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## **ABSTRACT**

A shift or sudden break in the flow of human experience is a common phenomenon, ranging from the intense but pleasant shifts of aha moments and feeling love-struck, to the more difficult experiences of being blindsided by panic, shame or trauma. This paper explores this sudden loss of life-world continuity and connection using a wide range of lenses. Depending on how we hold it, the moment of shift between realities becomes not just the break that marks before and after—it's also a place to pause and look down into the void for meaning.

### **Michelle Seely Bio**

Michelle Seely, M.F.T., has a private practice in Los Angeles, California. Michelle is on the core faculty of the Pacific Gestalt Institute, she supervises new and experienced psychotherapists, and she teaches classes on Mindful Self-Compassion and shame resilience. Michelle is past-president of the Gestalt Therapy Institute of Los Angeles. Michelle's professional interests include the overlaps between Buddhist Psychology and Relational Gestalt, shame resilience, and how the use of story and metaphor support therapeutic change.

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# **When the World Changes in an Instant: Exploring “Cracks in the Continuity of Experience”<sup>1</sup>**

**By Michelle Seely**

*Adapted from a lecture given at the Pacific Gestalt Institute Winter*

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<sup>1</sup> Francesetti, G. (2018). I have borrowed this evocative phrase from Dr. Gianni Francesetti, to whom I am indebted for having introduced me to a number of the ideas I explore in this essay.

A shift or sudden break in the flow of human experience is a common phenomenon. As we go along in our lives, these interruptions range from the intense but pleasant shifts of aha moments and feeling love-struck, to the more difficult experiences of being blindsided by panic, shame, or trauma. We are affected when the world is changed. The pleasant shifts leave us feeling more welcomed—our place in our world feels more established and safe, and the difficult shifts leave us outside a world of belonging.

This paper is born of a jarring personal experience that occurred in the backseat of a taxi, an experience I initially identified as shame. Spending time in a training on panic disorder with Gianni Francesetti caused me to reconsider my experience in the cab. Was it really a matter of shame, or could it have been panic? As I sat with this new possibility, what especially caught my attention was that precise moment of change when the world shifted, when there was “a crack in the continuity of experience” as Francesetti describes it (2018).

The “crack” happens so quickly—often between eye blinks—that most times we don’t recall it or even think to go back to look at it once we are calm again. This paper is a consideration of that moment, taking a closer look at that crack between a familiar *now*, and a surprising *next*.

### **The Taxi Incident**

When my long marriage ended with the revelation of an epic betrayal, I was 52 years old. I had not been on a date with anyone but my husband since my early 20s. New love seemed like a younger woman’s prerogative. I felt too old. I’d been humiliated. I was grieving. I had zero interest in dating. So, I decided I would just let the “romantic love” chapter of my life come to a close. I was surprised when, some years later, the possibility of a relationship with an old boyfriend revealed romantic stirrings that had teenage energy in them. It was exciting!

Delightful! Compelling! It seemed that a longing-for-love had not hit its expiry date in me after all. And so, at the time of this story, some six years after my divorce, I found myself feeling optimistic about romance. Hope and a re-awakened desire for love were coloring the world.

On the particular evening of this story, I had plans to meet my friend Charmaine for dinner. I was feeling good. I had taken some time with my appearance. I'd done my hair, put on make-up and a sexy top, I wore a leather jacket—not my everyday look. I wanted to be able to drink wine with Charmaine at dinner, so I took a cab to the restaurant. I sat in the backseat of the taxi, happy and relaxed until the moment I caught my own eye in the rearview mirror.

Right then the world changed.

Suddenly all I could see was loose skin hanging in folds on my neck, and deep craggy lines on my face. I looked frightening. In a flash my joy and exuberance were replaced with horror. I was so fixated on my hideous appearance that nothing else registered. I was stricken. I was in suspension. I no longer felt like I was part of this world.

I felt an urgency to get home. A breath later, my head began to fill with critical self-talk that declared my happy mood to have been a joke. Actually, I was the joke. Why had I considered finding love? My mind filled with negative thoughts: I was ridiculous, stupid, crazy, too old, too ugly, and on and on. The barrage continued for the rest of the 20-minute ride to the restaurant. By the time the taxi pulled up to the curb, I was fighting hard not to cry. My heart had turned to stone, my lungs were tight and could hardly expand. I was barely there—what felt like a hologram of *Michelle* exited the cab and walked into that bar. It felt like the rest of me was suspended over a chasm, or maybe was already dead. I felt vacant, eliminated.

If Charmaine hadn't been such a good friend, I would have gone straight home. Fortunately, I felt safe to tell her what was going on. She said something sweet like, "Oh, baby!

You're nuts! You're beautiful. Come here!" Charmaine hugged me for a while, and I calmed a tiny bit with her touch, her warmth, and her insistence that I was wrong. Maybe it all wasn't as bad as it had seemed? I felt a little better, a little safer to stay out with her, and little more hopeful.

In an effort to show me how wrong I was, Charmaine took my picture with her phone and showed it to me. I could see that I looked fine. In fact, I looked good. It was a really nice photograph of me.

This was very confusing. Although my eyes could see that I was not hideous, my body was not convinced. I still felt so tight. The shame stories quieted down from a full torrent to a trickle, and then to a lingering threat. I took some deep breaths. Charmaine teased me gently and I could laugh a little with her about how convinced I'd been that I looked like an ancient lizard woman. This helped me to relax a bit, but I was still quite tense and shaken. I could still feel a residue of terror in every cell of my body.

### **The Shame Spiral Aspect**

While still in the cab I recognized the experience I was having as shame. Even before the critical thoughts began, I recognized shame in the strong pull to stop what I was doing, and to give up and go home before I humiliated myself further. I knew the sinking, deadly-still dread that invaded my chest and belly as shame. Whether silent or invective-filled, in shame the familiar "trance of unworthiness" (Brach, 2004) engulfs me and cuts me off from the rest of the world.

Informed by gestalt theory and practice, Buddhist psychology and practice, and the balm of the many supportive relationships I've enjoyed over the years, I have learned to meet and tend to shame experiences in the manner of "good self-parenting" (Yontef, G. M. 1993, pp. 521-524).

This friendliness to my own experience is informed by and rests on the idea that the overwhelming sense of unworthiness (in all its forms) is an experience I am having, but is not the truth about me. Yontef points out that in shame "...self accusations are treated as fact rather than being a direct and insightful expression of the shame affect" (p. 491). Also in Yontef, the idea of shame as the early and enduring byproduct of a family culture where interactions do not support identification with forming figures, do not "favor contact and differences between people," but instead interrupt forming figures and leave one with "a negative reaction to one's self as a whole." (p. 492.)

As Wheeler (2000) points out, in the West we tend to view people through an individualist lens rather than a relational lens, and, as a result, are taught and believe that our relational needs will fade away as we mature. When we do not outgrow our need for supportive others, we are judged, and we also judge ourselves negatively for needing people, and sometimes for needing anything at all.

For many of us, direct knowledge of our relational needs becomes hidden from our awareness—instead of knowing what we need, we are only aware of the shame that arises in us when we are not well met. Robine (2013) writes that "shame triggers off the feeling of a lack of harmony between one's experience of oneself and one's experience of the external world" (p.245). We learn to make sense of the disharmony by implicitly agreeing that our needs are bad/we are bad and so the shame is deserved. Disharmony is a good way to describe what happened in the moment of the "crack," and how it rippled on afterwards. The disharmony can feel mystifying and this confusion can dysregulate us. In trying to make sense of it so we can settle down, most of us get busy blaming ourselves or others for the lack of connection.

Once we can unhook shame from worthiness, we can see that the mere presence of shame does not signify defects in individuals who are experiencing it. This makes possible the radical option of interpreting “shame” sensations as simply the body’s reaction to feeling unsafe or unwelcome in this relationship/situation/world. If we don’t interpret the muscular contractions, the emptiness, and the disconnection we experience and are so quick to call shame, we can simply let them be what they are—the dreaded feelings of being too alone.

“Unsafe” and “too alone” are synonymous in this context. So, shame points to unsafety or lack of support. Unmet desire is a common shame catalyst (Lee, 2004 p.22; Robine, 2019). Desire is what makes us so vulnerable because it pulls us into the world and toward relationships. Thwarted desire becomes shame, and shame comes in to regulate our movement, steering us away from desires that could lead to unsafe or unsupported next moments or situations (Lee 2004, 2013; Wheeler, 2000). Desire loves a risk, and it does not find uncertainty to be so scary; shame doesn’t feel the same way. Shame steers us back home, away from the risk and potential chaos that our longing to be met and welcomed by another invites—it steers us back home where it is safer (and lonelier.)

The shame-based criticisms of self and other can also be considered “second arrow” behaviors. In Buddhist teaching, second arrow refers to the optional suffering we engage in after the first unavoidable suffering hits us. In the teaching story, someone is shot with an arrow and it really hurts! Then, while they are suffering the first hurt, they pick up a second arrow and start stabbing themselves and saying things like, “Why am I so unlucky?”; “Why did I walk here, I should have known better!”; “Everyone hates me”; and so on. Second arrows are extra suffering that is added to the first hurt. The implicit message is that all first arrows in life would be avoidable if we were just smarter, if life were fairer. Using second arrows distracts us from

simply being with the pain of having been shot in the first place. Ruminative shame can function similarly—the self or other criticism of shame can be seen as second arrow behavior and as such, protects us from direct experience of the “crack” when the shame hits and “desire implodes” (Jacobs, L. 2020).

To go back to the cab for a moment, only a few beats after I saw my “lizard face” in the mirror two familiar storylines began to run in my mind: my hideousness as a physical being, and what a joke it was to think that I could ever find and inspire love.

Given the assumptions regarding shame that I listed above, I have been in the practice for quite some time of seeing self-criticism and shame stories (all second arrow behaviors) as distractions perfected to dissuade me from following my desires into the world, and to keep from facing directly the fears that accompany desire. Knowing this, I actively practice listening for the wishes and fears that hide under critical thoughts, sometimes even saying to myself, “You get mean when you are scared. I’ve heard the mean stories before, but we never talk about your fear. What are you afraid of?” This line of inquiry often gets me to the question Robine suggests we ask when dealing with shame, “What were you wanting before the shame struck?” (2019).

Robine’s question has been helpful here to reorient from the focus on self or other blame, and back to the fact that if there is shame, there is a conflict between what we were wanting and what happened. Robine emphasizes there is also someone we wanted it from—someone is implicated (2013, pp. 247, 250)! When we can name the thing we wanted from someone—that is, our desire—we touch the place where the shame contraction started. And, this line of inquiry leads again to Yontef’s observation that for shame to develop there is a figure that gets interrupted—something in our experience does not find welcome. The interruption itself is the act of shoving the surprise and hurt aside; our attention becomes absorbed with the familiar (but



always devastating) dreadful feeling of being unwelcome here. These interruptions leave us with a negative sense of self, or what can feel like inherent unworthiness.

The shame process takes over and keeps us from working directly with the “interrupted figure” Yontef mentions. In my case, the interrupted figure was a desire for love. Desiring at all clashed with my preference for self-reliance. I had taught myself early and well not to want what I couldn’t be sure to get because to do so had been, and would ever be, humiliating. Hoping to find and inspire love in my fifties entailed exactly the sort of risk I *knew* to avoid. With the preening and the easy optimism I had enjoyed that night before I went out, I had pushed past the part of me that knew better, acting instead as if I were a person who could dance easily and casually with my desires right out into the world. The “crack” and resultant shame came to tell me of the “disharmony” between that easy approach and the terror that *wanting love* also holds for me.

### **What a Panic Lens Revealed**

In Francesetti’s description of a panic attack—the “crack in the continuity of experience” marks a total break between a known world of one moment—and the world one lands in a moment later (2018). Even though when I heard his lecture I did not think I had ever had a panic attack, Francesetti’s conceptualization of panic resonated deeply with me. The “crack,” he explained, “reveals the need for the other.” It reveals a cry that went unmet and was silenced, and then forgotten long ago. Panic *attacks* when the cry can no longer be ignored (or, perhaps more precisely, the “cry” attacks causing panic...).

A few more points Francesetti made about panic attacks: 1. The reason developmental challenges or relational losses trigger panic attacks in some people and not in others has to do in part with the awareness a person has (or doesn’t have) of their vulnerability—of their desire for

and need for support. Knowing one needs support is preventive for panic attacks; the more the “need for support was delegitimated, the higher the risk for panic disorder” (2018). 2. As Francesetti noted, “panic” is not a clinical word, instead it is derived from the god Pan. The long-ago forgotten needs, or “forgotten call”, Francesetti explained, refers to the god Pan’s birth experience. Pan’s mother was so frightened by her baby’s man-goat appearance that she fled leaving the newborn Pan all alone in the woods. Pan cried for her, but she never responded. When Pan’s father, Hermes, finally retrieved him, he put Pan (in all his strangeness) on display for the merriment of the other Gods. Francesetti contends that “Pan’s birth is the story of being born into a world of immediate, radical loneliness. He was overexposed and left without the protection and support needed for a comfortable transition from this moment into the next.” (2018). Having a “silenced and then forgotten call” in one’s history is a common factor in panic attacks (2018). 3. Citing Panksepp’s work, Francesetti points out that “instead of being a fear experience, panic is at its root an experience of profound solitude, it is an experience of acute loneliness” (2018). Panksepp refers to it as the Panic/Separation System<sup>2</sup>, and contrasts it to the Fear System (Francesetti, 2020). 4. Francesetti stressed that with fear and anxiety there are increased levels of cortisol and adrenaline, but this is not the case with panic. Panic and anxiety respond to different drug therapies as well. And unlike anxiety, panic is initiated by an “attack of solitude,” not fear (2018, 2020).

As I was listening to Francesetti’s lecture, the story of the taxi came to mind and I realized that I had skipped right over the moment of the crack, that moment between *the familiar*

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<sup>2</sup> Panksepp also refers to it as “PANIC (aka separation distress)” (2018, p. 7). I like this phrasing as well because it so strongly emphasizes the irreducibility of the relational nature of panic.

*now* and *the surprising next*. I had named the desire that preceded it, and had worked with the shame part of the experience that followed it. But, I had ignored the actual “crack.”

Until now, I had explained the lingering sense of unsettledness I experienced that night with the simple fact that the body can take a long while to calm down. I’d been blindsided and suffered a big shame hit, and it often takes hours or even days to settle and to trust it is safe again after we are shaken in this way. Understanding panic in the way Francesetti described it caused me to wonder if the reason my body wouldn’t settle was that there was something hiding in the “crack” that had not yet been heard. I began to reconsider the taxi incident. Could it have been a panic attack?

I could see my experience as panic, but I could also see it as shame. It met the criteria for panic, but it was also certainly a shame response. So was it one? Or both? Or does it matter? Is there something that links shame and panic?

### **What is that “Crack”?**

My curiosity goes to the moment of the shift—the “crack.” Shame, when it comes in a flash, and panic are related in that they have the moment of the crack or shift in the continuity of experience in common. The *what-just-happened?* or the *oh-no-not-this-again* feeling rises after the “crack.” The “crack” itself is often experienced as a flash of dissociation—a quick skipping over of that need we have not yet been able to know. The “crack” tells us of the interrupted figures, of the “silenced and forgotten calls,” the existential angst. And it tells us that they are current, they are manifesting now. When the “crack” between worlds opens, and on the other side we find ourselves in panic or shame, we can surmise that there is something in that crack we

learned to fear. The “crack” announces what has so far been interrupted and so, has not yet been adequately met, nor named, nor held.<sup>3</sup>

In the cab that night the world fell away—it was just me—suspended—nowhere to land. And later, even though I was with my friend, there was a way I couldn’t touch her, a way that I was not reachable either. The experience was one of utter *aloneness* as distinct from loneliness. In loneliness I sense longing—I know what is missing (Jacobs 2020). In profound aloneness the world of people is already gone. I have no thought of reaching out—there is no point—there is no one there. The fear comes after the utter aloneness hits (Francesetti, 2018, 2020). Perhaps after that moment of shift, whether the dysregulation takes the shape of panic and fear of craziness or physical death, or it takes the shape of shame and one’s own unworthiness, has to do with enduring relational themes (Jacobs, 2017b) and the habitual ways we make meaning. At root, both shame and panic and that moment of shift have to do with the lack of connection and support, the lack of welcome and fit between me and my world.

Certain lenses help me edge closer to understanding it: Lynne Jacobs talks about “a traumatized state of mind” (lecture, 2007) we can experience, and which aptly describes the agitation we find ourselves in as we navigate this after-the-“crack” world. In a “traumatized state of mind” (TSM) we are in a state that is distinct from our more typical competent way of functioning. And, when we are in a calm and more competent state we can recognize the TSM as a “trauma pocket,” as distinct from who we are and how the world is. But, when inside of a TSM our competent self seems like a fraud, and the world is seen as inhospitable both now and forevermore. Some of the ways we can recognize we are in a TSM is by noting the changes in

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<sup>3</sup> In a recent paper, Francesetti et al. write that Panic Disorder sufferers can “mentalize fear—to recognize and express it—but they are not able to mentalize the bodily signals indicating the lack of affective mediation in a situation of overexposure.” (2020. p. 79). In other words, their relational needs do not register as such, and so are not discernable.

time, possibility, and complexity. In a TSM time is sped up and we feel our survival is at risk—things feel dire and like we had better act NOW to save ourselves; but time also feels paused and the current state is felt to be without movement, and it feels eternal. “Complexity collapses” such that nuance, gray areas, or degrees of good or bad cease to register with us (2007). We can very clearly see everything that is bad. And we can see that good, if it ever really existed, has evaporated. Thus, good outcomes are impossible to imagine. It is hopeless. Optimism seems naïve at best, and at worst it seems idiotic, irrational, or dangerous.

The body tightness we experience in the moment of the “crack” can be intense. When our needs are ignored or worse, rejected, we experience a “no” from our world. Most people sense their body tighten when they hear a “no”.<sup>4</sup> Whether the “no” to our needs is said aloud, or with a look, or is just anticipated—our needs are “delegitimated” (Francesetti, 2018) and we tend to tighten muscularly to withstand the “disharmony” or shift in contact that accompanies this rejection. This type of “no” activates the threat defense system (aka fight, flight, freeze, faint) in the body (Siegel & Bryson, 2019. pp 3-4.).

Polyvagal Theory provides a way to understand the suddenness and intensity of the physiological state change we experience in a “crack.” With this lens, a sense of safety is the primary ingredient for a smooth “crack-free” flow from one moment to the next. As we sense danger, we move from a calm state to fight or flight and, if the danger persists to a “life-threat” level, we can move to freeze or faint. At any time when safety is perceived, our bodies will begin to down-regulate back into a calm and connected state. “Polyvagal Theory leads to an

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<sup>4</sup> In a parenting workshop Dan Siegel asked participants to notice the impact of the word “no” as it was said 10 times or so. Most participants reported the “no” felt like a hit—they felt either reactive or shut-down by it. Then the word “yes” was repeated several times. “Yes” supported participants to feel more open and connected. Siegel and a co-author have since published a parenting book called *The Yes Brain* (Siegel & Bryson, 2019) that builds upon this idea.

understanding that to connect and co-regulate with others is our biological imperative. We experience this imperative as an inherent quest for safety that can only be reached through successful social relationships in which we co-regulate our behavior and physiology” (Porges, 2017, p. 51). This system is not voluntary—it is ongoing and operates below our conscious awareness via neuroception:

We need to distinguish ‘neuroception’ from ‘perception.’ Neuroception evaluates risk in the environment without awareness. Perception implies awareness and conscious detection. Neuroception is not a conscious process; it is a neural process without a dependency on awareness. Neuroception is dependent on a circuit that evaluates risk in the environment from a variety of cues and triggers and shifts in autonomic state to adaptively deal with the cues. Within Polyvagal Theory, neuroception was postulated as a mechanism to shift the autonomic nervous system into three broad states defined by the Polyvagal Theory (i.e., safety, danger, life threat) and to emphasize the potent role of the mammalian social engagement system, including the face, heart, and myelinated vagus, in down-regulating both fight/flight and shutdown defense systems (Porges, 2017, p. 68).

Another crucial lens is that of implicit memory. Like neuroception, implicit memory operates outside of our awareness. “The kind of memory that enables us to ride [a] bike is called *implicit memory*; our ability to recall the day we learned to ride is *explicit memory*” (Siegel, 2010, p. 149). Explicit memory *feels* like a memory in that it comes with a time and a place (or at least hints of these.) In contrast, implicit memory *feels* like it is born of the current situation only—people often mistake implicit memory for intuition (Siegel, 2010, p. 11).

Examples can help us understand how implicit memory can inform our reactions. Sonia’s older brother died in a bicycle accident when they were teens. Many years later, Sonia’s toddler son was riding a tricycle (very safely) on their enclosed patio. Sonia felt terrified. She *felt sure* her son could be badly hurt if he wasn’t very careful! Her husband was confused and annoyed by the intensity of her reaction. Sonia herself loved bike riding and was excited to teach her son to ride. But, seeing *a boy she loved on a bike* triggered her. Another example, I worked with a teen

boy with severe Trypanophobia (e.g. fear of needles) who needed a medical intervention that required weekly blood tests. As we worked, it became clear that he was particularly terrified of the moment the needle would be withdrawn. During one session an old memory arose: he was 6 years old and had an enormous splinter in his toe. It was so big his parents took him to the doctor to have it removed. He shook as he spoke of the moment his pediatrician pulled it out. This “forgotten” splinter memory seemed to be implicitly informing his reaction to needles now. And, Siegel writes that, “...increased implicit memory and blocked explicit memory encoding for a traumatic experience may be an important mechanism for the creation of posttraumatic stress disorder” (2012, p. 74).

Implicit memories can be triggered when a current situation has thematic or situational similarities or resonances to a past experience that has not been fully integrated (Siegel & Hartzell, 2013, pp. 15-18). The intense reactions and dysregulation of “crack” experiences are often fueled by implicit memories.

There is a therapeutic reason we tend not to spend time dealing directly with the “crack” in worlds—at least at first. We need to help the patient (or ourselves) settle, to recover our sense of being safe—or at least safe-enough before we can go back and revisit that moment. The “crack” occurred that night in the taxi because I was “acting” braver than I was. There was a desire/danger bind<sup>5</sup> operating outside my awareness—my vulnerability and my need for support were secrets I was still keeping from myself. They burst forth as a “crack” and quickly took the shape of a shame attack. I am reminded of the way psychosomatic symptoms (such as migraine) can rush in to prevent us from facing a difficult emotion (such as anger with my scary father.) Through bodily sensation, being jarred this way jerks us right past a need we learned to fear and

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<sup>5</sup> A play on Yontef’s “shame-guilt bind” (1993. Pp. 498-499.)

not recognize as our own (Sarno, 1991, pp 47-50; 144-145; Francesetti, 2020, p. 80). But, not dealing with the “crack” is a missed therapeutic opportunity, and it is necessary to go back to it if one is to learn to ride these “crack” experiences with greater resilience and less suffering.

I have known the term “existential angst” and I grasp it’s meaning and have a certain respect for it. But, fear of death and fear of utter and everlasting aloneness are much more terrifying when they are experienced in the body than the names and definitions we use for them can convey. In a “crack” experience, the terror of desire- need bursts forth for such a brief moment, and then leaves so much for us to deal with in its wake, that it risks going unheard again. It wasn’t until I had in hand the lenses I discussed above (i.e. of shame, panic and the “crack”) that I could then go back to that moment in the taxi when the world came apart and could really see and feel it. I needed to be bolstered before I could go further. I also needed my therapist. I needed her assurance that we could find our way back from the edge before I would get close to it.

### **How Common are the “Cracks”?**

That taxi incident stands out as an extreme version of this sort of body hit when something shifts. But, but this “crack” between worlds is not uncommon, and it is not an experience that is linked only to shame and panic. I experienced the “crack” as an actual jolt in my torso—as if I had been shoved—but I think everyone has known the clunk in one’s chest or stomach as some new fact lands and changes the world. A typical day may contain many small moments when our bodies register the degree to which our expectations are exceeded or dashed. I offer few examples: Years after graduating, Ben got an email from a college friend he’d secretly loved. As the content of her email *hit*, his heart swelled and he couldn’t stop smiling; Daphne’s long-time boyfriend told her he’d decided to move apartments without discussing it



with her first. She had assumed she'd be consulted in a decision like that—she felt *dropped*, confused, and angry; Mary's routine medical procedure revealed an aggressive cancer that required immediate treatment. Her body *seized up* at the news and she floated through the rest of the appointment. We can also experience this in rarer circumstances and maybe more subtle knocks in the body. For example, this occurs when we slip in or out of an I-Thou experience<sup>6</sup>; and also when we slip into the easeful bliss of total belonging and interconnection that can happen during a good psychedelic trip or a satori experience.

What has been interesting to me most recently is the literalness with which the body registers these shifts in continuity. In spring of 2020, as the pandemic was surging and George Floyd's murder was inspiring protests, several patients reported feeling a discomfort in their body that they didn't recognize, or like. They described feeling unmoored and uneasy. With different people it had to do with a job loss and needing work, with how to be more politically active, with how to talk to relatives they didn't agree with, or with how to reconcile their own guilt about not having seen their part in racial and power dynamics sooner. It was very physical for them. To many it felt like the old reality and the unknown new realities were jostling against each other and not finding an easy fit—the realities were un-align-able, and their unsettled bodies were telling the story of making the trip back and forth between different versions of the world and finding no place to rest. They were right. They were facing, many for the first time, the limits of their ability to make a plan and see it through, or to figure out a problem and take care of it. The world was fresh again, and they were not used to it, and were not yet finding their way in it.

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<sup>6</sup> Martin Buber's term for a momentary encounter between people that is free of (I-It) objectification and constitutes a moment of unreserved engagement that touches "the essential being of both persons" (Hycner & Jacobs, 1995, p. 55).

I had a recent experience with a therapist friend that highlights how important it can be to stay with unsettledness. My friend, Lauren, was describing the impact a sudden shift in her mother's behavior had on her. In a moment, Lauren's mother moved from being able to see Lauren's side of a disagreement with her sister, to blaming Lauren for her sister's outrageous behavior. Lauren's mother had done this to her for all of Lauren's life. The mother was afraid to hold her other daughter responsible—so she always turned her anger on Lauren.

As familiar as it was for this to happen—it always landed with a jolt inside Lauren's body, and her habitual reaction was anger and intensely hurt feelings. Sometimes Lauren would protest, and other times she would burn with silent fury. This time though, as the shift in reality registered in Lauren's body, she paid close attention to its impact on her. She said the most striking aspect was that right after she lost her mother's understanding and trust “I felt so unbalanced, so destabilized.” Lauren's equilibrium and poise evaporated, and her body wouldn't settle. Once Lauren was away from her mother she said it took her more than an hour to calm down and feel like herself again.

Lauren and I took a moment with this detail. I rocked, as if jolted in my own body to feel into what she was saying. And as I did, it registered that this feeling of being destabilized was exactly right! It was accurate. Lauren's body was telling her, and me, about the impact it sustained when her mother changed the rules and the two realities were being straddled simultaneously and were at that moment, un-integrate-able. This was a life-long pattern between them, and our bodies responded to that sudden shift and the reverberations of it as Lauren told the story.

The being-unmoored motion Lauren and I shared told us of the experience of dissonance, which is the disharmony Robine (2013) mentions. The jolt and ongoing feeling of being

destabilized was the truth about the experience of the impossibility of reconciling the understanding-mother of a moment ago with the blaming-mother now. Lauren's body was showing her what it was like to meet this sudden shift in her mother, and as we held it together she experienced a deep grief for this state of things and for how long it had been going on—and then a rush of gratitude for how strong she'd been all her life.

### **Being with the “Crack” or “Hello, Crack”**

After seeing it all this way, I have an easier time going back to the “crack.” The image I have is of me and my therapist sitting on a bench together looking back toward that “crack” moment we have been discussing. I have recovered my calm. I am not afraid anymore of the shame and the panic I encountered. They are here as potentials, but they are not presently active or scary. I am, in this after-the-fact period, able to be interested in the “crack.” My therapist and I get up and walk back toward it. I can faintly hear the howl of terror that resides deep inside of it and gets louder as we approach. Fortified as I am by her presence and my growing understanding, I get on my knees as we move closer, and then down onto my belly as I inch up so my fingers can grasp the edge and my eyes can peer into the gaping darkness. The terror of utter and eternal isolation rushes up and engulfs me. Existential dread resides here, and so do the still howling cries that went unvoiced and unheld after the sudden death of my mother when I was a child. This terror is what grabs me in a “crack”: the thing I fear most is that I am all alone, and that no one will ever reach for me and pull me close. It was like that back then, but *this is not that*. *This* (i.e., longing for love at almost 60 years old) is not *that* (i.e., devastating loss in a family that eschewed grief). And, I am no longer 9 years old. *This is not that*. The old and the current cries can be met and held and spoken of with my therapist at my side—we can be with

them. When we are ready to leave, we scootch a few feet back before we stand up—the edge is still a scary place.

Understanding the “crack in the continuity of experience” is serving me well in this time of pandemic and so much unrelenting uncertainty. I have a reverence for the power and the terror in the crack between realities, and I recognize the terrain better than ever before. It starts with that jolt, that “crack” in the familiar world that throws us off balance and won’t resolve easily. It is our body pointing us to the as-yet-unknown-ness of it all. The deepest desires—that it will be different this time—have gone out of our awareness and been forgotten. But they endure. If we can be interested in what we find here, we can tend to it and hold it. “It doesn’t need to be healed, it needs to be held” (Foster, 2015) and named. And, when we can link it to our early wounds this can help us make sense of the enormity of our reaction. Usually, *this* is not *that*—it is scary but not dangerous. Usually, it is just what still needs to be recognized and welcomed “cracking” the world again. And the jolt in our chests is simply the feeling we get when it breaks through...

Hello, Crack.

## Bibliography

Brach, T. (2004). *Radical acceptance: Embracing your life with the heart of a Buddha*. Bantam.

Davis, K. L., & Panksepp, J. (2018). *The emotional foundations of personality: A neurobiological and evolutionary approach*. WW Norton & Company.

Foster, J. (2012). *From “De-pressed” to “Deep Rest”: Depression as a Call to Spiritual Awakening?* <https://www.youtube.com/watch?v=KPx0nN6aQj0>

Foster, J. (2015). *Why haven't I healed or awakened yet?* <https://www.youtube.com/channel/UC-kdgLYeqJyxR3eRHcKfK8A>

Francesetti, G. (2018, Oct. 26-28). *Panic, Panic Disorder, and Anxiety* [Training Program 1, 2nd Seminar.] Gestalt Therapy and Phenomenological Approach to Psychopathology and Clinical Practice, Istituto Internazionale di Psicopatologia e Psicoterapia della Gestalt, Torino, Italy.

Francesetti, G., Alcaro, A., & Settanni, M. (2020). Panic disorder: attack of fear or acute attack of solitude? Convergences between affective neuroscience and phenomenological-Gestalt perspective. *Research in Psychotherapy: Psychopathology, Process, and Outcome*, 23(1).

Germer, C., & Simon, T. (n.d.) *Chris Germer: The Power of Self-compassion*. Sounds True. <https://www.resources.soundstrue.com/transcript/chris-germer-the-power-of-self-compassion/>

Hycner, R., & Jacobs, L. (1995). *The healing relationship in Gestalt therapy: A dialogic/self psychology approach*. Gestalt Journal Press.

Jacobs, L. (2007, Jan. 13) *Traumatized States of Mind/Being* [Weekend Training.] Pacific Gestalt Institute, Los Angeles, California, USA.

Jacobs, L. (2017a). On dignity, a sense of dignity, and inspirational shame. *Psychoanalytic Inquiry*, 37(6), 380-394.

Jacobs, L. (2017b). Hopes, Fears and Enduring Relational Themes. *British Gestalt Journal*, 26(1), 7-16.

Jacobs, L. (2020). Personal communication.

LaPierre, Aline. (2018). *NeuroAffective Touch Foundational Training* [Training Program.] Los Angeles, California.

Lee, R. G. (2004). *The values of connection: A relational approach to ethics*. GestaltPress.

Lee, R. G., & Wheeler, G. (Eds.). (2003). *The voice of shame: Silence and connection in psychotherapy*. GestaltPress.

Porges, S. W. (2017). *The pocket guide to the polyvagal theory: The transformative power of feeling safe*. WW Norton & Co.

Porges, S. W. (2018). Therapeutic Presence and Polyvagal Theory: Principles and Practices for cultivating Effective Therapeutic Relationships. In Porges, S. W., & Dana, D. A. (2018). *Clinical Applications of the Polyvagal Theory: The Emergence of Polyvagal-Informed Therapies (Norton Series on Interpersonal Neurobiology)*. WW Norton & Company.

Robine, J.M. (2013). Shame. In Francesetti, G., Gecele, M., & Roubal, J. (Eds.), *Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact*. FrancoAngeli.

Robine, J.M. (2019, Oct. 16-18). *Narcissism and Shame* [Training Program 1, 4th Seminar.] Gestalt Therapy and Phenomenological Approach to Psychopathology and Clinical Practice, Istituto Internazionale di Psicopatologia e Psicoterapia della Gestalt, Torino, Italy.

Sarno, J. E. (1991). *Healing back pain: The mind-body connection*. Warner Books.

Siegel, D. J. (2010). *Mindsight: The new science of personal transformation*. Bantam.

Siegel, D. J., & Bryson, T. P. (2018). *The yes brain: How to cultivate courage, curiosity, and resilience in your child*. Bantam.

Siegel, D. J., & Hartzell, M. (2013). *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive*. Penguin.

Wheeler, G. (2000). *Beyond individualism: Toward a new understanding of self, relationship, and experience*. GICPress.

Yontef, G. M. (1993). *Awareness, dialogue & process: Essays on Gestalt therapy*. The Gestalt Journal Press, Inc.