resonance, color and movement and, you mentioned, archetypes. I think when we begin to live in this rich, somatic-attuned, relational experience, there emerges in psyches, there emerges in human experience, what Jung called 'collective unconscious', the ways the other human beings have lived in tune with nature, in tune with the earth, the environment so that we're not alone. We're in contact with other civilizations that we have found both intense joy of human life but also the deep suffering of human life.

S P: Yes, so we tune into these archetypal experiences.

S S: Yes, that's right. And just another example: I was working with a client, actually this was the first time I worked with her this week. And, as we worked with the shame that was held deep in her nervous system and we continued to process that in relationship, a beautiful image spontaneously arose of a tree, of a very, very alive tree. And both of us recognized this as the archetype of the tree of life that was present to both of us, to nurture us, so that we both felt restored by the session.

S P: That's a beautiful example of being present on the same wavelengths.

S S: Yes, it was just something I... Sometimes I think, Serge, I get so much from my clients and from my students that it's more than I could have ever given.

S P: So, Sharon, as we're coming to the end, I'll just check with you if there's something that you might want to add or say as a conclusion to this.

S S: Well, you know, Serge, I really appreciate how you've heard my work and how you've been able to express it. So, I really appreciate your skill and ability to do that.

S P: Thanks, Sharon.

S S: Yes, the other thing that I just briefly mention is that I do teach this work, and the work in teaching it is also very much working in that relational field where basically working with scholar practitioners, studying the emerging neuroscience research, studying their own lived experience, we come together to teach each other what we're discovering about this new paradigm of psychotherapy so that so much of what I have learned I have learned from, not only from my clients, but the many participants in the training that they have been doing for a number of years. So, I just want to give thanks to them, too. It's been such an extreme wealth of learning and growth and development. So, my gratitude to all who have participated in this work.

S P: Yes, and maybe that's another way of paying attention to something that's important to you is the sense of reflecting the experience of learning from reflecting experience.

S S: Yes, I think that's a piece in this new paradigm that needs a fair amount of attention. What does it mean to reflect on these right hemispheric processes and how do we take them into a new knowledge base that is accessible to the left hemisphere? A new cognitive, if you will, way of being in this world so that this reflection on our somatic-lived experience of our bodies, of being embodied, of relationships, of archetypes is examined through the processes of reflectivity and co-reflectivity so that it is very much part of our explicit way of knowing of how to be in the world and how to give to the world what we're able to give.

 *This conversation was transcribed by Soumini Menon.*

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