OUR FIRST SPONSORED WORKSHOP IN MEXICO
By Ray Fowler

In the fall of 2011, while participating in the Foundation’s first ever workshop in Spanish, I began to grasp the magnitude of the work Charlotte and Charles did in spreading the practice of Sensory Awareness in Mexico. I was able to see their influence unfolding right before me. Three of their students, now Leaders, were giving a weekend retreat in Sensory Awareness. Marcela Guirette, Fanny Morell and Tony Osornio moved me deeply with their unique ways of working with our group of twenty-five students. What a gift! This workshop, in Querétaro, included a wonderful mix of Mexicans from all age groups and was such a success that we are planning another one October 12-14, 2012.

The three Leaders were passionate about bringing across the work of Sensory Awareness. Mariela Valdez, our tireless manager, was there to support them throughout the whole workshop. For over a period of six months, she did a yeoman’s task of organizing every detail of the event. Mariela, a long-time student of Charlotte and Charles, had the perfect background in business and event planning which enabled her to bring all of us together for a truly memorable occasion.

I feel tremendous gratitude to have had the opportunity to witness and participate in the birth of this workshop. Charlotte might have said that I got the chance to help in “picking the harvest.” I am very grateful to Sara Gordon and Richard Lowe for their encouragement and creativity in helping to bring this event to its feet. Lastly, we met our expenses and above that, SAF earned income from the event!
PRESIDENT’S MESSAGE

As you may notice, this Newsletter is somewhat different from past ones. This issue contains four more pages than usual to help share the many exciting and important things which have been happening. Included, too, are a few articles of greater-than-normal length which illustrate some of the ways Sensory Awareness is being used to benefit others.

At the end of last year, the Foundation Board completed a weekend retreat at San Francisco Zen Center’s Green Gulch Farm. This included our newest Board member, Carol Buck. Carol replaced Terry Ray, who retired from the Board late last year. Both Carol and fellow Board member Ray Fowler traveled from the East Coast to join the other members.

This retreat proved to be an intense, work-oriented and productive meeting in which many important decisions were made. One crucial issue which emerged early on was the shared concern that the very existence of the Foundation will be short-lived if there is not a substantial increase in donations. It was decided therefore that a fund-raising drive be undertaken to help sustain the future of the Foundation. Without more substantial donations, the many ways the SAF has been working to support this work will be lost.

Overall, the retreat’s primary focus was on clarifying the best ways to help the study of Sensory Awareness spread and become better known. Here is an overview of other decisions made:

- To help promote the growth of this work throughout the world, the Board agreed that the Foundation would begin offering some limited financial support to compelling projects which are attempting to use this work to help others. Such projects and the amount of aid will be decided on by the Board on a case-by-case basis. For 2012, three such deserving efforts were chosen: a treatment program in Mexico for the disabled; a program in the U.S. which helps returning war veterans (both of these incorporate work in sensing); and the creation of a Sensory Awareness website in Japan. (To learn more about these projects, see page 6.)

- In keeping with helping to promote the spread of this work throughout the world, in October of 2011 the SAF sponsored its first Spanish-speaking workshop in Mexico (see page 1). As this was successful and even resulted in a bit of profit for the Foundation, the Board agreed to sponsor a similar event there in 2012. It is hoped this type of Foundation sponsorship will become a model that inspires Leaders in other regions, such as the East Coast and Europe, to organize activities the Foundation could also support.

- The SAF will continue to offer its Annual Workshops and host the Leaders’ Conferences that precede them. The Workshops help introduce many new people to sensing and provide long-time students a way to experience the work of various Leaders. The Foundation hosts the Leaders’ Conferences to bring Leaders together as colleagues to deepen their connection and sense of mutual support and also to explore together what is needed to help carry the legacy forward.

- It was agreed that the Foundation will continue its efforts in further documenting how this work has been spreading into the world through those students Charlotte Selver approved as Leaders. This information will be compiled into a publication describing the various ways Leaders have been using sensing with different groups and individuals. Such documentation is important in that it can be used to help inform professionals and others about the potential benefits of Sensory Awareness.

- The Foundation will continue its efforts to create a Center for Sensory Awareness. As a first step in building a community of students, studio space will be rented part-time in the San Francisco Bay Area, where reasonably priced classes and workshops will be offered on an ongoing basis throughout the year by various Leaders.

According to the abundant positive feedback we received, our Workshop last Spring at Vallombrosa in Menlo Park was a great success and we will be offering another weekend Workshop there May 18-20: Wholehearted Being: The Art of Sensory Awareness. Our seasoned presenters will be Judyth Weaver, Pat Meyer-Peterson, Terry Ray, Lee Klinger Lesser, Ray Fowler, Connie Smith-Siegel and Pat Baxter.

Through our Workshops, the Foundation is now able to attract more professionals by the offering of CEs (educational credits). This supports our goal of making the work better known to the professional community. Currently, we are qualified to offer such credits to massage therapists, body workers, California psychotherapists and social workers; and soon, hopefully, to nurses as well.

As always, our main concern is how best to sustain our legacy and bring it forward into the world. In addition to having you join us at Workshops and classes, now more than ever, the S.A.F. needs your financial support to help keep this work alive and growing. Any support you can offer will be gratefully appreciated and well used. Please donate as generously as you can.....and please don't forget to renew your annual membership. Your membership not only helps support our many important projects but also qualifies you for discounts on books, publications and CDs and at Workshops sponsored by the S.A.F. More importantly, perhaps, your membership helps us stay connected as a community.

Sincerely,

Richard

P.S. I was honored to be asked to write the foreword for a new book which talks about Sensory Awareness -- New World Mindfulness: From the Founding Fathers, Emerson and Thoreau to your Personal Practice, coauthored by our newest Advisory Board member, Don McCown. Don, a psychotherapist, teacher, author and lecturer on the topic of mindfulness-based psychotherapy, has been a strong supporter of this work and we are fortunate to have him on our Advisory Board.
Many thanks to all those good folks who made last Spring’s Workshop such a positive experience. Here are some of their comments about it:

“I feel I am more free to slow down and allow gravity to be a help, instead of being something to overcome.”

“This is a key learning: in learning to live from the inside out … in tapping into and developing trust in my inner knowing.”

“I liked the gentle invitation to become more alive and awake.”

“I learned that awareness is my own tool I can use …and that there is no right way to do it.”

“I learned to appreciate the everyday moments in every day.”

“I gained an appreciation of being more present in my (massage) work and encouraging my clients to be more non-judgmentally present in their bodies.”

“I like the people who are attracted to this work – everyone – Leaders and participants.”

“I liked the nonjudgmental atmosphere and the good sense of flow and integration.”

Our next workshop, Wholehearted Being: The Art of Sensory Awareness, will again be held at Vallombrosa, Menlo Park, CA from May 18th to May 20th. Hopefully you can join us.
SENSORY AWARENESS AND PSYCHOTHERAPY

AN OVERVIEW
By Richard Lowe, M.A., L.M.F.T.

Note: As a part of the Foundation’s effort to document the various ways this work is being used to help others, the following is one of three articles in this newsletter which touch on how Sensory Awareness is being used in psychotherapy. Psychotherapists who also integrate this work into their practice are invited to submit articles for future issues.

Famed therapist and author Irvin Yalom once described psychotherapy as “an exercise in self-exploration.” As a psychotherapist, I find that this exploration is usually greatly enhanced when Sensory Awareness is incorporated into my work with clients.

Essential to real change in therapy is the client’s capacity for awareness, particularly the awareness of inner subjective experiencing. When clients are more attuned to the moods, tensions, sensations, fantasies, concerns, intuitions and so forth which make up their inner subjective landscape, the process of therapy is greatly helped. Usually, however, this subjective realm is mostly subconscious and is manifested and embodied in various somatic patterns of posture, muscle tension, breathing, movement and so on.

With its experiential, somatic focus, Sensory Awareness reawakens the ability to more fully sense what is happening in the here-and-now. This more fully embodied consciousness can do much to help people rediscover both a truer sense of authenticity and a deeper organismic connection with life itself.

In the last few years, the worlds of psychotherapy and neuroscience have shown much interest in what Sensory Awareness simply calls “sensing.” Recent studies on stress and the dynamics of attachment, plus the remarkable growth in mindfulness-based therapies and somatic- and trauma-based therapies, have all resulted in an increasing appreciation of the value of somatic awareness.

Many years ago, it was mainly the followers of the Reichian and Gestalt schools of therapy who held this view, and it was considered to be something way out of the mainstream. Now, years later, attitudes have changed. Today, the ability to attend to bodily sensations is more widely accepted by psychotherapists and research scientists as having important therapeutic benefits. In light of this, Sensory Awareness has much to offer.

Charlotte Selver gave credit to Elsa Gindler, her teacher in Germany, as the real originator of the study Charlotte came to call Sensory Awareness. Although Charlotte felt this approach had the potential for creating significant psychological change, she was emphatic that “the work” or “sensing,” as she also called it, was not therapy. She stressed the importance of keeping the focus of the work simply on here-and-now sensing, untainted by theories or techniques, exercises, or philosophies. In other words, just to attend to and respond to what is actually being sensed in the present moment. This calls for a certain discipline, as all too often our attention can be lured away by such distractions.

During the majority of the time Charlotte taught in the U.S., there was a growing public interest in psychotherapy, encounter groups, pop psychology and human potential growth centers like Esalen. This helped attract people to her workshops, but it also added to her wariness that students could become too absorbed with their emotions at the expense of exploring fuller sensing. It was important to her that students be able to distinguish the difference between sensing and emotional reactions. For this reason, she sometimes discouraged them from delving into their emotions in her classes and this may have created the impression that she didn’t think much of psychotherapy.

Over the years, there’s been a long and fruitful relationship between psychotherapy and Sensory Awareness. In the early years, when Charlotte began offering this work in the United States, her connection with psychotherapists was extremely helpful. Her “lucky break,” as she once put it, was when the well known psychoanalyst Erich Fromm became a private student and then later began referring patients and colleagues. This eventually led to connections with other well known psychotherapists such as Fritz Perls* and Clara Thompson who also became students and then referred patients and other therapists to her. This, in turn, resulted in connections with Alan Watts, D.T. Suzuki and Suzuki Roshi, all of whom felt a close relationship between her work and Zen. This eventually resulted in her being invited to teach at growth centers such as Esalen and others affiliated with Zen Buddhism.

Obviously, many therapists who came to study Sensory Awareness intuitively grasped the potential therapeutic importance of this work and others recognized a deep kinship with the mindfulness approach of Buddhism.

Mindfulness involves the capacity for open, nonjudgmental and curious
awareness of what is happening now. It calls for an opening wide of the doors of perception beyond the narrowness of our habitual assumptions and ego-centered self. The practice of Sensory Awareness offers a way to help us rediscover and explore a more fully embodied, present-centered state of being, closer to what in Zen is sometimes called “original mind.” That is, a unified, expansive field of awareness in which our entire organism is mind -- where our sense of gravity is mindful, as is our breathing, as is our sense of smell, and so on.

For many years, people have turned to Eastern spiritual practices – practices that bring with them rituals and centuries of cultural tradition -- to become more mindful and find greater inner peace. Sensory Awareness, which originated in the West and is secular, has none of these trappings. In this way, it can be said that this practice takes the exploration of mindfulness out of the meditation hall and into the everyday world.

As both meditators and students of Sensory Awareness can attest, giving full attention to what is happening in the moment is much easier said than done. Our modern culture conditions us to be preoccupied with the future or the past and to focus more on thinking than experiencing, on having vs. simply being. Many centuries of meditation have shown that the discipline of ongoing practice, combined with skillful and experienced guidance, can be of great help in developing the ability to be more fully mindful. This is precisely what Sensory Awareness offers. That is, an established skill-building practice, facilitated by an experienced guide, for deepening the ability to experience and embody fuller mindful presence.

In therapy, the crux of our problems often lies in the ways we perceive and interpret reality. Our perception of present reality is highly influenced by subconscious psychological factors and habits which distort and limit our experience of what is actually happening. To the degree our perception is diminished, we are diminished.

Mindful awareness is an important skill that helps us get in touch with the attitudes and distortions that limit our potential. The more clearly we sense how we create our misperceptions, the more able we are to let them go. Such an ability is essential to real growth in psychotherapy as well as to the practice of meditation. The practice of Sensory Awareness helps open the doors of perception so as to increase fuller mindfulness of what is actually happening from moment to moment, particularly in the energetic, somatic realm where many of our deeper subconscious perceptions and attitudes reside.

Mindfulness provides a positive and self-empowering perspective for therapeutic work. It implies that we have a natural source of wisdom and sanity available to us, and that it is our capacity for awareness that helps us rediscover it. Rather than focusing on pathology, mindfulness emphasizes an awakening, skill-building model of health in which everyone has the potential to wake up and be freed from the veils of illusion. Rather than creating a passive dependency on the authority of the therapist, it emphasizes the importance and authority of the client's own awareness.

Using mindfulness in therapy can present some difficulties. One difficulty can be associations with meditative practices from the East which may lead to the impression that mindfulness requires sitting in a certain posture, breathing in a certain way or following a certain dogma. Such associations can alienate many who could benefit from what mindfulness has to offer.

Another difficulty may lie with the word “mindfulness” itself which may lead to the belief (based on common usage) that some kind of mental observation is involved within the area of the head. Such a “mind-set” only supports a way of not seeing the forest for the trees. That is, an orientation which believes that intelligence resides in the head and neglects the natural wisdom inherent in the organism as a whole.

Truly one of the most important tools a therapist has is his or her own sensing. The therapist's ability to sense his or her own breathing, energy and presence, to be attuned to the quality of the client's nonverbal behavior, and to the sense of the interpersonal space that lies between, are all of great benefit in doing good work.

Increasingly, I appreciate how much Sensory Awareness can be a valuable gift for both client and therapist alike. I utilize it with a wide variety of clients, but not all, as some clients may initially feel too threatened. It has proven particularly helpful with many issues including stress reduction, depression, anxiety, chronic pain, self-esteem, anger management and in deepening interpersonal relationships. I will offer just a few brief examples of ways I have found it useful:

Beginning sessions with a few minutes of quiet sensing usually provides a productive way for clients to settle down in themselves and better allow what may be seeking to emerge from within. Frequently, clients are somewhat anxious and defensive at the beginning of therapy and it can be a welcome relief to know there will be some time given to becoming more fully present. If both client and therapist are patient, some important concern will usually emerge.
From time to time in session, the client may be invited to bring a hand to where it is they feel a certain feeling or sense where a certain issue resides within the body. The client may then be asked to describe what he or she senses from the contact of the hand or how breathing is being experienced there. From here, various other sensory experiments may be suggested while, from time to time, the client will be asked to report on what is being experienced. In this process of exploration, it’s important to allow time for changes and to respect the client’s own process of becoming more mindful, trying somewhat like a good gardener to help provide just enough of the optimal conditions for a natural deepening and unfolding.

With its focus on experimentation, Sensory Awareness provides an excellent way to devise “homework” experiments (with the client’s collaboration, if possible). Near the end of sessions, I often ask the client what he/she would like to explore or work on during the week. Based on the response, a sensing experiment to be tried out and “played with” between sessions is suggested. Usually, the experiment relates to some issue of recent focus in therapy. Such sensing experiments are useful not only in the working through of important issues in the reality of everyday life, but also in creating more of a sense of personal ownership in the therapy process and in building greater confidence to explore sensing on one’s own.

I find, as clients become more fully mindful and better able to trust in their own sensing, the hold of habitual tensions, thoughts and attitudes, which have hindered their aliveness, lessen and fade into the background. Being oriented in the present becomes more interesting than living in the past or in the future, and there develops a greater ability to accept things as they are. With greater somatic awareness clients become more empowered to become more truly themselves and feelings can be more fully accepted, expressed and explored. Gradually as an inner resource of natural wisdom and authenticity is rediscovered and trusted, there develops a greater sense of inner strength and integration to deal more effectively with the challenges of life.

*It is interesting to note what Perls wrote about his experience with Sensory Awareness: “Finally I found (for) what I have been looking for all over the years and what I did not find at any other school. Now this corroborates and underpins my entire theory.” Also in 1947: “Here is the method which not only accomplishes what I was striving after by concentration exercises, but which is subtle and in contrast to stress (very different from what Reich is currently doing by forcefully solving the tensions of the patient).”

Thanks to Judyth Weaver for these quotes by Fritz Perls from: Elsa Gindler and her influence on Wilhelm Reich and Body Psychotherapy (2009), in Body, Movement & Dance in Psychotherapy – An International Journal for Theory, Research and Practice that is published in English in Europe. By Ulfried Geuter, Michael C. Heller & Judyth O. Weaver.

For more information about the influence of Sensory Awareness on psychotherapy, see The U.S.A. Body Psychotherapy Journal, Volume 3, Number 1, 2004. (Copies available through the Sensory Awareness Foundation.)

### SAF Supports Three Deserving Projects

In keeping with its mission to promote the growth of Sensory Awareness, the Foundation Board voted to grant financial support to the following projects:

1) $400 to the effort in Japan by students of leader Judyth Weaver to establish a Sensory Awareness website in Japanese.

2) $500 to the work of Tony Osornio in offering Sensory Awareness classes and individual sessions to severely disabled adults in Querétaro, Mexico. This work is done through Fahdi, a non-profit institution which provides psychological and rehabilitative services to the disabled.

3) $1000 to Honoring the Path of the Warrior, a no-fee program that assists post-9/11 and Persian Gulf veterans in making a positive transition from military to civilian life. The program’s co-leader, Lee Klinger Lesser, utilizes Sensory Awareness in helping veterans with the healing process. San Francisco Zen Center is the fiscal sponsor.

The Foundation has asked each of these projects to provide updated reports on the work they have been doing so that this can be shared via our newsletter and website.
EVERY MOMENT FILLED WITH SENSING

An Interview with Sensory Awareness Leader Virginia Veach

Virginia Veach is a psycho-oncologist, psychotherapist, and educator with a private practice in Marin County, California. From family therapy to war zones, from pain management to death and dying, her efforts to ease the effects of war, illness, and environmental degradation have taken her throughout the world. In this interview, Virginia speaks about the relevance of Sensory Awareness for her work, how it helped her as she was living through severe illness and how it informed her engagement in a Cambodian refugee camp.

This is an edited excerpt of an interview for the Charlotte Selver Oral History and Book Project. Supporters of this project can listen to more of this interview on the members pages.

San Rafael CA, December 13, 2009

Stefan: How did you meet Charlotte Selver?

Virginia: I went to Esalen to work with Fritz Perls in 1967. And while I was there, I met Charlotte. In September of the following year, I moved to Esalen to be a resident fellow, and that's when I really started working with her. Our explorations were like a beautiful fresh breeze blowing. It was as though I'd come home. I hadn't gone looking for Charlotte because I didn't know about her. But when I met her, I immediately knew she was someone that I wanted to work with. Discovering what was occurring in me and in life, in the life around me – was exactly what I wanted. My reason for going to work with Fritz had to do with the fact that I had a very large tumor growing that I was needing help with, or felt that I needed help with. And what I really needed was the sensing that I was doing with Charlotte.

In 1972, I founded Ting-Sha Institute, and Charlotte and Charles were very much a part of that. They came up and gave wonderful sessions. As I was starting that residential treatment center, Charlotte wanted to be sure that I would be offering sensing. She wanted to be sure that I considered Sensory Awareness as part of the everyday process.

Stefan: How did that happen that you wanted to start this institute?

Virginia: That was because I wanted to integrate different therapies. I wanted to integrate meditation and creativity with sensing, digging in the garden with sensing, cooking with sensing, and how people interact with one another and relate to one another and the environment with sensing as its basis. We'd have sessions of group therapy, and then other sessions during the day of sensing and then we'd put the two together and have both the sensing and the therapy at the same time. And the art and the therapy, and the meditation – all mixed together.

Stefan: What was the purpose of the institute?

Virginia: It was a residential program, but there were different groups of people that we worked with. One group consisted of teenagers who were really having a hard time, getting into trouble at home and at school. They and their parents needed help and a safe place to be. Another group was made up of people who were retired forcibly but didn't want to stop being productive, and didn't know how to plan their lives for a satisfying future. The teenagers and the retirees really enjoyed each other. They had an awful lot to share with one another. It was really fun to see that kind of sharing of “what's life going to be next?”

Other groups that interestingly enough fit reasonably well together were the people who came for an independent retreat, for their own quiet, and those people who came because they no longer wanted to live in a half-way house and couldn't manage on their own. Some of the latter residents were quite disturbed. Usually they were schizophrenics, but other forms of mental illness also. They were often quite withdrawn. These two groups could be quiet together and enjoy one another in a way that really helped the people who were very agitated – they could just be with others and didn't have to talk to them. They could work quietly together in the garden, or they could work in the pottery studio and really enjoy being together, which was a surprise.

And we had people who wanted to learn some of the newer developments in their professions, but didn't want to take the time off work to go back to school. Generally, they were psychologists, psychiatrists or social workers, anybody in the helping professions. They wanted to come and stay for a three-month-long study period. And finally, we had residents wanting
to get off various drugs – wanting to be somewhere where they’d be safe, away from home and work. We were tremendously successful, yet decided to move to another location when the property we were renting was put up for sale. Years later we did the cancer retreats.

Stefan: So it changed into something else.

Virginia: Yes. The cancer retreats didn’t develop until we came to West Marin. Our retreats were encouraged and supported by The Commonweal Cancer Help Program, of which I was a founding staff member. I must say, that Charlotte would ask a lot about the retreats, asking how I was integrating sensing into the programs for people with cancer. She also was very, very interested in the work that I did in the Cambodian Refugee Camp.

Stefan: Tell me about that.

Virginia: I remember seeing on television news of the people of Cambodia too weak to walk, struggling, crawling on the ground, trying to get across the Thai-Cambodian border to survive. They were dehydrated and starving without enough water or food. It was just a horrific situation.

Stefan: And the year was . . .?

Virginia: 1979, the camps were really just opening up, despite the fact that refugees from Cambodia, Vietnam and Laos had been struggling to get across the border for several years. It just seemed so wrong that I would be sitting here in heaven while my brothers and sisters were in hell, and I wanted to do something to try to help. I contacted various voluntary agencies to see if any of them were sending teams over. Three days later, I got a call back from The International Catholic Migration Commission saying, basically, “How soon can you put a medical team together?” I said, “Right away.” But, obviously, it wasn’t just going to be medicine, nobody could say where we would go. Nobody could say what the diseases were we would be facing. And nobody could say what would be needed when we got there. I didn’t know what we were going to be dealing with, so I wanted to take people with various capabilities. I took a carpenter, technicians, people who could cook, as well as doctors and nurses. There were fourteen of us all together. Our first team was wonderful, people who were willing to face whatever was presented with open hearts and enthusiasm. When we got to the refugee camp, we were taken to what was to become our ward. It was just bamboo poles, a thatched roof and some rock flooring. We were told to build our hospital. Thank goodness we had a carpenter.

In the shelter, we discovered some children and a dance teacher who was starting a traditional dancing group. They were dismayed when they saw us enter the shelter, but when we told them that they could stay until the ward was completed and patients were admitted, at which time we would find them another place to dance, they were filled with joy and relief. It was so important to preserve their culture and to share it with each other and the world. This meager group developed into an international dance group that has traveled all over the world and been featured in National Geographic.

Joan Baez’s mother gave us sewing machines so people could put together scraps of clothes and make something to wear out of them. They could come in and use the sewing machines and be with one another. So, all that was going on while the building was going on, before we could have patients in there.

Stefan: What was your professional background?

Virginia: Psychology, Physical Therapy, Ordained Minister, and Artist. It turned out that, strangely enough, being diverse was probably really good because I was the only person in camp who had ever worked with polio and T.B. We had lots of polio cases and T.B., and lots of amputees. Nobody else in the camp had ever tried to build crutches or worked with what happens with an amputee. So, it was a good thing that I had that background. We were a family practice ward. That meant that we were a “catchall.” Any refugee in the triage station they didn’t know what to do with was sent to us. Like the mothers that were severely dehydrated and didn’t have enough milk to feed their babies. The water was so contaminated that if you gave milk to the babies and the water and bottles weren’t boiled, the babies would die. Fuel was so scarce that boiling the water was impossible for these weakened mothers. We decided to take eye-droppers and drip boiled milk on the mother’s breast as the baby was sucking, hydrating the mother, not the baby. Hydrating the mother and dripping the eye-dropped milk for the baby was very labor-intensive, but babies began surviving. We banned baby bottles. We also didn’t have much at all in the way of anesthesia. That’s again where sensing came in. We were able to do surgeries with people with no anesthesia and manage the pain just through Sensory Awareness, and my support. Every moment was filled with sensing.

Sensing was essential also because we had brought only two microscopes, and there were 80,000 people when we arrived. There were some stethoscopes, and later a German surgical team brought x-ray equipment – and swiped our technician to run the x-ray machine. That was it for diagnostic equipment. When someone was in pain, often the challenge was to figure out whether we were talking about referred pain or not. Was the pain in the front referred from the back, or vice versa? Was it referred from somewhere else and the area that the person was complaining about wasn’t the problem? It’s very difficult to really pin things down unless you can work with sensing. That way it can be traced back to its source to know more about what’s going on. It was so essential!
Stefan: Did you have an interpreter, or how did you work with people?

Virginia: We did. And of course we had to also try to teach the interpreters the right words.

Stefan: I was thinking in terms of Sensory Awareness, to work with an interpreter and they would have to understand what you were wanting, and then they would have to find words to pass that on.

Virginia: That's right.

Stefan: That seems almost impossible to do.

Virginia: That's right.

Stefan: But you did it.

Virginia: Well, often – there was one patient who was a monk. We were told he had been sent to us because he was “noncompliant and incorrigible”. He certainly didn't look uncooperative to me. He was a very, very sweet man. The problem was that he was starving to death, but he wouldn't eat. So I had to ask him “why.” My interpreter, at that point, was a young woman, and she said, “I'm sorry, this is really not something that's acceptable for me to tell you. I would not say no about anything else, but women are not permitted to speak to a monk. You're going to have to find a man to talk to him.” The patient's cots were fairly low, and the monk was lying down, our newfound interpreter had to get below the monk to speak to him with proper respect. Of course, I didn't know enough so they forgave me all my mistakes. I asked him why he was finding eating so much of a problem and he said, “They serve lunch after noon.” Monks take a vow not to eat after noon, all we had to do was bring him something to eat before noon, and he'd eat it. So, the lesson was, if you don't understand something, ask! Don't just assume this is somebody who's incorrigible. It’s all part of what sensing is about. It's that kind of give and take.

There was a little boy on our ward who had a spina bifida. A child was brought in who was in shock. We put the two boys together on the same bed. They just lay there and held each other. And then, little by little, they began to explore their surroundings. They'd feel their way around the bed with their fingers and then began to walk a little bit, feeling their way. The little one who was in shock was blind, and the spina bifida boy couldn't walk without help. So the two of them, one of them guiding the other, began to expand their world – it was very dear.

Stefan: Beautiful. I’d like to go back to the beginnings of your encounter with Charlotte. That tumor was part of your decision to go to Esalen. Were you helped by the work?

Virginia: Oh, very much so. Yes.

Stefan: Can you say how?

Virginia: I was helped in – balancing probably is a reasonable way of putting it. But also in working with the fact of the tumor. What was going on? What was actually happening in that process? And then, after I did finally have it surgically removed, sensing was very integral to the recovery process. By that time, sensing was integral to all of my life. Everything that I did had sensing as its foundation.

Later, when I developed other issues – cancer and heart disease – and had various surgeries and recoveries – I’m sure that sensing really made it possible to stay alive. Two years ago, I had an ejection fraction of 20. That means, the amount of blood that was pumped out on every heart beat was 20%, and 80% was left in the heart. Today, mine is 55%, close to normal.

Feeling, experiencing what’s going on, what’s needed: Is there any tension? Is there anything that I can do to allow support for each heartbeat? Is there any holding going on in my chest that makes things harder for the heart? What can I do to open in my chest? I remember Charlotte used to talk about feeling to the bottom of your heart. The bottom of my heart got to the point that it wasn’t moving at all.

So when I would feel into it – sense what was going on – and really bring my attention to that area and see if there was some way that I could improve the circulation, I could improve the electrical process by just improving the awareness. The last time I had an echocardiogram, they said that the apex of the heart was moving! It is sensing that made that possible, I’m sure.

I remember when Charlotte came to visit me after I had surgery for cancer. She said: “Be sure not to hold your arm too close in. Allow enough air so that your armpit can breathe.” She would come to see me, and we would sit and have tea and we would talk about both of us having had cancer; what her experience was and what mine was, and what sensing had done to contribute to her recovery.

Stefan: She amazingly survived breast cancer and many other illnesses and accidents.

Virginia: I talked with her when I broke my hip the first time.

Stefan: You’re a good student of Charlotte’s, you’re following her path thoroughly! Cancer and hip surgery.

Virginia: Yes, it’s true. I broke my hip falling while playing tennis. The neck of the femur got compressed in the fall, and when I rolled back, the head twisted back. They wanted to replace it, and I said no, just pin it. So they put screws in it, and when it healed I wanted to have the screws taken out, so that I could work on trying to straighten that bone. Because it was rotated so far back that it affected the motion in my hip, and given that bones are plastic – in the real sense of that word, not in the material sense – I didn't see any reason why it couldn't, with enough sensing, begin to lengthen and straighten. I told Charlotte what
I was doing. She was delighted.
And then, when I began losing strength and feeling in my legs and feet because of the problems I was having in my back, she was very interested in my plan to walk as normally as possible just by feeling what I could from wherever I could. How far down my legs could I feel pressure? So even though I couldn't feel my feet, I could still sense where they must be by how my weight was coming down in response to the pull of gravity. The first time I had an angioplasty (unblocking of a blood vessel), the doctor said, "It's maybe going through cell by cell, but it's way too blocked for us to get a tube through there. And we certainly don't have time to get you to the surgeon." Which I didn't want anyway, so that was fine.

He said, "What shall we do? It's your choice, because this is a bad situation."
I said, "Well it seems to me that you need to work with me, and if we work together we can get it done."
He: "I don't know what you're talking about."
I: "I will try opening the vessels as much as I can, and then I'll let you know and you can try to move the tube forward, and then I'll try to open a little farther and then you move the tube forward."
He said, "That's impossible. You can't feel in there."
I: "Trust me, I think I can."
He: "Prove it."
I: "Okay, so start running the tube in me, and I will point from the outside and tell you where it is. I'll point to it as you're progressing."

He said, "Okay. And then, "How do you do that??"
I said, "I'm just feeling."
So that's what we did when we got to the blockage. I would sense into my heart and into those vessels to try to open as much as I could and then he could inch the tiny little tube through. It was very successful. I attribute all that to Sensory Awareness. It has been part of everything that's helped support life for me, many other surgeries, and situations. I keep discovering more and more.

Stefan: It's interesting to me because for the past year I have had tendonitis in my left shoulder and I have been in constant pain. For a long time I thought, "I can help myself." I get worse and worse. "I'm a Sensory Awareness Leader, I can help myself." Until I finally had to admit, "Okay, I cannot help myself," and went to "the competition" – to a Feldenkrais practitioner. So, after months of treatments, I'm getting much better. But it's interesting and curious to me because my learning experience was to see my own limits, to acknowledge that I needed help. You were so daring. When everybody told you, you cannot help yourself, you knew you could and you did it.

Virginia: Well, I think they're both necessary. You can't function autonomously, really. We do need help, and it's a kind of give-and-take process. If you take Charlotte herself, look at all the surgeries she had. That's called help. We do our part as much as possible. But I think that if we absolve ourselves from any responsibility, then things can't go as well as they would otherwise. My hope is that people will be interested enough in sensing to realize the value of it without anything else to have to lead them there, like pain. Certainly pain is a big challenge. However, pain is something that we can really work with.

If I have someone who wants help with pain, I can work with questions like: "Are you willing to be curious about what you're experiencing?" And if the person says yes, then that opens up the possibility of: "Is it so intense that if it got a little more you couldn't tolerate it?" That's important to find out. If the answer is no, then, "What would happen if you got out of the way of the pain? If you didn't try to contain it? If you didn't try to manage it, what would happen?" And often people will say, "Well, it would get bigger." And I'd say, "How much bigger? So while you are there, feeling into it, does it change shape? Spread? Get smaller? Where does it go?"

"As one feels, and is truly curious, it will change in nature. "As it changes in shape, does it become warmer or cooler? Does it become pulsing or steady? What happens? Where does it stop? How far does it go? And if it does stop, what's stopping it?"

Because pain behaves like warmth, it will radiate – well, sometimes it will get smaller and so does warmth. It's the same kind of thing. It's a sensation. But you need to be curious about it in order for it to become interesting. When the pain and sensation of breathing come together, touch each other, that's where the action really is. That's no different from psychotherapy. Contact is always where the action is. So, "as your sensation of breathing begins to fill you, do the sensations of pain and breathing touch each other? And if so, what happens where they do?" It's all sensing. "And if they don't touch each other, what's in the middle? Why don't they? What is it that is going on? Not that you want to make them touch each other, but just feel. Be curious about how they are with each other." It's really quite surprising that most of the time the pain will turn to warmth. Sometimes it will change to burning, then you say, "Can you let it change in shape? What will happen?" The farther out the warmth goes, the more it cools. And most of the time when it comes back, it is a non-painful sensation.

Stefan: So you would sit with somebody and just guide them through that.

Virginia: Yes.

Stefan: And they would give you constant feedback?

Virginia: Right. It's just that we have an idea that we want to get rid of the pain. And then it's hard to be curious about it.
Stefan: Yes.

Virginia: Pain sensors are so valuable, they’re so necessary! They let us know right away if there’s a serious problem that needs attention, or there’s an area of discomfort that needs attention. If pain were a pleasant sensation, we wouldn’t do anything about it. It’s such a gift, to help keep us healthy. It is important to be curious about it, and to learn from it.

So I am still alive, despite everybody’s predictions to the contrary. I’ve beaten the odds on almost everything that I’ve tried, and I don’t know how long I can keep that up.

Stefan: How old are you now?

Virginia: Seventy-seven. And I’ve been at this most of my life. It’s really been Charlotte who has made it possible for me to put it all together. I use it every day in my work.

Stefan: Now you work as a psychotherapist mainly?

Virginia: Yes, but just two days ago, I had a client telling me that he was having a terrible time with anxiety attacks, and so we stopped right then and there and just did some sensing: How it felt to be sitting in the chair, his feet on the ground and his weight in the chair. He began to relax a bit and then I asked him about how he felt in his chest area, and he said that it felt like he was in a cage, and his heart was being squashed. So we worked with that for a while, and pretty soon he didn’t feel caged anymore and then he could begin to talk and we could talk about what happened – but he had to do the sensing first. And that’s always true.

Sometimes it becomes obvious that what a client needs is to draw and not talk. I ask the client to just become aware of the experience of a pencil on paper – not a writing pencil, but a color pencil, softer pencil – is it possible to feel the tooth of the paper through the pencil, and if so, respond with curiosity to that as though feeling a log or feeling the sand, just wander and feel it, sensing what wants to happen, and just let your hand go where it wants to. People come up with wonderful things that they didn’t have any idea they were going to talk about. I’ve had quite a few people who have discovered their own illness that way. There was one woman who was quite sure from looking at her drawing that she had a mass in her lung. She went to the doctor and got an x-ray, and sure enough she had lung cancer. The same kind of thing happens with dreams. It will come out – the same message will come out whether on a piece of paper, or through dreams, or sensing, which is a way into our inner knowing of how life is occurring within us. We become more alive and enlivened.

**OUR NEXT SAF ANNUAL WORKSHOP**

Wholehearted Being:
The Art of Sensory Awareness

A weekend workshop with Leaders from the Sensory Awareness Leaders’ Guild

May 18-20, 2012

Vallombrosa Center
Menlo Park, CA

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These interviews are an important source of information for my work on an extensive biography of Charlotte Selver, but beyond that they are a wonderful collection of voices in their own right of people whose lives have been touched by her. Thanks to the support of many, I am able to collect, share and preserve these memories. You can hear an audio excerpt of this interview and learn more about the project by visiting:

www.CharlotteSelverBiography.org

Stefan Laeng-Gilliatt

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**2012 ANNUAL GIVING CAMPAIGN**

Many thanks to those generous friends who have recently donated $75 or more to help the Foundation in its efforts to promote the future of Sensory Awareness:

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Sally Gilliatt
BLINDNESS AND LIVING IN THE NOW

By Ryan Richards

Editor’s note: The following report was submitted by Ryan Richards, a blind student of Sensory Awareness Leader Seymour Carter, who attended our Spring 2011 workshop. Many thanks to Len Shemin and to Seymour for help with its inclusion in this newsletter.

This report comes nine months after beginning work with Seymour Carter and summarizes my personal experience of embodying his work in my daily life.

The concept of “being in my body now” that I learned with Seymour has revealed several deeply ingrained thinking and behavioral patterns. After spending months tracing down the body reactions I experience in any given situation, I have stumbled upon what I believe to be the foundational or “trunk pattern” from which all of my other ingrained automatic reactions arise. The easiest way to summarize this trunk pattern is with a question: “Am I safe?”

When I am faced with a situation in which I cannot readily distinguish whether or not I am safe, the sense of powerlessness that arises goads my thoughts and behavior. Consequently, most of my learned behaviors are directly related to the need for safety. Being blind, my need to be safe plays out as an almost overwhelming need to “people please.” Because my very survival is often dependent upon others, particularly sighted individuals, I have noticed that my mental and physical reflexes are geared to go to any length to be accepted. I am careful not to become “dead weight” to the people around me. Despite this fact, my experience is that people usually feel “forced” to assist me, whether that assistance arises from their need to maintain their self-image, or from a sense of societal guilt or obligation. This ongoing feedback loop of my desperate attempts to please, being met with exasperation or worse, leave me feeling I have no control over my life because, as a blind person, I never get to see what is causing the other person to react that way to me. I have learned over many years of experience that these are the times where something in the line of sight makes a difference in the situation but I, somehow, do not get to participate in a healthy way.

Following from the trunk pattern are a number of “branch patterns.” The most recurring is the constant need to attempt to “dial in” what is real “out there.” Most of American society with which I am familiar is directly geared to line of sight. Literally, “I’ll believe it [be safe] when I see it.” This leaves me in the precarious position of having my safety dependent upon translation through someone else’s eyes. In my experience, that leaves me dependent upon half-truths and speculations with which to gauge my personal safety. When people interact with me, line of sight is so ingrained that they end up telling me what they see and therefore imagine would make them safe if they were blind. As you may imagine, such fantasy has little relation to the experience of safety in my body – in a world where there is no visual reference.

Without visual reference, the experience of being in my body is always defined by two often conflicting inputs - the immediate physical environment around my body (within the limits of my senses) and the line of sight translations I get from interacting with the people around me. The problem with this duality is that, in line of sight, “over there” is accompanied by a visual cue (imagine someone pointing with their finger), a cue that I do not get to experience.

Consequently, when I hear about “over there,” I want to physically move there to experience it with my senses so that I can understand what “over there” means. Often, this brings great conflict, as the sighted world does not need to physically go “over there” to know and understand it, so they have no place or time for my need to physically experience something.

Imagine for a moment that someone tells you, “Don’t go over there, it’s dangerous!” Now, further imagine that there is no “over there” because you can’t see. How do you even determine where or what the danger is? In my case, it is a choice to go “over there” and check it out for myself – risking whatever dangers there may be – or to
take someone’s word for it. Since I know that danger could mean life or death, I am physically and mentally geared to often just freeze in place like a deer in the headlights, waiting to see if I get hit by the car or not.

The interesting thing about this response is that it has caused me to relate to everything that happens from moment to moment in relationship to the absolute baseline for a human being, death itself. Death has become the baseline from which all my experiences are measured. Not in some maudlin or self-destructive way. Rather, I am a physical being that is constantly dying and being reborn at the cellular level and will at some point cease to be reborn. Physical death is the backdrop upon which my central nervous system designs all of my thoughts and actions, whether I am aware of it or not. It is “fight or flight” and the need to survive at its most basic level. At surface level awareness, it may occur as simply as, “I am hungry and want a taco,” knowing somewhere in my body that I must eat to live. At a deeper level, it occurs as an awareness, on each inhale, that I am still here and then the immediate need to fill that awareness with something I can experience with my senses – food, sex, play, work – whatever tells my central nervous system that I am alive and safe.

One of the most important things I have taken from my work with Seymour Carter is being able to have this ongoing experience in my bod, while maintaining an awake and conscious grasp of reality in the moment (both within and outside my own body). I can then interact with this reality to get my needs met.

The mechanics of this “reality awareness” happen in the intentional focusing on specific senses or all of my senses in the amalgam. In my body it often occurs something like “Here is my sacrum moving as I sit up; there is my vertebrae above my sacrum where the doctors performed the spinal taps; there is the spot on my hip that remembers the trauma of the bone marrow transplant,” etc. In my mind, it occurs as the relationship between memory of specific sensory episodes (e.g. the spinal taps) versus the physical experience of the moment (I am not getting a spinal tap right now). When other people come into my awareness through one of my senses, it occurs as a scaling up to awareness of me as a whole (body, mind and sense of self) as it directly relates in the moment to that other person: where they are, what they are doing and what effect, if any, it has on my central nervous system through my senses.

By consciously making ongoing distinctions between what I am sensing now versus what I have experienced in the past, I am able to acknowledge the traumas my body has experienced, as well as choose the character of my experience in the present moment in a manner that is not wholly dependent upon defending myself from trauma.

My cancer experience, and even my blindness itself, only manifests as ongoing trauma when I believe that I cannot know and understand my world without seeing it. More and more, I am able to trust the sensory input of my body, as translated through the functioning of my central nervous system, to paint a picture of the world around me without constant fear that I am missing something critical to my survival. Just taking the time to pause and draw a clear intentional breath into my lungs allows my central nervous system space to process the fact that I am living right now in this moment rather than in the previous moments of trauma, which my body has stored in order to better protect itself and keep me alive.

Finally, the work with Seymour has gotten me to a place where I am coming to know how it is that I come to know what is real for me. I realize that when I experience fear (the in-your-face and already panicking kind of fear) is when I become aware that what I thought I knew to be true, in order to be safe, is either not applicable or flat-out false. In these fearful moments of coming to know what I don’t know, I have noticed four basic responses I must consciously choose between: 1) I can rely on what my central nervous system has stored as cellular memory from past trauma and sensory experience to tell me what is real; 2) I can ask someone else what I missed and rely on their interpretation of what is real; 3) I can sit and do nothing or check out of awareness 4) I can step out into the unknown and take direct assessment of the world through my senses and come to an understanding of what “is” right now.

I see it as my continuing work to step out, fully aware and present in the moment, without letting the past or fear of the unknown (or unknowable) guide my actions. Rather, I must allow innocent curiosity and a sense of adventurous exploration to guide me. Each moment that I do this grants me freedom from my trunk pattern. It grants me the gift of using something other than baseline – my fear of death – to determine what is real. Instead of relying on repeating loops of trauma memory, and the knowledge that I will someday die, to determine my experience of the world, I get to choose my next life now.
POSTURE, PSYCHOTHERAPY AND SENSORY AWARENESS
BY BERNARD WEITZMAN

I became involved with Buddhism, in part because when I was a studying Sensory Awareness with Charlotte Selver she told us that Suzuki Roshi, the head of San Francisco Zen Center, was recommending to his students that they work with her. She told us a story that has been pivotal for me for many years. She said that Roshi required of his students that they sit in full-lotus posture. Charlotte found it agonizing and when, in an interview with Roshi, she asked him why they have to sit that way he answered, “Because it’s the most comfortable way to sit.”

Over the years, I’ve become more and more appreciative of Roshi’s teaching that when you have correct posture you have enlightened mind.

In one way of putting it, the functional purpose of sitting practice is to identify the postural habit patterns that perpetuate postural misalignment, to let go of identification with them and to release them. Sensing can be a critically important aspect of this process.

These habit patterns are also inextricably bound to psychological contents of all kinds. In the process of releasing these patterns, one becomes familiar, intimate with one’s own mind. The movement toward postural alignment is, at the same time, a movement toward loving kindness toward oneself.

Sensing, without attention to posture, is, in my view, incomplete. As a psychotherapist, I work with my clients’ emotional issues and their ground in the sensing process. I also explore with them the postural components of their patterns and stress the importance of posture as a mood-creating behavior pattern. (Method acting is a good source of commentary.)

In short, I view the psychotherapeutic process as integrally involved in the exploration of mental content, along with the postural and sensory expressions of emotional dynamics.

Bernard Weitzman, Ph.D. has been in private practice in New York since 1963. He became a professor on the Graduate Faculty of The New School for Social Research in 1963 and retired in 2006, teaching theories of personality, psychoanalytic theories, clinical psychology and Buddhist psychology. He has been a teacher at Shambhala meditation centers and a meditation instructor since 1975.

SAF PUBLICATIONS AND CDS

1) A TASTE OF SENSORY AWARENESS, by Charlotte Selver. An overview of the work, with an edited transcript of a session from the 1987 NY Open Center workshop. 38 pages.

5) ELSA GINDLER, Vol. 1. Memorial to the originator of the work we know as Sensory Awareness. Excerpts from Gindler’s letters, an article by her, and reports from her students; including C. Selver. 44 pages, with photos (1978). *

6) ELSA GINDLER, Vol. 2. Memories from Gindler students and an article about Heinrich Jacoby, innovative educator and colleague of Gindler. 44 pages, with photos. *

8) ELFRIDE HENSTENBERG. This issue embraces her own studies with Gindler and Jacoby, her work with children, and biographical notes. She was closely involved with Emmi Pikler’s discoveries. 46 pages, with photos.

9) HEINRICH JACOBY. The work and influence of Gindler’s longtime collaborator, summaries of his books, interviews with his students, including his editor and colleague Sophie Ludwlg. 46 pages with photos.

10) EMMI PIKLER. Dr. Emmi Pikler, Hungarian pediatrician, whose revolutionary practice and philosophy about earliest childhood upbringing has been very influential in Europe. Contains extensive selections from Dr. Pikler’s first book, Peaceful Babies - Oriented Mothers, and a paper by Judith Falk, M.D., then director of the Emmi Pikler Methodological Institute for Residential Nurseries. 48 pages, with many photos of young children.

11) CHARLOTTE SELVER, Vol. 1. Sensory Awareness: And Our Attitude Toward Life. Collected lectures and texts. Contains: Sensory Awareness and Our Attitude Toward Life; Sensory Awareness & Total Functioning; Report on Work in Sensory Awareness & Total Functioning; To See Without Eyes...; On Breathing; On Being in Touch With Oneself.