



The Relational Aspect of
Resource Oriented
Skill Training

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Acknowledgements

In September of 2007 I participated in a psychotherapy conference in Cambridge, UK, entitled: "The Client and I: Relational Dilemmas and Opportunities in Psychotherapy".

The conference attracted participants from various disciplines within the psychotherapeutic field who do not often attend the same conferences (e.g. Psychoanalysts, attachment oriented psychotherapists and bodypsychotherapists). The common denominator being that regardless of their specific field, they all worked with Relational Psychotherapy.¹

This conference became a great inspiration to me.

Focusing on the relational aspect of psychotherapy and the interplay between very diverse psychotherapeutic approaches aroused my curiosity about how I, myself, deal with the relational aspects of my own professional psychotherapeutic work.

It occurred to me how I, in a way, took the relational aspect for granted - and therefore didn't fully reflect on it or took the time to describe it comprehensively. I realize this limited reflection was part of my training in various traditions where nonverbal exchange was the focus. My training in Bodydynamic Analysis² has its' foundation in psychomotor skill training³ (or relaxation therapy as it is also called in Scandinavia and taught at Skolen for Krobsdynamik). While body-based techniques and non-verbal exchange also work by means of relational interaction between therapist/teacher and client/student, these techniques have not been named or described as "relational".

In this paper, I will reflect on the relational aspect of ROST – also named Motoric Haiku.⁴

I also drew important inspiration from literature published in recent years on neurobiology, neuroaffective development and the link to psychotherapeutic contact and attachment.⁵

This new knowledge supported me to anchor theoretically what my sensory awareness has always told me when in contact - the fact that I can sense or "know" another person's state inside me, and that the other can sense me as well. It is a relief to not have to try any longer to make this experience fit into a strict I-you description of contact - but to be able to work with both kinds of experience as equal and valid parts of reality within a relationship.

Thank you to: Tom Warnecke who invited me to the Cambridge conference and who through conversations opened my eyes to "Relational Psychotherapy", especially in the UK.

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¹ The following is a quote from UKCP's homepage (United Kingdom Council of Psychotherapy): "Relational psychotherapy is not so much a particular school of psychotherapy as it is a broad way of understanding human motivation and the process of therapy. Therapists who take a relational approach understand that person-to-person relating is one of the most central motivations that people have, hence it can also be what brings many individuals to therapy. Therapists from all different modalities can be described to have a relational approach if they prioritize their clients' ways of relating to others as central to understanding themselves. While understanding the way previous relationships inform current relationships is important, relational therapists also maintain that the therapeutic relationship creates a space where such relational dynamics are provoked and can be worked through, understood and improved. Relational therapists may draw on dynamics that are occurring in the here and now within the therapeutic relationship in order to shed greater light on understanding the client's relational dynamics and hence enable them to understand themselves more. The way a therapist behaves in therapy with regard to their relational position, will largely depend on their own personality and training, privileging the client's way in which they relate, however, is likely to be common among most individuals working relationally."

² For an introduction to the fundamental ideas of the Bodydynamic system – a bodypsychotherapeutic system created in Denmark, see: Bentzen, Bernhardt and Issacs, 1997; Jørgensen and Ollars, 2001; Brantbjerg and Ollars, 2006; and Fich and Marcher, 1997. Or go to www.moaiku.com and www.bodydynamic.dk.

³ Psychomotor knowledge of the link between specific muscles and specific psychosocial skills is the core of the Bodydynamic tradition as described in Brantbjerg & Ollars, 2006.

⁴ Classic Haiku are ultra short poems. They are about things you sense: See, hear, feel smell or taste. They take place in the present, describing an event as if you "catch" a situation on camera. To me this captures the essence of precise bodily skill training and why I chose to use "Motoric Haiku" as an additional name for this method. Motoric Haiku is an encounter between motor activity and concentrated focus on sensory experience here and now in a contact field.

⁵ Especially Hart, 2006, Siegel, 2004 and Stern, 2004 are important sources of inspiration for this article - Stern being the most recent. That is why many of the quotes in this paper stem from his work in particular. In many cases the content could also have been extracted from other bodies of work.

Preface

Why am I occupied by these issues? Why is it important for me to write about them?

I have been a bodypsychotherapist for 32 years. And in that role, teaching is a strong part of both my professional and my personal identity, which is why skill training has proven to be easily accessible to me as a psychotherapeutic method. I always enjoyed sharing with others my skills and knowledge. And at the same time, it has been frustrating for me over the years to observe how a skill training method runs the risk of triggering locked patterns of "one-up" and "one-down" interactions between teacher/student, and also in group dynamics. As soon as there are even the slightest signs of a "right" or "wrong" answer or an anticipated reaction to the exercises – then these dynamics are triggered.

I, myself, have felt trapped in a "one-up" role as the skilled, precise teacher with a clear language that made it easy for participants to understand my instructions. At one level this is a functional role and at another it becomes a locked relational pattern.

For many years now, I have been experimenting with finding a style of skill training that supports development of an inner authority in the student/client and through that new style, change the pattern of relating. The key I found was to use the principle of "dosing" as a core element of skill training.

I was interested in how the contact field between facilitator and student/client is transformed by focusing on individual dosing. I was also curious about how my own inner experience as a facilitator changed from focusing primarily on structure and clarity to focusing more on curiosity, unpredictability, resonance, and reality testing. The goal of studying the essential role that relational aspects play in ROST is to illustrate how this method is not merely a "technique" but rather a piece of lived life between facilitator and student/client which provides an opportunity for transformation on both sides.

Introduction

The following article is a continuation of Resource Oriented Skill Training as a Psychotherapeutic Method, an article first published in November 2007.

There I presented the historic background and basic principles of resource oriented skill training (ROST) as a psychotherapeutic method and what makes it effective: Distinguishing between concrete body sensing and emotionally charged body experience; verbalizing both body sensing and body experience; remaining in the here and now; accepting what is; resource orientation; resonance, and "dosing".

In this article I will examine the method's numerous relational aspects. For example, skill training takes place in a field of contact between a teacher and participants in a group or between a therapist and a client. These fields of contact play a significant role in the outcome of the ROST method. In addition, transforming locked patterns of the personality, whether the locks are linked to developmental themes or to trauma, depends on human encounter and an exchange in an open inter-subjective contact field, and also sometimes on a long-standing attachment relationship.⁶ Inter-subjective contact, both in the here and now and through attachment, can stimulate the development of new experiences in a contact field. And this process of contact with another human being is crucial when psychosocial resources have never been developed or access to them has been lost during the stages of personality-development. Likewise, phenomena such as resonance⁷, mirroring by means of mirror neurons⁸, and a distinction between factual sensing and interpretation, offer keys to describing the encounter in the here and now.

⁶ Daniel Stern points out an important distinction between intersubjectivity and attachment both of which are regarded as basic motivational systems. Attachment can occur without intersubjectivity and vice versa - or both phenomena can occur simultaneously. The system of attachment is described as functioning on a fundamental axis of intimacy/safety and distance/exploration-curiosity. Intersubjectivity on the other hand, is described as the implicit part of a contact field: "... *inter-subjective contact* [...] involves the mutual interpenetration of minds that permits us to say: "I know that you know that I know" or "I feel that you feel that I feel". There is a reading of the contents of the other's mind. Such readings can be mutual. Two people see and feel roughly the same mental landscape for a moment at least." Stern, 2004, p. 75. "Broadly speaking the inter-subjective motivational system concerns regulating psychological belonging versus psychological aloneness." Stern, 2004, p. 100. Stern's understanding of the term intersubjectivity lends itself to my use of the word in this article.

⁷ "Resonance occurs when we align our states, our primary emotions, through the sharing of nonverbal signals. Even when we are physically separated from the other person, we can continue to feel the reverberations of that resonant connection. This sensory experience of another person becomes a part of our "memory of the other" such that the other person becomes a part of us." Siegel, 2004, p. 64

⁸ "The mirror neurons are part of a bigger system in the brain enabling us to foresee future actions, and they provide us with a neutral understanding of our capacity to understand other people's behaviour – that is to be able to put ourselves in another person's place. The nervous system fires in relation to what the other person is doing, which is the base of empathy." Hart, 2006, p. 92 – my translation from Danish

This article will deal with the following issues:

- How does a contact field unfold between teacher/therapist and student/client using a method such as resource oriented skill training both explicitly and implicitly?
- How is the dosing principle significant in a contact field, and
- How is it communicated?

For the purposes of this article, the relational encounter in the here and now, the development of this encounter, and the uses of resource oriented skill training will be the main focus, while the attachment aspect will be limited. Attachment happens over time and is about establishing a safe base (Bowlby, 1994) in which personality development can evolve.

Because both aspects (here and now and longer standing attachment relationships) are key to understanding and describing a psychotherapeutic relationship, relevant questions for a future article would be: How do individuals with different types of attachment behavior respond to ROST? Is the method better suited for some attachment patterns and not others? Does the ROST method support the development of functional attachment - and if "yes" - how does this development unfold?

An overview of content and structure in this article

Interaction in a contact field between facilitator and student/client⁹ during psychomotor skill training¹⁰ holds several aspects that are both explicit and implicit.¹¹

I find it fruitful to discern between three different relational aspects:

- 1) The exchange involving the explicit goal of training skills: To support transformation processes by training psychosocial skills.
- 2) The exchange regarding the overall goal introduced to skill training by the dosing principle: To support the student/client in finding their inner direction – inner authority.
- 3) The non-conscious¹², implicit exchange between facilitator and student/client and the transformational potential of that contact.

Part 1 and Part 2 of the article

Part 1 describes the relationship and interaction between facilitator and student/client and highlights the explicit goal of training skills and the dosing principle which is the more general overall goal that is embedded in training

The non-conscious, implicit part of contact is described in both sections because this part of contact is in play no matter which explicit goal or intention is in the foreground.

The last section of part 1 will focus on general considerations on the balance between explicit and implicit parts of the interaction in the contact field; particularly how one's inter-subjective experience can be transferred to and integrated in an internal dialogue.

Part 2 of the article concentrates on phases in the developmental process that can be initiated by ROST, including the process of integrating what emerges in one's self-image and identity.

⁹ In this article, I chose to name the two roles in skill training "facilitator" and "student/client" or "participant". The facilitator can be either a teacher or an individual therapist. The person being instructed in the exercises can be either a student/participant in a group, or a client.

¹⁰ Psychomotor knowledge of the link between specific muscles and specific psychosocial skills is the core of the Bodydynamic Analysis tradition as described in Brantbjerg & Ollars, 2006.

¹¹ The terms explicit and implicit refer to two different memory functions in the brain - and two different kinds of knowledge available to us as human beings. Explicit knowledge is linear, logical, declarative, and reflectively conscious and can be verbalized. Primarily linked to the left cerebral hemisphere and only really developing from the age of 18 months onwards. Implicit knowledge is non-verbal, procedural, sensory based and not conscious. Primarily linked to the right cerebral hemisphere it is an accessible form of apprehension from the beginning of life. From the age of 2 years these two ways of "knowing" – apprehension and comprehension - are active side by side. See also Siegel, 2004, Hart, 2006 and Stern, 2004.

¹² The term non-conscious is used to make a clear distinction from the term unconscious. "Unconscious" originally comes from psychoanalysis and is often linked to repression. Implicit knowledge is not repressed material - it is simply not conscious and often never will be. Implicit knowledge is also called "silent knowledge" and contains the phenomenon of subliminal perception. Vedfelt, 2000 and Stern, 2004.

Part 1

Relational aspects of interaction between facilitator and student/client in resource oriented skill training (ROST)

An example of a skill training instruction

Resource oriented skill training often begins with training the skill "flexibility". The following example would be given in a workshop setting and would be modified to a degree in an individual therapy setting. It is presented here as an example and the wording in it and the relational aspects of it will be referred to throughout this article.

Prior to giving the actual instructions, the key principle of dosing is introduced.

The reader is invited to read the instructions and imagine they are participating in a workshop. Notice the impact of the words on yourself. How does it feel to listen to the instructions about dosing? How does it feel to follow the directions for moving the joints?

Listen for your own optimal dosing, while doing an exercise. Find out how much power you need to use; how big or small, how fast or slow, so that the exercise works for you. And for how long it feels good to keep going. Finding your optimal dosing is often experienced as some sort of inner satisfaction. Something feels right; something falls into place. Go for this inner success.

If you feel uncertain, if it feels like hard work, try going for a lower dose. Learning is most fruitful when you feel good instead of pressured. Lower dosing can help you avoid inner pressure thus providing a better support for curiosity and learning. If an exercise, by merely listening to it being described or reading the instructions, causes discomfort, anxiety or similar responses, the optimal dosing may be to not do the exercise at all. Refraining from doing an exercise can also be a way of finding inner success.

Modified quote from teaching manual (Brantbjerg, 2007b):

These are the instructions given when training the skill "flexibility".

Move all your joints. Start with toes and ankles – then move knees and hip joints – sense how all the joints in the legs cooperate in movement. Go for movements without strain - imagine that you pour oil into the joints and move them like you would move a mechanical joint to loosen it up, to make it move more freely. Let the movement go up into the spine, from the tailbone up through the lumbar vertebrae. Keep the movement in the legs going at the same time, so that you get movement into the knees, hips, and the pelvis. Let the movement continue into the thoracic area of the spine. Sense how the ribcage is joining in with the movement - the breastbone and the joints between breastbone and collarbone - let the movement go out into the shoulder girdle also. Sense it in your collar bones, shoulder blades and shoulder joints - keep movement in the legs and torso - and let the movement reach your elbows, wrists and finger joints. Sense how movements in your arms, spine and legs cooperate. Give special attention to finding your optimal dose when moving your arms. If you start to get tired make the movements smaller so you stay with a dose that supports your sensory awareness of your arms. If you like big movements, and gain energy from them, choose that dose. Or find your style somewhere in-between. Finally, let movement come into your neck vertebrae - all the way up to the top vertebrae, the skull, and the jaw. Sense how all the joints can cooperate - let the movement go up and down through them all. Up and down and in and out.

Remember to dose. The movements can be big or small, fast or slow, using more or less power.

Modified quote from teaching manual (Brantbjerg, 2007b)

Questions typically asked after the joint movements:

"How does your body feel now? What sensations were awakened in your body? What feelings/experiences? Put words to both levels of experience."¹³

What is going on in the relational field in the course of these instructions? What is going on inside the facilitator, in the student/client, and what happens in the contact field between them? What is going on explicitly and implicitly?

What happens in the three aspects of the relationship highlighted above? (page 6).

The following descriptions are based on my personal sensations and experiences when in my role as facilitator; my observations and interpretations of participant/client's reactions, and the information I pick up implicitly and then translate into verbal language.

¹³ Typical feedback from this exercise is: "My body feels more whole. I sense liveliness in my entire body. My body feels connected. Lightness and mobility. Freedom. Joy. I notice the parts where I am rigid and still. I can breathe more freely." There is a psychomotor potential stimulated by this exercise, which increases the awareness of body sensations and is related to how the joints cooperate throughout all the parts of the body. This exercise also stimulates blood flow throughout the body.

Learning skills

Interaction in the relationship in consideration of the explicit goal of training skills

The explicit overall goal of resource oriented skill training is to support change and transformation of locked body-mind patterns by training psychosocial skills and thereby expand the personality's conscious access to everyday coping skills.

The interaction within the relationship, linked to this goal, is relatively simple and clearly asymmetrical. The facilitator has knowledge of psychomotor function, muscles and psychosocial skills to teach. This knowledge is transformed into concrete skill training exercises transmitted by verbal and physical instructions. The participant listens to the instructions and carries out the exercises as they understand them to be communicated.

The relationship consists of the facilitator and the participant - an asymmetrical relationship with the facilitator knowing more than the participant and where the facilitator takes the leading role: A classic teacher/student relationship.

To me, as a facilitator, this part of the relationship seems focused and linear. I am clearly in a leading role. The exercise has a beginning and an end. Its' structure is logical. There is an obvious, explicit intent. I know what psychosocial potential the exercise touches. I have experience, which informs me as to how participants often react to this exercise.

The following and other similar sections of the instruction above illustrate this point:

"Move all your joints. Start at the toes, feet, ankles and continue up through the knees and hip joints. Examine how the joints are able to move, and feel how all the joints in your legs are cooperating. Imagine how you would pour oil into your joints - and move them like a mechanical joint lubricated with oil."

Non-verbal exchange

I read the participants responses with my senses while I give the practical instructions. I see, hear, and sense with my body how the participants react. I notice if they are able to follow the instruction. Are they with me? Are they provoked? How strange or familiar/safe or unsafe does it feel to be asked to move while in a group field? Based on this input, I choose the nuances of my timing, rhythm, tone of voice, exact words. How detailed do I need to be? How long or short will I make the instruction and so on. These choices are made both consciously and implicitly, non-consciously.

On a conscious level, I am selecting from a wide range of criteria, which is influenced by the sensory input from the training environment. What prior knowledge do I have about the group? What is the current workshop topic? How much time do we have? What is most important to convey based on the overall teaching plan? At this level, my role is still obviously linear and leading.

At the same time, a rich non-verbal exchange is going on in the implicit contact. I sense my own body as I give instructions. I sense different parts of my own body coming into awareness when I give the instructions. Often, I move while instructing. I follow my own instructions. This opens up to a powerful exchange between all bodies in the teaching environment. The presence in my body parts communicates with participants' body parts. A non-verbal exchange builds and in this part of the relationship data is exchanged about tempo, rhythm, feelings, comfort/discomfort, safety/lack of safety, contraction/expansion, openness/closedness, presence, and distance. Most of this communication is never made conscious or put into words – all the while it plays a big part in the relationship and in the concrete molding of the instruction. The data I pick up from the non-conscious, non-verbal exchange is transferred into my instructions and affects the rhythm, timing, controlling of time, tone of voice, choice of words, etc. Thus, part of the non-verbal exchange is transformed into words. This building of a bridge between what is happening non-verbally and the spoken language is part of the explicit intent of the skill training. Translating non-verbal sensing to spoken language is a skill that acquires training. It can be trained by questions like: "How do you sense your body right now? What exact sensations arise in your body? Which feelings/experiential qualities do you notice? Put words to what you sense and experience." These questions support the ability to differentiate between concrete body sensing and experiences colored by emotions - a distinction which helps anchor what happens internally in each person and what happens in the relationship when the participants are focused on sensing factual reality in the here and now.¹⁴

At the same time, the reality is that only a minute part of what is happening implicitly can ever be translated into spoken language.

Non-verbal exchange is characterized by a continuing shift between who is leading and who is following. My body "listens"; I tune in, follow the flow of the other, observe movement and feeling states. This is information

¹⁴ *Body sensing* is defined as a concrete, factual sensing in the body and *body experience* as emotionally coloured experience in the body. Distinction between factual sensation and emotional sensation is a powerful part of skill training supporting presence here and now, as opposed to being flooded by, or stuck in, interpretations of reality contained in the emotional material stirred by working with the body. For a wider elaboration on the terms "body sensation" and "body experience", see Brantbjerg, 2007.

I pay attention to and then transform it into an action that can be both verbal and non-verbal. I take a following role again – shift back to leading etc. The same thing happens with the participants (I state this based on my own experience as a participant in similar settings and on my interpretation of what goes on inside participants when I teach). Participants shift between non-consciously listening to the words, picking up the facilitator's non-verbal communication, doing something physical, thinking, listening again, etc. – each in their own personal way of ordering and prioritizing.

It is my experience that this non-verbal exchange builds a sense of safety in groups. The facilitator's ability to pick up non-verbal signals in a group or from a client and transforming them to meaningful action in the contact field gives people a feeling of being seen and met.

In this part of the relationship, the facilitator handles the dosing and adapts the training to the non-verbal signals that are given. The skill of dosing is not trained as a consciously available skill to the participant, which in turn keeps the relationship primarily asymmetrical.

The facilitator meets participants where they are and remains present in the encounter.

If the facilitator is not present in his/her own body the training becomes more technical and part of the communication is lost.

Symmetry/asymmetry

As far as roles go, this relationship basically is asymmetrical. In resource oriented skill training there is a facilitator and a student/client interacting within a professional context. However, within this context, the evolving relationship can support many shifts between roles of leading and following, thus allowing direction/leadership to be shared on both sides.

The aspect of the relationship described in the previous paragraph is dominantly asymmetrical. The focus is on the facilitator's ability to clearly communicate the explicit intent and ability to transform non-conscious, non-verbal exchange into meaningful action in support of the skill training intention.

What happens in both the fields of transference/counter-transference and attachment?

My experience both as a teacher and as a personal therapist is that non-verbal mirroring has a profound effect on us as human beings. It potentially gives access to the Body ego - the part of the personality or self formed in early childhood.¹⁵ It can trigger powerful transference and counter-transference reactions expressed both in the inter-subjective contact field and in attachment behaviour.

Naming body sensing and body experience with words following an exercise is an important way to connect with the conscious part of the personality. It raises awareness of some of the things that are going on non-verbally. And it supports an adult-to-adult exchange about what took place in the body.

It does not however change the fact that dominant asymmetry in non-conscious mirroring touches upon profound aspects of attachment, and that it is a challenge on both sides of the relationship, to manage this depth in a way that remains functional and does not lead to locked or dysfunctional patterns.

Locked attachment patterns are expressed in the contact field as role locks. Examples of role locks, I have seen acted out in skill training are: Victim/Rescuer, The Good Mother/The Grateful Child, The Evil Mother/The Withdrawn Child, Healer/Patient and there are many others.¹⁶

My own version of a locked facilitator role has been "The Overly Responsible Leader". This role has expressed itself through my capacity for precise nonverbal mirroring. In this role, I take responsibility for picking up even the slightest signals from group members all the time, making sure that everyone is still with me, that everyone is included, etc. It can offer a high level of feeling secure among participants in my training - and it sustains a locked symmetry with me as one-up, and with participants being non-consciously induced into and often accepting a one-down role. In this locked role I take it upon myself to dose, so they will be "OK".

This has been my personal background. It has helped me to let go of my being overly responsible and allowed me to lean into a much more unpredictable, inter-subjective exchange.

¹⁵ The Bodydynamic System differentiates between 3 ego aspects: Body ego, Individual ego and Role ego: Body ego is our earliest ego aspect, which comprehends the world directly through body sensing and psychomotor experience. Individual ego is formed a bit later from the age of 2 onwards through individuation and separation processes. Role ego is developed from 3 years onwards and is defined as the ability to take on roles and fill them within a social context. Ideally this works in a way where I at the same time is me in my body and me as a separate individual. This model was developed by Lisbeth Marcher.

¹⁶ The terms "role lock" and/or "functional role" derive from SCT, Systems Centered Therapy (Agazarian, 2000). They are not used in attachment theory. On the other hand SCT and other role theories do not use the term attachment directly. To me it makes sense to link the two. Deep attachment patterns are expressed in a here and now context by functional roles or role locks.

Finding direction from within

Interaction in the relationship in consideration of the principle of 'dosing'

Meta intention

When introducing the term "dosing" a meta intention or overall goal is also introduced.

The task is not only to carry out an instruction as stated by the facilitator, but also to examine how to carry out the instruction to make it work for you personally - at this very moment. This takes sensing and listening within - it takes an exploratory and accepting approach to inner states. No one is able to just find their precise dosing here and now without taking a closer look, without experimenting - and no one can be told by someone else what their optimal dosing is. It has to be sensed and known from within. That way the focus shifts from following an external lead to searching for direction from within and to an acceptance of one's inner signals.

What happens in the relationship between facilitator and student/client, when this intention is introduced and repeatedly actively supported?

It is my experience, in the role as a facilitator, that the shift is quite dramatic. When I introduce and later support dosing I am communicating to direction from within the student/client. I reach into their inner world where senses, feelings, self images, ideas, norms, etc. live – often non-consciously. I am communicating directly with their explicit understanding and their implicit states. I feel the shift in myself as well. It is a shift from linear attention and communication to one of opening towards a greater inter-subjective contact field. It feels like entering a big, flexible, and often unpredictable, horizontal space.

Something happens to the distribution of responsibility when individual dosing becomes the primary goal.

The words: "Listen for your optimal dosing when doing an exercise. Find out how much power you need to use. How big or small, how slow or fast you need to do the movements. How long it feels good to go on?" – place a responsibility on the person doing the exercise; a responsibility to listen within for her own signals, and to take them seriously. It is emphasized that the instruction is not a "fix" in itself. There is no one right way to do the exercise. There is however an optimal inner presence they can go for – to be awakened by different dosing in different people – and by different dosing in the same person at different times.

It is this goal which is named by the words: "What is optimal dosing for you is often experienced as an inner satisfaction. Something feels right, and falls into place. Go for inner success."

This shift from following an external lead to listening for an internal lead is a dramatic one for most people. Patterns related to compliance/defiance, relating to external authorities, to inner authority, self-worth /inferiority/superiority are touched along with norms around being with other people. *Is it OK if I choose a dosing that fits me? Is it acceptable? Is my own sensing worth anything? Am I a "sissy" if I need a low dosage? What if I don't understand or follow the facilitator's intention – what happens then? If I don't have a high dosing – will I be one-down in the group? Will I know what is optimal dosing to me? Does my self-image allow it? If I am to find the answer inside myself – where am I to turn my anger and defiance? Why will she not tell me what I am supposed to do? It is much easier. Then I can get angry at her when it doesn't work. Etc., etc.*¹⁷

The balance of the relationship is fundamentally changed.

¹⁷ Sentences in italics are interpretation of inner states in participants/clients and myself in my facilitator role, and my translation of these into words. Italics will be used for this purpose throughout the article.

Translating non-verbal information into written language will always rely on a mixture of factual sensory information, information from our mirror neurons and an interpretation filtered by the translator's subjective experience. In my opinion this should not keep you from "translating" or attempting to bridge the gap between the non-verbal and the verbal. It only stresses the fact that no translation can be entirely objective – and that our own limitations as to which inner states we are able to recognize and relate to also limit our ability to interpret and translate the inner states of others. Our mirror neurons are not unfazed by culture. Appendix A (Mark Wheeler, 2007) refers to an American research study suggesting that our mirror neurons respond differently depending on if we are observing a person from our own culture or from another culture.

Explicit exchange in dosing

Communicating the dosing principle happens both explicitly and implicitly. The explicit communications are the verbal instructions I quoted earlier. At an explicit level the student/client "answers" with conscious reactions. Sometimes through questions:

"How am I supposed to find my dosing? It sounds hard. How do I know if it is right?" I can respond explicitly: "Experiment. Try different ways of doing the exercise, so you gain experience with how it feels - if you go fast or slow - big or small, etc. No one is able to find an optimal dose just like that. As you are experimenting, you might find that different paces, different lengths of contraction and expansion; or different variations in power have varying impacts on you. And that some versions offer support for more presence inside. Perhaps, you can use different dosing doing the same exercise at different times; or different dosing to support different parts of you. Or, you might also find, that this exercise doesn't work for you. Optimal dosing reveals itself in you 'being here'".

I normalize, generalize and support the process verbally.

These interactions can go on before, during and following an exercise.

I can also suggest that a participant/client changes her dosing. Or, I can suggest she may change her dose. A participant might say: "I can't feel anything when I do this exercise. What am I supposed to feel?" or "I get exhausted by this" and I might suggest lowering the dose. "Try doing it again. This time using less force or decreasing the movement."

This exchange can go back and forth with me repeatedly suggesting lowering the dosage. Some people are very unaccustomed to this and do not permit themselves to go for a dose that matches the actual energy level in their body. This dynamic calls for explicit external support to raise awareness of the fact that it is possible to perform an exercise on a small scale - and find it has an impact. Suddenly, it may become possible to sense the body from within.

An example: On my suggestion a client pushes her lower back into my hands. I sense that she has more power than she uses. She doesn't really engage herself in the contact with my hands - she holds back. I suggest that she pushes harder. Again it takes several rounds of explicit suggestions from me to make her aware she is holding back - and that she can choose to test my ability to meet her power before she starts using her full physical power in the push. Through this process she discovers a new possibility in contact - through a dosage that fits her inner state.

These exchanges present to me a presence on two levels. On an explicit level we talk about the dosing principle - how it can be felt and handled. At this level, I am the more experienced sharing my experience and supporting the participant's learning process. I present a way of thinking and a norm system. I offer it as an opportunity. At the same time, however, an implicit exchange about direction is taking place, awakened by the whole dosing process.

Implicit exchange related to direction and control

If you could physically peek into the implicit contact field during an exchange about dosing, I think it would read as high activity. To me, as a facilitator, it feels like an expansion of the field - like increased activity on an implicit level.

Several emotions are in play; regarding personal direction/direction from others, self-experience and self-worth, and acceptance/rejection. The principle of dosing is communicated explicitly through the facilitator's tone of voice, boundaries, body language, readiness to enter the unknown, and willingness to surrender control to the participant/client.

For example: Some participants react to the assignment of finding individual dosing with a nonverbal appeal for help: "*You do it for me. I can't do it by myself.*" Others have a more closed nonverbal reaction: "*Don't get too near me. This is private property. No trespassing.*" Yet others react with nonverbal confusion: "*What is expected of me? I don't know how to navigate in this place.*"

In every case, it matters how the facilitator responds nonverbally. How do I respond with my body? Am I able to let go of invitations to asymmetry and the risk of locked role patterns? Am I able to let the nonverbal statements just be what they are: Implicit patterns, getting closer to a state of awareness, containing important information, that may or may not become conscious at this point in time.

The focus on dosing introduces a level of unpredictability in the contact field. As a facilitator I am not in a position to control whether the student/client finds a functional dosing and with that a presence here and now or not. I can't do it for them. Actually sometimes I can cause more difficulty if I get too involved in the process. At the same time my presence is important.

If I can stay present on the edge of the unpredictable, I implicitly communicate that it is possible to be present in this place. It is possible to have a curious, exploratory approach instead of an achieving one, or the exact opposite, when facing a task. It feels like going on an expedition together, one which I initiate, but which essentially is a mutual project. The goal for this "journey" is to explore the student's/client's direction from within in relation to the exercise at hand. Both parties participate with open implicit senses: *What happens if we both (facilitator and participant) go for optimal dosing right now? What happens between us? What sensations, experiences, discoveries are released in each of us – and between us? Which old automated patterns are touched – and how do we play them out?*

Symmetry/asymmetry – different aspects of the facilitator role

The above paragraphs are touching on attitudes about symmetry/asymmetry in an exchange between two parties in a psychotherapeutic interaction. In my view, the explicit asymmetry of roles is vital for an open exchange at the implicit level of the connection and for the psychotherapeutic transformation process to be transmitted. The agenda is not how the facilitator relates to dosing. The agenda is built on a professional distribution of roles.

And at the same time, within this context, the facilitator's experiences, emotions, subjective and objective reflections come into play. The key is to allow this exchange, to be openly present in the interaction and at the same time be able to differentiate how information from implicit interaction is managed in functional roles.

For old automatic patterns to be activated and maybe played out is not a disaster or a mistake. It offers an opportunity for renegotiating patterns.¹⁸

Optimal dosing is linked to our capacity to be present in the here and now. When you do an exercise and find the best dosing for this precise moment in time, it shows in the degree to which you are present. The person is present from a place within and filling him/herself out in what he/she is doing.

The facilitator's dosing ability is a key source of information in this situation. It is communicated implicitly. My sense of how long to stay in a verbal dialogue about dosing, how to respond, what patterns are touched in the other and in me, how long the nonverbal exchange can remain open, how long the exchange supports the overall therapeutic agenda – all this is based on both explicit and implicit information – and it leads to actions, leading or following, timing, rhythm, and anticipation.

Also my personal dosing is present in the contact field: For how long am I able to lean into the unpredictable? Is my overall sense of clear direction still present in the situation? Do I feel a pull towards taking over control for the other? Am I starting to pull away from contact? How long can I observe my own reactions and just let them be part of the information in the situation? How is my own tolerance for presence – and how do I dose in the situation in a way that is good for me?

It is my experience that my sense of, and respect, for my own optimal dosing supports my ability to sense the other's optimal dosing. If I am not present in my own body, if I do not notice my own sensory signals, I will not pick up on the signals from the other with the same accuracy. These signals are often miniscule. They are minute changes in breathing, in the eyes, filling out of the whole body or parts of it, tone of voice etc., signaling if the person is settled in a dosing that supports presence – or if she is in some kind of inner struggle or defeat.

¹⁸ In Relational Psychotherapy, it is regarded as both inevitable and purposeful for old automatic patterns to be reenacted – and inevitable for the therapist to be sucked into them at one time or another. Quoting Stauffer, Medina & Chipperfield: *"Paradoxically the transformation [...] often happens in moments that look like failures, but that effectively allow for the relationship to behave almost like a third person and make things possible that either participant alone would not have been capable of. We are talking about work that involves risks. It requires courage and honesty, as well as sound clinical judgment. It is a radical departure from the idea that we can be experts who have certain skills that we can apply to make our clients better. It ceases to think of clients as having problems that can be solved if we can just get it right. It takes clients seriously in their full humanity..."* Stauffer, Medina & Chipperfield (2007).

Potential for transformation

It is my hypothesis that an inter-subjective exchange takes place in which the potential for dosing and the experience of dosing are shared. The exchange kicks off with a mutual orientation in the field: *What is expected of me? When I am not told how the exercise is supposed to be done – then what? Which emotions are triggered? How do I gain a feeling of safety in this exchange?*

And for the facilitator: *Now what? If I cannot tell her exactly what to do – then what? Which emotions are triggered? What will happen?*

In this mutual orientation phase, the facilitator's dosing ability and presence are crucial. The facilitator's presence invites all the elements of control and contact that are being stirred into the field – which in turn offers an expansion of the resonance field. Consciously and non-consciously. Oftentimes, if the student/client goes along with the process, after a period of experimenting, "magical moments"¹⁹ occur – moments in training where both parties suddenly just "know" that a precise dosing has been found and where a sense of happiness or satisfaction flows between them, for an instant – or longer.

Finding your optimal dosing when executing a simple motor functional task can be a deeply transformative experience.

Most people have automatic patterns, taking them into over-dosing or under-dosing as soon as they do the task. Some feel that bodywork needs to be hard for it to have an impact. For a lot of people, there is a role lock connected to doing physical work – be it either one-up roles such as: "I need to be strong", "I have to be one of the best", "I need to show off", or one-down roles such as: "I can't", "I don't have any strength", "I don't know how to do it". Or it could be norm related roles such as: "I am not a real woman if I use physical power" etc.

Once the dosing principle is introduced and you can step into an inter-subjective contact where experiences of direction from within can be examined consciously and non-consciously, these patterns can potentially start to change. They move along a path toward discovery of the direction from within, which in turn leads to an inner sense of success which is experienced while in contact with another.

Dosing is not only a technique. It is a sensory experience of personal presence in the here and now that evolves from contact with another human being, or from contact with the world in general.²⁰

The facilitator takes the lead, by introducing the term "dosing", thus pointing out that there are other options to solving a task than those that are tied to automated roles and norms. The facilitator also leads by his/her own presence and ability to dose in the situation. Thus, while parts of the roles are cast and fixed on a general level, for example, where all contact explicitly focuses on the development process of the participant/client and not the facilitator, there are inter-subjective exchanges that are not, by their nature, unilaterally controlled. Both parties are present in an ever shifting flow of attention – shifting between leading and following roles. Daniel Stern describes it this way: "In my view, the process is always dyadic, with frequently changing degrees of asymmetry in both directions." (Stern, 2004, p.186)

¹⁹ My experience of "magical moments" runs parallel to Daniel Stern's description of "Present Moments" leading to "Moments of Meeting" (Daniel Stern, 2004)

²⁰ On a fundamental level our mind is created through inter-subjective experiences (Siegel, 1999 and Stern, 2004). Transforming locked patterns depends on new inter-subjective experiences. In a healthy development, inter-subjective experience is transferred to an internal dialogue between different parts of self or personality relating to a present context. If this internal dialogue and relationship to present context is adequately integrated, a changing of patterns is more accessible and a dependency on exploring new inter-subjective experiences with another person diminishes.

An exchange about dosing:

The facilitator is instructing participants in the joint movement exercise and has reached the part about arm movement.

The facilitator says: "Let the movement also go out into the shoulder girdle - sense it in the collar bones, shoulder blades and shoulder joints - keep the movement in the legs and torso - and let the movement reach your elbows, wrists and finger joints. Sense how movements in arms, spine and legs cooperate."

While giving this verbal instruction, the facilitator observes how several participants do relatively big arm movements while their bodies emanate exhaustion and giving up. A mood shift happens implicitly. The contact with the mentioned participants shifts. It somehow is lost – maybe a faint opposition is noticeable nonverbally – or there is sense of sadness and loss of energy.

The facilitator says: "Give special attention to finding your optimal dose when moving your arms. If you get tired, make the movements smaller so you stay with a dose that supports sensory awareness of your arms."

After this instruction, the facilitator often notices that most of the mentioned participants start – often hesitantly – to decrease their arm movement.

My interpretation of this exchange is that the following takes place implicitly: A part of the body that is usually overlooked is noticed (the arms) and is thereby actively invited into the field of attention. To some it first triggers a feeling of joy and possibility: *"It is ok for me to be who I am. It is ok that my arms aren't very strong. And right now, I can actually feel them. I am not used to being able to feel them. I know she has seen them – my arms. I feel it in our contact. And I sense that she knows I feel it."* And for the facilitator: *"I think she knows I see her arms. I feel joy. And curiosity. The field is expanding between us."*

To others it evokes a feeling of insecurity: *"I bet she saw that my arms are weak. I wonder what she thinks about that. Does she really think it is OK? I am not so sure. What do I do now? I don't like that my arms are weak. It is embarrassing. I don't want anybody to see. I feel like hiding."* And for the facilitator: *"I feel her insecurity. I feel anxiety and faint anger. I 'know' it is hers. I choose to move my eyes away from her. Doesn't feel good to look at her – I feel like I am putting pressure on her. I let go of the direct contact – leaving her for now."*

During these exchanges, the facilitator notices how others in the group have up till now appeared to enjoy the big movements. Now, suddenly, there is a loss of rhythm and flow. My interpretation of this implicit exchange would be:

Some participants feel insecure by the option of a lower dose: *"Does that fit for me, too? Did I do something wrong? It was just starting to feel good, but perhaps it isn't supposed to? I wonder what it is I'm supposed to feel. I am confused now. What is all this about anyway? It is so me to be spontaneous and silly. I better get serious now and really check what I am feeling"*.

The facilitator says: "If you like big movements and gain energy from them choose that dose. Or find your style somewhere in between."

The facilitator's new observation and interpretation: A tangible relief in the room. There is room for diversity. Different participants now choose to move their arms in different ways – some are big and fast, some are small and slow, others try different options. Yet others are still insecure and don't seem to have found a style that suits them. The group norm of what is allowed in the group shifted towards a tolerance of diversity. The implicit exchange can hold a range of voices: *"Phew, good to be back to big movements. I really like them. They make me happy. So what I felt at first was right anyway."* *"I'm glad the others don't have to care about me because I'm slow. I can breathe easier."* *"Good thing she looked away. I don't like this, but I feel respected. And it is kind of sad about my arms. I don't want to feel them."*

Dosing supports acceptance of difference in both the external interaction between people and in the internal interaction between different parts of personality.

As I have described previously, the dosing principle is communicated both by explicit communication with a clear intention and by implicit nonverbal exchange. The contact field between facilitator and student/client is vital to this process – it determines if an experience of direction from within is integrated into the student's/client's experience of self.²¹

²¹ Skill training is not only facilitated in workshops or therapy, but also through books and manuals. This also applies to ROST. It can be very fruitful to read descriptions of skills that can be trained, within the boundaries of what a person's self image is able to integrate. For some people, the mere act of reading about the dosing principle may have transformational potential. In my experience, however, changing from patterns of locked external control to integrated patterns of direction from within, takes interpersonal contact with both explicit and implicit exchange. It is this transformational process that the dosing principle supports.

What happens in the fields of transference/counter-transference and attachment?

At the end of the last section, I explored how early attachment patterns can be triggered by nonverbal mirroring and dominant asymmetry, and how it presents a challenge for the relationship.

Which attachment patterns are touched and triggered when the dosing process comes into play?

Dosing is about a shift from outer control to inner control. The themes that are triggered in the relationship therefore are about control, direction and authority. Who is in charge? Can you be directed from within and still be in contact? Can we both be directed from within at the same time? How do I relate to an external authority from my inner direction? Is it possible for me to shift between leading and following from within myself in relationship to the external authority?

From a personality development perspective, themes like these belong to a later phase than the nonverbal mirroring from facilitator to student/client. Interactions concerning control and autonomy are not primarily at play until the age of one year. In each of the following stages of personality development – including the teenage phase where the relationship to authority and identity interweave – interaction between internal and external authority is crucial.

By choosing to let the dosing process run all the way through all aspects of skill training, there is a shift in themes relating to transference/counter-transference and attachment process.

From my later years of teaching, it is my experience that this shift is fruitful. Choosing a sequence, where you first work on patterns relating to control and authority, creates the potential to build the student's/client's coping skills and sense of personal responsibility, which in turn, serves to establish cooperation between therapist/teacher and client/student around the themes of control, direction and authority. A platform is built to later approach deeper levels of attachment patterns from a more capable place.²²

I see the same when approaching dissociated trauma memory. The dosing process helps to build coping skills that can make getting closer to deep implicit memory more safe. If I know I can dose, I am not overwhelmed as easily when getting nearer to potent material. I am learning I have my own ability to be in charge in the process.

At the same time this process regarding control and authority can of course trigger powerful transference and counter-transference reactions. Control and authority are by no means neutral ground. Strong emotions and role locks can be connected to interaction and attachment in this matter. The challenge is to neither get locked in a "fight" role nor a "submission" role – but to stay in the here and now with a curious and exploratory approach to the interactions that are playing out in balancing external and internal control.

²² I have found a parallel to the sequence in SCT's description of group development phases (Agazarian, 2000). The first phase is called "The Authority Phase". Through the authority phase's sub phases, all systemic aspects of authority relationships evolve as they are expressed in groups and individuals. The second phase is "The Intimacy Phase" with intimacy/distance dynamics. The third phase is "The Work Phase" and holds dynamics concerning mature cooperation. The SCT methods emphasize the respect and support for this progression in a psychotherapeutic process. The same type of sequence is represented in Will Schutz's group development phases. His first phase is about group membership – to be in or out of the group. A second phase is about hierarchy – to be up or down in the group, and a third phase is about regulation of intimacy/distance between group members (Schutz, 1975).

From inter-subjective experience to inner dialogue and integration

Balance between the explicit and the implicit

Earlier in this article I presented my interpretations of what implicitly goes on between facilitator and participant/client during a psychomotor skill training exercise.

In this section I will further elaborate on some of these aspects placing an emphasis on the transformative potential the implicit exchange offers.

First two quotes on resonance and subjectivity:

Our nervous systems are constructed to be captured by the nervous systems of others, so that we can experience others as if from within their skin, as well as from within our own. A sort of direct feeling route into the other person is potentially open and we resonate with and participate in their experiences, and they in ours. (Stern, 2004, p. 76).

In fact, a differentiated self is a condition of intersubjectivity. Without it there would be only fusion.

We live surrounded by other's intentions, feelings, and thoughts that interact with our own, so that what is ours and what belong to others starts to break down. Our intentions are modified or born in a shifting dialogue with the felt intentions of others. Our feelings are shaped by the intentions, thoughts and feelings of others. And our thoughts are cocreated in dialogue, even when it is only with ourselves." (Stern, 2004, p. 77).

In my article from 2007: Resource Oriented Skill Training as a Psychotherapeutic Method, I wrote a section on resonance – exploring the challenges we face when we are in contact with others trying to balance interpersonal resonance and personal boundaries.

The quotes above address the same balance. A "differentiated self" in which intersubjectivity can occur without fusion is, in my experience, dependent on body-based centering. From a centered presence in our body's point of gravity we are able to engage in more or less bounded forms of contact.

If we are not centered, resonance and mirroring can lead to a dissolving of boundaries in our personality. With centering, however, these phenomena offer a richness and a wider range of potential for the exchange, learning and expansion of our perception of self and of reality.

The reading of intentions is crucial in contact.

Thus far, a premise in this article has been the two goals that are being communicated in resource oriented skill training – firstly the intention to train skills and secondly the intention behind the principle of dosing.

Intention is a key component in the contact field between people that Stern and Siegel have also reiterated.

"... the reading of other's intentions is cardinal to inter subjectivity." Stern, 2004, p. 80

"We see the human world in terms of intentions, and we act in terms of our own. You cannot function with other humans without reading or inferring their motives or intentions. This reading or attributing of intentions is our primary guide to responding and initiating action." (Stern, 2004, p. 87)

"Waving hands in a random way in front of the subject does not activate a mirror neuron. Carrying out an action with an intended outcome does. In this way, mirror neurons reveal that the brain is able to detect the intention of another person. Here is evidence not merely for a possible early mechanism of imitation and learning, but also for the creation of mindsight, the ability to create an image of the internal state of another's mind." (Siegel, 2004, p. 65).²³

Understanding how crucial intention is for communication underlines how important the facilitator's communication of the goals in skill training is to the process that is initiated by training skills. It underlines why the entire exchange, process, and impact of the method is transformed with 1) the introduction of dosing, and 2) the intention of "direction from within" implied in the dosing principle. The inter-subjective field is transformed by this additional goal. When navigating in the contact field the reading of intention takes another course when the goal of learning to dose is included – the tone in the resonance field changes.²⁴

²³ Danish psychology professor Frans From anticipated our current discourse on mirror neurons in his book: *"The perception of the behaviour of others"* (From, 1968). In his thesis he described how our perception of others can be categorized as action, expression (emotions primarily) and impression. Without conscious reflection we perceive actions as making sense, which is revealed by our confusion by what seems to be senseless actions.

²⁴ It has to be remembered that the reading of intention is culture based. It is significantly easier for us to exactly read intention from a person with the same cultural reference as ourselves than from a person from a culture very different from our own. I see this sometimes when I teach the same material in different countries within Northern Europe and North America where numerous cultural differences abound. It takes me a while to interpret nonverbal signals in each country – at times there are intentions and reactions I simply cannot understand with my body. They are too foreign to my experience. I can learn to understand them explicitly – but my mirror neurons don't understand them.

At the same time, I have the opposite experience: Humans have a huge potential for mutual connection through our body and basic emotions, which pick up mirror neurons across culture, gender, ethnicity, etc. This experience is supported by Paul Ekman's work. (Ekman, 2003) a.o. Ekman has shown how facial expressions connect to basic emotions that are recognized across very diverse cultures. These basic emotions have a strong connection to our intentions. Plutchik summarizes the main elements in the emotional sequence (not necessarily linear) by giving descriptions of stimulus events which trigger each of eight basic emotions. Adding to this, he describes a possible cognition related to each emotion and what the action and the meaning of the action does in terms of re-establishing equilibrium. (Plutchik cited in Sørensen, 2006).

It is this transformation, which I, in my role as a facilitator, perceive as entering a greater or different mutual field. A field where direction and control potentially can be a dance between me and those I teach, a dance where we take turns leading and following. All the while the mutual field continues to be contained in a clear professional context under my overall professional supervision.

Balancing between the explicit and implicit part of contact

Which comes first – or which has the greater influence on the exchange between people – the explicit or the implicit part of contact?

Both levels are there all the time, interwoven in the exchange. What happens implicitly is by nature nonverbal and is not easily expressed in words. However, it is possible to train a language that translates implicit sensing into words. This skill is, as I have described earlier, a crucial aspect of resource oriented skill training. But regardless of how skilled people get in this verbal translation of implicit sensing, most of what happens implicitly will escape spoken language.

Implicit information impacts any exchange on a fundamental level. It is the backdrop or context for what is going on explicitly (Stern, 2004).

A psychotherapeutic context is also a meta-context. The roles are defined. There is an ethical framework regulating interaction (hopefully). There are intentions – both explicit and implicit in this meta-context. In my experience, clarity about roles and context serve as a container for the process between therapist/teacher and client/student – and thus also for the implicit part of exchange.

So what comes first – nonverbal implicit exchange or therapeutic framework? I don't think there is one answer to that question. For me it is a constant swing between the two levels in contact. Implicit exchange forms the invisible context for all that is going on and at the same time the therapeutic frame creates a space for implicit exchange, offering direction to what evolves implicitly.

Chronologically, the therapeutic framework comes first: Without a defined frame such as a workshop, a therapy session or a sequence of sessions, no inter-subjective contact between therapist/teacher and client/student can evolve. At the same time, regardless of the explicit definition of roles in a psychotherapeutic relationship, there are always implicit non-conscious readings of the relationship on both sides.

From inter-subjective contact to internal dialogue

Inter-subjective contact unfolds between people and is the premise for the formation of an individual personality. The development of an internal relationship between different parts of our personality is founded on inter-subjective experience. (Siegel, 1999 and Hart, 2006)

The transformative potential in psychotherapeutic contact also lies in how new experiences are accessed in an inter-subjective field between therapist/teacher and client/student and how these experiences can be transferred to the individual's internal dialogue.

In resource oriented skill training, this transferal process focuses on how skills and the connected inter-subjective experiences are integrated into the personality – explicitly and implicitly.

Explicit integration is supported by verbalization both during and following skill training: Words are used to describe how to do the exercise, how to dose, what body sensations are present and what experiences are awakened by the exercise. All of which support the explicit memory of what I experienced while doing the exercise and what worked for me and how. As well as what exactly I need to do to repeat the experience and slowly adapt it so it becomes automatic.

This explicit process trains the observing part of the personality – our so called reflexive consciousness or the observing self. Conscious observation and reflection provide the basis for the student/client to be able to take the experience home and repeat it. And thus gain the explicit conscious benefit from the exercise, and at the same time support the ability to approach the newly discovered inter-subjective experience over and over.

But how are inter-subjective experiences transferred from the exchange with another person into integration of skills and experiential potential within ourselves? How is this process supported? My teaching and therapeutic experience draws on two aspects that seem critical to the integration of experiences opened in a contact field.

One aspect is repetition of inter-subjective experiences with the potential of slowly bridging different parts of personality or self.²⁵

Another is special – or magical moments – which because of their intensity, intersect automated patterns of personality and thereby allow new inter-subjective experience to stay available.

²⁵ "It is now largely accepted that there are multiple (context-specific) selves that can interact with each other, observe each other, and converse together out of consciousness. This is normal, not limited to pathological dissociative states. In psychoanalytical terms, the observing ego witnesses the experiencing ego or the superego watches and judges the experiencing ego." (Stern, 2004, p.128)

Integration by repetition

The focus on individual dosing, which was described earlier, holds the potential to expand exchange in the inter-subjective field, following an initial mutual orientation phase. Implicit patterns of direction from within and of the skill that is trained (like movement) are touched and emotions are stirred in inter-subjective exchange with another person. New options are experienced explicitly and implicitly.

One single experience at an ordinary level of intensity is not enough for the interpersonal experience to be transferred to internal integration. Many repeated experiences are needed.

The participants' feedback gives me an idea of when this shift has occurred. Following several workshops – and sometimes many workshops – the person might say: "I never got the dosing thing before. Just now I suddenly felt it. It makes me want to move my joints even at home." Or: "I did the exercises at home, but it didn't really speak to me. Recently, I felt something new – it now makes sense to me to do the exercises even when I am alone."

To me such statements signify a transfer from contact between the person and myself (and the group) to an internal dialogue. The experience of mobility and how I can dose how I contact my mobility has been integrated and is thus now available to me without support from an inter-subjective field with another person.

I believe the greater part of this process happens on a non-conscious level. Which is why there is no answer to the question of how experience is transferred from interpersonal experience to internal dialogue. I see the signs of it happening, and I see that it usually takes many repeated experiences for these signs to show.

The pace of the process seems to be very much determined by how big a difference there is between the new inter-subjective experience and the person's self-image. The greater the difference, the more challenging it is to make space for new experiences. A locked self-image can counteract this process. I will elaborate further on this later.

Magical moments

Earlier I gave an example of how a participant with the experience of "giving up" in her arms might react when faced with the possibility of going for a lower dose.

My interpretation was: A part of the body that is usually overlooked is noticed (the arms) and is thereby actively invited into awareness. For some people this immediately opens a feeling of joy and possibility: *"It is okay for me to be who I am. It is okay that my arms aren't very strong. And right now I can actually feel them. I am not used to being able to feel them. I know she has seen them – my arms. I feel it in our contact. And I sense that she knows I feel it."* And for the facilitator: *"I think she knows I see her arms. I feel joy. And curiosity. The field is expanding between us."*²⁶

When this kind of exchange takes place I see it as a magical moment. For a minute something becomes still between us or it may vibrate very quickly. This opening can be brief or a bit longer. A sensory expansion is clear in the contact field in the here and now. Part of the expansion is conscious and noticeable, part of it is an implicit feeling. In my interpretation the sensations are mutual. Something is going on inside both of us at the same time. Something new emerges.

A moment like this has a high degree of intensity which makes a stronger impact on our memory than moments of a lower intensity. It intersects the automatic patterns and carves a new path.

This kind of inter-subjective experience stays more easily accessible and incorporates immediately as part of our internal integration process. The imprint is strong enough to stay present in our internal experiential world.

This does not, however, change the fact that repetition is needed for a new experience to be integrated as an automatic and available skill in the personality. But it does help the process. It acts as an eye opener or unexpected flow of energy.

²⁶ Again, I refer to note 17 and Appendix A (Mark Wheeler, 2007). The writing in italics is my interpretation and translation of the factual sensory input I receive from my own body and from the participant's body during our interaction. My interpretations are not objective truths. Even so I choose to pull these interpretations to the fore since to me they are critical as to how the relationship develops during training. If I, more or less consciously, refrain from making these interpretations, refrain from trusting them and from acting upon them in the situation, I lose part of my inner direction and capacity for making an impact. At the same time, if I mistake my interpretation for objective truth and I claim to know what is happening inside another person, and thus become omnipotent, I have a hard time correcting my interpretation if new data emerges to change the basis of interpretation. I see this part of a relationship as a dance between embracing what comes from outside and from inside and being ready to let go.

Magical moments like these often occur when a person finds his or her exact individual dose in an exercise. The example I mentioned where I explicitly guided a participant to keep experimenting with the dosing level lead to such a moment.

The client pushed her lower back into my hands with more and more power. Her old automatic pattern, which told her that other women could not handle her power, forced her to hold back. This pattern was renegotiated. Part of this renegotiation happened on a conscious level and was verbalized by both of us. Part of it happened implicitly through body contact. At one time she chose – both explicitly and implicitly I think – to let go and really use her physical power – and I gave her resistance. That was a moment of high intensity and the experience unfolded between us without words: *“I feel she feels that I am meeting her power”, “We both know that this is new – a new field, an opening, joy, possibility. We both know this is happening in this very moment – we both know there is a story behind what is happening – a black cloud dissolving. We both know how important this is.”*

Magical moments open up a new path and often offer hope that changing locked patterns is possible.

The potential for transformation released in these moments unfolds in both explicit and implicit contact.

Something falls into place for both of us simultaneously. Presence at this moment becomes very clear – in each person and in the mutual field. Through my body sensing and mirror neurons I “know”, when the other hits her exact dose, and picks up on my “knowing”. Picks up that I am there. To share with another person, without words - a moment when a new possibility is experienced – holds great healing potential.

I experience magical moments as being in resonance with myself, with the other, with the field between us and with a greater field around us. I experience this resonance as potentially healing – as a self-healing capacity released by inter-subjective contact.

Transference and counter-transference in “magical moments”

At the end of each of the previous sections I explored transference/counter-transference and attachment. I find it relevant to take a moment to look at how they work in relationship to “magical moments”.

A magical moment is described as a highly intense moment with a particularly powerful inter-subjective exchange. The exchange usually happens both explicitly and implicitly.

What kind of attachment can be triggered by these moments? Which transference/counter-transference dynamics come into play?

Potentially, the intensity will imprint consciousness in an unusual way. And as with all high intensity moments, we bond in a special way with those with whom we share these moments.²⁷ This is how a special bond can be created between facilitator and student/client.

The challenge and the risk lie in how the personality then integrates the experience.

Does the experience become an extraordinary experience to be “worshipped”? Is the facilitator seen as magical in some way? Does the experience become something to keep at a distance because it threatens one’s self image?

All high intensity experiences take work to integrate into the personality afterwards. This also goes for “magical moments”. For integration to happen, you need to repeat the specific skill training that was taking place when the moment occurred.

In my opinion, it lies with the facilitator to communicate this earthbound experience and support integration – thus supporting the landing of the magical moment. If landing does not happen, there is a risk of getting a “high” from the experience – wishing to get there again – and creating a transference and/or counter-transference with a magical colouring. This risk is apparent for both facilitator and student/client.

²⁷ Attachment in high intensity is triggered in both trauma and peak experiences. We have a special bond for a lifetime with those we have shared these kind of experiences. The phenomenon is also known as the Stockholm Syndrome which describes how hostages bond with their hostage-takers. Similar types of deep connection are described by fellow survivors of the Estonia ferry sinking, the Scandinavian Star disaster, and the 2004 tsunami in the Indian Ocean. (See also various media coverage from these events and the years following).

Collecting the aspects – and their internal relationship, acting as foreground and background for each other

Each of the last three sections described aspects of how the relationship between facilitator and student/client unfolds in resource oriented skill training – both explicitly and implicitly.

These aspects are:

- Explicit, verbal exchange as to how the skill training exercise is actually communicated
- Nonverbal bodily exchange going on alongside verbal communication
- Translation from and exchange about nonverbal experience to verbal language
- Explicit verbal exchange about the dosing principle
- Mutual inter-subjective orientation concerning internal/external direction
- Expanding implicit contact and through this an expanded exchange about internal/external direction
- Balancing individual centering, boundaries and inter-subjective connection through resonance, mirror neurons, etc.
- Communicating goals and intentions explicitly and implicitly
- The transfer from inter-subjective experience to integration in personal internal dialogue by repetition of inter-subjective experiences and “magical moments”.

All this happens either at once or in an ever shifting flow. Portions of these aspects can be put into words and others cannot.

The terms foreground and background make sense to me in the attempt to describe how different aspects come to the fore or drop back in the exchange situation. At one point the explicit, verbally conscious process might take the fore while the implicit takes a back seat. While at another time, the explicit drops back and we sense something going on behind the words. A nonverbal exchange takes place where information is exchanged implicitly. We can choose to bridge the implicit and the explicit by observing the experience and translating it into spoken language. We can also live on the edge or further into the unpredictable inter-subjective field and let it be at the center for a while.

These shifts between explicit and implicit foreground and background are the rhythm, speed and resonance of a contact process. They are the relational aspect of ROST – and many other psychotherapeutic methods.

What aspect takes the foreground or drops back is also determined by what stage of skill training the facilitator and student/client have achieved. Are we in an initial phase? Has the student/client trained skills and dosing for a while or for a long time?

These phases and how they impact the relationship between facilitator and student/client are the theme of next chapter.

Part 2

Phases of development in resource oriented skill training

Integration into self-image and identity

The process of development initiated by skill training has a number of phases.

How does the relationship between facilitator and student/client develop through these phases – given that the phases exhibit different levels of balance between explicit and implicit exchange and different levels of symmetry and asymmetry?

I divide the process into 3 phases: Beginning, Intermediate, and Advanced.

In order to put the process into perspective, each phase is exemplified by exchanges between facilitator and student/client.

Beginning phase

When a person becomes acquainted with resource oriented skill training for the first time, it is often difficult to relate to two goals at the same time. The first is to follow instructions bodily and the second is to explore dosing.

To some, this is just too much. Attention to individual dosing slips out of explicit awareness. Conscious focus lies on understanding and following the instructions.

The dosing process does not cease to exist but happens merely implicitly without translation to spoken language.

What might be happening implicitly is exemplified in a slightly extended version from page 14: *"I know she saw that my arms are weak. I bet that is why she is suggesting we make smaller movements. Does she really think it is okay? I am not so sure. Now what do I do? I don't like that my arms are weak. It is embarrassing. I don't want anybody to see. I don't want anything to do with it. I will just keep on doing the movements I did in the beginning. I feel like hiding."*

This type of internal dialogue can be entirely or partially non-conscious. The only thing conscious to the student/client might be a vague sense of discomfort and an urge to leave. The more vague the student/client's verbal and nonverbal response to an exercise and to the dosing instruction the more critical the facilitator's ability will be to read and interpret nonverbal signals fairly accurately and to respond accordingly.

This phase, to me as a facilitator, seems the most asymmetric. If the dosing skill has not become readily and consciously available to the student/client, then I provide a higher level of direction based on my interpretation of the student/client's nonverbal signals. This could result in me leaving the person alone – not engaging in verbal contact (as exemplified above on page 14) - but still maintaining a careful nonverbal contact. Nonverbal instructions and responses come from both sides. Also, I might actively suggest that the person experiment with changing the dose – either going for lower or higher when doing the exercise.

What is critical to this kind of exchange is that the facilitator's interpretations are more and more reality tested, that is, based on actual feedback from the student/client, both nonverbally and verbally.

My instructions, based on my interpretations of nonverbal signals, are experiments which I try out. There is no way to anticipate which dose works exactly right for a person – but you can support a range of active experiments which can lead towards awareness.

Openly communicating the norm system introduced by dosing is critical in the beginning phase. It is especially important that the beginner understands the following:

- 1) that their internal knowing or "direction from within" is appropriate, allowed and welcomed
- 2) that different styles of dosing are welcomed both between group members and internally in each individual
- 3) that all kinds of sensations and experiences related to the exercises are okay and are interesting, and
- 4) that communication is also part of the explicit direction from the facilitator.

Other participants may be quick to pick up the intention of the dosing principle and find it supportive in handling and relating to the actual movement task at hand.

For many participants, the following instruction is helpful: "Give special attention to finding your optimal dose when moving your arms. If you soon get tired, make the movements smaller so you stay with a dose that supports sensory awareness of your arms". Many students/clients are dominantly hypo-responsive²⁸ (given up) in the arm muscles and are not used to consciously sensing their arms.

²⁸ Hypo-response is a term from Bodydynamic Analysis (Bentzen, Bernhardt, & Isaacs, 1997; Brantbjerg, 2005; and Brantbjerg, 2007). Hypo- and hyper response are two kinds of psychological defense strategies represented in muscle and connective tissue. Balanced muscle responses correspond to impulses and emotions being available in our consciousness and are linked to the psychomotor potential the muscle in question is engaged in. Hypo-response corresponds with giving up impulses and emotions. Hyper-response corresponds with holding back impulses and emotions.

If the dosing instruction is not given, these people will usually follow the explicit instruction and move their arms as they imagine the teacher would expect them to and end up feeling exhausted. Thus, the dosing instruction presents a new option immediately.

Others may feel their self-image too challenged to accept the possibility of dosing as part of their inner reality.

The beginning phase is often characterized by dialogue with locked self-images. Automatic ideas of what is expected of them and their bodies in relation to movement, learning, presence in a group and contact with an authority figure are often triggered in the student/clients. Thus, communicating the system norms relevant to this context (dosing and skill instructions) is critical for the introduction of new possibilities. The same goes for awareness and acceptance of the norms controlling the locked self-images - at a speed the self-image allows. For some participants, dialogue with their self-image is implicit for a long time before it becomes a conscious process.

Mutual orientation in both the explicit and the implicit part of the contact field often takes up quite a bit of room in the beginning phase of resource oriented skill training.²⁹ It might take some time to establish a working alliance - especially if the student/client is not used to working with the body. Often, the student/client is not used to translating body sensations and experiences into spoken language. This situation leads to an extended implicit exchange, before words and awareness are linked to what is happening.

A conscious change of locked self-images does not happen until further along in the process. But implicit exchange may support the unseen process.

I will pick up this example once more: A student/client discovers that she can go for a lower dose and actually begins to feel her arms: *"It is okay that my arms aren't very strong. And right now I can actually feel them. I am not used to being able to. I know she has seen them - my arms. I feel it in our contact. And I sense that she knows I feel it."* And for the facilitator: *"I think she knows I see her arms. I feel joy. And curiosity. The field is expanding between us."*

A dialogue of this kind happens relatively often in the beginning phase. It bears the seed for transforming the locked self-images that tells the student/client that she needs to perform all the time, that she needs to be there for others, forgetting herself, etc. It takes several experiences with 1) functional dosing (finding a quality of movement that matches the energy in her arms), 2) further inter-subjective exchange and 3) slowly becoming aware of old self-images before a consolidation of a new sense of identity can begin to develop.

Intermediate phase

The more experience the student/client has with the skill exercises and with finding functional dosing, the less room the facilitator's explicit guidance takes up. Mutual orientation is faster. The words "remember dosing" are enough to trigger the memory of all those times you heard the instruction. Part of it is integrated as an inner voice - but still in need of external support.

This leaves more room for the student/client to take an interest in details in the experience presenting itself with the exercises and with dosing.

The next level of dealing with the hypo-response (giving up) in the arms could be something like this: *"This is interesting. I feel giving up more in my right arm than in my left. Actually my left arm is beginning to feel joyful. The right one is sad. And the sadness is most prominent in the front part of my upper arm. I actually don't like sensing that place. It is as if it is not even my arm."*

Differentiated sensing and experience becomes available and brought into contact - both by verbal and nonverbal communication.

The facilitator can offer new explicit guidance: "You can examine what your two arms feel like doing. Perhaps they have different impulses to move. Perhaps they need different dosing. What do you think your right arm needs? Does it want attention - or does it want to be left alone? What dose would work for it? I become careful inside when watching your arm, maybe scared. Do you feel anxious in any way?"

This dialogue goes on both verbally and nonverbally - and is usually more flexible regarding who leads and who follows in the exchanges.

New information can gradually form a more and more accurate awareness of patterns, new options and of self-images. These types of discoveries can be initiated by both parties.

²⁹ Daniel Stern presents three inter-subjective aspects and motives supporting development of a therapeutic process: "Inter-subjective orientation" where both parties in contact hone in on each other. "Enlargement of the inter-subjective field" which happens when new states are noticed and shared on an inter-subjective level. "Redefining self using the reflection of the self from the other's eyes". *One's own identity is reformed or consolidated in this process* (Stern, 2004, p. 151-152). Corresponding parallels can be found in this article.

Advanced phase

People with many years of experience in ROST and in dosing carry these work principles with them. There has been a transferal from the inter-subjective field with the facilitator to an internal dialogue between parts of the student/client's personality.

At the same time, integration of direction from within is a process we never finish. Body exercises can keep bringing up new material – or events in life can highlight new aspects of familiar dynamics.

Mutual orientation is automated – it is effortless – unless something new has happened between facilitator and student/client demanding new orientation.

It still feels good to be reminded: "Remember dosing" from someone else – like being gently reminded of what you already know. In dealing with new inner experiences there is still a need for sharing and understanding in contact.

Usually you know your own body's dosing process quite well. Certain parts of the body benefit from a low dose – perhaps not all the time, but usually. In other parts of your body, you might like using power. Others tend to be changing a bit more – changing dosing level according to context.

A level of mastery makes it possible to opt for examining a specific sensation or experience triggered by the exercise – and to incorporate these into the contact field.

In the series about the arms it could go something like this:

"When sensing my right upper arm, I get sad. Somehow it doesn't quite follow when I move all the joints. It is as if it is not really a part of me. Where does this sense of splitting come from? What am I doing with my body to get to that place? It is as if the shoulder joint is frozen, as if energy flowing to the arm stops right there. I hear a voice inside saying: I don't want to move; it is dangerous. What could happen? I wonder what I am scared of? All I feel is the anxiety. I get the urge to take care of my arm, be careful with it – hold it close with my left hand. It feels good when the two arms are working together on something..."³⁰

The facilitator might respond: "Go slow. I think you are getting nearer to a part of you that has been disconnected. What exactly do you sense in the shoulder joint and upper arm? What sensations are there in other parts of your body? Can you sense your feet and the ground beneath you? I too feel anxiety. I let it run through my body. Try it out – see if it works for you. That way it might not have to stay locked in your shoulder joint. Listen to whatever happens in you."³¹

At the same time an exchange is still going on nonverbally on the edge of consciousness and beyond. Attempting to translate the facilitator's possible nonverbal communication could go something like this: "*Neither one of us knows what is coming. Here we are on the edge of the unknown. It is ok – no matter what happens.*"³² And the student/client could "respond": "*There is this trembling inside, I am unfamiliar with this place, I usually avoid it, it is new to stay here, it is new to be with someone here – I will give it a chance.*"

To me, as a facilitator, this kind of exchange feels like a dance. The relationship is still set in a professional framework – I manage the overall direction in the context – but within the implicit and explicit exchanges, who is leading and who is following constantly shifts. I listen for the nuances in both of us; I listen for my own response with curiosity, and gather information from an extended and alert sensory palate. Something inside of me knows that we are going for something together – there is a powerful drive – a direction without words.

These dialogues hold the potential to go deep into dissociated parts of the student/client's experience – fully present and with a feeling of being able to cope with the states that are being released.

Once the student/client's patterns of dissociation are touched, so can the facilitator's experiences, emotions, and realizations emerge in ways that cannot be foreseen. At the implicit level the process works in both of us. Explicitly and verbally the functional roles are upheld, defining the goal as the exploration of the student/client's experience.

The internal process of the facilitator is secondary to this goal – but enriches the process implicitly and sometimes even explicitly, if perceived supportive for the student/client. The role of the facilitator is to be at least two steps ahead of the student/client – by knowing the way, by having been there before. The open investigation taking place in such a dialogue demands a flexible self-image on both sides. The locked parts of our self-images will always limit which experiences we allow ourselves to approach – which of the experiences we will be able to accept and integrate.

³⁰ At this level a big part of this internal sensory and experiential process can be communicated verbally – that is why italics are left out. Explicit exchange with the facilitator is extended with new information.

³¹ Suggestions and questions from the facilitator are intended to help the student/client discern actual body sensing and emotionally loaded body experience. Maintaining this distinction and verbalizing it is a highly effective method in working with trauma patterns. (Brantbjerg, 2007)

³² "Edge of the unknown" is adapted from SCT, Systems Centered Therapy (SCT workshop material, 2006). It is used to describe the inner state characteristic for the ability to let go of negative or positive predictions or repeated fantasies feeding off the past – resting in the natural uncertainty of the present, where we actually do not know what is going to happen.

Self-image and identity

Working with the dosing principle increased my interest in locked versus flexible self-images.³³

Precise dosing demands a person's acceptance of their inner states as they are, and reaching acceptance often takes an expansion of one's self image.

Am I able to integrate into my self-perception the parts of me that I have given up and which consequently now have a low energy level?

Am I able to integrate, the parts of me that are fighting and will not let go?

Am I able to integrate, the parts of me that are just fine and feel like taking a break?

These states and many more are encountered in body skill training. Through the process of mirroring and an inter-subjective encounter, these states have the potential to initiate a process that can lead to an expanded perception of self in which new experiences can be integrated.

Any development process balances on the edge between the desire for change and greater access to our life energy on the one side – and respect for the defensive strategies we use for coping with disintegrated and dissociated parts of our experiences on the other.

Exercises that trigger sensations or experiences we find hard to accept, I always recommend to pass by: "If an exercise, by merely listening to it being described or reading the instructions, causes discomfort, anxiety or similar responses, the optimal dosing may be to not do the exercise at all. Refraining from doing an exercise can also be a way of going for inner success."

To my mind we can have more than one self-image – more than one aspect of how we see ourselves in the world. I can have one self-image of myself as a woman, another as a psychotherapist, and a third as being middle aged. These images don't always correspond to each other but relate to and express different parts of me.

Identity on the other hand is a more cohesive experience of "who I am in relation to my world".³⁴

I reached a deeper level of understanding of the contact process unfolding in ROST, particularly regarding dosing, when I became acquainted with a theory on identity development and the development of our relation to authority.

This theory is described by James Marcia, based on Erik Eriksson's study of personality development, particularly in teenagers. (Eriksson, 1992 and Kroger, 2004)

In the following passage I want to present the theory in a simplified version and link it to the contact and transformation process in ROST.

Marcia describes four identity positions based on an "Identity Status Interview" (ISI), which over the last 30 years has been used to interview young teenagers, older teenagers, and adults. (Kroger, 2004) The four positions relate very differently to external and internal authority and thereby to learning and transformation processes. These are Marcia's descriptions of how he observed behavior in college students interviewed with an ISI (Kroger, 2004)³⁵ with quotes from Wrangsjö and Winberg Salomonsson, (2006).

The four identity positions are:

³³ My use of the term "self-image" has no direct theoretical reference. I use perception of self and self-image synonymously, and my using both words represents my personal understanding and professional reference point. Self-image to me is the conscious image I have of myself. Parts of me can be excluded from my self-image, because I am not able on a conscious level to tolerate them as part of "who I am". Other parts might be particularly emphasized because they confirm and support a self-concept and an appearance I identify with and want to display.

³⁴ I link to the term "qualitative identity" (Jørgensen, 2008) in my use of the term identity: "Qualitative identity defines who you are ("me"), how to separate yourself and be different from others and who you are not, nor want to be or become ("not-me"). Moreover qualitative identity is related to sensing your personal boundaries, needs, goals and values and feeling of being connected to a certain social entity – a culture and society; who you feel you "belong with" ("us")." (Jørgensen, 2008, p. 29, my translation from Danish).

The term self-image to me can be used in plural – signifying different parts of one's personality and different parts of one's interaction with the world.

On a general level I am based in a tradition, represented by names such as Eriksson, Marcia, and Kernberg, defining identity as an inner psychological structure. (Jørgensen, 2008)

³⁵ Marcia's model for observing identity development was developed in North America. It has since been used in many different social contexts – including gender and ethnic aspects of identity development (Kroger, 2004). The question remains to what degree the description of the four identity positions can be regarded as general and cross cultural or more culturally limited. It also remains to be seen if the description will be useful or outdated when it comes to future generations and their identity development in a postmodern society.

Diffusion – Persons in a diffusion position appear to have no clear identity. They leave the impression of lacking a central core in their personality. This position can be based on psychological development or cultural limitations. Low self-esteem, a low degree of autonomy, and hopelessness are characteristic. They appear poorly adapted to an ordinary social context and have difficulty relating to others. They display either isolated or stereotypical behavior.

"Identity diffusion means that the individual has neither explored options nor developed an inner platform which forms the basis for any directed, continuous involvement." (Wrangsjö & Winberg Salomonsson, 2006, page 125 - my translation from Swedish).

Foreclosure – Persons in a foreclosure position at first seem well adjusted on a social level. They appear extroverted and socially active. However, beneath the surface lies a lack of flexibility and defensiveness. They rigidly conform to external, orthodox rules about what is "right" and are not very open to new experience. They stick to known territory and what is defined in advance. Low degree of autonomy.

"Foreclosure means that content and form has been locked before an exploration has happened, which does not inhibit a strong commitment" (Wrangsjö & Winberg Salomonsson, 2006, page 125 – my translation from Swedish).

Moratorium³⁶ – Persons in a moratorium position will not give in to demands for conformity. They appear to have high self-esteem, but also a great deal of internal ambivalence and existential seeking. They have a capacity for intimacy but often steer clear of commitment. They master high cognitive complexity and are not very willing to leave decisions to others. They can appear disengaged in an ordinary social context and go up against external authority.

"Moratorium means that the individual is still engaged in exploring different possibilities, often with a high level of anxiety and difficulty with long term commitment" (Wrangsjö & Winberg Salomonsson, 2006, page 125 – my translation from Swedish).

Achieved identity – Persons in an achieved identity position display a flexible strength in their relationship with their surrounding world. They are capable of thinking and reflecting on a personal level, even under stress. They are open to new experiences and willing to take a stand based on personal values; have a high degree of autonomy and an ability to commit on an intimate level. They are able to master high cognitive complexity access rational decision making better than the other positions. They have greater differentiation intra-psychologically and are more safe in attachment. They are also capable of relating to both strengths and weaknesses of external authorities.

"Achieved identity means that the individual has explored different possibilities before she or he has found a form and content. The achieved identity gives good possibility for commitment" (Wrangsjö & Winberg Salomonsson, 2006, page 125 – my translation from Swedish).

(For a more thorough presentation see Kroger, 2004).³⁷

I find these four identity positions useful not only in order to grasp identity development in teenage years but also in understanding an adults' relationship to identity and authority. For example, they are useful in understanding the phases we typically go through when 1) our identity and/or our relationship to inner and outer authority is shaken or expanded by life events; 2) a psychotherapeutic process opens unprocessed and disintegrated parts of ourselves and our history; 3) we examine the solutions we choose after going through a trauma. Was the trauma processed fully or partially before we made the choice? Serious trauma always triggers an identity crisis: "Who am I, once this has happened to me? Once I have experienced this? Done this?"

³⁶ Moratorium means "temporary withdrawal from an activity". This kind of process has had different status in different societies and eras. A good example of moratorium is when young men left home in earlier centuries to go on a formational journey. Taking a year off from studying would be a current example – a 'gap year'.

³⁷ The risk of drawing up a model of four identity positions like this one is for it to become normative – that what is "right" or "best" is reaching the mature achieved identity – thus taking for granted that this is the ultimate goal to be reached for everyone at one point or another. As I understand Marcia's own main intention, it is to be able to observe and measure identity development – not to define some sort of normative identity development. This is the reason for speaking of "identity positions" instead of "identity development phases". Research on both identity development, ego development and development of the ability for moral decision making, points to the fact that 50% or more in a population remain in a coping strategy similar to the foreclosure position following teenage years and stay that way all their lives, being happy or unhappy as the case may be (Kroger, 2004). Experiencing "happiness" or the "good life" is not defined by any degree of maturity on an identity level (Kroger, 2004). I see the four identity positions as solutions containing different coping strategies in making life work.

Identity positions and ROST

In my understanding of my own process in developing the skill training method, I have moved beyond a position with features of foreclosure, which was my original solution to unprocessed trauma states. That meant that I internalized and passed on the skill training believing that the method and the theory behind it held answers and offered direction, and I passed on this way of seeking safety. At one point I realized that in spite of all my teaching and development of the method, I too was locked in a role which only allowed certain forms of interaction and excluded others – within myself and in my teaching.

Experimenting in the facilitator role led me to the dosing principle – which supported me on my own journey through moratorium towards a more mature identity. Which also supported those I work with. I didn't let go of the method – I worked on transforming it.

Skill training that remains focused on communicating the goal of training skills and where the facilitator is the primary caretaker of dosing, is a highly effective method in working with people with a diffuse identity. Speaking of dosing and direction from within to a person with no inner centering does not work. It will potentially create even more diffusion and alienation. Personally I have had great help from this method in the early stages of trauma processing, as dissociated parts started emerging and coming to my awareness. I simply needed to be told from somewhere outside myself what I could do to find stability. To know what exercises would potentially be good for me - and for what. I have continued to help many others the same way.

Skill training in this format can aid people in moving from a state of diffusion into a more centered (and foreclosure-like) identity position. It is infinitely more functional to be somebody who is connected to a social context and able to take active part in it than to lose one's self in diffusion.

Basic skill training can also help expand the horizon within the foreclosure position. If the person's relationship to outer authority-figures is relatively healthy, if there is room to grow, then one is able to develop their identity fairly well in this kind of relationship. There is room to discover many new sides to one's self and to integrate them into more facets of self-image.

But it takes something more to let go of foreclosure, the dependency on external authority, and move into the uncertain world of moratorium where everything is up for discussion and nothing is a given. In moratorium you need to find the answers inside. Answers given by outer authority are rejected or questioned.

The dosing principle pushes people towards moratorium. It is offered at a pace they are ready for. Once I no longer tell the student/client exactly how an exercise is done, but stick to general guidelines that call for direction from within, the foreclosure position is challenged. That is why some participants get angry or confused when dosing is introduced. Some find it too hard, too complex, too threatening, and would rather have the facilitator give them the "right" answer. And sometimes I might accept their invitation. I can simplify the instructions or offer concrete options for them to choose. Or I could give explicit instructions in the exercises and tell the participant what level of dosing I think will be helpful to them.

It takes an inner readiness to step into the uncertainty that presents itself when the outer authority doesn't offer answers. There is a big leap from foreclosure to moratorium. World perception and self-perception are radically changed. Foreclosure might be the better, more functional solution in a given context - for instance, when the foreclosure position provides a container around states of diffusion – and the skills are not yet built to approach these states and begin their integration.

For those already in moratorium, the dosing principle can help with moving to the next level – because the process happens in interpersonal contact. Sharing with another person while in an ambivalent, chaotic and mistrusting state can help people deal with and make their way through these states. *"What do I need? What works for me? I see through all simplifications and I don't trust any of them. How can a single exercise help me in all this complexity? There is no one right way. I think she senses how I am swirling around in my complexity. It is okay as long as she doesn't try to fix it for me."*

In moratorium you DO NOT need someone to slip you the answer. You need equality in contact, an ability to contain and accept all the states that emerge in the relationship. You need the states to be left just as they are, so they can gradually be included as natural states belonging to human experience. You need room for a critical attitude towards what is taught or for rejecting it all together, and sense that the contact is still there. To know that there is room for different perceptions of reality. You need an outer authority that has walked the path before you and based on their experience is able to navigate and be a collaborator in a place where there are no obvious answers.

A pathway through identity positions

Training psychosocial skills can expand a person's coping strategies and thereby the idea of "who I am". The perception of identity becomes more faceted.

Training skills with exact dosing offers a feeling of profound personal ownership. *"This is my skill, it is linked to a specific movement or attention in my body, and I know exactly what I need to do to contact it and sense the resource."* The experience of inner authority is strengthened.

Inner ownership of bodily coping skills also supports the journey through the four identity positions towards a more faceted identity. The relationship with an outer authority is critical to this journey.

The facilitator (or outer authority) and the student/client have different roles in the different phases. Firm guidance is needed in the state of diffusion. *"Tell me what exercises I need to do to feel more connected."*

For a time there will be a need for guidance, teaching, expansion of world view, establishing a safe base – a phase where the teaching is not questioned very much. This establishes a foreclosure relationship.

The facilitator delivers nourishment and the student/client is taking it in. *"I learn. I try out her suggestions. I make them my own. I am expanding my repertoire, my knowledge, my horizon."*

From foreclosure into moratorium it takes pushing, support, provocation, and challenge – a more relative worldview – and a curiosity towards diversity. *"How am I supposed to find my version? What is my version? I wonder what exercises are especially good for me? And how am I supposed to do in order for them to work for me? Do I actually want to do exercises?"*

In moratorium there needs to be room to investigate, to explore, to oppose, to be confused, to wrestle with unanswered questions, to live in chaos, complexity and multiple versions of reality all at once. *"I can't use her words and the sequence she is choosing. Do exercises even work for me or should I do something entirely different? Right now I have no idea of what is right for me. Maybe nothing is "right".*

As the person emerges from the chaotic stage, there needs to be appreciation and respect for the growing maturity the person exhibits.

The challenge for both facilitator and student/client is to be open to discover which kind of exchange in the skill training that is most fruitful at any given time. At what point in the relationship is the student/client ready for change? At what point is a new identity position emerging? At what point is it fruitful to retrace some of the steps? Or at what point do we follow the signals allowing transformation of the relationship?

Marcia's model helps me as a skill training facilitator to stay alert to signals from the student/client and from myself – and to master shifts in our contact and in myself depending on which identity position is dominant in the student/client.

Identity development and development of inner authority is not something we ever "finish". I see the identity positions as states in my relationship with my surroundings and myself, which are brought forward all through life as we process identity and authority issues.

Closing remarks

Transformative potential

How does the contact field between facilitator and student/client in ROST hold a transformative potential? What releases this potential? What supports the feeling of connection with another person?

These questions lie at the root of this article's entire attempt to describe different aspects of contact as it unfolds in ROST.

All aspects of the relationship come into play simultaneously:

- The professional framework is critical for the contact field to be safe for both sides. This framework includes: clarifying the participant's roles, defining what the exchange is about, agreeing on a time frame, upholding the ethical guidelines appropriate to the interaction, etc.
- Clear communication of the explicit goal.
- Dosing, which stimulates the participant's direction from within, which is the primary principle of regulating the contact.
- The exchanges that happen when there is a translation from nonverbal sensing to verbal language and when information transfers from the non-conscious to the conscious. Clear distinction between factual sensory information and interpretation is critical in this process. Any interpretation is biased by the interpreter's subjective background (culture, gender, ethnicity etc.).
- Distinctions between factual sensations and emotions (body sensation and body experience) provides anchoring in reality of the experiences that are opening up with the skill training. Anchoring what happens in the contact in the here and now.
- The powerful nonverbal, implicit exchange that is ongoing, which is never translated into words, and yet is a direct sensory interaction between two bodies and two nervous systems.

No matter how hard we train our language, and increase our ability to translate from implicit to explicit, the greatest part of a contact field will continue to be carried by implicit exchange that is beyond our conscious regulation. No matter how flexible and tolerant our identity and self-images become, a great part of "who we are" will remain embedded in the part of us, we can never reach with words.

In this article I have chosen to emphasize the communication of implicit exchange – bringing it to the fore as a crucial part of contact between facilitator and student/client.

To me, being able to experience the deeper levels of contact is connected to this implicit exchange. The part of me that is "sensing" the world around me and connecting to it without words and also without conscious sensing is very alive in the implicit exchange. It is through this non-conscious exchange that we "know" what takes place in the other person. Information bypasses the bounded reality of the personality. When I "sense" or "know" that you "sense", that I "sense", then a "mutual mental penetration" happens (see note 4), which reaches into the very essence of who we are. In that level of exchange, we are communicating from essence to essence, openly connected to a greater field within each of us and around us at the same time. In this open field I find potential for healing.

In the moments I call "magical" this opening steps into the foreground for a moment. If we listen for precise inner dosing in resonance with another person then we support the path to these "magical moments".

The challenge is to balance the explicit awareness in the personality and the non-conscious exchange and the balance between them.

Skills such as boundaries, centering and ability to navigate in factual reality are critical to how the non-conscious exchange unfolds. Personality is the framework through which extended awareness and information from a non-conscious level flow. If the personality's skills are too weak, then we may become overwhelmed or flooded by information from the non-conscious level. Or we may shut down – limiting our space to hold on to a sense of gathering. The corresponding identity positions are diffusion or foreclosure.

Basic presence skills such as centering, grounding, etc. support the ability to gradually approach the threshold between consciousness and the greater field – resting on "the edge of the unknown".

Our perception of identity and our self-images set the boundaries for how much of what happens on the edge can be integrated into our conscious perception of "who we are".

Approaching the edge of the unpredictable and the unknown challenges our self-image and yet at the same time it offers us the potential for expansion and growth.

The relationship between facilitator and student/client in resource oriented skill training holds the potential for reaching a point where implicit material can come into awareness; where the contact field supports our resting at the edge of the unknown; and where we are able to receive information from a greater field without the control or submission of our personality.

Appendix A

UCLA Researchers Show That Culture Influences Brain Cells

By Mark Wheeler | 7/17/2007 5:25:25 PM

A thumbs-up signifies "I'm good." The rubbing of one pointed forefinger against the other means "shame on you." The infamous middle-finger salute — well, you know. Gestures that convey meaning without speech are used and recognized by nearly everyone in our society, but to someone from a foreign country, they may be incomprehensible.

Likewise, an American in a foreign land may be clueless to the common gestures of that particular culture. This raises a provocative question: Does culture influence the brain?

The answer is yes, according to Istvan Molnar-Szakacs, a researcher at the UCLA Tennenbaum Center for the Biology of Creativity, and Dr. Marco Iacoboni, director of the Transcranial Magnetic Stimulation Lab at the Ahmanson-Lovelace Brain Mapping Center at UCLA's Semel Institute for Neuroscience and Human Behavior. Their research appears in the current issue of the journal PLoS ONE, available online at www.plosone.org/doi/pone.0000626.

Molnar-Szakacs and Iacoboni wanted to investigate the imprint of culture on the so-called mirror neuron network. Mirror neurons in the brain fire not only when an individual performs a particular action but also when he or she watches another individual perform that same action. Neuroscientists believe this "mirroring" is the mechanism by which we can read the minds of others and empathize with them.

When it comes to the influence of culture, the researchers found that the mirror neuron network responds differently depending on whether individuals are looking at someone who shares their culture or someone who doesn't.

The researchers had two actors — one American, the other Nicaraguan — perform a series of American, Nicaraguan and meaningless hand gestures for a group of American subjects. A procedure called transcranial magnetic stimulation was used to measure the observers' levels of corticospinal excitability, which scientists use to gauge the activity of mirror neurons.

Molnar-Szakacs and Iacoboni found that the American observers demonstrated higher mirror neuron activity when observing the American making the gestures — whether they were American, Nicaraguan or meaningless — than when viewing the Nicaraguan. Even when the Nicaraguan actor performed American gestures, the observers' mirror neuron activity dropped.

"We believe these are some of the first data to show neurobiological responses to culture-specific stimuli," said Molnar-Szakacs. "Our data show that both ethnicity and culture interact to influence activity in the brain, specifically within the mirror neuron network involved in social communication and interaction."

"We are the heirs of communal but local traditions," said Iacoboni. "Mirror neurons are the brain cells that help us in shaping our own culture. However, the neural mechanisms of mirroring that shape our assimilation of local traditions could also reveal other cultures, as long as such cross-cultural encounters are truly possible. All in all, our research suggests that with mirror neurons, our brain mirrors people, not simply actions."

It appears that neural systems supporting memory, empathy and general cognition encode information differently depending on who's giving the information — a member of one's own cultural or ethnic in-group or a member of an out-group. Ethnic in-group membership and a culturally learned motor repertoire more strongly influence the brain's responses to observed actions, specifically actions used in social communication.

"An important conclusion from these results is that culture has a measurable influence on our brain and, as a result, our behavior. Researchers need to take this into consideration when drawing conclusions about brain function and human behavior," said Molnar-Szakacs.

The findings, the researchers note, may also have implications for motor-skill acquisition, language learning and intergroup communication, as well as for the study of intergroup attitudes toward other cultures.

Other study authors include Allan D. Wu and Francisco J. Robles, both of UCLA. Molnar-Szakacs and Iacoboni are members of the Foundation for Psychocultural Research—UCLA Center for Culture, Brain and Development, which provided funding for the study.

For more on Iacoboni's research, visit his Web site at <http://iacoboni.bmap.ucla.edu>. For information on the FPR—UCLA Center for Culture, Brain and Development, visit www.cbd.ucla.edu.

The Semel Institute for Neuroscience and Human Behavior at UCLA is an interdisciplinary research and education institute devoted to the understanding of complex human behavior, including the genetic, biological, behavioral and sociocultural underpinnings of normal behavior, and the causes and consequences of neuropsychiatric disorders. For more information, visit www.npi.ucla.edu.

UCLA-MW322 The article is downloaded from:

<http://newsroom.ucla.edu/portal/UCLA-Researcher-Show-That-Culture-8097.aspx?RelNum=8097>

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