

BODYMIND HEALING PSYCHOTHERAPY

Chapter 13

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Bodymind Healing Psychotherapy

Michael Mayer

BODYMIND HEALING PSYCHOTHERAPY

Bodymind Healing Psychotherapy (Mayer, 2007a, 2009, 2012) is “an integral/transpersonal psychotherapy” (Cortright, 1997; Friedman & Hartelius, 2013; Walsh & Shapiro, 2006; Wilber, 2000;) that synthesizes Western, Eastern, and indigenous approaches to healing. Combining ancient wisdom traditions with modern psychology, *Bodymind Healing Psychotherapy* (BMHP) has a ten-dimension, holographic approach that includes: (1) Taoist Qigong Breathing techniques and hypnosis using *the River of Life* practice (Mayer, 2007a, 2007b, 2009); (2) Self-soothing (Kohut, 1971; Shore, 2003); (3) Focusing on Felt Meaning (Gendlin, 1978); (4) Psychodynamics; (5) Cognitive Restructuring using a body-oriented Subjective Units of Distress Scale (SUDS) (Beck, 1976; Shapiro, 1995); (6) Energy Psychology methods (Feinstein, 2012; Mayer, 2009, 2009b); (7) Belly Massage of Chi Nei Tsang (Chia, 1990); (8) Acupressure: Phenomenological Approach; (9) Practices from Bodymind Healing Qigong (Mayer, 2000, 2004, 2007a); and (10) Symbolic Process Approaches to Healing (Hillman 1975; Jung, 1961; Mayer, 1993, 2007a, 2012). Theory, methods, exercises, and case examples illustrate how BMHP can be applied to various psychological conditions (Mayer, 2007a, 2009). After providing an overview of some of these methods, this chapter shows how they synthesize into the practice of Bodymind Healing Psychotherapy. Addressing them occurs throughout the chapter, most specifically under the case illustration on *panic disorder*.

Qigong in Psychotherapy

BODYMIND HEALING PSYCHOTHERAPY

Qigong, one of the five branches of Traditional Chinese Medicine (Cohen, 1997), is one of the central elements of BMHP. The Qigong tradition (with medical, spiritual, and internal martial arts components) includes a treasure-house of practices that can aid psychotherapeutic healing. Regarding the behavioral health dimensions of incorporating Qigong into psychotherapy, Qigong can benefit the treatment of hypertension (Lee, Lee, Kim, & Ernst, 2010; Mayer, 1999, 2003, 2010; Yeh, Wang, Wayne, & Phillips, 2008), balance (Province et al., 1995), chronic pain (Bai et al., 2015), insomnia (Irwin, Olmstead, & Motivala, 2008), and various other psychological conditions (Abbott & Lavretsky, 2013).

Even though behavioral healthcare and psychotherapy are not necessarily separable disciplines, this chapter focuses mostly on psychotherapy. For example, when BMHP uses Qigong methods (involving such elements as breathing, self-touch, and movement) with chronic pain, appropriate psychotherapeutic elements are intertwined including attitudes/cognitions/beliefs and appropriate imagery (Mayer, 1996). Or, when using Qigong to activate the parasympathetic nervous system to treat psychophysiological conditions (Mayer, 2007a; Rossi, 1986; Sapolsky, 1998) such as trauma (van der Kolk, 2014), BMHP implements an integral treatment approach combining Qigong and psychotherapy, using various arousal reduction methods (Schore, 2003).

Since the internal martial arts of Qigong are based in activating a relaxation response (Benson & Klippner, 1976) in life and death situations for survival purposes, it would be natural to suppose that thousands of years of evolution of such practices might

BODYMIND HEALING PSYCHOTHERAPY

have something to add to developing coping skills for modern people to deal with danger and to reduce stress. Qigong combines internal martial arts, spiritual approaches, and healing methods as a matter of theory, practice, and treatment. For example, its breathing methods have been used for self-defense to “sink the chi” (Ming, 1989), for activating a transcendent state of oneness (*wuji*), and for healing many disorders, including trauma (van der Kolk, 2014).

Regarding trauma treatment, BMHP uses an adaptation of Microcosmic Orbit Breathing (Mayer, 2007a; Wilhelm, 1931/1963) to help reverse sympathetic nervous system over-reactivity by activating this state-specific (Tart, 1972) parasympathetic nervous system method (Mayer, 2007a; van der Kolk, 2014); moreover, BMHP incorporates this breathing method into an integrated treatment protocol that helps traumatized patients to regain a safety zone in their bodies, enhance development of a cohesiveness of self (Horner, 1990), and help them in unique embodied ways to find a new life stance (Mayer, 2004b, 2007a).

Such psychological benefits of Qigong are helpful not only to trauma patients, but to psychotherapeutic growth in general. For example, based on the fifteen ways outlined in BMHP (Mayer 2007a, pp. 255-258), Qigong is a complementary tool to (1) help those with reactive attachment styles to develop a cohesive center when the everyday issues of life assault or impinge upon their sensibilities, and, together with psychotherapy, it may provide a bodily base for developing affect modulation skills and affect tolerance; and (2) induce an altered state, helpful in issues with addiction.

BODYMIND HEALING PSYCHOTHERAPY

More broadly speaking, even though, when appropriate, BMHP incorporates Qigong movements into psychotherapy (Mayer, 2004a; Wayne & Furst, 2013), in this approach the healing essence of Qigong is often brought into psychotherapy without using a Qigong movement, and without saying a word about Qigong (Mayer, 2007a, 2009a). For example, with no reference to Qigong, in a psychotherapy session a practitioner can introduce breathing methods (such as Qigong's Microcosmic Orbit Breathing) that simultaneously relax, re-energize, and re-empower (called *fongsung*); teach acu-point self-touch; and increase somatic awareness of the gestures that a person expresses at the moment of “felt shift” (Gendlin, 1978). These naturally arising gestures can serve as post-hypnotic anchors (Grinder & Bandler, 1981) to help to embody new life stances – indeed, these movements and postures are often similar to those practiced in Tai Chi/Qigong.

BMHP as an Integral, Transpersonal Psychotherapy

BMHP is more encompassing than a system that integrates Qigong and psychotherapy; it can be seen as a *transpersonal psychotherapy* (Boorstein, 1996; Cortright, 1997; Mayer, 2007a, 2009a, 2015; Rodrigues & Friedman, 2013).¹ From this

¹ Here *transpersonal psychotherapy* is defined (Mayer, 2007, 2009, 2012) as follows: “Transpersonal Psychology, often called the fourth force of psychology (Freudian/neo-analytic; cognitive/behavioral/ Humanistic/existential; Jungian/transpersonal), contains an integral psychotherapy that includes the mandala of all forms of psychotherapy as well as methods that focus specifically on connecting us with the wider whole of which we are a part. This experience of the wider whole can be accessed through energetic

BODYMIND HEALING PSYCHOTHERAPY

broader perspective, BMHP attempts to re-write the origin myth of psychotherapy.

Mircea Eliade (1964) explains how the origin myth of anything determines the way it is seen and its destiny, adding that it creates a magical, incantational, hypnotic power. This certainly seems to be true with psychotherapy, in that an experimental psychologist, a Freudian, and a cognitive/behaviorist are able to “indoctrinate” adherents into their own view of psychotherapy’s origin and purpose. For example, by saying that psychotherapy’s origins are in modern psychotherapy, ancient wisdom traditions are not given their due. Different origin myths induce different realities, as can be seen by even the use of the word *psyche*, usually translated in psychology education as “mind”;

pathways (which can be activated through various altered states of consciousness practices: breathing, acupoint touch techniques, methods of postural initiation such as Qigong, spiritual practices from East/West/indigenous traditions, and symbolic process modes of healing).” It should be noted that the term “transpersonal” has been critiqued for overly focusing on altered states “beyond” the personal; but the term transpersonal means both beyond and “through” the personal (Rudhyar, 1970), i.e. containing transcendent and immanent aspects. Likewise, the tradition of transpersonal psychology has been criticized for having an imbalanced emphasis on ascending into higher states; but transpersonal psychology can contain an all vector approach containing ascending, descending, and relational elements (Daniels, 2009; Ferrer, 2011). It is in this broader sense that BMHP, in particular with its integral approach and its use of the transcending/transmuting dialectic (Mayer 2007), contributes specific clinical approaches, perspectives, and tools to transpersonal psychotherapy (Boorstein, 1996; Cortright, 1997; Mayer, 2007, 2009, 2015).

BODYMIND HEALING PSYCHOTHERAPY

however, as Hillman (1975) pointed out, *psyche* does not just mean “mind.” In Greek, it translates as “soul.” As the Western mystery tradition (Mathews & Mathews, 1986) teaches, the “soul,” metaphorically speaking, is composed of four elements: fire (energy), earth (somatic psychology), air (cognitions and breath), and water (the affective dimension). Rooting psychotherapy in the soul of these elements creates an incantation into a more encompassing view that, for example, includes energetic (fire) and somatic (earth) dimensions.

Countering single-system psychotherapy origin myths, the astrological mandala is used to create an inclusive psychotherapeutic meta-system (Mayer 1977, 1984, 2007a), by taking the zodiac, composed of symbolic representations of the elements (fire, earth, air, water), and placing psychotherapy systems around the circle. The “mandala of psychotherapies” heals biases about what is the best or true origin of psychotherapy. The importance of this mandalic conceptualization is not to assign a type of therapy mechanistically to an astrological house or sign, but to develop heuristic, symbolic thinking; thus, at different times, a given school of psychotherapy can be at a different part of the zodiac.² Likewise, using tools from the mandala of ancient wisdom traditions,

² For example, behavioral psychology might be put into the 2nd house of Taurus, representing the physical embodiment of new behaviors; self-psychology might be placed in the 1st house, representative of Aries (the birth of a new self in springtime; the 3rd house or Gemini (the importance of communication in psychotherapy); or the 4th house or Cancer. Adding to the non-linear dimensions of BMHP, its ten layers are holographic, i.e., each of the parts is contained in all the other parts and in the whole, encompassing the

BODYMIND HEALING PSYCHOTHERAPY

such as sound, touch, breath, symbolic stories, or mindfulness, may be the most appropriate healing choice at a certain time. BMHP interns are trained to imagine standing in the middle of a mandala that includes all psychotherapeutic schools and ancient wisdom traditions.³ It is this breadth and depth that distinguish BMHP from other bodymind approaches to psychotherapy (Aposhyan, 2004).

Astrological Metaphor in Psychotherapy

One symbolic process method used in BMHP, when appropriate, is a non-deterministic approach to the use of astrological symbolism. A phenomenological

psychodynamics of early home life; the 5th house, Leo (psychodrama); the 6th house, Virgo (health psychology); the 7th house, Libra (relational approaches); etc. For example, new beliefs (cognitions, 9th house, Sagittarius) are born from transmuting the early affective wounding (4th house, Cancer) and concomitant energy blocks and dysfunctional beliefs derived from early wounding and doing cognitive restructuring (9th house, Sagittarius) to find new, more constructive beliefs.

³ A more complete outlining of the mandala of psychotherapies can be found in *The Mystery of Personal Identity* (Mayer, 1984, reprinted 2012, pp.106-109; *Bodymind Healing Psychotherapy*, pp. 34-35).

Regarding the non-fixed nature of this symbolic process method of conceptualized systems of psychotherapy, a psychoanalytic approach can be seen to be in the 4th house of Cancer, emphasizing the feelings of one's early home life, or it can be seen to be in the 9th house (Sagittarius) of philosophy, due to the birth of a new meaning that comes from working through the early introjects absorbed from one's family of origin and reframing that meaning from an adult viewpoint.

BODYMIND HEALING PSYCHOTHERAPY

theoretical perspective (Fingarette, 1965) bypasses the issue of correspondence between cosmos and personality. Astrological metaphors are used like a cosmological Rorschach projective technique, where symbols and myths are highlighted to help individuals focus on their life's meaning in an "astro-poetic" manner (Mayer 1977, 1984, 2012a).

BMHP and Couples Therapy

Beyond the scope of this chapter, BMHP has an approach to couples therapy. For example, "the four elements" of the Western mystery tradition are adapted to teach couples "the elements of constructive communication": "Fire" – starting out communication with positive intention; "Air" – distinguishing the whole person from the part of the person's behavior with which one is having trouble; "Water"– expressing "I feel" versus "you are" statements; and "Earth"– "I want" statements that address the behavior, or way of being, that one person wants the other person to change. The couple is trained in empathetic listening skills to respond to each other's feelings in the Water phase of communication; the "I want phase" (Earth) is an opportunity to bargain. There is also a psycho-mythological component to BMHP couples therapy. Relationships are seen as a rite of initiation through the elements, while sharing stories from cross-cultural mythology helps reframe difficulties in relationship as opportunities for solving the dilemmas of the "temples of the elements" and the lessons on one's life journey down the river of one's life (Mayer, 1993).

The River of Life (ROL) Self-Hypnosis Induction

Though BMHP draws from the mandala of traditional and alternative therapies,

BODYMIND HEALING PSYCHOTHERAPY

an essential aspect of BMHP is the *River of Life* self-hypnosis method (Mayer, 2007a, 2007b, 2009). The ROL draws from Taoist Microcosmic Orbit Breathing (Luk, 1972; Wilhelm, 1931/1963), which focuses on the central channel of the body. A natural inhalation arises up the back (*Du Mei* channel), and a longer exhalation comes down the front of the body (*Ren Mei*). This “long-breath” can be found by imagining that your exhalation is like a tire that has a slow leak in it, while someone is sitting on the tire. This can be differentiated from short-breath that is like a blow-out in a tire. Long-breath builds Qi, giving us a grounded yet light feeling. It is a natural exhalation through the nose⁴ that is not really through the nose; it is more deep and internal, sinking down the front of the spine (*Ren* channel) to the belly (*Tan Tien*) in the very core of you. If you force the breath out of your nostrils as if trying to expel a bug caught there, this will be “short-breath.” Long-breath is deep, smooth, non-forced, and calming, and generates a relaxed energized force (*fongsung*); however, though it generates a strong internal force, if you put a feather

⁴ Aspects of many old Taoist notions of breathing are being validated by modern science. For example, nose breathing versus mouth breathing has been shown to increase nitric oxide (NO), a bronchodilator and vasodilator that helps lower blood pressure and maintain homeostasis (balance) in the body. NO also sterilizes the air carried into the lungs, opens up the airways, and increases the amount of oxygen taken up in the blood (McKeon, 2015). For an online source for the importance of nose breathing, see J. Mercola at <https://articles.mercola.com/sites/articles/archive/2016/07/30/buteyko-breathing.aspx>. Other sources report that nose breathing slows the breathing rate, improves lung volume, and helps with a variety of disorders (L. Chaitow et al., 2014).

BODYMIND HEALING PSYCHOTHERAPY

in front of your nose it would barely move, or perhaps it would not move at all. Long-breath is also an entryway into “reeling silk” practices (Huang, 1974; Mayer, 2004a), one of the secrets of cultivating Qi with Tai Chi movements that are synchronized with the breath. It should be noted that patients do not need to learn all these particulars for the experience to have a beneficial effect.

BMHP adds a guided visualization of a river, a non-directive, integral component that allows individual images to arise, along with psychological methods that help to transmute “ice-blocks in the river.” The ROL process has hypnotic, psychotherapeutic, and meditative dimensions.

Each different form of meditation, self-hypnosis, or somatically-oriented therapy is state-specific (Leskowitz, 2000; Rossi, 1986; Tart, 1972). Drawing from Gendlin’s Focusing (1978, 1997) direct referent method, and similar to Ogden’s sensory motor therapy (Ogden, Minton, & Pain, 2006) and bottom-up approaches (Taylor, Goehler, Galper, Innes, & Bourguignon 2010), BMHP is a bodymind-centered approach. However BMHP and the ROL contain state-specific dimensions that, for example, do the following: (1) constellate an embodied, observing self associated with the center-line of the body or the whole energetic field of the body (*wuji*), as compared, let’s say, to mindfulness meditation that may constellate a different psychic vantage point (Kabat-Zinn, 2003); (2) activate the energy of the body in state-specific ways that simultaneously relax and energize (Mayer, 2009a, 2009c), (3) contribute to reducing arousal levels (Schore, 2003), and (4) add energetic healing dimensions to the relaxation response (Benson & Klippner, 1976). Further research would be necessary to determine how this

BODYMIND HEALING PSYCHOTHERAPY

state relates to Porges's (2001) polyvagal theory. Actually, the state-specific altered state activated by Qigong practice, in its broader dimensions, uses *yi* (translated as "intention") to "shape-shift" (Goodman, 1990; Gore, 1995; Mayer 2004a, 2007a) into embodied, hypnotherapeutic, psycho-energetic states from a universe of possibilities and elements of nature, e.g., animal forms (Feng, 2003) or trees (Lam, 1999; Mayer, 2004b, 2012b); (3) contain a unique integration of spiritually transcendent and psychologically transmuting dimensions; and (4) invoke a type of shamanic journey to the underworld (Eliade, 1964). However, here the pathway is an experiential journey into the personal and collective unconscious (Mayer, 2009a, 2012a).

The transcending/transmuting dialectic. The transcendent aspects of Microcosmic Orbit Breathing can be found at the end of the exhalation, at the navel (*Tan tien*). According to Taoist theory, one may discover here "the Sea of Elixir," conceptualized and experienced as a relaxed state where one dissolves into a wider sea (Wilhelm, 1931/1963). Regardless of whether one regards this method as being a hypnotic-like induction or an actual channel, the felt experience of Microcosmic Orbit Breathing has clinical uses (McKeown, 2015). As discussed earlier, according to Qigong theory, the long exhalation (Lee, Lee, Kim, & Ernst, 2010; Liu & Chen, 2010) and the pause after exhalation help people to "sink their chi" (Ming, 1989, pp. 125-126). Some trauma therapists confirm this centuries-old wisdom, using exhalation to activate a parasympathetic nervous system response to help heal trauma (van der Kolk, 2014). In this author's clinical experience, applications of this type of breathing can add state-

BODYMIND HEALING PSYCHOTHERAPY

specific attributes to grounding and relaxation in cases of hypertension, insomnia, anxiety disorders, addictions, trauma, etc. (Mayer, 2007a, 2007b, 2009a).

The transmuting dimension of the River of Life can be activated by a person's "focusing" (Gendlin, 1978) on emerging somatic sensations while practicing "long breathing" (Luk, 1972; Mayer, 2007a. "As you are imagining the river of your life flowing down to where you are today, some feeling, blockage, and/or issue may arise. Note where in your body you feel that issue and what its quality is" (Mayer, 2009a, pp. 115-116). Then the practitioner "focuses" on the felt meaning of the block until new meaning, along with a felt shift happens. From there cognitive restructuring (Ellis, 2003) and other traditional and transpersonal psychotherapeutic interventions are used to facilitate the process of changing one's life stance. The person can imagine pouring the new meaning into the river of their central channel on their exhalation and embodying the new way of being down to their belly or feet.

Shape-shifting. BMHP brings the cross-cultural, somatic, psycho-mythological concept of *shape-shifting* to psychotherapy, positing that myths and practices of shape-shifting may be a primordial root of psychotherapy (Mayer, 2007a, 2009a, 2012a).

In shamanic literature, "shape-shifting" is linked to creation. In the Pacific Northwest, a creation myth tells of a Native American fisherman who finds a cave, where animals around a roaring fire play a game of "shape-shifting" into human beings (Gore, 1995). New embodied realities were created in indigenous cultures by assuming postures of stillness and using the imagination, long before contemporary schools of

BODYMIND HEALING PSYCHOTHERAPY

psychotherapy existed (Goodman, 1990). I call them “traditions of postural initiation” (Mayer, 2004a, 2012a).

In ancient Greece, Epimenides used “rituals ... watching animals and following them in their movements to develop healing powers” (Kingsley, 1999, p. 215). In Epidaurus, at one of the world’s oldest holistic healing centers, shape-shifting into another identity was an essential element of healing rituals. The Aesclepien priest advised the sick to go to the Dionysian theater to play a particular part in a play, or to wear a mask representing another person or animal or an element of nature (Papadakis, 1988). A new energy or healing pathway would be activated in the psyche (Meier, 1967). The Chinese tradition of Tai Chi Chuan can be taught as a way of postural initiation (Mayer 2004a, 2009a, 2012b).

Greek mythology is a treasure-house of shape-shifting stories that can be useful to narrative therapists in helping patients alter dysfunctional or fixated life stances. Zeus changes into a swan in order to seduce Leda, perhaps symbolically represent a man’s need to let go of his godlike complex (Zeus) to find a more light-hearted manner (the swan) to approach a woman. Another Greek myth tells of Proteus, the old shape-shifting man of the sea, who changed his form from a lion to a snake, and from a leopard to a tree. When the Greek hero Menelaus needed information from Proteus to find his way home, he disguised himself as a seal until Proteus returned to his true form, whereupon Menelaus obtained the information he needed (Mayer, 2007a). BMHP uses body movements and postures, metaphors representing nature, and symbolic teaching stories to help the lost soul find its way home.

BODYMIND HEALING PSYCHOTHERAPY

Contemporary psychotherapists may already unconsciously incorporate shape-shifting ideas when they use subpersonality work (Assagioli, 1965). A semi-joke is told in BMHP that we all just have one problem – that we use the word “I” incorrectly. So if people say, “I’m no good,” the issue may be that the subpersonalities that believe they are “not good” is an introject from childhood. The “true I” knows differently. The role of psychotherapy then becomes one of helping individuals learn how to be mindful that “the I who we think is I” is not the true I. Healing comes from shape-shifting into the real I, similar to Menelaus finding his way home.

To facilitate shape-shifting, BMHP incorporates a “full-spectrum approach to symbolic process modalities” (Mayer 2009a, pp.109-132), addressing the imaginal, somatic, and energetic dimensions. It uses these three dimensions to incorporate symbolic processes into clinical practice through the following approaches: teaching stories, Qigong practices, directive and non-directive methods, hypnosis, dreamwork, astrological metaphors (Mayer, 1984, 1993, 2012), alchemical metaphors (Edinger, 1985), and, particularly, the River of Life and the Mythic Journey processes (Mayer, 1982, 2007a, 2009a).

Case Illustrations and Vignettes

Case Vignette: “Life Stance” with Social Phobia

Shape-shifting enhances psychotherapy, and vice versa. For example, one of my Standing Meditation Qigong students practiced the “Standing like a Tree” form of Qigong (*Zhan Zhuang*), which consists of imagining and practicing embodying the

BODYMIND HEALING PSYCHOTHERAPY

likeness of a tree (Mayer, 2004b). Sam (not his real name) asked me to end our Qigong relationship to begin psychotherapy with me. I learned he had a severe social phobia that was going to lead to his dropping out of his first year of college. As he was introduced to the River of Life practice, “focusing” on his fear of fellow students, he discovered it was rooted in the trauma of being physically and emotionally abused by his brother throughout his childhood. A culmination of the work he did in therapy came when his older brother again started to berate him verbally, saying, “I’m still better than you at everything.” Sam was able to “stand up to him” and respond, “You’re not better than me at everything; you’re not better at being a kind brother.” Sam marked this as the beginning of a change in his life-stance toward his brother, a “shape-shifting,” if you will, into a new relationship where they communicated about the past – and apologies were made. From this new embodied life stance a new practice was anchored, helping him with his social phobia (Mayer, 2007a). He reported that Standing like a Tree together with psychotherapy helped him to find this new stance. Training in Standing Meditation as such is not, however, necessary to achieve this goal.

Case Illustration with BMHP: Panic Disorder

Shelly, a 23-year-old woman, knew nothing about Standing Meditation. Her case illustrates in more detail many of the integral/transpersonal dimensions of BMHP. Shelly presented with flat affect, showing no emotion, as she told me about her first job as a graphic artist for a big company:

BODYMIND HEALING PSYCHOTHERAPY

Whenever too many jobs back up, I have to leave my cubicle. I tell my fellow employees that I have to go to the bathroom, but in reality I'm sweating; heart palpitations and dizziness come over me like an unwanted plague. Sitting on the toilet seat in the bathroom with the door closed, I hope no one will discover what's going on with me.

Shelly was literally petrified that her boyfriend and friends would find out about her panic attacks and reject her. Before our therapy, Shelly suffered from adverse effects from her anxiety medications, so she wanted to find an approach that did not require medication. She reported that her psychiatrist “tried to push on me the idea that my issues related to the fact that I had been adopted in infancy.” Shelly left treatment because she felt that her anxiety could not have anything to do with her early life, since she had a loving relationship with her adoptive parents.

Taoist Breathing Techniques and Hypnosis. Shelly wanted to control her symptoms related to being overwhelmed by the multi-tasking required at work. To help her find some symptom relief, I first taught Shelly Microcosmic Orbit Breathing. For most patients with whom I have tried this method, it is of major significance in reducing their panic attacks, bringing patients into their core, grounding them, and reducing arousal levels (Schore, 2003). But for Shelly it provided only minor relief in lowering her SUD scale by three points. (I later discovered that this was because of how critical she was of herself.)

BODYMIND HEALING PSYCHOTHERAPY

Chi Nei Tsang – Belly Massage. Adding another medical Qigong method to the Microcosmic Orbit Breathing method was helpful to Shelly in obtaining further symptom relief. *Chi Nei Tsang* consists of pressing into points around the belly with a circle, stop-feel method (Chia, 1990; Mayer, 2007a). The following is an adaptation of the technique: As you are lying down, place your hands on your belly. Just feel your inhalations and exhalations; notice the way you normally breathe, and whether your hands rise or fall as you breathe in. The Taoists say that, in natural breathing, called diaphragmatic breathing, as the breath comes in, the stomach should inflate and the hands should rise. As you breathe out, your stomach should deflate, your pressing-in hands should follow the falling of the stomach; and then after the pause at the end of your exhalation you circle, stop, and feel.

For almost all of my anxiety-ridden patients this method significantly lowers SUD levels, and often helps patients to reduce or eliminate anxiety medications (Mayer, 2008). However, it is often the case that, if the psychological complex behind a life issue (for example, Shelly's self-criticalness) is not "worked through," the transcendent altered state accessed may not be long-lasting; and this was true for Shelly.

Transcending/transmuting Dialectic. I have called this two-sided coin "the transcending/transmuting dialectic" (Mayer, 2007a, p.106). Two important principles in transpersonal psychotherapy are that: (1) activating a state-specific altered state (Tart, 1972) can be a useful adjunct to psychotherapy and behavioral healthcare, helping to reduce or eliminate the need for medication and reduce arousal levels (Schore, 2003); and (2) transmuting traditions involve "working through" the deeper psychodynamic and

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BODYMIND HEALING PSYCHOTHERAPY

cognitive roots of a psychological complex. The appropriate blending of these two traditions is a central aspect of BMHP (Mayer, 2007a, 2009a, 2012a).

Psychological methods help us to transmute the underlying complex, i.e., gain insight into etiology, develop new coping skills, activate new cognitive skills, transmute dysfunctional introjects, foster a compassionate relationship towards our issues, discover transformative meanings, and so on.

“Focusing” on the Felt Meaning of Anxiety. Gendlin’s *Focusing* (Gendlin, 1978) is one such transmuting method. The process, as I have adapted and combined it with BMHP, consists of the following six steps: The first step involves learning to “clear a space” from painful feelings and the “subpersonality” (Assagioli, 1965) that is associated with those feelings. In practice, it adds to the Focusing technique the idea of imagining a river traveling down the “macrocosmic orbit” on the exhalation in order to further facilitate clearing a space away from these distressing feelings. Through this integration of Qigong and Focusing, a temporary, healing dissociation from the issue can be created. In this combined method, on the exhalation one can imagine negative feelings releasing down the river of breath and coalescing into an image of that subpersonality at a distance from oneself. This honors Focusing’s emphasis on finding the right amount of “breathing room” from one’s issues, not too close and not too far. It is from this “right distance” that a patient can get a “felt sense” of what this issue is “all about.”

Secondly, the patient finds the “felt sense” of the issue. A “felt sense” can be distinguished from a feeling by the fact that it is unclear, is experienced as more holistic,

BODYMIND HEALING PSYCHOTHERAPY

and combines meaning with a body sense. The unclear sense in the body is a place where the meaning feels like it is “on the tip of our tongue.” The difference between a feeling and a felt sense is like the difference between being immersed and drowning in the water of a feeling, versus sitting next to the river of our experience and noticing the rise of words or images that capture the essence of what that feeling state is all about. This involves not thinking about the issue, but directly referring to the body in this state-specific meditative state and allowing meanings to arise. (This is a key component of the transmuting dimension of the River of Life practice.)

Third, the patient practicing “Focusing” finds a “handle word or image” that opens the door to the description of that sense. Fourth, he/she “resonates” the emerging thoughts or images back with the body sense to see if the center of the target is hit. Fifth, questions are asked of the felt sense, such as “What is the worst thing about this issue?” “What is so important about this whole issue?” or “What is the crux of this issue?” The person waits until one of the images, words, or sounds gives the sense that the felt meaning of the issue has been discovered, whereupon a “felt shift” occurs. Sixth, the focuser “receives” the information that arose from the bodymind with appreciation, and explores where the information leads in terms of life changes.

As Shelly practiced the River of Life method, she “Focused” on the tension that blocked her inner river. She discovered a “held back” feeling in her jaw and heart. When she “resonated” (Gendlin’s Fourth step) the words “held back” with this felt sense, new words emerged: “I feel ‘ashamed’ that I don’t have it together.” Shelly found “the crux of

BODYMIND HEALING PSYCHOTHERAPY

the felt meaning” of her panic, in response to my question, “What feels so scary about ‘not having it together’?”

Psychodynamics. From Focusing, while practicing the ROL, the psychodynamic roots of her issue emerged. An image came to her mind of an infant being given away. As tears came to Shelly’s eyes, she first said, “No, it couldn’t be about this!” But as the tears turned into sobs, she realized that the deepest, earliest root of this issue was her feeling of being rejected by her birth parents. Though her past psychiatrist had been correct in his assessment, I believe that, because he told her *his* interpretation, rather than non-directively allowing it to come from her own bodymind, the interpretation produced a defensive reaction. She realized that the fear of being rejected by her friends nowadays felt similar to her fear that her adoptive parents would reject her if she did not meet their standards. We then worked on developing the re-parenting tools needed to soothe her.

Self-Soothing Using Acupressure Points. The “Tao of re-parenting” (Mayer, 2009a) uses the felt sense in the body and imagery to facilitate the re-parenting of childhood wounds. First, an image and felt sense of our parents soothing us is tried, but, if blocks exist, an archetypal image of a universal mother or father figure may aid the process.

Holding a pillow, Shelly tried to imagine her mother soothing her by being compassionate and non-judgmental about her not getting enough things done at work. Since her natural parents had rejected her, even though there was much love from her adoptive parents, Shelly realized she did not fully trust the unconditional love of the

BODYMIND HEALING PSYCHOTHERAPY

latter. Because she had a hard time finding a self-soothing figure in her personal life, she searched for an archetypal image that could accept her the way she was. Mother Teresa came to her mind, followed by a reduction in her anxiety level from a 7 to a 4 on an SUD scale of ten.

Chinese medicine, with its knowledge of the acupuncture and acupressure points, complements imagery work well. While using archetypal or personal healing imagery, the therapist can suggest that the patient touch an acupressure point on the heart (Conception Vessel 17) with the right hand, and a point just below the navel (*Tan Tien*, acu-point CV6) with the left hand. CV 17, located four finger-widths up from the base of the breastbone in an indentation there, functions to “unbind the chest,” according to Chinese medicine (Deadman & Al-Khafani, 1998, p. 518). Shelly touched this point, also called the *Sea of Tranquility* (Gach, 1990), with the middle finger of her right hand, made small circles, stopped, breathed, and felt the energy. With the middle finger of the left hand she similarly touched her belly (*Tan Tien*), which Taoists believe is the power center of the body.

Self-soothing is deemed by many psychodynamic psychotherapists to be important in repairing the Self (Kohut, 1971) and healing dysregulation (Schoore, 2003). In conjunction with the ROL method, BMHP uses physical self-touch of the body, particularly on acupressure points on the heart and belly, to aid self-soothing and affect regulation.

BODYMIND HEALING PSYCHOTHERAPY

One day, after my work with Shelly, synchronistically I saw a picture of “the *Chiltan Spirit Posture*, “which shows standing figures that have one hand on the heart and the other on their belly” (Goodman, 1990).



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I discovered that this posture was found in many indigenous cultures (Gore, 1995). Although we cannot be sure of what meanings these totem carvers intended, it can prove phenomenologically enlightening to follow the tradition of psychological archeology (Goodman, 1990) by exploring the holding of postures and hand gestures used by indigenous and cross-cultural traditions. BMHP proposes that drawing from psychotherapy’s primordial origins can provide a deeper root system to aid all branches of modern psychotherapy. For example, touching the heart and belly has cross-cultural healing use in the chakras of Hinduism, the energy centers of Taoism, and indigenous cultures. Shelly reported that touching CV 17, using acupressure’s circle, stop, and feel

BODYMIND HEALING PSYCHOTHERAPY

method (Gach, 1990), helped to lower her SUD level. Medical Qigong gives us many other points to help alleviate anxiety (Liu & Chen, 2010).⁵

Cognitive Restructuring. A transcendent altered state can be activated through touching acupuncture energy points or doing various movement-based interventions; the transmuting dimension's working-through process is facilitated through "cognitive restructuring" (Ellis, 2003). Cognitive therapy techniques, such as voicing new truthful and constructive beliefs and measuring change with the SUD scale, have been combined with information reprocessing using eye movements (Shapiro, 1995) and with energy psychology interventions such as tapping (Callahan & Trubo, 2000; Craig & Fowlie, 1995; Feinstein, 2012, 2018). Although BMHP's integrative methodology uses such interventions when appropriate, BMHP has developed a parallel energy psychology tradition that uses the River of Life process, Qigong postures, and self-touch of acupuncture points, along with cognitive restructuring as its preferred modalities (Mayer, 2005, 2009a, 2015).

A cognitive restructuring formula that BMHP uses is to first state a negative feeling/belief and then say, "Even though ____, fill in the blank and then find a more

⁵ For example, Kidney-1 (located on the ball of the foot, in the middle, slightly in front of center, toward the toes) is particularly helpful for public speaking phobias. This point is also helpful for grounding energy, bringing it down from the head, at times when the ego experiences fragmentation under stress. The Kidney meridian in Chinese medicine is used to deal with the polarity of fear and vitality/strength.

BODYMIND HEALING PSYCHOTHERAPY

truthful and constructive belief and say, “This is an opportunity to___, and fill in the blank (Mayer, 2007a; Shapiro, 1995). Shelly began with the catastrophic negative belief, “ Even though I feel that if anyone knows how messed up I am, I’ll be rejected.” Shelly’s more truthful and constructive cognition was, “This is an opportunity to realize that I deserve to be loved for the way I am, vulnerable and all. I’m willing to take the risk to put out who I really am, and have people in my life who won’t abandon me for who I am.” The patient then imagines pouring this new belief, as if it is a healing potion, down their central channel of the “River of their Life” on their exhalation (Mayer 2007a, 2009a).

BMHP proposes that adding a somatic component (such as Gendlin’s felt sense, the ROL, or acu-point self-touch) to cognitive therapy helps to develop new somatic anchors that lead to a more embodied, compassionate new life stance. When Shelly anchored this new cognition by feeling it enter the river of her central channel and going down to her feet, giving her a new life stance, while touching two acupressure points on her heart and belly, her face and breath relaxed, and her SUD level reduced to zero – even when she “Focused” on her fear in session. Shelly reported that using the ROL and self-touch methods outside of the session helped her to maintain a connection to this new life stance, reducing her SUD level there as well. After she had done the psychodynamic and cognitive transmuting inner work, the River of Life was more effective in affect regulation, helping her to “sink her chi” to her belly and down to the bottom of her feet.

This new way of being translated to Shelly’s opening up and discussing her anxieties and panic attacks with her boyfriend, which led him to share a secret about his

BODYMIND HEALING PSYCHOTHERAPY

childhood abuse. Increased intimacy developed. Also, Shelly reported being better able to handle the job stressors in her work.

Regarding the symbolic process components of BMHP, just before our therapy, Shelly dreamed that her beautifully colored flower tattoo had turned grey. During our termination process, she had another dream that the flower's color had returned. She interpreted this to mean that trying to hide her fears and invalidating her vulnerabilities took the color out of her Self – and now her color was returning.

Similar to the tradition in the Aesclepien temple where a healing dream signaled it was time to leave, Shelly saw this dream as a signal to begin to terminate our therapy. We discussed how, when unwanted feelings were triggered outside of our sessions, self-touch of acu-points, the ROL method, and cognitive restructuring would help to provide an anchor (Grinder & Bandler, 1981) and increase her resiliency (Schore, 2003) to return to the grounded, centered state found in our sessions. Rather than a cure model of psychotherapy, this case illustrates the practice model of psychotherapy.

The holographic dimensions of BMHP are illustrated in this example because the transcendent dimensions of breathing and self-touch without the cognitive and psychodynamic levels were less complete; in addition, the cognitive and psychodynamic levels were less complete without breath and self-touch. Each integral dimension of BMHP contains the other: in breath and self-soothing is cognition, and cognitions are contained in the breath and self-soothing.

BODYMIND HEALING PSYCHOTHERAPY

In our termination session, after about six months of therapy, Shelly said, “It’s not that feelings of anxiety don’t arise anymore, but they haven’t turned into panic for a long time, because I’m able to soothe myself when they arise. I look at life’s difficulties as an opportunity to practice ‘sinking my Qi’ and find the new life stance of accepting where I am, and soothe uncomfortable feelings.”

Transcending/Transmuting Dialectic (continued)

The following brief case vignettes further show how the transcendent/transmuting dialectic is key to an integral BMHP. First, on stage, in front of about two hundred health professionals at our Health Medicine Forum, the medical doctor with whom I co-founded our clinic asked me to demonstrate my River of Life process with one of his patients. A local researcher from the nearby hospital measured the patient’s systolic BP as 168 (Mayer, 1997). After about seven minutes of the ROL induction, the patient’s BP went down to 128. The audience was impressed, as was I, since I was glad my own BP was not being measured before this big audience.

Robert, a company executive, heard about this presentation and came to our integrated medical clinic with high BP. He wanted to experience the “Qigong hypnosis thing.” However, I assessed that he had much broader issues, when he told me about his conflicts with his wife, not having time to spend with his children, and sleeping only for a few hours a night due to his “workaholism.” Robert reluctantly agreed to do a few sessions of psychotherapy. As we were doing the River of Life process, he felt a block in his inner river, a felt sense of “a disconnected wire of anxiety.” An image arose of being

BODYMIND HEALING PSYCHOTHERAPY

at the dinner table with his four brothers and father. Robert remembered getting a “D” on his report card, when all his brothers laughed at him, saying that he would never amount to anything. Adding to his humiliation, one brother said, “But don’t worry, when you get older you can always be a garbage man and pick up garbage at our estates.” Tears came to his eyes in reply to my question, “Did you promise yourself anything at that point?” He said that he promised himself to “never rest” until he made more money than all of them together. Robert then made the connection between his current workaholism and his childhood promise about “not resting.” His wife marked this as the beginning of his change. This inner work led him to develop a new stance toward life, to change his workaholic stance, becoming a more engaged partner to his wife and a better father, and living a more balanced life (Mayer, 2007a, pp.171-174).

The Mythic Journey Process

The Mythic Journey Process (MJP) is a central component of Bodymind Healing Psychotherapy’s symbolic process methods. Building upon the work of Joseph Campbell (1968), Sam Keen (1989), Carl Jung’s active imagination process (1997), and James Hillman’s Archetypal Psychology (1975), the Mythic Journey Process (Mayer, 1982, 1993, 2007a, 2009a) adds a somatic dimension to psycho-mythological inner work. The MJP consists of a person transposing a life problem into a story set in ancient times. To ground the mythic dimension somatically, the MJP uses Gendlin’s Focusing, so that the storyteller continually refers back to the felt sense of the body. At the end of the process, a person grounds the newly discovered life stance through a spontaneously arising gesture, a Qigong/Tai Chi posture, or an animal movement. MJP can be used for

BODYMIND HEALING PSYCHOTHERAPY

relationship issues (Mayer, 1993), as well as for individual psychological issues (Mayer, 1982, 2007a, 2009a).

For example, a 40-year-old female patient, called Roberta, had longstanding passive/aggressive withdrawing tendencies with her husband. In her written MJP, she imagined the princess's "demon" as an ostrich hiding her head in the sand, a symbolic representation of withdrawing tendencies coming from her feelings of being discounted and denigrated by her parents, "the King and Queen." She felt a somatic constriction in her stomach (8 SUDS). In our therapy, which incorporated this psycho-mythological inner work, a spontaneous gesture emerged, when she pictured being attacked verbally by her husband. When I asked how she would like to respond to her husband, she put the backs of her hands together (like in a breast stroke clearing-the-water motion). I pointed out her gesture's similarity to a Crane movement in Hua Tao's Crane Qigong set. This Soaring Crane (Feng, 2003, p. 12) movement can have a medical Qigong purpose of clearing the heart chakra, a self-defense purpose of defending oneself against attack, and a psychological purpose of differentiating what is of danger and truly threatening from what is one's reactivity (Mayer, 2012b). In Roberta's MJP, she imagined herself meeting a Crane Qigong shaman who taught her to identify if something is harmful, and how to clear space for her heart's modulated expression. Roberta reported that this image, and the body sense and posture that went along with it, helped her to anchor and practice this embodied way of being when she became triggered by her old Ostrich-like behavior.

Some Naturally Arising Bodily Gestures Leading to a New Life Stance

BODYMIND HEALING PSYCHOTHERAPY

In my books, I report many examples of how anchoring naturally arising movements at a moment of felt shift in therapy can be useful in helping a patient to develop “a new life stance” (Mayer, 2007a, 2009a). Here are some examples:

(1) A woman in one of my workshops, when working in an individual session with me on how to respond to a man who was giving her unwanted sexual attention, was going to “blast the guy.” In conjunction with work on affect modulation skills with another therapist, and in response to my question, “How would you like to respond to this man if you were practicing your affect modulation skills?” she spontaneously made a flicking movement with the back of her hand. The gesture symbolized, say, that his “coming on to her wouldn’t be a big deal.” (The movement she made was exactly the same as a Tai Chi movement called “Fist Under Elbow.”) She had no prior Tai Chi experience. When I pointed out the self-defense application of this gesture and asked what words would go along with it, she replied that she was going to say to the man, “Thanks for your interest, but I have a boyfriend, and I want to focus on the workshop.” In other words, this posture helped her to anchor a stance that expressed the “affect modulation dial” (Mayer, 2007a, p. 216), one that was not overly assertive and yet established a boundary with kindness and strength.

(2) A woman reported that her father always talked *at* her rather than *to* her, which led to five years of her not speaking to him. After six months of our therapy, she was ready to see her father again. In response to my question, “How would you like to approach him?” a spontaneous gesture arose. Her right hand was outstretched, palm-out, in front of her heart, and her left hand went palm-up next to her ribs. This posture, I

BODYMIND HEALING PSYCHOTHERAPY

pointed out, was similar to the posture Repulse Monkey in Tai Chi. We discussed how this posture balanced boundary setting and welcoming. This patient had never taken a Tai Chi class. After seeing her father for the first time in five years, the patient reported that, when he excessively talked *at* her, she was able to recall the Repulse Monkey mudra (hand gesture). She reported that it helped her to remember to set kind, non-reactive boundaries, as in: “Dad, I haven’t seen you in years, how about listening to what’s been going on for me?” She reported that this opened a conversation and clearing with her father, where he listened better and she was less reactive.

It should be said that a therapist can notice spontaneously arising gestures at key moments of therapy even with no training in Tai Chi/Qigong. By bringing patients’ awareness to these postures, a somatic anchoring can take place, leading to practicing a new life stance. In other somatic psychotherapeutic methods (Levine, 1997; Ogden, Minton, & Pain, 2001), patient gestures are used to facilitate bodymind transformation. Then why learn Tai Chi or Qigong, one may ask? In this author’s opinion, the study of Tai Chi, Qigong, and other traditions of “postural initiation” (Mayer, 2004a, p. 22) can expand the therapist’s understanding of postures and deepen the embodiment of their healing purpose (Mayer, 2007a). Further comparison research would add to a more holistic paradigm in this pre-paradigmatic phase (Kuhn, 1996) of somatic psychotherapy’s evolution regarding which methods are most efficacious, in what circumstances, for increasing a patient’s somatic safety zone, decreasing dysregulation, and determining what state-specific qualities best facilitate the psychological transformation of various fixations and dysfunctions. Likewise, further comparative

BODYMIND HEALING PSYCHOTHERAPY

research could examine which of BMHP's full-spectrum of symbolic process approaches add, in what circumstances, to narrative approaches to psychotherapy.

Who is Qualified to Practice BMHP?

There are elements of BMHP that can be practiced by any mental health professional. Standard of Care dictates that to practice any method a practitioner must have sufficient training. BMHP has many components that can be incorporated into a therapist's psychotherapeutic toolkit. The integral dimensions of BMHP can be learned through the book *BMHP* (Mayer, 2007a), online courses at Alliant University (<http://bit.ly/2jwHwIM>), through the Bodymind Healing Psychotherapy Certification Program (www.bodymindhealing.com/certificationprogram), and through workshops that are given throughout the country.

Some specific psychotherapeutic skills sets that are helpful to therapists in BMHP training are the following: (1) Cognitive restructuring with a Subjective Units of Distress Scale, (2) Gendlin's Focusing, (3) Symbolic Process, and (4) Tai Chi/Qigong or awareness of somatic gestures.

Evidence Base of BMHP

Many of the individual components of BMHP have a strong efficacy research base, for example, cognitive restructuring, Gendlin's Focusing, psychodynamics, and symbolic process modalities. Many methods of Energy Psychology, such as tapping acupoints while doing psychotherapy, are receiving increased recognition from respected journals (Feinstein, 2018). Likewise, the efficacy of Qigong has been documented

BODYMIND HEALING PSYCHOTHERAPY

(Jahnke, Larkey, Rogers, Etnier, & Lin, 2010; Wayne & Furst, 2013). Regarding efficacy measures used in BMHP, these two are the most common: (1) A Subjective Units of Distress (SUD) scale is usually employed to measure change; and (2) Some patients bring blood pressure monitors to their sessions. As reported above, the River of Life method dramatically reduced a person's blood pressure as measured by a hospital researcher; many other patients have reported similar results. Single-shot case illustrations are reported in the BMHP book showing applications of BMHP to such conditions as hypertension, anxiety, trauma, chronic pain, depression, and substance abuse. However, BMHP has not had the benefit of funding, which suggests that more robust research methodology measures could be applied to its overall integrative approach.

Associated Risks

Since BMHP is a type of somatically-oriented therapy, it can evoke deeper material than some other methods. Therefore, sufficient training in BMHP or in a therapist's chosen approach is fundamental. Likewise, for the patient, deeper material may emerge than in non-somatically oriented psychotherapy. The adept therapist will use appropriate assessment about how and when to apply certain elements of this process to help patients cope with the vicissitudes of life.

Shamanic Dimensions. BMHP can be viewed as a type of "journey to the underworld" (Eliade, 1964; Harner, 1990). However, instead of drums used to activate the journey, the patients' bodily felt sense guides them through the underworld of emotions. To use a metaphor from cross-cultural mythology, just as Theseus in the tale of

BODYMIND HEALING PSYCHOTHERAPY

the Minotaur used the thread of Ariadne tied to a post at the entrance to the underworld to guide him safely through the underground labyrinth, so does the BMHP patient establish a somatic safety zone by using: the River of Life, “the sinking of the chi,” and hypnotic anchors such as an inner sanctuary or a specific stance to return to if difficult material arises.

By using the mandala of traditional/alternative therapies, including the ten holographic dimensions of BMHP and state-specific ancient wisdom traditions, this integral psychotherapy is oriented to cultivate a deep root system and to open a safe and wide pathway in the field of transformative psychotherapy.

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Bio: Michael Mayer is a licensed psychologist, a certified master Tai Chi instructor, and pioneered the integration of Tai Chi/Qigong and psychotherapy. He

BODYMIND HEALING PSYCHOTHERAPY

presents his Bodymind Healing Psychotherapy trainings at conferences and workshops nationally and internationally. Dr. Mayer has authored 20 publications, including six books and journal articles on mind-body healing. A co-founding faculty member of John F. Kennedy University's transpersonal psychology program, he co-founded an integrative medical clinic, and he is a clinical supervisor for the East Bay Mindfulness Center (www.bodymindhealing.com).

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