



Judyth Weaver

Relational Implicit June 2011

Judyth O. Weaver, Ph.D. in Reichian Psychology, began studying with Charlotte Selver in 1968, after returning from three years in Asia, most of them spent in a Zen Buddhist monastery. She is also certified as a Somatic Experiencing Practitioner, in Biodynamic Craniosacral Therapy, Gestalt Therapy, and in Prenatal and Birth Therapy. She is a Rosen Method practitioner and senior teacher; and a master teacher in T'ai Chi Ch'uan, which she has been practicing since 1968. Judyth taught at the California Institute for Integral Studies and other S.F. Bay Area graduate schools for 25 years. She co-founded Santa Barbara Graduate Institute and created its Somatic Psychology doctoral program. She has developed her own integrated manner of working with people which she calls 'Somatic Reclaiming.' She maintains a private practice in Seattle, Washington

The *Relational Implicit* podcast explores somatic psychology, relational therapies, mindfulness and trauma therapies. It is edited by Serge Prengel, LMHC, who is in private practice in New York City. See: <http://relationalimplicit.com>

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: This is a conversation with Judyth Weaver. Hi, Judyth.

Judyth Weaver: Hello, Serge.

S P: So Judyth, how did you get to do what you're doing?

J W: That's such a wonderful question. I got here in a very roundabout way I might say (it also makes me feel old when I think about it), but I was – in the 50s and the 60s I was an aspiring dancer in New York City and in San Francisco, really involved with movement, and also involved in studying Eastern philosophy, psychology, and eventually – in 1965 I went to Japan to study dance; to study movement. And as well as doing that and studying the Japanese culture, after a year I fulfilled the other side of my desired study, which was Buddhism, and I entered a Zen Buddhist monastery, which was a very unusual experience because I was the only woman in a monastery with 30 monks. I was very lucky to receive special permission to be there, and the Zen Master said to me, "now you will learn the highest form of dance: movement-less dance". And I must say, by sitting still I learned so much about movement, and myself, of course. And after three years when I came back to the United States (to New York) I knew I did not want to – I mean my ego was not there to do performing dance any longer, so I had time to investigate and study two things that I had wanted to study before, and one was T'ai Chi Ch'uan, and the other one was Sensory Awareness. And then I found myself at Esalen in 1969, studying and eventually teaching both of those things – those practices – and then in the '70s because of different changes in my life, I was a single mother, and I really, really needed supportive help. I had seen therapists when I was younger and they were always talk therapists, and nothing, nothing ever happened, and I finally discovered Wilhelm Reich, you might say. I discovered him by going to a family therapy clinic, and the man there said, "you know, I've been studying something new, and it's a different kind of therapy, it has something to do with the body, and I'd like to try it on you" and I remember sitting there thinking, "body? This could

be bad!" So I said, "sure", and that's how I got into the field, you might say, but it was just for myself, it wasn't because I wanted to become a therapist— after a while, after six months, I actually did notice a change in me, and I thought, "wow, no other therapy I had done really made such a difference" so I wanted to learn more. I started reading Reich, and I started studying Reich and after a couple of years my mentor said, "hey, you go ahead and do this with other people, too."

I had never thought of becoming a therapist, but then I also studied Gestalt, and Cranial Sacral therapy, and had met Peter Levine from the Reichian study world, and what he eventually called SE, and Rosen Method, lots of things, but basically, everything, for me, needed the foundation of Sensory Awareness, the awareness of what is happening: what is happening in ourselves – our body and our mind, and I must say that still there was something missing. There was something missing for me, and me deeply, fully understanding myself, and in also working with clients, and it wasn't until I found the pre- and perinatal work that I could really say, "ok, I've gone deep enough, far enough, back enough, now I can bring it all together, and understand."

I was calling my work for a long time, wanting to give credit to Wilhelm Reich, to whom I think we all owe a huge debt, I called it Reichian-based Awareness Therapy, and that was pretty unwieldy. And one day, a client at the end of his session looked at me and said, "so what do you call this work?" and out of my mouth came, "Somatic Reclaiming". As I felt that it's not that we have to go and be different, new, remake ourselves, it's just that a lot of our own natural instincts are trained out, educated out of us, and eventually, as much as we want to be met, to be seen, to be felt, to be understood, we stop doing that ourselves even; we don't feel ourselves, we don't see ourselves in this busy life. And for me, coming back to the simplicity and the integrity of well, what is it that you are really feeling? What do you feel? And it's not just in your body, it's what do you feel in your self? Because of course as we all know, body and mind and spirit cannot be separated, so what are YOU feeling?

S P: Yeah. So that very nice sense of that homecoming to reconnecting not just with sensation, with awareness of what happens in the body, but the awareness of the whole self.

J W: Right. Right, and not what is it that name, so many times you ask somebody, "what are you feeling?" and they say, "I'm feeling fear, I'm feeling grief" with somebody, and of course that isn't the feeling. That's a name or a label we put on the feeling. So how can I know what you're feeling with your label, because I know what I feel when I feel fear, but I don't know what you feel. So more than... so what does that fear feel like, where in you do you feel it, what are your sensations? And then, without judgment, we can work. Very basically, you might say.

S P: Yeah. So going beyond the words to get to the experience, the sensation.

J W: Right, right. Sensory Awareness, which was a name coined by Charlotte Selver here in this country, her teacher Gindler, Elsa Gindler, in Europe, interestingly enough never named her work. The myth is that she said to people, "oh, I just work with the whole person" but I'm not – now I'm not even so sure that she said that, she didn't want to name it. But the most important thing for me is the nonjudgmentalness of it. There is nothing wrong with anyone, it's just what's happening. And if we can, if somebody, if you, anyone, can become aware of what's happening, of how it feels, and if we don't like it, then we can make the decision to change. It's not me as the practitioner, the facilitator, to tell anyone that they need to change, or that – or how it feels. So to help someone come to their awareness of whatever it is, and then follow their instinct if they want to feel differently, then they can just instinctively and with a great deal of integrity, allow the change to happen.

S P: Yes. And so maybe if we could talk a little bit more about how that happens, how people get into that sense of awareness, and I know you do that with individuals as well as you've done this with groups, as well.

J W: Yes. Are you saying like, shall I give you some examples?

S P: Yeah, that would be great.

J W: Ok, well one of the most interesting things that has happened to me very recently was I got an email from someone who many – several years ago, anyway, I don't even remember what year it was – was my translator when I was teaching Rosen Method in St. Petersburg, Russia. And she wrote me, I had never heard from her, I still to this day do not know her last name because I didn't ask her, and when it comes on the email it's in the Russian script, so I don't know what her last name is, but she told me for the past two years... she had gone to India with a group, and had some very unusual, intense experiences, and she thought she was going to die, and since she's been back she hasn't been able to breathe well, sleep well, she knows she's got a lot in her, and she'd been to many, many different people, and now in Russia there are many – all the Russian based therapies, and then a lot of the Western ones have come there, and she said nothing has been able to help her but just made her more tied up. And for some reason, I don't even know how she got my email, she's decided that I could help her. And interestingly enough, after a few email exchanges, I realized that we could use Skype. And so we did Skype with the visual, and I could see immediately how she just was not, not, not breathing. And she was in such a panic situation. And in a short 50 minute session, I – she knew she was feeling terrible, but she didn't know what was making her feel so terrible, and what really she was doing. So with very simple ways of the practice of bringing her to feel her breath, where it was and where it wasn't, and how she held it, she started – on Skype, she started yawning, which to me is a great release, the neck muscles and the jaw muscles and in your mouth, and she could feel the difference. And that was the important part: she could feel the difference. And then she would talk and get tight again, and she could feel that, and come back to the awareness, and she could really feel and have control of whether or not she was holding extra tight, or allowing her breath to be easier. So that was a wonderful, very, very simple session. I was impressed that we could do so much at such a distance. And since then, several emails later, she says she's sleeping a lot better, she's crying a lot, and now all these other feelings that she realizes she's been holding down, are coming up, and you know, can we work further. But it's such a high-tech modern way of doing somatic psychotherapy I thought it was quite interesting.

S P: Yeah, yeah, that you were able from there to actually be able to observe the body.

J W: Yeah.

S P: And access – help to access the feeling.

J W: Well I couldn't observe much of it, but of course the connection with the breath is central, and so I could see enough of her. I had to move away a little bit from the screen so I could see her whole torso.

S P: Good, so that's about the awareness, sensory awareness, and you mentioned that a lot of your work clicked when you introduced the notion of pre- and perinatal.

J W: Yes. Basically when people ask me what kind of people I work with, I jokingly say, “oh I work with big babies and little babies” because I mean, we were all babies, and we’re still holding a lot of what happened to us, good and bad, in us, and that’s what we build upon. So it’s not really such a joke. But the understanding and awareness – well I’ll go back to this client – one of the first things I asked her was about her birth. And the fact is that she had basically been abandoned by her mother, at I think it was at two months, for a couple of years, and she is still angry about that. And so something in India happened about abandonment, and wow, you know, there’s the connection right there. So the understanding of the different stages of gestation as well as early infancy, the first several months after, not only of the pre-nate, or the infant, but also what happened to the parents, mother and father, all have an effect on this child, and it doesn’t begin or end at birth. It’s a process. So not necessarily having to do anything about it, but studying it gave me a greater understanding of the whole picture, and repeatedly just that knowledge and acknowledging that aspect of our lives that most people don’t really look at. Certainly the average medical profession doesn’t, you know, life begins at birth or whenever, wherever or how... I can give a quick example about how deeply this affects us.

Many years ago, I was working with two other colleagues and we would see infants and their parents. And a three-month-old came in with his mother and father, and he was sleeping, and the parents said the birth was fine, there wasn’t anything difficult at all, they just wanted to have our opinion, because they knew one of the other practitioners. And this baby was gorgeous and so we said ok, just tell your story. So the mother sat in the rocking chair with this baby sleeping and the father right next to her, they were a beautiful family, and she was telling the story, and she said, “and when we first found out that we were pregnant, my parents wanted me to have an abortion”. And the baby startled. His arms went up, his eyes got really, really wide, and we said, “quickly, quickly, tell him the whole truth” and she said, “oh, but I didn’t want to do that, I only considered it for two minutes” and I said, “tell the baby that” and she said, “I really wanted you, I only considered that for two minutes, I would never think of this”, and the baby went right back to sleep. Basically he never woke up, except for that startle. Most words – I mean, there wasn’t... abortion ideation was two minutes in this woman’s mind, and it affected the baby. What about a year later, it would still be affecting the baby that much. So it’s like everything the mother goes through, the baby is you know, marinating in the hormones, whether there’s stress, whether there’s happiness, whether there’s doubt and ambivalence... and we in the pre- and perinatal field really believe that that effects us in so many different ways. And I’ll never forget that little child. He never woke up, during the whole session he was peacefully sleeping except for that one big startle.

S P: And so do you feel that the child was responding to the words, or was responding to maybe some energy in the mother’s voice around these words?

J W: I think that he was responding to more than just the words. I mean with the mother saying that, she may have become tense in her – she was holding the baby. So she may have become tense in her hold of him. Or that memory in her, and maybe the struggle that she went through, whatever it was, it certainly came through this child, you know it was there at that point in the moment when she was – when her parents were telling her that. And then so he was three months old, a year later, it was still in her, and in him.

S P: Yeah. So there was that emotional connection about that really difficult moment, and that could be sensed and go on as it went on with the mother it also affected the child.

J W: Yes. And I think – I mean, we do think that what happens, happens but then to straighten it out, it's you know, "so my parents suggested that, I considered it for maybe two minutes, but I..." and one of the most important things we told her, reminded her to say is, "I'm so glad you're here, so glad you're here, I wanted you, we're very happy, you know, we're so glad you're here." And like I said before, we all want to be wanted, we all wanted to be heard and seen and felt, and connect – to connect with. With ourselves –

S P: Yes. And actually, when I hear you say, "I'm so glad", there's a sense also of her relaxing into it in the moment, and that nonverbal communication that's happening as well.

J W: Yes. I had a student who worked with me in t'ai chi ch'uan for a long time, and she was a wonderful midwife for I think 20, 30 years. And then she did one of the perinatal somatic process workshops, and discovered something that she really had not known. She had felt subliminally but hadn't paid much attention to the feeling that she was really not welcomed when she was born. I don't recall now whether she was the umpteenth child, or they just didn't want, weren't ready, or whatever it was, but she realized it, and this may have become – had something to do with her becoming a midwife – that every time she delivered a baby, she would say, "welcome, baby, how wonderful you're here". And she realized that she was healing her own unwelcome feeling by welcoming every baby she delivered.

S P: So that's – in that case, that was her own unconscious refiguring out what needed to be done for her to complete the process, to do what hadn't been done, and to heal. But say, with somebody who doesn't have that, how do you work with healing the perinatal trauma?

J W: Somatically. In one word, somatically, because of course, as much as we can say, it's in us, it's in our feelings, it creates patterns so that we can work with this forever... I used to, before I studied... before I studied the pre- and perinatal work, I used to jokingly say, "I have a very bad sense of direction." And I used to jokingly say that it was... it was an early trauma. Well, it turns out that I really did get lost, and actually died during my birth process. So I was joking, but it's not such a joke. I do think that had something to do with it, so the first thing, again, is the awareness. Just acknowledging what happened is big. That's really, really big, being honest about this horror, and then there are possibilities of re-patterning.

S P: So let's start first with the awareness in a way, how does somebody who's not aware of what happened, become aware? Would you have maybe a case that could illustrate that?

J W: Well, I can say something about my own experience, because it took me a while, even though I was studying this work, it took me a while to understand. And I took many different courses, I studied with many, many different people, and interestingly enough, every time the somatic psychotherapy came around to the birth process, I would, what I thought, was fall asleep. And I would think, "well, this is... you know, so ok, so it's after lunch. That's my low time. So I'm tired." But time after time after time, I really wasn't falling asleep; I was going into an anesthesia stupor. And it took me a long time to catch on to that. And it wasn't until going through a birth process, and one can do that much more easily than one would think, you don't have to go into a trance, you don't even have to do much of anything special.

The very first time I ever was in a workshop and it was my time to work with the leader, he just said, "ok, so lie down as if you're in the womb" and I did, I mean I've done this many, many times working with other people in other modalities. This was the first time, this was in utero and birth, and that

was that for a long time. And finally the teacher said, “I have never seen anyone lie so still for so long” and there was the beginning of an amazing unraveling of all sorts of things. But it’s – I’m thinking of some other examples, even on the phone, when a client or a potential client, someone who wanted to work with me, said something like, “I just feel like I’m banging my head all the time, and not getting anywhere.” It used to be, “oh, I’m an Aries, I bang my head a lot...” but now it’s, “hmm, I wonder if that has anything to do with her birth process?” Or, “I feel like I’m being strangled” often, often that can go back to someone discovering that there was the cord around his or her neck. And the birth process was difficult, as they’re trying to get out, and the cord is possibly getting tighter.

S P: Yeah.

J W: So our words, as we in the somatic world know, are very descriptive, and sometimes mean a lot more than just the words mean, but terms like that, they don’t tell me anything for sure, but they certainly make me wonder and want to explore a bit more.

S P: Yeah, yeah. So some of these things, including the choice of words, point you in a direction. And what you very clearly explain through the examples, including your own, is that it is not necessarily something that the inside comes quickly. That it could be a long process before you really get to the awareness of what may have happened.

J W: It could be a long process, and sometimes it’s very, very fast. I was a long process, because I’m dense or something, but sometimes it is very, very fast. I do what I call Somatic Perinatal Workshop, and it’s a three, four day workshop, and it is set up in the way... and I have to give credit to my mentor, I did not design it, but it is done so that everything is – everyone is cared for just like a baby would want to be. You never have – you don’t have to do anything you don’t want to do, you know very, very clearly what the time is, and what’s going to happen, if something feels like it’s going too fast, which often, happens for a newborn baby, you can say, “hey, this is too fast, I need it to be slower”, it is a very supportive, very, very safe situation. And as we go through the day and the days, and everyone takes their turn to have a process if they want to, sometimes the important part of the process is not having to do anything, the person gets to... I see it, healing and repatterning some of the lesser traumas, you might say, and some of the larger ones around our birth. I mean nobody is touched without being asked and then told. Everybody is in charge of their own safety, and they can, without any shame or any inhibition, ask for what they want... that doesn’t mean they’ll get it, but they get to ask and get an honest answer. It’s a very wonderful process of allowing us to take some time, and to go back and maybe heal some of that...

S P: So could you maybe share an example of what that repatterning could involve?

J W: Well sometimes, it is the process of actually choosing your posture and going through a birth process. And being met – being met, and being responded to, and eventually get what you need, what you want from the adults around. Let’s see... it might, other than that, be just wanting to talk to someone, and say, or ask questions. To do one of these process workshops, there is an extensive questionnaire that the person fills out, and there’s research before hand. Is there anyone around who can tell you anything about the birth, and asking parents if they are still alive, the mother and the father might have two entirely different impressions of the birth process, and then of course the baby has another one, and maybe some other members of the family have other ones, but gathering that together is very helpful for the person. And as I said, one of the most... maybe

surprising things is sometimes a person takes the time out, does this research, comes to a workshop ready to be here for four days, and actually does nothing. Meaning – I mean, doesn't have to have her or his process. Everybody participates in supporting everyone's process. But I have seen such a wonderful enlightening, you might say, what somebody says, "I'm not going to have my turn, I just want to sit here and be with you, and support" or something. Or, "things are going too fast." For instance, babies who are induced. And this is happening more and more and more now, but it happened back you know, 30, 40 years ago, too. Babies are induced, and often. I can say another thing about a person I worked with who just had trouble doing anything on time: really, really resistant to doing anything on time. Eventually we find out that the birth was induced, this child was not ready to come and was caused to be born, and it was a wonderful experience in the workshop to just say, "nope. Nope, I don't want to. I'm not ready; I'm not coming. Everybody, you can just wait."


S P: Yeah, yeah, great, great. So Judyth, as we're actually coming to the end of this conversation, is there something you might want to say to conclude, or is this a good place to end?

J W: Well, let me give you a little vignette of something that was really interesting to me. This pre- and perinatal work, I work with parents and perspective parents, and teach them really important things that are very simple, but maybe we don't think about: how to be with the baby, and support the neonate, and help them be – feel safe. And then I also work, and have for many, many years, with the Tibetan Nuns Project, and I've gone to India about nine times, working with the Tibetan nuns in exile. And of course, they don't have children, or have much interest in children, but one of the last times I was there, they asked me to teach them how to work with elder nuns, and those who are dying. And so in the middle of my class, and I'm telling them about how important prosody is; how important the tempo of the movement; how important it is to let the person know what you're going to do, or ask them... and in the middle of a word I thought, "oh my gosh! I'm telling them exactly the same things I tell mothers, for newborns."

S P: Wow.

J W: And I was like, whoa, this is full circle. This is what the people need. You know, communication, being met, making eye contact. How does your voice sound? Whether you're a newborn, or whether you're sick or passing on... those are the respects and the connections that help us feel most safe and comfortable. So for me it was a wonderful full circle experience.

S P: It is, yeah. Thanks for sharing this.

 *This conversation was transcribed by Anna Kreiter.*

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