

Imago Therapy

as

Transformational Learning

By Bob Kamm

Forward

It is the purpose of this paper to fulfill a requirement toward certification as an Imago Educator by demonstrating a working command of the essential aspects of Imago Theory and practices and an ability to present them in a clear, interesting manner. To that end, I've chosen the heuristic approach because it has a good track record, going all the way back to Socrates. As a consultant and teacher, I have found that posing and attempting to answer questions is a method that, more than any other, calls forth humility, vitality and creativity. This approach also keeps a discussion open for others to easily join. My guides on this journey have been myths, dreams, personal experience, professional experience, intuition, logic and science. Each of these is necessary but not sufficient unto itself. We need the full investigatory toolkit to arrive at a substantial understanding of how the full ensemble of Imago practices facilitates a genuine transformation from unconscious to conscious partnership in love relationships.

Part I: Five Essential Ideas

What is transformational learning? Does the client's experience in Imago Therapy fit the definition of such learning? These two questions are central to this paper. However, before we can fully answer them it is incumbent upon us to first have a good understanding of the theory that has given rise to the therapeutic practices of Imago.

In his seminal work *Getting the Love You Want*, author and Imago founder Harville Hendrix, PhD, introduces a number of ideas that form the interlocking pieces of Imago Theory. While I readily acknowledge that another person might add to or subtract from my list, the most compelling among them for me are the following five:

1. We humans begin life in a state of "original wholeness".
2. That wholeness is seriously compromised in nearly all of us as we are wounded in childhood by caregivers insufficiently attuned to our needs.
3. Our adult love relationships are, to a significant degree, unconsciously drawn into a power struggle by these childhood wounds.
4. Genuine transformation beyond this unconscious state of mutual woundedness is possible.
5. That transformation can only be *fully* accomplished through the relationship itself.

Let's take a closer look at each of these. Of the first four, it can be said that these are ideas that go back very far in the history of human experience, long before science could establish them as facts through careful empirical studies. For that reason, most of us find them fairly comfortable to consider.

The First Essential Idea: Born Whole

This first idea—that we began in wholeness-- is certainly well-grounded in myth and story, the most familiar being the story of the perfect existence in the Garden of Eden in the Western biblical tradition. We are reminded, also, of Plato's tale about original humans being an undivided whole with two heads, eight limbs and extraordinary powers. Then, consider this tale from a completely unrelated culture—the Bushmen of Southern Africa. In the beginning, the Great Master and Lord of all Life, Kaang, dwelled beneath the earth's surface. Even though this place was far from the reach of the sun's rays, it was a realm bathed in light. All people and animals were there with Kaang living together in a blissful, state, a kind of communion between all creatures.

In fact, even a cursory look at worldwide myths of origin affirms this sense that we began our journey in this world in a state of paradise, bliss, perfection or wholeness. This cuts across time, cultures and geography. Myth, in a way, is the original proto-science. It encodes and preserves human experiences across the ages. It is a kind of empirical body of evidence in its own right. The trick, of course, is to see beneath the surface information into the deeper meaning as Carl Jung did in detecting the universality of human symbols. Joseph Campbell joined him in this perception, teaching us “dreams are private myths; myths are public dreams” and affirmed the presence of universal human themes beneath the surfaces of thousands of different stories.

Now, given some of the science available to us today, we might quibble around the edges with Dr. Hendrix when he describes the experience of the fetus in the womb as “idyllic” and characterized by “a sense of oneness...an experience free from desire”. What would that quibble be? We know that the world of the fetus is not immune to the pressures on the mother. There are consequences when mother smokes or consumes alcohol or drugs or regularly or experiences chronic stress, is abused or subjected to a trauma such as an accident or illness. We also know that even a fetus that has a perfect

ride in the womb can be subjected to a birth sufficiently difficult that its paradise is over before its parents can even hold it.

However, myths do not lie. We are called to trust the massive evidence of stories around the globe that, indeed, we carry a memory of a previous state of wholeness. In addition to the in-utero experience, what else could contribute to that sense? Dr. Hendrix presents the idea that since we are made of the same matter and energy that has formed the entire universe, there is a fundamental vibration of relational resonance within us. On the most basic level, we know that we belong to a greater energetic whole.¹ Moving from physics to physiology, we know that the human system is *inherently designed to seek homeostasis*, the state we experience when our real needs are consistently met. Dr. Hendrix refers to this as “relaxed joyfulness.” Neurologist Dr. Antonio Damasio in *Looking for Spinoza*², is in essential agreement, calling it “equilibrium for the organism”. This equilibrium signifies “physiological coordination and smooth running of the operations of life.” Consequently, it is not much of a walk to conclude that even a child whose in-utero experience and birth are distressful will retain a cellular longing for something akin to the state of joy, openness and innocence we metaphorize as Eden. The further from homeostasis the system is tilted, the greater the longing and, in all likelihood, the more grandiose the metaphor, such as finding “the perfect relationship.” Perhaps this latter point is the most cogent and the reason that myths, tales and poems that speak of paradise lost, a fountain of youth or communion with the divine all resonate so strongly in our species. That resonance is so great that even quibbles such as cited above fade into the background. We are possessed of a profound intuitive knowing that it is our birthright to feel whole, balanced and at peace. No one can talk us out of it

¹ I heard him present this line of thought most eloquently live during a training lecture in Pasadena, CA, in March, 2009.

² Looking for Spinoza, Joy, Sorrow, and the Feeling Brain, by Antonio Damasio, Harcourt, NY, 2003, p.138

because our very mitochondria were built to lean towards it. The further it drifts away, the stronger is our longing for it.

Another way to look at this idea of original wholeness and one that Dr. Hendrix embraces, is through the eyes of Jewish mystic, Martin Buber. In his terms, we come into the world in an I-Thou relationship. We have an intuitive sacred connection to the aliveness of all things around us.

The Second Essential Idea: Wholeness is Wounded Away

Let's take a closer look at the second essential idea—that nearly all of us lose our sense of wholeness at the hands of caregivers insufficiently attuned to our needs. This results in a significant shift in how we relate to the world. In Buber's terms, we move into I-It, lose our sacred connection and begin to relate to people and the world as objects whose purpose is to be tools of our need, at our disposal for whatever uses we might demand of them.

Here again, we are well grounded in the ancient codes of myth. Most of us have been taught to interpret the biblical story by aligning ourselves with the God figure. Thus the term, "man's fall from grace" makes sense because we've been trained to think it's man's fault in disobeying God. But we could just as well look at it from the opposite angle. After all, God tosses Adam and Eve from Eden in a peremptory manner. They are his new creation yet he has no patience for them. He doesn't sit them down, tell them how much he loves them, explain the reasons for his rules and the dangers of transgressing them. There is no second chance, no divine patience or nurturance. God ruptures the connection. He created Adam and Eve, yet he condemns them. Notwithstanding arguments about free will, the story clearly presents the first humans as childlike, lacking in experience and judgment. What learning experiences could they possibly have had? This is the kind of double-bind which therapists often see in families. A parent or parents inadvertently set up children to fail by expecting them to act

in a manner beyond their age and experience. When failure comes, they're told it's their own fault. This is exactly the kind of behavior Dr. Hendrix is referring to when he uses the term "unattuned parents."

In Plato's tale, the two-headed, eight-limbed humans try to storm the gates of heaven. Zeus calls upon Hephaestus, the god of the forge and fire, to split them in half. Never again shall they be whole as they once were, lest they challenge the gods. Apollo adds the finishing touches by making the wounds invisible. Plato's tale is also framed in such a way that we are invited to align with the gods and see the original humans as arrogant, rather than ask, "Did they create themselves? Why are the gods so hard on them?" With a small pivot of the mind, we see in the story a justification for abuse by parental figures, a sundering of the connection not only between man and the gods but between man and himself.

As to the story of the Bushmen, it goes on to relate that Kaang, the Master and Lord decides to create a world for all beings so they can live above in continual peace, on the surface of the earth. His only caveat is to man, warning him not to build any fires lest a ferocious evil visit them all. Of course, when man experiences night for the first time, he grows cold and violates his agreement with Kaang. You can readily imagine the outcome is going to be something far less than the bliss of the original state. Pivot the mind now and simply ask, "Kaang, great Master and Lord, where's the love? Man was cold! He has come out of a world bathed in light to one that is half night. What did you expect!"

If we examine the marquis myths from around the world, time and time again we find stories in which, on one level, we are being asked to accept stories that portray humans as inherently dumb, oppositional or simply out of control, unworthy of paradise and deserving punishment. However, unless you interpret them as divinely given and not open to question, all these stories can be read on another level as propaganda defending the powerful, whether they are parents or tribal lords or kings. They may also be interpreted, of course, as instructing man about his own dual nature—his capacity for engaging

in tragic foolishness. But the over-riding impression through the fresh eyes of Imago is that we are seeing ancient displays of impatient, under-developed caregivers visiting wounds upon their children, jeopardizing the loving connection between them. After all, in each of these examples, there is evidence of important human qualities that not only go uncelebrated but are discouraged with a heavy hand. In the Genesis story, we see our desire to know, in Plato's tale, our desire to rise to the fullness of our potential. In the Bushmen tale, we see our inventiveness. In each of the three, we are willing to take considerable risks to be, well, human. So yes, the further message in these myths is that it is dangerous to be human. Why would we be burdened with such ambivalence towards ourselves?

Dr. Hendrix calls our journey from birth towards adulthood a "perilous pilgrimage". Indeed, we see the peril metaphorized in myths of origin and rites of passage. But to what is he referring exactly? This is where science validates myth. Humans have the most complex brain of any creature on earth. Human brain size has tripled over the last 3 million years since our australopithecine ancestors walked the earth. Today, at birth, it is only about 26% of its ultimate mature weight. If it were at its full size, our heads would be so large, we wouldn't make it through the birth canal. Why has our brain become so complex? The most logical answer scientists can provide is that our brain services our survival as a species by making possible much more complex adaptive behaviors than do the brains of our precursors. In fact, this has probably been a reciprocal process in which it is difficult to determine chicken and egg. In other words, initial additions to the size of the neocortex enabled more complex adaptations, which in turn stimulated further development, which in turn led to even more complex adaptations.

So we are born with a quarter of our ultimate brain in weight. The entire brain achieves roughly 70% of its mature adult size in just the first two years, most of this growth occurring on the right side, to which we attribute most of our feeling experiences. Whereas the left brain, developing later, will, as Dr.

Dan Siegel tells us in *The Mindful Brain*³ largely correlate with logic, language, linearity and literal understanding, the right brain's features include "nonverbal, holistic, visuospatial...autobiographical memory, integrated map of the whole body, *raw spontaneous emotion, initial empathic nonverbal response, stress modulation, and a dominance in the alerting aspect of attention*(my italics)." We could, with relatively little risk, call the left brain the thinking brain and the right brain the feeling brain. It is important to note that the left side of the brain can take more than twenty years outside the womb to reach full development while the right hemisphere has already been active in-utero.

What do these facts tell us? They tell us that the complexity of the human brain requires a long childhood of careful nurturing, just as a long childhood of careful nurturing has, in all likelihood, contributed to its complexity. They tell us that during the first several years of this childhood, we are highly dependent on our caregivers. We are also highly vulnerable, not only because the left side of the brain, the thinking brain that enables us to plan and respond intelligently to threats and opportunities and develop external as well as internal cognitive-based defenses is so slow to fully boot up. But also because the part of the brain that is dominant in our early years *is the feeling brain and the brainstem which mediates autonomic responses such as heart rate, blood pressure and respiration, all of which are directly engaged when intense feeling occurs*. So we enter this world as feelers long before we are capable of a thought. We cannot avoid feeling. This is self-evident for those who have spent any significant time around infants. When they are well protected, nurtured and loved, we see them experiencing delight, contentment, relaxed joyfulness. Think about baby being lovingly tossed in the air by its mom or dad and squealing happily. Think about long gazes between baby and mom, cooing sounds and smiles traveling back and forth between the two. Think about baby at its mom's breast

³ *The Mindful Brain, Reflection and Attunement in the Cultivation of Well-Being*, by Daniel J. Siegel, W.W. Norton & Company, pgs. 45-46

relaxed and content.. During this time, as the baby's brain is growing, its structure and process are being affected by these loving, positive interactions. The baby is not only developing a deep attachment to its mother. As neuropsychologist Allan Schore has written in *Affect Regulation and the Repair of the Self*, it is also developing a template for attachment it will carry into adulthood.⁴ In other words, hugs and kisses, cooing and caressing nurture vital neuronal development. They are critical to the development of the brain towards its optimal state of joyfulness. That joyfulness makes us more adaptable, more likely to not only survive, but thrive, mate and create right through childhood into adulthood.

On the other hand, if we are not well protected, nurtured and loved, if we are being raised by parents who, for whatever reasons, are consistently not well attuned to our needs, we cannot avoid feeling fear, hurt, sadness, even childhood rage. Attachment Theory tells us not only that the first eighteen months are critical in developing strong bonds with our caregivers. It also confirms Dr. Hendrix's contention that we are so defenseless during this phase, especially the first six months, that it may not take much to throw our systems off-center with life-long consequences.

Are all childhood hurts destined to become life-long wounds? Not as long as they are within the child's capacity to process. We know that a child in this stage, experiencing life largely through its brain stem, limbic structures and right hemisphere, cannot understand or rationalize its parents' behavior or how the wider world may be intruding upon it. We know it has an extremely limited capacity to comfort itself. We know that when parents, for whatever reason, are unable to consistently respond in a timely and loving manner to its need to be held, warmed, cooled, spoken to, stimulated, cleaned and fed, when loud voices and slamming doors or arctic silence in the household are chronic aspects of its environment so that it rarely feels safe for long, or when it is consistently treated

⁴ *Affect Regulation and the Repair of the Self*, Allan N. Schore, W.W. Norton & Company, NY, 2003, p. 18

roughly...when the hurt exceeds the child's ability to process through tears, a hurt becomes a wound that will live on. Indeed, the infant's primary method of both sounding the alarm and processing hurt is crying. So when the child is too frightened to cry (thrown into a "freeze" state through the mediation of the amygdala and brainstem like other frightened animals) or is chronically triggered into crying and/or frequently pushed to near the limit of that capacity, regardless of the reasons, its hurt is likely to become a lasting wound.

Here's a simple way to think of whether or not a hurt becomes a wound. Think of a child who falls and cuts his knee on the sidewalk. If an attuned caregiver is present and goes to the child, holds him gently, sympathizes with his hurt, allows him to cry, cleans the cut, puts a band-aid on it and wipes away the child's tears, usually, his little system has completed its task of processing the pain in a matter of moments. What happens next? He runs back to play. The hurt has been fully worked through. There is no wound. However, when that same fall and cut occur, and there is no caregiver, or the caregiver is misattuned, emotionally unresponsive or tells the child, "You're okay. You only fell down. It's no big deal. You don't need to cry about it," we see a very different outcome. What began as a mundane event turns dark. The child sucks in his tears, truncates his grief, feeling his pain is not important. He is alone with it. Here, a hurt becomes a wound, goes underground as surely as the Phantom hides beneath the Opera to hide the wounded side of his face—the external, metaphoric manifestation of an internal state.

Dr. Schore's research confirms these thoughts and recapitulates the position of Dr. Hendrix. He writes, "Prolonged negative states are too toxic for infants to sustain for very long." In fact, infants are dependent on their caregivers to "monitor and regulate" their own emotions in order for the child's neuropsychological template to be well established so they can handle stress. Schore continues, when "the 'good enough' caregiver... induces a stress response in her infant through a misattunement", then

reattunes in a timely fashion before the child's system is hyperaroused , this reattunement rescues the child from a potential wound and contributes to its learning through right-brain-to-right-brain resonance with its mother, that "negativity can be endured". In such a situation, "the reattuning, comforting mother and infant thus dyadically negotiate a stressful state transition."⁵ We would suspect that misattunement and reattunement to a loving father could be as important, though Schore does not address this.

On the other hand, when caregivers themselves have been deprived of such nurturance, it is nearly impossible for them to provide it to their children. We know with little doubt that chronic misattunement (regardless of its form) during the attachment period lays a foundation for difficulty in attaching as an adult. We know with relative certainty, that when a hurt is so overwhelming that it becomes a wound, it goes "underground" as an adaptive mechanism. In Imago terms, it becomes hidden, denied or lost. In Greek terms, Apollo makes it invisible. But it's important to remember that this invisibility is being tucked away in specific structures of the brain, largely mediated by but not limited to the limbic system. It is also helpful to think of the brain as Dr. Dan Siegel invites us to as including neural webs throughout the body, especially those around the heart and the viscera.⁶ Consequently, whatever the traumatic catalyst might be for a child to disconnect from her/his own experience at this stage, the wound will be stored in the total brain-body as it exists at the time. We do not yet have a complete grasp of the entire neurophysiological orchestration of structure and process by which this hurt-to-wound dynamic occurs. Yet, we know something. The brainstem is functional so an imprint that involves heart rate, respiration, blood pressure, body temperature, digestion, facial and eye movement might be involved. The limbic system, including the amygdala, is functional so processing of

⁵ Ibid. Schore, p. 11

⁶ Ibid. Siegel, p.48, also the audio version of his book

emotion is most certainly involved in some way. The thalamus, part of the limbic system, has been functional since the 15th week in-utero. It appears to assist in translating feeling up into the neocortex for understanding, yet conceptual and verbal understanding are not yet possible, since the left hemisphere that mediates them is not yet booted up. What does the thalamus do? Where does the energy of feeling go for translation? We don't yet know. Our endocrine system is quite active already so we can imagine that in addition to a spike in certain pain-suppressing neurotransmitters, there is also a flood of certain hormones helping Apollo make the wound invisible, so to speak. Given that a critical part of brain function is electrical, this hurt-to-wound dynamic may also involve a process by which neurons overloaded with stimuli in the form of electrical impulses literally short-circuit, shut down by throwing some kind of electrochemical breaker switch. Since the hippocampus, which correlates to event and spatial memory, and the left hemisphere which correlates to linearity, have not yet booted up, these early wounds will have no time line or conceptual context. In other words, we will not "know" they are there in the way adults think of knowing. Apollo's dark magic is nearly complete—a terrible irony that hiding pain in deep shadow should be accomplished by a god of the sun. Yet, the wound will be embedded in the body in the form of an energetic experience that was truncated from awareness, a method of self-defense/self-medication whose origins are way back in the lizard's brain hundreds of millions of years ago. In contemporary terms, we might metaphorize this as a hidden filing system requiring a password in a language we have largely forgotten. Thus is created the unconscious mind. Here we store critical biographical detail about the early phase of our perilous journey in stored packets of energy, preserving the possibility that one day the files can be opened one by one, the wounds fully felt, heard empathetically and understood, the energy of the wound released and some semblance of homeostasis—wholeness—can be restored.

Considering such incipient vulnerability in the early days of the individual human life and how

that vulnerability can mark the rest of our pilgrimage, it should not be surprising that a species-wide ambivalence about our very nature was encoded in myth long before science could add to its understanding. This ambivalence (what Dr. Hendrix calls simply, self-hatred) is another way that original pain attempts to be heard later in life, for its encapsulation in the unconscious is clearly not air-tight. Again, neuropsychology may not yet be able to explain comprehensively how unresolved hidden early wounds exert their energetic influence on our adult mind, but beyond our own intuition, the myths tell us unequivocally that they do. They may appear in adult life as self-loathing and misanthropy in its various forms, but in reality, the wounded child within us is crying out through the adult, “I hurt! Why do I have to hurt so much!?” Shakespeare, through Hamlet, expressed the same existential angst when he contemplated “the heartache and the thousand natural shocks that flesh is heir to”. Once again, we see that myth and art are close cousins to the unconscious. We are indebted to them for preserving the deep phylogenetic truth for later examination, just as the unconscious does ontogenetically.

Dr. Hendrix looks at the different possibilities of parental neglect and intrusiveness during attachment and their specific resulting wounded states. He points out that since most of us are raised by two parents, those two parents often have two significantly different parenting styles. One may be inconsistently available and cold, the other inconsistently available and warm. The child’s resulting adaptation to the former is likely to be avoidance, to the latter, clinging. The “perilous pilgrimage” has become a journey through a labyrinth—another powerful mythic image.

He goes on to look at the subsequent stages beyond attachment and finds similar polarities. During the exploration stage (15 to 36 months), he finds the child of the under-protective parent adapting by distancing herself, of the over-protective parent becoming a pursuer. During the identity stage (3 to 4 years of age), the polar adaptations are rigidity and diffuseness. During the competency stage (4 to 6 years of age), they are competitiveness and manipulation. These four sets of polarities in

defensive-adaptive mechanisms will be very important to our later discussion as we look for a clear way to define transformational learning. For now, it's important to understand that a child whose hurt turns to wounds during any one of these stages is losing some of her "original wholeness." When she moves to the next stage, she brings less of her birthright with her. Wounds are cumulative in their effect. The "rupture of connection" Hendrix describes has a multiplying factor.

Ruptured connection not only describes what has occurred between parent and child but what has occurred within the child's brain. With every wound, she moves further away from developing an optimal, fully integrated and fluid mind. Even when parents grow and heal themselves to some degree and are more attuned in a later stage of their child's development, the original wounds visited remain and have impact on the unfolding architecture of character and the neural networks that are its substrates.

No Piling On

It is important to note amid all this talk of authoritarian mythic father figures and deficient parenting, Dr. Hendrix is careful not to pile on. When he discusses our loss of wholeness at the hands of our caregivers through "neglect or intrusiveness" and often both, given the different styles represented by one pair of parents, he is not blaming them. He is merely describing cause and effect. Patterns of wounding--not the sins of the fathers visited upon the sons, but the wounds of the parents visited upon the children-- clearly go back so far into the distant past the idea of blame is not useful. In fact, blame belies a failure of empathy for the parents and the generational cascade of hurtful behavioral patterns that have spilled into them, making them at once victims and carriers of the dark legacy. This is not to say that clients have no right to express what may appear to be blame in a therapeutic setting. A small child knows nothing of generational cascades. He only knows that daddy yelled at him or mommy came

far too late to pick him up. His cry is directed to the proximal source of his hurt and the proximal source is mom or dad.

In terms of the big picture, however, the lens of Imago Theory helps us to see the blame inherent in the marquis myths and other stories, whether it is aimed at the creator or the creations, as part of an ancient Language of the Wound that, for all the advances of civilization, still haunts the landscape of our relationships to this very day.

The discussion of blame aside, Dr. Hendrix is unequivocal in the consequences of ruptured connections between parents and children. “Helen and I see this ruptured connection in childhood as *the source of all human problems* (my italics).”⁷ This rupture is not only between parents and children. A child divided from itself will, to the same degree, be divided from other children, from society at large, nature and even the universe. Thus, we see failed loves, sundered friendships, conflict, abuse, greed, bigotry, war and predation of the planet.

The Third Essential Idea: Relationships are Shaped by Wounds

This brings us to the third of the five ideas we have highlighted to facilitate an understanding of Imago Theory: Our adult love relationships are, to a significant degree, unconscious partnerships due to the way early childhood wounds shape them. The more wounded a mind, the less integrated it is in all its parts, functionally, experientially and physiologically. Past and present are often indistinguishable from each other because a part of us is indeed frozen in the past and we tend to project our experience of the past onto the present. If an animal is traumatized and then later re-introduced to the location where the trauma occurred, even in the absence of the threat, it reacts as if the trauma is recurring. In human experience, we find it convenient to cite examples of people afflicted by Post Traumatic Stress

⁷ Getting the Love You Want, Revised Edition, 2008, by Harville Hendrix, Ph.D., Henry Holt, NY, p. xxi.

Disorder (PTSD). They may be victims of obvious physical abuse, rape, battlefield trauma, life-threatening accident or disease. Their anxiety is palpable. They may experience flashbacks even though they are far from the original scene of the trauma. If we make such horrendous experiences the standard of measure for trauma, then most of us have had no trauma. The truth is, however, that in many ways, a small child is more vulnerable in an unhappy household than a grown person suffering an obvious trauma. The soldier has training, weapons, an adult mind that can strategize, a highly coordinated body capable of all sorts of life-saving actions. The adult accident or disease victim at least has the ability to create a mental context for what is happening, as terrible as it might be. On the other hand, something as seemingly simple as a mother chronically telling a child that it is okay when it doesn't feel okay is ultimately traumatizing. Even in the preverbal phase, a child can sense the negative input from the mother whose message is, "I don't want you to be upset. You're upsetting me!" rather than, "Oh, you're upset, let me hold you and soothe you until you feel better." The same goes for children who later are regularly teased out of their feelings, told to put on a happy face, shamed in their nakedness, constantly cautioned to be careful or, on the other extreme, given a degree of freedom inappropriate and dangerous for their age and then, when hurt comes, told, "Don't cry. Big Boys don't cry." Trauma does not always paint with bold colors and big brushes. In fact, much of its work is subtle and intricate...so much so that it becomes invisible to the individual subjected to it as the hand of Apollo moves in.

In love relationships, we look to our partners for many of the same things we needed from our parents—safety, nurturance and love, which is to say that the adult relationship constitutes a "place", a locus similar to where the original trauma occurred. Both myths and literature tell us a curse or a burden follows us into adulthood. We bring a beast into the realm of beauty, a frog to the princess. Think of Quasimodo, the hunchback of Notre Dame, carrying his wound on his back. Think of the

Phantom of the Opera carrying his wound on his face, which he masks and hides underground. Think of Superman, whose entire body is steel, masking the horrendous loss of his parents and his planet in infancy. Think of how enamored cultures all around the globe are with masks and costumes, regardless of the sophistication of the culture. After all, right here in USA, where we consider ourselves the most advanced people on earth, we still observe Halloween. We still love going to the movies to see people pretend to be someone else entirely. In fact, we lavish adoration on those who are best at it.

As far back as twenty-five hundred years ago, beneath the theatrical masks his players held before their faces in *Oedipus the King* and *Electra*, it was the power of the childhood wound Greek playwright Sophocles was putting on display. Freud may have interpreted these two works to represent an inherent psycho-sexual attraction between son and mother, daughter and father. But both plays can as easily be seen as symbolic representations of the enormous power of the need for attachment and the dire consequences that can ensue when those needs are not met. They are carried into adulthood. Sophocles wrote:

“For many a man hath seen himself in dreams
His mother’s mate, but he who gives no heed
to such like matters bears the easier fate.”

On a dramatic level, these lines work. But on a psychological and neuropsychological level, they miss the point. The dream of mother or father is the unconscious mind speaking of its emotional pain, its insufficiently satisfied need for the emotional resonance we call attachment to the respective parent. The tale tells us with more excruciating explicitness than *Beauty and the Beast*, *The Frog Prince* or *Snow White* that we carry this wound into adult relationships. Whoever a man partners with, on a deep unconscious level the child in him is seeking his parents so that critical unmet needs will finally be met.

Whoever a woman partners with, on a deep unconscious level the child in her is seeking her parents so that critical unmet needs will finally be met. And, as we shall see before long, the person who, in fact, “gives no heed to such like matters” does *not* bear the easier fate but is condemned to keep the wound imprisoned in a dungeon of unconsciousness, from which it sounds out its mesmerizing, desperate and dissonant music as the Phantom of the Opera sends out his to the object of his love. That dissonance contributes to a Power Struggle that can last a lifetime and block a couple from the rich fulfillment of a conscious partnership. On the literal level of drama, the plays rightly lead to tragedy. On the unconscious level, the tragedy may be even greater because of the additional message that it is dangerous to need so much.

Dr. Hendrix teaches us to see the ghosts from each partner’s past hovering in the midst of nearly every marriage, just as the myths instruct us. However, Hendrix’s rendering is more subtle and complex than the myths. He explains that these shades resonate with both positive and negative experiences from our early years—times when we felt truly loved and heard and other times when we felt hurt and fiercely misunderstood. We are marked by these experiences and that mark is the Imago—a neural web involving many areas of the brain and body representing in electrochemical forms those positive and negative aspects of our caregivers that were most important to us and the full array of the unmet needs with which they left us. The Imago determines to whom we will be attracted as adults. It possesses an uncanny radar for identifying people who, in certain critical ways, possess some of the same gifts and deficiencies of those who raised us. Why? Toward what end? We will answer this question clearly when we look at fifth idea in Dr. Hendrix’s theory. For now, suffice it to say that most of us are walking around in a theater of our own childhood, projecting images from that incomplete past onto the screens of others, most especially those we have chosen for intimate partnership.

During the first phase of a relationship, the Romantic Phase, we are oblivious to these

underlying dynamics. Our brains are so flooded with hormones and neurotransmitters, we feel we have returned to paradise. We are whole. We are perfect. Our mate is perfect. Life is good and all things are possible. We are bonding, no doubt. Nature has designed us to bond so that we will stay together to accomplish the task of protecting, nurturing and loving into adulthood our very sensitive and vulnerable offspring. But the intensity of the Romantic Phase is made more grandiose by the fact that so many of our needs were not met in childhood. On an unconscious level, we are not fully in the present, but living past and present entangled together in a state of hyperarousal over our new chance to get all our life-long needs met once and for all. We gaze and gaze deep into the eyes of our lover, as we did with our mother as infants. Our right brains are pulsing together. Our mirror neurons are working over-time tracking and feeling each other's every micro-mood. What could be better?

Why can't we live in continual ecstasy? Why must this phase end? The answer appears to be that our systems are literally incapable of sustaining such high levels of hormone and neurotransmitters. Were this to continue indefinitely, we would become dangerously depleted and vulnerable to disease and predation. So the oceanic feeling gradually subsides. We have a bond now, but most of us are in for a rude awakening, to which the high divorce rate and short length of the average marriage—seven years in America—are testimony.

Instead of the never-ending romantic relationship we longed for and thought we had, what emerges is the Power Struggle built around what Dr. Hendrix calls symbiosis. Here the term means "the unconscious assumption that other people share your subjective states, thoughts, and feelings. When two people are symbiotic, they have an inability to function on their own as individuals and still be in a relationship. They cannot operate with clear boundaries and be connected."⁸ Or, as he often puts it in his lectures "You and I are one...and I am the one." So much for Buber's I-Thou! In symbiosis, we are

⁸ Receiving Love, 2004, by Harville Hendrix, Ph.D. and Helen LaKelly Hunt, Ph.D. Atria Books, NY, p. 64

easily triggered by our partner because we are relating to them from our wound. They push our buttons, even though they didn't put those buttons in our chests. Button-installation happened long ago! Given the invisibility Apollo has made of our wound, we are unconscious of it. We expect our partner to know our needs without our having to articulate them, as we needed our mom and dad to do before we could speak. We can be easily disappointed when our partner doesn't do things the way we want them done, whether it involves how they express themselves or organize their closet or do the dishes. We can be difficult, argumentative and dogmatic. We may use criticism, shame, blame or analysis to control our partner. Ironically, even as we engage in a struggle which denies our partner their full personhood, we are denying ourselves the fullness of our own humanity, for true intimacy occurs between two people who consciously choose to be together in a way that honors and respects each individual's uniqueness. But that kind of relationship will continue to elude us as long as we are stuck in symbiosis and the Power Struggle unless we find a legitimate transformational path and commit it.

The Fourth Essential Idea: Transformation is Possible

The fourth idea we have cited in Imago Theory: Genuine transformation beyond this unconscious state of mutual woundedness is possible. The idea of transformation is also age-old. It is often associated with a specific place. Joseph Campbell writes that this is a "place of passage from motion to rest, time to eternity, separation to union; but then also, conversely, rest to motion, eternity to time, unity to multiplicity."⁹ Buddha sits under his Bo-tree and is transformed. Mohammed rises into heaven on his horse from the huge white rock now enshrined on the Temple Mount in Jerusalem. Jesus is transformed on Golgotha. Jonah's place is the belly of the whale where he faces death and the

⁹ The Mythic Image, 1974, by Joseph Campbell, Princeton University Press, Princeton, NJ, p. 194

unknown. The Zulus tell of a woman swallowed by an elephant and discovering a whole new world within the beast—a transformative vision. Joseph Campbell cites numerous examples of heroes swallowed by monsters indicating that transformation is a kind of destruction of the self and rebirth in a new form, an initiation of the soul to higher consciousness, capability and power.¹⁰

In fairy tales, the beast and frog become human and Snow White is awakened—where? In the figurative temple of love. But transformation can also be metaphorized as a journey, a rite of passage into adulthood, freighted with danger—Odysseus tale is the first to come to mind among the ancients, then Theseus entering the labyrinth with Ariadne to slay the horrid Minotaur. An Arapaho tale tells of a girl who chases a porcupine up a tree, all the way into the sky from which she has a wholly new perspective on the world below. In modern times, we think of the journey of baby Kal-el from a destroyed planet (trauma) into the arms of the Kent family (attachment) or the many stories celebrated by blockbuster movies of heroes and superheroes who endure arduous journeys and challenges (X-men, Lord of the Rings, Harry Potter) to save their friends and the world from rupture, disconnection, destruction. Throughout human history, we see repeated examples in real and mythic individuals called to transformation through adventure, sacrifice, dance, ritual, meditation, prayer, yoga, tai chi or the use of sacred hallucinogenic plants. In nearly every case, the individual experiences a symbolic death and rebirth, striving to achieve a permanent shift into a new way of knowing that was previously unavailable.

Clearly, various forms of psychotherapy exist because of a belief that we humans can be transformed, healed from our afflictions. Each in its own way is meant to deliver the kiss of consciousness. With regulation and attachment theories having gained new momentum during the 90's, a time dubbed The Decade of the Brain, we are witnessing a highly energized attempt to understand mental health and mental anguish on neurophysiologic levels. The Journey now is into the

¹⁰ The Hero With a Thousand Faces, 1949, by Joseph Campbell, Princeton University Press, Princeton, NJ, p.91

gray and white matter, the place as large as the cavern of the skull, as small as the pin-point of a single neuron or synapse. Neuropsychology is propelling us from an earlier focus on behavior and cognition to a new focus on affect. As we will see, Imago Theory and Therapy have already been there for more than twenty years. But one implication of the new research for Imago as transformational learning is that we ought to be able to begin to establish some neurophysiological benchmarks and measurements. We ought to be able to add to subjective reports, surveys and observation of behavioral shifts with adventures inside the brain that reveal a more melodic and harmonious music of the inner spheres. More on this later.

The Fifth Essential Idea: The Temple of Transformation

The fifth idea we have cited in Imago Theory: That transformation can only be *fully* accomplished through the relationship itself. In fact, Dr. Hendrix believes that the whole reason we enter love relationships is not to be happy, but to be healed. The first four ideas find common ground and agreement in a variety of psychotherapeutic practices and, indeed, practices outside that setting. However, this idea, that full transformation can only be accomplished within the relationship, and that it is the true goal of the relationship to accomplish it, is unique. Hendrix believes in it so completely that he has stated in recent lectures that he will not see an individual in therapy without his/her partner. All afflictions can be healed in the work of partnership. He finds the many diagnoses of the DSM unhelpful. There is one diagnosis—a wounded hero with a thousand faces, if you will—and that is ruptured connection. Through Imago practices, alcoholics have secured sobriety, so-called borderline personalities have been healed. Sexual addiction, obsessive compulsive disorders, dependency disorders, rage-aholics—all can best be treated within the circle of Imago Relationship Therapy.¹¹ In

¹¹ Dr. Hendrix eloquently made this point in his lecture at Fact A in Pasadena, CA, March of 2009

fact, Dr. Hendrix states that neither individual is the client. The relationship is the client, the hyphen between Martin Buber's I-Thou formulation.¹² A conscious relationship can only be developed with both partners present in all cases.

Of course, this does not mean that single people or coupled individuals working alone with a therapist are necessarily on a fool's errand. Childhood pain might be projected onto money, a boss, an ambition or life-dream, a friend or acquaintance. Working solo with a therapist might bring important growth and healing—*but not to the same degree as in couples work*. In couples work, we are far more vulnerable and there are fewer places to hide. The reason for this is really quite simple. Love relationships trigger our deepest wounds because those wounds were sustained in our love relationships of origin. We must go back the way we came to finish the unfinished business of childhood. This is why I have italicized the word "fully" in describing this idea. As Dr. Hendrix writes, "We are born in relationship, we are wounded in relationship, and we can be healed in relationship. Indeed, we cannot be fully healed outside of a relationship."¹³ To reclaim our birthright of wholeness, we must go on a sacred journey with our partner. The relationship is both an adventure and the actual "place of passage" to which Joseph Campbell has referred in his discussion of transformation. Through relationship we will move from motion to rest, from time to eternity, from separateness to union.

By placing preeminent importance on the relationship, and the specific practices Dr. Hendrix has developed, the therapist has been re-positioned as a facilitator of the process, rather than the more traditional, top-down patriarchal role¹⁴ of actively "doing therapy," analyzing the client and/or being the seat of knowledge. In classical therapy, transference is between client and therapist. In Imago, it is kept

¹² Ibid. Hendrix, *Getting the Love You Want*, p. xix

¹³ Ibid. *Getting the Love You Want*, p. xxxv

¹⁴ Ibid. *Getting the Love You Want*, p. xxxvi

largely in the love relationship and gradually dissolved through Dialogic work. In the Imago world, cognition alone cannot lead to change any more than focus on immediate problems can lead to change through “contracts” and the like. Therefore, the therapist’s knowledge is valuable only insofar as it enables him or her to invite the couple on a journey of the heart, encourage their continuous commitment and gently guide them along the way, deepening their sharing into consciousness that dissolves symbiosis. But it is the work of relationship *done by the couple itself* that leads to healing, *not something done to* the couple. It bears repeating that this a fairly radical departure from the patriarchal, top-down tradition promulgated by psychoanalysis. It embodies a level of egalitarianism and respect for the couple-client not always seen in other approaches, and places the ultimate responsibility for growth and healing squarely in their hands.

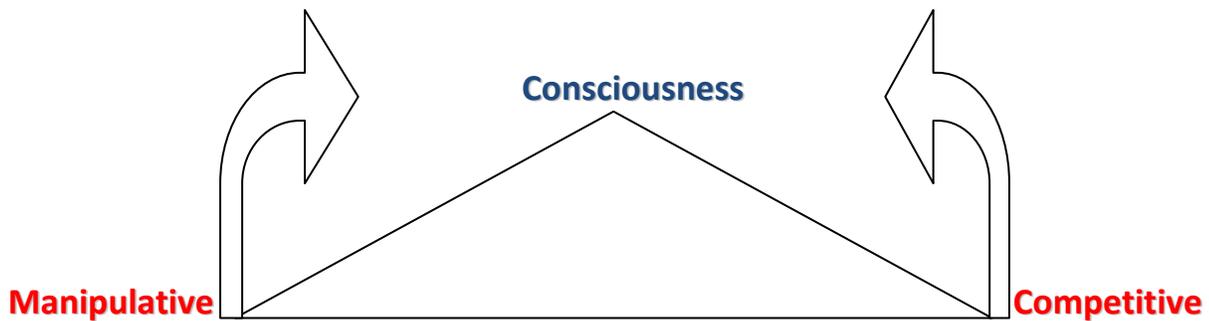
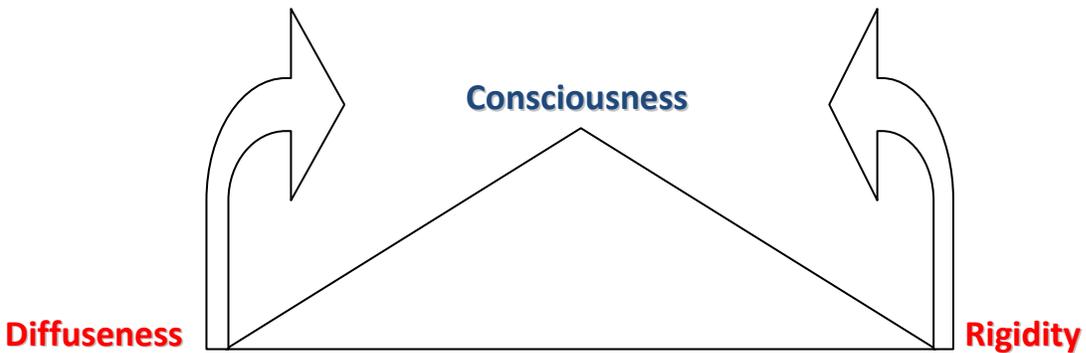
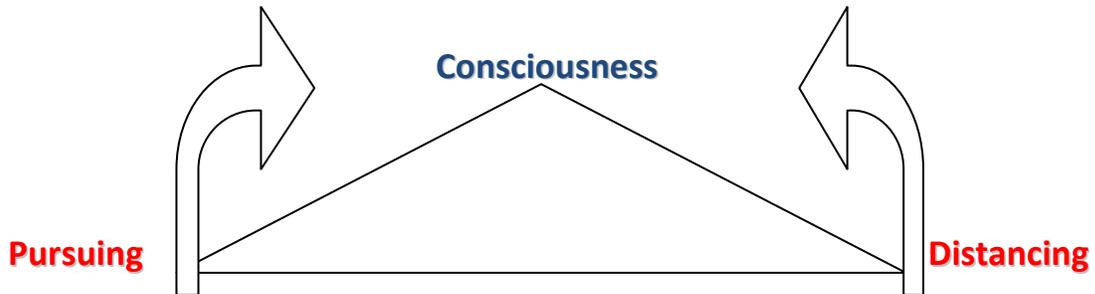
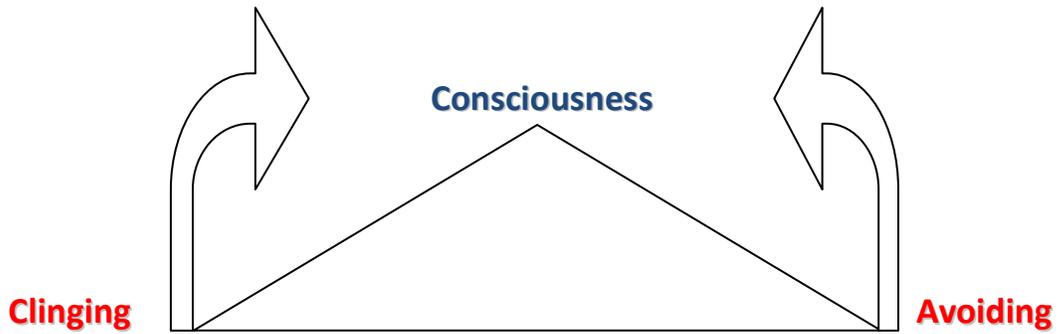
Having taken a closer look at the five essential ideas among many that form the interlocking Theory of Imago Therapy, let us now move ahead to see how the actual Imago practices may constitute a genuine form of transformational learning worthy of the long tradition of such endeavors.

Part II: Transformational Learning

Imago Therapy welcomes the client-couple into a setting built on its theory, including the Five Essential Ideas we have been discussing. Its goal is a sustainable change—a genuine transformation, one that is as important as any embodied in the stories and myths we have cited describing a kind of spiritual death to an old way of being and a rebirth to something substantially new and better. In the case of Imago, “substantially new and better” means dissolving and moving beyond the wound-driven adaptations we developed during the first four stages of our development as children. If we were avoidant or clinging, we would become less so. If we were pursuers or distancers, we would become less so. If we were rigid or diffuse, we would become less so. If we were competitive or manipulative, we would become less so. If we were high maximizers or minimizers, we would be moving towards a mid-point where neither dominated our personality. We would be dissolving and moving beyond symbiosis in our relationships. What would we be moving towards? Consciousness. Integration. Personal and relational attunement. Presence, clear thinking, empathy, respect, happy collaboration, realization of a relationship vision, healthful activities, fun! Relaxed joyfulness. These represent shifts within and between partners and are measurable through the tools of personal journals, surveys and observation. To illustrate what this means with a simple graphic, I offer the following.

Transformation:

Movement *towards* consciousness & *away* from wound-driven experience and behavior



The actual practices of Imago represent an ensemble designed to fully engage the couple. As such, they call forth their learning capabilities in three important ways that interlock as tightly as the theory itself and generate considerable energy for the transformational journey. The three aspects of learning are Education, Training and Emotional Learning. For our purposes, the three are defined as follows:

Education is the acquisition of information and ideas.

Training is the acquisition of techniques.

Emotional Learning¹⁵ is the acquisition of insight and empathy through direct first-person emotional experiences.

Though these three almost always synergistically work as a triad, in any given situation, one in particular might be holding the rudder while the other two paddle, so to speak. It's good to be clear about this and to be clear that all three are necessary. Joseph Le Doux writes that "different kinds of learning involve different brain systems."¹⁶ Seeking to help people make a journey of the heart from woundedness to wellness requires engaging them in a way that activates all possible forms of learning in an integrated fashion. I believe we will show that using these three modalities in Imago practice accomplishes that effectively. The display on the following page shows the three modalities, with examples of each.

¹⁵ My original term was "Development" but as I thought about it, Emotional Learning was a more accurate description and in discussion with Dr. Crapuchettes, decided to use it. I later found that Dr. Allan Schore uses the same term in the preface of *Affect Regulation and the Repair of Self* (p.xviii) and that it is apparently used with comfort throughout the current exploration of the neurophysiology of emotions.

¹⁶ Synaptic Self, 2002, Joseph Le Doux, Viking, NY, p. 241

Three Major Aspects of Imago Learning

<u>Aspect</u>	<u>Skill-Set/Content</u>	<u>Primary Mode</u>
Education	<i>acquiring of info & ideas on a cognitive level</i> e.g. learning theory behind Imago dialogue	reading, research, lecture, discussion, explanation
Training	<i>acquiring technique</i> e.g. practicing mirroring word for word in dialogue, practicing hand signal to module flow of send, using breath work to contain or deepen feelings	repetition, drill, rote, practice
Emotional Learning	<i>acquiring insight & empathy through emotional experience</i> e.g. in Holding Exercise or Frustration Dialogue client cries deeply about caregiver's ambivalence towards him/her at young age and is subsequently less reactive to spouse's moods & more attuned that his/her feelings have been triggered by spouse but have actually been about caregiver	safety, appreciation, flooding containing, naming feelings breath work, stretching & gifting, vision creation & re-romanticizing, validation & empathy, grieving

I am grateful to my mentor, Bruce Crapuchettes, Ph.D. for suggesting this specific order of presentation, since I have been used to thinking of Training first, given the common view that it represents the simplest of the three modes, being grounded in repetitive practice requiring little thought. However, Dr. Crapuchettes rightly pointed out that this is not the first aspect or mode of learning for most people coming to Imago.

Education

Couples usually begin familiarizing themselves with the world of Imago by reading at least some of *Getting the Love You Want*. As they do, they are *educating* themselves, gaining a cognitive sense of Imago Theory and how it evolved out of the direct personal experience and inquiry of Dr. Hendrix and his wife, Helen. If they read the entire book, they will learn a lot of psychological concepts and terms such as how childhood wounds become woven into an Imago template that is the major unconscious force behind mutual attraction. They will learn many ideas about stages of development in childhood and the specific adaptations we tend to develop depending on the kinds of caregivers we have. They will most certainly learn that Imago Therapy represents a journey of the heart from a largely Unconscious Partnership to a Conscious Partnership. They will learn that Imago revolves around the practice of Dialogue. They will learn something about why the various dialogues are constructed as they are. They might also try practicing them, beginning the process of training themselves to walk the path of Dialogue. In the process, they will likely have some experience with feelings, perhaps share some tears over something. The tears would likely be a sign of some *emotional learning taking place*. Many couples will then move on either to actual therapy or to the *Getting the Love You Want Couples Workshop* and from there, actual therapy where all three modalities will likely reach their optimal synergy.

Imago Therapists are counseled to significantly limit their discussion of global theoretical principles. They are also coached to limit explanations as to why certain exercises and techniques are designed as they are. Rather, the therapist is to trust that the couple will learn experientially once they are in the process. Consequently, the single largest piece of education the couple is likely to get is either in reading Dr. Hendrix's works or hearing lectures in the Couples Workshop.

Training

The first few therapy sessions are largely devoted to training. Couples are given ample opportunity to practice a variety of techniques. The major ones are:

1. *The sender learns to briefly describe the behavior* of her partner that has triggered an emotional reaction in her. "The facts, just the facts," so to speak, without blame, shame, criticism, accusation or interpretation of the other's motives. This literally requires a conscious effort to train the mind away from the Language of the Wound, away from the kinds of long, angry outbursts that erupt as part of the Power Struggle and are unconsciously designed to control or punish our partners into being extensions of us, reading our minds and fulfilling our needs so we don't have to hurt, rather than being the unique, separate humans they we once found so entrancing. The training includes the therapist's coaching the sender to reframe negative statements into emotionally neutral or positive ones. For example, a negatively framed send: "You were late again. You're always late. It drives me crazy," is reframed simply, "I hurt so much when you are late. I feel confused, angry, ignored, alone...sad. I feel unloved."

2. *The sender learns to slow down the send*, not only so that it can be heard, validated and empathized with, but also so that he is more likely to feel to depth what is really going on. This training will include seeing and abiding by the receiver's use of a hand signal to pause the send. Again, this requires the sender to opt out of the rush of words that tend to skip like stones across the surface of feelings. Part of this training can involve the therapist's teaching the sender to use breath work to regulate speed and deepen feeling.

A limited amount of education might be part of this experience: the client might be reminded that for healing to occur, the environment must be safe. We cannot wound people into loving us as we need to be loved. We must literally learn gradually to reclaim our true language of origin—the Language of the Heart which uses simple words to describe feelings—sad, scared, hurt, mad, glad, disgusted, surprised, lonely, unloved. Simple words help us connect to childhood feelings. It's the sender's job to represent and take responsibility for his or her own feelings while honoring the "otherness" of the partner. This educational piece might be sent once early in the therapy and rarely if ever again. From here forward, the therapist will just keep training the mind and heart of the sender by redirecting, offering sentence starts and doubles that focus the him back on his own feelings.

3. *Both sender and receiver learn to sit with feet on the floor, hands on thighs or in lap to encourage relaxation and avoid aggressive gestures*. The receiver is trained to use breath to stay calm and use visioning techniques that will help create emotional neutrality so she can be a true mirror, not a distorted one as in a "fun-house". She is trained to use a kind of mindfulness to keep her facial expression and vocal tone neutral.

4. *The receiver is trained to mirror the sender word for word.* On an educational level, early in the therapy, she might be reminded that this honors her partner's otherness, his right to his perspective and the childhood wounds that have been triggered. She might also be reminded that his is not the only perspective. She has a right to her reality and will have an opportunity to express herself after his send is summarized, validated and empathized.
5. *The receiver is trained to use a hand signal to pause the send so that she is not overwhelmed by a volume of words.* She is literally in control of the flow from the sender and thereby able to protect herself from feeling overwhelmed by the volume or intensity of the send.
6. *Both sender and receiver memorize word tracks.* An example is the Validation language: "I follow what you're saying. I listened carefully. Your perspective is very important to me. You make sense." They are trained to "stick to the script" and trust that once they have it down, it will feel more real than at the outset.

These are not all but are probably the most salient forms of training in Imago. Mastering the techniques of the various dialogues takes repetitive practice. The therapist's coaching is extremely important during the first several months. Some couples may be encouraged to dialogue every day between therapy sessions, though only for ten to twenty minutes. Couples in crisis, on the other hand, will likely need some time to work through some of their bigger feelings with a therapist before they can effectively dialogue at home without running off the rails into a fight.

Emotional Learning

In order to discuss emotional learning as it occurs in the Imago process, we need a clear definition. For the purpose of our discussion, *emotional learning is the acquiring of insight into and*

empathy for both self and other through direct first-person emotional experience. Joseph Le Doux, in *Synaptic Self, How Our Brains Become Who We Are*, tells us, "...emotional stimuli are some of the potent activators of modulatory systems...the wide influence of emotional arousal results in many brain systems being activated simultaneously, many more than if one is engaged in quiet cognitive activity." This only confirms what most of us know first-hand. Emotions can be very powerful, engaging our entire body and mind. The enormous energy they unleash in our system is not only to fight or flee. It is also for the purpose of learning. Lessons learned through emotions are likely to be much more deeply held than those learned cognitively precisely because "many brain systems" are being activated simultaneously. Le Doux goes on to say "...the brain has a number of emotions systems..."¹⁷ As therapist-facilitators we could take from this that it's desirable for us to have a variety of tools at our disposal to generate emotional learning within different emotional systems. The neuropsychological sciences are not yet so precise that this is as simple as putting a key (a specific learning mode) into a lock (a specific emotional learning system). Consequently, using an array of approaches may have a certain "trial and error" quality as we facilitate clients into growth and healing, but it remains a smart way to go.

Emotional systems are far more complex than pop psychology would have us believe. The function of the amygdala is often over-simplified or maligned as nothing more than a fear generator. But, as small as it is, it has a dozen different areas and participates in a variety of other feelings besides fear, being complexly entwined with other parts of the brain. But even just in the case of a threatening situation, its complexity and reach are great. Le Doux writes, "Amygdala feedback...reaches other cortical areas engaged in thinking and explicit memory formation, encouraging them to think certain thoughts and to form certain memories about the current situation." So to be clear, wounding in childhood has stimulated the brain to learn. If dad is verbally abusive and manipulative, the child's brain

¹⁷ Ibid. Le Doux, pgs. 320-322

mobilizes its repertoire as a matter of survival so it can learn how to avoid him when possible and endure him when not. These highly charged lessons with their memories, thoughts and feelings encoded at least in part by the amygdala, are legitimate in their original context. The downside to the force of such early emotional learning is that we are so vulnerable and dependent that the imprint has exceptional staying power. We carry it into adulthood, into a love relationship and are still working out of the same loud childhood classroom long after childhood has ended. What was adaptive then is counter-adaptive now.

We can readily see Le Doux's observations as indirectly confirming for us that a legitimate transformational process will not only have to engage the emotional learning capabilities of our clients with a variety of strategies, *but that creating safety for them, honoring the potency of the original experiences will be critical* to gently bring about a loosening of the wound-driven lessons embedded in the mind and body, move them out of sequestration, relieve them of their powerful electrochemical charges and integrate them into consciousness. To put it in the language of myth and dream, we will have to accompany our clients on a long journey. They are likely to encounter fearsome foes. We will have to help them learn to remove their armor just when they are inclined to fight and to stand still at the exact moment when they are most inclined to flee. We will have to help them die to an old way so they can be reborn to a new one. Such is the path of transformation. Such is the human story.

As the graphic on aspects of learning indicates, Imago does indeed provide a rich array of practices that can facilitate clients through such difficult passages.

1. *Safety*. The first way Imago fosters emotional learning is through the creation of a safe environment in which both participants can express their deepest feelings and be heard.

Without safety, there can be no true intimacy. In the very first session, the Imago practitioner

presents herself as someone who sees it as her responsibility to keep both parties safe, someone who is an advocate for both their hearts and will not take sides with one partner or the other. She then follows through by facilitating each person through the same exercise with a measured approach. She does not download a lot of information, which could confuse and disorient a client. She certainly refrains from making judgments. This may seem like a self-evident part of any first therapy session but it is clearly not. I have been told by a number of clients who have been in different modalities of couple's therapy that their therapists offered a lot of opinions and appeared to take sides from the very beginning. For that exact reason, it is not uncommon for one or the other to decide therapy is not for him or her. In a safe environment, couples begin to relearn to trust. Trust is the lubricant of relationships. With it, they can begin to take the risk to share the feelings they have been hiding from themselves and each other. Through the sharing of feelings, empathy begins to re-emerge. Empathy constitutes an important kind of knowing and being known that is at the heart of intimacy.

2. *Appreciation and Flooding*. In Imago Therapy, couples are quickly taught how to give each other formal appreciations. These are statements of gratitude for specific behaviors the partner has engaged in over the last day or so. Therapists begin each session by having couples do mutual appreciations, even if they have come into the session with "guns loaded" so to speak, which is often the case. Receiving a heartfelt appreciation from our partner literally changes our body chemistry toward a positive, more emotionally open state. The same goes for giving one. Appreciations literally re-teach us what love feels like and encourage us to take risks for it. In so doing, they foster an environment in which authentic Dialogue is more likely to happen. Couples are encouraged to give appreciations to each other on a daily basis between sessions and to make it part of their lives. *Flooding* is a broader form of giving an appreciation. In this

exercise, we circle our partner and tell him how much we love and admire specific aspects of his physical being, how he behaves, his character, our global sense of who he is and how lucky we are to be with him. These appreciations are based in part on things the individual has asked to be appreciated for. So what is happening here? The recipient is getting flooded with the kind of explicit love most of us feel we received in meager measure as children. It is not uncommon for tears to flow, because any time we really get what we needed as kids in our adult life, there is a good chance it will touch within us that wound of deprivation and bring some grieving whose organic insight is, “This is what I needed! This is what love really feels like.” Again, such an experience increases empathy within couplehood and contributes to the growth of safety so the journey can move deeper and deeper into emotional revelation.

3. *Containing.* Clients are taught early how to contain their reaction when they are being the receiver rather than the sender. To contain the feelings that might be triggered by the sender, this teaching includes some training using the breath (“inhale deeply, hold at the top”), the imagination (“imagine you are in a protective bubble and his feelings cannot hurt you”), and the mind (“remember, he has a right to his perspective but you have a right to yours and you will have a chance to respond”). When receivers begin to fall out of this safe, emotionally neutral state, they are gently coached back to it. Over time, they come to a highly organic knowing—that feelings can be held in suspension until the appropriate moment. In this sense, Imago is a dialectal process because it synthesizes both our need to express ourselves fully and our need to hold our feelings in abeyance into a process that honors the importance of both.
4. *Naming Feelings and Breath Work.* Senders are consistently coached to use simple words to describe their feelings. Initially, this is a training of the mind and mouth. However, over time

what clients come to experience is that they can describe feelings they thought they couldn't and doing so is more likely to connect them to childhood wounds than would elaborate adult language. When simple words begin to lure those feelings towards consciousness, the therapist may encourage the client to take a deep breath and let the feeling surface. Such breath work moves in that moment from the realm of training to the realm of emotional learning. The insight is, "I can breathe my way into my heart when it is hurting, to surrender to the feelings so that I can fully know what is there and the wisdom it holds."

5. *Stretching and Gifting*. The first several times a couple experiences a Frustration Dialogue, the receiver is likely to experience at least some of the Behavior Change Requests as very challenging to grant. Yet, she is asked to grant at least one of three out of her commitment to help her partner heal his childhood wounds. This requires what we call "stretching" in Imago. Beyond the initial commitment, it requires mental and emotional focus and effort on the part of the receiver. If it were easy to do, it in all likelihood we would have done it already.

An example is in order and I will take one from my own experience. First, I'm compelled to reveal that I drove a cab in New York City in my early twenties. What's more, I was in and around the automobile retail business for nearly thirty-five years. Cab drivers and car salesmen think of themselves as having a strong, competent hand behind the wheel. Others would likely say we're aggressive. My wife certainly did not feel safe with me, and I did not feel safe with her reactions to me. Since I did most of the driving, this was clearly becoming a problem. In a Frustration Dialogue, following my role as receiver, I used the provided word track at the appropriate moment and said, "Tell me what this reminds you of from your childhood." As it turned out, there were some frightening childhood experiences connected to my wife's reactions. As she shared them, my heart was deeply touched. I could see her as a child,

startled, frightened and without support. When it came to specific Behavioral Change Requests, she asked that for two weeks, I drive more carefully. Now, we had had “discussions” without Dialogue on this subject for a while. My initial reaction had been defensive. I thought, “I’ve been driving this way most of my life. I’ve driven in many different countries and never had a serious accident. Now at the age of sixty-two I’m supposed to change my driving style? Harrumph!” But now, my heart was engaged. I understood my wife wasn’t just out to rain on my parade. I felt empathy. I also must admit I was touched by the language of the Dialogue framing the request as a “gift”, a gift that would help her heal a childhood wound. In *Getting the Love You Want*,¹⁸ Dr. Hendrix talks about how important it is that this be a gift, rather than a demand or part of a deal such as, “I’ll drive more slowly if you’ll be quiet while I’m driving.” Deals are a kind of arm-wrestling--just one more iteration of the Power Struggle. “The unconscious mind accepts only unconditional gifts. It is not interested in ‘deals’,” he writes. Well, I love my wife very much. She was asking for a gift, but not the usual kind. She was asking for a gift that, in the language of the Dialogue, would help her heal her childhood wound. I did not want her to feel unsafe with me. I did not wish to blame her for her reactions. So I decided to stretch, to give her this gift. I knew it would be uncomfortable at first. While it’s often true that old habits die hard, in this case it really wasn’t as hard as I expected. I endured some discomfort at the outset. But soon, I was an active participant in staying conscious of the true nature of the gift. Over the next two weeks, every time we got in the car together, I said to my wife, “I’m going to keep you safe.” Those words came from the heart. I was taking conscious responsibility for our safety. The discomfort of stretching was short-lived. The stretching and the idea of gifting allowed empathy to flow in and empathy changed my driving style. Just as Dr.

¹⁸ Ibid. *Getting the Love*, Hendrix, pgs. 168-169

Hendrix states, there was a benefit in this for me. The thing my wife needed was the thing I needed—to slow down, relax, be safe, be patient, enjoy the driving more and sharing my time with her. Until I was asked to stretch in this way, I had forgotten my own father was quite a jockey behind the wheel when I was a kid. He scared me, my brothers and my mom. I needed him to slow down, not get angry and drive so aggressively. I had buried my memory of his behavior far below the streets of my own awareness. Apparently, though, something in me aligned with my dad, took on part of his identity as children (and hostages will do!) to make it less frightening.

Ironically, I entered this exercise thinking I was the giver, but soon realized I was also the receiver benefiting in an important way. The process is so fully organic, language often falls short of accurate description.

Stretching emotionally has much in common with physical stretching. At first, we feel tight and effort—mental focus and breathing—is required to endure the discomfort. However, as our muscles learn what is expected of them, the stretch becomes easier. In Imago, empathy and grieving serve as muscle relaxants until our figurative hips, hamstrings and calves release and we find ourselves “touching the floor” as readily as we did as children when our entire systems were more pliable.

One additional observation about the effect of stretching and gifting on the receiver. Dr. Hendrix has written that our unconscious can’t distinguish between past and present.¹⁹ We project feelings about our primary caregiver(s) from childhood onto our partners and are triggered by them as such. Consequently, he concludes that when our partners are able to actively give us caring behaviors that were seriously deficient in our childhoods, we are getting

¹⁹ Ibid. Getting the Love, Hendrix, p. xxv

what we needed and therefore experience healing. I would add that there is another benefit as well, perhaps even more profoundly healing. In stretching and gifting, we create safety for our partner, apply salve to old wounds to soothe and facilitate healing. We stop the process of re-wounding—a very important step in itself, for how can we heal if a wound is constantly being aggravated. However, we are also providing our partner with a living experience of what they needed so desperately and did not receive as kids. This opens up the possibility they can actually grieve the original wound in its original context. Put simply, when you really listen to me on a daily basis, it brings up the hurt that my mom or dad really didn't. The child in me not only says, "Oh this feels so good. I need it so much!" It also says, "I've needed this so much for so long! It has hurt so much!" We can be triggered into an opportunity to become aware of and grieve childhood pain both when our partner deprives us as our parents did and when he/she doesn't.

We'll dive deeper into this soon when we describe grieving as a particular form of emotional learning. But an example is in order to amplify the point. When I was growing up, my father was a journalist. When I was in the first grade and wrote my very first composition, he drew out his black editing pencil and went through it. To him, this was a way of loving me. His tone of voice was energetic but not angry. I know now as an adult that he was enthusiastic because he felt he was sharing his skill with me (and indeed he was—I became a very good editor!). But that wasn't what my primary need of him at the time. It didn't feel like love. It felt like I was being made wrong, like I was dumb. It also struck me at the time that he was missing how much of my heart I had put into this one page description of seeing a beautiful butterfly I had never seen before. Throughout elementary school, I was subjected to his editing. Now these memories have not been hidden from me or denied, but the feelings attached to

them had been. I had cognitive awareness of them, but not bodily knowing. Then one day about a year ago, I read a poem to my wife. Her response was exactly what I needed—it came from the heart in soft loving tones. I got choked up right away, but when she left the room, I suddenly found myself crying hard for a few minutes as I saw my father sitting in his chair with that black editing pencil. The hurt was sharp and deep. I felt like a very young boy, breathed down into that feeling and quietly said the words to him in the present tense I had needed to say back then but couldn't. "I just want you to like my story, Dad. I just want you to see the butterfly with me." Since then, I have been able to process that same cutting sadness on a number of occasions after sharing poems with my wife and consistently receiving the same loving response. I never had to ask my wife for this gift. She just gave it. But the point remains. When we receive in the present what we desperately needed in the past the old wound becomes available for profound healing.

6. *Validation & Empathy.* These two activities are critical pieces in the standard Imago Dialogue. As with other aspects of Imago practice, initially clients need to be trained to say the word track. It is not uncommon for them to do so through gritted teeth at first. But an interesting thing happens through such practice—emotional learning! Saying, "I follow what you're saying. I listened carefully. Your perspective is very important to me. You make sense," we actually find ourselves following and listening carefully and wanting to honor our partner's perspective. "You make sense" initially was very hard to say because it *appeared* to validate our partner's perspective as somehow the right and only one. After a while, however, it really did come to mean, "I get how you see this now. Your perspective holds together in its own way, even if I see it differently." Being able to say this breaks the symbiosis in which we struggle to get our partner be like us, see things the same as us or be a projection screen for us. In validating her

we are honoring her right to be a separate and equal person. Again, this is an organic kind of emotional learning that comes from being increasingly attuned to our partner. The same holds true for the moment we are called as receivers to empathize. Trying to imagine what our partner feels, based on what he or she has just related, calls us to attunement, to open our hearts and in our own way feel what they feel. Every one of the Dialogues—Imago, Frustration, Parent-Child—and the Holding Exercise are powerful in calling forth empathy in our clients, as well as in us as we facilitate.

7. *Vision Creation & Re-Romanticizing*. The collaborative creation of a Relationship Vision by the couple and the subsequent integration of that Vision in their daily lives represent additional contributions to emotional learning. During the creation of the Vision, couples are emotionally impacted as they learn what really matters to each other. They have another opportunity to practice attuning to each other's needs, honoring each other's reality and working together to craft a beautiful picture that calls forth the best in each of them. When they take their Vision home and read it out loud together, alternating lines, they connect and reaffirm their love and commitment to their relationship. Re-romanticizing engages them in identifying and committing to follow through surprising each other with exciting and fun activities they can enjoy together, many of which may have been part of their Romantic Phase when they first were courting but have fallen by the wayside. Again, the feeling of connection is rejuvenated as they are face-to-face and side-by-side in a variety of ways.

Before we go on to discuss grieving, it's worth pausing for a moment to take note that each of the seven aspects of emotional learning we've cited so far are mutually supportive in

enhancing an organic, first-person sense of safety, trust, curiosity about our partner's reality, openness to hearing whatever he or she might wish to share, acceptance of his or her otherness, and love. These are qualities Dr. Dan Siegel cites as the result of Mindful Awareness practice.²⁰ While the Imago activities may share some of the same brain activities as MA, it is doubtful they are all identical. It's my view that Imago engages the entire emotional system more broadly than MA. In other words, Imago practices constitute another way to get to a rich homeostatic experience.

Each Imago form of emotional learning contributes in its own way to assuaging the pain of ruptured connection and stopping the cycle of symbiotic exacerbation of the old early wounds with fresh and sadly similar new ones. It is somewhat risky to even try to discuss each separately because they all belong to an organic ensemble of learning experiences—*an organic ensemble designed to engage the organic ensemble of the client's mind*. In any case, this discussion has prepared the way for what may well be the single most powerful learning modality of all in Imago Therapy.

8. **Grieving.** Since the groundbreaking work of Dr. Elizabeth Kubler-Ross, grieving has widely come to be understood as a process of phases that an individual may be initiated into as the result of loss. When investigation in this field began, the specific losses looked at were the impending loss of one's own life and the impending or actual loss of a loved one. However, as time has gone by, we have come to understand grieving as a legitimate and organic response to a wide variety of experiences. To varying degrees, it may be catalyzed by critical childhood needs that have gone unmet or been outright violated. It might be triggered by moving from

²⁰ Ibid. Siegel, pgs. 15-16

the old neighborhood to a new town, switching schools, losing a job, by the loss of a lifestyle, of innocence, of vitality or a specific ability, by the departure of children from the home, by the dissolution of a marriage or friendship, by feeling let down or betrayed by someone you trusted or feeling you have done the same to someone who trusted you, by falling short of a cherished goal or dream, by the loss of a pet, a keepsake or an opportunity. It may also be triggered by actually getting the thing we want, as mentioned above in the discussion of Stretching and Gifting, because getting may open up sensory or actual event memory of not getting in the near or distant past.

Most grief specialists acknowledge the same four or five experience clusters unfolding to constitute a complete process. Most also agree that, even though the general direction is from 1 to 5, our movement is not linear. We may bounce around for quite some time. We may think we are done being angry only to discover one day we still are. We may think we're well out of denial, only to discover we are not. We may cry at every one of the stations. We may cry until we think there are no more tears, yet, one day, there they are again. This is why I prefer to call these Stations rather than Phases of grieving.

Grieving is substantially different in its dynamics from any of the other forms of learning we have explored so far in this paper. It is not something we work at doing as much as it is an experience of surrender, of not doing, of letting go of control and allowing ourselves to fully feel the sorrow bubbling up from deep within us. Grieving has a longer history in human experience than any other single form of transformation. Men, women and children have been weeping for thousands of years. Yet, it is often overlooked. We have many studies about what happens to the human brain during meditation but nearly none during the deep convulsive crying one experiences when processing terrible sadness, hurt or fear. This is an odd state of affairs.

Grieving is painful work and takes time but it can be learned, or rather re-learned, since we are born with a capacity for it and do a lot of it when we are infants. It is a healing process unequalled in the repertoire of human transformational capabilities, engaging our entire mental, emotional and physical systems as a single meta-system (remember Le Doux's description of how fully it engages us, far more than cognitive learning). Imago practice is set up to foster grieving. It offers a number of tools that include word prompts in the Dialogues that refer to childhood, deepening sentence stems and doubles offered by the therapist, the Holding Exercise, Breath Work and occasional Mat Work. Each and all of these facilitate our clients in learning to surrender more and more over time to whatever lies within them. As they proceed, they learn it is not only possible to survive some of the most horrendous feelings that have been hiding within. It's also possible to actually gain insight and grow from them, arriving eventually at authentic acceptance and integration

Here are The Five Stations of Grieving as I've come to understand them through nearly fifty years of personal inner work, fifteen years of facilitating people through the process as a leadership consultant and life coach, and through study and discussions with others in the field.

The 5 Stations of the Grieving Process

1. **Shock, Denial, Disbelief, Disconnection:** “This isn’t real, can’t be. No way. I don’t feel a thing. There’s no problem. I’m okay.” Physical and mental numbness...a genuine, global absence of being able to sense or feel what is happening.
2. **Wishing, Fantasizing, Undoing, Second-Guessing, Bargaining:** “If only I had...if only they had...why didn’t I...why didn’t he/she...why couldn’t it have been this way instead of that?” Feeling returns ever so slightly but in a relatively superficial and frustrating form.
3. **Anger, Rage:** “What have I done to deserve this? I’ve been cheated! After all I’ve done! How could you/God/Life/Fate do this to me?” Real muscular physical engagement, elevated blood-pressure and heart-rate. Powerful need to smash, punch break things, scream at people/the heavens/the world. Anger, is almost universally treated as a separate station and I will not deviate from that template. But it bears stating that in many cases, it is really another form of denial, for what usually drives it is deep hurt, fear or a feeling of helplessness.
4. **Despair, Sadness, fear, hurt; Weeping:** “What a hurt! What a loss! I can’t go on. I’ll never get over this, never stop crying.” Crying may run from mild to the body being fully engaged in convulsive sobbing. This is to be distinguished from hysterical crying involving free-floating anxiety or despair. In authentic grieving, we experience our sorrow, fear or hurt in the context of what caused it. It is rooted in a knowable reality, even if it is largely sensory in nature due to a pre-verbal origin. Insights emerge in the weeping and we have an organic understanding of what has been unfolding.
5. **Authentic Acceptance, Integration & Gratitude:** “It’s true. It’s real. It still hurts but nowhere near as much. I can face it and gradually begin to find a place for it within.” A great deal of sadness, hurt and fear have been wept from the system. There is genuine, profound forgiveness for those who may have hurt us and for ourselves. Reactivity has subsided to near zero. There is a sense of clarity, a knack for being in the moment, new energy. We are able to craft our lives embracing our vulnerability. The capacity for feeling that was compromised at the outset is now restored. Often, the predominant and enduring feelings at this stage are **gratitude and compassion for all around us and the wider world** for we feel more deeply than ever how precious is life and every step of our personal passage through it.

When Dr. Hendrix describes “Stages of the Power Struggle” in *Getting the Love You Want*²¹ he is essentially describing couples stuck whizzing around a circle of the first Three Stations as I’ve presented them. This “stuckness” should not surprise us since it faithfully reflects where our entire culture is most of the time. When you think of our politics, sports, films, books, videos, as well as our 24/7 media’s obsession with spectacle, violence, scandal, hysteria and adversarial dynamics, it is easy to see that we are chronically spinning and bouncing around between shock, denial, fantasizing, bargaining and anger.

In the Power Struggle in a relationship, we are initially shocked at the changes we perceive in our partner when the Romantic Phase ends. We go into denial about it. But these changes keep presenting themselves to us day after day. We can’t avoid experiencing them, so we alternate between wishing, bargaining and anger. As Dr. Hendrix points out, in some cases, couples become mired in what I would call the first level of sadness at Station Four. This is a kind of despair whose exit they cannot seem to find. The couple may stay together, living parallel lives with an occasional grace note of intimacy, but for all intents and purposes, they have stopped growing together as a couple.

I see this Fourth Station differently than some. My perception has been shaped by personal experience before I entered the Imago process, only to be confirmed by it. You’ll note that “despair” is only the first descriptor for this Station. Despair is a form of disconnected or only partially connected emotional pain. When it moves to sadness, fear or hurt, it is a recognizable feeling. When that feeling, during weeping, presents its own meaningful context and insight, it is finite and healing. This latter phenomenon is what Dr. Hendrix describes in

²¹ Ibid. Hendrix, pgs. 80-81

*Getting the Love You Want.*²² On the second day of his honeymoon he gazed at his first wife from a distance. Her head was down. She was looking for seashells. He suddenly experienced a “jolt of anxiety” followed by a “sick, sinking realization” he had married the wrong person. When his wife turned, waved and smiled at him, the feeling departed as if he were “awakening from a nightmare.” Yet, the memory of the experience did not leave him. Years later, in a one-on-one therapy session, his therapist took him back to childhood in a regression exercise. Before long, he was a very little boy of one or two. From this regressed state, “I called to my mother but she did not answer,” he wrote. “I sat in the psychiatrist’s office and cried in deep pain.” Insight arose from this experience without the therapist having to offer it. It was intrinsic, not extrinsic. It was emotional learning, not cognitive learning. As a result, Dr. Hendrix was able to integrate some powerful truths. First, he realized that though his mother loved him, she had nine children and very little energy for him. This made him feel unwanted at a very early age. Second, the feeling that had surfaced momentarily on the beach during his honeymoon years was, in his mind, a kind of instant replay of that past. His wife’s shoulders had been slumped just as his mother’s were in his childhood. “I had the eerie premonition that my marriage was going to be a repetition of my early days with a depressed mother.”

In my model of Grieving, this experience took Dr. Hendrix to the Fifth Station. An important piece of his emotional truth had been hidden. Now it was known in the powerful organic way that we know things from connected weeping. This is a unique kind of knowing, one that is, in my experience and study, the most effective at facilitating integration of painful truths. We know from the study of those like Le Doux and others that there is a good reason for this—emotions engage the brain systems with an intensity absent in other learning experiences.

²² Ibid. Hendrix, pgs. 69-70

Imago practice sets up the kind of safe, empathetic environment and coaching prompts that foster such profound learning.

I want to add to Dr. Hendrix's example by sharing one of my own that had a powerful transformational impact on me and my wife. Some background is in order to context my story. I lost both my parents in less than two years between September of 2002 and September of 2004. I had been through plenty of therapy as a younger man, had worked through a lot of my hurt about both of them and had a wonderful relationship with them the last twenty years of their lives. They had chosen to retire very close to me. So I was in this lucky category of people who live well into their fifties before they lose a parent. If there is a downside to this longevity, it's that you have more precious moments to grieve over. So when each of them passed, I experienced the deepest sorrow of my life. I managed to continue to perform my professional functions just fine and take care of the mundane household chores, but over a period of many months, I cried for hours. Not only did I grieve over losing each of them. Their passing brought up childhood material that had been waiting in the shadows--both gifts and wounds I didn't even know were there. More of it was connected to my dad than my mom. I've long felt there were things about her buried deep I just couldn't get to.

In any case, by the time the tears subsided and the losses were pretty well integrated, I had done a fair amount of inner work. I felt stronger, clearer, more open, accepting and loving than at any time in my life. That state of being generally characterizes how I feel and move in the world today. In other words, grieving has been transformational for me even before I encountered Imago.

At the time of these losses, I did not yet know my wife. We met in 2007 and fell fiercely in love, a very good Imago match. She was already an Advanced Imago Clinician. I was a

leadership consultant who was doing a lot of deep personal work with my clients. It didn't take long before she was encouraging me to read *Getting the Love You Want*.

Fast forward now about two years. Imago had become an integral part of how we experienced couplehood. We did regular Appreciations and Dialogues, though we hadn't done any professional sessions for ourselves, other than demo's in Imago seminars. We were in training to become Workshop Presenters. At different times when we fell into the Power Struggle, I'd been triggered into a feeling that though my wife told me she loved me, and engaged in many loving behaviors towards me, in fact, she really didn't like me. The first two times this pain struck me, it was a jolt similar to the one Dr. Hendrix described in the section cited above. It was a hurt so sharp I could barely breathe for a moment. In fact, it was so startling and overwhelming, I was unable to feel it to depth. I felt as though I'd gone into a survival freeze, just like a deer in the headlights. Mind you, we were not in therapy sessions when it was triggered. We were doing our best on our own.

I've often had the sense that most of what is triggered by my wife comes from very early in my childhood, probably the first two years—exactly what seemed out of reach when I was grieving for my mom.

During a break in the midst of week-long Imago training, this same pain was triggered again. "She may love me but she really doesn't like me." We happened to be out going to breakfast. My first reaction was an urge to strike back. Fortunately, I was able to largely contain the feeling until we got back to our hotel room. It was my intention to ask for a Frustration Dialogue because I felt like she was bossing me around and could find a gentler way to communicate. Once we got to the room, the sharp jab in the chest began to change from anger into something else. Suddenly, I felt very young and small. I took a breath and surrendered to

the feeling and as I wept, verbalized it to my wife. "I don't need a Frustration Dialogue. I just want to do a regular Dialogue. It's not you," I said. "You did nothing wrong. It's my mom. I feel like she doesn't want me. She wants a girl. She wants me to be her daughter. She can be so loving and then she is so cold and sharp and mean." I cried hard on and off for about ten minutes. My body was entirely engaged but so was my mind. I was deep down in it, maybe two years old, maybe younger. Thoughts whizzed through me even as I sobbed, thoughts about who my mother was and wasn't to me. When I was done, I said again to my wife, "You were just being you. I don't need you to change. You were actually just trying to help. We really are a great Imago match because I've never been able to get to that feeling, even though I had the cognitive knowing for years. Remember? I've shared with you how my mother told me 'You were supposed to be a little girl.' She had said it in a kind of sweet voice, which made it all the harder for me to allow myself to feel that it hurt, that it connected up with other behaviors of hers that made me feel unwanted. This is one of those things I've told you I suspected was hidden...because I had no idea it hurt so much until today."

After this cry, I was clear and calm. I understood fully why I had been reacting to my wife as I did. I was clearly projecting onto her a hurt that was very painful to me as a little boy. It had been hidden in the underworld but I had gone down finally to retrieve it and embrace it as part of my life. I had grasped coal and come up with a diamond. That was several weeks ago. I have been less reactive not only to the specific thing that triggered the feeling. I have been far less reactive to all the other things that my wife had triggered in me.

There is another piece. Less than a week after this Dialogue, I had an astonishingly clear dream in which I was very young and I was angry at my mother. In the dream, I thought, "This is so clear. It's about her, not about my wife." Then I woke up and felt a tremendous wave of

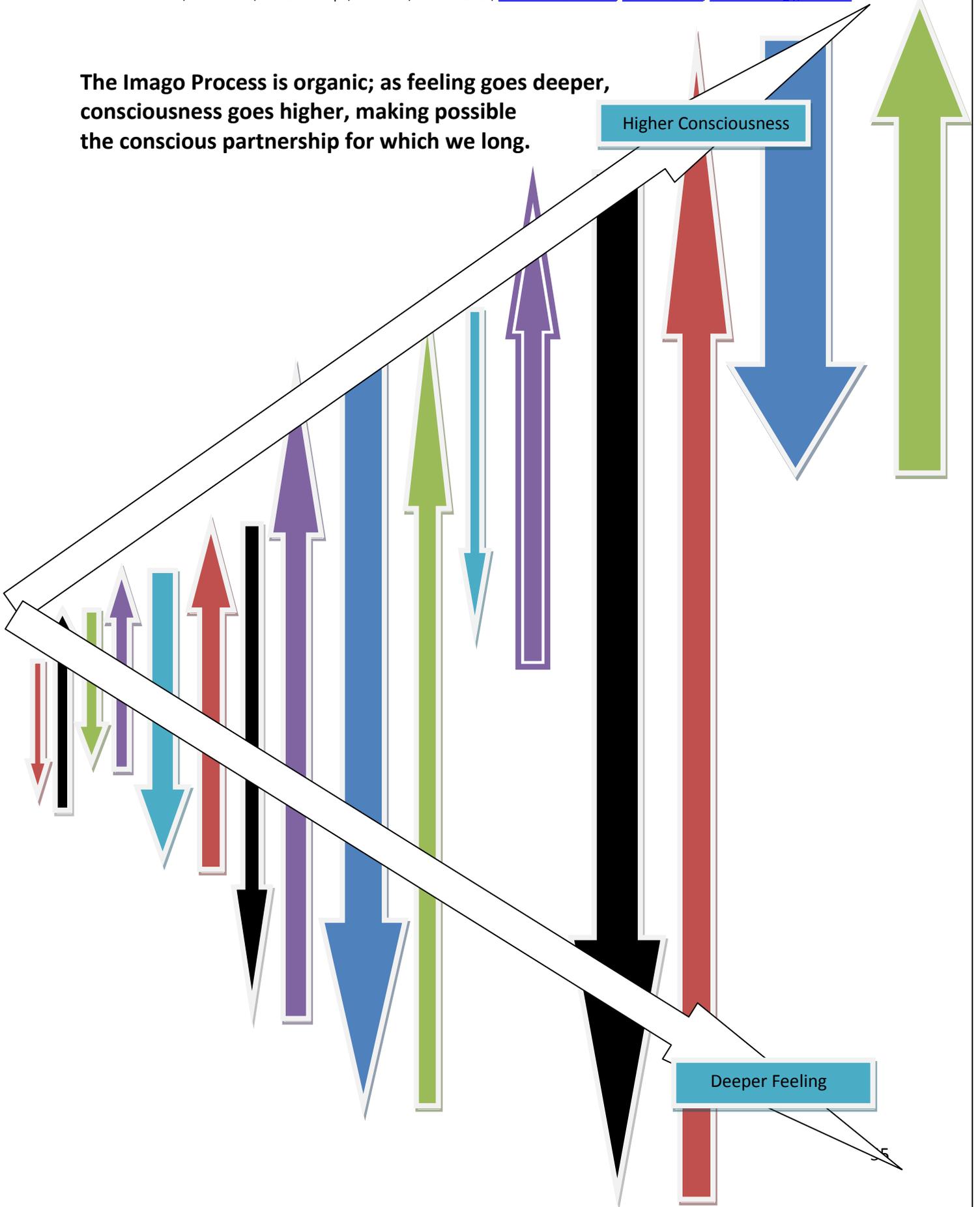
empathy for my mother and her life story, for the beautiful woman sleeping next to me and for myself. I went back to sleep and in the morning, my overriding feeling was one of gratitude to my wife for being who she is and introducing me to Imago. But I also felt a sense of wonder at how the human heart can heal itself when the conditions are right. This is not the first time I've had a very clear, non-symbolic dream after having cried hard in context about some aspect of my childhood. Sometimes a dream comes forth as an affirmation of resounding insight. It is very much part of the healing process.

I have a term for the feeling I processed in Dialogue with my wife. I call it *a threshold feeling* because it constitutes the very moment when we grow into a significantly more sustainable conscious state than before. It's comparable to the moment a bud bursts open on an apple tree. Things that triggered us now don't as frequently or with the same intensity, if they do at all. We don't need to stretch or need our partners to stretch as much. We may still ask for a Behavior Change Request, but it is far less urgent. If you have been bumping against my broken arm, I need you to stop right now. If my arm has healed, the bump is likely to be mildly annoying or even less, inconsequential. In other words, the unconscious wound that was driving the reaction—the hidden packet of energy and information in the deep filing system—has been opened. The password, apparently, was T-E-A-R-S. Weeping has released and dissolved away a dark energy that held part of us in chains. The information in the file has been made fully emotionally, cognitively, organically conscious. Our knowing has unassailable potency that we can only own through such personal initiation and rite of passage, just as the myths have taught.

The journey of emotional learning unfolds in an organic manner difficult if not impossible to fully do justice to in a graphic. It is an ongoing relationship of opposites in the

sense that the more open we become, the deeper we are able to go into processing our woundedness and the more we do that, the higher our consciousness develops because our entire meta-system is gradually being freed from energy bound up in early learning that has tended to narrow our capacity for attunement to ourselves and others. So the more conscious we become, the more open we are. The more open we are, the more deeply hidden wounds become available for processing and the more we process them, the more sustainably conscious we become. It is a virtuous cycle with moments of fierce emotional processing and substantial sustainable gains in attunement to self, other and the world.

**The Imago Process is organic; as feeling goes deeper,
consciousness goes higher, making possible
the conscious partnership for which we long.**



We will look a bit closer at the neurophysiology soon. For now, suffice it to say that in grieving, we are probably undergoing an increased integration of brain function in ways we can only dimly understand at present, and the more we free ourselves of the wounds within us, the less effort will be necessary to achieve the same benefits of Mindful Awareness as described by Dr. Siegel. There is more than one way to get there. With confidence I can report that of the many times I've gone down into the lake of deep sorrow, my entire being was engaged. There was no "either/or", feeling over thought, thought over feeling, or body sensation over both. They were all happening at once, or in such utter sequential entwinement that it felt like "all at once." Out of such experiences, it has occurred to me that we humans in our optimal integrated state of being are brilliant feelers.²³ Feeling informs our thoughts. Thoughts inform our feelings. The divide between intellect and emotion is healed.

I offer my experience in this Dialogue as, among other things, one example of how right Dr. Hendrix is in his conviction that we can only be fully healed in relationship. I have done a lot of inner work in my life. But there were, and probably still are, some feelings buried so deep, they can only be triggered in the highly electrical environment of a committed love relationship. I also offer this as an example of how grieving, along with all the other practices in the Imago repertoire, can permanently transform that triggered feeling into authentic first-person healing.

²³ This phrase first came to me while working on my first book, *The Superman Syndrome*, in February of 1998. My experience in the Imago process has only confirmed my sense of its accuracy.

Part III: After Words, Thoughts and Feelings

Feeling and Mindfulness

Given the recent interest among Imago faculty in Mindful Awareness (MA) practice, this feels like the right moment to dive a little deeper into how Imago practices are similar and dissimilar to MA as described by Dr. Daniel Siegel in *The Mindful Brain*. Rather than to engage in an academic compare and contrast exercise, it might make more sense within the mission of this paper to look at the most salient points.

First, what is similar?

Both MA and Imago offer rich opportunities for individuals to learn through education, training and emotional learning...although, as I have shown repeatedly, Imago offers far broader and deeper opportunities for the latter.

Dr. Siegel sees brain, mind and relationship as bound together and certainly so does Imago. Imago fully embraces the dynamic influence relationship has on the development of brain and mind from the earliest moments of attachment all the way through to the very current moment of an adult love relationship.

Both MA and Imago constitute Life Practices or Wisdom Paths move us out of our default mode or unconsciousness towards consciousness. By Wisdom Path we mean a life-long journey to gain what is perceived as the wisdom of the ages developed and refined over many generations. The Golden Rule would be considered such wisdom. An authentic Wisdom Path offers its devotees specific daily activities which nurture growth and healing across a lifetime of experience. Imago and MA both cultivate the development of compassion, openness, acceptance and love (what Siegel refers to as COAL).

Further, I would suggest that Containment, Mirroring, Naming Feelings, Summarizing, Validating, Empathizing, Holding (in the Holding Exercise), taking the parental role in the Parent-Child Dialogue, Stretching and Gifting, and guided Visualization--each and all of these at one moment or another as they are practiced use, *among other dynamics*, aspects of deep-focused meditation, breath work, the practice of silence and/or the identification of feeling states.

In Imago, we might be well served to slow down our training of the clients early in the therapeutic relationship in order to give them a greater opportunity to acquire these techniques so they can better fulfill their roles in these respective exercises. We might also want to encourage them to practice them between sessions at home to help clients calm themselves and enter into a state appropriately open and receptive for Dialogue. However, in fairness to ourselves and the research, we might be as well served to encourage our clients to engage in thirty minutes of yoga (a practice about twice as old as meditation in human experience) together each day, or a vigorous walk or mutual body work (body work is likely as old as sprained muscles and love itself). While these have not been investigated with brain imaging as to whether or not they contribute to integration of self in the mid prefrontal cortex, it is well known that they can all facilitate emotional and physical recovery by calming, focusing and, when shared, bonding.

Even without a larger commitment to use Mindful Awareness, my experience is that the Imago practices listed above *already are capable of bringing clients into the states* Siegel associates with mid prefrontal learning. Those nine states are: Body Regulation, Attuned Communication, Emotional Balance, Response Flexibility, Empathy, Insight, Fear Modulation, Intuition and Morality.

Having suggested that MA practice might be helpful for clients, it bears stating that it may not be helpful in some situations. Clients who are deeply over-wrought may not be able to calm themselves and their inability to do so might feel like a failure to them—not the desired outcome. It has always

been necessary for therapists to exercise good judgment as they reach into their toolboxes and this situation is no different. Fortunately, Imago has a very large toolbox—including breath work, naming of feelings, mat work and grief work to help our clients know their feelings and express them fully.

Second, what is dissimilar?

Imago and MA were born in different cultures. MA springs from an Eastern ascetic tradition roughly twenty-five hundred years old that exalts *detachment* as a method of overcoming fear and desire, an accomplishment widely held to be one of the Buddha's greatest. While this tradition does embrace the concept of the bodhisattva, the enlightened one engaged in the world, that is not its central icon. Imago springs from a Western milieu more than three thousand years old that embraces the challenges of the love relationship in the Biblical tale of Adam and Eve, the difficulties of family wounding in the work of the Greek playwrights, and transformational sagas of heroes real and imagined who are actively engaged in the world, such as Moses, Odysseus, Jesus, King Arthur, Beowulf all the way to the contemporary myth-making machine of Hollywood that continues to crank out icons of action whose suffering is viewed as an important part of their humanity. The contrasts in the cultural milieus from which these two Wisdom Paths arise must also have significant neurophysiological correlates on a mass scale as well as on the scale of the individual mind. Such differences don't make one Path necessarily better than the other. However, they should grab our attention and be part of our inquiry.

Imago's primary goal is to create Conscious Partnership between two people who have chosen to spend their lives together. While both Imago and MA could be called "soul work" the explicit intention in Imago is to grow and heal a love relationship, not an individual per se, though obviously, the individual benefits from it. Conscious Partnership is defined as follows:

You realize that your love relationship has a hidden purpose—the healing of childhood wounds.

You create a more accurate image of your partner.

You take responsibility for communicating your needs and desires to your partner.

You become more intentional in your interactions.

You learn to value your partner's needs and wishes as highly as you value your own.

You embrace the dark side of your personality.

You learn new techniques to satisfy your basic needs and desires.

You search within yourself for the strengths and abilities you are lacking.

You become more aware of your drive to be loving and whole and united with the universe.

You accept the difficulty of creating a lasting love relationship.²⁴

We are so committed to the relationship in Imago, we often change John F. Kennedy's famous inaugural line to "Ask not what your relationship can do for you. Ask what you can do for your relationship."

It is good that Dr. Siegel offers a triangle with mind, brain and relationship at each of the three corners. We know he understands quite well how the brain and mind develop through relationships. It's just that until MA decides that relationships are what it is truly about, not the journey of the single soul, Imago will continue to be importantly different.

Imago Theory and practice give centrality to the cause and effect of our psychological wounding in childhood and the adult relational dynamics that result from it. MA does not. It doesn't reject such

²⁴ Ibid, Hendrix, Getting the Love You Want, pgs. 87-90

work, but it does not make it a primary focus and doesn't offer the breadth of tools for working with woundedness.

In my experience, Imago practices take clients into a deeper state of empathy than MA. In fact, if we use Siegel's definitions, it would be more accurate to say that Imago cultivates compassion—literally, “feeling with”—rather than empathy, “understanding what another is feeling”. This obviously doesn't always happen in the early sessions, particularly if clients are in crisis and in highly adversarial states. But as time goes by, an effective therapist will guide them into ever deeper sharing about their childhood wounds. After all, the language is built into our Dialogues. Not only will compassion be actively cultivated. Partners will weep in deep sorrow. A grieving sender is likely to evoke a kind of resonant echo-grieving in the receiver that may constitute a very potent activation of the entire mirror neuron loop Siegel has described, as well as other parts of the brain and body. Schore talks about how infant and mother right brains resonate. Why can't this be occurring between love partners?

It is fair to ask, “What about a client who really can't seem to feel or grieve...or who insists he/she had a wonderful childhood?” We do encounter such dense defenses at times. The answer may be complex. A therapist may initially choose to offer the client MA techniques to help him enter into the spirit of Dialogue. But over the long run, it strikes me that we must stay the course, stay with what Dr. Hendrix has prescribed. Eventually, the Dialogic practices are likely to lovingly erode the walls of such a person, no matter how intellectually air-tight they may appear to be.

Through the Imago process, there is an unfolding of a profound emotional partnership between the client couple—in the hyphen, as Hendrix says, in the between. You might call this attunement, but at the very least, you'd have to distinguish it from other forms of attunement by using the adjective “deep” in front of it. For surely, all nine of the functions Siegel cites have the potential for varying degrees of experience and mastery. The Imago approach goes directly to where the pain is, rather than

attempting to neutralize it through countermeasures. Yes, there is “self-control” when receiving, but the receiver also knows she will have a chance to fully express the feelings she is containing in a matter of minutes. By going directly to where the pain is, Imago more fully engages the psychophysiology of clients than meditative practices and, consequently, yields deeper and more effective learning. The efficiency and effectiveness of growth and healing should certainly be a concern. There are plenty of Wisdom Paths for people to choose from and many if not all of them carry some potential for good. However, both client and therapist have every right to inquire about the efficiency and effectiveness of a given approach.

One more potential difference. Imago practices can yield extraordinary insight, clarity and attunement to self and other, yet often get there by total immersion in emotion, rather than by observation, as Siegel describes it. There may seem to be subtle distinction between being lost in an experience and being fully immersed in it, but in the reality, the distinction is quite clear to the subject himself. When we *are* the feeling or thought, we are immersed, not lost. When we are in deep grief, we are fully conscious. We are, in fact, in pain, genuine psychic pain, but we are in a state of flow with it, of, non-resistance, of surrender to the moment of our sorrow. That in itself is ironic because non-resistance or acceptance is a disposition exalted by Eastern practice. At such a moment, we do not have or desire a part of our brains to be split off and distanced to the position of observer. In my own experience, true insight and attunement increase in direct proportion to the decrease in the energy of a wound through grieving not, and this is an important point, by attempting to neutralize that energy through mental countermeasures such as self-talk, affirmation, repetition of a mantra or outright disconnection through fantasy or some other form of distancing from painful inner truth. This is a weighty issue and it may take some time to resolve conclusively with neurological evidence.²⁵ However,

²⁵ I will come back to this shortly in a brief discussion of brain waves.

in the mean time, given how long well-educated and well-intentioned men have ignored the importance of emotions, and given the important differences in the cultural birthing of Imago and MA, it is only a sign of health that we be a bit suspicious of the claims of other practices that do not give centrality to emotional learning

We know as practitioners we must be consistent in our own active use of the Imago process in order to continue to be effective at guiding our clients through it without missing aspects of their truths due to our own failure to experience similar truths within us. Our clients need what has been called “limbic resonance” by Lewis, Amini and Lannon in *A General Theory of Love*²⁶ or “right brain resonance” by Schore.²⁷ Any form of “not-feeling”, no matter how subtly and intricately disguised or exalted, will not serve our mission.

Missing the Mark

As a way of beginning another aspect of our inquiry, I want to cite a quote from Dr. Antonio Damasio presented by Dr. Schore, which I believe lends it even greater gravitas than we might already grant Damasio. After citing important work by three giants of humanity, Charles Darwin, William James and Sigmund Freud on the development, function and importance of emotions in human life, he writes, “Somebody freshly arrived on earth in 1994 and interested in the topic of emotion would have good cause to wonder why such groundbreaking developments did not lead an assault on the neurobiology of emotion. What could possibly have gone wrong in the intervening century? The simple answer...is that emotion has received benign neglect from neuroscience and has been passed over in favor of the study

²⁶ *A General Theory of Love* by Thomas Lewis, M.D., Fari Amini, M.D., Richard Lannon, M.D., Vintage, NY, 2000, pgs 63-65

²⁷ *Ibid.* Schore, p13.

of attention, perception, memory, and language.”²⁸ Damasio then goes further, writing, “Emotion was too subjective, it was said. Emotion was too elusive and vague. Emotion was at the opposite end from reason, easily the finest human ability, and reason was presumed to be entirely independent from emotion.... Twentieth Century Science left out the body, moved emotion back into the brain, but relegated it to the lower neural strata associated with ancestors who no one worshiped. In the end, not only was emotion not rational, even studying it was probably not rational.”²⁹ Damasio was writing a mere ten years ago. The neglect and outright misunderstandings he describes are all the more astonishing when juxtaposed to his observations about consciousness. “Consciousness begins as the feeling of what happens,”³⁰ he writes. There is no consciousness without feeling. To think otherwise is *Descartes’ Error*, the title of his earlier work. Feeling is so critical to consciousness that Damasio titled the book from which Schore and I are quoting, *The Feeling of What Happens, Body and Emotion in the Making of Consciousness*. A bit later, in a discussion of homeostasis—the very state Imago dubs “relaxed joyfulness” and the enhancement of which any authentic transformational practice inherently aspires—he adds, “Curiously enough, *emotions are part and parcel* of the regulation we call homeostasis. It is senseless to discuss them without understanding that aspect of living organisms *and vice versa* (my italics).³¹

Another startling “miss” is to be found in Dr. Esther Sternberg’s book *The Balance Within: The Science Connecting Health and Emotions*. She relates how Dr. Philip Gold, a psychiatrist and endocrinologist working at National Institutes of Mental Health, described work showing some patients

²⁸ Ibid. Schore, p. 203.

²⁹ Ibid. Damasio, p. 39

³⁰ Ibid. Damasio, p. 26

³¹ Ibid. Damasio, p. 40

with depression “had a hypothalamic stress hormone response stuck in the ‘on’ position, while in others the stress hormone response was greatly reduced, indicating that imbalances in one direction or the other could trigger depression.” Dr. Sternberg was writing less than a decade ago. Still, she goes on to say, that until she heard Dr. Gold’s presentation, “it never occurred to me that these illnesses of the emotions...were also imbalances of the many brain hormones that work together to produce our feelings.” This is surprising and somewhat disconcerting. Why wasn’t that correlation obvious? Further, her next leap is perhaps the saddest of all when her first conclusion after processing the hormonal correlates of depression was “that specific drugs could be used to right the imbalances.”³² I suggest that this is another example of how the investigative mind can be so imprisoned in its own past learning that it fails to see the obvious, fails to trust the inherent healing capabilities within the human system. She so automatically thinks “drugs” that she utterly fails to consider the possibility that “the balance within” (the very title of her book!) might be re-established by a system-wide experience such as grieving. Grieving might, over time, mobilize the body’s own inner pharmacy, not to mention that it might engage the electrochemical and hormonal aspects of its imbalance so that those hypothalamic switches are righted. Of course, there may be situations in which drugs might be helpful, but should they be our default mode?

Considering such “misses” now in 2009, it is hard to avoid the thought that the psychodynamics of researchers as well as the politics of the funding of research have played a significant part in perpetuating the neglect of emotion research. Perhaps it has something to do with the fact that most of the individuals driving the research have been men up till now, and men have been long imprisoned by a kind of warrior-merchant mentality for thousands of years. Crying has been taken as a sign of weakness

³² The Balance Within: The Science Connecting Health and Emotions, by Esther M. Sternberg, MD, Freeman Press, NY, 2000, pgs.73-74.

rather than for the restorative healing process it truly is. While it is impressive that Mindful Awareness practices have been around for roughly twenty-five hundred years, this pales by comparison with how long the capacity to grieve has been with our species—literally since homo sapiens sapiens took his and her first step, and quite possibly longer. Our immediate predecessors might well have had the same capacity. Yet, it suffers neglect not just for decades, but for eons.

Given the predominance of such blindness, it is reasonable to assume that even those leading the investigation of it today haven't undergone complete emotional make-overs. We can take them all as good people with serious intentions to advance the science in order to help mankind. However, we can also quite legitimately wonder whether or not it is possible to gain the ultimate understanding of emotion through efforts that depend so fully on cognition and its particular toolkit, which is quite different from that of Imago. There are likely to be residues of a bias hiding in plain sight. Those of us in the Imago community are not necessarily immune to this. I certainly include myself! Intellectual defenses can be very dense and less obvious, particularly to intellectuals, than broad behavioral and emotion-laden defenses. In fact, Damasio adds, based on studies of brain-damaged individuals, that, "...selective reduction of emotion is at least as prejudicial for rationality as excessive emotion."³³ So a very calm and methodical researcher may actually ask less useful rather than more useful questions simply because of too much reduction in his own emotional life. Important aspects of his findings may be hidden behind blind spots. Damasio further states, "Well-targeted and well-deployed emotion seems to be a support system without which the edifice of reason cannot operate properly."³⁴

Considering all this, it seems only prudent and to the benefit of our practice and our clients that we be attuned to the possibility of errors and omissions in our attempts to understand what is really

³³ Ibid. Damasio, p. 41

³⁴ Ibid. Damasio, p. 42

going on within the human brain. In using terms like “old brain” and “new brain”, “self-created suffering” and even “higher functions/lower functions” we may be unwittingly be perpetuating prejudices, for these terms implicitly carry pejorative or favoring connotations and may obfuscate the actual truth. That actual big truth is that the brain is a wondrous ensemble and the whole is much greater than the sum of its parts, none of which should be denigrated. As marvelous as it is, shouldn't we be honoring every neuron and synapse when we discuss it.?

Taking Damasio's work in its totality, especially along with that of Le Doux, we begin to appreciate that our optimal destiny as humans is *to become brilliant feelers* whose thoughts are informed by feelings and whose feelings are informed by thought, right and left brain, brainstem, limbic and neocortex all working together harmoniously and understood holistically. Consequently, why not just refer to brainstem as such, to limbic brain as such, to neocortex as such? Why not refer to body functions as such, emotional functions as such, cognitive functions as such? Even this language, as purely descriptive as it attempts to be, may reflect the limitations of our language which does not offer a lot of opportunities to easily express syntheses in single words the way, say, German sometimes does. Be that as it may, in order to honor the miracle of the brain which is indispensable as a whole in creating our selfhood, why not simply use accurate descriptors that are as free of connotation as possible?

Once More with Feeling

This brings us back to the deep tears of grieving, which are part of a powerful emotional experience, a kind of parasympathetic correction back towards homeostasis that engages much of our emotional, mental and physical system and sadly, has been the direct recipient of the benign neglect to which Damasio refers. It is clearly operating in a different manner from Mindful Awareness practice and yet, the end result is, if not identical, certainly similar to the state Siegel characterizes as curious, open,

accepting and loving (COAL). This supports the thought that as we look to adjacent fields to enrich and inform our Imago process, it is good to remember that Imago constitutes a unique array of healing activities which may resonate with other disciplines but need not be reduced or subjugated to them. It stands on its own very well, thank you. At times, it may make sense to use aspects of Mindful Awareness, Cognitive Therapy, Behaviorism, Gestalt, Transactional Analysis, Depth Psychology and Psychodrama. Regardless of the ancestry of the practice or its direction, it seems obvious that we should simultaneously be drawing on our own experience and on other emotion-centered therapies and research to help our clients, particularly given that Imago Therapy rests largely on a foundational understanding of the fact that most of us suffer severe emotional wounds in childhood. We want to be among those who keep the light shining on the human heart, rather than swiveling away from it and making the mistake of acting as if we can think or discipline ourselves out of what we were wounded into.

In Siegel's work there is an instructive example of how readily it is possible for smart people to miss obvious, feeling-centered strategies that are deeply congruent with Imago and other emotion-centered therapies. More than once, he talks about a child who has been bitten by a dog in the past. Confronted with another dog, one that is utterly benign, the child is likely to still be frightened. Siegel points out that the brain could be called "an anticipation machine" in the sense that it correlates past experience with probable future experience. This is clearly a fundamental form of learning of which many animals partake and that is a generally useful survival mechanism. In non-traumatic, run of the mill daily living, a mature individual has the ability to pause and ask herself whether or not a past experience that comes to mind is actually applicable to a present case. But a trauma attaches a bigger emotional charge to a given experience and though the powerful reaction it triggers in us time after time may in some way protect us, it also keeps us from learning and adapting to new situations. So, in

the case of the dog-bite, it may indeed work to teach the child Mindful Awareness, visualizing dogs that won't bite it, introducing it gradually to real dogs that are actually quite opposite by being very affectionate, stimulating the growth of the brain's insula down towards the amygdala to secrete adequate GABA to calm the fear.

But it may work equally well or even better to help the child complete her grieving from the original experience. This approach, consonant with Imago practices, gives her trauma the *attuned* attention it deserves. The child is held while remembering the incident as many times as necessary. Not only are her feelings *validated*. Her body's natural reaction to the trauma is *validated*. She isn't given the message in any way, shape or form, subtle or overt, that there is anything wrong with her being afraid. In fact, there is everything right about it in the immediate sense. We might, in *validating* her, give her a little educational piece to the effect that fear is an important feeling and can save us from pain, even death. Thus, she is *validated* and her natural physiological reaction is *validated*. She is given *empathy*. "That was a big, loud dog. I can see it really scared you!" So she sobs deeply because we have made it safe for her. The limbic feeling brain discharges the load of energy created by the original incident. Once done, (and yes, it may take more than one session) there is nothing left to neutralize with GABA or any other hormone or neurotransmitter. Her mid pre-frontal cortex can integrate the experience easily now because it is not limited by the energy and/or structure of the previous trauma which would have "pushed back" against her best efforts to calm herself before it was released. In truth, her brain is reorganizing itself into a healing state. Schore writes, "In fact, there is very specific evidence that the prefrontal limbic cortex, more than any other part of the cerebral cortex, retains the plastic capacities of early development."³⁵ This may point the way to some of what occurs, though, as I have suggested earlier, I suspect other parts of the limbic structure and process, as well as the brain

³⁵ Ibid. Schore, p. 25

stem and ultimately neocortex are involved.

From her deep grieving, the child has learned some valuable things. She has learned she can be really frightened and live through it. She has learned grownups love her and will be there for her when she most needs them. This contributes long-term to her interpersonal development. She has learned surrendering to her tears can carry her through and out of a dark place.

Now what happens when the girl approaches a new dog? Has she utterly forgotten that dogs can bite? No, nor should she. There is more than one dangerous dog in the world. She could be bitten again. But she now has the ability to use her emotionally liberated memory as a cautionary note that can help her begin to learn the signs dogs give out. She can also learn to ask the owners of new dogs, “Is he/she friendly? Can I pet him?” She can learn further that, when given permission, she should hold the back of her hand up to the dog’s nose so he gets her scent and experiences her as non-threatening. In short, clearing out the emotional lode is one kind of learning phenomenon and it opens the possibility of a whole new array of other forms of learning that can serve her for a lifetime.

Here’s another way to look at this. A wound is a form of emotional dysregulation. Then why wouldn’t it make sense to get out of that dysregulated state by going back into it and completing the inherent reactions evolution has built into us in order to fully digest the shock, fear, hurt or sorrow...that is to say, through grieving? In other words, are better served trying to think our way out of what we were wounded into...or feeling our way out?

I am explicitly proposing here what I believe Imago implicitly embraces—that in many instances the optimal way of achieving integration in the mid pre-frontal cortex is by *first* relieving the system of a wound’s electrochemical energetic load so that integration can then be accomplished with relative ease. To do otherwise runs the risk of being a form of disconnection or, even worse, inadvertent abuse, *rather than fully honoring the wound*. So-called mind over matter or trying to think our way out of what we

were wounded into—these are not good representations of attunement.

Imagine for a moment that you are a pretty good tennis player. Under normal circumstances, you can knock a serve at one hundred miles per hour into the corner of the service box. But right now, you have a cyst on the back of your racket hand. Gripping is painful. You might still be able to hit that serve at the same speed with the same placement, but the odds are against you and it will take much more effort to do so than usual. When the cyst has been removed and healed up, you go back to your game, shooting those serves over the net with fluid, energy-efficient motion.

Dr. Chris Northrup in a wonderful book that blends science and intuition, *Women's Bodies, Women's Wisdom*³⁶, (p. 55) agrees, writing,, "Healing can occur in the present only when we allow ourselves to feel, express and release emotions from the past that we have suppressed or tried to forget. I call this *emotional incision and drainage*."

All the neuropsychologists studying emotion agree that it uses enormous physiological resources, engaging most of the meta-system of the human being. Let's follow this logic then one last time: If an emotional experience is truncated in childhood, given that it would have involved so much of the child's mind and body, wouldn't it make sense that to heal such a wound, we would have to re-engage the mind and body in a proportionally appropriate system-wide discharge? That would be grieving.

Let me reiterate for the sake of clarity that we are not talking about hysterical crying, abreaction, the discharge of free-floating anxiety or free-floating sorrow. We are talking about helping people within the structure of Dialogue to fully experience a hurt *in context*. Yes, sometimes we begin grieving with a sense of confusion. We feel sad or scared and don't know exactly why...because it was forbidden to be conscious of what we were suffering at the hands of our caregivers. However, if we are

³⁶ *Women's Bodies, Women's Wisdom*, 1994, by Dr. Christiane Northup, Bantam Books, NY, p. 55.

well guided so we stay with the feelings, before long we know what we are crying about. We even *feel* the age at which the affliction occurred because that temporal information is part of the registry of the wound, whether it occurred pre-verbally and is held on a cellular level in neural networks in the body, or verbally and is registered in a wider array of structures.

Following this line of thinking--a kind of “grieve first, then integrate” approach—we might also propose a broader way of seeing the process Dr. Siegel details relative to compassion and empathy. He tells us that there is considerable research to support the presence of “mirror” neurons in our frontal and parietal lobes. These mirror neurons are nearly constantly engaged in social settings as we internally mimic the actions of others. We do this in part to anticipate what is coming so we know if we are in the presence of friend or foe, which is a survival mechanism. We also do this in part to experience empathy, building social relationships, which is also a survival mechanism...for we are generally stronger, healthier and live longer as part of a social network. Siegel describes a loop whereby mirror neurons in the frontal and parietal lobes are triggered and relate directly to the superior temporal lobes. They then communicate to the insula which communicates down into the the limbic system, then on to the brainstem. Then the message, having engaged us in a feeling and physical way, shoots back up into the mid pre-frontal cortex for integration. According to Siegel, when we are in emotional and physical resonance, (limbic and brainstem) we are experiencing compassion. When integration occurs in the mid pre-frontal cortex, we are now experiencing empathy. So far, so good.

But some people experience very limited compassion or empathy, or even none. This is likely because the loop Siegel describes was hindered in its development by severe emotional pain from childhood. In some way or other, the loop never fully develops or the energy intended for it is converted into something other than compassion and empathy, such as anger or fear. Once again, we can postulate that a freeing up of neuronal energy in the limbic area and brain stem through the system-

wide experience of grieving could then make Siegel's loop available as a possibility and even easier to achieve. Feeling our own wounds so we are not limited or consumed by them naturally frees us to be more attuned to those of others.

We might even go a step further as we think about an efficiency factor. The mid prefrontal cortex of a human freed through grieving of a large load of emotional pain might actually be thinner yet as or more effective as one in someone who had not experienced this process but had opted only for Mindful Awareness practice.

Interestingly enough, in his book, Dr. Siegel shares a very personal moment. While on a meditative retreat, he was triggered into deep sobs about his mother, who was about to have a major operation and might die.³⁷ What he does not do, unfortunately, is stop to mobilize his curiosity about the process of weeping the way he does towards other aspects of mindfulness. This is precisely the kind of benign neglect to which Damasio was referring to in the quote cited earlier.

What a missed opportunity, for even though Damasio was writing in 1995, nearly fifteen years later, we still know so little about the age-old process of grieving with which we humans have been uniquely gifted. Anthropologist Ashley Montagu observed many years ago in his book, *Touching*, "...while some...animals may on occasion exhibit the evidence of tears, this occurs very seldom and is the exception rather than the rule...Psychic weeping is not known to occur as a normal function in any animal other than man."

If you Google meditation³⁸ or Mindful Awareness and you will be busy for days reading a lot of

³⁷ Ibid. Siegel, p. 84

³⁸ For meditation, www.project-meditation.org/benefits_of_meditation.html, www.healthandyoga.com/HTML/meditation/objectives.html, to cite just two of many.

information-rich material, including scientific research. Google laughter³⁹ and you will find some interesting research, including studies done by the University of Maryland School of Medicine establishing laughter as stimulating the internal organs to work better through enhanced circulation. Lungs, liver, pancreas, intestines, heart and brain benefitted. Blood vessels increased their blood flow. Researchers at Loma Linda University in Southern California found similar physiological benefits and found they were long-lasting. They found laughter increased the secretion of endorphins by 27% and HGH by 87% compared to a control group. Other studies have found that laughter moves the lymph out of lymph glands to help clear toxins from the body. Now you'd think we'd know as much about crying as laughter. You'd imagine that since they are often intuitively understood as flip sides of each other, that crying would have many similar benefits...but even more, perhaps. Because we don't generally shed tears when we laugh (sometimes, of course!) and the physical convulsions of sobbing, while similar in some ways, seem different to those who have experienced them.

Still, go Googling and you will find precious little hard scientific research about crying or tears, with the exception of the work of Dr. William H. Frey II, PhD, a professor at the University of Minnesota and author of *Crying: The Mystery of Tears*. Frey's work goes all the way back to 1985. He actually studied the content of tears shed in three distinctly different situations—as the result of an irritant (an onion), watching an emotional film and in psychotherapeutic settings grieving childhood wounds. In all three cases, he found ACTH, a well-known stress hormone in the tears. But the concentrations of this hormone were significantly higher in the therapy-shed tears—up to forty times greater! This finding alone should get our attention and spur us to look deeper. Sadly, in the twenty-four years since his book was published, there has been no serious work on the neurophysiology of crying.

³⁹ For laughter, www.bioedonline.org/news/news.cfm?art+1640, www.dailycelebrations.com/072799.htm, to cite just two of many.

There is an enormous irony here because many people on the earth have known for eons what so many scientists have been unable to even focus on. In *Long Life, Honey in the Heart*, one of his books about life among the people of the Guatemalan highlands, Martin Prechtel relates that in their culture, people understood alcoholism, substance addiction, most depression, homicide, suicide, untimely deaths, accidents and the addiction to arguments all could be attributed to the endless hungers of ghosts. Where did these ghosts come from? When “a person was buried and not enough tears were shed and when truly felt grief was absent, the soul of the dead person could not make it to the next world and would be forced to turn back. Scared and invisible, it took up residence in the body of the tenderest and most familiar person it could find.”(p. 7-8) It consumed that person from the inside out, then jumped to the next and the next and the next in a family, through all manner of afflictions...every last one of them traceable back to an insufficiency of grieving.

Joining the Research

The gap between science and subjective experience may be smaller than ever, but mystery abides in the middle. Still, we in the Imago community have the opportunity to participate in illuminating the unknown. Imago is an exquisite ensemble therapy capable of facilitating authentic transformation from unconscious to conscious partnership, from a general state of tension to a general state of relaxed joyfulness. Such an adventure leaves physiological markers along the way. The Imago community has an opportunity if not a responsibility to contribute to the research and conversation now ongoing among neuropsychologists. Perhaps we can partner with people in university medical centers where much of it is taking place.

To his credit, Dr. Siegel, does point out in more than one place in his book that the science is not

conclusive on much of what he discusses. He refers to “associational convergences that point our view in a certain direction” as part of scientific inquiry. He also emphasizes the importance of rigorous testing of hypotheses and acknowledges we are only the early stage of this critical activity. We should join him in insisting on rigorous testing.

Research into changes in brain waves could be especially promising. A controlled longitudinal study of an Imago group and a Mindful Awareness group might yield some very interesting results in this area. An increase in the alpha wave, often associated with meditation, is only likely to be a full blessing if accompanied by a moderating of the beta wave. The beta correlates to every day, second-to-second thinking, planning and emotional states such as worry or excitement. If the alpha wave increases without a decrease in beta, we may have an electrical representation of a divided mind, which is certainly not our goal. On the other hand, if beta were to moderate while alpha strengthens, this might well be an indication of authentic calming and integration. Further, if we could measure brain wave activity during an Imago session dealing with intense emotions, including weeping, we might see a spike in brain waves in some areas just before grieving sets in, then a substantial subsidence, indicating a shift from a sympathetic to a parasympathetic state. In other words, we might actually be able to track the last stand of a defense system, the grieving that dissolves it and the state of insight and calm that results. This would be an important contribution to the world’s understanding of our humanness.

The release of long-held woundedness in the limbic system and right brain might yield to a shift towards a slightly more dominant left hemisphere, given that such a release would liberate the left brain to do its more pragmatic work of planning and executing life-supporting and well-being activities without the limitations of emotional burdens from the past.

These are speculations, of course, but worthwhile ones. They underscore for us that emotions and the different kinds of learning they engender are such a new topic of inquiry. How do we measure

emotional learning? How do we measure authentic transformation? Over time, shouldn't there be measurable, positive, permanent adjustments not only in brain waves but also vital signs, immune response, cardiovascular and pulmonary vitality and overall health and fitness? Shouldn't we see the self and mutual caring behaviors of our couples increasingly aligning with what we know to promote not only homeostasis but robust longevity?

There are many life practices and Wisdom Paths that might contribute to such measurable improvements. Not all of them get research dollars. The inquiry into emotion is new. The possibility of blind spots is great. Given our experience with the journey of the heart, we in the Imago community have something very special to offer in the effort to discover what is optimal for the human system.

Awakening

Let us embrace what may well be Imago's greatest strength—it is an ensemble therapy, an elaborate orchestration of transformational learning dynamics. In creating Imago, Dr. Hendrix has drawn from many disciplines and life experiences. Each is necessary but not sufficient unto itself. As an ensemble, they work magnificently to alleviate suffering and enable the full flowering of our humanity to become brilliant feelers. Not superheroes with super powers. Real men and real women who surrender to their wounded hearts so they might gradually awaken each other with kisses of consciousness and walk forward in life as true partners.

“The gods drink from the heart, as a deer at the river.”

--Martin Prechtel, *Secrets of the Talking Jaguar*

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