

Categories of Psychological Wounding, Neural Patterns, and Treatment Approaches by Jon Eisman, CHT

Clients come to therapy for all kinds of reasons, which we can divide into three general classifications: the medical, the psychological and the spiritual.

Medical issues brought to therapy include the psychological impact of diseases, aging, accidents, amputations, and so forth. Some psychological presentations - depression, for example - may in fact be a blood sugar or hormone imbalance, or a mineral deficiency. Therapy can address the consequences of such issues, but the underlying ailments require medical attention. No amount of Prozac or exploration of childhood will remedy the blues caused by hypoglycemia or estrogen loss.

Spiritual issues may include anxiety from a loss of faith, the psychosis that attends an overwhelming kundalini experience, or perhaps even an attitudinal entrenchment that derives from a past life experience. Again, the underlying problem is not inherently psychological.

In both situations, then, the central, non-psychological issues need to be addressed in their own arenas, and we can think of such troublesome presentations as only secondarily or derivatively psychological. For our purposes here, we will focus on directly psychological woundings.

Psychological Wounding

Psychological wounding itself can be classified in three ways: the Neurological; the Fragmentation of Consciousness; and what I call Derivative Experiential Content [DEC]. An outline of this model is presented in figures 1 & 2. I will describe these in more detail in a moment, but for now, briefly, *Neurological* wounding refers to issues of self that are specifically lodged in the Autonomic Nervous System [trauma and attachment issues] and must be resolved neurologically [as opposed to developmentally]. *Fragmentation of Consciousness* is the entranced identifications of Self that we form to adapt to stuck experiential situations. And *Derivative Experiential Content* refers to all the attitudes, behaviors, habituated perceptions, posture, gestures, moods, etc. that are generated by our neurological and fragmentational wounding.

Of course, it is a conceptual conceit to divide psychological woundings this way. The Self is holographic, and such distinctions not only merge within the client's experience, but also synergize each other in causation. As practitioners, however, the ability to recognize, assess and treat the specific nature and origin of the kinds of wounding our clients suffer is essential to our working with them. Just as the trembling from

Parkinson's Disease requires a different approach than the shakiness a client reports when confronting his boss, so neurological, fragmentational and derivative woundings each need to be addressed and, especially, resolved, according to their natures.

Neural Patterns

In point of fact, all psychological wounding has a neurological basis, owing to the structure of the brain and nervous system. Our very ability to experience ourselves, let alone our pain, is rooted in the functioning of our neuronal architecture. Before we describe the categories of wounding, it will provide a useful framework to review - briefly and simplistically - the physiological structure of how we experience: namely, through neural patterns.

In the wonderfully clear and poetic book *A General Theory of Love*, by Thomas Lewis, M.D., Fari Amini, M.D., and Richard Lannon, M.D., the authors, referencing the work of psychologist Donald Hebb, describe in simple terms the way in which neurons in the brain form patterns that allow consistent experience. The following draws from that description [*GTL, p. 123-144].

We have billions of brain cells - neurons- in concert with nerve cells throughout our bodies. When we receive input from the world around us, specific neurons fire, and send messages to other neurons to fire as well. Together, this collective activation results in our having a specific experience. For example [and speaking far more metaphorically than physiologically] if the sun is shining, specific neurons that recognize light and warmth and which generate comfort all fire together and give us the experience of "Hmmm, toasty warm sun!" The same would be true for the taste of chocolate, or the excitement at falling in love, or the fear of seeing a bear in the forest. A pattern of neurons fires, and we enjoy or suffer the consequential experience.

An essential aspect of such neural patterns is that they are "use-dependent". The more a neural sequence fires, the stronger the links between those neurons become, and the more likely they are to fire together again. It is like a channel being carved between them, so that when the river of neuronal energy flows, it floods into those particular pathways, and thereby generates the same experience once again. This development of pathways, links and neural patterns allows for learning and recognition. Despite it's different color or shape, you can recognize a new species of flower as a flower, because it has enough similar foundational elements to fire off the flower pattern your brain formed earlier. Such foundational elements are called *attractors*, since they attract new experiences into an established webs of perception, feelings and ideas.

This system allows for learning and habit. You don't have to learn all over again how to ride a bicycle every time you jump on the seat, because the habit of how to ride is well grooved as a neural pattern in your brain and body.

This same system of attractors and habituation, however, also leads to the misinterpretation of new experience, and, ultimately, to the profession of psychotherapy. As noted neurological researcher Dr. Bruce Perry cites: “experience thus creates a processing template through which all new input is filtered. The more a neural network is activated, the more there will be use-dependent internalization of new information... (Cragg, 1975).” [*BP]

Thus, if a child was hurt consistently in some way by a person who was forceful and direct, or by someone who was distant and unavailable, or by someone who manipulated her feelings for their own purposes, then that child will likely have developed a neural pattern of hurt, with attractors around forcefulness and directness, or availability, or betrayal. As an adult, when she encounters some new person who happens to be direct, or unavailable or needy, she may again experience that same hurt, or the fear of getting hurt, or the sadness of a lifetime of hurt, or the defensiveness she acquired to protect from that hurt. The new experience gets absorbed into the old pattern, and the person reacts not to what is currently actually happening, but to what they learned years before in a resonant, but different situation - with a different person and when they had different resources and options. The ability to perceive, to experience, to express and to relate in the moment becomes coopted by previously entrenched habit.

Furthermore, as a pattern gets stronger, it takes less & less to trigger it, a process Perry calls “sensitization”. In this way, he says, “the same neural activation can be elicited by decreasingly intense external stimuli...the result is that full-blown response patterns...can be elicited by apparently minor stressors.” [*BP] These patterns of sensitization, Perry goes on to state, gradually become personality traits. In other words, old neural patterns begin to shape who we and others experience ourselves to be, and it takes very little to activate these behaviors. It is this submersion in limiting and painful neuronal habits that brings people to our offices.

The three kinds of psychological woundings named above each describe a specific category of neural pattern that was formed by the client in response to life situations. By recognizing the kind of neural pattern present in a particular client experience, we can customize our treatment options to address that pattern most directly and effectively.

Neurological Wounding

Neurological wounding includes trauma and attachment issues. As a distinct class of wounding, what is essential to recognize here is that these wounds are lodged primarily in the Autonomic Nervous System [ANS], the aspect of our physiology that operates below the level of conscious control. One can no more regulate one’s traumatic activation than one can hold one’s breath indefinitely; the biological imperative of

survival takes over, and causes a physiological reaction to the perceived situation. Trauma and attachment issues therefore need to be addressed on the level of the ANS: the completion of the truncated defensive movements and the gradual easing of adrenal activation with trauma, and the primal limbic engagement between the client and a loving other to restore or create secure attachment and self-regulatory functions.

Of course, in the holography of the Self, the presence of trauma or insufficient attachment generate parallel neural patterns in the so-called voluntary nervous system as well. Not only on the animal/survival level, but also the personality level do we experience the impact of ANS wounding. So while at the foundation trauma and attachment are and need to be resolved autonomically, they also create and present fragmentational and derivative wounding. The formation of sub-identities, obsessive ideation, irritability in relationship, low self-esteem, fluctuating moods, and so on will also develop when one has trauma or attachment issues. While these may be addressed and ameliorated to whatever degree by other treatment approaches, the underlying neurological wounding can only be fully abetted by methods that attend to the actual location of the wounds in the ANS. Such methods as EMDR, Somatic Experiencing and Sensorimotor Psychotherapy work directly with these levels of wounding.

Fragmentation of Consciousness

The second kind of psychological wounding is the Fragmentation of Consciousness. This framework holds that to manage difficult or impossible situations, the self divides itself into substantial and consistent sub-selves, each a distinct state of consciousness and identity, resulting in a complex, confusing and painful sense of personal fragmentation. My own *Re-Creation of the Self [R-CS] Model of Human Systems* describes this wounding, and similar models are offered in the work of Virginia Satir's parts model; Hal and Sidra Stone's *Voice Dialogue*; Stephen Wolinski's map of *Trances People Live*; and Richard Schwartz's *Internal Family Systems*. For the purposes of this article, I will reference some of the elements of R-CS, as exemplary of this category. [*R-CS]

R-CS holds that we have an innate, spiritually based blueprint and drive towards Selfhood called the Organic Self. While recognizing our basic connectedness to all other life, the Organic Self also and specifically has the purpose of expressing and maintaining the unique individual qualities of each of us. My Organic Self, if you will, has the task of manifesting the "Jon-ness" of the universe, while Paris Hilton's Organic Self has the job of being the "Paris-ness" of this world. It is our most basic and true sense of identity. In this state, we experience a feeling of being at home and completely aligned with ourselves - I consistently receive an enthusiastic, even awed, "Yes!" from clients in response to contacting this state as feeling "right" or true" or "completely solid" or "it's like finally coming home".

Noted therapist and author Diana Fosha describes a similar model with her notion of a "core state". She states, "[this led me] to articulate the affective marker for core state. I am calling it the *truth sense*. It is the sense that comes with...things being right." [*FSA]

As humans we have the same basic resources and needs, and yet as individuals our Organic Selves steer us towards being unique and separate people, while remaining in relationship with others. The Organic Self does this by pursuing experience. Moment by moment, the Self recognizes its desire for the next self-relevant event [an Organic Wish], and devotes its resources to attaining that experience. Some Organic wishes may be as simple as "I'm thirsty - I want to drink..." and others may be as complex and sustained as the desire to become a doctor and the willingness to go to school for 137 years to accomplish this.

When we pursue our Wish in accordance with our unique nature, we are affirmed in the validity of being ourselves. Even if the experience includes painful aspects, if the overall sense of the experience is that "it is good to be me", the presence of the Organic Self as the central organizing aspect of Selfhood will be reinforced. So if, as a child, you loved your grandpa, and he died and you felt very sad, the sadness itself would not be a deterrence to being your Organic Self - the grief would feel natural and appropriate. But if you were shamed about your feelings, or told to buck up and be brave, etc., then a question would arise about the validity of your innate nature.

As we know, this kind of challenge to a child's natural sense of things, when either repetitive or forceful enough, results in great wounding. While the feelings and beliefs and postures and so forth generated by these oppositional situations are quite obvious to us and readily presented by the client in session, the actual original wounding here takes place on a more subtle level, the level of consciousness.

When irrevocably opposed, the Organic Self, which we can think of as an unstoppable force, encounters an equally immovable object [the limiting situation]. The child's instinct towards self-expression and validity is hopelessly and continuously opposed by a distant mother or a cruel father, by dominating siblings or a lascivious uncle, by poverty or cultural norms, etc. The child's efforts toward self-relevant experience are stymied, and a painful impasse, like pressing the accelerator with the brakes on, occurs.

Unable to successfully free herself from this pain by remaining true to her instinctive wholeness, the child resolves this bind by fragmenting her consciousness. Instead of maintaining a single identity as a whole self, the Organic Self puts itself into a series of trances, each trance, or self-state, representing and holding an aspect of the stuck situation. Specifically, for each stuck situation, we generate a Hurt Self, holding the experience of being somehow inadequate or shameful or fearful; a Spirit in Exile containing the wish for the experience, but not daring to pursue it; a Strategic Self

steering the person away from pursuing further similar experiences to avoid the Hurt; and a Survivor self continuing to lobby for the person's right to be herself [*EIS].

Each of these self-states is a specific neural pattern, and in that pattern perceives and expresses only the explicit elements of that pattern. How we think, the way we hold our body, the mood we are in are all fixed within each specific trance state. Just as in a dream, in which the elements of the dream seem completely real - until we wake up - so the elements of the self-states seem entirely true to us when we are engaged in those specific trances. In the trance of our strategic need to please others, not only do we not question the veracity of this attitude, but we are incapable of questioning it - this neural pattern, like all others, has no channel for a different perspective. It is only capable of generating the specific experiences wired into this pattern.

Because of this realness, we relate to these states not just as experiences, but as expressions of Self. We *identify* with them, and hold them as statements of our personal being. Our sense of "I" becomes indistinguishable from the fragmented states we are in, and we develop a fluid self orientation that consists of a variety of "i's" [lower case to denote their fragmented, immature quality].

Furthermore, because of the Attractors in the pattern, events we encounter years after the self-state has formed pull us into the old pattern or trance, and we suddenly reframe the experience through the old neural lenses. If we needed to please our family to get by when we were 5 , then now, at 45, we find ourselves aggravatingly driven all the time to please our partner or our boss. Fragmentation has become, as Dr. Perry says, a personality trait. As psychologist and Hakomi Trainer Halko Weiss puts it, "...each one of us has at her or his disposal a number of typical, separate states of being which self-activate automatically in specific situations. These states are regressive in principle, because they are based on earlier experiences and the forms of self-organization that arose from them...[*Weiss].

This fragmentation of consciousness happens whenever that irrevocable impasse occurs, so most of us end up with numerous self-states lurking in our being - an Inner Committee of selves instead of one integrated, well-bounded Organic Self. The Organic Self remains present and intact, and we typically operate from its expansive and inclusive framework. But then when some event activates an attractor - boom! we shift, often without realizing it, into one of our self-state trances. Rather than remaining consistent in our sense of true identity, we end up having a collection of fragmented identities, and suffer the pain of such fragmentation.

These self-states are primarily limbic in location. Just as the neurological wounds are primarily lodged in the ANS, so these fragmented neural patterns are basically feeling states - limbic entrancement that we experience at the core as a mood-framed "world" or "sense of things" leading to a mood based sense of identity, of *I am this...*

From these feeling states or senses of being, we also, of course - just as we do from our more reptile woundings - create parallel neural patterns, both limbic and cognitive, that elaborate the various experiential aspects of these states. We develop beliefs and thought patterns, we hold memories and images, we walk and talk or keep our mouths shut in state specific ways. The CEO who feels completely confident and authoritative in the office may dissolve into a sullen and vulnerable child at home with his wife and children, because a different *him* gets evoked by the family context. The behavior may be apparent; the fact that the man has shifted into an alternative state of consciousness - a walking dream state perceived as real but in fact just a neural habit - may not be recognized.

The resolution of fragmentation, therefore, requires not just attending to the content derived from the fragmentation - the behavior and perceptions and inhibitions, et al - but by addressing the fragmentation habit itself. This is typically done by having the client mindfully become aware of the feeling state they are in at any moment, and to learn to shift deliberately from the painful feeling state into a more preferred state. In overly simplistic terms, we help the client to recognize that he or she is located in a particular and limiting neural pattern; we direct them to recognize their felt relationship to being in this state [they like it or they don't]; and we help them to develop the ability to shift willfully into a different neural pattern.

In fact, the mere act of becoming mindful of the state one is in is already a shift in neural location, because to become aware of the content of the trance requires one to be outside of it, operating from a parallel location in the mind. Instead of identifying with the experience of the habitual pattern, one is now identifying with their ability to observe it. Dr. Weiss concurs: "When we enter a state of mindfulness...an internal observer arises who is not identified with the states/parts that the person immerses in. In such moments, they can notice their experience without being fully identified with it."
[*Weiss]

Because of the innate nature of the Organic Self, a preferred neural pattern and identity already exists in all of us. The client may need various experiences in the present to elaborate or fulfill specific needs or missing events from their childhood - to be listened to, to be held, etc. - but their ability to embody a positive and expansive state of Selfhood that feels solid and true for them is already and always present.

This inevitable presence of an innate, organized, intact and expansive element of Selfhood gradually revealed itself to me early in my career, and in fact initiated my curiosity at exploring the nature of the Self. I was astonished to notice that invariably, despite whatever degree of wounding a client presented, there still was present, and available if sought, an underlying wholeness and solid identity. People had been damaged, and things were missing in their worlds, but at the core they held an

inviolable Self. Many of the practitioners I meet report feeling a similar sense of underlying wholeness in their clients.

In a paper presented at Los Angeles Psychoanalytic Society and Institute, Diana Fosha tentatively suggests a similar notion: “My out-there proposal is that core state is a wired-in feature of the organism...It has been there all along...the capacity to experience core state is as wired in as is the capacity to respond with anger or joy or fear or disgust.” [*FSA]

I believe future research in the neurobiology of Self will eventually identify exactly how and where *physiologically* this innate Selfhood exists, perhaps transcending biology to delineate the way physiological and transpersonal elements interface. In the meantime, that the anecdotal evidence clearly shows that an Organic Self is already present and accessible within even the most traumatized client, affirms the notion that the art of therapy is not to “fix” our clients, but to evoke in them their own ability to self-regulate.

Of course, being use dependent, just shifting one’s present state in the therapist’s office does not eliminate the trance states and the habit of falling into them. This requires practice and repetition, which serves to enhance the links and attractors in the more Organic patterns, and to dissolve from disuse the links and attractors from the fragmented self-states. The therapist must “sheepdog” the client, tracking for excursions back to the fragmented self-states and lovingly guiding the client to find his way back to the Organic Self, until remaining in preferred states gets wired in deeply enough to become a new habit.

Derivative Experiential Content

As we have indicated, the third kind of psychological wounding, Derivative Experiential Content [DEC], includes the wide range of material that derives from either trauma and poor attachment, or from the fragmentation of consciousness. This derivative content is the material that we typically associate with client presentation: the verbal and emotional content of their worlds, their beliefs, behaviors and perceptions, and also, in our practice of somatic psychotherapy, the bodily events [tensions, impulses, gestures, etc.] that attend all these. We would also include various energetic, creative and spiritual experiences in this category.

All of these experiences are expressions of the ANS wounding and/or specific self-states that arise. As the ANS activation or collective neural pattern of a self-state is engaged, they generate all of the limbic and cortical elements that comprise that wounding. We then find ourselves thinking those typical thoughts, feelings those usual feelings, holding those habitual tensions that are both expressions of and markers for the more primal woundings we have.

It is therefore essential to realize that this material exists only as an expression of either autonomic activation or the arousal of trance states. It has no inherent existence, but erupts when a specific neural pattern is engaged. There is no reservoir of sadness, for example, in a melancholy person - only the frequently repeated evocation of his sorrow. When the neural pattern that generates the sadness is not activated - when the person is briefly enjoying himself at a party, say - there is no sadness; it's not lurking somewhere within the depths of the person. What there is, actually, is a *propensity* for any number of things to set off the melancholy attractor and so, once again - maybe even for the 100th time that day - to generate another wave of sighing. To the person, the frequency of this experience causes him to *reify* it as real - to make it concrete in his mind, and to assume it as a fact. But it is not a fact; it is one of endless possible experiences that through frequent activation has developed an increased potential to arise. In a similar way, there is no inner child, no constant need to withdraw, no actual inevitable *should* that one feels obligated to obey, and so on...

This is often a difficult notion both for clients and therapists to accept. We believe in the material presence of our experiences, both because they do indeed feel real to us when we experience them, and because our sense of identity has become so embedded in them. This sense of realness is also heightened by the frequency with which they happen - the weight of time and repetition cements our perception of their validity. We may therefore have little sense of who we would be if we weren't anxious, or didn't charm people, or let our shoulders relax. After a particularly deep session, one of my clients reported that she was shocked to find herself not being on alert all the time. While this felt wonderful, it was also disorienting - she didn't really have a wired in sense of how to be herself if she wasn't watching out every minute to see if there was danger.

I like to refer to this notion as the Myth of Core Material. We hold it as real - both as therapists and people - that all these beliefs and attitudes and memories and all the thoughts and impulses and moods they create actually exist. But in fact they are part of an elaborate and ingenious mythology we have devised to manage the complexity of our lives. This myth is exacerbated by the *tyranny of meaning*: because we embrace these experiences as real, we hold them as inherently meaningful, and this sense of meaning makes them seem even more valuable to us. In the end, however, to re-embody our wholeness, we must move out of the familiar if not always comfortable labyrinth of our myths, and inhabit the mansion of an integrated Self.

Because DEC literally derives from the first two kinds of wounding, all treatment for such content ultimately requires either the resolution of autonomic activation, or the relocation of psychic energy from fragmented states into more preferred and Organic ones.

What distinguishes DEC methods is their use of the derivative generated neural material as an avenue towards resolution of client issues. ANS activation can only be resolved neurologically, but the *consequences* of that kind of wounding - the thoughts and feelings and senses of identity - can be ameliorated by exploring all the content associated with the ANS entrenchments. This exploration also allows the eventual resolution of fragmentation, by accessing the full felt sense of the presenting neural pattern, and following it to its core structure.

Hakomi is a brilliant example of this approach. We create a relationship with the client that engages the cooperation of the unconscious. In doing so, we are already impacting their neural structure, and awakening the Organic Wish in them that hopes for and can be regulated towards the greater expression of their organicity [held by the Organic Self].

We then engage with and direct clients both to immerse in and to study their present experience, so as to lead themselves back to the core organizing material of that experience. We call this process *accessing*, and all accessing, from simple inquiry to elaborate experiments like probes and taking over, follows this three step process: contact experience; immerse in experience; and study experience. [*]E]

What this three step process is actually doing is engaging an expression of some important neural pattern [contacting]; allowing time and focus on the pattern, thereby activating its various associated links [immersion]; so that these associated elements of the pattern emerge: investigating the tension evokes the sadness connected to the tension, and then the sadness, when felt deeply enough, awakens a memory, and so on [studying].

More specifically, this third step consists of three essential avenues: to inquire about *details* of an experience [e.g., *does that tension in your shoulder feel like it's pushing forward from within, or like it's being pulled ahead from the outside?*]; to search for the *meaning* of an experience [e.g., *what does that tension in your shoulder do for you?*]; and to encourage what call *unfolding*. Unfolding is the direct invitation to the neural network to let its associations emerge, and forms the basis of efficient accessing. For example, instead of seeking details or meaning from that tense shoulder, we might invite it to let the next connected experience arise: *so let yourself feel that tension, and just notice what starts to happen after a while, or, just let anything at all that wants to come up, just come up*. In working this way, we are intervening directly to take advantage of the nature of neural patterns: by immersing ourselves in their present particular manifestation, we active the entire network.

Because these patterns are held ultimately in the limbic system, they respond better to directives [commands and suggestions] than to questions. Think of a dog, which is basically a limbic system with legs. If you ask a pooch if it would like to fetch the ball, it

looks at you quizzically. If you command it - *Fetch the ball!* - it leaps off in search of the bouncing little orb. In the same way, when we direct the client's unconscious to find something [*notice whatever feelings want to emerge...*] or to allow something [*just let whatever feelings are there start to emerge...*], then the unconscious cooperates and activates the next link in the neural pattern.

In Hakomi terms, when we have accessed the network to its core presence, we then stabilize the felt sense of a belief, and, in service to transformation, we offer a new experience that refutes the felt expectation and prediction of the old belief. In fact, what this missing experience does is shift the client from the old habitual pattern to a different neural circuit. Through mindfulness, this new event is able to avoid the old attractor, and to stand on its own as an option in contrast to the old habit. In other words, the same shift in neural location has taken place as with R-CS and other trance state relocations. However, it has been effected not by the immediate opportunity of just shifting states, but by awakening the limiting pattern fully, and then shifting. We might think of Hakomi as taking the long, precise route towards a new neural pattern, and of R-CS as leaping across the chasm of expected experience to land ultimately in the same place.

In addition to this ultimate shifting, Hakomi work also creates a direct opportunity to provide the Self with experiences it needed but never received. As we said before, the expansive neural patterns of the Organic Self are already intact and already present, but they may not be fully elaborated. We may need to experience something *else*, that would fit in with and necessarily enhance this expansive but incomplete Self. Providing such actual missing experiences, not just as a means to shifting states but in service to the completion of developmental needs, is an equally essential function of our work.

All of this points towards a simple guideline: the clearer we can be about the exact nature and origins of client issues - the more we understand where and how they arise - the more efficient we will be in working with them. Just as a good mechanic has various tools for different situations - wrenches for nuts and pliers for wires - so we therapists do well to recognize the specific kinds of wounding we are faced with, and to have the clarity to address each wound according to its actual need and nature.

References

*GTL = *A General Theory of Love*

by Thomas Lewis, M.D., Fari Amini, M.D., Richard Lannon, M.D. - Vintage Books, NY 2000

*BP = *Childhood Trauma, the Neurobiology of Adaptation and Use- dependent Development of the Brain: How States Become Traits*

by Bruce D. Perry, M.D., Ph.D., Ronnie A. Pollard, M.D., Toi L. Blakley, M.D. ,
William L. Baker, MS, Domenico Vigilante - *Infant Mental Health Journal*,
1996

*R-CS = *The Re-Creation of the Self as an Approach to Psychotherapy*
by Jon Eisman, CHT, Ashland, 1995, 2005

[*FSA] = *True Self, True Other and Core State: Toward a Clinical Theory of Affective Change
Process*
by Diana Fosha, Ph.D., paper presented at Los Angeles Psychoanalytic
Society and Institute, fe. 28. 2002

*JE = *Hakomi Institute Training Manual*
by Jon Eisman, CHT, Ashland and San Francisco, 1994, 2002, 2005

*EIS = *The Child State of Consciousness and the Formation of the Self*
by Jon Eisman, CHT, Hakomi Forum, 1989

*Weiss = *Mindfulness And Renowned Research*
paper delivered by Halko Weiss, Ph.D. in Munich 6/02 and San
Francisco 8/02

The following publications, while not directly quoted, were useful in providing
background for the material in this article:

Affect Regulation and the Origin of the Self
by Alan Schore - Lawrence Erlbaum Associates, New Jersey 1994

The Emotional Brain
by Joseph Ledoux - Touchstone Press, NY 1996

The Developing Mind: toward a neurobiology of interpersonal experience
by Daniel Siegal - Guilford Press, NY 1999

Born to Love: Hakomi Psychotherapy and Attachment Theory
by Marilyn Morgan, Ph.D., 2004

Becoming Attached: First Relationships and How They Shape Our Capacity To Love
by Robert Karen, Oxford University Press, NY - 1994

copied with permission of author

See www.meta-trainings.com www.hakomicalgary.ca