

# Depression and Panic

## An Interview with Stanley

### Interviewed by Terrence McClure

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(From the interview)

#### Introduction

Depression and panic are words that are used more and more in conversations these days. "I've been clinically depressed." "I've been waking up panicked lately." "I had another panic attack." A poet recently observed of this phenomenon that "one has the sense...a catastrophe has occurred in the psychic landscape".

After researching material on depression and panic, interviewing several psychiatrists and psychopharmacologists, I came upon the work of Stanley Keleman. He is a formative psychologist, who, over thirty years has developed a specific and aesthetic language of the body. Hence, the name of this language, 'somatic'.

His somatic psychology borrows very little from others. You cannot compare it to Jung or Freud, for example. But, there are some fingers pointing toward Keleman's work from those pioneers: from Freud, "anatomy is destiny", and from Jung, "if you're going to have an institute, make it as disorganized".

Keleman understands anatomy as behavior and behavior as anatomy. He uses the words 'organize' and 'disorganize' when leading a client to and from their situation. He might ask, "what layer do you experience that in?" referring to the skin/nervous system, muscular system, or soft organs. And where Freud and Jung might finally have agreed on something, Keleman refers to the 'somatic imagination': images and dreams which mirror processes in the always forming.

It turns out that somatic psychology has a lot to say about depression and panic. Quoting from his last

interview in Yoga Journal, Keleman says, "a major element in my work remains to develop ways to help people deal with the abiding helplessness of the human condition. Anguish comes about from a state of being helpless about helplessness. Once we grasp the notion that life organizes shape, we can choose to identify with the shaper or the shape". In this interview, Keleman focuses on the shapes of depression and panic.

#### Interview

I'm very interested in how your 'somatic-emotional' practice exercises work to help the depressive and panicked character. But first, how do you as a somatic educator, define depression?

Depression is an identity. It is a way of being in the world. We're talking about depression as a way of using yourself that results in a pattern of behavior that you, in one way or another, live with or struggle to live with. It becomes a lifestyle.

This is a lifestyle and not a short term reaction.

There needs to be a distinction between the depressive character vs. the person who is suffering from some situational form of depression: a person who has had a severe loss and has retreated, has not necessarily withdrawn from life. A person who has retreated because of a loss is not really in a depressive state, although we call it a depressive state. They're in a pause place in dealing with their losses, trying to mend the wound of a torn form of relationship.

That has to be differentiated from the person who uses depressive organization as an identity and as a way of being in the world: complaining, negating, the disruption of the promise of the future, keeping oneself deliberately smaller or shrunken as a personality organization. This is not simply a reaction formation.

The opening lines to 'Annie Hall' demonstrates that complaining and negating part as a way of being in the world. It goes: "...two old ladies are at a resort in the catskills. One says, 'this food is terrible', and the other says, 'and in such small portions.'" Then the narrator says, "that's basically how I feel about life."

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That's the attitude of people who have the philosophy: "I'm a skeptic" or "I'm a cynic", who are really hiding a depressive attitude toward life. It is a holding back and taking smaller portions.

How is a depressive character using themselves that leads to all this and why would they do that?

You can understand why they do that by understanding this: depression is also the psychology of being underwhelmed and panic the psychology of being overwhelmed. They're in relationship to each other. It's a continuum. On one end there is extreme underwhelming depression, on the other side there is extreme overwhelming panic, and in between you have the degrees. All these degrees and extremes are body shapes. Somatic shapes. Each shape determines your experience of depression and panic.

A person begins using themselves by holding a little, waiting, holding more, stiffening, squeezing, compressing, then compacting, until they are protected from being too overwhelmed or panicked. Any kind of freezing up begins to set the stage for depression which starts to go the other way on the continuum. You could say that a person who was startled and freezes themselves in response to being too overwhelmed is already in the outer extreme of depressiveness. They are now underwhelmed. And this is their use. This is the pattern: compression and compaction.

So, this use has a use. It can be a response to being overwhelmed and panicked. What is panic in somatic education?

The first response to any stress or challenge is always arousal, to be aroused. To be aroused means more excitement, more activity. If arousal is not containable, if arousal is of such intensity that boundaries are incapable of organizing what's available to itself, we will be overwhelmed, we will move toward unbounding liquefaction panic. Panic is down the road. Panic is a situation where there is not enough form. There's too much excitation.

When there's too much excitation, there is no form. Depression is an attempt to squelch and manage the unformed excitation. Performers are a good example of this. Kurt Cobain comes to mind. He moved toward isolation and hibernation, because of constant overarousal. Then was left alone.

When you begin to disorganize some of the somatic aspects of depression, the danger is they are now unformed and they panic. Leaving the extreme of one pulse. Depression has a function and you have to come to terms with what this function is. Just as much as to some degree panic and anxiety have a function.

This seems like a dilemma to me. One side is panic and fear, the other side depression and agony, neither one desirable, but both needed to regulate each other. Then to add insult to injury, it's your identity.

It is. It's one of the central dilemmas of dealing with a depressive. They are caught in the conflict between their fear of a liquidity: of disorganizing, unbounding, being overaroused, leaking out, and their fear of congealing and compressing into one unchanging despairing lump. So, they get locked in the place where they're afraid to be responsive, and they hold onto their unresponsiveness.

One of the goals in somatic education is to help a person form themselves. But, also, to help a person re-experience and reuse their basic experiences of how they sustain their excitement, and how to think about a problem and how to plan an action with this lifestyle. You are using all those functions and not just changing or trying to get at a memory or hurt or reframing a pattern of injury or insult.

You're not just lifting the veil of depression.

If you just lift the veil of depression, using whatever method, there is no blueprint for how to exist in a new form. Our assumption is that if you lift repression or if you get them to talk about the feelings and encounters that depress them, that there is a ready made form that will pop up like a jack-in-the box and say, "here I am, no longer depressed, and capable of functioning. " .

This is an illusion to say the least. Compression, compaction and depression in, inhibits the way we use ourselves in social and personal situations. This means there is kind of a disuse atrophy underneath. Something is not being exercised.

This reminds me a little of Awakenings and Oliver Sacks. Something was lifted, and these people were left with old memories and atrophy, then went right back where they came from.

The situation Oliver Sacks ran into a long-term encephalitis disease where people were in a coma, was a short-term arousal and a retreat into even a worse collapse.

I'd like to get something out of the way, because it's in the air everywhere. You have clients who have tried Prozac at one time or another, and I only want to bring it up here because I think what you say about it relates to an essential ingredient in your work.

I have a few people who are taking Prozac. They talk about their mood shifts, then you watch the content and the application of the insights. It's as if they went to an interesting movie. The urgency to have to rebody yourself is gone. What you get, since the urgency is gone, is pleasure in insight or being able to communicate.

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They're happy with that. Nothing has to reorganize itself. They feel better. They say there's a shift in their mood. "I'm not well, but it makes it tolerable." And this is the key sentence: to keep doing the things that they've been doing well, not to reorganize and relearn. I don't deny there are times that you need it. I only question what its long-term effects are.

It's true there are illnesses that are biochemically induced. There are dopamine and serotonin based illnesses. What people leave out is that in a common response to a situation, like, having to control yourself when someone is shouting at you, you begin to shrink and hold yourself back. The body sends the brain two signals: compact, which stops the dopamine or serotonin, and, send some epinephrine to to be charged and excited. So this muscular attitude starts stiffening even more to try to stop from being overwhelmed by it's own epinephrine. This finally depletes the chemical that keeps us alert and aroused and you get exhausted and depressed. So, the chemical disturbance is not only caused on the inside by a mess up in the brain physiology, it's also a signal from the muscular attitude in response to a situation.

My interest is in one of your therapeutic modalities. You refer to it as the 'five steps, or the 'how exercise', or 'the bodying practice' or 'a somatic-emotional practice' or simple as 'a practice'. How does this practice or principle relate to depression and panic?

The purpose of the exercises is to be able to have an influence on your behavior. In this particular instance, we're talking about depressive and panic behavior. Your brain influences your body and your emotional life by shifting its attitudes. Attitudes are an emotional and physical shape. This is partly the neurophysiology of emotional behavior. The exercises continue this dialog between brain and the muscular attitude with the emphasis on managing depression and panic.

I'll relate a depressed form to five steps. In this person, everything is moving in, compressing and compacting. They are squeezing and stiffening themselves, maybe as a defense against be overwhelmed. They are overformed with density. To identify and know what's happening and what you're doing is the first step. I've just given it to you. Then step two is to do that more. Compress yourself a little more. You've now volitionally created an additional part of the larger pattern, on purpose. Step three, is to do what you just did slightly less, then less and less. Then, in step four, you merely wait. Incubate. And step five is finding out what you learned and how that may have affect your daily life.

The small window you've created, taking the same depressive pattern you have and doing that more, then undoing it, feeds back to the brain. And it tells the brain, "I did this much, and I undid what I did. I managed myself."

This eventually begins to have an effect on the more global pattern in the brain. Feeling better is not the goal. Self-management is. Particularly with the extremes.

What do you usually expect to witness when you're working with someone in this way?

When you ask someone to undo, by doing it more then doing it less, you have stepped into how a person has to reorganize a depressive way of being in the world. And the problem they will run into, as I say over and over, is that their unformed part has no shape. There are no pathways of action. It has to then be reformed. People do not have a structure for relating differently, and this helpless pattern perpetuates the depression.

When you help someone form themselves, what exactly do you mean?

Finding the appropriate behavioral shape for the situation they're facing. An appropriate behavioral shape to contain the excitement and vitality their life can generate. That means having the neuromuscular emotional coordination to organize new expression and gesture in relationship.

What exactly is the danger of disorganizing someone's depressive identity?

When you begin to work with someone to deal with the depressive organization, the specific danger is disorganization of some of the density and compaction to the person of too much stimulation and arousal. They will respond to the fear of being washed away by increasing their density. So, it becomes imperative to understand that you as a therapist do not need the approval of the patient. They tell you that they feel better and you feel justified in continuing in your act. You need to accept the misery or the complaining. The complaints serve the function of self expression and maintenance of arousal which will not wash them away.

So, you see the importance in the exercise: do it more, do it less. The idea of doing it less is to be able to turn the rheostat just enough so that the light shed is the appropriate light and not a big jump. Because everytime you make a big jump you run the risk of a depressive response. You have to agree that less is more and that compacting is a personality trait, a way of organizing being in the world. How to come to terms in forming that, rather than trying to feel free of the way you have organized living is managing your basic processes.

When using the somatic practice, how does one manage panic, when there is no form to begin with? I mean, it's unformed excitation, right? So, do you excite yourself more, then less, etc.?

You'd strategically rigidify yourself to give yourself an

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emotional shape. You'd purposefully give yourself a firmer, manageable body form that doesn't compact, which would also take a little edge off the panic. You are choosing a form as a way to undo a degree of panic and not liquefy and spill in every direction.

Could too much rigidity anesthetize you?

Too much can be numbing, in which nothing can be aroused. That's why you learn the nuances of these forms in your situation. It's also helpful to know that sometimes you do need to panic. It's there. And for good reason.

It's interesting to me that a lot of people when first taking antidepressants report being agitated, nervous, panicky, and sometimes fragmented. The depression may be gone, but now they're left with panic. I would say that they would now be on the unformed part of your continuum. Having less solidity and body. Then, in this panic, these same people are often given a tranquilizer to deal with this terror. That tranquilizer gives them more body on your continuum; less fragmented. It's just interesting to see that the biochemical management, or juggle, has the same continuum. The major thing that is missing is the development of that person's volition, which your education seems to offer.

Also, the internal environment changes on an antidepressant. A different oil in the car. A different grade of gas. But, the structure may not be built for this. The structure really hasn't changed. The car itself hasn't changed. This person will have great insights, probably communicate well, but doesn't know how to organize a different behavior in a profound enough way.

I need to be careful here but, my general impression is that most psychopharmacologists do not know exactly how their stuff works. That's okay. They seem to have a general idea. They know it ends up in the brain. And the brain is the organ they're trying to fiddle with. How do your five steps relate to and effect the brain of a depressive?

We are talking about reforming and rebuilding the brain. One of the central ingredients is to mobilize the part of the brain that emphasizes hibernation and inhibition. It's almost as if the receptor end and the motor end are squeezed out and the synaptic junction or middle portion is compacted and overactive. In that sense, the primary ingredient is to resurrect the flow of traffic in the reticular activating system. We're looking at the central brainstem - midbrain mechanisms that we want to uncompact and have a cortical relationship.

Let's say a person becomes familiar with their somatic forms during depression and panic episodes. Their use. How have they benefited?

Eventually, they learn how not to be so compacted and overformed during depression. The exercise of

managing the compactness helps. Which means they are more responsive. During times of panic, they eventually learn to give themselves an appropriate form, i.e., a container or channel for expression that can act with that excitement. And maybe it's simply vacuuming or running.

That reminds me of Woody Allen when he says, "I have bad reflexes. I was once run over by a car being pushed by two guys." Probably a worse case scenario of inappropriate form for the situation.

Right!

The five steps are obviously not some sweet antidote. It doesn't seem like quick time, either. Nonetheless, I know that depressives, panickers and everyone all along the continuum want to feel better sooner than later and take the edge off. And I can even hear some saying, "instant gratification takes too long". To this attitude and urgency what do you say?

The 'five step practice' doesn't 'get rid of'. It develops the ability to 'live with' and reorganize. It develops your volition. It gives you an appropriate form for your situation. And that's a completely different story. back to top

Abridged Journal kept by client suffering from depression who practices the exercises

The somatic emotional exercise that has helped me the most, I know as a pressuring exercise. It amplifies and then lessens what's going on in myself during panic or depression. I began doing the exercise every day in the morning three years ago, but now, I do it informally wherever and whenever. I started out doing obvious movements, but now the pressuring movements are micro. Nobody would know I'm doing them even looking straight at me. But, inside, the movements seem quite dramatic and large.

In one of my forms of depression, I become frozen stiff, my concentration is fragmented: I pace, pick up the telephone, and shuffle papers. My panic is there responding to an impending depression and sometimes the other way around. A lot of times, I don't know whether I'm depressed or anxious. It's an awful experience. I've found that I automatically stiffen and depress myself in order to deal with the fragmented concentration. I may not even know that I'm doing it till several days later and wondering what the hell is going on.

When I first started, I discovered that disorganizing the depression led to higher amounts of anxiousness coming through. So, I didn't do it so much. I seem to be able to live with a higher threshold of anxiety. The amount of anxiety that used to drive me up the wall doesn't bother me as much.

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Here are the steps I do during my own prelude to depression

Step one: I find out what's happening. Usually, I'm stiff on the outside. I'm rigid. A mild terror.

Step two: I make myself a little more rigid. I also ask myself why I would be rigid. May be there for good reason. Maybe something is making me anxious that I can't deal with right now.

Step three: I back off the rigidity I've added, just a little. Then a little more. I usually do several tiny levels of 'rigid'. This sort of digitizes it giving me sort of a sense of management of all these increments.

Step four: Wait. I kind of incubate. There generally are some pulsations. I wonder if I've undone anything besides what I purposefully made. Am I more anxious? Am I more depressed? And if so, so what? And if not, what changed? Was it an old habit?

Step five: What is different? Sometimes I don't like showing my terrified face of panic. Nor do I want to show someone a telling face of 'downness'. But, after running through the steps, sometimes just sitting at my desk, I'm less likely to hide what's going on. I'm spending less energy masking all of it. That's just the way it is. And I can live with it publicly.

The main configuration I always run up against is 'who's on first'? In other words, I can seem depressed, but it's masking lots of anxiety. So, maybe that's good. Or, I can be nuts, and maybe that's like sensing a storm coming on. I always find that when I disassemble one, I'm left with the other, so I've learned to manage both. What is amazing is that I know pretty much how depression and panic are organized in my body. But, it's taken a while. In the beginning, I did several rounds of the steps, to get to know the effect, in short spurts.

### **Frequently asked questions about the somatic-emotional exercise practice**

**Can I expect to feel better doing the exercises?**

As you shift your emotional shape, you shift your mood. You can expect to open the door to emotional possibilities and a range. We're not looking to feel better but to influence this range of emotional expression.

**What do you mean 'manage'?**

The goal of the exercises is to manage the incremental shifts from shape to shape which give rise to degrees of depression and panic. If you have determined that pressuring yourself is a particular way that contributes to your depression, by pressuring yourself more then less you will give yourself a sense of managing a small window you have purposefully created.

**And why should that be helpful?**

The small window you have created - taking the same depressive pattern and doing it more, intensifying it, then doing it less - feeds back to the brain. And it tells the brain, "I did this much and I undid what I did. I managed myself." This eventually begins to have an effect on the more global depressive pattern. Remember, feeling better is not the goal. Self-management is.

**What happens if I feel worse?**

You may have participated in the exercises too intensely. You may have contracted yourself with too much vigor, for example. This is a sign that you should do it less. Another reason that you may feel temporarily worse is that you are de-anesthetizing yourself to the muscular part of your depressive attitude. Experiencing it increases your awareness of the depressive attitude. This is part of reorienting yourself to how, in fact, you pressure yourself. In a while, undoing it will relieve the feeling of too much spasticity and contracting of the pattern.

**How often should I do the exercises?**

A general rule of thumb is to do it in very short spurts. To practice doing it for minutes at a time. Then doing it many minutes over a period of time - 8 or 9 times in a day for 2 or 3 minutes at a time. This begins to set up a pattern inside that feels comfortable and finally becomes somewhat automatic in that you just simply function as unpressuring yourself and containing yourself.

**Is there an ideal shape?**

A lot of people try to say that there is an ideal shape. I say over and over again that there is no ideal shape. There is knowing how you use yourself and there is knowing and recognizing the shape that gives you a sense of comfort.

**Why is self management helpful?**

Self management - being able to influence yourself - is important because it restores a sense of self potency. It gives the person a recognized and established ability to affect themselves. And this reduces the sense of being a victim to oneself. A part of panic and depression is that one is unable to manage themselves. Being able to effect yourself - do something more and do it less - restores a sense of being able to influence yourself. And this lifts part of the pattern of panic and depression.

**How effective are these exercises?**

Doing the exercises is a practice. The attempt is to be able to influence your behavior. There are many factors in any situation that afflicts us deeply and there's no accounting for all the possibilities inside an situation. I would say that I have found these exercises very beneficial for helping many people. I wish you luck.