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The present moment, trauma, and relational somatic psychotherapy
Abstract

In this paper, I will discuss how life is lived in the present moment and how this is connected to living a joyful life. I will show that living in the present moment is related to embodied living and connecting to the body. The role of relational trauma in disconnecting from the body is then examined. The parts that early bad object relations played in inability to live in the present moment are examined from the perspectives of object relations theory and neuroscience. The role of the good object, that is the therapist, in healing is discussed and a technique which is based on insights from relational somatic psychotherapy is presented which may shorten the therapeutic process.

Keywords: neuroscience, object relations, present moment, relational somatic psychotherapy, transitional objects, trauma
The present moment

Countless people, since ancient times have talked about the present moment. The list includes philosophers, yogis, buddhists, mindfulness practitioners and more recently even psychologists. From an objective perspective we live our life in the present moment. We neither live in the past nor in the future, even though our minds can certainly travel in either direction. Let me first quantify and objectively define what is meant by the present moment. The present moment is a “lived story” with a beginning and an end (Stern, 2004). Stern (2004) defines the instantaneous view of time as “Chronos”. Chronos represents the moment to moment passage of time. It has no beginning and no end. The moment we focus on the “now”, it is gone! Effectively, there is no present instant (Stern, 2004). Our sensory system however, has a short term memory built into it which captures the sensations into the feeling experience of here and now. In other words, it integrates the Chronos moments into a lived story. Stern (2004) suggests that this short term memory is between 1 to 10 seconds with an average of 3 to 4 seconds. Effectively, this period represents a window of awareness into the here and now and is called the present moment. This is the window within which life is lived. Stern (2004) refers to this window as “Kairos”. Stern (2004) writes: “Kairos is the passing moment in which something happens as the time unfolds. It is coming into being of a new state of things, and it happens in a moment of awareness” (p. 7).
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It takes about 150 to 1000 mSec for a word to be spoken and phrases take up to about 10 seconds to be spoken with an average of about 5 seconds. The present moment is roughly the same as the length of a phrase (Stern, 2004).

Our brain is also endowed with a short term working memory that decays over time. It loses its acuity after about 2 seconds and the degradation continues. The decay of short term memory is depicted in figure 1. The present moment however, is not the same as the short term working memory (Stern, 2004). The present moment is an integrative whole. It does not decay and is the felt sense of what happens within the moments of Kairos. The present moment is how one experiences the here and now. The working memory decays but one’s experience of the here and now remains intact within the present moment window. The short term working memory is an objective concept and can be measured, but the present moment is a subjective experience.

Viewed from a neuroscience perspective, we know that in response to a stimulus, a group of neurons (neural networks) may be activated and start firing. A second group of neurons may fire in response to the first, and then a third, etc. These second and third groups (etc) of neurons feed information (firing of neurons) back to the first group,
effectively forming a feedback loop (recursive or recurrent neural networks). Every iteration of this feedback loop further integrates the event (stimulus) into the awareness. When these iterations stabilize they give rise to the present moment and the consciousness (Stern, 2004).

The prefrontal cortex is mostly implicated in the storage of short term working memory, however, the memory of the present moment also involves the limbic system. The present moment is deeply related to the sensory nervous system of the brain and as such it is related very strongly to the body.

The present moment and the body

We experience the present moment through our body. Our experience of here and now starts with our sensory nervous system. They are the sensory nerves that send signals to the brain and announce what goes on in our surroundings as well as our position in space (proprioception). The sensory nerves eventually reach the somatosensory cortex resulting in activation of a set of neural networks which are interconnected and recursive. The feeling of what happens (Damasio, 2000) is the result of the activation of these neural networks by the sensory nerves. The present moment is felt and perceived when the activated neural networks reach a certain degree of stability.

The body does not experience the past except possibly through scars from past traumas, and the body does not experience the future. The body only experiences the here and now, even though the mind is fully capable of time travel to either the past or
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the future. Thus the experience of the present moment is predicated on awareness of the body and embodied living. Conversely, one will not fully experience the present moment if one is not aware of his/her body. Embodied living is the prerequisite for the experience of the present moment.

Although it was Freud (2002), who first introduced the notion of the pleasure principle, but it was Wilhelm Reich (1980) who elaborated on Freud’s ideas and taught us that life evolved based on the pleasure principle for if it was not based on pleasure, we would not have evolved as species to the extent that we have, and our species would have become extinct a long time ago (a painful life will not last very long). Pain is a necessary part of life as it is a message from the body indicating that one’s life is out of homeostasis and balance. Pleasure is felt in the body and in order to feel it, one must be connected to his body.

When a client is not connected to his body, has numbed his body, and has little sense of self and a weak sense of proprioception, I start by working with them on grounding. The grounding techniques are very effective and can help the clients become more aware of their bodies. A grounding technique that I have experienced as being very effective is the bioenergetic grounding exercise (Figure 2), introduced by Lowen (1977) in which the client places his feet about 20 inches apart, bends his knees a little, bends down with his head dropped, and his neck muscles relaxed, and touches the floor with his fingertips. He will bend his knees further as he breathes in and flexes his knees as he breathes out. When he stretches and flexes his knees he may notice vibrations in his leg muscles which may travel all the way to his head. When contracted
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Muscles are stretched, they vibrate and more blood flows through them resulting in greater awareness.

Figure 2. Bioenergetic grounding exercise

In a recent study (Ko, Sim, Kim, & Jeon, 2016), the authors found that whole body vibration (WBV) can be employed as a novel way to improve proprioception, balance, and motor skills. The authors write: “Vibration may directly stimulate muscle spindles and Golgi tendon organs. Increases in proprioceptive sense have been observed in healthy young adults after WBV exercise” (para. 2). In my practice I have noticed that when I ask clients, with little sense of their body, to do this grounding exercise, they develop a stronger proprioceptive sense, in most cases, immediately. This increased sense of their body lasts for several hours. But it is not easy to remain grounded and connected to the body. In the following sections I will elaborate on this and will also discuss what healing may be predicated on.

Why does one disconnect from his/her own body? The short answer is trauma. I will discuss the connection between body and trauma in the next section.
Body and trauma

Trauma can alter the individual in his or her very core. Trauma changes the way an individual interacts with his or her environment, his or her flow of information, and flexibility of responses to their surroundings. Trauma may change the body of the individual, making it rigid at times or flaccid (collapsed) at other times, resulting in a loss of motility and limiting the individual's aliveness. It may also change the functioning of the internal organs. Trauma may change an individual's metabolism of energy, and exchange of energy with the environment. Traumatized individuals are prone to primitive self protective responses when they perceive certain stimuli as threats (Shahri, 2014).

The pain of trauma and traumatic experiences is felt in the body. The body and bodily feelings then become a source of pain. It is the avoidance of this pain which results in numbing and disconnecting from the body. There is an old saying in Bioenergetics (attributed to Alexander Lowen): We deaden our bodies to avoid our aliveness, and then we pretend to be alive to avoid our deadness. Once one is disconnected from his body, he will seek refuge in his mind, and will not be fully aware of the present moment. He will be obsessed with the past and the future resulting in possible depression and anxiety. The obsession with the past and future manifests itself as a “chatterbox” that runs constantly in one’s head which makes one's life hellish.

Relational trauma

Inside our head lives a chatterbox that runs throughout most of the day. This chatterbox is a constant reminder that we do not measure up in a somewhat continuous
internal dialog. It creates a seemingly eternal internal competition. The internal dialog mediated by the chatterbox makes us anxious, angry, or uneasy, etc. This seemingly quiet and devious chatterbox makes our lives a living hell! The chatterbox is the sum-total of our negative experiences and punitive measures in relation to our significant caretakers, that is our negative introjects or internalized bad objects (Shahri, 2019).

The chatterbox is formed by the internal psychological conflicts or simply the “internal conflicts”. The internal conflicts are the result of conflicts between what we have been told (and internalized) in our childhood during the important formative years and our true self. These powerful messages from our childhood become part of our psyche, and when opposed to our true self, make our lives a constant internal war zone.

In the remainder of this paper, I will first give a theoretical formulation of the formation, origins, and functioning of the chatterbox in our head, and will show that it functions in a manner similar to transitional objects that reside in the mind. I will describe processes and techniques for muting it or making it quieter. Once the chatterbox has quieted down, we can live in the here and now and experience the present moment with all its rewards.

**Relational somatic psychotherapy**

Robert Hilton (2008), my former psychotherapist of 10+ years, introduced relational somatic psychotherapy which is closely related to object relations theory and somatic psychotherapy. In this section, I will first describe the process of the formation
of the chatterbox based on object relations theory (Shahri, 2019) and will then present a relational and somatic technique for muting the internal chatterbox. The object relations theory describes the dynamic process of development and growth in relation to real others (external objects). The term "objects" refers to both real external others in the world, as well as internalized images of others. Object relations are formed during developmental phases through interactions with the primary caregivers. These early patterns can be changed and altered with experience, but frequently continue to have a strong influence on one’s interactions with others throughout life. The term "object relations theory" was formally introduced by Fairbairn (1952). He posited that the Infant internalizes the object (as well as the object relations), and splits the object toward whom both love and hate were directed, in two, namely the good object and the bad or repressing object. The good object (idealized) representation is important and is necessary to go on in life. The ego identifies with the repressive object (the bad object) and keeps the original object seeking drive in check (Shahri, 2014).

At this point, I would like to introduce the notion of partial internalization. Fairbairn and other object relations theorists did not fully discuss partial internalization. Dorpat (1976) distinguishes between structural conflicts (full internalization) and object-relations conflicts (partial internalization). Structural conflicts result from the fully internalized objects in which both aspects of the conflict are fully owned by the individual as in “I want to do this, but I know it is not right and I will not do it”. In the case of object relations conflicts, however, the person may experience strong opposition between his own desires and wishes and those of internalized others. This opposition is experienced
as an agonizing chatter and may be viewed as partial internalization of external objects (Dorpat, 1976).

The fully internalized object is ego syntonic and will assure contact with the object, since the object is fully accepted and its wishes are adhered to. In essence, the fully internalized objects are idealizing self-objects (Shahri, 2019). Where self-objects in self psychology (Kohut, 1971) are internal representation of external objects that are experienced as part of the self. The idealizing self-objects are the primary resources and object relations that the “Self” utilizes for support. The result is that the contact with the object is maintained while the sense of self is diminished.

The partially internalized objects are ego dystonic and result in object relations conflicts. In the case of partially internalized objects, there are constant conflicts between the wishes of the Self and those of the internalized others. Every decision is difficult and agonizing with a concomitant disturbing chatter. In this case, only weak contact with the external object is established and maintained, resulting in anxiety, irritability, anger, and guilt, etc. This is the phenomenon that I call relational trauma (Shahri, 2019).

Winnicott (1951) introduced the concept of transitional objects to explain the use of external objects by the infant to compensate for the anxiety related to the temporary disappearance of its primary caregiver. Regarding the transitional object, Winnicott (1951) writes: “The object is affectionately cuddled as well as excitedly loved and mutilated.” He (Winnicott, 1951) further writes: “The mother lets it [transitional object]
get dirty and even smelly, knowing that by washing it she introduces a break in continuity in the infant's experience, a break that may destroy the meaning and value of the object to the infant."

Winnicott (1949) writes about the overactivity in mental functioning in response to certain failures by the primary caretaker, resulting in a conflict between the mind and the psyche-soma. In this situation Winnicott (1949) writes that the thoughts of the individual begin to dominate and facilitate the caring for the psyche-soma.

I would like to suggest that the relational trauma (chatterbox inside the head) functions in manner very similar to the transitional objects that reside in the mind (Shahri, 2019). It creates the illusion that one is not alone so far as there is a chatterbox in the head. The subject (the "I") however, does not discard the illusion of the return of the good object, from whom he seeks approval and affirmation. The object relations conflicts therefore function as thoughts and mental activities that takeover and organize the caring for the psyche-soma and form the illusion that someone is out there and one is not alone, thus reducing the existential abandonment fears. So long as the object relations conflicts function, an illusion is created in the mind that there exists an object that one relates to, and thus the person can, to some extent, avoid his fears and anxieties related to isolation and abandonment. The person, in his mind, treats the object relations conflicts very similar to the transitional objects, in that they are subjected to love and hate, and to affections and mutilations. The conflicts are made dirty, messy and smelly, very similar to the transitional objects. In short, the person is
imprisoned in the old object relations. Throughout this paper, I will refer to relational trauma, object relations conflicts, and internal conflicts interchangeably.

Corrigan and Gordon (1995) introduced the concept of mind object which can be very similar to object relations that reside in the mind. The space between stimulus and response is mediated by the mental world. When this world is important, one creates a mind to protect and preserve the subject mind. This is the mind object (Boris, 1995).

Corrigan and Gordon (1995) write:

> We suggest that the mind object - an object of intense attachment - substitutes for a transitional object and subsumes intermediate phenomenon to its domain. But the mind as an object is an illusion. The clinical task is to reestablish an intermediate area as the place where life is lived - where there can be delight in the use of the mind that is expressive and mutual. (p. 21)

Thus, based on object relations theory, the relational trauma or object relations conflicts can be seen as mental equivalents of transitional objects that reside in the mind or simply mind transitional objects. One should also note that the intermediate area which is between internal psychic reality and the external world is related to the present moment discussed earlier.

If my hypothesis is indeed correct that the object relational conflicts (or relational trauma) operate as transitional objects that reside in the mind, then when the good object returns the transitional objects will no longer be needed and are given up.

Winnicott (1951) writes:

> Its fate [transitional object] is to be gradually allowed to be decathected, so that in the course of years it becomes not so much forgotten as relegated to limbo.
By this I mean that in health the transitional object does not 'go inside' nor does the feeling about it necessarily undergo repression. It is not forgotten and it is not mourned. It loses meaning, and this is because the transitional phenomena have become diffused, have become spread out over the whole intermediate territory between 'inner psychic reality' and 'the external world as perceived by two persons in common', that is to say, over the whole cultural field. (p. 233)

It is seen that the object relations conflicts or relational traumas create the illusion that one is not alone and that there is someone there with whom they are in conflict. These object relations conflicts function, as I discussed earlier, in a manner very similar to transitional objects, which I named the “mind transitional objects”. Here Winnicott also discusses the intermediate territory between the psychic reality and the external reality as perceived by two people in common, which is a notion related to the present moment in a relational world.

Why is the return of the good object healing? Lewis, Amini, & Lannon (2000) write “In a relationship, one mind revises another; one heart changes its partner (p. 144). Our brains and more specifically our limbic systems wire through experience. New neural networks form as the brain conforms to novel situations. Lewis, Amini, & Lannon (2000) write “When a limbic connection has established a neural pattern, it takes a limbic connection to revise it” (p. 177). Similarly Guntrip (1994) writes: “If it is bad human relationships that make people emotionally ill, it can only be a good human relationship that can make them well again” (p. 401). In other words, the limbic attractors can change in relationships.
An attractor network is a type of recurrent dynamical network composed of interconnected nodes (neurons), that evolves toward a stable and persistent pattern over time. And in therapy, this change occurs when the new attractors, in the limbic system of the client, form such that they become closer and more similar to those of the therapist. This process is iterative and with every iteration, the newly formed neural pathways of the client which are initially weak become stronger and form the new limbic attractors and move closer to those of the therapist. The therapist has a set of indispensable tools which are his strong sense of self, self-knowing, and self-relatedness. The strong sense of self, self-knowing, and self-relatedness of the therapist can result in limbic revision within the client. This puts a great onus on us, the therapists. We need to have done our own work, we need to have resolved our own object relations conflicts, and to have experienced it in our own therapy.

The question that may be raised is whether the client can accept and take in the good object that is now manifested in the therapist. It is not easy! The client has spent years building defenses against receiving contact, due to his early relational traumas. The key to the success of therapy is for the client to become vulnerable in the presence of the therapist, that is to give up his defenses and resistance. Due to [negative] transference, it is very frightening for the client to feel safe enough to trust the therapist and to become vulnerable in the presence of the therapist and let the therapist witness his pains. The client generally functions and behaves from the old object relations upon which the
transference is based. From a neuroscience perspective, transference is nothing but the activation of the old neural networks that were formed in relation to the early (old) objects. And resistance is the persistent activation of these early (old) neural networks. Wilhelm Reich (1980) quite correctly and aptly wrote that psychotherapy is about consistent analysis and working through of the transference and resistance. Without the working through of the transference and resistance the client will repeat the old behavioral patterns through the activation of the familiar and old neural networks, and healing may not take place. When the client feels safe enough within his relationship with the therapist to work through the transference, he can become vulnerable and will lower his resistance. Fairbairn (1943) writes: “The resistance can only really be overcome when the transference situation has developed to a point at which the analyst has become such a good object to the patient that the latter is prepared to risk the release of bad objects from the unconscious.” (p. 332)

When the client can become vulnerable in the presence of the therapist (given up his defenses), that is when he no longer functions from the old neural networks (transference and resistance) his limbic brain will be ready to form new neural networks based on his experience and relationship with the therapist. Over time, these new networks become stronger and the old networks become weaker and go through modification. Recall the Hebbian axiom that neurons that fire together wire together (Hebb, 1949). The weaker old neural networks do not disappear and under severe stress will get activated again. However, as the new neural networks get stronger, they
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govern, more and more, the client’s emotional response and behavior. The connection and contact with the therapist will be internalized by the client. This is the essence of healing in psychotherapy from the perspectives of neuroscience and object relations theory. The client can then live in and experience the present moment.

The technique

Resolving object relations conflicts takes a long time. We must analyze and work through the transference and resistance. While the transference and resistance are being worked through, new neural networks based on the relationship with the therapist are formed. Recall that new neural networks are formed in the brain based on new experiences. This is, however, a lengthy process. Once I developed insight into the process of relational trauma and object relations conflict, I started to look for ways to reduce the length of the process. In my work with the clients, I asked them to stay in contact and feel their connection with me (the good object) as they were feeling and expressing their internal conflicts. Every time that I repeated this process with the clients, the chatterbox became quieter (based on Hebbian plasticity - the new neural pathways get stronger as they get (re)activated).

The results were surprising. When the clients spoke about their object relations conflicts and relational traumas while they were aware of their bodies and were feeling their connection with me, the internal chatter became quieter. Every time that we repeated this process, the internal voice became softer. In my experience, after repeating this process several times (sessions), the internal voice (chatter) becomes
essentially muted, at least temporarily. I must point out that the old neural networks are still present and will, at times, get activated but they will lose their strength over time. This may point to a practical way of speeding up the process of resolving the object relations conflicts. Before describing the technique, I must mention that this exercise is predicated on a client having a relatively strong ego so that the process of contact and connection with his own body and with me is not threatening and is not retraumatizing. This exercise is contraindicated for clients who cannot connect with and feel their body and have a diminished sense of self. The client must first be able to connect with his body for this exercise to be effective.

In figure 3, I show the process of working with relational trauma. Throughout the process, I ask the client not to think. I pull my chair a bit closer to the client and ask him to stay aware of his body (from their neck down - to avoid staying in their heads) and breathe normally. I may have to coach the clients regarding staying aware of their bodies. Being aware of the body is the somatic correlate of the sense of self. Once the
client is aware of his body. I then ask him to stay in contact with me. Frequently, I have to coach the client as to what staying in contact with me is. I maintain gentle eye contact with the client and look at his left eye, and I ask them to look at my left eye gently so that we can make a right-brain to right-brain connection. I also ask him to be aware of the space (distance) between us and I do the same (become aware of the space between him and me). Feeling and awareness of the space between him and I can be thought of as the somatic correlate of the connection. This step makes the clients aware of the presence of the good object which is felt at the somatic level. I then ask him to remain aware of his body as well as maintaining his contact with me, simultaneously. After a bit of practice, clients can follow these steps. I then ask him to talk to me about his object relations conflicts, relational traumas, or interpersonal conflicts, or to simply remain quiet and reflect internally on such conflicts, while he remains aware of his own body and his connection with me. He notices very quickly that as he talks about his relational traumas, his emotional reactions become muted or more subtle. The clients report to me that everytime they talk about their relational traumas, while staying in contact with themselves and me, in sessions, their emotional reactions become more muted. They further report that even if they try very hard, they cannot easily think about the past or the future, and for the most part are aware of the here and now! Even when the clients attempt to recall the past and think of the future they are not triggered anymore, they report. In a variation of this exercise, I ask the client to stay in contact with himself and with me as described above and just to remain silent (and not think), until I notice a shift in their emotional state, usually after a few minutes. I then ask him to
simply be aware of my presence with them and to stay in contact with himself. At this point I check with him to see if he is still triggered or bothered by his object relations conflicts and the answer is usually no! If need be I repeat this exercise with him. If the client is agitated and triggered in the session, I do the first variation of this exercise with them, otherwise if the conflicts are not as strong in the session, I have noticed that the second variation may be more effective.

Internalization of the contact with the good object will occur over time and is a long process Once the contact with the good object is internalized the clients do not need the presence of the therapist (good object) any longer. In order to shorten the length of this process, I devised the following addition to the second variation of the above exercise in which the client remains silent and simply stays in contact with himself and with me. I must mention that the client must have reached a certain degree of trust within the therapeutic relationship to be able to become vulnerable (drop his defenses and resistance) for this step to be effective. I also indicated above that a certain level of ego strength is needed for these exercises to be effective.

I ask the client to feel his body (somatic correlate of the sense of self) and to feel the space between them and me while maintaining eye contact with me (somatic correlate of connection and contact), similar to what I have described above, thus connecting to his body and to me. After a minute or two, or when I feel that it is appropriate to go to the next phase, I ask him to close his eyes and imagine that I am getting closer to him (as close as they are comfortable) until they experience my energetic presence in their body and then I ask them to stay with this sensation and
feeling for about a minute or until I sense that they feel their contact with me in their body. I believe that this last step is the somatic correlate of internalization. Thus through this energetic and somatic exercise, the client first connects with himself and then connects to the therapist and finally internalizes the contact. After this exercise, the clients typically feel much calmer and feel a deeper connection with me and their bodies. My clients have reported that after this exercise they can self-soothe in between sessions or when they feel overwhelmed emotionally. I must emphasize that connecting with the self and to the good object and internalizing it is a long process. This exercise may simply speed up the process by letting the clients feel the connection with themselves and with the good object, and to form a psychological imprint of these processes, through formation of new neural networks (initially weak) formed during their experience in this exercise. Future therapeutic work is then built upon strengthening these newly formed neural networks.

**Case of Sally**

Sally is a 40 year old single woman who came to see me about 6 months ago. Her presenting issues were anxiety, diminished sense of self, and self-deprecating thoughts. Her self-esteem was low, and despite being very attractive, she was not satisfied with her looks. She also ruminated about the past and was worried about her future. Sally had worked with a couple of Cognitive-Behavioral therapists and more recently with a Jungian analyst. She had developed a lot of insight from her therapies, especially her Jungian analysis. Our work proceeded relatively slowly as she was unfamiliar with relational and somatic psychotherapy. We spent several sessions on the
analysis of her developmental traumas from which she gained further understanding and insight regarding her life and her choices. She understood how her choices in life were affected by her traumas and how she was repeating her traumatic past. She also gained the insight that the lack of contact and connection with her primary caretakers, early in her life, had a significant role in her life experience today. She developed positive transference to me early in her work. I processed her transference and resistance with her in our sessions, over time. Recall that from a neuroscience perspective, the analysis of transference and resistance helps to weaken the old neural networks that were formed in the brain based on the past object relations, by allowing the formation of new neural networks that are based on the therapeutic relationship with the therapist (the good object). This occurs when the client can take risks and become vulnerable in the sessions. It is then that they give up their resistance. During the course of our work, and when I felt it was appropriate, I asked Sally to stay in contact with herself and with me as I discussed in the presented technique above. With every iteration of the technique during different sessions she was able to connect with me more deeply and felt safer to risk becoming more vulnerable. She reported that she could also recall and utilize our connection outside of our sessions when she needed it. But this time the connection was satisfying and not traumatic and there was not an infantile dependence on it. In other words, she had found a good object. The internal chatter in her mind became quieter and her self-esteem increased and she reported that she started loving who she was. She also reported that the infantile attachment in her relationships had become much weaker. She had developed a much stronger sense of
self. I felt that at this point it was appropriate to work with her on internalizing her connection with me, and thus I added the last part of the technique to our exercises in the sessions. After several weeks of working with Sally on internalization of her connection with me, she reported that she did not need to recall our connection to soothe herself outside of our sessions and that she felt more secure in who she was and more confident in herself. She knew that the connection was there. In other words, she had internalized our connection. In conclusion, I must mention that Sally was not a typical client. She arrived in my office with deep insights and that the work with her progressed more quickly compared to many other clients. However, this case study, I believe, demonstrates the application of the ideas and the therapeutic technique that are discussed in this paper.
Conclusion

In this paper I discussed the present moment as the felt sense of here and now, and showed that it is deeply related to and is predicated on connection with the body. I further discussed trauma and its role in numbing the body and disconnecting from it. I analyzed the relational trauma, based on object relations theory and neuroscience, as well as its effects on disconnecting from the here and now and becoming a prisoner of the past and worried about the future. I also introduced a technique based on insights from relational somatic psychotherapy that may reduce the length of the healing process which is to live in the present moment, and relatively conflict free.
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References


BIOGRAPHY

Homayoun Shahri, Ph.D., M.A., CBT, LMFT, received his Ph.D. in electrical engineering specializing in coding and information theory from Lehigh University in 1990, and his master of arts in clinical and somatic psychology from Santa Barbara Graduate Institute (now part of The Chicago School of Professional Psychology) in 2012. He is a licensed marriage and family therapist and has a private practice in Lake Forest, CA, USA. Homayoun is a Certified Bioenergetic Therapist and is a member of the International Institute of Bioenergetic Analysis (IIBA) and the Southern California Institute for Bioenergetic Analysis (SCIBA). Homayoun is a member of the United States Association of Body Psychotherapy (USABP) and is on the peer review board of the International Body Psychotherapy Journal (IBPJ).

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