

Guess Where a Stutterer
Embodies his or her Emotions?

Embodying Negative Emotions

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Question:

- Can we get negative emotions actually *installed* in our body?
- Is it actually possible to *em-body* and *in-corp-orate* negative emotional states in our muscles and nervous tissue?
- Could it be that the feelings that correspond to and drive stuttering and blocking have gotten into the breathing and speaking muscles?

We raise these questions to first of all acknowledge that the end expression of stuttering and blocking is physiological. Of course, it is physiological. Yet, is it *caused* solely by physiology? Could the physiology that we see, recognize, and feel actually be the embodiment and manifestation of something that is primarily a mental-emotional state? Could it be the way the person is running his or her brain that ultimately creates the physiological symptoms and expressions?

What if it is through the process of habituating the typical state of mind *about* speaking, mis-speaking, and stuttering that actually drives and causes the state to become, as it were, “locked into” a person’s body?

What if the stuttering, and all the negative emotions associated with it, actually gets into the person’s muscles?

These questions suggest a different model about how to think about the subjective experience of stuttering and blocking, and yet one could potentially lead to more options for recovery and fluency. In saying this, we mean that it is because our mind is connected to our bodies through our central nervous system and because our mind communicates to all parts of our bodies—that the outer behavior occurs. Since the 1950s medical science and the neuro-sciences have become aware of this mind-body connection. After all, our nerve cells occur throughout every part of our bodies and receive information from all of our cortex and subcortical parts.

That *mind* can *embody* emotions is obvious in the most primitive and basic of all our mind-body functions, the Fight/Flight arousal syndrome. And as you well know, you don’t have to be in actual danger to set it off. All you have to do is *think, remember, or imagine* something fearful. Then your body will oblige. It is wired to respond.

Is it any surprise then that all of our emotions can and do become embodied in certain areas of our body? Today, we even know that the patterning or habituation of response can become so incorporated that it becomes what we call “muscle memory.” That is, the muscles “remember” how to run the pattern. The neuro-pathways have “worn a groove” so to speak so that they have a readiness for certain responses.

For people who block and stutter, we find that the negative emotions are typically contained within the *chest, neck* and/or *jaw*. Check this out for yourself. Ask a person who blocks and stutters, or ask yourself,

What emotions are behind and within my blocking?

Where in my body do I feel these emotions?

Where in my body do I feel the fear and anxiety as I anticipate the possibility of blocking and/or stuttering?

What do I feel *about* these feelings?

That is what we’re talking about.

In my thirteen years of work in therapy with clients, I have literally asked these questions of hundreds of people who were suffering from some unwanted thought–feeling–emotional problem.

“Where in your body do you feel that emotion?” is a question that enables a person to begin to recognize *the embodiment* of emotions.

And out of those hundreds of times of asking question, there have been very few times when I did not get an immediate and direct reply. The individuals simply told me where they felt the emotion. Often they pointed to the body parts where the emotion seems located. This is a general rule of thumb for therapists. If a person “feels” the negative emotion, they will point to the area of the body where they feel that emotion. It is in the body (the soma) and so it is psycho-somatic in nature and form.

Paruresis (Bashful Bladder)

More recently we have been introduced to, and have worked with, a disorder called “Shy Bladder” or “Bashful Bladder.” The technical name is Paruresis. People suffering from this problem say that it can be most crippling individually and socially. A person suffering from this disorder will report something like this,

“Whenever I try to use a public restroom, everything freezes up! No matter how badly I need to go, nothing happens. If I’m not at home, I can’t urinate. When I’m alone or at home, I have no problem.”

Michael worked with a client with this problem during the Neuro–Semantic Intensive Trainings in Colorado. A participant flew in from the southern part of the United States. Yet to make that four hour flight, he refused to eat or drink for two days. He absolutely was terrified that he would have to go to the restroom in the airport or worse, on the plane and someone would hear him pee. It was utter terror for him.

Emotions are like that. They have a “reason” of their own. We call it *psycho–logical* (following Korzybski’s work, *Science and Sanity*) because the reasons make perfect sense to the person’s internal thinking, remembering, imagining. It if seems irrational on the outside, that’s because we don’t know the full internal logic. To this man, it seemed totally irrational. He couldn’t figure out his own internal logic or why his body was doing that. He knew better! And he chastised himself constantly about it (of course that only amplified the problem).

What in the world could cause a highly success young CEO of a successful business who employed nearly a hundred people and was making six–figure income to suffer at the hand of his embodied emotions in that way? An old trauma. The traumatic event of walking into a restroom at five years of age, stepping across the body of his drunken alcoholic father who had passed out in the bathroom floor, and beginning to pee. As he did, it woke up the dad who yelled and screamed at him, threatening him to “never do that again!”

That was the *meaning* (the semantics) that became incorporated and

embodied in the little boy’s body (his neurological, nervous system). It’s in this way that “Shy Bladder” syndrome is neuro–semantic in nature and structure. The messages within the little boy’s consciousness *in–formed* his entire mind–body–emotion system, he repeatedly reviewed that internal movie and there you have it.

I presently am working with a 46 year–old male who has had this problem since he was a teenager. He developed fears, anxiety, and even panic around the natural process of urinating. In questioning him, I discovered that his problem rooted in his being shamed primarily by an older brother during the time when he was late being potty trained. These anxieties were amplified from other experiences of being embarrassed from significant adults in his life because he was a “big boy” and still in diapers.

I hadn’t talk with him very long before I realized that the structure of this problem correlated very closely to the structure of stuttering. The difference was that the memory embodiment occurred *on the other end* from the person who blocks and stutters. Same structure, different expression.

Neuro-Science and “Muscle Memory” or “Cell Memory”

What evidence is there in the neuro–sciences which gives credence to this understanding that memories as ways of thinking and reasoning (our semantics) can find expression in various areas of the body? This theory and paradigm is obviously foundational

to our belief that the major contributing factor of blocking and stuttering are those mental frames of fear and anxiety behind the stuttering. Then, when we add to this are all of the negative mental frames associated with the early psychological development of a person, no wonder we can get some very strange ideas” embodied somatically. Then, these mental frames, when activated by the fear of blocking or stuttering will function similar to how a panic attack operates. The only difference will be in the expression occurring in those muscles surrounding breathing and speaking.

Today, human anatomy and medical science recognizes that the nervous system is an interactive system. Today the neuro-sciences speak about auto-immune-disease, and psycho-immunology, and many other hyphenated words. There is no “mind” apart from “body,” or “body” apart from mind. Researchers today describe the brain functions and anatomy as responsive, processing, and always changing. We have a dynamic system that is alive and forever in process.

That’s why the old metaphors of the mind-body system no longer work. The mechanistic idea of steam and energy and “things” have given way to processes, systems, communication exchange, information transfer, etc. And yet how *mind* manifests itself in the *embodiment* of nervous tissue, and creates the sense of consciousness, and self-reflexive consciousness, self, identity, and internal movies of past and future events—all of this is still a mystery.

What we know is that—“mind” is not a thing, but a process. We know

that our mind does not have mechanical structures for “storage” of “memories” and “thoughts” that are static like what we use in a computer. There are no comparable computer chips... there is only the constant transform of information, the exchange or transduction of energy from electromagnetic to bio-electric, to chemical to the exchange of ions at the level of molecules.

In there, everything is so completely dynamic that they only way it can be sustained is through using the higher levels of mind (our meta-cognitions) to set up beliefs that keep on thinking the same thought so that it habituates and becomes muscle memory. Of course, if we stop that process, then that memory will be changed, altered, or erased. That’s why we are such good forgetters. The things we program into our nervous system have to be constantly refreshed. And, of course, all of this also identifies processes for intervention and transformation.

Embodied Emotions

If this is true for our thinking, it is even more so for our emotions. These *somatic movements* in our body, what we call “emotions” must also be re-framed. We must also recognize that they are processes as well. They are the embodiment of our thinking, appraising, and understanding into our protoplasmic tissue—nervous tissue, signals and messages of arousal, threat, safety, etc. That everything is interconnected and affects everything else is a given in the neurosciences today.

What does all of this mean? It means that *there is no mind-body-emotion problem because it is an interconnected system in the first place, a system that cannot be broken up.* We can only break it up linguistically as we talk about the parts. The parts do not operate singly. Of course; this includes the cortex, the hippocampus, and every other organ come into play including muscle groups.

Neuro-Scientist Susan Greenfield’s states, that “consciousness, memory, learning, etc. are gestalt (connected) phenomena, and not located anywhere, but everywhere.” We recognize this *process* in terms of “cell memory” or “muscle memory.” Actually, this is a misnomer for it implies that somehow the *storing* of memory in certain areas of the body. The error in this is the nominalizing (or freezing) of a process. The memories are actually the expression of a dynamic process. With blocking and stuttering, the driving emotions find expression in certain muscle groups but they are not just there, they are *everywhere* but there as well.

In all of this, the modern neurosciences confirm our suspicion that emotions can and do find expression in particular areas of the body. As a systemic whole, the mind-body system works together and cannot be separated.

Consider a panic attack. When a person has a panic attack, part of the diagnosis involves physical symptoms. I certainly do not believe this diagnosis is the result of some accident. It is the result of what people experience as is the case with blocking/stuttering. The DSM IV offers this

description on diagnosing a panic attack:

A Panic Attack

is a discrete period in which there is the sudden onset of intense apprehension, fearfulness, or terror often associated with feelings of impending doom. During these attacks, symptoms such as shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensations and fear of going "crazy" or losing control are present.

Note the psychosomatic symptoms. Move the expression of those emotions to particular areas of the body controlling speaking and you have blocking/ stuttering. Take those same emotions and have them expressed themselves in the bladder muscles and you have "Shy Bladder." The structure is the same; the expressions are different. Reframe or heal the emotions and the physical expression disappears.

Summary

Can we get negative emotions actually *installed* in our body?

Is it actually possible to *em-body* and *in-corp-orate* negative emotional states in our muscles and nervous tissue?

Yes indeed. That, in fact, is precisely what all of our emotions have the potential to do. Repeat any emotional state (which inevitably comes along with thoughts and frames of mind within it) and it will become

somatized or embodied in our very flesh.

Could it be that the feelings that correspond to and drive stuttering and blocking have gotten into the breathing and speaking muscles?

Yes, of course. And because of this ongoing, dynamic process—when we—*change* the thinking—and—feeling within that experience, the messages sent to the body that keeps refreshing and reinforcing the neuro—pathways change. This offers hope for recovery and transformation. No wonder the multiple forms of Cognitive—Behavioral therapy have taken the lead in the past three decades in creating the most significant change. And it is that model that we use in Neuro—Semantics as we are pioneering faster and more streamlined ways of getting to the source of the problem—the frames that determine the experience.

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