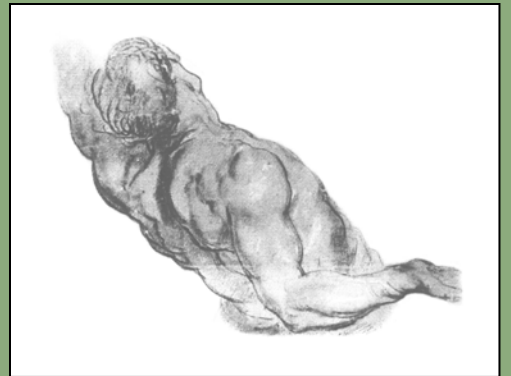


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USABP Mission Statement

The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity.

The USA Body Psychotherapy Journal

Editorial, Volume 7, Number 1, 2008

In this issue of the USABP Journal, we honor one of the founders of contemporary body psychotherapy and also one of the most prolific writers in the field, Alexander Lowen. Al Lowen, having studied and worked with Reich, and then in partnership with John Pierrakos, began to challenge the medical model of treatment, with the partially undressed patient prone on the couch. Based on a more upright mode of treatment, he developed a characterology which both elaborated and refined Reich's in some ways and differed enormously from it in others.

But, just as Lowen eventually differed from his mentor, Reich, I cannot fail to notice how most of the articles in this issue widen and broaden the conceptualization and techniques of Bioenergetics. They include psychodynamic and relational material seemingly of little interest to its originator in addition to the results of neuroscience and attachment research which was unavailable until the very end of the last century. Bioenergetic analysts, as they are called, who have worked within and around the Bioenergetic model for many years grapple with its concepts, applications and limitations. Several of them, having worked as student, patient and/or colleague with Al himself, also take on the professional and occasionally personal aspects of their mentor/therapist/colleague.

Co-editor of this issue, Jim Elniski, leads off with an article calling on his experience as both bioenergetic analyst and artist, elaborating Lowen's concept of pulsation, applying it to clinical work with a client and to a community project in his complementary roles as practicing artist and educator. It has been a pleasure to work with Jim on this issue. His discernment, intelligence, and good humored professionalism have made him a wonderful collaborator.

Bob Hilton traces 40 years of experience, in bioenergetics as client, therapist, and trainer. He interweaves his personal and professional development with emerging changes, practices, and theoretical orientations in the world of bioenergetics. He points out the gradual evolution of the addition of a relational orientation, at first implicitly but now explicitly forming a part of his model of therapeutic action. He ultimately proposes that the energetic work happens within a relational environment of holding, grounding, transference and countertransference. Each point is cogently illustrated with personal and/or case material.

In a courageously self-disclosing and challenging article, Bob Lewis grapples with the "complex tapestry" of Alexander Lowen which Bob himself and indeed all of us create at the interfaces of our personal wounds, those of our mentors, therapists and patients, and the theories and techniques we embrace. Citing his almost 50 years of acquaintance with Lowen in various roles, he presents multiple aspects of the man, the therapist and the theoretician. He also revisits his earlier conceptualization of "cephalic shock".

Phil Helfaer's deeply reflective essay muses on a lifetime of growth and emergence as an embodied being. Tracing his development from boyhood to what Stanley Keleman, in last year's issue, refers to as "late adult", he offers profound observations of himself, Bioenergetics, and the several worlds he has explored.

In excerpts from her master's thesis, Odila Weigand traces the genesis of the conceptualization and clinical applications of grounding. After surveying the evolution of related concepts similar to "grounding," she explores how particularly in Brazilian Bioenergetics, it has evolved in a widely applicable form. In doing so, she both deepens and updates our ability to think about and apply clinically this important concept.

Peter Fernald describes in detail and critically evaluates teaching Bioenergetics in a counseling course to college seniors. As body psychotherapy is being increasingly taught in undergraduate and graduate programs, this article models concerns and strategies that come with conceptual and experiential instruction. Examples of his adroit handling of the (sometimes anxiety-producing) material in 20-plus years of presenting it to undergraduates illustrate many of the ethical and pedagogical dilemmas involved as well as the often enormous benefits to students who participate.

Alice Kahn Ladas, Research Chair of the USABP provides us with the original Bioenergetic brochure, reproduced here with her memoir of Al Lowen and the beginnings of Bioenergetic Analysis.

A brief memoir and tribute by Laurie Ure focuses on the last few years and some of his last sessions and workshops. She touchingly relates how in her penultimate session, although he asked her several times what her name was, his intuitive sense of and passion to work with the body were undiminished.

And, finally, we have excerpts from a 1998 interview of Alexander Lowen by Frank Hladky, a longtime associate of Alexander Lowen, sent to us from Robert Glazer of the Bioenergetic Press along with the photos of Dr. Lowen.

Jacqueline A. Carleton, Ph.D.
New York
April 2008

The USA Body Psychotherapy Journal
Guest Editorial, Volume 7, Number 1, 2008

Jim Elniski, LCSW, CBT

In Spring 2007, the USABP Journal put out a call for papers for an upcoming issue honoring the work of Alexander Lowen. We asked for pieces by experienced bioenergetic therapists and trainers who have taken Lowen's work as theorist, teacher, and therapist and used it in their own creative way. We were also interested in accounts describing the impact Alexander Lowen's development of Bioenergetic Analysis has had on their personal and professional development.

One measure of Al Lowen's greatness is the controversy that his bioenergetic theory, teaching and therapy has generated. Many of these papers represent the distinctive theoretical bioenergetic perspectives that have emerged. Many of these authors speak frankly of how their own 'woundedness', admiration, and at times, idealization of Al have activated and shaped their own development as theorists, trainers, and therapists.

All of the contributors in this issue share with Al his appreciation and respect for the mystery of life's movement. They write of the range of therapeutic and training possibilities resulting from his articulation of the energetic basis of biologic reality and the ways it animates life's striving for connectedness. Philip Helfaer writes of how instrumental Al's presence, respect, and sense of the living body was to his development as a therapist and theorist of the *bioenergetics of the self*. Peter Fernald's essay describes how he has effectively incorporated bioenergetics and its exercises in a higher education psychology class. In it, he cites the educational and developmental value to his students in having an embodied experience of the energetic dynamics of the human condition. In a complementary manner, Olida Weigand describes how the Brazilian bioenergetic community has extended *grounding* and the bioenergetic exercise class to social clinics that service less advantaged populations.

Al Lowen's investigation of the primacy of the pulsatory energetic core that animates life has provided a basis for many of his progeny to develop the relational dynamics of pulsation; a movement that extends out and into the environment as well as its counter movement back toward its moving center. Robert Hilton writes of this as the ever expanding-contracting process of human relationships and how it has informed the bioenergetic therapy training in Southern California. Bob Lewis challenges us to incorporate the contemporary understanding of attachment theory and the importance of the therapist/patient relationship in bioenergetic therapy while acknowledging Al Lowen's passionate and penetrating insights about the life of the body.

As a "fourth generation" bioenergetic therapist and client, the journey of self-discovery has led me back to experiencing the vitality of that pulsatory movement of being alive and of being connected to the world around me. Over the years I have become increasingly aware that my development as a therapist, an artist, and as a man, has been formed along the growing edge of the energetic movement with which Al Lowen and his colleagues have identified and worked. To approach life energetically gives me, and those I work with, the possibility to experience an embodied life.

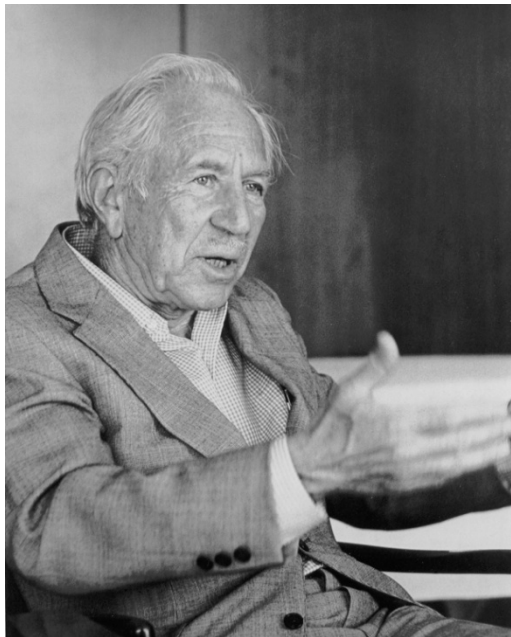
I would like to share with you an example of how Al's work has found its way outside the therapist's office in my professional practice. Last summer I was invited to facilitate a collaborative art project with a number of Chicago organizations that supply social services for developmentally disabled adults. Each of these organizations provides space in which these individuals can work as artists. Typically, they come in and are hard at work on their individual projects with little interaction between them. What I designed is an example of one of the ways Al Lowen's focus on the living body has been applied to an alternative venue. In this community-based project, participants were led through a series of bioenergetic breathing, grounding, and stretching exercises that sensitized them to internal body rhythms through movement and sound. Each of them then individually painted on flexible wood slats the graphic pattern they had created in response to one of the internal rhythms with which they had become aware, e.g. breath, heartbeat, and in a couple of instances, a chronic tic. They then collaboratively wove together their individual slats into an eight foot tornado-shaped frame. This work was as much a growing edge of their connection to each other as it was the creation of a space to metaphorically hold and support their vitalness.

The challenges of living and growing with the legacy of Al Lowen's work reflects his greatness as the founder of an important cornerstone of somatic psychotherapy. The bioenergetic community is a living organism; its movement is temporal and subject to change over time in response to different social and cultural contexts; it does not have a fixed core, but rather a moving center; and, like pulsation itself, its growing edge is a work-in-process.

I was first came across the writings of Al Lowen in my early 20's, and subsequently bioenergetic therapy and clinical training, in my 30's. I thought I had found some of the answers to those 'mystery of life' questions. Now, into my 50's, the search for answers is beginning to fall away. What I do know is that my deepest experiences of being alive and connected with those I care for are those times, those moments, when I feel, in Al Lowen's words, "the life of the body."

Thank you Al. And thanks to those who have rigorously explored the terrain of the energetic foundations of the living body, its characterological formations, and has helped to facilitate our own exploration.

Jim Elniski, LCSW, CBT lives and works in Chicago where he has a private bioenergetic therapy practice. He has been on the Board of Trustees of the International Institute for Bioenergetic Analysis, is a local trainer and former director of the Chicago Society for Bioenergetic Analysis. Jim is also a practicing artist and Associate Professor and Director of the First Year Program at the School of the Art Institute of Chicago. His special interest, as therapist, clinical consultant, educator, and artist is the pulsatory nature of being alive and how we contact, shape, and are shaped by the world around us.



Alexander Lowen, M.D.

Dec. 23, 1910-Oct. 28, 2008

A student of Wilhelm Reich's in the 1940s and early 1950s he developed a form of body psychotherapy known as Bioenergetic Analysis with his then-colleague, John Pierrakos.



Pulsation: The Growing Edge of Emotional Connection

Jim Elniski, LCSW, CBT

Abstract

Drawing from experiences as a bioenergetic therapist and practicing artist, the author identifies pulsation as the energetic basis of emotional connection. He explores Alexander Lowen's contribution to the clinical understanding of the importance of being deeply connected with our bodily selves and our energetic connection to the world around us. He goes on to describe how he applied the pulsation principle in his work as a community-based artist with a community of developmentally disabled adults.

Keywords

Pulsation - Emotional Connection - Community-Based Art – Bioenergetics

As a fourth generation bioenergetic therapist and client, the journey of self-discovery has led me to experiencing the vitality of pulsatory movement of being alive and of being connected to the world around me. Over the years I have become increasingly aware that my development as a therapist, an artist, and as a man, has been formed along the growing edge of the energetic movement which Alexander Lowen identified.

Bioenergetics identifies emotional connection as a process of the biologic self (Lowen 1958, 1975, 1977). Remember a time when you have been in the presence of someone in the throes of a full-bodied laugh and almost out of control. It builds and presses in on you and, if open to it, you too begin to laugh. You are overcome as much by the energetic movement of the moment of the one who is laughing as you are by the humor. And have you ever noticed how close the qualities of a good laugh is to a good cry? In bioenergetics, the energetic foundation of a good laugh; a good cry; and the rhythmic movement of a heartbeat and breathing is pulsation, a movement that extends out and into the environment as well as its counter movement back toward its moving center. Pulsatory movement is integral to both the spontaneous vitality and self-expression of an individual and to the possibility of making contact.

Lowen has been an exemplar for me in living in the question of what it means to be embodied. It is through the living experience of deeply connecting with our bodily selves and our energetic connections to the world around us where we can begin to feel the animation of our being.

To approach life energetically gives me, and those I work with, the possibility to experience an embodied life. In my clinical practice, I have also found that the client's experience of that pulsation, of a taste of one's spontaneous vitality, can contribute to a client's motivation to ask the question, "Why am I living my life the way I am?"

I had been working with Bill, who was 50 years old, for over five years, both individually and in a bi-weekly bioenergetic group for priests. Bill was deeply conflicted and confused about being a priest and at the same time being a sexually active gay man. One theme that was ever-present was the conflict between his heart-felt regard for his parishioners, his deeply abiding faith in God, and his sexual and relational desires and needs.

After a lengthy working through of his version of "the hope of the 'yet to be' and the dread of the 'not me'" (Mitchell, 1993), he made a final decision to leave the priesthood. With his permission in hand, I would like to share with you what he wrote about a recent session. The session described includes a technique/ procedure that was originally developed by Denis Royer, an International Institute Bioenergetic Trainer from Quebec, Canada who has developed ways to work with the religious bioenergetically. In Bill's words:

Last week I was given the gift of tears -twice no less! In late December I attended the bi-weekly session of my bioenergetic therapy group with fellow priests. I spoke of my transition and my therapist, Jim, asked me if I remembered a song from my early years of being a priest. Of course, the first song that came to mind was the song I used for my Ordination and First Mass announcements: All I Ask of You is Forever to Remember Me as Loving You. I sang the refrain and hummed the melody of the verses. Then Jim put me over the breathing stool, the infamous 'stretcher,' to open up my rib cage. I sang the song again and reached forward and within moments the sobs began to escape, painful moans from deep, deep within. As I reached out over my head I said good-bye, good-bye to the thousands who had been a part of my life in my many priestly, pastoral assignments. That farewell also included my sadness for friends lost. The acceptance and expression of my sadness was cathartic and an important part of letting go. Twelve years of formation, one year as a deacon, twenty-three years a priest. Thirty-six years of an identity changing. That's not counting the childhood years moving in the direction of priesthood. And somehow my body knew it had to let go of these years, these people, before beginning a new journey. I couldn't carry this sadness locked inside forever...

What I sensed during the session and was confirmed by what he wrote was the beginning of an emergence of that deeply held back pulsation; that is what "his body somehow knew."

As Lowen made clear in his writing (Lowen, 19), an important function of the pulsatory movement is to make contact. Stanley Keleman, an early member and trainer in Lowen's Institute for Bioenergetic Analysis, further developed the somatic-emotional dimensions of pulsation (Keleman 1975, 1987). In Bill's case, the softening of his somatic and characterological holding, and experiencing the pulsation of his sadness within the relational support of his therapist and his bioenergetic priest group brought him to a new level of receptivity with regard to those around him. He was surprised at the positive supportive responses he was receiving from family and friends after announcing in his Christmas card that he was leaving the priesthood.

I realized that I was truly loved by all these people, not for being 'Father Bill' but for being 'just Bill.' The personal gifts that I brought to ministry was the glue connecting me to people's lives. It wasn't the title. In many, many therapy sessions, I kept returning to the core fear of my life and the question: 'Who really loves me?' For within this question lies the fear that I am utterly, utterly alone! That no one really loves me. That I don't really matter to someone... So this day, I realized how loved I am, by so many wonderful people, and I was given the gift of tears. And I thanked God for being at a place in my life where I can feel, feel the feelings, feel the tears, and open up my body and be in touch with the deepest reaches of my core."

To regard life energetically gives me and my clients the possibility to experience the rich texture of being alive and an enrichment of the meaning of life; literally giving body to thought.

I would like to share with you an example of how Lowen's work has found its way outside my office in my practice professional practice. Last summer I was invited to facilitate a collaborative art project with a number of Chicago organizations that supply social services for developmentally disabled adults. Each of these organizations provides space in which these individuals can work as artists. Typically, they come in and are hard at work on their individual projects with little interaction between them. What I designed is an example of how Lowen's focus on the living body has been applied in an alternative venue. In this community-based project, participants were led through a series of bioenergetic breathing, grounding, and stretching exercises that sensitized them to internal body rhythms through movement and sound. Each of them then individually painted and collaged on flexible wood slats the graphic pattern they had created in response to one of the internal rhythms with which they had become aware, e.g. breath, heartbeat, and in a couple of instances, a chronic tic. They then collaboratively wove together their individual slats into an eight foot tornado-shaped frame. This work was both a growing edge of their connection to each other and the creation of a space to metaphorically hold and support their vitalness. The growing edge of the pulsatory movement is inventive. There is an interesting parallel between our conception of pulsation and the growing edge described by chaos theory (Gleick, 1987). In chaos theory the growing edge is identified as that area or region between the "chaotic" where there is no coherent, established pattern; and "the ordered" where the system repeats a very limited number of patterns. The collective weaving of their individual slats was both in response to pulsation as a biologic reality (the ongoing expansion and contraction of internal body rhythms) and as a powerful metaphor of life's striving for connectedness (the tornado as a centripetal force of nature).

I was first introduced to a clinical understanding of the concept of pulsation through the writings of Al Lowen and Stanley Keleman. Now, into my 50's, through my years of bioenergetic therapy and training with therapists and theorists trained and influenced by Lowen, I believe that my deepest experiences of being alive and connected with those I care for and work with, are those times, those moments, when I feel, in Lowen's words, "the life of the body."

Acknowledgement: This paper is a version of a keynote address I had the privilege of presenting at the 2003 Southern California Bioenergetic Conference: *The Body Self in Relationship*. It also reflects the invaluable support I have received from Philip Helfaer, whose counsel and writings have brought alive for me the work of Alexander Lowen.

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Biography

Jim Elinski, LCSW, CBT lives and works in Chicago where he has a private bioenergetic therapy practice. He has been on the Board of Trustees of the International Institute for Bioenergetic Analysis, is a local trainer and former director of the Chicago Society for Bioenergetic Analysis. Jim is also a practicing artist and Associate Professor and Director of the First Year Program at the School of the Art Institute of Chicago.

Bioenergetics as a Relational Somatic Psychotherapy

Robert Hilton, Ph.D.

Abstract

Robert Hilton recounts his first personal experience with Bioenergetics and the enlightenment it provided. He goes on to observe the lack of acknowledgment of the client-therapist bonding which is so deeply intertwined with the Bioenergetic model, and the changes this realization created in his relationship with clients in his own practice. Through the example of grounding he demonstrates how the Bioenergetic model can be integrated with the Relational and Interpersonal models.

Keywords

Bioenergetic Model – Alexander Lowen – Body Awareness

In 1965, while still a professor of counseling in a theological seminary, I attended a weeklong Gestalt therapy seminar at Esalen Institute in Northern California. While there, I touched a deep sadness in my life. Never before had I felt such overwhelming feelings of loss and grief. The ensuing three years brought a lot of changes to me. I got a divorce and left my professorship and the ministry. I ended up working as a therapist for the Institute for Therapeutic Psychology, a clinical practice in Santa Ana, California. There, we had monthly seminars where guest therapists discussed cases or presented their particular understanding of psychotherapy. At one of these seminars in 1968, the guest therapist was Harold Streifeld, a bioenergetic analyst from New York.

After speaking briefly about Wilhelm Reich and his work with Alexander Lowen, he was asked if he would demonstrate his bioenergetic approach to therapy. He looked around the room and seeing me said, “You look pretty depressed; maybe I could demonstrate with you.” He asked me to stand with my knees slightly bent and put my fists in the small of my back. He then asked me to arch back over my fists so that my body was in a bow position and to breathe deeply. Within a few seconds my body began to vibrate from the stress. As it increased, I was asked to continue the deep breathing. After only a few minutes of this, I was then instructed to lie on the floor on my back, keep my head still while looking at the ceiling and then, without moving my head, let my eyes wander to the four corners of the room.

After several seconds of this, I began to cry. Soon the crying became deeper and I began to sob involuntarily from deep inside. The tears tasted familiar and the sounds, as if coming from the distant past, were very present. My colleagues, puzzled by what was happening, got up out of their chairs and stood over me. This put me into a rage as it reminded me of my parents standing around my crib and not picking me up. The rage moved through my arms and I started to hit the floor in a temper tantrum only to realize that the floor was hard and unyielding. As if time had stopped, the whole experience continued for what seemed like an instant and also an eternity. I eventually stood up and asked Dr. Streifeld where I could learn more about this. He said that Dr. Lowen was going to be teaching in a few months at Esalen.

I would like to make a few observations about this experience. First, I touched once again the depth of the sadness experienced three years before at the Gestalt seminar at Esalen and this time reached it through a physical intervention. By increasing my breathing while in a stress position that invited involuntary muscular movement, I revisited a previous emotional state apparently buried in my body waiting for release.

Second, I realized the experience demonstrated a defining and self-organizing principle of my personality. I experienced in the present what was behind my bitter depression. This was not guesswork, not a theory, an idea or an interpretation but an experience that said, “This is the core of your being and around this trauma you have built a self as you now know it.”

Third, I was aware that I was regressed and yet very present at the same time. I never lost awareness of who I was or where I was and yet the expression of my body was as if I were 18 months old reliving a trauma that I knew was true but yet was totally out of my normal conscious awareness. Again, this told me that I could access unconscious material through a physical intervention.

Fourth, I was amazed that in addition to the deep sadness came an intense rage I had never experienced before. I was totally unconscious that such rage existed. I then also knew that this repressed rage had something powerfully to do with my depression. So, I not only experienced one emotional state but also was led to other feelings associated with it. And, all of this I knew was real; I experienced it directly in my body.

Fifth, I absolutely knew that I had to have more of whatever had just happened to me. I felt stimulated but terribly unfinished. Dr. Streifeld was a total stranger but I implored him to give me more sessions. He said he was just here on vacation, but I wouldn't take no for an answer and finally persuaded him to see me the next day. I was able to have two more sessions before he left. This truth about my life created an intense hunger for more. I felt an aliveness that I had not felt before. I was later to realize how unusual this was, for part of my depression was based on not allowing myself to want anything ever again because I had been so disappointed. However, once I had a taste of my own life, I wanted more and I wanted it *now*.

Two months later, I attended a bioenergetic workshop at Esalen. Al Lowen, John Pierrakos, Stanley Keleman and Jack McIntyre were the trainers. At this seminar we were taught that the structure of the body is like that of a worm and release of constriction would allow this worm to move and bring about emotional health. The assumption was that the ego is primarily a body ego and the self of the person is synonymous with the body. “My body, my self – I am my body.” This idea can be traced to

Reich's idea that all ego needs are blocked vegetative movement. He said, "...the ego instincts are nothing other than the sum total of vegetative demands in their defense function," and that "ego and id appear merely as different functions of the human organotic system."¹ He also reminded us that, "The greatest thing that ever happened in psychiatry was the discovery that the core of the neurosis was somatic."²

The experiential part of the workshop took place in a large room, with four mattresses on the floor, one placed in each corner of the room. The room was filled with 25 or 30 people all walking around in their underwear waiting their turn with one of the trainers. A turn consisted of standing before the trainer who would read your body, tell you what your problem was and introduce you to a physical movement that might address it. When one of the trainers first saw me he said, "I know what you need." He had me turn around and he put his back against mine. He then said, "Put your hands in the air," which I did, and he proceeded to lift me up on to his back by bending over. He was attempting to open up my chest, which he said was collapsed, and a physical manifestation of my oral depression. The breathing stool was sometimes used for the same purpose.

This bioenergetic theory was based on a particular interpretation of what constitutes a person and emotional health. The therapeutic goal was to release the chronic muscular tension that prevents the organism/person from experiencing the full expression of biological life, and, in particular, sexuality. In the traditional model of psychoanalysis, the statement was "Where id was let there ego be." In the bioenergetic model it was more like "Where ego is let there id be." The cure was not to get ego integration over primitive forces of aggression and sexuality but rather to surrender the ego's attempt to control these forces and allow the body to find its own integration. The ultimate integration was seen in the orgasmic reflex, which involves the involuntary surrender of the ego to the sexual energetic expression of the body.

This bioenergetic body model addressed the organization of an intrapsychic structure; not through the psychoanalytic process of free association or transference analysis, but rather through the outer manifestation of this structure as seen in the body. The energetic dynamics of the body and its holding patterns were seen as an outer manifestation of an inner process. To effect change in the form and motility of the body was to alter the rigidity of the client's inner psychic conflicts.

I remember once standing in line for one of the trainers. The man in front of me was on the mattress breathing and looking at the trainer. The trainer said to those of us standing there, "What do you think he needs to do?" I had been watching the trainers work so I ventured that it looked as if he needed to cry. The trainer said, "And what would you do to help him?" So I did what I had seen the trainers do, I looked at this stranger and said, "Could you reach your arms up to me and ask me to help you?" When he did this, he immediately began to cry. The trainer said, "See, you know what to do."

Two basic bioenergetic assumptions they were trying to teach us were involved in this little interaction. One was that the body heals itself. If you release the tension of holding back, up, on, in or together, the body will relax and release the pain held in the armoring. Health is the result. The second assumption was that physical movement facilitates emotional expression. To move a part of the body held back from expression contacts the feeling and invites further expression. Reaching with the arms reactivates longing and thus the pain of rejection. Crying releases the pain and therefore tension in the arms is no longer needed so one can now reach again.

While these are two very important assumptions, what was not acknowledged or taught was the relationship between client and therapist. The result of the reaching was noticed and processed but not the interpersonal nature of this accomplishment. This was thus presented as an energetic healing model even though it involved a two-person interaction. The person of the therapist was not acknowledged since it was assumed that healing occurred by release of tension and did not involve a relationship with the person facilitating the release.

When I felt alone and stuck in my own muscular tension and the bioenergetic model was not working, that is, I was not spontaneously releasing my tension patterns through breathing or bioenergetic exercises, my therapist/trainer would come after me using his own energy and skill in an attempt to reach me. By doing so, he really was moving into a relational model of therapy. He would become the good and desirable love object and attempt to help me let him into my life as such. This was done not only mentally but also physically. I remember once being lost in despair when Al Lowen leaned over my body on the mattress and pressed his fingers under my eyes to allow my terror to surface with a scream. He would then look at me and ask me to acknowledge how frightened I was and to see if I could tenderly reach up and touch his face.

When I did manage through my terror to touch his face I burst into deep sobs and he held me like a child. I remember to this day the touch of his face against mine, the smell of his skin and firmness of his arms. At that moment, I became emotionally and physically bonded to him. I had never been bonded to anyone in my childhood and now I looked at him like the little lost bird in the children's story, "Are You My Mother?" This movement on the part of Lowen reminds me of Harry Guntrip when he writes about working with people in regressed ego states. He reports one patient saying to his therapist, "I can't reach you. If you can't reach me I'm lost." Guntrip continues, "This is what the more schizoid patients are always saying to us one way or another. I haven't got a real self to relate with. I'm not a real person. I need you to find me in some way that enables me to find you."³

Out of such experiences I entered into a relationship with Lowen that had been missing for me as a child. He introduced something new to the bioenergetic model of the body healing itself – a contact with him as the good object who offered me a corrective good object experience. I idealized him. I developed a strong physical as well as psychological attachment. Seeing his eyes, feeling his touch, being over the breathing stool where he would press his chest against mine until I panicked and gasped for breath only to be held by him and brought down to the floor with the feeling of safety and love all created a visceral attachment to him. He not only *represented* a nurturing good object but also *presented himself physically* so that I internalized his physical touch and presence.

However, the bioenergetic model did not address this kind of bonding experience. Since my body was to heal itself

through releasing tension, working with the ensuing relationship was not considered essential to the healing process. Strong personal interventions were seen only as techniques to help me contact and process my early loss. They were not seen or used as a means to help me find a real self through the empathic reflection and real presence of the therapist. Again, the assumption was that the body is the self and, since I had a body, all I had to do was own it and I would have the self I needed.

Winnicott's concept that it takes two to make one and that the self begins as a body experience that's developed through relationship was not considered. Therefore, any expectation that I had for person-to-person contact to be remembered and processed was seen as a further indication of my oral need and inability to mourn my original loss. Similarly, the loving attachment I experienced was seen as masking an underlying hostility and as an inability to express anger at not having the original love object.

The theory did acknowledge that the original pain was due to a loss in love relationships. Reich stated it this way: "The road between vital experiencing and dying inwardly is paved with disappointments in love. These disappointments constitute the most frequent and most potent cause of inward dying."⁴ Nevertheless, there was no consideration that this disappointment could be healed through a new or different relationship. The original loss involved a parent child relationship but the healing was based not on a relationship but rather on an individual person releasing the pain of the loss as experienced in his body. Contacting the child in the patient was important but to help the child grow up within this bonding relationship was not considered. Dependent clients were encouraged to "grow up" by expressing their anger toward the therapist. This is extremely difficult to do since the client at first needs the therapist so much. Even if successful, it risks a premature move into "adulthood" that masks a shamed, despairing child.

I was learning that regardless of what therapeutic model is used, transference is present. The child in the client always seeks a particular kind of contact with the therapist. The relationship is always there. The self-need of the client is always there; it is simply a matter of how the therapist chooses to address it. If it is not addressed in a way that the client can use for his own self-recovery, the client will find other ways to adapt to the therapist's modality. Guntrip comments on Freud's observation that "Identification is a substitute for a lost human relationship" by saying, "Thus a child who finds that he cannot get any satisfactory kind of relationship with a parent who is too cold or aloof or too aggressive, or too authoritarian tends to make up for his sense of apartness and isolation by identifying with or growing like that parent, as if this were a way of possessing the needed person within oneself."⁵

When the bioenergetic model did not allow a way for my therapists/trainers and me to address my self needs, I adapted to their model. I did what I had always done before entering therapy; I became a good boy and memorized their system. I tried to get what I needed from them personally by becoming just like them and championing their system of therapy. Every child does this in the family and, if the basic self-need is not addressed, the client will do it in therapy. This is also why every form of therapy, no matter what the modality, works for a while. The client adapts to what the therapist wants to hear. It is when the therapy is not working that the true test comes. At these times, can the therapist change the model to meet the client's needs or are the client's needs reinterpreted to meet the therapist's comfort level?

Meanwhile, back in my office, I was facing the same problems with my clients and trainees that my therapist/trainers and I were facing. My clients wanted a different relationship with me than the one provided by the bioenergetic model. I felt very apprehensive about trying to meet their needs and, like my trainers did to me, I wanted to turn their need back on them and reinterpret it through their character structure. Doing this, I began to realize that I was using the bioenergetic model to defend against my feelings of inadequacy as a person. I was defending my narcissistic ego from exposure to their desire to relate to me as a person since I feared they would find me wanting.

I had one client who was a therapist. She said she had a lot of borderline characteristics and would need to see me three hours a week. I remember feeling intruded upon and defensive by her request and underneath feared that I could not keep up the magic show for three hours a week. She would soon know all of my tricks and want to know me. I was inwardly afraid that I was really like the Wizard in the Wizard of Oz. When Dorothy's dog Toto pulled back the curtain and revealed the Wizard, he was just a frightened and insecure little man trying to impress others with his magic and illusions of power.

Another client/trainee said he hoped the bioenergetic exercises worked to help him with his depression since otherwise he would lose me. We discovered together that while he was doing all of the right things as a bioenergetic client, behind his effort was his attempt to contact me. I realized how important I, as a person, was to him, but naively only provided him access to me through my particular modality of therapy. The next time we met I stayed with our relationship and tried to be available for the contact he needed. I then realized that in the past I would break that contact and stand up which was the unconscious signal I gave to him that it was time to do some "body" work. In the past, he would follow my cue and bodywork would begin. Since he needed to stay in contact with me, he would follow my lead and we would miss the moment of connection he needed. We would move quickly back from a intimate connection to doing body work which fit in more with my personal comfort level.

When I stood up this time and realized what I was doing, I stopped, sat back down and just looked at him; I had to take in my importance to him as a person. I then also felt my discomfort being in the kind of relationship he needed. I was avoiding participation with him in the same way his mother and mine had failed to participate with us. By owning and working through this material, when we now make the kind of contact he needs, he feels in his body the desire to move and express his newfound freedom and life. As a result, the bioenergetic aspect of the therapy becomes a spontaneous expression rather than a prescribed exercise.

About twelve years after being introduced to Bioenergetics, due to personal circumstances in my life, I went into a deep depression. During therapy I had to face the problems of intimacy I had experienced with my own clients and trainer/therapists. I discovered in this state that I needed certain responses from a therapist that were essential for me to stay connected to my

weakened and depressed self. The energetic expression of my body alone was not enough. I needed something else

Fortunately, I found a woman therapist who had been trained in Biodynamic therapy who was available to contact me in my desperation. I needed someone who worked with the body and recognized it as the energetic core of self expression and source of the true self but more than that, I needed a person who wanted to connect to me; not just a body, not just a problem, not just a character, not just an energetic system, but me, with all of my weaknesses and needs. In short I needed someone who could acknowledge the importance of the bioenergetic model *and* be able to shift to a relational model.

First I want to underscore an important point. It has been my experience over and over again in the model of bioenergetic therapy that when I give in to my body and release my deepest cries, I momentarily reconnect to the person I am. My cry is essential. It brings an affirmation of my wounded self back into the world. It is a way of reintegrating the split in my personality, of bringing my ego and body together as a single self-affirmation. However, I have also realized that my cry is not enough to *sustain* my contact with myself. In the same way that my cry alone was not enough to keep my psyche/soma soul together as a child, so it is not enough now. In the same way that I needed certain responses from my caregivers then in order to keep body and soul together, so I need them now. I need to cry, but I also need a relationship that will provide a certain kind of nurturing environment where I can sustain contact with my fragile self.

During my relationship with my new therapist, I found myself going through various phases of relational interaction. At times my therapist was a parent substitute and a good object; at other times she was a frustrating object and I had to deal with both. However, underneath this struggle with her to find and sustain a true self, I needed certain constants – the main one being her recognition of me and my impact upon her as a person. I needed someone who was committed to our relationship; someone who could weather the storms of my rage and disappointment; someone who never once thought that whatever happened in the therapy could not be worked out; and someone who was committed regardless of the outcome. I needed someone who would *fight for us*.

The bioenergetic model also did not allow room for the mutuality of shared experience between therapist and client. In that model countertransference is viewed from the Freudian perspective as an interference with the therapy. How the character of the therapist impacts the client and participates in their mutual experience is not studied. However, as we all know as clinicians and clients, it is the subjective experience of the therapist that is often the key healing factor in the therapeutic relationship.

A therapist who had become an assistant trainer in a bioenergetic society asked if she could come into therapy with me. She had seen me at conferences where I was the speaker and I had also observed her presentations there as well. However, her request for therapy was that I *not* use the modality of bioenergetics. She respected the work, was certified as a Bioenergetic Analyst; knew my reputation as a bioenergetic therapist but needed something else from me. After years of training and bioenergetic therapy she still felt some essential ingredient in her understanding of herself was missing.

She was attempting to find this missing piece by studying and participating in a self-psychology group and in particular the intersubjectivity work of that discipline. I liked her and told her I was not sure if it would be possible for me to treat her in this modality since I had read about it but had not been trained in it. She said, “I think you do bioenergetic therapy from that perspective anyway, so let’s try.” It was not always easy for me to change. Many times when she would come to the sessions extremely depressed and overwhelmed, I knew exactly what to do from a bioenergetic perspective but such suggestions seemed to her like I was imposing my agenda and this reminded her of her intrusive mother. Sometimes I could not stand it anymore and I would share with her my dilemma of feeling helpless when I knew I could help.

One particular day when she was hurting so much and lost in her inner world of pain, I knew from a bioenergetic perspective that she needed to reach out to me and yet I also knew that this suggestion would be rejected. I finally said to her, “It seems as if you are asking me to sit here and watch you drown.” She said, “Right. Can you do that?” I said, “I don’t know if I can.” At that moment I felt my caring for her and my heart ached and I also felt angry that she was robbing me of a way I had to ease my pain. I knew in some profound way that I was to be a model for how she could be with her own pain. She was asking me to bear this pain of love and helplessness that she could not bear.

I realized that my bioenergetic modality of therapy was not only to help her but was also to protect me from my own distress. She saw this struggle in me as I put my hand over my eyes, bowed my head and cried softly in her presence. Inwardly I was experiencing this as an important moment of healing for me. However, when I looked up I saw that the desperation I had observed on her face just a few moments before was gone and in its place was a peacefulness that I had never seen. From this place she softly reached her arms out to make contact with me. She now did spontaneously what I had wanted her to do with my bioenergetic technique. Only this time her reaching was not the result of a technique but a spontaneous expression of her real self.

Later, when we talked about it, she said what moved her was observing my struggle to give up the bioenergetic form of therapeutic interaction of which I was an expert and to be with her in the way she needed me to be. She experienced this as a genuine act of love on my part. I was willing to be with her in her pain and not try to “fix” her. From this experience with me she could find that essential piece of herself that she had been seeking. I, too, found that piece of me that had been hiding behind my therapeutic mode of interaction; namely, the value of my real self to another person.

How can we integrate the bioenergetic model with the relational and interpersonal model? I would like to address this question through the example of grounding. It is a concept that Alexander Lowen introduced into Bioenergetics as a result of his work with Wilhelm Reich. He felt that the experiences with Reich did not hold up over time because they were too dependent on the power of Reich as a charismatic figure and not grounded enough in the body. Grounding as a bioenergetic concept means literally feeling one’s feet on the ground. It also means being oriented to reality rather than illusion and possessing one’s adult sexuality.

As a part of the experience, it includes the free flow of energy in the body from the head to the ground and back again. To achieve this experience, the client is directed to follow various bioenergetic grounding techniques. These usually involve some form of leg and feet exercises. A typical one is to lean over with knees bent and touch the floor with the hands – allowing a vibration to build up in the body. This is a physical attempt to bring about an energetic and psychological integration within the client. Often after a regressive or disorganizing therapy session, the client will be asked to get grounded before leaving. In the beginning of a therapy session a client may be asked to get grounded to be more in his/her body.

This approach to grounding is a classic individual organismic bioenergetic model. Yet I believe with Winnicott that grounding begins with the relationship with the mother as the ground of experience for the infant. Winnicott writes, “With the Mother the infant has the possibility of being ‘all over the place’ with someone in particular whom we would at a later stage describe as having their feet on the ground. There is a dawning sense of being a person whose particularity is rooted in his body and which will be elaborated into the sentiment of being who one happens to be.”⁷ In other words the infant finds his feet by being safe to be unorganized and unintegrated while the mother maintains the ground of his being. Through their mutual interaction, integration is a natural process and the psyche and soma stay united without his premature effort to hold himself together.

In a similar way I find that when my clients are facing the breakdown of their usual patterns of self-organization, they need me to hold the experience for them. They need to feel that I am present in just the way they need me to be. They then have the freedom to find a new form of grounding and integration. However, as soon as this is achieved, like a child who no longer panics about being left, the client next wants to explore his or her own individuation. Once they can tolerate the feeling of being on shaky legs or shaky ground because I am there to authenticate and hold the ground of their experience, they want to explore the full dimensions of being alive in their bodies. Thus, we move from an energetic model to a relational one and back again all within the therapeutic relationship.

Recently, I had a 60-year old woman client who had lived her whole life in anxiety and depression. She also suffered from a rather pronounced scoliosis. Any physical touch made her writhe in pain and anger as if she was being tortured and yet she was starved for contact. She was desperately trying to hold herself together and this was exhausting and depressing her. After several months, we had a good therapeutic alliance and she called me one day after a terrifying experience. She was driving her car alone when another car came alongside her with three young men in it. This car raced in front of her, turned the corner and then came back at her deliberately ramming the right front end of her car. They did this to disable her car and gain access to her – probably to rob her. However, in her panic, she floored the accelerator and with rubber burning from her damaged tire, made it to a gas station and a telephone.

When she was able to reach me by telephone, I told her to come to the office as soon as possible. It was not until the next day that she came in, and as soon as she began to talk, I knew that she was reliving the unspeakable terror of her early existence. As she recalled the incident she literally began to fall apart. I put my arms around her and held her while she writhed, screamed, cried, became sick to her stomach, spit up in the wastebasket and collapsed. I became the ground that held the terror and disintegration. I held her where she had always tried to hold herself. Realizing that I could hold the ground of the experience, she could allow herself, in Winnicott’s words, to “be all over the place.”

Something rather profound happened in that holding. For the first time, she experienced having a body. Building on that experience over time, she gradually learned that with a body she could explore contact with me and ultimately found others in her life she never knew were there. Slowly this grounding with me resulted in grounding for her. When I later read this statement to her, she said the body memory of my holding her while she panicked still serves to ground her in her present day life.

As bioenergetic therapists, one of the theoretical formulations of our work comes from the discoveries of Wilhelm Reich. According to David Boadella, one such discovery was what Reich called “psychosomatic identity and antithesis;” namely, that “the expansion and contraction process in the amoeba is functionally parallel to the process in higher animals by the vastly more complicated network of vegetative nerves.”⁸ This expansion-contraction process is seen all the time as we work with our clients. But, we are also more than expanding and contracting organisms. Guntrip comments on the Freudian concept of man as an “organism,” and says “all this seemed to me to miss the final key to human problems by not beginning with the primary fact about human beings, namely their experience of themselves as that significant and meaningful “whole” which we call a person.”⁹ This person/client needs another real person/therapist with whom to engage in this ever expanding-contracting process of human relationships.

In Southern California we began a new training group and on our first meeting day we displayed another quote from Harry Guntrip. It said, “One can teach a technique, but cannot teach anyone to be a therapeutic person. The point of the training analysis is not to teach theory or technique but to free the real person in the candidate.”¹⁰ Whenever clients are interviewed regarding what was effective in their therapy, they inevitably talk about the person of the therapist. The effectiveness of the therapy is directly connected to the therapist’s faith in them and his or her caring about them. This is true regardless of the modality. We all seek approval, affirmation and a real person with whom to respond and share our pains and joys. If this real person is not available, then, as I mentioned earlier, the client does what he or she did as a child and adapts to the therapist’s personality or his/her mode of therapeutic action in an attempt to gain the valuable nurturing supplies he/she needs.

In summary, we as Bioenergetic therapists have the sacred responsibility of often working directly with a person’s body and its expression of life. I say sacred because as Carl Jung reminds us, the body is the outer manifestation of the inner soul. I have often said that we as Bioenergetic therapists know too much too soon. We see in the person’s body her life struggles to love and be loved as well as her will to live and survive. Our direct access to the inner soul through the body is only to be pursued with the greatest respect for the whole person and requires deep humility on our part to assume such an action. This direct work

with the energetic processes of the body is the basic bioenergetic model.

We must also be aware that from the time we speak to a client on the telephone about an appointment or meet him/her in our office, we are engaging in an experience together where our every action has meaning. The client will be consciously and unconsciously attuned to our every move: the sound of our voice, our gestures, the way we say her name, and the way we interpret his story. They will look for ways to impress us or reject us or prepare themselves for our love or disappointment. In short, we cannot help but enter into an intimate experience that each hope will eventuate in repairing the past and bring us to a different and more fulfilling life in the present. This intimate relational experience is also essential and the basic bioenergetic model must be able to expand to meet this need.

However, to be available for the experiences of such an intimate journey can only occur if we as therapists have spent time discovering who we are and what the impact of our relationship is upon our clients. In our curriculum I wrote the following statement,

“The therapist and client eventually create an I-Thou relationship wherein each is taught and renewed as a whole person by the other. The therapist in this process is constantly attempting to integrate the interpersonal self-needs of the client along with his own limitations to meet those needs. As the therapist accompanies the client on his journey back to the origins of his interactional failures, the therapist must know and understand her own relational failures and the solutions she sought for them. This dynamic interplay and all that is implied in it becomes the healing process for both therapist and client.”

This mutual and co-created relationship, I believe, must also find a place within the traditional framework of bioenergetic analysis.

In my opinion these two models, energetic and relational, in the hands of a therapeutic person represent the heart of Bioenergetic Analysis as a *relational somatic psychotherapy* and as such provide a powerful and effective therapeutic modality.

In closing I want to remind us again of the words of Wilhelm Reich that I quoted earlier, “The road between vital experiencing and dying inwardly is paved with disappointment in love.” Harry Guntrip said the most important thing Fairbairn ever wrote was that mental illness develops because “parents fail to get it across to the child that he is loved for his own sake, as a person in his own right.”¹¹ We as therapists enter into that sacred and perilous arena of daring to reengage with another with the desire to recover our capacity to love and be loved. In this journey we discover with each other our desires and limits in meeting these goals. But like children, the clients forgive us when we make mistakes if our hearts are open and we are willing to share in their inevitable loss. All of these models at their best represent our meager, human but heartfelt attempts to reunite mind, body and soul and, in so doing, recover what we once had or longed for and lost.

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Biography

Robert Hilton, Ph.D. has taught courses at the University of California at Irvine and San Diego, and the United States International University in La Jolla. In 1972 he co-founded the Southern California Institute for Bioenergetic Analysis where he continues to be a senior trainer. He now has a private practice in Relational Somatic Psychotherapy. Email: rhilton@cox.net.

The Clinical Theory of Lowen, His Mentor Reich, and Possibly All of Us in the Field, as Seen From a Personal Perspective

Robert Lewis, M.D.

Abstract

This paper examines the proposition that we therapists are all wounded healers. The focus is on the manner in which these empathic, intersubjective wounds are interwoven with details of our chosen somato-psychic clinical theories and approaches. The theme is elaborated as regards the work of Lowen, his mentor Reich, and, potentially, all of us working in the field.

Keywords

Bioenergetic – Self – Wounded – Intersubjective – Healer

Introduction

This paper is an elaboration of an earlier work, entitled, “Bioenergetics in Search of a Secure Self”. The earlier paper was focused on Lowenian bioenergetics and, to a lesser extent on Reichian vegetotherapy. I was interested in exploring the relationship between the personal insecurities of these gifted men and the therapeutic edifices which they created. In addressing the USABP readership, I hope to extend the issues I raised and explore their relevance for therapists in general, but specifically for those of us who practice some form of somato-psychic therapy. Both papers express my fascination with wounded healers and the way their self-chosen craft can be understood as a complex tapestry. Following on Maley’s paper (1988), “the Wounded Healer”, I understand that the wounds, no less than the gifts, of each therapist, one often emerging from the other, are interwoven as the very fiber of that tapestry. The paper you are now reading might more properly be called “Bob Lewis in search of the wound of the healer, so that he (Bob) can heal him into the parent with whom he can finally become secure”. With Maley, Searles (1979) and others, I believe that we are all more or less wounded healers and that a crucial quality in our being healing to others is that we model the ability to face and live that wound. I also believe with Maley, who quotes Searles’ conviction that we foster our patients’ healing by allowing them in some measure to help us with our woundedness. Thus, my conscious desire is that the bravura of the clinical model I (and my professional community) work from, be liberally tempered by the reality of my (our) all too vulnerable personal brokenness (Hilton, 1988-89). Beneath this, I suspect (one’s shadow tends to be elusive) is the “Scorn, Disillusionment and Adoration” (Searles, 1962) I feel towards those who weren’t as strong as I had hoped they would be. And beneath this may be my heartbreak that their inability to live their woundedness prevented me from healing them into the secure souls for which my spirit has always longed.

I rely heavily in this paper on my personal experience of Lowen over the 48 years that I have known him. For years as a young man I idealized Lowen and felt soothed and secure that he had the answers to life’s problems. Unfortunately for all of us, I would argue, he called the therapy he created “Bioenergetic Analysis” rather than Lowenian therapy. I will look in greater detail in this paper at the implications of the names that any and all of us give to the approach that we use.

Lowen saw many of the problems from which he and his patients suffered as given in the human condition, at least in our western, contemporary culture. Perhaps like many charismatic leaders in our field, it was not a strong suit of either Reich or Lowen to consider that the way they saw things, was only one of many possible perspectives.

Because of my personal history with him, it has been important to me over the years that I gain a more objective perspective on Lowen’s life and work. In this regard, my wife and I once overheard a nugget of wisdom from a grey-haired man during a concert intermission. “I always find”, he said, “that the older I get, the more I become who I really am, because I just don’t have the energy to cover it up”. Now while Lowen always had energy to spare, he may indeed have gotten tired of having to be the bearer of the Reichian standard, which he often told us he had inherited from his mentor. In any event, as he has aged, I have found increasing candor in his writings. Lowen’s openness, particularly in his Festschrift interview in the IIBA Journal (1990) and his autobiography (2004) helped me to understand with more clarity the relationship of his own mind and body. This, in turn, enabled me both to preserve the bioenergetic treasures he gave us and to better see how easy it had been as a bioenergetic patient to surrender my psyche-soma in the hope of being cured.

This is an intensely personal paper, perhaps a latter day version of a paper (1996) entitled: Bioenergetic Analysis: My voyage to self-discovery. But the paper is also at the same time a commentary on a topic with which the IIBA (International Institute for Bioenergetic Analysis) is currently struggling as it attempts to chart a realistic course with Lowen no longer at its helm. The topic I am referring to is the proper scope and importance of the therapist-patient relationship in the theory and practice of Bioenergetic Analysis.

Additionally, I hope to relate the specific issues I identify in the Reichian/classical bioenergetic traditions, to an issue of basic relevance for therapists and patients engaged in any school of somato-psychic therapy: the relationship of our own capacities for intimacy and reflecting on the inner life of others to the forms of therapy to which we are drawn.

*Mentoring**My Bioenergetic Therapists*

The three charter members of the New York Bioenergetic Institute were at one time or another my therapists and mentors and second family. As I slowly became better able to tolerate reality, they taught me, in spite of their Reichian beliefs, that there was not *a truth*, a story to be read in the form and motility of a person's body. When these idealized mentors looked at and worked with the same patient at a conference, they each saw different things. I began to understand that the psychosomatic story they read was so complex (currently, I would add, and so influenced, in split-second time, out of awareness, by the unique limbic dialogue with each therapist), that each of my three mentors trusted themselves to work with that part of the story that spoke to them at the moment.

Winnicott and my abiding professional interest in early terrors for which there are no words

Then there were my "unthinkable anxieties" (Winnicott, 1962). I felt deeply spoken to by the work of Balint, Guntrip and especially Winnicott. Indeed while I was still in bioenergetic therapy I formed a transference to Winnicott; I found myself wishing that my own body-oriented therapy had been more informed by Winnicott's deep understanding of pre-symbolic issues. In particular, the essay in which he described the "mind as the locus of the False Self" (Winnicott, 1949), galvanized my sense that the head was a misunderstood part of the body in bioenergetics. Over several decades, I elaborated the somatic aspects of this alternative, Winnicottian view of the dissociated mind and body. I called it 'cephalic shock'. I consider it my most important contribution to our work, and it plays a central part in the main thrust of this paper.

The attachment paradigm and its implications for relationships

Mary Ainsworth and colleagues (1978) did the first empirical, observational studies that focused on the normative (healthy) developmental psychology of attachment. A multitude of confirming studies have brought an exciting new empirical and predictive power to our field. Not surprisingly their model stresses the importance of sensitive and responsive parenting as the heart of what results in a secure, vital child.

But there is a problem here. In the attachment model the relatively secure mother possesses an essential quality that enables her to be sensitive and responsive to her child. This is the capacity to see, consider and relate to her child as an autonomous being with rhythms, feelings, intentions and perspectives of its own. Her secure infant senses his (for simplicity's sake I will use the masculine pronoun) efficacy in the many exchanges every day, from the earliest moments, as he both regulates and is regulated by the mutual interaction with his mother. Further, he experiences her recognizing his movement as a gesture, his babbling as the beginning of speech. Thus, to their surprise, Ainsworth and her colleagues (1978) discovered that the factor that distinguished the mothers whose infants were rated as secure at one year from those rated as insecure was **not** the quantity of physical contact that their children received, but the quality of contact. Quality referred to attunement, the ability to tune into the child's unique rhythms that was, for instance, reflected in the space given or not given for the child himself to initiate the contact.

The bioenergetic problem that we are left with here, I would suggest, is that the Reichian/Lowenian developmental model tends to be so exclusively quantitative that it simply does not map onto the qualitative factors supported by controlled, longitudinal research. The classical bioenergetic model is about the amount of time (three years) that the baby should be nursed and given body contact. I will return to this theme, but for now, let me say that it would be reassuring to believe that Lowenian bioenergetic theory takes for granted the above crucial parental capacity to tune in and consider the child's unique rhythms, intentions and desires. But this is not the case. The Lowenian bioenergetic infant's self consists of a desire/need to be nursed and held for three years. The parental qualities that predict a child who will be nursed and held in such a way that it becomes a secure individual are simply not in focus and therefore not dealt with in Lowenian bioenergetic theory and practice. These same qualities were sorely lacking in the parents of both Reich and Lowen. Thus Lowen is not able to describe what he never experienced. What he can tell us about is the attributes his parents did have. For instance, his mother's obsessive and shaming preoccupation with his bodily functions, his father's easy-going, un-ambitious nature.

Attachment research (Fonagy et al., 2002) has now followed insecure infants whose insecure parents did a poor job of reading their intentions and desires into early adulthood and found that they are lacking in this same ability to reflect on the inner life of others. Attachment-oriented clinicians such as Holmes (1993) and Lyons-Ruth et al. (2004) tell us that the way a secure parent is with his child is a good model for an effective therapist. A basic tenet of the bioenergetic model is that one can read a person's secrets, conflicts and traumas in the form and motility of his body. While most of us value this insight deeply, I would suggest that this tenet also curiously reproduces the way an insecure parent inadequately appreciates and therefore diminishes the autonomy and ultimately unknowable inner life of its insecure child. It was classical bioenergetic protocol, for example, to routinely have all of one's patients strip down to a leotard or bathing suit. I remember taking considerable heat from the chain of command, when word got around that I was applying the protocol selectively. It had begun to make sense to me that in additional

to the importance of “reading their bodies”, I had to also consider their inner experiences. I sensed and they confirmed, that if they did not feel safe enough, they would merely present me with bodies from which they had dissociated.

Underlying Assumptions of the Central Thesis

Therapists choose the modality that suits their own proclivities...specifically, their own capacity for intimacy/autonomy, their own attachment style as well as their own mix of issues in their own domains (Stern, '85) of self: core (bodily), inter-subjective, verbal.

There is always a relational significance to any therapy process; it may be explicitly and fully acknowledged or not. In the latter case, regardless of the explicitly stated vehicle of healing, the relational process will operate, out of awareness, on an implicit, nonverbal level.

Central Thesis Proposed

In bioenergetic analysis (better described as Reichian/Lowenian therapy), the above relational significance has been distorted in a manner that weakens the otherwise deep healing power of a relational somato-psychic approach.

This distortion, which Lowen inherited from Reich, is at the heart of a poignant attempt to find a personal solution to Lowen's deep woundedness. Further, this distortion is richly documented in recent autobiographical material from Lowen himself; and must be understood and faced if we are to integrate our powerful psychosomatic legacy with a more mutual and realistic model of the clinical encounter.

While the above propositions can probably be illustrated from a number of relationally-oriented perspectives such as self-psychology, object-relations theory, etc., I have found the attachment paradigm (with its empirically derived model of normative development) particularly helpful in illuminating how relationship issues are woven into the fabric of bioenergetic analysis.

It is clear that Lowen has left us a rich legacy in the clarity and depth of his understanding of the body and its dynamic interaction with our thoughts, feelings and emotions. He and Reich are indeed the giants on whose shoulders we who follow stand. Lowen's passion and penetrating insights about the life of the body are clearly unmatched. But we are also left with the practical question as to how therapy actually works. I am suggesting that to properly evaluate any school of therapy, the interactive field is so complex, that, for a start, we are well advised to understand the relationship between who the founder is as a person and the “method”, the therapeutic edifice he is presenting as “the way”. Finally, I am aware that many of my colleagues no longer practice “classical” or Lowenian bioenergetics. They are no longer poor copies (as I was for the first five or more years of my practice) of Dr. Lowen himself. Nonetheless, it behooves us to look carefully at where we come from, and, to date, I am not aware that the message in this paper has found its way easily into print.

Over my many years in the bioenergetic community I have contributed articles that attempted to integrate a developmental, relational perspective into our psychosomatic approach. But it was only recently, thirty-six years after my first article, that I was able to get to the heart of my lingering dissatisfaction with the official Lowenian model of bioenergetic analysis. I was helped to do this by looking at some recently available biographical material about Dr. Lowen from an attachment perspective.

What became clear to me was that both Alexander Lowen, and his teacher, Wilhelm Reich, came from families of origin in which they had two strikes against them. Both were insecurely attached and sexually overstimulated children. If you want to check this, I refer you to Sharaf's biography of Reich (1983), Lowen's recent autobiography (2004), and an interview of Lowen on his 80th birthday (1990). Here are several illustrative quotes from the interview (Lowen, 1990) about Reich, and, as I read it, many therapists, himself included

...naturalness is a funny word for Reich, because while he says “natural”, I don't know if he ever knew what naturalness is. How can he, given that background? Being that tormented, that obsessed with sex, how can he know what naturalness is? All he knows is that he has a tremendous sexual drive (p. 4).

Earlier in the interview, Lowen is asked what he makes of the fact that Reich had such early sexual relations with his nurses:

I think that saved his life and his sanity. You can see that this boy (and man) was sexually tormented all his life. And that is not normal. That is compulsive. He is obsessed with sex. But that doesn't mean that he is screwy! We are all obsessed with sex in this culture. I know I am. Once in a while you meet somebody who isn't obsessed with sex, and you realize what a difference there is between the way you feel and the way a really healthy person feels about sex ... and the reason he (Reich) was obsessed with sex is because it came upon him at an age when he couldn't deal with it. How can you deal with it when you are over-excited as a child with a mother who is beautiful, seductive, voluptuous and soft?

I believe that these two gifted men, each in their own way, created a school of therapy which reflected their doomed attempt to compensate for the inner emptiness that in turn resulted from their lack of ever having had a fundamentally secure relationship with their fundamentally insecure parents. Their solution was to substitute their bodies, their sexuality and energy for the missing external secure base. This is not to minimize the deep and abiding gift they gave to our field and society with their pioneering focus on the body and its vitality. It is rather to illuminate the subtle lack of focus in classical bioenergetic analysis on the qualities that enable a person to parent a child whose sexuality is a natural part of a secure self. Indeed, the wounded healers of any persuasion, body-oriented or not, are an unlikely source for the requisite parental qualities of basic security in oneself and a natural sensitivity to the people in one's life. This is the debt we owe to the prospective, normative research of Ainsworth and others in the attachment tradition. In this regard, Tucillo (2006) has recently proposed a much-needed somato-psychic, relational model for the healthy development of human sexuality.

So, to reiterate, a central issue which I attempt to illustrate in this essay, is an understanding of bioenergetic analysis as Lowen's life-long attempt to find in the body a better substitute than the dissociated mind for the missing, attuned, maternal (parental) care. We are describing here an attempt to restore psycho-somatic unity by escaping the dissociated mind (mind as the locus of the false self) and getting back to the body. This attachment to the body is then a more wholesome, but still inadequate replacement for the original failed secure base with one's parents.

Consequences

Grounding and Cephalic shock

In the biographical and autobiographical material cited above, in exploring the mind/body split, Lowen frequently mentions the threat of insanity, which is often warded off by masturbation, athletics, sexuality and working with the body. He is, I believe, describing what I call "cephalic shock" (Lewis, 1976, 1984, 1986, 1998), or, as Winnicott (1962) described it "unthinkable anxiety...falling forever, having no relationship to the body" (p. 58). I believe that this underlying fear of insanity in both Reich and Lowen is responsible for the paradoxical failure of bioenergetic analysis to include the head (which is experienced as housing the dissociated mind) along with the rest of the body as part of a truly *psycho*-somatic unity. It was back in 1976 that I first put in print my divergent understanding of the relation of the head to the rest of the body (Lewis, 1976). Over the years, I developed my clinical construct, cephalic shock (1984, 1986, 1998), more fully. Lowen (2004), as he tells his story, sensed, following his therapy with Reich, that his basic insecurity was still with him. He also realized that Reich himself had not dealt with his own deep humiliation and resultant messianic grandiosity. So, going his own way, Lowen pursued a more secure connection and contact with the earth through his pelvis, legs and feet. This, then, became the unique focus on grounding of Bioenergetic Analysis. In his autobiography Lowen makes it clear that he has struggled mightily to personally achieve this secure connection to the earth right into the ninth decade of his life.

I, on the other hand, following my first Bioenergetic therapy with William Walling, realized that I did not experience my shocked head as part of my body and could not trust it to another human being. So, although Lowen and I both sought a more grounded body, mine included the head. He tried to let down into a connection of his legs and feet into the ground; I tried to deal directly with the shock in my head that had been causing me to unnaturally fight the force of gravity since I was an infant. Neither of us had had much peace of mind. Until his autobiography, Lowen has not written directly about being in a state of shock. Without using the word, however, he has previously shared the story of the spontaneous screams that came out of him during his initial therapy session with Reich. As he describes it in the recent book (2004)

... but I felt something in my personality that was not healthy. The screams had surprised me, because I did not feel any fear. My conscious mind, which was split off from the action, was an observer, unconnected to what was happening (p. 39).

I would argue that this is a very clear description of a state of shock in which a trauma has split a dissociated mind from its anchorage in a feeling body. Lowen tells us on the same page that it was his mother's eyes which caused him to freeze and that "I knew that I had to do a lot more work in therapy to free myself from that fear" (pp. 39-40). I believe that the older he got, the more Al Lowen realized that the grounding, as he originally understood it, did not do the job unless it also included his shocked-since-infancy-head. I would ask the reader to view the touching photo of Lowen as an infant in the autobiography (2004), about which he says, "even as a baby my head is straining from my body" (p. 95).

In 1995, when Lowen was 84, he tells us that

I had come to some awareness that the neurotic character structure was a frozen state, as if the person had been shocked at some earlier point in his life (p. 142) ... I had been in a state of shock that prevented me from seeing the deeper dynamics of my problems. The issue was still grounding, but I needed a technique that would help me break through the shock state (p. 143).

The older he gets, the more Lowen puts in writing the basic insecurity and shock in his structure and his lifelong, poignant struggle to free himself from the *driven sanity of a man who cannot risk losing his head*. Each innovation is presented as finally creating the energetic connection he is seeking. He has the patient raise his head while kicking the bed; he has the patient do somersaults; he hits the patient on the head. Al explains, “At age 87, I began to feel the tensions in my neck muscles, and I realized that it was associated with my fear of losing my head or breaking my neck. This fear of losing the head or breaking the neck is common to all of my patients” (pp. 164-165). At 93 years of age, Lowen is still on the quest with a new exercise, which he calls “connecting the feet to the earth”, the goal of which is to “have the vibrations begin with the feet and move up the body” (p. 240). In summary, Lowen’s odyssey is about never having come to terms sufficiently with the shock in his head (cephalic shock) to find the peace of mind that eluded him. I do not know if I have done any better with my own shock, but I believe I had no choice but to look it more directly in the face/head.

A Therapy Model Amiss

Part 1: Cautionary Tale

This is a cautionary tale about what may well be going on psychosomatically in any therapy approach that deals explicitly with the body, but does not view the central task of therapy as engaging and reworking the patient’s embodied attachment relationships. The tale is also a commentary on how *the attachment style of each therapist and of his preferred therapeutic method impose a specific attachment dynamic on the patient*. Sadly, during most of the close to 10 years of my three bioenergetic therapies, my compliant, avoidant self was quite comfortable surrendering my body to the therapy with the understanding that once my underlying stasis and biopathy was corrected, I would somehow be returned a healthy psychosomatic self. In hindsight, I was only too happy to go along with this understanding of what bioenergetic therapy involved: I would not have to deal with relational intimacy, of which I was terrified. (The reader is referred to an earlier paper (2007) in which I detail the *shifting attachment relationship which my avoidant style makes with my 3 therapists’ own attachment style and, additionally, at the relational significance of the therapeutic method in question*.)

In my second therapy, this time with Alexander Lowen, I continued watching the interaction from a secret, broken place within myself, but I was a little less avoidant. Less terrified of my grief and brokenness, I was less content with a bioenergetic method that never asked me about my internal experience. The use of my body and its energy as a self-object to stand-in for an attuned, responsive relationship with another human being, was not working as well for me as Lowen tells us it had for him.. As I lay back over the Bioenergetic stool, I barely heard a whisper from my secret self, wishing that I could just lie there in my oral collapse and not do anything ... just luxuriate in my apnea ... slow down and face the part of me that was mostly dead in my chest, and maybe even come to life a bit as a result. But I am not sure that I really made sense of the whisper until some time after the therapy ended, and so I “breathed” on top of this half dead, low energy, despicable part of me, convinced that Al had no patience for such lack of energy.

In the grounding position, the dynamic shifted slightly, but as I had done for most of my career as a patient, from the unattached place where I lived, I never stopped watching the interaction between my therapist and my body. From the waist down, my body had a higher charge and energy than my upper body with which I was more identified. So, for some minutes, as I stayed in the grounding position, Al Lowen sat, seemingly fascinated, perhaps, I thought, even enraptured with the energy and vibrations that emanated from my legs and pelvis. The mostly dead child in my chest, who has never been enough, felt deeply envious of my strong lower body which did not have to do anything more than to release its tension and energy to hold the attention of my therapist.

Part 2: Muddling through – In Praise of Common Sense

Today, in 2007, most therapists are aware of the centrality of attachment and inter-subjectivity in the therapeutic process. I will argue, nonetheless, that an empathic flaw inherent to therapists as a group puts them at risk for more or less subtle versions of the same cautionary tale I have just told about my work with Lowen. As already stated, the Lowenian bioenergetic vision suffers from a subtle, at times not so subtle, lack of understanding of the personal qualities in a parent that recent research has shown to predict a secure child. The subtlety is to be found in the way Reichian principles are imposed as explanations that oversimplify life issues. The principles, as an attempt to substitute for the missing security that comes only from a secure relational base, cannot be questioned. They focus on the issue of childrearing and, inevitably, have implications for the therapy process.

On the other hand, off the written record, Lowen spoke with common sense. He knew that one cannot actually raise a child according to a consciously held belief system. He and Leslie, his wife, only tried it once. Although he has remained committed to the Reichian principles in his written work, the life lessons of raising his son Fred were not lost on him. He told me personally on several occasions during his son’s teenage years, that the only way to really raise a child was to “muddle through it”. This advice helped me with our two adopted children. I must confess that after surviving the Watsonian behavioral principles that my own mother employed, and sensing the unreality of some of our own bioenergetic principles, I was actually somewhat

relieved that my wife, Barbara and I, and our two adopted children would have to do the best we could without the prescribed three-year nursing experience. We would have to settle for less than perfection.

This having been said, I share the following vignette, as an extreme example of what I believe to be an issue that falls on a spectrum for those of us who are wounded healers. The vignette centers on a brief, but spirited confrontation I had with Lowen, many years ago, when my wife and infant son accompanied me on a professional trip with Lowen and his wife. We enjoyed our social time together, except on the occasion of my inadvertently challenging Reich and Lowen's view of normal development by suggesting that my infant son, in the midst of teething, had been suffering quite a bit for the last week or so. I apparently really rubbed salt in the wound, by noting that this seemed to be an early normative experience in which the child's own body was the source of significant pain. Lowen's eyes flashed in anger, as he asked, "How do you know what he is feeling"? A propos the importance of subjective experience, let me pause briefly to tell you how shortly after this conference I was to find myself in considerable hot water with Lowen and two of his lieutenants (my colleagues) as word got around that I was not routinely having all of my patients strip down to a leotard or bathing suit. Some of them, I felt, had to feel safe enough to be so exposed or they would merely present me with a body from which they had dissociated. In other words, I was putting the importance of their internal experiences ahead of my "reading" their bodies.

Looking back, I find it ironic that Lowen's devotion to some kind of Reichian belief (i.e., nurse the child for three years and all will be well) had led him to tell me to doubt my common sense (my eyes, ears, and limbic system) regarding my son's being in pain. In this instance, reading the truth of his experience in his body had become taboo. Had I not been so in awe of Lowen at the time, I would have told him that my wife and I had been up with our son for the past few nights, that we explicitly hear his pained cries, see his facial grimaces, inflamed gums and twisting body and that we implicitly trust our attuned bodies more than we trust bioenergetic beliefs. Happily, Lowen's view on teething never made it into his books. Unhappily, however, I find that the vignette captures only one of many idealized, unreal, Reichian/Lowenian beliefs that lack an empathic sense of others' complex internal experience

Part 3: Empathic Spectrum Disorder?

To what extent are my stories about life and therapy with Alexander Lowen only of historical interest, rather than of relevance to all wounded healers in 2008? How much have Reichian/Lowenian insights and all the elaborations and discoveries that they inspired, made it less necessary that we therapists live the question? The question to which I refer concerns the ultimate unknowableness of the other. In struggling with these questions, I will ask whether wounded healers bring an unbalanced ability to know others to their work, or whether they employ theory and interventions in the hope of compensating for said imbalance. I will conclude that in 2008 it is still wise to ask our patients what is happening for them subjectively.

Do therapists, psycho, somato, somato-psycho, or of any persuasion at all, as a subgroup of the general population, suffer from an inherent defect in empathy? At first, this sounds unlikely, since empathy is known to be crucial to the therapeutic process. Actually, like any other trait, other things being equal, empathy should be expressed in a bell curve in the population at large. **I am suggesting a kind of empathic spectrum disorder for the subgroup of therapists, or, as they are also known, wounded healers.** Lowen (1990), speaking of Reich, and all therapists, cautions us on this issue as follows

On the one hand there was a sensitivity to people, which is very evident in his work with them. But there was no sensitivity to people who were not working with him --- not a general sensitivity to people--- because he was too preoccupied with himself... *if you need him (my italics)*, he is very sensitive, very caring, very in touch with you...But as a person in his social life, he doesn't contact you; he doesn't see you as a person. You have to watch out for that in all therapists! ...The thing about Reich is that he can sense the health of a person, but he can't measure up to it himself. I guess that is true of all of us. (p. 5)

I believe the key to the split that Lowen describes above, is given by the phrase "if you need him". I translate this to mean that Reich is resonantly sensitive to you if, as is largely true of the people who seek out therapy, your attachment history has left you a relatively insecure individual. I understand that Reich, Lowen and more or less all of us wounded healers have a special fascination with and limbic resonance to the variety of insecure attachments (and the corresponding neurobiologically imprinted, unbalanced form and motility of the body and its emotional expression) that our patients bring to us. I am not aware of empirical research on the earlier attachment status (as documented on the Adult Attachment Interview (Main and Goldman, 1995) of twelve-month old infants who later become therapists. As noted earlier, Attachment researchers (Fonagy et al., 2002) however, have now followed insecure infants whose insecure parents did a poor job of reading their intentions and desires into early adulthood and found that they are lacking in this same ability to reflect on and attune to the inner life of others. In the absence of hard prospective research, I will stand by never having met a therapist (wounded healer) whose formative mid-range, balanced attachment experience engraved into his limbic relational circuitry an intuitive resonance with people who were relatively securely attached. Simply put, we do not come to our work with an intuitive sense of what is healthy from our family of origins. This, I believe, is what Alice Miller (1997) meant when she claimed that we become therapists largely as a way to repair our attachment losses, by somehow giving to others what we never had.

Before I explore Miller's claim a bit further, let me note that therapists are an infinitely varied group of real people, whose complexity is not done justice by generalization. Furthermore, of course we often become more secure people, with the

help of our own therapies and fortunate choices in partners. But, still being in recovery from our limbic wounds, I would suggest that our brand of empathy tunes particularly well to the extreme relational behaviors found by Beebe and Lachmann (2002) in their studies of insecurely rated mother-infant pairs. These dyads were characterized by a combination of interactive vigilance and self-preoccupied introspection.

Lowen tells us that therapists lack the essential capacity to attune to and be with a healthy individual. Lewis, Amini and Lannon (2001) tell us why this may be the case

People differ in their proficiency at tracing the outlines of another self, and thus their ability to love also varies. A child's early experience teaches this skill in direct proportion to his parents' ability to know him. A steady limbic connection with a resonant parent lays down emotional expertise. A child can then look inside someone else, map an emotional vista, and respond to what he senses (p. 207).

To summarize, If we have been securely attached infants and children, we will have internalized (for that matter, neurobiologically imprinted) a mid-range, balanced interactive experience. Numerous longitudinal studies now suggest that as adults, we will be naturally caring and empathic people, and that, generally speaking, we will not tend to the extremes of interactive vigilance on the one hand and withdrawn, preoccupied self-regulation on the other... extremes which are seen in insecurely attached children. Rather, we will be like the relatively secure parents who tend to raise children who test (in double-blind rating) as secure. These people, whom van Ijzendoorn & Bakermans-Kranenburg (1996) and other attachment researchers consistently find make up about 60% of not-at-risk populations, are sensitive and responsive to their children, give them firm boundaries, and accept their protest without retaliation. If the reader is a therapist, the above description may strike him as a touch unreal, because such people do not spend much, if any, time in therapy and therapists, who work a lot and spend a lot of time with colleagues, may not meet such people very often. I say this because of a personal conviction that most therapists (wounded healers) were not securely attached children, even though their own therapies may have helped them rewire their limbic imbalances in a more secure direction. In any event, understanding all this will not so easily change the problem that Lowen describes. The fortunate, relatively secure souls just described, do not tend to choose the profession of healers. As stated, they are not fascinated by and specifically attuned to the varieties of outcome of insecure attachment. If you question this, how many therapist readers recognize yourselves in this description (Lewis et al., 2001) of 3, 4 and 5 year-olds?

Happy, socially competent, resilient, persistent, likeable, and empathic with others. Had more friends, was relaxed about intimacy, solved problems on his own when he could, and sought help when he needed it (p. 74)

This is typically the way teachers describe children who showed secure attachment behaviors at 15 months.

Part 4: A Look at Us All

A Non-Linear Spectrum

But how, as Miller suggests, do therapists give patients what they themselves have never been given? How, as Lowen states, can a therapist be sensitive to his patients and out of touch with people outside of his office? First, I believe we have partially answered this by clarifying that the mutually insecure beginnings of both therapists and patients enable the former to attune to the relational wounds of the latter. But beyond this, as therapists we each bring to our craft a unique blend of gifts and wounds, one often spiraling out of the other. The spectrum of security/insecurity among therapists is at least as nonlinear as it is anything else. Some of us are better than others at tracking, matching, stimulating or dampening our patient's affect and arousal. Some of us have preferred modalities: vocal, linguistic, visual, motoric that render us more or less effective with a given patient. A body-oriented psychotherapist once told me, "I don't know how to relate to people- I can approximate contact- there is a void- I don't know if I can feel you if we are not touching physically".

Some of these qualities can also be helpfully understood as imbalances in our domains of self (Stern, 1985). I am thinking of a colleague and his wife, also a therapist, who visited with me and my wife years ago. As their infant son sat in his carrier, at first distressed and then screaming loudly, the couple looked at each other and then at us, in puzzlement. "I wonder what he wants?", they finally asked. Neither my wife nor I "knew" what the infant wanted, but our body-limbic-inter-subjective circuitry was screaming to us (and finally to them), "for God's sake, pick him up!" I would now describe the couple as having highly developed, verbally organized reflective functions (theory of mind) that were quite dissociated from or otherwise lacking a base in an intuitive, procedural sense of how to be with their baby. To support my contention that these kinds of imbalances in core bodily, inter-subjective and verbal senses of self are almost the rule in therapists, I would like to put myself in the data base. The first few times our young children collided while playing and sat crying on the floor, my wife's implicit relational knowing (Lyons-Ruth, 1998) interrupted my compulsive attempt to investigate the accident, as she picked up and comforted one child and told me to pick up the other.

Legacy

I said earlier that classical bioenergetics, even as it purports to penetrate beneath our words to the core level of our organism, is at risk for paradoxically repeating the original traumatic failure to attune to and reflect on the inner life of that same organism. In fairness to Reich and those who have been informed by his vision, even a genius may not be able to embrace everything that developed from the nematode (worm) to the human being, without losing crucial detail. For instance, the pulsatile wave that flows through a worm's body, may be much more important than the worm's inner experience of that wave. So, while there is brilliance and clinical power in the model of homo sapiens as the trillion-celled amoeba/worm, we must not let it dim our awareness of the rich inner limbic life of our own mammalian species.

Following Reich, Lowen taught us not just to listen to the patient's symbolic language; it was only a fraction of his total organismic reality. Rather, we were to look and see who and how he was in the room with us... that his nonverbal presence was a living signature made up of gesture, flow, vocal tone, timbre, etc. But the emphasis was on the practitioner seeing more deeply because he consciously "read" the body's nonverbal messages. Then, via interventions that involved the patient's body, the therapist healed the patient's biopathies. This model did not include two limbic systems in diagnostic and therapeutic dialogue. Indeed, classical bioenergetics abstracts the instantaneous, mutual ongoing capacity we are born with to understand another fellow human being into the ability to "read" his storyline from the form and motility of his body. This vision, I believe, has been elaborated with endless creativity in a number of the great variety of somato-psychic approaches that currently exist.

Reich's emphasis was more on how he perceived the patient, than on how he experienced him. One does not hear about Reich's inner, personal emotional experience as informing his clinical work. In this regard, I find that Lowen was a true disciple of Reich. Those of us who were in therapy with him, can attest to his keen attention to the rapid, nonverbal postural, facial behavior and expression of which we would otherwise not have been aware. But one rarely finds in his written work descriptions of his own psychic, somatic, emotional experience of the patient as it informs his understanding of him. Indeed, although I have not seen it in print, I will paraphrase what I remember him saying on a number of occasions: if I get too caught up in what the patient is feeling, it interferes with the clarity with which I can see their problem in their body.

Reflections on and from a Diffuse Sun

But how, with our most current models, do we attempt to provide the empathic presence that has been deficient in our patient's lives? As it turns out, we are each so unique, that no two therapists really do it the same way. I like the way Kramer (1989) puts it: "I became that part of me which was closest to him" (p. 138). The sentence captures two central qualities for me. First, to "become" something has a passive quality, as in being acted upon by a force greater than one's own volition. Second, Kramer is clear that there is an irreducible abyss, that he can only come so close to his patient. This fits with my experience that the interactive dance is deeper and quicker and truer than anything you can explicitly decide to do. Rather, you can try to become more aware of it moment by moment, the way you can become aware of your own respiratory wave as it moves you, or note how you spontaneously are moving (within yourself or outwardly in the room) closer to or farther from the patient.

I like Kramer's version of the dance, because it close to what happens to me perhaps several times a month in my work with patients. Initially, I am dismayed by how disturbed and in pain the patient is with attributes and issues with which I cannot identify. They are beyond the confines of the images of Bob Lewis that I ordinarily entertain. Then, as moments or minutes go by, I slowly get in touch with aspects of myself that indeed are resonant with those of my patient. These moments always come as a bit of a surprise.

Then there is body mirroring, a more purposeful approach to acquiring bodily empathy, described by Resneck-Sannes (2007) as a classical Bioenergetic intervention. She elaborates

In order to empathically know the body of another, we arrange our body in the same holding pattern as our clients, to enable us to sense our clients' experience of their bodies by sensing ours. By aligning our bodies to that of our clients, we are activating a neuronal mirror of their neural activation patterns... And, after all, we are in an intersubjective matrix, so while we are realigning our bodies to our clients' they are also, most likely, aligning their bodies with ours (p. 52).

I am sure, like almost anything in our field, this works well for many therapists, but I am not drawn to it, and Resneck-Sannes' closing sentence speaks to my concern. Whether or not they are being prompted by their mirror neurons, the patients she describes are **not explicitly** aligning their bodies with those of their therapists. Indeed, they are becoming, out of awareness, that part of themselves which is closest to their therapists. Not, I would suggest, via a clumsy, conscious, explicit effort to mirror, but via the split-second intuitive dance that is moving both parties, out of awareness, to mirror each others' breathing, vocal rhythms, posture and gesture. The challenge is how to get better explicit glimpses of the mostly unseen implicit process. I am tempted to use data from neuroscience to justify my preference for keeping my neocortex from interfering with my intuition. Rather than doing a crude job of "arranging my body in the same holding pattern " as my patient, I would rather sense how my body is arranging itself as my mirror motor, sensory and emotional neurons do what they do best to help me feel how the patient is in his body. I am interested in being as aware as I can of the self-touching or other self-regulating the patient and I engage in as we regulate the painful or pleasurable affect and low or high arousal that is moving between us. How are our mutual gaze and breathing patterns are modulating and being modulated by our interaction? Lewis et al. (2001), speaking of our intuitive processes, say, "they reveal our lives lit by the diffuse glow of a second sun we never see" (p. 111). I never do well when I look

directly into the sun. Especially when it is a diffuse sun, I see more when I settle for a reflection from a place that no one can touch or see.

How smart are our mirror neurons?

Having extolled these recently discovered groups of neurons, let us consider how helpful they actually are to us in our clinical encounters. The study of these type of specialized neurons, is in its infancy, and has raised as many questions as it has answered. As you may know, this set of neurons in the pre-motor cortex, becomes identically active both when a primate or human carries out a goal-directed or intentional behavior **and when they merely observe** another performing the same behavior. On the one hand, it is exciting to see confirmed how specifically our brain has been equipped to read the intention of another person by watching his behavior... all without any conscious effort. On the other hand, while much recent neuroimaging data is confirming of our somato-psychic approaches, I believe that, in our enthusiasm, we tend to exaggerate their clinical relevance. Pally (2005) states the positive case

Together, these systems enable us to know what others feel and intend from watching them act. When the pre-motor mirror system matches and represents the behavior of others, it sets up inside a person the behaviors and feelings of others . For this reason, when one person watches another's behavior, the person can know the other's intention, because he knows what he would intend if he were performing the same behavior. [When watching another's facial expression of emotion or other emotional behaviors, one can know what the other feels, because one's own limbic system knows what one's feeling would be when making that same emotional expression with its concomitant facial muscle feedback] (p. 205).

I would add two sobering considerations here. First, mirror neurons are necessary for our attunement, but they may not be sufficient. Some variety of them may help us to see into the mirrors (eyes) of our patient's soul, but we still have to be able to tolerate what we see in their mirror. We will not be relieved of the struggle to stay present with the patient when what they bring into the room is too intense, not intense enough and/or brings up material in us that is too uncomfortable. Second, we are a tough read. Ekman and Friesen (1980) studied facial emotional expression for decades, and concluded that it is the rare person whose natural intuitive talent enables them to read what is on the heart and mind in the fleeting nuances of facial expression. Then, as Reich taught us, there is the patient's character armor. Whatever of the impulses and desires of our patient that were intolerable in his environment, have been unconsciously defended against and disguised. Any specific gesture, or posture of part of the body, for example, may be a complex compromise between core impulses, traumatic experience, and chronic defenses. Then there is projective identification adding a layer of complexity to what the mirror neuron has to decipher. Then there is irony. It was the two ironic smiles of Yalom's (1989) patient that brought home the limits of intuition. Each time, the smile expressed such a nuanced, complex reality within her that no one could possibly grasp its meaning without knowing many interlocking details of her current and past life. So, it remains to be seen if these poor neurons can decipher the array of inner experiences that can lead a person to smile or fathom the multiple, contradictory levels of meaning embedded in character structure.

What's in a name?

Consider that Lowen, being the founder and creator of Bioenergetic Analysis, was the only true practitioner of it. It was his truth... But he did not give it his name. For most of his life he was not comfortable with simply calling it his truth. How true might this be of many of us in the field of therapy? Pursuing this question, let me cite May (2005) who compares the kind of stories that psychotherapists create to Kurosawa's movie *Rashomon*. May tells us that Kurosawa's message, "as noted in his epigraph... was about the inability to tell the truth because of the need to assign to ourselves positions of inflated importance" (p. 23).

May stresses the importance for the credibility of body psychotherapy as a field, of "systematic objective studies, such as experiments" (p. 23). Such experiments, he hopes, will balance what is otherwise the personal perspective of the person who builds clinical theory from his self-experience and his work with clients. I, with May, consider theory to be one of the kinds of stories that are told by therapists. As Kramer (1997) puts it, "psychotherapeutic theory is often veiled autobiography..." (p. 94). May (2005) asks the provocative question,

Would not the parallel be that when body psychotherapists create stories about the therapeutic process, they are inevitably subject to distortions deriving from a need to elevate the importance and nobility of themselves and of their theories?

My answer is that until the day comes when we are better able to subject the mysterious encounter called somato-psychic therapy to empirical study, it would be wise, so to speak, to put the ingredients on the label and let the consumer make a more informed decision. What I mean by the "ingredients", the personal trauma, struggle and so on of the creator, which have resulted in his therapeutic edifice. In Lowen's books, for instance, the truth might have been better served, if in the thousands of instances

where he wrote “the body”, if he had written instead, ‘my body’. I believe this is doubly important if the theory builder has not put his personal name on the product.

Barshop (2005) has compiled a fairly comprehensive, though not yet fully agreed upon, list of body psychotherapies. Of the forty-two modalities she describes, only five have the name of the founder in the description of the modality. Why is this such a relatively infrequent practice? There are probably as many reasons as there are modalities. Hilton (2007) helps us here by suggesting that therapists,

...present to the world an “image” which is expressed in the form of a role which the person plays, a “character” if you will, in the drama of life. The person playing this “character” attempts to offer what he never received and thus hopes to repair his own narcissistic wound by being the idealized parent to others (p. 301)

If this is true, it strikes me that the larger the piece of truth that our modality claims to hold out for those in need, the more likely the latter are to idealize us. Our mainstream “scientific” colleagues may contribute here by denigrating the value of personal vignettes and anecdotes. In this view, validity resides in the size of one’s sample, not in one person’s truth. Thus, we shy away from simply saying, for instance, “I do Robert Lewis therapy; I call it by this name because the process worked for me in my attempts at self-healing, or as a patient in therapy, or as a therapist.” If we do this, it immediately calls for or opens one to a request for self-disclosure as to what kind of issues one has, that made Robert Lewis therapy work for one as a patient and/or therapist.

But, you wisely rejoin, Ibsen and many others have taught us that we need our illusions. Heroes inspire us and a little illusion goes a long way in tipping the balance from despair to hope. We need to be able to idealize our therapists and become disillusioned with them in better ways than occurred with our primary attachment figures. Kohut (1971) taught that this process will spontaneously be renegotiated in the transference if we do not interfere with it. Although we do not have the empirical data, it is not at all clear that in the earlier phases of treatment a patient’s hope and idealizations would be well served by his therapist detailing how his clinical theory and methods have helped him (the therapist) recover from his wounds. Rather, what I am pulling for is that we therapists not forget that Kurosawa may have been correct, and that we struggle to be aware of the measure of our need to be of more value to the patient than we really feel we are in our private selves. The more we remember this, the more likely it is that the patient’s needs will be met by how we participate in the mutual process of idealization and disillusionment that is occurring. Freud, for instance, had both “scientific” and personal reasons for choosing the prescribed physical relationship of the patient and himself in the treatment room. There was the blank screen theory and there was his physical discomfort with face-to-face mutual gaze. I can imagine that if Freud had been capable of not taking his own blank screen theory too seriously, he would have been able to respond in a more healing fashion to a patient’s expression of a need to both see and be seen by him. Not only Freud, but the Wizard of Oz, and all of us, for that matter, serve our patients better, when we are not so ashamed to be seen through our therapeutic screens. It probably doesn’t hurt the cause if our therapeutic edifice elevates us just high enough off the ground, so that a little clay can still be seen on our feet.

If shards could whisper

In this final section, I am going to argue for a dictum I learned in my medical studies. A patient was presented whose confusing physical symptoms and diagnostic test results could only be made sense of when a careful history was taken. The ironic advice we were given was: when all else fails, sit down and talk to the patient. I am going to suggest that we not wait until all else fails.

The complex and unique ways in which therapists are wounded healers are likely too varied to be classified. I know that I have never met a healer who was not also a significantly wounded human being, and I would guess that, if they exist at all, they are rare creatures. I propose that most of us are wounded healers in recovery from the infinite ways in which our inner states were poorly read. I propose further, that those of us who have been drawn to somato-psychic approaches that focus on pre/non-verbal issues, have been poorly attuned to specifically in regard to our wordless inner states. It is also true that many of us, myself included, have been helped towards a more secure, more psychosomatically integrated self by the somato-psychic therapies which we experienced as patients and now practice as therapists. This having been said, I believe the inter-subjective, embodied limbic healing I experienced with my bioenergetic therapists, was hindered by the clinical theory and practice in which they believed. Let me explain. It was Frank’s (Frank & Frank, 1991) research that pointed successful therapy outcomes as having more to do with the patient’s experience of his therapist as trustworthy and empathetic, than with the specific therapeutic approach being employed. Frank’s data suggested that the specific rituals of the method were merely the vehicles for the actual healing factors. So we are on the edge of paradox here. Suppose, for instance, our work purports to deal with somatic consciousness at a variety of levels of the organism, and we have chosen the approach because it compensates for a limbic wounding of our inter-subjective empathic ability. This would be one example of the many ways that the somato-psychic details of an approach are interwoven with the details of a therapist’s wounds. These complex inter-weavings are only a problem if it is also true that our ability to model for our patients the facing and living of our own wounds is central to our being able to help them. Our chosen methods, then, all carry the risk of making us look better (less wounded) than we are.

I hope my own therapy experience is both illustrative and still relevant in 2008. I do not remember any bodily, energetic intervention by my therapists, the three founders of the IIBA, Walling, Pierrakos, or Lowen, that ever got me to a level of

psychosomatic unity at which my dissociated, shamed, subjective observer- self came into the room. There were always at least three of us; my therapist, my compliant self... the patient, and the vigilant observer self. My therapist working on a particular muscle, or any other part of me and causing/discovering movement, sensation/emotion/memory/altered consciousness... did not in and of itself heal the dissociation. I suspect that I would have needed a direct invitation from my therapist to tell him how this split off self, the remnant of my inviolable spirit, had experienced whatever was going on in the room. And, of course, over time, I might have come to feel safer rather than threatened that he realized that I existed. But he would not have been able to coax me out into the room until I sensed that something deeper than his therapist's identity... call it his humanity, was willing to abide with me in our mutual helplessness. I would have needed to feel that he was able to tolerate my hatred and brokenness... to spend as much time with me, not knowing if we would make it as he spent with the therapeutic approach that made him comfortable.

My point is that Lowenian bioenergetics or any somato-psychic approach that does not privilege the details of both the therapist's and the patient's subjective experience, makes such a healing shared space unlikely for at least two reasons. First, how were my three therapists going to coax even a whisper from my shamed shards of a self, if their theory did not include modeling of their own shame? Second, the bioenergetic method itself was understood to be deeper, to go deeper into my organism than anything words could convey. The belief was that the shards of a self that had never come together from within an inter-subjective empathic matrix were now going to, via the core energetic work, become a cohesive psychosomatic self.

So I am wondering if the subjective experience of self trumps any other organizational level of the human organism in the sense of being the final arbiter of what is most deeply and personally true for that person. Granted that self may need lots of careful therapeutic work before its somato-psychic fragments cohere enough so as to find a voice. I myself have been fascinated for many years by shocks to the infant organism, the terrors for which there are no words, and I am not minimizing how indispensable healing work with sensory-motor precursors of self can be. The issue is more that we admit we don't really know when the patient's subjective self is ready to join the encounter, and that we not let our "deep" approaches interfere with our hospitality.

Consider, for instance, how most of us are comfortable with the humbling humor that is delivered when we are surprised by the occasional report from a patient of the crucial meaning to them of a casual gesture or comment of ours to which we had attached no significance. We can joke among ourselves about how such comments by patients reveal how little we actually know of our impact on them. The moment of humility, which such data force upon our professional persona, is relieving to most of us. For a playful moment we get not to have to take ourselves and our methods so seriously. But how many of us are ready to accept that the humorous moment has given us a glimpse of an all-to-serious reality which does not go away just because we feel obliged to reassume the mantle of serious therapist again? The reality I refer to, of course, is the irreducible gap between what we think we are doing, and what is happening for the patient. How do we build safeguards, against what Kurosawa might call our pretentiousness, into our daily clinical work? How do we conduct ourselves as though that odd comic moment above is actually a more or less constant, subjective, sub-textual experience for our patients?

Ask the patient a few times each session what is going on for them. In this regard, Tronick (1989) teaches us that the well-attuned parent in a secure mother-infant dyad is in matched harmony with her child only 30% of the time. In the secure dyad, however, the parent repairs the derailment within 1 to 2 seconds. I understand this crucial ability to follow from the parent's sense that his child is a fascinating creature with an ultimately unknowable inner experience that shifts from moment to moment. The parent, in other words, is well-attuned enough to realize how partial and evanescent the empathic meetings are. I hold that this applies to therapists, as well, and particularly with an adolescent/adult patient whose subjective world is often organized via symbolic language, I suggest that we regularly inquire of the patient as to how they are experiencing our method. I apologize to those readers who have done this for years, but I do not often see this perhaps crucial intervention written about in our literature. Of course, like everything in our field, none of this is as simple as it sounds. Both the disclosure and the withholding our subjective experience as therapists can end up being experienced by the patient as a necessary evil which, in their avoidant way, they will put up with so that we remain optimally available to them. The happier outcome is for the patient to experience it as safe enough to engage with your being both interested in what is going on for him and having the reflective capacity to realize that he is a separate being whose mind/inner experience is never fully captured by you.

Wheatley-Crosbie's (2006) demonstrates the latter in a touching and impressive case vignette. Her work is particularly nuanced and respectful of "Beth's" subjective experience... judiciously self-disclosing her own visceral somatic experience... weaving back and forth among levels of experience- sensation, imagery, behavior, affect, motoric expression- but not losing sight of Beth's inner experience.

Today, in 2008, a lot of inter-subjectivity has gone under the bridge, and most therapists are aware of the above issues. For some interpersonal/relational psychoanalysts such as Mitchell (1988) and Bromberg (1998) the interaction of two subjectivities is what co-constructs the therapeutic action, and is foundational. **But it is still a good idea and no small order, to look at how our specific inter-subjective strengths and weaknesses are interwoven with the many psychosomatic details of our chosen therapeutic modality.** Our patients often instinctively close their eyes in order to focus on their inner experience. How many third eyes must we have as therapists to be able to attend to the nuances of our own and our patients' subjective worlds plus the nuances of their posture, muscular activity, alignment, and the many, many other aspects of the same trillion celled patient to which the multitude of somato-psychic therapies attune?

Speaking of why it might not come naturally to some of us to ask a patient to tell us about their inner experience, the following is part of a definition of bioenergetic analysis that I wrote some years ago,

When you have no words for your feelings, for what happened to you, for what is missing in you, we listen to the inner resonance - of your inchoate secrets – as it lives in your body. We help you to sense and amplify this inner resonance until its movement comes close enough to the surface of your being to enter your consciousness.

But we also listen carefully to your words and we are touched by them when they come from a depth of your being that no one can put a hand on

I have italicized the sentence about spoken language, because words have long been second-class citizens in the psychosomatic equation of Reichian/Lowenian therapy. This has been the case because, in spite of the brilliant vision of psychosoma equivalence, both men had a strong belief that words could not be trusted to convey a person's deeper truth. They, in common with most victims of family of origin trauma, had very personal reasons for this mistrust. Their primary attachment figures consciously disavowed and/or were unaware of their feelings, thoughts and behavior - such that their verbal descriptions of what took place denied Reich and Lowen's experience of that reality. This is commonly described as a particularly destructive aspect of trauma within the family. As is also well known, these patients, for many reasons, "live in their heads" and are both cut off from and do not trust their deeper feelings. But we also tend to filter our experience of others through our own structures: What if Reich and Lowen, and other body-oriented therapists, sensing their own cephalic shock (dissociation), assume that others' words are also not to be trusted as direct expressions of their essential being?

So, on the one hand, we somato-psychic therapists are lifesavers when we pay less attention to the words of the dissociated patients, and help them to come down into the life of their bodies. On the other hand, let those of us therapists, like Reich and Lowen, who have felt traumatically betrayed, be cautious that our deep mistrust of our own parents' words, does not blind us to the moments when our patients' words, come from a depth of their being that no one can put a hand on.

Coda

Finally, there are the rich and varied ways that somato-psychic therapists have discovered to enrich the nonverbal dialogue with, and give access to the fullness of our psycho-spiritual-somatic beings. For me, there is also the irreducible human reality that is negotiated, often silently, beneath whatever ritual, beliefs, models, and modalities have been agreed to. I refer to the patient's experience of how much both of the shameful shards and remaining inner flame of his being his therapist can tolerate and be with. One of the most interesting things about the details of a therapist's clinical approach, is how it both helps him with and hides his limbic woundedness. Both pieces of information can be profoundly important to the patient. What better proof that he, the patient, can face and tolerate his own brokenness, than that his therapist has recovered sufficiently from his own shame, to be with him in it now. Where shame has been, dignity is not out of the question.

Epilogue

Finally, I am initially ashamed, and increasingly at peace that I do not truly grasp how it is that our clinical theories both help, and hinder our wounded humanity from healing ourselves and others. When I try to go back to what felt like healing in my own bioenergetic therapists, it is tempting to say the fire in their bellies, the heart, the light in their eyes which no theory could extinguish. In addition to my disappointment – verging on heartbreak- with my second (Lowenian bioenergetic) family, I feel deep love and gratitude for the gifts they have given me.

Even as I finish this paper, I cannot find one way to refer to Alexander Lowen that captures the many textures and layers of relatedness that I have with him. At times, I enjoy the distant, academic "Lowen", at others, the respectful "Dr. Lowen" and yet I am still drawn to the human "Al". Along these lines, my editor (one of my co-) encouraged me to share the following vignette. Once upon a time, I wrote a paper that expressed a distinctly different point of view from that of Dr. Lowen (Al). Although the then editor of the Bioenergetic Journal had graciously helped me to smooth out as many hard edges as he could, Lowen wrote me a very angry letter about the paper. However, he did leave the door open, even suggesting we meet for dinner. With a good bit of angst, I rang Dr. Lowen's office buzzer. To my surprise, an animated Al opened the door and immediately asked me if I would possibly do some work with his patient, currently in his treatment room, and suffering, said Al, from cephalic shock, the very condition I had detailed in the paper at issue (among others). Rallying as quickly as I could from my own shock, I said I would be glad to meet the man and get a sense if the proposed encounter was a good idea. I did so, and proceeded to work with him for about a half an hour while Al sat quietly in the back of the room. Afterwards, Al came up to me and said in a quietly convincing tone, "that was good work, Bob." I remember feeling, "Gee, that is all I've ever really wanted to hear Al say to me". I imagine many of us over the years had such precious moments with Al. I thank Jacquie for her encouragement, because precious moments, while they often occur in private, feel good to share with fellow travelers.

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Biography

Robert Lewis, M.D., in private practice in New York, is a senior trainer on the IIBA faculty, and a member of the clinical faculty of the NYU/Mount Sinai Medical Center. He has published extensively on the integration of early developmental and relational issues into the basic bioenergetic approach. Bob has long been interested in the sensory-motor story which trauma engraves in our bodies. He coined the term "cephalic shock" to capture the psychosomatic experience of what Winnicott called the mind as the locus of the false self. His elucidation of Cephalic Shock and way of working with the head, voice, and diaphragmatic connections to the pelvis, are beyond words. He has found the Attachment paradigm deeply confirming of the centrality of relationship in his clinical approach. Bob aims for and is touched by the moments of encounter in which implicit mystery becomes almost palpable. He leads workshops in Europe and the Americas, and residential intensives on Long Island, New York. E-mail: boblewis@inch.com

Becoming and Being a Bioenergetic Analyst Alexander Lowen's Influence in My Life

Philip M. Helfaer, Ph.D.

Abstract

The writer (Philip Helfaer) traces his development through the turbulent decades of the development of Bioenergetic Analysis and his encounters and trainings with the movers and shakers of that time. He traces his development from a psychoanalytic beginning to his most current understandings of and his own way of taking about embodied selves.

Keywords

Bioenergetic Analysis – Sensory Awareness – COSBET

Starting out and apprenticeship

I will begin by a small stream, known as the Eighteen Mile Creek, in western New York State, (near where I was born in 1933), a real place that in later life became symbol and emblem of my life. Here, as a boy and adolescent, I was most comfortable and alive, walking along and through the stream and in the surrounding abundant woods, traversing the same area on skis in the winter. By the time I was in college, fate took me to the intellect, the study of philosophy, until this intellectualized approach to life became unbearable. Hence to clinical psychology, but by no means not still in the intellect. Family therapy trainers bumped me out of my analytic orientation and turned me topsy-turvy for a while.

I write about what follows, not really for the sake of autobiography, but because I believe the story tells something about my fields, psychotherapy and bioenergetic analysis, and what it means to be and become a practitioner in those fields. It also gives some flavor of the kind of influence that a teacher can have, and for those of us of my age who went into bioenergetics. Alexander Lowen was the teacher, mentor, and the primary trainer.

One of the chance encounters in my life (1959) was with Myron Sharaf (Sharaf, 1983). Myron was then an instructor in social psychology at the Massachusetts Mental Health Center. I remember making a joke when he mentioned working with Wilhelm Reich. "Well, do you have an orgone box? Ha ha ha." We became and remained fast friends through the decades of the sixties and seventies.

Myron arranged a postdoctoral fellowship for me at Boston State Hospital, at that time still a big psychiatric hospital for chronic patients. One day he brought in a copy of Character Analysis (Reich, 1945) and plopped it on my desk open to Chapter XIV, "The Expressive Language of the Living." "Read this and tell me what you think," he said. I tried to read it and couldn't make heads or tails out of it.

Later – it was the sixties – I took a "vacation" at the Esalen Institute, California. Little did I know what I was getting into. No head-stuff here: Charlotte Selver and sensory awareness, yoga, encounter groups, Gestalt therapy. I receive a massage at the famous baths overlooking the Pacific: she is beautiful, we are both naked. I found myself crying deeply, a very uncommon occurrence for me. I "didn't know how to cry." My brother had died not too long before. I lapsed into an altered state with a sense of an energetic buzz around me. I realized she was chanting 'Om' over me. After I got up, I remained in an altered state. I walked down to the shore. Everything appeared alive, the ocean, the rocks, the sky. I had never experienced anything like this. All I knew was that it represented the direction to go in.

I went back east, began practicing yoga, and arranged for a three month sabbatical from the Boston State Hospital Adolescent Service where I had taken a part-time job after my fellowship ended. In the three months at Esalen, I got out of my head, grieved the painful loss of a woman, and an obsession around her was cured. Returning to Boston, I continued with yoga and added tai chi chuan, and I began to practice a kind of half-baked body-oriented Gestalt therapy. It was exciting, but I had no idea how to help people get from where they were to anything near what I had experienced at Esalen. I realized that, as far as I knew, the only people who knew anything about this were the people who had studied and understood Wilhelm Reich. Everything that I saw and experienced at Esalen I felt could be understood in terms of Reich's work.

Myron, Velma (we became a couple later), myself, and several other colleagues formed our own study group, "The Tuesday Group." We met at lunch-time every Tuesday. This was a great experience. At the beginning we presented cases. We were trying to learn about character and to work in a more or less Reichian fashion. This group was very lively and productive. We dropped the case presentations and took turns working with each other. One day, Velma worked with me and helped me to cry again. I worked out a lot of narcissistic craziness in myself in this group that went on for several years. To learn more, I began therapy with John Bellis and Terry Santino in Connecticut; they became my first bioenergetic teachers.

The Tuesday Group formed 'COSBET,' The Center for Organomic Studies and Bioenergetic Therapy. This was dear to my heart, and I think for all of us. We envisioned a new university of energetic and body studies. We established our own training program in the Boston area. We invited everyone. Al, John Pierakos, some of the other trainers from New York, John Bellis, Terry Santino, and Stanley Keleman. We ran these workshops for several years under COSBET and continued with The Tuesday Group.

This was all during the decade of the seventies. Socially and culturally, in many ways, it was a great period of time for me and my friends. The glum, meditating beatniks gave way to the hippies and then the flower children. Alcohol gave way to

marijuana, and then during the late sixties to LSD. I was at Harvard when Dick Alpert, later Ram Das, and Tim Leary started their “experiments” with LSD. I stayed away from it. I was well aware of how porous my boundaries were. This period was also the heyday of the Human Potential Movement, about which I had learned from Abraham Maslow. The upshot of all these cultural bloomings was that our practices flourished, and our “new therapy” was considered the best and most ‘in.’

With my then companion, I took a year-long sabbatical and went to California. I had seen two bioenergetic trainers in a workshop who seemed to know what they were doing, Bob Hilton and Renato Monico. I saw Bob for therapy for several months, got a feel for “letting down,” and got strong enough to go back east and begin therapy with Al Lowen.

Therapy with Al

Al had been scary for me. I encountered him in one of our COSBET workshops. He stuck his thumbs inside my jaws, pressing on the masseter muscles. It was incredibly painful and shocking, and I did indeed cry. Then Al instructed Myron to press into my occiput and I cried more while Al proceeded to talk about my character disorders. Fortunately, I didn’t hear this since I was in shock.

By the time I went to see him, after my work with John, Terry, and Bob, I wasn’t afraid of him anymore. I met him at his home in New Canaan. “I’m in pretty good shape,” I told him, “I don’t have any big therapy issues, but I’m learning and want to learn more.” This, of course, was sheer nonsense. I just had no idea of my traumas and character problems. We talked a bit, and he said, “It’s simple,... it’s simple.” I was a bit surprised by this and not sure that I found it comforting, but decided to put my trust in Al as the most knowledgeable, most real, and most down to earth of anyone I had yet met doing this kind of work.

When I remarked to him some time later about the effect of my first encounter with him, he said, completely non-defensively, “What did I do to you?” I told him. “In those days,” he said, “I was always trying to demonstrate the power of bioenergetics.” By the time I got to him, he had made a big change.

By now, I was several years into practicing bioenergetic therapy and several years into my personal work in individual treatment and in groups, including the Tuesday Group. Also, since the time of my first visit to Esalen, I had progressively and consistently added and increased the amount of physical and energetic practices in my daily life – yoga, tai chi, then bioenergetics, then running for exercise, and then, later, exercise at the nearest gym several times a week.

What had happened to me during this period of time was that my body became stronger, more flexible, more alive, and contained more energy. At the same time, my inner experience was turbulent; I had moved from depressive stasis to turbulence. The turbulence was fueled, in classical bioenergetic terms, by the breakdown of my muscular armor, increased energy flow, and increased capacity for expression and for charge and discharge. More recently, I’ve also come to understand that even ordinary exercise can activate old traumatic reactivity.

I still suffered bouts of depression, rage, deep injury and abandonment in my intimate relationship, and feeling isolated due to shame and humiliation. As my energetic system changed, I also had a terrible period of a few years with low back pain and muscle spasms occasionally intense enough to lay me up for some days at a time. The effects of all the energetic work I was doing was to energize my conflicts, activate muscular tensions, and enliven autonomic and limbic reactivity. Coming alive was not a gentle process.

Another relationship ended. I hit the darkest days of my life, around forty-six years-old. Essentially, what saved my life at this time – and I do mean that my life needed saving – were four things, with no order of priority: bioenergetic therapy with Al, allowing myself to connect with Velma, my dog Bodhatti, and my house in the country.

I experienced Al as a healing presence during this period of my life. At times, too, I felt as if Bodhatti were my only true companion in the world. Then, because I was more in tune with my body and how good I felt when we were together, I was able to be there as Velma and I found each other, and we were able to be together.

During this period, in a session with Al, I made the unexpected discovery of the experience of self-respect. I no longer remember the context of the session. I remember suddenly becoming quiet, just standing in the room with Al, who was sitting in the chair beside me. Probably I had been on the stool, maybe crying. I was aware of Al’s supportive and unobtrusive presence. Then I got it. I was me, just myself. All the terrible judgments fell away, all the shameful self-attributions fell away, and for a moment they all disappeared. Here I was, “just” in my body, with all my sorrows, faults, and pain, but I had myself with – and, in my mind, there is only one word for it– self-respect.

I was never inclined to use the term “self-esteem,” which has a psychological cast to it, as if I were, in my mind, esteeming my self mentally as another object. What I experienced was a simpler state and a deeper one, a bodily way of being. In that state of being I could tolerate the terrible affects that had assailed me, the shame, the humiliation, and the deep agonies of loss and abandonment. A year or so later (1984), I “found myself” giving a paper on “Sex and Self-Respect” at one of the conferences, and, never suspecting the concept of self-respect would become a life-long companion, published a book some years later using the term in the title (Helfaer, 1998).

How was I able to reach this healing experience in my work with Al at this particular moment? It did not come from him, of course. I found it in myself, and it emerged from my own work. I believe, however, the experience would not have been possible in Al’s presence if he were not somehow in a state to enable or be with it; many, maybe most, therapists would have gotten too busy with me too quickly to allow for the time I needed for this crucial experience. I felt from him an empathy for my suffering, and I felt seen by him. I experienced him as a positive presence, a companion in my aloneness. However, I believe there was also another more specific element in his way of being with me which I would identify as a kind of *respect for me as a*

living body. I feel that this kind of respect and feel for the living body is quite rare. For him, “I am my body,” has a real meaning. That meaning and that respect had registered within me, and at that moment I had my own experience of those states of being, and that experience fostered my healing path.

My therapy with Al covered a span of nearly ten years. Each session involved a day long trip from the Boston area to New Canaan, Connecticut, so I did not go every week. In addition to what I’ve mentioned so far, I do remember Al’s consistent work with breathing and grounding and occasionally specific work on other blocks in the occiput, throat, and pelvis. Although Al always wrote about character analysis, he did very little of it with me verbally. I would share my griefs and sorrows of the day, and get on the stool. I remember only one session which was occupied entirely with talking.

I remember saying often, “Well, I wouldn’t have gotten to this in an analysis.” I felt the emotional depth of what I had been able to touch, and I felt the healing influence of having been able to reach that place. One exercise Al often made use of during those years (the decade of the 80’s) was to have the patient over the stool exhale all his breath using a ‘ha-ha-ha’ sound that pulsates the diaphragm and hold that exhalation until the next inhalation bursts through spontaneously. This can be quite frightening, like a visit with death. One day I did this, holding out my breath for what I suppose felt like a long time. When my body began to want to breath, my throat closed! I couldn’t get a breath! My body began to bounce on the stool, and I grasped the chair behind me with all my might. Suddenly my breath came in and on the exhale I roared with a horrendous roar and kept roaring. My pelvis was bouncing and pulsating and my whole body was transformed with an enormous wave of energy. Al had been able to sit there and hold on until my breath came. I hadn’t known if I’d live or die.

In my work with Al during these years, I felt I had encountered him at the best point so far in his career, and I still feel this. He seemed to feel comfortable with me, and we liked each other. This was the period during and just after he wrote *Fear of Life*, (Lowen, 1980), his favorite book. A new theme in this book was the “wisdom of failure”. I think he was in a comfortable position to help me relinquish the unrealistic ideals which had caused me a lot of suffering. He supported my masculinity in a realistic, “down” way, and helped me accept my “weaknesses.”

On Learning Character Analysis

I learned a lot from Al in these years. His ability to “see” the person, looking at the body as he listened to his or her story, was always impressive and often brilliant. I also was deeply impressed with the way he held the “truth of the body.” I saw nothing egocentric or narcissistic in this. Here was a man who believed in what he did and held what he did in a way that was grounded, real, and – so I felt – admirable.

I also saw Al struggle with his understanding of therapy over the years I knew him. In his autobiography (Lowen, 2004, p.142), he mentions coming to the realization that a lot of the work he was doing in his workshops was “demonstration,” and it didn’t go deep enough. He went through periods of doubt like this. One way he found to work with his struggles around the efficacy of his therapy work was to keep focusing on and developing his understanding of grounding, the energetics of grounding, and finding small variations in technique that would enhance the practice of grounding. I observed several of these changes in emphasis over the years, and learned from each one of them. He discovered one of these variations in his later years, after he retired from the institute. He called this variation, “connecting the feet to the earth” (see Lowen, 2004, picture following p. 96).

Nevertheless, learning character analysis and becoming a bioenergetic therapist was always a demanding ongoing project that required effort, concentration, focus, the continuous resolution of inner conflicts, and regular work with my body. From my first encounter with bioenergetics in the early 70’s until very recently, my professional goal was to develop a practical, functional understanding of character analysis. My impression was that despite the fact that bioenergetics was supposed to be a character analytic therapy, no one really knew how to do character analysis. It was perfectly clear to me that the character typology that Lowen developed (Lowen, 1958/1971) did not show how to do character analysis. It is a thorough description of the energetics of character and a handy guide, but more often than not, it proved to be a crutch that impeded observation and learning. Around 1986, Lowen said that he wished he had never written that book (*Language of the Body*).

To me, character analysis meant a seamless therapy grounded in the identity and antithesis of mind and body and in which the analysis of character attitudes and bodily armor both find functional expression in the therapeutic work. Bioenergetics was not to be psychoanalysis with some “bodywork” thrown in, nor, vice versa, a lot of body-work without the focus of characterological context and meaning, nor again was it an “integration” of “bodywork” and “analysis.” After a number of years, I managed to convince myself that I had pretty well reached my ideal, but I didn’t know then what I think I know now.

My quest to understand and become competent in character analysis was guided from the beginning by a very personal sensitivity that I suppose is a deep part of my personality and my way of being with others. I would describe it as a sensitivity to the quality of contact I’m experiencing with another person. As a therapist, I developed that sensitivity. Even pre-bioenergetics, after I got used to working as a therapist, I had a fairly keen feeling of what I felt in the contact. I learned to use that feeling to help me identify what was going on with the other person, whether it was some avoidant or angry defensive position or some deep underlying feeling which the other had not yet put into words. I understood what I was experiencing as a perception having to do with the surface form and style, that is character, of the overall expression of the other person. I related it to what I had found so meaningful in Reich’s “breakthrough” paper, “Psychic Contact and Vegetative Current” (Reich, 1945, Chapter XIII).

I believe my sensitivity to this aspect of relational experience has two sources in my development. One is the early loss of contact with my mother. Later, seeking restitution, I developed the practice of solitary walking in the forests near my home,

“communing” with nature, that is, enjoying the subtle sense of the thick stands of trees, bushes, and vegetation, bird song and other sounds, the feeling of the weather, and the sense of the nearby streams. The quality of this feeling would change from day to day and even sometimes from moment to moment. Occasionally, I experienced something vaguely akin to what I felt that day many years later at Esalen when the rocks and ocean became alive.

As I indicated, Al did not really do character analysis with me. There was no one as brilliant as Al in reading the body and working with the body energetically, but in an ongoing way, his heart was not in the psychological analysis of his patients. By and large, I felt I was on my own in trying to develop a bioenergetic character analysis. Although, like others, I modeled my work after Al, I also saw I was not Al, and could not work as a therapist as if I were him, nor did I want to. I knew, in fact, that I needed to develop my work as a therapist differently from his work first of all to be real and true to who I am. Equally important, I knew the work I did must accommodate the necessities of the actual, weekly, ongoing therapeutic process of the people I was seeing. For better and for worse, a lot of my learning occurred through my own ongoing working with my own character, either with myself or with Velma or my colleagues. Since I was in no doubt that I needed to continue to mature and heal, there wasn't much choice.

The whole effort to understand and develop character analysis became even more important to me when Al urged me to start a bioenergetic training program in Massachusetts. This created another big shift in my life and career. Up to then I was a “free-lance” therapist making a comfortable living, enjoying a good reputation, and I had time and money enough for vacations and my periodic sabbaticals. I had taken up backpacking in the summers and gone to some exciting places. For some years I counted on summer backpacking for adventure and refreshment.

Teaching is a way to learn, of course, and I did learn. Working with our training groups helped to bring the work alive, gave me the opportunity to feel through what I was doing, and to share excitement. Most of the students in those years were grateful for the training experience. We could see and feel the benefits provided by the holding environment of the group. We felt the sense of community in which work with the body, deep, meaningful emotional experience, and sharing all occurred and led to real growth. The workshop days were very hard work but usually very rewarding in terms of the human depth of the experience. One could see and appreciate the benefits of bioenergetic work and learning. Character and change in character came to life for all of us.

Sex and sexuality, for me, remained the central theme in my practice of bioenergetics, and it remains so to this day. Our training program kept this focus, and, I believe, almost all our students appreciated that focus. Holding the issues of sexuality, and for that matter, of the body itself, posed some conflicted feelings not just because of internal conflicts but because of the culture as well. With my professional office in Cambridge, Massachusetts, I was more or less constantly confronted, certainly in my own mind, with a conservative mental health establishment in which touch in therapy was frowned upon. Our bioenergetic society meeting place, in Cambridge, was just down the street from Harvard University, where I had been a graduate student. Across the Charles River in Boston were the great bastions of the psychiatric establishment, The Boston Psychoanalytic Society, The Massachusetts Mental Health Center, (where I had been an intern for a year), and other establishments. The very air in this city – at least for professionals – is heavy with Establishment and Academia. Heavy.

A wide range of experiences and developments profoundly influenced my learning about character and character analysis, some cultural, some more professional, and some very personal. As an example of a cultural influence, in the 80s, maybe a bit earlier, first slowly, then like a torrent, the whole subject of sexual abuse began to emerge from the dark, secret places where it had been hidden. Judith Herman's book, Trauma and Recovery, was published in 1992 (Herman, 1992) and became the clarion wake-up call to a to all issues of trauma and abuse. Alice Miller's books were published in Europe and America (Miller, 1979/1981, 1980/1983, 1981/1984). These writings were serious challenges to the bastions of the psychoanalytic and psychiatric establishments in Boston and elsewhere. The growing awareness of abuse was especially furthered by the feminist movement and various individuals and organizations that were part of it. At the same time, these developments supported bringing the body into the therapy process despite the resistance of conservative sectors of the mental health community.

In this same period, several prominent men in the Boston psychoanalytic and psychiatric community were legally prosecuted for violating sexual boundaries with patients, lost their licenses, and were bitterly shamed. I had had professional contacts as a student or later with a number of them, one of whom, as I had heard, had scorned my Esalen visit. A kind of ritual unmasking and cleansing went on, supporting a questioning of the legitimacy of the taboo against touch and revealing the hypocrisy running through some of the institutions that supported that taboo.

During this time, Velma and I, and other colleagues were aware we were working with people who had been badly abused as children – sometimes sexually, sometimes in other ways, sometimes both. Both Velma and I had become aware that our own family backgrounds were seriously abusive. In 1988, I presented a paper at the IIBA biennial conference titled, “The Hated Child” (Helfaer 1988). I tried to depict the emotional climate in which abused children lived, the effects on development of that hateful climate, and the ultimate effect on the personality. I described the “self-hate system,” and realized later that it provided a model for understanding shame and humiliation.

I took a sabbatical year and began writing. Sex and Self-Respect, The Quest for Personal Fulfillment was published in 1998. I wrote it basically for myself and Velma. I needed to write down what I thought I had learned by that time about bioenergetics and how and why I worked as a therapist the way I did. I needed to find a way to tell the story of what kinds of things we had gone through to have learned what I felt we knew by then. I needed to write about the hard tasks that each of us has to undertake in our adult life to find life, pleasure, love, and health. I did not care if it were ever published. I did not seek a publisher until it was completed.

This book brought together all the themes we had been preoccupied with for so long. I tried to depict an understanding of Reich's work, who he was as a man, and some of his roots and connections and contrasts with the Freudian tradition. I characterized bioenergetics as "seeing the person" and as based on the reality of the energetic processes of the body. I keep the centrality of sexuality both in development, with the concept of "identification with the genital," and in adult functioning as the development of the capacity for love, energetic aliveness, and the idea of "living your sexuality." The book held our personal and professional knowledge of abuse through the conception of the violations of sexuality. In the chapter on the couple, I describe the developmental potential and the potential for healing that lies in "the laboratory of the couple." "Living one's sexuality," could be a way of life.

Throughout the book I developed the concept of self-respect as a positive, body-based aspect of health, and illuminated shame, humiliation and guilt as the negative mirrors of self-respect. I discussed the energetic concept of the "vital connection" and a developmental schema for "a facilitating environment for self-respect."

To my mind, we had made a good start on the development of a bioenergetic character analysis based on a bioenergetics of the self. Bioenergetics was no longer anchored to "drive psychology" and Freud's theory of the instincts. The body is the self, and the self and its development are the focus of the individual's life and therapy. Sexuality and selfhood are two great functional organizing principles of the person. They develop together and are the same and different. Self-respect, (a body concept in contrast with the psychological concept of self-esteem), reflects a healthy development of the self, in contrast with a self suffering the effects of violations of sexuality and the resultant self-hate system or the shame-system.

As a boy and adolescent walking in the woods near my home, I dreamed of becoming a field biologist. In the last chapter of *Sex and Self-Respect* I managed to return myself and my work to my sense of the natural world and biological life. I suggest here that the societal attitude towards our sexuality is not so different from the societal attitude towards conservation and ecology. Our sexuality is our last great frontier for wildness, for connection at the deepest level with our biology and life. There are those who fight to save it – within themselves, if nowhere else – and those, in the majority, who sacrifice it to the production needs of their "economies."

When the book was published it was a watershed event for myself and Velma. Publication demarcated nearly twenty years of apprenticeship and learning. We were now in another phase.

Integrations and Individuations

In Boston, during the decades of the seventies, eighties, and nineties strong currents of change moved in the psychiatric, psychoanalytic, and psychological communities as well as in the culture at large. New vistas opened in all fields. In psychiatry, one of the earliest of these changes arose from the necessities of treating difficult "new kinds of patients," borderline, narcissistic, and other personality disorders, anorexia nervosa, and so on. This pressure elicited complex formulations and put great demands on therapists. In our private offices, we were not in the center of these developments by any means, but we were aware of them and had to encompass them to some degree. We recognized the limitation of our knowledge and expertise. Al wrote *Narcissism*, (Lowen, 1983), really an heroic effort to deal with some of the issues from a bioenergetic perspective. He also made a clear statement in this book about his sense of the craziness of the society we live in.

Feminism had a big impact on me. I awkwardly began to shed my patriarchal attitudes. I struggled within myself to find, as a male therapist, the maternal, the feminine, softness, a yielding interconnectedness, a relinquishment of logical goal orientation and an aggressive, phallic impatience. I was known as "incisive," "cutting" right to the "core of a problem," very quick and, unfortunately, sometimes quite impatient.

These and many other waves swept over us in turn; I'm not listing them all, and they continue. I do my best to incorporate the truths and realities of significant developments. My intention remains to keep my ground and my focus in the body and sexuality and at the same time to broaden and deepen. I am not talking now about "intellectual" movements, schools of thought, scientific models, or theories. These interest me, but secondarily. I am talking about deeply emotional impacts on my identity and my world view. Each time I encountered one of these waves meant some weeks or months of a personal change process as I grappled with some new aspect of my personality, character, and world view and tried to incorporate the resulting changes into my work and into the bioenergetic perspective.

Bioenergetic analysis, from my perspective, is and will continue to be a work in progress. As I see it, there is a core *theoretical* perspective. I call it the energetic point of view (Helfaer, 2004). At the same time, the task of becoming and being a bioenergetic analyst is an entirely personal matter. I'm trying to describe something about what it has meant for me to "B & B a BA."

Thus, following Al's retirement from the IIBA in 1996, I was motivated to continue to deepen my sense of my own ground in bioenergetics, confirm my own identity, and to stand by my deepest values. At the same time, the ethos of the organization changed and conflicts typical of any emerging and developing school of therapy arose.

Bioenergetics as Life Practice

My values as a bioenergeticist find their clearest expression not in any theory, but in my daily practice of doing a bioenergetic “workout.” I stretch, kick, work with respiration using the stool and other ways, ground, hit, work with the ocular segment and eyes, work with my pelvis, and follow whatever movements may arise. In recent years, especially after recovering from a treatment for prostate cancer, I’ve taken to doing at least part of this workout in the nude, and I deliberately invite and enhance the erotic aspect of the experience. The genital is, after all, a part of the body, and sexual aliveness cannot be fostered if it is ignored. These workouts can go for forty-five minutes to more than an hour.

On many, many occasions over the years, my workouts are truly therapeutic, and the daily practice is central to my healing journey. Deep feelings emerge, painful feelings are relieved and opened up through crying and energetic movement, realizations occur, breakthroughs, new understandings of the energetic process, clear anger, new experiences of the body, and more. It is an exciting process. For me, the daily practice of working with my own body is also the primary path for learning bioenergetics. How can I (or anyone) know how to work with someone else’s body, or even expect someone in therapy with me to work with his or her body, if I’m not consistently working with and in touch with my own body?

I believe it is the result of the consistent work with my body that a recent development in my work has occurred. This has to do with developmental trauma. During a recent summer something profound happened to me. I had the experience of emerging out of a state of trauma and shock arising from early life. It was a horribly painful and frightening process. I had not even known there was such a possibility. My previous understanding of shock and trauma had not been based on my own deepest experience, and my theoretical knowledge hadn’t helped open this up for me.

My experience of emerging was literally like the splitting open of a membrane that had surrounded me all my life – like a birth or coming out of an egg. Afterwards, I had a new, direct contact with Velma, other people, and the world that I did not have before. My understanding of my own experiences and life have changed enormously. I can see that my whole life has been dominated by repetition and the reliving of my traumas.

I am aware that I am not describing something new (Lowen, 1980; Bellis, 1985; Eckberg, 2000). It is my awareness that is different. My focus has shifted towards a viewpoint centered more on trauma and adaptation. These changes in view affect my sense of identity and the meanings of my experiences. Of course, my appreciation of the traumatic basis of character has deepened resulting in a different perspective on therapy. I want to mention that Robert Scaer’s work (Scaer, 2001, 2005) has been enormously useful in giving me, not only a picture of the neurobiology of trauma, but a picture that supports and enhances a humane and personal interpretation and understanding of my actual experience, and hence that of my patients.

I see that I, and many of my patients, need an experience of our trauma history that allows us to hold them in such a way that we can learn to live wisely with an intention to heal. Healing is a life-long journey. Healing is not curing, it is a way of life. It requires learning to manage our post-traumatic reactivity in such a way as not to undermine our own pursuit of happiness. The intention of healing may entail simplification, letting go, quieting down, and making do; it may have a spiritual dimension. Living wisely with intention may mean to learn to allow an enjoyable and meaningful way of living within the constraints of one’s own economy (energetic and financial), culture, realistic aspirations, and above all, one’s personal limitations.

I see too that the pursuit of happiness is of the utmost importance. The repetitions and adaptations attendant on trauma lead to a kind of addiction to suffering, self-defeat, and an entrenched self-hate system. The peculiar impact of developmental trauma leaves wide areas of “not-knowing,” and these blanks hold much power. The major challenge to a traumatized person is to learn to allow him- or herself to live enjoyably.

I have had to ask myself, what now is the place of the energetic point of view and sexuality? The issue here is the same as it has always been, really. Pleasure heals. Finding the road to allowing pleasure is part of the healing journey. Developmental traumas inevitably affect sexuality, in that they are violations of sexuality, often horribly directly. Even when the developmental trauma is in the first year, months, or weeks of life, the effects devolve deeply into the pelvis, genitals, and expressions of sexuality as the organism of the person matures. The cultivation of Eros lies at the heart of the healing journey for me.

Vital Connections

“Persons appear by entering into relation to other persons” (Martin Buber, *I and Thou*). So it is that who I am and who I’ve been becoming in all these years since entering on the journey I’m talking about occurred in the living grace of my vital connections: my therapists, my patients, the Tuesday group, the various training communities I helped to form, friends, and of course and above all my connection with Vellie. My bioenergetics has been a tool and a practice, and here I mean being a therapist, teaching, working with my body, my understanding of character and the energetic processes of the body. It has given shape and meaning to my identity, but it doesn’t live and pulsate apart from the matrix of vital connections that sustained me over the years. Nothing is more central to me, and to even begin to try to express it leads to a deeper and longer story, one that I am not able to embark on here.

Earlier I revealed that my sensitivity to and proclivity towards differentiating and experiencing my sense of contact with another was a major basis for my learning and doing therapy and then character analysis. Obviously, this is one way of talking about relatedness, about an aspect of my way of *being with*. *Being with* is my professional life, an immersion in the emotive flow of relatedness and the constant, conflictful, often painful dilemmas as to what is happening, how it feels, what it means, and how I might facilitate it developing into something that will at least do no harm, and better yet, will lead to development for my client, and inevitably for myself.

I tried to find out what it is to be a human being with another human being, what it means to be a man with a man, a man with a woman, to feel, to be affected, to allow the basic pulsations to develop and to be developed by them. For many years, I felt the most important job I had in life was to learn – if that’s the right word – what it is and how to love. This is what it meant to me to “be in my body.” In *Sex and Self-Respect*, I talk about the “laboratory of the couple,” and “the energetic milieu of the couple,” along with the idea that the stimulation of energetic, feelingful relatedness stimulates seeds of growth where they were left dormant.

In my training groups, I found small communities, with lives of several years. These communities deeply enriched my life, for example, the fifteen years in Norway. Here in Israel, where I moved to be with my community, we have a group who have been meeting continuously for fourteen years and counting. We continue learning, healing, and growing together. My heart is here and an evolving Jewish identity developing from ill-nourished early roots.

What can therapy do? If I undertake the healing journey, what can I expect? Therapy does not make people happy, it does not remove pain and suffering, and the “cure” we find is inevitably different from the one we looked for. Loss still hurts, and loss follows us from birth to death. Like others, I have found that what we usually think of as “wisdom” helps. The wisdom that matters, I think, is accompanied by an heroic attitude toward life (to face change, pain, the unknown, and death); a tragic attitude toward life (to acknowledge the damaging effects of our shortcomings); a stoic attitude toward life (to accept the reality that how we feel/think about something makes more difference than the thing itself); and a hedonic attitude toward life (to, in spite of everything, keep seeking happiness, and living with the belief that life is to be enjoyed.) When anything along these lines develop, that is, when therapy “helps,” we have managed to *be with*, me with you, you with me.

Consciousness, awareness, and the mind have their functions, and this includes the conscious representations in feeling and thought of the vital connections of which I am a part. As my energetic work evolves, it facilitates the coming to awareness of parts of my self that were left in the limbo of traumatic not-knowing. I’ve been helped in allowing the knowing to emerge by the work of Harold Boris (Boris, 1994). In talking about being and becoming a bioenergetic analyst, I’ve hinted that I am talking about what I usually think of as my identity, who I am in my own sense of myself, who I am to others, and who I am in the world. In this understanding, I’ve been helped also by the work of Dan Buie (Buie, 2004). It has been observed that people with identity diffusion may find the field of psychotherapy attractive for a variety of reasons (Sussman, 1992). You see me raise my hand in agreement. All that underlies this is another story.

And So It Is

And so it is that in “becoming and being a bioenergetic analyst,” I embarked on a life-long journey of which I could have had no conception when I started. As this journey has been happening for quite a number of years now, I’ve come to have a conception of it that I can express in terms such as these:

- Becoming and being a therapist is a uniquely individual process; at the same time, a frame for seeing and being is needed that is common and shared.
- With bioenergetics, I helped me to save my own life, become the custodian of my own ecology, enlivening and freeing, working through chronic contractions and over-activations of the autonomic nervous system (limbic reactivity, implicit learning, body memory, and so on), finding self-respect.
- My body is me, and I am my body.
- My life is a kind of flow, and the flow has qualities that I view as the energetic process of my body.
- Many, if not all, of my experiences in life and many of my choices in life represent repetitions of experiences encoded in my body via the conditioning of my central nervous system from childhood (traumas).
- It is possible, sometimes and to some extent, to help and be helped, or even on one’s own, to heal, find health, and to ameliorate suffering, but, in any case, this is a life-long process, it depends on *being with*, and the risks in undertaking it (for all concerned) with another are serious.
- Socio-political-economic life is deeply infused with elements inherently destructive to enjoyment, pleasure, and life itself.
- Life, itself, is sacred; “sacredness,” is a quality of contact.
- Sexual love, erotic connection, is sacred, the great gift of life, to be treasured and sought out in freedom, without suffering for it.

By the time I personally encountered Alexander Lowen, I had been for some time in the process of learning to be a bioenergetic therapist. I am in debt to Al and my other teachers for the therapy, learning, and growing they guided me through, indeed for the whole opportunity to participate in this discipline. In the course of the years, an identity gradually emerged and continues to be emergent and a process of healing as well. What I want to convey is that at this point in my life, and for some time now, my experiences, development, and learning, are me. The theories and the particulars of Lowen’s or other’s ideas, for example, and my therapies with Al and others, are all transformed in my own being and dissolved into who I have become, into my own identity. How I do therapy and what I write, for example, emerge from my identity, and that identity is uniquely mine, as everyone else’s is unique to them. What I call bioenergetics has become for me my own way of talking about and looking at embodied selves, me and you, as living expressions of consciousness and spirit emerging from the biological base of being.

At the start of this essay I implied a movement from a somewhat more embodied, grounded state as a young boy into a state of being split and attempting to adapt to life primarily through my intellect. The developments of the years of work and practice in bioenergetics are essentially the result of encountering the enormously complicated and emotionally tumultuous experiences that emerge in the effort to heal that split, to become more embodied. My real life now is felt as my bodily life; my real understanding of life is very much in terms of the energetic processes of the body. I've mostly quieted down from my traumatic overarousal, and calmed down overdriven ideals and aspirations. I like to breathe, feel, and be in my body. I might say, I have found within myself, and am more able to be in contact with, the pleasant flow I once felt following the Eighteen Mile Creek.

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Biography

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Grounding and Its Variations

Odila Weigand, PUC/SP

Abstract

The objective of this work was to deepen and update the concept of *grounding* in Bioenergetic Analysis. Both paradigms of psychoanalytic **drive** and **object relations** were discussed in the context of Bioenergetic Analysis, historical evolution. Brazilian therapists have been developing a unique identity in the last 25 years. It does not mean a schism in relation to the ideas of Alexander Lowen, but a differentiation as a result of maturing. This maturing happened as a response to the big demand for social mental health care, which constantly grows in the country, due to the Brazilian social disparity context and lack of effective governmental policies for mental health. This article has been excerpted from *Grounding e Autonomia. A terapia corporal Bioenergética revisitada*, by the same author.

Keywords

Grounding - Bioenergetic Analysis - Psychoanalysis - Pulsion and object-relations paradigms
Exercise classes - Self-regulation - Reichian therapy - Third-age.

The development of neurosciences (Schoore, 1994; Damasio, 2000; Damasio, 2004; Ledoux, 1996) have been confirming the main Reichian and Bioenergetic Analytic principles explaining, for example, the mechanisms of stress and shows through images collected by functional magnetic resonance and tomography through emission of positrons (PET) the relation between brain functioning, sensations, emotions and feelings and their role in health maintenance. The difference between practices based on the Freudian drive paradigm or on the **object relations** paradigm was not clear at the time I was a student of the Bioenergetic Analysis training program (1982-1986). My anxiety led me to publish an article in the *Clinical Journal of the International Institute for Bioenergetic Analysis* (Weigand, 1987).

In that article, I began to express my bewilderment: why did the techniques learned during the training course at that time, beginning of the 1980's, instead of helping, aggravate the symptoms of a *borderline* patient that I treated on that occasion?

I admire Lowen's genius and I consider that his greatest contribution to psychology is the concept of grounding. It is one of the most diffused applications and one of the cornerstones of Bioenergetic Analysis. I believe in the value of offering teachers, therapists, group leaders and students the possibility of planning their therapeutic activities acquiring a deeper comprehension of the principles, fundamentals and functioning of grounding, at psychic and body levels. The concept of grounding assumed a larger significance when it was adopted and developed by other schools. With this amplification, the concept of grounding included the idea of a healthy self, rooted in the social group, in the family, the uterus, in the mother-baby relation, and later in the individuals own body and in the mother Earth.

Bioenergetic Analysis in Brazil, besides the clinical practice in private offices, has taken a socially responsible direction. Through the private initiative of the training institutions, clinics have been opened for the low income population in several Brazilian cities (São Paulo, Americana/SP, Recife, Ribeirão Preto/SP, Rio de Janeiro, Salvador). This type of initiative meets a growing demand for assistance with focus on the low income social classes and their specific problems. This is a Brazilian movement, because in many countries Bioenergetic Analysis remains a psychotherapy practiced in private offices. This kind of service developed in some Brazilian regions, I imagine may be similar to the service offered through the public mental health services in Italy and in Switzerland.

Among the resources of Bioenergetic Analysis, largely used in social clinics and in projects with specific social groups, grounding is always present as a valuable and essential instrument, especially when the work method is Bioenergetic Exercise Classes.

Leslie Lowen, wife of Alexander Lowen, created the Bioenergetic Exercise Classes. His patients and students gathered, under the direction of Leslie Lowen, to practice and experiment with body work. Lowen himself frequently joined the groups. This way, many of the Bioenergetic techniques were developed. The exercise groups constitute true laboratories, originating numerous creative approaches and uses, in different areas of human development besides clinic (education, organizations, sports, elderly people, adolescents, etc). In São Paulo, Maria Ercilia Rielli Gama and Ricardo Rego organized the basic knowledge about the structure and functioning of these groups in a manual (Gama, Rego, 1996).

Exploring creatively different possibilities of body work, Lowen and Pierrakos working with each other developed body techniques that helped to improve breathing and liberate tensions and emotions that blocked the free flow of energy in the organism. Searching for new manners of obtaining therapeutic results, they experimented with working with the body in the upright position instead of with the patient lying down, as Reich did. Thus, they developed the technique of grounding, discovered how to induce the involuntary vibrations in the body and started to use a *stool* to help increase breathing.

Grounding, a central concept of Bioenergetic Analysis, involves the notion that the legs originate not only physical sensations, but also feelings. Lively strong legs, filled with energy and planted on the ground, reflect a good perception of oneself and of external reality that results in the feeling of security and are the biologic basis for the perception of oneself as an

autonomous being, capable of self-regulation. This was an invaluable discovery that Lowen brought to the world of body psychotherapy. (Lowen, 1975: 1982).

It is important to stress that Lowen began with practice, observing the phenomena, which led him to search for theoretical explanations. He believes that body experience precedes the elaboration of theoretical concepts, and represents the basis and observation field that sustains theoretical development.

The evolution of bioenergetic theory, the path of the International Institute for Bioenergetic Analysis (IIBA) and the trajectory of its founder, Alexander Lowen, are closely related. The concept of grounding has been changing through time, influenced by this history.

Bioenergetic Analysis became a very alive school, in continuous development, capable of assimilating and translating to the body psychotherapy language the postulates of other schools that do not work directly with the body. It recognizes the value of psychoanalysis to explain psychic dynamics, the pragmatic value of cognitive approaches, the socio cultural value of the systemic approaches, the discoveries of the neurosciences, the importance of the theoretical formulations of Winnicott and of the Attachment Theory developed by Bowlby and Ainsworth.

This rich expansion and assimilation has been growing with the Bioenergetic Analysis schools in Europe, North America, New Zealand and South America, generating an interesting diversity of visions and competences. The theoretical corpus that from 1950 to 1980 was based on the writings of Lowen, on the second half of the 1980s starts to “walk with its own legs”, growing above all on the west coast of the United States, in Canada, in Europe and in Brazil. A new theoretical production came up in articles, conferences, in the manuals of the *Pacific Northwest Conference* and on the *Clinical Journal of the International Institute for Bioenergetic Analysis*. Books also reflect these innovating incursions, but still in a limited number.

Alexander Lowen and Bioenergetic Analysis have been inseparable in the minds of therapists, clients and readers of his books. Justifiably, because Lowen kept himself at the head of the International Institute for Bioenergetic Analysis for four decades, guiding the course of the theory and the technique, teaching and training students and teachers. In 1996, however, he left the Institute and Bioenergetic Analysis continued its way, not without him, because he continued practicing psychotherapy for several years after. However, new names and productions were incorporated into this path, renewing it constantly.

In May, 2002, Leslie Lowen died. She was companion of Alexander and creator of the Bioenergetic exercise classes that became one of the marks of this body approach to psychotherapy, a facilitator of change.

Lowen has been a strong and authoritarian personality and his mark was left on the institution. He developed, though, a rare quality, typical of one who knows how to look at oneself under the light of one's own knowledge. He was capable of seeing the narcissistic hierarchy that usually formed at any institution, especially when there is a charismatic leader. Like many successful and admired leaders, Lowen could not avoid being seen as a myth by those who followed and even tried to imitate him.

In his book *Nacissism. Denial of True Self*, 1983, (It could be considered autobiographical), the author went deep into himself and exposed the dynamic that helps us to understand the neurosis that permeates our culture. And precisely for being so in contact with the truth, he fell into the trap of generalizing his discoveries, insisting on the primacy of sexuality as a solution for almost every kind of pathology. These generalizations created theoretical confusions, which were reflected in the practice of Bioenergetics.

His partners and followers gave and give continuity to the seed of Bioenergetics. John Pierrakos, who developed with Lowen the basic principles of Bioenergetic Analysis, followed his own way investigating the human energetic fields and the body energetic centers. Pierrakos created his own school in New York –*Core Energetics*, in which he combined the principles of Bioenergetics, Character Analysis, the work with negativity and a spiritual approach (*Pathwork*) that he assimilated from his wife, Eva Pierrakos.

Drive paradigm

In Freudian theory, drive aims at pleasure, which is reached when one releases the tensions generated by internal excitations. To avoid disappointment, the individual avoids situations that can generate accumulation of tensions without possibility of discharge. Drive mobilizes the psychic apparatus, as well as motoric functions, generating behavior that seeks discharge of the existing body tension. This discharge is achieved with the help of an object.

The notion of drive is tackled by Freud as a concept that stands at the juncture between the psyche and soma. According to Brabant (1977), the source of tension (internal excitations) and the goal (discharge-pleasure) are somatic, but the quest for the object able to reduce this tension implies a necessary participation of psychic activity. The notion of a drive that includes psyche and soma is one of the cornerstones of Reichian psychotherapy and Bioenergetic Analysis.

Reich, in his initial period as a psychoanalyst, adopted Freud's ideas regarding unconscious, sexuality, infantile trauma, libido, self-preservation and species preservation instincts. From 1928, he added that the topics of the analysis should be addressed according to an order and not as the client brought them. (Reich, 1953: 1995). Proposal that analysis should start from character defenses, (in other words, one should investigate and address first the peripheral layers of the personality) and his perceptiveness in unveiling the role of negative transference in the beginning of the therapeutic process, were integrated into psychoanalytic theory.

Reich drank from the psychoanalytic source, but created an original branch, developing, deepening and radicalizing the economic-libidinal principles. He separated from the psychoanalytic movement but never stopped being a psychoanalyst. Even

in the orgonomic phase, when he stopped emphasizing the practice of analysis to work directly with the stagnant DOR¹ energy and the biopathies, his thought was coherent with the economic-libidinal vision, with Freud's initial purpose to search for the biologic roots of neurosis.

Reich identified with the first ideas of Freud and, detaching from him, moved on in the quest for the roots of neurosis in the biophysical field (a quest that was abandoned by Freud). Lowen and other neo-Reichians also assimilated the initial concepts of Reich, up to the point where he turned to the theory of cosmic orgone energy. Lowen adopted Reich's views regarding the drive, libidinal energy and energetic flow, giving primacy to the work with blockages to the free flow of sexual energy. His efforts were complementary to the study of character, aiming at better comprehension of the form and functioning of the body and psychic defenses.

Object Relations Paradigm

After the 1930's, psychoanalysis stopped considering drives as the central founding element of the self. Fonagy (1999) writes that the primacy of sexuality in the explanations of psychopathology was considered a conceptual mistake by many psychoanalysts, among them Melanie Klein. Because of this posture, Melanie Klein represented a transition between Freudian psychoanalysis and the theoreticians of the British School, in which are included Winnicott and Bowlby. Fairbairn, from the British Society of Psychoanalysis, was one of the first to propose that the libido is an energy that searches for objects and not the pleasure, as Freud postulated.

During the 1940's, the psychoanalytic schools followed the Kleinian line, adopting the principles of object relations theory, focused on the treatment for pre-genital issues. Hartmann, Kohut and Kernberg were exponents of these schools. In England, Bowlby developed attachment theory and Winnicott expanded his work with children and adults. Research focused on the behavior of families and healthy children started to be widely known from 1970, mostly with the work of Margareth Mahler, who contributed to the study of health – that which stimulates, in a normal child, the constitution of a healthy ego.

All these theoreticians turned to the study of development, removing the issue of sexuality from the center of psychic organization, in favor of a perspective of maturation, of which sexuality is one part. The concept of arrested development spread. Development suffers an arrest when facing a traumatic situation or the lack of an important experience in the appropriate phase, resulting in a "hole" in the personality. This hole will be part of the narcissist wound of the individual.

Within the psychoanalytic world, two basic paradigms started to be considered: the drive and the object relations paradigms. The difference between them consists in the manner of conceiving the nature of the object and the function of the object.

According to the maturational theory of Winnicott (Winnicott, 1988: 1990), the main motivation of the human being, which maintains life and distinguishes what is human, is the need to be in relation. Drive theory, on the other hand, propounds that the movement of life guides itself to the search of pleasure and discharging of excitation, aiming at the return to a state of psychic balance. Daniel Stern, has been one of the psychoanalysts who integrates both paradigms (drive and object relations).

Grounding in the body: the basis of the self

Psychoanalytic theory is sometimes sought to explain a phenomena verified in the practice of Bioenergetic Analysis. Having words as its main instrument, psychoanalysis is good at explaining psychic dynamics. Body therapists often do not rely on words and explanations, giving priority to "*seeing*" and "*doing*". From the quest for integration between the psychoanalytic understanding and the "doing" of body therapies, arises the possibility of cross-fertilization: body therapists embrace conceptual explanations and rely more on language, and psychoanalysts embrace a more precise comprehension of the body processes, a knowledge that body psychotherapies have been gathering for about six decades.

There are convergences between Lowen (1983: 1993) and Winnicott (1988: 1990), including terms such as excitation and muscular eroticism. Winnicott says that the self finds itself naturally rooted in the body, but can, under certain circumstances, dissociate from it. (Winnicott, 1970: 1994). Lowen (Lowen, 1983: 1993) adopts the terms false self and true self, giving them a sense similar to Winnicott's and uses also the concept of a false *self* that dissociates from the body.

Lowen says that there is an inherent identity of body and psyche, and that "the babies are born with a self that is a biological phenomenon, not a psychological one" (Lowen, 1983: 1993, p. 36).

This biological self precedes the perception of oneself, which is a function of the ego. According to Lowen, the ego is not the same as the self, though it is the part of the personality that perceives the self. In fact, the ego represents consciousness or consciousness of the self. I (ego) feel (perceive) that my self is choleric. According to Lowen, Descartes was right when he said: "[I think, therefore I am]" with emphasis on the I. He would be wrong if he believed that thoughts determined the self. The contrary is true (Lowen, 1983: 1993).

The identity of the human being is dual. One part of the identity derives from the identification with the ego and its capacity to represent, and the other emerges from the identification with the body and its sensations, says Lowen. Damasio's

¹ DOR Energy (*Dead Orgone Energy*): Denomination given by Reich to a quality of stagnant energy in the body, in the atmosphere and the environment, which he appointed as a possible cause of illnesses of people and animals and the deterioration of the ecosystem.

observations coincide with Lowen's. He talks about a *proto-self* original and biologic. "*Proto-self* is an interconnected and temporarily coherent set of neural patterns that map and represent, each moment, the state of the physical structure of the body, at various brain levels. We are not conscious of the *proto-self*" (Damasio, 2000, p. 225).

The *proto-self* of Damasio, however, is not the same as the sense of self complete and integrative of the person as a whole. The *proto-self* is the "probable biological precursor of that which finally becomes the elusive sense of the self" (Damasio, 2000, p. 42).

Bioenergetic Analysis considers that life is not based on the will (Lowen & Lowen, 1977: 1985). This can be a tranquilizing concept, according to Lowen, for if the contrary were true, life would suffer a collapse on the first failure of the will. The core of the self, based in the body experience, guarantees the necessary stability so that changes can happen. This paradoxical function of maintaining a certain stability, that guarantees the possibility of changes, was called by Damasio (Damasio, 2000) "invariance of the body and impermanence of permanence"². Lacking a self rooted in the body reality, the individual would have difficulty with intimacy, suggests Lowen (Lowen, 1983: 1993). Sex would be used as a substitute for love and intimacy, since intimacy requires an exposure of the self, without masks and without projected images. Physical proximity, the hugging, the darkness facilitate a mechanical sex, while the feelings are brought up by fantasies of imaginary partners, on whom the mind concentrates. With his acuity, Lowen observes that "the narcissists, being lonesome people, may like hugs, but I suspect that they do this because hugging is less threatening than seeing or being seen"³. (Lowen, 1983:1993, p. 117).

Winnicott (1970: 1994) considers the self as a psychic entity that will root in the body (for good or ill) according to the quality of the maternal care received by the child. Lowen (1983:1993) and Damasio (2000) have a vision of a biologic self that, however unconscious, exists since the birth. Boadella (Boadella, 1992) adds that the biologic self starts to exist during the intra-uterine phase, since the formation of the embryo. The uterus is the ground where the embryo roots itself. The consciousness of this self would be a function of the ego, developed afterwards from the mother-baby relationship.

Bioenergetic Analysis postulates that the idealized image (false self), the grandiosity that is accompanied by the feeling of being special, is the natural consequence of a lack of an adequate contact with the reality of the body and feelings, and with the physical ground, in other words, lack of grounding.

Various Types of Grounding

Just like the different character arrangements, grounding can be seen as a communication code. Since birth, the child discovers many groundings. When lying over the mother's abdomen, it receives on the external part of its body the sense of being grounded, picking up the same rhythms of the mother's heartbeat, already known from intra-uterine life. The secure child is one who feels held and responds to the gesture, embracing part of the maternal body with a hand or with a curve of his body, at the same time that he is embraced by the contact with the mother. The mother who breastfeeds is giving ground to the baby through the mouth-breast contact. Upon looking at the mother's face and seeing himself reflected in her eyes, the baby recognizes himself. He develops contact with the earth and firms his basis on the ground while he moves in the face down position, learning to raise his head, to crawl, to crouch, to stand, and to walk. During the development of language, the baby starts to ground his ideas. "And all of this happens in an emotional environment that gives a background to the child's activity organization"⁴, says Boadella (Boadella, 1992, p. 89).

The therapeutic work aims at establishing new possibilities of contact with the many "grounds" from which the self develops. The work with the client proceeds to offer him resources so that he himself perceives that he can participate as an agent of his process.

Though the postural work involving the skeletal musculature and the liberation of blocked emotions has its value, the grounding acquired this way will be something peripheral, in other words, the roots do not solidify profoundly to support a stable self (Boadella, 1992). The grounding based on the relation (the breast, the lap, the look, the care of the mother), be it based on the *outstroke* or on the *instroke*, happens before the postural grounding. Without the first grounding, based on the relation, it is difficult that the postural work can build long lasting roots capable of giving support to the true self.

Reich (Reich, 1942: 1975) and Lowen (Lowen & Lowen, 1977: 1985; Lowen, 1970: 1984) emphasized the expressive cathartic work. To this end, techniques were used to promote the mobilization of the skeletal musculature and by this means to increase the energetic charge of the body by the amplified breathing.

In the past, the internal mobilization was many times brought out through screams. Touch, sometimes painful, was useful for "opening" the shell and also to promote a strong vocalization with emotional expression: screams of anger, fear, loud crying, protests. The problem with this approach, though useful, is precisely the excess. There can be an extreme increase of the energetic charge and excitation that becomes unbearable to the body. Certain techniques, when applied in an inadequate manner or exaggerated intensity, even with the objective of promoting grounding and integration, can lead to the contrary result.

Postural Grounding

² Free translation from the original.

³ Free translation from the Portuguese version

⁴ Free translation from the Portuguese version.

Lowen (Lowen & Lowen, 1977: 1985) reports that in 1953, when he tried through exercises to increase his legs' sensation and improve the contact with the ground, he discovered the arch posture, which was one of his first experiences with grounding. Though it was an exercise known by the practitioners of the Chinese technique of *Tai Chi Chuan*, to him it was a new and revealing experience. Besides facilitating deep breathing, he discovered that this posture made possible the contact with the lower part of the body and a sensation of safety, with the perception of increased vitality and integration. In the arch posture, most of us, after a short period of time, develop vibrations that travel throughout the whole body in the longitudinal axis. The vibrations, that involve intensely the muscular and skeletal systems, have the potential to dissolve the tensions that became chronic and acquired an organization of muscular armor. The arch postures offer the possibility of diagnosing blockages. These become evident because they interrupt the flow and bring up sensations sometimes unpleasant, like muscular pain, cramps, nausea or dizziness. Lowen, during a lecture in 2002, said: "I don't have a technique that avoids the pain. I have a technique that overcomes the pain, because pain is tension. All you need is to breath, vibrate and use your voice. And work with your feet, because this is the base of everything". This type of exercise has the objective of creating a sense of postural grounding that, in turn, helps develop the capacity for autonomy, or else, a growth from infantile positions to other more adult ones. Postural grounding also tends to increase the energetic charge and the general excitation on the body.

The Internal Grounding

Between patient and Bioenergetic psychotherapist, the element that supports internal grounding is the quality of the therapeutic relationship. This relationship implies trust, support, care, recognition, bonding. These are the qualities that make possible the confrontation of character defenses, when necessary. This way, the therapeutic process can move on and deepen, with the analysis of the resistances and by making true contact with the hurt inner child.

Many body psychotherapy schools mention the beneficial effects to the psyche of certain body activities done outside the psychotherapeutic context, in exercise classes or even at home. I believe that internal grounding also develops with a combination of Bioenergetic exercises and self-perception; that the self-perception can be created by practicing the exercises with body consciousness, perceiving not only the kinesthetic processes – the temperature, the breathing, the weight –, but the sensation of energy flowing, its pulsation, the excitation, the feelings of charge, lightness and possible feelings that arise with the mobilizations, as a way to the growth of internal grounding.

Daniel Stern called these sensations Feelings of Vitality.

The Energy of the Internal Grounding and the *Instroke*

In body psychotherapy language it is common to hear that certain structures have "low" energy and that the individuals need to "recharge" to feel more alive. To understand which approaches are suitable for these people, it will be useful to tackle the concepts of *instroke*, which means the movement from the periphery to the center, and *outstroke*, which is the inverse movement, from the center to the periphery (Davis, 1999).

The continuous rhythm of both movements constitutes pulsation. This pulsation is the necessary basis for psychic development, according to Reich. Centering, focusing, concentrating, organizing, creating internal representations are functions derived from the *instroke*. The *outstroke* has been more studied and emphasized in Bioenergetic Analysis. Phenomena like contact, attachment, relationships, projections, speaking, emotional expressions can be understood in terms of the *outstroke*.

Davis represents the Reichian model of development in the shape of a spiraled wave. The flow to the outside makes contact with the environment, the flow to the inside brings information to the body. The *instroke* is the movement that gives energetic support to the feedback circuit, which works as a learning system, a system of information. The *instroke* provides the necessary energy for us to create meanings, and to organize the meanings in physical and psychic ways. It helps to decode the forms structured in the mind-body, transforming them into meanings that can become conscious through symbolization. According to Davis, without a clear functioning of the *instroke*, the external world is poorly comprehended and poorly represented. I think that Davis brings light to the energetic movement that feeds the internal grounding. He offers a bridge to support Lowen's statement (Lowen, 1975: 1982) that grounding promotes a realistic perception of the outside world and of oneself.

Reich postulated that the movement to the outside generated feeling of pleasure and the movement to the inside, feeling of anguish. But Davis's contribution complements the concept of inner ground proposed by Boadella and shows another perspective. Not always is the energetic movement to the outside associated with pleasure nor the movement to the inside with anguish. Davis distinguishes *instroke* from contraction. Both are movements from the periphery to the center, but the similarity ends there. A contraction blocks the flow, does not allow the energy to get to the center, lowers sensations and perceptions, restricting the energetic flow. Contraction is responsible for the formation of armor. Though contraction has in common with the *instroke* the movement's direction, in contraction one has the intention to get away from the contact (suppression or repression), to avoid something that would be painful, unacceptable or dangerous to the ego. On the other hand, the *instroke* is the free movement from the periphery to the center, that, when completed, originates the *outstroke* in a fluid and spontaneous way.

Accepting that the emotional and cognitive functions depend on the free energetic flow to the inside and to the outside, it is possible to better understand why a work of discharge (*outstroke*), done in the presence of blockages of the *instroke*, produces

dissociation and greater difficulty supporting the energetic charge. The *instroke* is responsible for recharge. If this direction is blocked, the energy vanishes from the organism

If the pulsation predominates in one direction, a biologic imbalance is unavoidable. The parasympathetic system corresponds to the libidinal expansion function directed to the world, and the sympathetic corresponds to the function of libidinal retraction, of a retreat to the inside of oneself. So, a state of prolonged parasympathetic response, dissociated from direct voluntary activity, in other words, without discharge, can itself form a potent neurotic defense against anguish. That is the case of a patient that sleeps during the whole day to escape from confrontation with his conflicts. The individual stuck in this parasympathetic state, which theoretically corresponds to an expansive state – *outstroke* –, suffers from an energy leak (Weigand, 1996).

Leak can be understood as dissipation, an energetically unproductive disorganized movement from the inside to the outside of the body. “A dissipation is an attempt at avoidance, a breaking apart to interfere with contact, not a breaking out to make contact. Dissipation is non-productive, directionless and not core connected or unified in its flow”, defines Davis (Davis, 1999, p. 85). In this situation, emotion works as a defense and, in the place of an action or organized and meaningful expression, acting out occurs. Another form of non-productive expansion, disorganized and disorganizing, is explosion. As a part of the *outstroke*, the explosion that crosses the defensive barriers of the ego, liberates excessive energy or energy without contact, like in the blind wrath or in manic episodes.

We can have energy enough, but this energy can be unavailable because it does not get to the core of the body. The pulsation is blocked, the energy does not flow or leaks because the person cannot tolerate very intense emotions, disturbing memories or a very sharp perception of her life situation. Davis concludes: “So there is no sense in adding more excitation to a system that is already overloaded. The idea is to mobilize the existing energy without charging or exciting even more, so that it can incorporate and process the feelings that were felt before like [too much].” (Davis, 1999, p. 86).

The contraction, be it on the *instroke* or on the *outstroke*, provides a sensation of strength and power. That is why there is reluctance to undo the contraction because of the fear of becoming too vulnerable. A false sense of grounding develops because of the identification with the contraction. This is armoring that limits possibilities and potentials. In this sense, grounding and rigid armor are antagonistic experiences. The physical and psychic behaviors are distorted by the armor, generating negativity inside the body and in relationships.

By increasing the sensation of an inner ground, it is possible to discard the use of many characterological behaviors. The armor has the function of protecting boundaries around a fragile nucleus. Mobilizing the *instroke* of the pulsation facilitates the rise of new possibilities and structures, anchored on inner emotional strength.

Self-perception, self-expression and self-control, in the sense of emotional self-regulation or emotional intelligence, are functions that result from the inner ground. Having this base, a sense of autonomy and identity naturally happens, without isolation. This is the difference between *instroke* and contraction. If we accept that the feeling of stable and flexible boundaries, which generate the sensation of individuality and potency, is an energetic function, it is possible to accept the meaning of pulsation for a feeling of unarmored safety.

Davis points out the advantage of doing practical work with the *instroke* to energize the limbic brain and strengthen its connections with the conscious cortex. As the *instroke* is one of the poles of the pulsating movement, the other direction of pulsation, from center to periphery (expressive and muscular), is essential to health, but it is neither preferential nor exclusive.

The premature grounding

Robert Lewis, who deepened the understanding of mind-body dissociations, was one of the therapists connected to Lowen who, without breaking up with the master, reoriented bioenergetic body work. Lewis (Lewis, 1976; Lewis, 1989) studied the premature development of the ego in relation to the difficulties of building an adequate grounding. He credits this difficulty to the precocious experiences of the child with a caregiver that cannot recognize himself as a separate being from the child. In his neuropsychological immaturity, the child would receive this dissonance directly on her cellular structure, on her autonomous nervous system and energetic centers. This dissonance would be at the base of the falling anxiety of a three week baby, a case that Reich reports in *The Cancer Biopathy*, as well as the origin of premature ego development. In this dissonant environment, an immature young body, which should still depend on the caregiver for its self-regulation, needs to find ways to support itself alone, practicing the basic functions of *holding together* and *holding on*.⁵ Besides the dissonant relation not offering safety, the small being still needs to protect himself from a caregiver that (supposing she is a mother), has herself an ego that is largely unstructured. I say “protect” because this mother can be unpredictably invasive, abusive and abandoning. To protect itself from the “unthinkable anguishes” caused by the rupture provoked by the environmental failure, the baby separates its psyche from its soma. José Alberto Cotta (Cotta, 2003) develops the issue of the psyche seduced by the mind, which can usurp the function of the psyche...”. This way, the baby starts to take care of and control the environment, forfeiting being taken care of. So, in an effort to face the threat represented by the caregiver, the baby develops prematurely a rudimentary ego, even without having neurophysiologic apparatus to do so.

⁵ “*Hold together*” means maintaining the energetic-psycho-body integrity and cohesion; “*hold on*” has the sense of creating a bond, but also of grasping to survive.

Lewis (Lewis, 1998) emphasizes the therapeutic approach needed in cases in which the head reigns absolute over the body.

The approach which tries to get many patients who are in bioenergetic therapy out of their physical heads, only furthers their dissociation; the underlying terror of insanity, and the compulsive thinking (ego or mind as false self) with which such patients hold onto a false sanity, can only be dealt with where it is (in the head), not where it isn't – in the abdomen or the pelvis. (Lewis, 1989, p. 22).

When a patient comes to him with a disturbance originating in the beginning of life or cephalic shock, Lewis accompanies the client, literally supporting the head, to explore those “unthinkable anxieties” connected to the ancestral fear of losing control, “losing one’s head”. It is possible to say that in these patients who suffer from a body-head split, and who place in the mind the locus of the false self, there is a problem on the body level underlying the verbal level: the pre-verbal question of the shock, structured into the body during a very early period.

Lowen relates the rupture of the connection between head and body to a ring of tension at the base of the cranium, that interrupts the breathing wave, as well as the connection between thoughts and feelings. During adult life, this split would lead to distorted cognitive functioning. The gain in promoting, in the psychotherapy process, disorganization of the tensions and reorganization of the tonus, is that the longitudinal pulsation starts to include the head (brain) to the benefit of cognitive, affective and physiologic processes.

Avoiding Grounding and Inner Collapse

According to Aalberse (1997) grounding is a dynamic balance between two poles: rise above the ground and sink into it. Finding the optimum point of contact is the objective of the therapy. There are two ways of avoiding the grounding:

1) The first way is by refusing to stand on one’s own feet, hanging onto others and placing the responsibility for one’s existence and well-being on them. The person remains completely dependent, vulnerable and incapable. If that fails, she plunges on the ground. At first, the sensation is of extremely heavy legs. Later, if the state is aggravated, there occurs a loss of energy in the legs, which are felt as being made of rubber and incapable of supporting the body. The whole postural tonus is lowered, the person literally falls over a lifeless pelvis. Under these conditions, the tendency is to seek for fusion with the other.

2) The second way is the opposite. There is a refusal to receive support, rising above the ground to avoid feeling contact with the reality of human interdependence. This is a narcissist personality, described by Lowen in the book *Narcissism*. The person rises up to compensate for low self-esteem, trying to maintain an idealized self-image of someone special, who is above and better than others.

A person can be *above* the ground or *inside* the ground to avoid being *on* the ground. Aalberse associates rising *above* with the arrogant behavior of pushing up the diaphragm, raising the shoulders, stiffening the neck and clamping the jaws. In addition, the pelvis remains contracted and pulled up. The tendency is to try to feel freedom through isolation. It is a pseudo-freedom and not an expression of autonomy. One gives the impression of getting rid of the other, but actually does not have the freedom to be intimate.

Both ways to avoid grounding carry the sense of trying to escape from a deep feeling of abandonment and rejection, charged with panic. This can be the profile of the person who carries inside herself a psychotic nucleus maintained under cover by the anti-grounding behavior. Often the external appearance is rigid, as well as the attitude. Getting in touch with one’s ground and the inner reality means going in the direction of this painful experience of emptiness. Not without a reason, Aalberse named his article *Fear of Grounding and the Dark Night of the Soul*. But he stresses the importance of going through the experience of the “dark night of the soul” to reach a deeper maturing of spirituality. According to both Alexander Lowen (Lowen, 1995: 1997) and John Pierrakos (Pierrakos, 1994), establishing steady roots on the ground unleashes the pendular movement of the energy in the direction of the cosmos. Spirituality is related to health and associated with an energetic perspective of the body. When the excitation increases and surpasses the limits of the individual, the person feels part of the universe, in a rich connection, accompanied by the sensation of completeness.

The Grounding of the Eyes

When a baby is born, she it is already capable of searching actively for the mother’s eyes and she only retreats to her internal world if she finds a poorly welcoming environment. Upon retreating, she creates a blockage to the energy flow, which will involve the organs of perception (eyes and ears) and the brain itself.

With eye contact and face to face interaction, the caregiver acts as regulator of emotions for the child, “lending” her his qualities of self-regulation (Schoore, 2001). Interactions brain-to-brain occur during face-to-face communication, mediated by orientations eye-to-eye, vocalizations, hand gestures and movements of the arms and head, all of them acting in coordination to express inter-personal perception and emotions.

The severity of psychic symptoms depends on the phase of development when the trauma occurred. The more precocious the trauma, the more severe the pathology will be.

Irene Cardotti (2003) integrated the therapeutic method of Bioenergetic Analysis with *Self-Healing* method, created by Meir Schneider (Schneider, Larkin & Schneider, 1998, 1999). Schneider developed several exercises focused on improving the vision function. To that end, exercises are planned to relax and at the same time tone up the organic structures responsible for the visual function. Combining *Self-Healing* exercises with the knowledge of Bioenergetic Analysis, Cardotti observed that her patients improved from organic pathologies that affect vision and reported psychic benefits, like peace of mind and emotional balance.

Lowen and Pierrakos pioneered in the treatment of primitive blockages that involve the ocular segment by developing the principle of grounding that channels energy to the legs and feet, discharges the excess energy into the ground and familiarizes the body with the vibratory state that allows greater tolerance of excitation.

Grounding in the Family

A baby is not born in a vacuum. It is born into a family that lives within a social group and culture, and receives influence from one or more religious rites and creeds.

The arrival of the baby is preceded by many expectations about its future. The mother re-elaborates her various identities, as mother, wife, daughter, professional, etc. At the same time, the birth of the baby, who comes up as a third in the couple relationship, can accomplish different roles in regard to the parents' relationship. It can mean a strengthening of the marriage bond, if there was a previous fear of abandonment; it can substitute for the husband, who will be pushed aside to the role of provider; it can embrace the role of providing the unconditional love that the husband was not capable of providing. It can compete and become a threat to the marriage or it can be seen as a gift.

The woman also tends to reevaluate the feminine identity of her own mother. A process of modeling, identification and internalization of this motherly identity starts. If the model is considered negative, she will try to be different. The father can also have been the main figure of attachment of the new mother. Upon imagining the future of the baby, especially if it is male, the expectation will be of having someone similar or the opposite of a model that was either idealized or devalued. And not only the father, but the husband or a brother can be the reference. The baby can also come in charged with different tasks, like maintaining the continuity of the family, perpetuating its name or professional tradition, for example, to revenge some past offense, to legitimate the parents' union or even to promote their social ascension.

Also, substitute parental figures can be of great importance to the maternal psyche, especially if they compensate for negative experiences with the mother's own parents.

Grounding in the Culture and in the Community, and Religion

The new-born baby has come to the world and is held by the parents. The complex social relations of his private world are all around, but he does not have the conscience of them yet. Stripped off from culture, he awaits for the conditioning process that will lead to the character formation (Boadella, 1992, p. 62).

Actually, the baby is not stripped from culture. Being inserted into a culture and into a social group implies rooting, absorbing the myths, the beliefs and the religious practices valid in this context. A child is not born in a vacuum, but is born from a couple, that belongs to a family, inserted into a social group, where there are beliefs and religious rites that are part of the culture.

In childhood the parents have also elaborated their own God representations, which they will later present to their children, both consciously and unconsciously. Thus, the two major characters of this process – God and the child to be – are each to a different degree, preformed as representations in the parent's minds. Often, the conception of the child will be considered a gift from God, a punishment imposed by Him, or a new tribulation sent to test the believer (Rizzuto, 1981, p. 183)

If the family is not religious, would the child have come to this world because of a biological accident or was she desired? The mythology about her origin, according to Rizzuto, will be incorporated to the self to create a representation of God and of herself.

The naming ritual, be it through baptism or even not being baptized, many times prescribes a destiny to the child. Giving her the grandfather's name who was an important character, the grandmother's or the dead brother's is the external demonstration of a pre-conceived image of her destiny.

The baby, in its omnipotence, recreates its mother and the pre-existing world, turning them into his own. Gilberto Safra (Safra, 2002), theoretician and scholar of Winnicott's work, observes:

This is also the moment when the ethnic dimension of the baby's self is constituted, for as the baby takes the mother's body as his own, he organizes himself according to the ethnic aspects of the community where he was born. These ethnic elements develop and gain sophistication throughout development, through the child's living

together with others people in a common environment, through the appropriation of the ethos reflecting on the body-self, on the emotions and behaviors.

Bert Hellinger, a psychotherapist who works with families using his technique of Family Constellations, identifies among the fundamental needs of a person the need to pertain to a reference group, because survival depends on this affiliation. "Children adapt without questioning to the groups inside which they are born, grow attached to them with a tenacity that reminds us of the process of conditioning", says (Hellinger, 2001, p. 27). This connection becomes love and destiny, no matter if the family is nurturing or negligent. The values, habits, beliefs and actions of the family inscribe on the conscience and the unconscious and become part of the child's identity. When somebody does something that threatens this connection, it activates a conscience of guilt, that works for the preservation of the family and of the social bonds of the original group. The function of this deep unconscious social guilt is to strengthen these bonds. That which the person perceives, believes and allows herself to know is determined by the strength of this bond and by the demand to belong.

This conscience does not superpose the false beliefs and superstitions of the groups to which we belong, guiding us towards a superior truth. On the contrary, it favors and maintains these beliefs, making it hard for us to perceive, know and recollect what it forbids. (Hellinger, 2001, p. 27).

In some primitive cultures, to symbolize the connection to a group, rituals that mark the body indelibly were practiced. There was a ritual by a group of North-American Indians in which the young warrior would dance in the circle of the ceremonial dance, with an elk head tied to his leg. His flesh was torn, but he kept on until the master of ceremonies ordered interruption of the ordeal. Severely injured, he comes out a winner because he survived. The right to walk as an adult member on his own legs has been granted, on the condition of submitting the very same legs to the prevalence of his group law. The ritual shows the symbolic relation between one's legs and autonomy. By giving the legs up to the ceremonial pain, he abdicates of his own will in exchange for affiliation (Catlin, 1959).

Kayapó Indian girls, from the Medium Xingú in Brazil, when they reach puberty and menstruation begins, they have their knees bound together by very tight ropes. These ropes are maintained as the girl grows, so that the constriction around the knees remains a mark of her condition as a woman belonging to that community. The procedure has an esthetical value, just as in China, before the communist revolution, the small deformed feet of upper class women meant beauty and were a symbol of belonging to a social class.

Unrooting can produce serious consequences to the individual and to the society. There are the unrooted because of unemployment, bad work conditions, immigration, lack of instruction. According to Simone Weil, these individuals have only two possible attitudes: falling into an inertia of the soul equivalent to death or casting themselves into activities that perpetuate the unrooting. Gilberto Safra (2002) explains that "esthetical organizations excessively abstract, resulting from the machines or from the digital world, carry a type of sickness lived as a type of madness, in which the body stops being the lodging place of the psyche". Lowen in his book *Narcissism* expounds a critical view of our societies, associating the growing narcissistic emotional disease of occidental culture to rooting, of which the origin is the poor contact with the body self that to him represents the essence of psychic health. The human body has temporal and psychological organizations that have been violated by the acceleration of technology and a vertiginous bombardment of visual stimuli.

Final considerations

This article is a condensation of my thesis for a master's degree obtained in 2005. The subject I chose to discuss is the development of Bioenergetic Analysis as a line of psychotherapy that has integrated the understanding of body psychotherapy as created by Wilhelm Reich and Alexander Lowen with the development of new paradigms in the field of psychology.

When I started to participate as a teacher of training groups in Brazil, I felt the need to clarify the confusion that I had experienced during my own training, confusion that I perceived also in some Brazilian students' minds. In 1996, I made a presentation at the XIII International Conference for Bioenergetic Analysis in Pocono (USA). The theme was energy leak and it was elaborated from unexplained questions from the case of that client who did not get better with the basic exercises of postural grounding, that I mentioned in the beginning of this article, and from other experiences of mine as psychotherapist and supervisor. I developed the perception of energy leak due to my own therapeutic process and by observing the same thing happening to several clients. In 1999, I wrote another article to try to elucidate the question of both currents that existed within Bioenergetic Analysis (it was published in *Bioenergetic Analysis*, 2001). From the positive reception of this article and the 1996 lecture in the Bioenergetic Conference, I felt more confident to divulge this discussion not only among the members of the Institute for Bioenergetic Analysis, but to the community of body psychotherapists in general.

It is important to stress that Lowen's retirement from the Institute represented a loss, but, paradoxically, also a gain. With the dissolution of the myth, the gain was more openness to other areas of knowledge and more possibilities of building creative manners of use for his discoveries. It rests with the followers to make good use of his teachings and check their effects on themselves, on their clients and on the students. It is fundamental to keep that which he taught us, transmit this knowledge to

others and also critically analyze his work. The integration of Bioenergetics with the contemporary advancements of developmental psychology, social psychology, trauma treatment and neurosciences is what is going to keep its flame alive.

According to Lowen (1995) and Pierrakos (1994), the rooting into the ground unleashes the pendulum movement of energy in the direction of the cosmos. Spirituality is connected to health, is associated to an energetic perspective of the body. When the excitation rises and surpasses the limits of the individual, the person feels connected to the universe. This relation is the cosmic feeling of spiritual connection that transcends the limits of human nature. I believe that the principles, the fundamentals and the praxis of grounding, developed by both creators of Bioenergetic Analysis, Alexander Lowen and John Pierrakos, stand true and deserve a place in mainstream present day Psychology.

This article is a contribution for a deeper and better based comprehension of this instrument, grounding, clarifying how it was conceived and how it has been developing, an instrument that many use because they recognize its potential, but will be able to refine and elaborate.

I hope to participate in the movement that stimulates mental health professionals to take on the task of promoting well-being and development for people and communities with which we have and will have the privilege of being in contact.

In Brazil, Bioenergetic Analysis schools maintain the social bases of Reich's ideas, adapting them to the contemporary reality of inter-subjectivity, social inclusion, citizenship, ethics and ecology, which not only opens a range of new uses, as well as demands the assimilation of different approaches, without losing its identity.

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Biography

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Bioenergetic Analysis in the College Classroom

Peter S. Fernald

Abstract

A strictly conceptual, non-experiential presentation of Bioenergetic analysis in the college classroom risks the possibility of inaccuracy, of failing to underscore the importance of body-level understanding in Bioenergetics. On the other hand, having students engage in Bioenergetic exercises can put students' sense of dignity and self-worth at risk. This dilemma and the teaching strategies used to address it and other related issues are described. When the various ethical and pedagogical challenges described here are adequately handled, teaching Bioenergetics in the college classroom can be a highly satisfying experience for both students and instructor.

Keywords

Bioenergetic Analysis – College Classroom – Bioenergetic Exercises - Ethics

At first, I was confused by Bioenergetics. It seemed like a foreign language ... Then one day in lecture, it hit me ... This year, for the first time in my life, I've felt very anxious ... a lot of guilt about things that never before bothered me ... I have been sick much of the time ... I've also been depressed and cried for seemingly no reason. Speaking Bioenergetically, I've been flooded with feelings ... Although it has been tough, what has happened is good. I am starting to get in touch with who I am (not who I ought to be). I realize I must live my life according to who I am ... Like Lowen describes in his book, I felt I was losing control (and that's scary). But, I realize that this is all very important and necessary. Thanks to Bioenergetics, I know this now!

The above passage, written by a University of New Hampshire (UNH) undergraduate, is one of many I have read in the past 20-plus years, since I began teaching my senior-level Counseling course. Al Lowen's writing and teaching have been an abundantly rich, life-affirming gift for me, my clients, and my students. I feel enormous gratitude for his legacy of Bioenergetic analysis. With much love and appreciation, I dedicate this paper to him.

Ethical Considerations

Psychologists' ethical principles and code of conduct state that, among other goals, psychologists are committed both to promoting accuracy and truthfulness in the teaching of psychology and to increasing people's understanding of themselves and others (American Psychological Association, 2002, p. 1062). According to this assertion, my task as psychology professor is twofold: to teach Bioenergetic analysis (henceforth referred to simply as Bioenergetics) accurately, and to help students better understand themselves and others.

Bioenergetics is an experiential, body-oriented psychotherapy. This orientation perhaps is its most distinctive feature. The self is the body in Bioenergetics, and self-understanding means being aware of one's body, including sensations, feelings, breathing, and tensions. Bioenergetic exercises, which include physical movement and expression, are designed to promote just such understanding. A strictly conceptual or theoretical approach to teaching and learning Bioenergetics that did not include Bioenergetic exercises would provide, in my view, a woefully inaccurate, non-experiential account of Bioenergetics, similar to teaching tennis through lectures and books without ever having the learner swing a racquet and hit a ball. From a Bioenergetic perspective, such pedagogy would do little to promote students' body-oriented understanding of themselves and others.

Still another ethical principle indicates that psychologists take care to do no harm and that they respect the dignity and worth of all individuals (American Psychological Association, 2002, pp. 1062-63). Designed to elicit strong emotions (Lowen and Lowen, 1977), some of the exercises can put students' well being and dignity at risk. Should students enrolling in an undergraduate course in counseling be subjected to these possibilities? A thoughtful, prudent answer to this question requires that we first consider two pedagogical issues: teaching the concepts and teaching the exercises.

Teaching the Concepts

The Counseling course runs for a 14- or 15- week semester with 5 weeks devoted to Bioenergetic analysis, 4 weeks to Rogers's person-centered approach, and 5 weeks to Haley's and Whitaker's family systems. Assigned readings include only primary sources which for the Bioenergetic section is *Joy* (Lowen, 1995). Prompted by the Monte Carlo Quiz method (Fernald, 2004), students regularly come to class having completed the assigned reading and prepared for discussion. Including both conceptual and experiential learning, each 3-hour weekly class addresses one of the following topics: energy, grounding, character, sexuality, and therapy.

Pedagogy and Personhood

Many, if not most, students enroll in the course expecting to learn counseling techniques, a misconception I attempt to dispel at the outset of the course. On the first day of class I hand out the course syllabus, which states my belief—that the personhood of the counselor and the client-counselor relationship, not techniques per se, are the sine qua non for effective counseling. I also share my belief that professional growth, particularly for counselors, is intimately connected to personal growth, and that a counselor usually cannot guide and/or accompany a client to a level of personal growth he or she (the counselor) has not already attained.

Many of the questions on quizzes and papers require students to relate Bioenergetic concepts to their personhood, that is, to their intra- and interpersonal experiences. My reading of and commenting on their essays reflect this focus. When a student describes a compelling example of how Bioenergetic theory prompts a fuller understanding of him- or herself, for example, I write a comment that supports and encourages such reflection. Many students in the class pursue graduate training and/or careers in some form of counseling. For this reason, an important, though certainly not exclusive, goal of the course is for each student to realize the significance of her or his personhood for possibly someday working as a counselor.

Students' Resistance

Initially, students are fascinated by the holistic, body-mind perspective of Bioenergetic analysis. As they read Lowen's writing, however, they express resistance to Bioenergetic analysis, a resistance that runs high, substantially higher than for the person-centered or family systems approaches. Negative reactions are so strong for some students that their completing the assigned readings in Bioenergetics becomes an onerous task.

The students object to Lowen's writing, which they regard as sexist and redundant, and to his psychoanalytic interpretations and body readings, which they believe are often overly simplistic and of questionable accuracy. Well trained in scientific inquiry, especially experimental research methods, they object to Lowen's using case studies rather than controlled laboratory studies as the basis for his assertions. They also object to the paucity of Lowen's referencing and to his citing primarily either his own or Reich's writing. Agreeing with many of their concerns, I listen respectfully to the students' objections and discuss them as openly as I can.

In an effort to help students both accept and understand their resistances, I acknowledge my resistance years ago to Lowen's writing. I recall how, in the margins of Lowen's books, I wrote expletive-enriched declarations regarding my disagreements with Lowen. With my encouraging them to do likewise, students show signs of relief. Once I sense that students feel supported and safe enough to both have and state their objections, I suggest that they may be doing themselves a disservice if they "throw the baby out with the bathwater." Stating the point more directly, I suggest that Lowen's insights into the human condition may greatly outweigh the various objections they have raised. Having thus stated my position, I encourage the students to open both their minds and bodies to Bioenergetic analysis.

At the beginning of the section on Bioenergetics I stress the distinction between knowledge and understanding (Lowen, 1980). Students readily recognize the distinction and its importance, as many have had more than their fill of knowledge, of "neck up" education. I also indicate my hope that they not simply acquire knowledge of Bioenergetic concepts, but rather that they understand (on a body level) the concepts. Years ago, in the class just after our consideration of this distinction, a student described the following experience, which I later recalled and recorded as nearly verbatim as I could.

I was feeling a little sad the other day. Instead of trying to will myself out of my sadness or figure out the reasons for it, I decided to go with it. I went to my room and just sat there by myself... My eyes became teary, and I began to softly cry... Eventually I broke into deep sobbing that lasted a long time, perhaps an hour or longer. Afterward, I felt better, went out for a short time, returned to my room, and went to bed. I awoke the next morning feeling wonderful and realized I had slept better than I had in quite some time. I still did not know what I had cried about, but later in the morning it came to me. It was a problem I had been unwilling to acknowledge for a long time. Having acknowledged it to myself, I later was able to tell a friend about it. I guess my body understood before my mind knew.

Possessing a here-and-now quality and coming from a peer, not me (the instructor), this example modeled for all students the potential relevance and impact of Bioenergetics. Such examples, I believe, also encourage students to consider how any Bioenergetic concept might pertain to them. As their work with Bioenergetics continues, both the depth of students' sharing and their excitement for Bioenergetics grows.

Teaching About Sexuality

With regard to teaching Bioenergetic theory, however, the topic of sexuality is the most challenging. One might think that with college students the opposite would be true, but I find this not to be the case. Lowen's emphasis on the body, particularly upon sexuality, elicits a good deal of apprehension and resistance in students. I wonder if the students' resistances to Bioenergetics have their source in Lowen's emphasis on sexuality. My lecture on sexuality seems to leave students quiet and

without questions, which is unlike their response to most of my other lectures. In the lecture, I present Lowen's description of contemporary Oedipal tragedies, including pleasure anxiety and other Oedipal sequelae (Lowen, 1980). While students do not react openly to my lecture in the classroom, what they write in their papers is another matter, as the following passage, written by a female student, indicates.

When I read the Oedipus story in literature or mythology classes, I never took it seriously. But, after reading Lowen's view, I began to see the story in a new light. When I was twelve my parents divorced. My father moved out without even saying goodbye. In junior high, high school, and even in college, I always had problems having a relationship with a guy. For a long time I thought something was wrong with me. Then, I began focusing on my relationship with my father, and especially on the day he left both physically and emotionally. I thought maybe his leaving was the sole reason for my failure to have a relationship. But, Lowen's perspective on the Oedipal struggle made me realize there is more to my relationship struggles than my father's leaving... When I was young my father and I were very close. We snuggled and watched T.V. together, and he always kissed me goodnight. It was infantile sexuality... in a normal healthy way. Then, around the age of eight or nine, it all stopped. We no longer snuggled or hugged... I began to feel extremely uncomfortable, such as on holidays or birthdays when we were "forced" to hug. Reading Lowen's description of the Oedipal struggle, I had the realization that my father probably was sexually excited around me and, I imagine, frightened by his excitement. I suspect this was the case as he seemed to have stopped all of his feelings for me. He withdrew from me. I in turn became frightened and ashamed of my sexual feelings. I am still trying to accept that I can feel sexual excitement for and be loved by a man.

Teaching the Exercises

UNH senior psychology majors are well trained in the merits of empiricism which, for them, refers to scientific methods, especially data collection and analysis. Reminding them of the root meaning of empiricism, which concerns experience and the senses, I encourage them to adopt a skeptical, show-me attitude toward Bioenergetic analysis, including Bioenergetic exercises. Engaging in the exercises, they have the opportunity to experience Bioenergetic concepts and principles in their bodies. Let empiricism (i.e., their experiences), I suggest, be the facts. Students seem to be both challenged and motivated by this perspective.

Some Guidelines

My intent in orienting students to the exercises is to create an atmosphere where students can relax, let go, and let down. I explain, emphasize, and re-emphasize that, contrary to other exercise programs which emphasize physical strength, endurance, and "building oneself up," the goal in Bioenergetic exercise classes is to be more in touch with our bodies and feelings. Noting that every student in the class is a unique being, I encourage students to focus exclusively on their own experiences.

I teach the exercises in a slow, gradual progression, proceeding from very little to more and more emotional intensity. The exercises are selected, and occasionally adapted, from those described in The Way to Vibrant Health (Lowen and Lowen, 1977) and Trauma Releasing Exercises (Bercelli, 2003). Expressive exercises are introduced at the second or third class, after students have gained some experience with grounding, breathing, and stretching exercises. Participation is entirely the students' choice. I state clearly that no one should participate for a grade in the course or because of peer pressure and that they may participate selectively, participating in the relaxation-stretching and/or grounding exercises, for example, and not in the expressive exercises. Typically all twenty students, barring those compromised by a medical condition, participate in all of the exercises. Occasionally, one or two students opt not to do the expressive exercises.

Reactions to the Exercises

Following each exercise session, and in small groups, students discuss their reactions to the exercises. Students are surprised, relieved and comforted to discover both that reactions vary greatly and that they are not alone with some of their reactions. These discoveries provide a sense of camaraderie. As their images of being different and "abnormal" begin to fade, students discover their common humanity. Their comments and questions about the exercises provide opportunities for me to help them integrate conceptual and experiential learning.

For many students the exercises elicit remarkable insights. Engaging in the pelvic lift exercise (Bercelli, 2003), one student noted pelvic and groin tension, which he described as resistance. The experience prompted him to a "troubling awareness" that he is a person who generally finds sexual pleasure on a physical level, not on a loving or emotional level. "According to Alexander Lowen," he writes, "this would be exactly what corresponds to tightness and resistance in the pelvis and groin... I never considered myself sexually inhibited... but this exercise has made me examine my habits regarding sex." In another exercise, the same student reports reaching out for someone (his former girlfriend of two years) who in his mind's eye

does not reach back. This experience prompts the student to realize “something very important... (that) I had refused to surrender to my feelings of sadness and risk the possibility of crying...(which has) made it impossible for me to move on ...”

Though a few students typically are not strongly affected by Bioenergetic analysis, occasionally one or two report breakthroughs. Prompted by engaging in the exercises that encourage the expression of anger, by reading the Chapter “Anger: The Healing Emotion” in *Joy*, and by listening to my lecture on anger, another student became aware of longstanding denial of her hatred of her mother, who had abandoned the family ten years earlier. Finding herself one day in a state of angst and despair, she telephoned her mother. She asked her mother to come for a visit. Once again, even though only a one-hour drive was involved, her mother failed to respond. Unable this time to overlook her mother’s non-response, the student found herself enraged. She called her mother and, for the first time, expressed anger to her mother, and then “sobbed and screamed away years of emotional pain.” Witnessing, also for the first time, her daughter’s pain and tears, the mother’s heart opened to her daughter. Now, after ten years of estrangement, the two enjoy a mutually loving and supportive relationship. Concluding her essay, the student writes, “I tested the concepts of Bioenergetics, found my inner self, and resolved a traumatic past.”

During the Fall semester ’07, at the end of the 5-weeks section focused on Bioenergetic analysis, 19 of the 20 students enrolled in the course completed an inventory containing statements to be rated on a 7-point scale, 1 (very strongly disagree) to 7 (very strongly agree), and a few questions requiring brief written responses. As is evident in Table 1, the students’ ratings indicated an overall positive endorsement of the exercises. Students’ written remarks were predominantly positive as well. Several students noted that initially they were apprehensive, skeptical, and even critical of the exercises, but that eventually they enjoyed the exercises. A few of the students reported that they experienced energy moving and vibrations as a result of the exercises, that the exercises helped them reduce body tension, and that they learned a great deal about themselves from the exercises. One student clearly and succinctly stated the purpose of the exercises: “It is about opening up and surrendering.”

Risks and Responsibilities

A number of years ago, in the middle of an expressive exercise where students say “I won’t,” a student, whom I shall call Jackie, became upset, ran from the room into the hallway and collapsed sobbing. I went to Jackie’s side, and eventually she talked about what had happened. Then, she added, “They (the other students) must think I’m stupid.” Returning to the class, I told the students that the “I won’t” exercise had triggered some upsetting feelings for Jackie but that now she was feeling more calm. I asked for volunteers to sit with Jackie in the hallway. Four students volunteered. I returned to Jackie and told her that I had asked a few students to join us in the hall. I said that I thought they would be very supportive of her. Jackie seemed comfortable with this plan. In the class, when Jackie and the four students returned, we discussed the incident. A few students indicated their own apprehension about the exercises. Other students said that they respected Jackie for participating so fully.

A Teaching Moment

I believe my personal background in Bioenergetic therapy enabled me to handle the incident reasonably well. Believing that I could help Jackie move through her strong feeling, I was not nervous during the incident. I regularly engaged in Bioenergetic exercises during my many years in Bioenergetic therapy and training, and to this day I often do some of the exercises. The exercises enhance my capacities for accepting, expressing, and containing intense emotions, and thus I was able to be calm during this incident. I modeled, I believe, professional behavior appropriate for a counselor or teacher.

Nonetheless, I might have handled the incident differently than I did. Jackie believed her classmates thought her stupid. My ethical and professional responsibility as instructor was to help preserve Jackie’s sense of self worth and dignity. Acknowledging Jackie’s full participation in the exercises I also might have thanked her for providing such a clear demonstration of the Bioenergetic concept “priming the pump,” which refers to the potential of the exercises to elicit strong feelings. The incident underscores an important principle: there is no correct or right reaction to a Bioenergetic exercise; any reaction is an opportunity for teaching and learning.

Institutional Expectations

Later reflection upon the incident triggered my countertransference and projections. I began to question my major premise, that Bioenergetics could be taught experientially in the college classroom. One of my worst fears, surfaced—that a student would tell a faculty colleague about “the weird exercises Professor Fernald has us do.” I experienced feelings of shame and inferiority. My confidence and sense of self worth were in question.

Wilhelm Reich coined the phrase “emotional plague,” the tendency of institutions and even cultures to curb strong passions and make them taboo (Reich, 1945). Alice Miller describes “poisonous pedagogy,” a manner of teaching that punishes children and adolescents for expressing and even experiencing strong feelings (Miller, 1983). Similar taboos exist in academia and the sciences where the mind, not the body is prized—or, to use Freud’s language, where secondary/mind processes (logic, reason, intellect) are the antidotes to unwanted primary/body processes (emotions, motives, drives). The mind is viewed as an instrument of pure reason. The body and its feelings are suspect at best and to be avoided. Unfortunately and sadly, such

poisonous pedagogy occurs in the academic training of clinical and counseling psychologists (Pope and Tabachnik, 1993). Bioenergetics, with its emphasis on the body and primary processes, runs against the mind-revering grain of academia and science. My sense of shame and diminished confidence was the product of both my characterological disposition and the contra-body culture in which I teach.

Conclusion, No and Yes

At the beginning of this paper, I raised this question: Should college students be encouraged to engage in Bioenergetic exercises, exercises that might trigger intense emotional reactions and challenge students' sense of well being and dignity? Unless the college professor has an understanding and appreciation of Bioenergetic analysis, is trained to lead Bioenergetic exercise classes, and is both aware of and prepared to deal with the pedagogical problems and ethical issues described above, my answer to this question is an emphatic "no."

On the other hand, for the instructor trained in Bioenergetic analysis and sensitive to the risks involved, not to emphasize experiential understanding at a body level would deprive students of some very significant learning experiences. And, the instructor would be deprived of an enormously challenging and exciting teaching experience. This outcome is indeed what has happened for me. Teaching Bioenergetics to college students has kept me and my students very much alive in the classroom. Thank you, Al, for modeling and teaching the precious gift of aliveness.

Table 1
Students Ratings of the Exercises

Item		Mean	SD
1. I felt permission to not participate in (or to modify to my comfort level) any of the exercises.		6.74	.65
2. The exercises, especially lying over the towel roll, helped me become more aware of my breathing, including the fullness/shalowness of my breathing.	6.05	1.18	
3. The exercises were a waste of time.		2.16	.96
4. The exercises helped me gain some understanding of what it means to be grounded.	5.21	.79	
5. Doing the exercises provided experiential, body-level understanding of Bioenergetic concepts and principles.	6.00	.67	
6. The exercises helped me understand the differences between more traditional talk (verbal) psychotherapies and less traditional body-oriented psychotherapies.	6.11	.74	
7. I recommend that, when the instructor teaches Bioenergetic analysis in the future, the exercises NOT be included.	1.63	.76	

Note. N=20. Ratings are based on a scale ranging from 1 (very strongly disagree) to 7 (very strongly agree).

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Biography

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The relationship of body structure and body movement to emotional and physical health.

The energy dynamics of body movement.

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Genetic factors responsible for disturbances in the energy dynamics of the organism as reflected in emotional and physical problems.

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The publication of pertinent information and research.

Lectures for the public.

The furnishing of qualified speakers to interested groups.

Financial assistance to those engaged in related research projects.

The establishment of a low cost clinic to make these new techniques of treatment available to those who could otherwise not afford such help.

Financial assistance to other clinics engaged in similar work.

An Appreciation of Alexander Lowen

Alice Kahn Ladas, Ed.D.

Abstract

In this article, an elder female Bioenergetic Therapist thanks the elder male genius (who together with John Pierrakos, developed Bioenergetic Analysis) for his contributions to the field of psychotherapy and to her life and work. She recounts a few key moments from the history of Bioenergetic Analysis, and reflects on some of the changes and paradoxes which occurred.

Key words

Orgone therapy, Bioenergetic Analysis, *The G Spot*

My relatively high energy and good health at a ripe old age I attribute, in part, (but only in part) to what I learned from Alexander Lowen. For his contribution, I am immensely grateful and continue to incorporate concepts I learned from him in both my life and work.

It is now fifty two years since I wrote and designed the first brochure for the Institute for Bioenergetic Analysis (hereafter IBA) and hired a lawyer, at my expense, to form the IBA. It is likely that I have been a Bioenergetic Analyst for longer than any other living person with the exception of Al himself. He and I are the only surviving members of the first board of directors of IBA. So this seems like the right occasion to talk about a little of the early history as well as what that long association has meant to me personally and professionally.

In 1955, a psychoanalyst wanted to date me. But he lived in his head and practiced in a dark, gloomy apartment. He was also one of the leaders in Theodor Reik's National Psychological Association, for Psychoanalysis. Al had just set up a practice with John Pierrakos at 55 Park Ave. so I sent my would-be suitor for a consult. He became a patient and it wasn't long before he told me about the Tuesday evening seminars. (Al commuted from his home in CT to NYC on Tuesday, staying over through Wednesday and that is how Tuesday became the evening of choice)*. Having left Orgone Therapy and the Infant Research Center of Reich some years earlier, I asked to join the seminar and in short order became a client (a requirement of seminar participation was to work either with Al or John). There were many others in that seminar who, like myself, had left Orgone therapy.

Two major new ideas and one very special talent, distinguished Al's presentations (and they were mostly led by Al), from those of Reich. One is the idea that energy swings, in a pendular fashion, from head to toe and back again, and it is the disruption of this swing which accounts for many of the difficulties people experience. This resulted in working from the ground up as well as from the top down. For the very first time, I experienced a psychiatrist working with volunteers who were standing up. They wore bathing suits or bra and panties, and were diagnosed by the way they stood and the way their bodies looked and moved. While one may take these concepts for granted today, at the time they were revolutionary. Al's ability to read peoples' lives from his observations, was staggeringly skillful and still is. I doubt it is a fully teachable skill but we all absorbed some of it. Those early experiences shaped my personal and professional life. My body and its sensations are no longer left out of either one.

Al was also giving lectures at which I often introduced him. Because of my familiarity with not-for-profit medical organizations, within a year, my suggestion to form a not-for profit Institute prevailed. It wasn't long either before I introduced Al to an acquaintance, Henry Stratton of Grune and Stratton. This resulted in the publication of Al's first book, The Physical Dynamics of Character Structure.

Soon afterwards, The First International Conference was held at Isles Mujeures. Present were the future founders of other body psychotherapy modalities; among them Chuck Kelley, who was to found Radix Education, Stanley Keleman, who was to found The Center for Energetic Studies, and John Pierrakos, who helped to found IBA but later split from Al over the issue of spirituality and founded Core Energetics. They, and many others, learned much from Al that they later incorporated into their work.

Today I think of body psychotherapies as involving two different basic approaches. Initially, they came from different historical streams of work (Elsa Gindler and Reich) but now are often combined. There are "outside in" interventions and "inside out" interventions. By "outside in" I mean moving from what one can see on the outside to assumptions about how a particular body got to be shaped and move like it does, to the use of specific movements to bring up issues that may be buried. Bioenergetic Analysis (hereafter BA), at least in those early days, was more "outside in" than "inside out". Perhaps this is because it grew out of Orgone Therapy as practiced by Reich. Reich poked at prone patients' "muscular armor" while directing them to breathe. (Read A.E. Hamilton's "My Therapy With Reich.**") Lowen and Pierrakos dug into patients' jaws and neck muscles, put them over the breathing stools and pressed on their chests. They put them in the Taoist arch, had them bend over, beat on their backs at the level of the diaphragm, and encouraged them to scream. Clients were asked to hit and kick the bed. They were taught to gag as a regular morning routine. Despite the later misuse of this intervention by an epidemic of bulimics, gagging can still be useful in helping to facilitate fuller breathing. Over time, BA morphed into something less of "do it to the patient" and more of asking

her/him what they are feeling/experiencing and where in their bodies But it took a long time and was sometimes labeled unfavorably as “getting away from basics.”

Using both approaches seems to me essential. Although today I incorporate many different ways of working, I still find the breathing stool extremely useful (for myself as well as for my clients). Were it not for Al, I doubt I would be working with clients standing up. I still find it helpful to ask my clients (and myself when needed) to take a comfortable stance, to make the best arch they can between their shoulders and their heels, to bend over and to let their bodies relax towards the floor. Occasionally, teaching clients to gag is also useful. And I still, when it is agreed upon and indicated, use touch in various ways, including putting pressure on tense necks and tight shoulders, touching stiff intercostal rib muscles, and, holding the head or placing my hand over the heart or belly. My clients no longer remove their outer garments for the session and much more work is of the “inside out,” client guided, relational variety.

In 1977, an International Bioenergetic Conference was held in Waterville Valley, NH. During that Conference, I wrote an article with the same title as this one: “An Appreciation of Al Lowen”. Where or whether it was actually published, I don't remember but these are quotes from that article. “One of the things which struck me quite forcibly was the very high caliber of the work being done by the younger men in the movement. It is original, fresh, and, in my opinion, important work. It is also really their own. There were meetings in Waterville Valley which Al attended almost unnoticed, taking a seat rather far back in the hall and saying very little. This contrasts sharply with my experience in Reichian groups. Any deviation from the viewpoints of Reich was not permitted....I think it's a tremendous tribute to Al Lowen that he has not surrounded himself exclusively with yes men and that a lot of new thoughts and ideas are being expressed, if not always with his blessing, at least with his acceptance. That's a rare quality in an innovative genius who is the founder of a movement.”

Rereading these sentences, I am struck by the irony both of the emphasis on men and the fact that it was, at this very same conference, that women Bioenergetic therapists began meeting separately from the men. Also at this meeting, my application to become a trainer was turned down and Dr. John Bellis, a psychiatrist on the faculty at Yale and director of the CT Society for BA, was forced to resign as Director of Training. One reason (and there were others) was that he wanted to include more academic intellectual requirements (like research papers)*** in order for students to become certified Bioenergetic Therapists (CBT). In those days, thinking was still being degraded in favor of feeling and BA therapy was not yet fully relational.

It was the women's meetings which evolved out of this Conference, that led to our study “Women and Bioenergetic Analysis”. The subjects were all women BA therapists. Presented at a conference of the Society for the Scientific Study of Sexuality under the title, “From Freud Through Hite, All Partly Wrong and Partly Right” the women said that BA was very helpful to them sexually and in many others ways (and not in others) but they did not agree with some of the theories of Al Lowen. They thought the clitoris is important and that man is not woman's bridge to the outside world. At this same conference Dr. Beverly Whipple and Dr. John Perry presented their research about the Grafenberg spot and female ejaculation. At my request, they gave me written permission to write about their published work. Eventually we became co-authors of the book *The G Spot and Other Discoveries About Human Sexuality*. It has sold over a million copies world wide in more than 18 languages and includes, in the Appendix, a summary of “Women and Bioenergetic Analysis.” I had to fight hard for that inclusion. Had I been encouraged to teach BA, *The G Spot* might never have happened!

So there is “A most ingenious paradox” as Gilbert and Sullivan describe it. As accepting as Al was, at times, of differing viewpoints, he never acknowledged “Women and Bioenergetic Analysis” nor did he read *The G Spot*, although he was sent a pre-publication copy. At a friendly meeting for lunch, when I gave him another copy of the book, he declared there is no such thing as female ejaculation because he never experienced it. At another meeting of the IIBA Board, he gave, as a reason why I was not to become a teacher of BA, that we disagree about sexuality, but there's the humanity, in the very contradictions.

Without Al Lowen's work to help me stand on my own, I might never have conceived of a book which synthesizes the work of the Freudians and the Sex Researchers. Without Al's work, I would not be the person I am today and would not be doing the best work of my life. His influence on my life was/is major. Thank you Al and may we both live many more years in energetic health.

*One of my fondest memories is of a party we had at Al's home in 1955, where John roasted a whole goat, Greek style

**The Journal of Orgonomy, 31(1),(2) 1997, 32(1), 1998

***Today I am still campaigning actively for research in body psychotherapy

* My co-author and husband, Harold, Professor of Educational Foundations at Hunter College was an inestimable help.

Biography

Alice Kahn Ladas, Ed.D. is a Certified Bioenergetic Therapist (CBT), licensed psychologist, diplomate in sex therapy and social work and a humanist celebrant. She helped to found the Institute for Bioenergetic Analysis in 1956, graduated from the second Bioenergetic Training program, and is on the Board of the United States Association for Body Psychotherapy and is chairperson of the Research Committee. She is first, author of the NY Times best seller, *The G Spot and Other Discoveries About Human Sexuality*. A widow with two daughters and two grandchildren, she lives in a cohousing community in Santa Fe, NM and maintains offices in Santa Fe and NYC. She can be reached at aladas@aol.com.

Gratitude

Laurie Ure, LICSW, CBT

Abstract

One of Alexander Lowen's finest gifts was his passion and excitement in working energy with individuals. I am pleased to share some of my experiences working with him and to express my gratitude.

Keywords

Gratitude – Passion – Aliveness – Excitement - Laurie Ure - Bioenergetic Therapy – Bioenergetics - Alexander Lowen

I am fortunate to be among the last people to have a session with Alexander Lowen before his debilitating stroke in the summer of 2006. Living a 3½ hour drive from his home in New Canaan, CT. offered me the opportunity to meet with him with some ease. While I had never gone to him regularly for therapy, I had been to his home office and to workshops with him periodically from about 1994 to 2006. Usually I went at some turning point in my life.

Earlier in 2006 someone had told me not to see him as he was losing his mental capacities and memory. But, with my step-daughter having moved a 10 minute drive from him, I decided to take the chance anyway. I am glad I did! Although he asked several times during the session where I was from and what my name was, his work with my body was as sharp as ever, perhaps even more so. His intuition was remarkably keen as was his excitement in helping me, and his commitment to helping me get my body more alive. He told me not to waste my life, something I especially needed to hear at that time, even though it was not based on anything I had said to him.

Whatever Al Lowen wrote or didn't write in his books, I witnessed and experienced his presence and aliveness in working with people consistently for over 10 years. He was as tender, encouraging and supportive as anyone I've ever met. He also pushed people to work hard on breathing more fully and releasing tensions, even when it meant tolerating significant pain. When people complained of the pain, he responded with encouragement: "only dead men don't feel pain!" During a session in 1999 he worked my legs and feet hard, and inspired me to continue this on my own. I remember screaming loudly and repeatedly from the pain ("I can't stand it!") as I did the bend over grounding for 5 –10 minutes per day. Within about a month, I went down more than one size in my hips (from a 10-12 to an 8), without doing anything else differently, and have not gone up since.

During my session with him in January, 2006, he asked several times when I could come again. It seemed he loved his work so much and missed working with more clients. I was fortunate to return for one more session, about a month later. My husband had a session with him then as well. At the beginning of my session a feeling went through me, with the realization that it would be my last session with him. Again he worked my body hard with head rolls, stool work (with a 10# weight in my hands and his enthusiastic "breathe, breathe, come on, breathe!"), the bow repeatedly (saying "do that one again"!), and his hands working my jaw. Everything about him exuded his love for working energy –doing whatever it took to help the body come more alive, more charged. He gave this his all – this was his passion, his joy, and his commitment.

Over the years I observed him in workshops respond at times harshly to people. He had no tolerance or patience for what he perceived as off-base or with what he didn't agree. I remember, for example, someone asking about spirituality in a workshop and he responded sharply something like: the word is over-used in our culture and takes people out of their bodies – he went on to the next question. Another time, someone said that the workshop was powerful and he quipped that it's not about power. One time in a workshop I commented about noticing my cat's ability to go from being deeply asleep to quickly fully alert. He fired back at me: live more like your cats then – sleep when you're tired, eat when you're hungry – follow your body. I learned that his sharpness was not personal, nor to be taken personally. It was just his way of responding. Once I heard him say that he doesn't get involved with people. I observed that in him at these times.

Through Al's many complexities as a person, and while we can argue his theories and the ideas from the brilliance of his mind, to me it is his joy, his excitement and his aliveness expressed through his work with individuals, that touches me most. For this gift I offer my deepest gratitude.

Biography

Laurie Ure, LICSW, CBT, has a private practice as a Bioenergetic Therapist in a beautiful cottage near the ocean in Gloucester, MA. She is the Director of the Massachusetts Society for Bioenergetic Analysis. She celebrates her connection with Bioenergetic Therapy from 1986 to the present.

An Interview with Dr. Alexander Lowen

Frank Hladky, Ph.D.

Abstract

This article is an excerpt from a 1998 interview with Dr. Alexander Lowen by Dr. Frank Hladky. Dr. Lowen shares some of his childhood experiences, his three years of therapy with Wilhelm Reich, his convictions that founded Bioenergetic Analysis, and the healing of his own “mind-body” split. Dr. Lowen stresses the importance of healing the problems a person has from childhood and explains how they have become structure in the body.

Keywords

Alexander Lowen - Bioenergetic Analysis - Bioenergetics

The following excerpt is taken from an interview of Dr. Alexander Lowen by Dr. Frank Hladky in 1998. The entire interview on the 90 minute DVD, The Energetics of Bioenergetics. Available through The Alexander Lowen Foundation.

Dr. Hladky - It is my pleasure to introduce Dr. Alexander Lowen, who I’ve known for 30 years, who is the founder, really the originator of Bioenergetic Analysis. He has written a great number of books. I feel fortunate that he has been my teacher and mentor all these years and I would like for Dr. Lowen to go ahead and tell us some of his basic ideas.

Dr. Lowen – I’ve got a lot of ideas but more important are my experiences...what I’ve realized that got me into the way of working the body-mind approach. I came out of a family that was split. My father and mother never got along together, they fought all the years that I’ve known them. And they were two different personalities. My mother was the intellectual, not a great intellectual, but she was always thinking, thinking, trying to figure things out in her head and was ambitious. My father was pleasure loving, kind of relaxed, wanted to enjoy life, but not aggressive.

Dr. Hladky – So, you were aware of these things?

Dr. Lowen – Only as I got older. In fact, I wasn’t really aware of how much they affected me until I got into therapy and began to do this work, that they affected me.

Dr. Hladky – Right.

Dr. Lowen – Because what happened to me is that as I grew up, I found that I was smart. My mother had insisted on that you see. Oh, but I loved to play ball. I loved the physical aspect. So you have one leg in one field, and one leg in the other and you’re nowhere. And I needed to find something that would bring these two together... And luckily, I ran into Wilhelm Reich.

Dr. Hladky – And tell us how you happen to get yourself into the place where you could appreciate who Reich was and how you needed to work with him.

Dr. Lowen – Well, what happened is that I was teaching schools in summer places and I was an attorney admitted into the bar with a few degrees in law - and floundering. What did I want to do with my life? How could I fit in somewhere that made any sense to me? And I thought it had to do something with bodywork. The reason for that is, when I went away to teach camp in the summer, that’s when I enjoyed my life.

Dr. Hladky – You got the feeling.

Dr. Lowen – And I said it’s got to be there. So I tried to write a book, which would explain the value of working with the body for feeling, and for a good feeling you know. But I didn’t know enough. It was just a feeling in me. So I started to look around for people who understood the relationship between the body and the mind, and there were very few. Either they were intellectuals or they were purely physical people. They didn’t have a connection. Until I met Reich. He was teaching at the New School for Social Research. He was giving a course, I forgot the exact title, Character Analysis, I think. In which he explained that there was an intimate connection between the body and the mind.

Dr. Hladky – About when was that?

Dr. Lowen – 1940. Where are we now? Fifty-something...

Dr. Hladky – 58 years later.

Dr. Lowen – And I tell you I was so excited. He let me come into the course, and while I was skeptical about one aspect of his work, which is emphasis upon sexuality, I was enthusiastic about his ideas, about the body-mind connection. Well, eventually, I got into therapy with him. And everything that I hoped for became possible for me. The road wasn't easy. I had to work through a split, it is not something you can heal through your mind.

Dr. Hladky – Yeah, you feel it.

Dr. Lowen – You have to feel it and you have to work it out on a dynamic level. You see. Well I was in therapy with Reich for three years and it was body therapy mostly. We didn't do much talking and focused on breathing. Well, breathing is the most important thing in life. You don't breathe, you don't have any life! And he knew something about breathing. I had some great experiences in that session. And it really changed my life. So here I decided I had to get into this work. And I had to get trained for it. Reich taught me some of the things that he did and knew. And I began then to start to work with people, a little bit. But I knew I had to be more trained so I went to medical school. And after getting my medical degree I came back, and shortly after that I started working on Bioenergetic Analysis.

Dr. Hladky – So about when was that? When was John Pierokas associated with you?

Dr. Lowen – I met him in 1952, after I came back.

Dr. Hladky – That was after you came back?

Dr. Lowen – Yeah, we just started sharing an office, but he was also interested in my ideas, so we teamed up. But that was '52, did I say that? And now, '98. Well, I can only say that in these, more than 40 years, 46 years, of working on the body-mind problem, I think I'm beginning to understand something and I'm going to talk about it tonight. The conviction I have of course is that, you are your body. Your head doesn't control it, in a positive way. It can control it, in some respects, in a negative way. And my job was to get more into my body, so I wouldn't slip between the body and mind situation. And of course that saved my life, fulfilled my life in many ways, and I'm finally coming to a point, where I think I understand how this should work. But it is not easy.

Dr. Hladky – Well, give us some of your basic concepts.

Dr. Lowen – Well, you are your body right? That means if you are going to change in any significant way your body must change. And the body is not something you talk about. Your body is something that can be seen. So if I work with somebody I have to see the physical change on the body level, then I know they're changing and what's going on. But in, more important you see, you are your body and it tells the story of your life. And it also tells where your present problems are. It's all about you. In fact, it is you. So knowing how to read the body, the body language, and understand that it portrays the history of the person, gives you some leverage in helping him make the changes he needs, to find some fulfillment in life. They aren't easy. But if you don't make them, I'm sorry for you, because you lose out on the meaning of life. You will never know the fulfillment, the joy of being fully free in your body, and all your life.

Dr. Hladky – I'm sure that so many people that I have seen you work with, that when they know that you see them through their body they know you understand them. And it develops a working relationship very quickly from your understanding by seeing their body. You don't have to talk to them for hours, and they are ready then to go ahead and begin the work.

Dr. Lowen – Well, let me put it this way to you. The way you make contact with people is physically not psychologically. You don't sit down and chat about ideas. That's not contact. Your eyes look at each other, you touch, and you hear the voices. So it's a real living vital experience, on an energetic level.

Dr. Hladky – And when you see the body, and see what the person's experience has been, and where they are now, how do you begin the work?

Dr. Lowen – Well, what you find is, that all the problems the person has are structured in his body. And the basic problems he has is that he is afraid to come alive and have feelings fully. That's the basic problem. For good reason, but the fact is that this is the basic problem.

Dr. Hladky – Oh, sure. Because usually as children they were reprimanded or rejected whenever they showed their emotions.

Dr. Lowen – That's right, oh even punished. When they get a little wilder, they were beaten you know, all kinds of terrible things happen. So we had to learn to cut off feelings, and the only way to cut off feelings is to deaden your body. That's the only way for you to cut off feelings—dead bodies don't feel. But getting back the feelings, when people are so frightened of feeling,

is a long hard road. It's a worthwhile road. The problem that we have is that the culture is not a body culture. It's a head-end orientated culture.

Dr. Hladky – Absolutely, more and more.

Dr. Lowen – More and more, emphasizing thinking and power and not feeling. Feeling is the last thing that enters the picture of modern life. I'm afraid we're fighting a losing battle on this.

Dr. Hladky – Certainly, socially our problems look like they're getting bigger and bigger all the time.

Dr. Lowen – When you lose contact with your body, you enter a little bit of an insane world. That's what insanity is. You become unreal. You don't feel yourself in a human way. As you see there's a lot of that going around here. I'm afraid that is going to get worse. But you know, if you're going to help people, you have got to first look at yourself and find out how you can deal with the problems that you've had from your childhood. When you can do that, it's not a quick job, but when you do that, you open your heart and your mind and your body to the real understanding of life.

Dr. Hladky – And what people, I think, so often miss in talking about this is that with this comes real pleasure.

Dr. Lowen – Joy, even.

Dr. Hladky – Yes. Because real pleasure is a body awareness. Feeling aliveness.

Dr. Lowen – Sure, sure. So, everybody is worried about health these days, and I think they are right to worry. Because they're not healthy. People are sick out there. Their bodies are grotesque. So let me say this, that a healthy person is really characterized by a body that is alive and vital. Eyes that shine, voice that resonates, a manner that is soft, a sense of grace, a character that is dignified and not dominated by his ego. There is a sense of humility when he talks about things. So, I have to find that in myself, and if I find that in myself, I try to share that with my patients and help them reach it. It's a long road, Frank.

Dr. Hladky – Years and years and every step is worth it. I remember when you said years ago that it was like a gold mine. They take years to get the gold out, but every little bit you get, you get something.

Dr. Lowen – That's right. It's been certainly worth it for me, would you say the same thing about yourself?

Dr. Hladky – Absolutely. You know, both of us are getting mature but I am enjoying the process. In some ways I feel more alive all the time.

Dr. Lowen – That's right, I do. Your body—there's a different quality in your body—it isn't that you have the same athletic ability that you had when you were younger. But, I still retain quite a good body function at 87. But the fact is that you have a deeper feeling and appreciation of life because you're in your body. So, I hope that people will take our experiences that we're sharing here to heart, and the understanding that they can have something like this. But you know that people are so scared, so scared to feel, there's a lot of pain in them, sadness, despair, feelings that they'll go crazy if they open up their feelings.

Dr. Hladky – Because they were so rejected for their aliveness as children and that is so much apart of them still. And we know that it is only through relationships with us, as a therapist they can trust, that they get the courage to begin to open those feelings up.

Dr. Lowen – But does it make a difference how long it takes if you're on the right road?

Dr. Hladky – No, not if you're gaining all the time.

Dr. Lowen – All the time, exactly. I don't mind continuing the work on myself. You can work with the body to increase its aliveness, to give it more energy, to find that you have more—a better sense of control, more self possession. I mean, your body is who you are, and the more you're in touch with the body, the more you're in touch with yourself.

Dr. Hladky – I remember the three statements you used to say: Self Awareness, Self Expression, then comes Self Possession. And I feel that's so true. We have to feel where we are to be aware of our feelings and it takes some time to even get aware of our feelings.

Dr. Lowen – Or, have you got any feelings to work on.

Dr. Hladky – Or haven't gotten any feelings!

Dr. Lowen – Well, I had a patient who came in yesterday and she said she was lost. She felt lost. Well, of course she wasn't lost in what you might call a practical sense. She knew where she was, she can tell you her name, she wasn't crazy or anything like that but she didn't feel herself. In the sense of the feeling of the self, she was a lost person and you can't do that by talking about it. You have to feel it.

Dr. Hladky – You have to begin to feel it.

Dr. Lowen – Yeah. So feeling is where Bioenergetics is at, and unfortunately, feeling is not where the world is at right now.

Dr. Hladky – And usually the development of feeling has to come, as you said, from the body - through movement and sound and energy. Through the aliveness of the body, we get the feeling.

Dr. Lowen – Well, what feeling is a very simple thing. You feel your body and for you to feel your body, your body has to move. Something that doesn't move, you can't feel. It's dead.

Dr. Hladky – If you're dead you don't feel anything.

Dr. Lowen – That's right. So you got to get this body alive, then you can get some feeling. You can talk about feelings all day long, but it's not feeling. It's an idea you're talking about. Feeling is a sensation in the body that comes when you can sense what's going on in your body. You can have good feelings and bad feelings but if you don't sense your body, you're just a spirit. What do I call it—a disenchanted spirit that's wandering around and doesn't know where to go, who he is or who she is. So if you put this spirit back into body; the body gets more alive and the spirit gets more uplifted and fulfilled.

Dr. Hladky – And we find pleasure and joy.

Dr. Lowen – Yes.

Dr. Hladky – Even with all the pain in life.

Dr. Lowen – Well, there is less pain...people carry a pain that is unnecessary. I mean, they're frightened really.

Dr. Hladky – Mostly.

Dr. Lowen – Just giving an example, if they're sitting up as tight as this [taking an extremely rigid posture], and talking—God, that's an awful, painful way of being.

Dr. Hladky – And they may have been carrying that for 50 years.

Dr. Lowen – They're not even aware of it. They don't know what you're talking about when you talk about their tension and how much it hurts because they've deadened themselves to it, you see. Tragic, tragic. For most people, life is tragic. Well, let's hope that anybody who does any therapy with people will really realize the importance of working with the body to make that body alive and change in a positive way. Because what you're doing in your head and those feeling qualities attached to it are very little. Consciousness is a very shallow phenomenon. It's like the tip of the iceberg, what you can be aware of. It's the surface, it doesn't go deep. So, from the conscious level—sure you can change some ideas—like painting the house over doesn't change the house but real change is done on the dynamic inner level, below the level of consciousness and that is what Bioenergetics is. It works below the level of consciousness.

Dr. Hladky – And it's only by the therapist becoming aware of their aliveness and working on their problems that they can be able to help others.

Dr. Lowen – Well I suppose, you know, if you haven't made a trip to a certain place you can't take anybody else there. You've got to make the trip of discovering yourself first, going through your problems before you can lead anybody else. Well, I think that if anybody could commit himself to his own body, you know, in a real way, you'll never regret it.

Dr. Hladky – Absolutely. I want to thank you so much, Dr. Lowen, for taking the time to share your experiences with us and it's always a pleasure to be with you. Every time I've been with you over the last 30 years, which has been many, many times, I've learned something and also enjoyed our contact.

An Interview

Hladky

Frank Hladky, M.D., has played a pivotal role in the development of Bioenergetics. His style of bodywork is based on his strong association with Dr. Lowen for over 40 years. He directed the Tulsa Psychiatric Foundation which he ran partially using a bioenergetic model. Dr Hladky has led bioenergetic trainings worldwide and currently maintains an active private in Tulsa, Oklahoma. www.frankhladky.com

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How does material in this manuscript inform the field and add to the body of knowledge? If it is a description of what we already know, is there some unique nugget or gem the reader can store away or hold onto? If it is a case study, is there a balance among the elements, i.e., background information, description of prescribed interventions and how they work, outcomes that add to our body of knowledge? If this is a reflective piece, does it tie together elements in the field to create a new perspective? Given that the field does not easily lend itself to controlled studies and statistics, if the manuscript submitted presents such, is the analysis forced or is it something other than it purports to be?

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