Early Coping Strategies
Addictive Behaviors That May Sabotage Connection

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Alice K. Ladas attended her first Conference at Orgonon in 1948 and was personally examined by Reich in 1951 in order to join the staff of his Infant Research Center. She is possibly the only living person in the USA today who knew Reich in person. Here, in her own words, are some of her memories of the early days of our field, and how she influenced its development.

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People often ask how come I am in relatively good shape at my august age, and I have given the usual answers: luck, genes, diet, exercise. Now I add body psychotherapy. Most questioners have no clue about what that means, which gives me the opportunity to tell them. Encountering the work of Reich and many of those who followed him was, for me, life-changing and I am forever grateful.

*Photo of me and Fred Lowen at Reich’s grave during a conference we attended at Orgonon in 2016*
I am probably the oldest member of the USABP, the eldest living person who has been involved with body psychotherapy for the longest time, and the only current member of USABP who met in person the physician who brought this form of body psychotherapy to the United States.

A Review of the Past 65 Years

Before I talk about early coping strategies and how they can sabotage connection, I would like to review, briefly, what I have observed happening in the United States Reichian branch of body psychotherapy over the past 65 years. Contemporary brain research confirms the importance of the mind-body relationship, and has brought psychotherapy around to what Reich had discovered almost a century ago. Before his work challenged Viennese cultural norms and they expelled him, Reich was Freud’s star pupil. The reasons why Reich was attacked in Europe and in the U.S. remain unclear. Was it the communists, the psychoanalysts, McCarthy, European emigré psychiatrists, Russia, or all of them combined? Conflicting versions of that story are reflected in two books: Myron Sharaf’s *Fury On Earth* and James Martin’s *Wilhelm Reich and the Cold War*.

I attended my first conference at Orgonon in 1948, and was personally examined by Reich in 1951 in order to join the staff of his Infant Research Center. That same year, I brought orgone therapist Dr. Allan Cott to meet Eleanor Roosevelt because Reich believed, at the time, that orgone energy might counteract the effects of nuclear radiation. Mrs. Roosevelt ran the information by Robert Oppenheimer, who said it was probably a “hoax.” (See copies of the correspondence on p.19) That same year, Reich learned he was wrong: Oranur proved destructive.

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Reich has the distinction of being the only person to have his books burned by both the Nazis and the United States government, as well as being on Russia’s top hit list. I was around for the book burning and destruction of Reich’s scientific equipment but did not turn in my books or orgone accumulator, and still have these precious ancient possessions. But I left the field of psychotherapy for several years; the event was so appalling.

To further connect our beginnings with our present moment, here is a quote from *Reich’s Brief to the US Court of Appeals* in 1951.
“Not protection of old financial or political privileges,
but safeguarding the Planet Earth,
and transforming its technological structure is the task of today.
Let us hope that the great industrial powers
of our planet have retained their pioneering spirit.”

Studies with Alexander Lowen
In 1955, I returned to psychotherapy to join the study group organized by Alexander Lowen and John Pierrakos, and began introducing Lowen at his public lectures. Following Freud’s dictum that only medical doctors could practice psychoanalysis, orgonomy was initially restricted to physicians. Therefore, Lowen completed his medical degree before creating his own version of body psychotherapy. Stanley Keleman was part of Lowen's original group. So were many others with whose names you are familiar.

My suggestion that they form a not-for-profit organization was greeted favorably. After introducing Al to his first publisher and writing his first brochure, I joined the original board of five, and remained there for many years. I also served on the Board of USABP from 2000 to 2007. So I have been involved in body psychotherapy for a VERY LONG time!

Doing It To the Patient
Reich relied on his patient's words at the start of therapy, but very little after that. He did therapy to the patient and was highly evaluative. If you want to know exactly how one person's therapy went, A.E. Hamilton kept a diary of his sessions—although Reich told his patients not to. I rescued his diary from a snowdrift, and you can read it in three Journals of Orgonomy, 31(1), (2)1997, and 32 (1).

I had therapy sessions with both Lowen and Pierrakos and can testify they followed Reich's pattern of evaluating and doing it to the patient, until a highly qualified psychiatrist patient screwed up his courage to ask “Would you like to know what is happening to me?” After much internal struggle, bioenergetic analysis gradually moved towards patient and therapist doing the work together, as a collaborative adventure based on connection. But it involved a huge struggle and a lot of hurt feelings.

Casting Thinking Aside
For many years, there was such a strong emphasis on feelings that thinking was virtually cast aside—understandably, since feelings had been neglected for eons. My friend, colleague, and founder of Radix™, Charles Kelley, discovered to his dismay that his seminars on feeling were well attended, but those on purpose were not. My article, Using Goals in Bioenergetic Analysis, was rejected by the Bioenergetic Journal and published instead by the American Association of Psychotherapists. I believe, and suspect you do too, that both feelings AND thoughts matter.
The Importance of Research

A related pattern of resistance to change concerns research. In 1961, Yale Professor of psychiatry, Dr. John Bellis was forced to resign as Director of Training for the International Institute for Bioenergetic Analysis, partly because he wanted to include a research project as one of the requirements for becoming a Certified Bioenergetic Analyst. My husband Harold and I conducted a research project, *Women and Bioenergetic Analysis*, which was disowned by IIBA. It was finally published by the Connecticut Society for Bioenergetic Analysis in 1981. Dr. Bellis was the leader of the group. At my insistence, it was included as an appendix in our *New York Times* best seller *The G Spot and other Discoveries About Human Sexuality*. The study, presented as *From Freud Through Hite, All Partly Wrong and Partly Right*, at a meeting of the Society for the Scientific Study of Sexuality, was what led to meeting our coauthors, the researchers Whipple and Perry. As a result, readers from 18 countries and almost as many languages have the opportunity to learn something about body psychotherapy outside of normal channels. (Postscript: IIBA has recently begun to give research awards.)

In 2000, after 40 years of failing to persuade IIBA to establish awards for research, I joined the Board of USABP. They established two research awards one for practitioners and one for students and, in 2008, named those awards after me. Unless we publish research in peer-reviewed journals other than our own, body psychotherapy is unlikely to gain the recognition it deserves. Murray Bowen said in a 1980 speech titled *Psychotherapy - Past, Present and Future*, “A theory is just a theory until it is validated by research.” In September 2018, the new director of the American Psychological Association (APA) sent me an email confirming Bowen’s statement. He indicated that he was not familiar with body psychotherapy.

Recent brain research not only confirms that working with the body is vital, but that we need to engage all parts of our brain in order to recover and grow. Since my involvement with Reich and Bioenergetics, many other helpful methods of body psychotherapy have evolved. Now that we include the brain as an organ to address consciously along with other parts of our bodies, we have the opportunity to include both the thinking and feeling parts of that organ, along with the primitive section that tells us to continue doing what we once did to accommodate and stay safe in our family and culture of origin.

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Early Adaptive Coping Strategies

It took me more than 60 years to come up with the idea I want to share now. Many of you work with similar concepts; it is the manner and timing of working with it that differs. I have found it exponentially increases the effectiveness of what I was already doing. Had any of my therapists, verbal or body-centered, said to me at the start of therapy, “What did you do to adapt to your family and culture of origin?” we might have discovered precisely what to work on, and saved lots of money and time. One of my present goals is to teach this work to other clinicians before I get too old. If you think what I write today has merit, invite me to do a workshop.

Following the medical model, we diagnose. Theoretically, this leads to the best methods of treatment and gets paid by insurance. My diagnosis made me feel less than worthy. Wouldn’t you rather be told there is something right about you than something wrong? By focusing early on a client’s coping strategy in their family and the culture into which she/he was born, and viewing it as lifesaving, you make clients right. That helps promote the positive client/therapist relationship so crucial to all successful therapy.

When clients become aware of what they did to cope with their family and culture of origin, it is often the same as what they are still doing that prevents them from experiencing the kind of life they long for. Were they running away? Hiding? Fighting? Afraid to reach out? Freezing? Stealing? If it helped them survive, they were doing something right.

Early coping strategies show up in bodies just as clearly as they do in words. These early questions are not a replacement for bodywork. They facilitate it. “If we decide to work together and are successful, what will that look like?” is on my written form for new clients. Some can answer that question and others can’t. Since intention plays an important role in the success of therapy, I have been seeking a written answer to that question for years.

Today, I ask a second more difficult question early on: “In your family and culture of origin, what did you do to get along?” Since early coping strategies are often partly, if not wholly, unconscious, this can take time. Once we identify it, we know what to work on. What they did in childhood was useful, but as adults, it gets in the way of what they long for NOW. I view their adaptation as "right" instead of "wrong." Did they hide, steal, fight, run away, keep their thoughts and feelings to themselves, try to be perfect?

Here are some questions I find important for therapists to consider asking early on:

- If we decide to work together and are successful, what would that look like? How might your life be different?
• Tell me how you coped with or kept yourself safe during your early years in your family and culture of origin?

• Where and how, in your behavior and your body, does this way of keeping safe manifest today?

• Would you like to modify or change your early way of staying safe because it no longer helps you be or manifest what you want?

• If you modified your early response, would that make you feel anxious? How would you handle the anxiety?

After identifying a client’s early coping strategy (and I say client instead of patient deliberately), I warn that changing a way of responding that was once lifesaving, but no longer works, is as difficult as changing any other kind of addiction. The amygdala warns us not to change any behavior that once kept us safe. It does not understand we are no longer trapped in a situation we did not choose. Pay attention to what triggers that initial coping strategy. Take small steps to modify your response to the trigger. Instead of reacting, take a breath and act in order to get what you WANT NOW.

Be patient, and expect you will have to deal with anxiety, possibly severe anxiety, as you make the changes needed to create the life you seek today. We discuss and practice many ways of handling anxiety….keeping knees soft, releasing the diaphragm and breathing, noticing your present surroundings, exercising, meditating, or going over the Bioenergetic stool if that was part of your training. An 11 year old told me he had a lot of anxiety. "What do you do about it" I asked. "I blow on my finger." Great idea. You breathe without thinking about it. We practice the many ways that can help manage the inevitable anxiety resulting from the work of getting rid of any addiction. The focus is not what horrible things were done to you, but what you did to survive and are still doing.

Alice K. Ladas, Ed.D. CBT, is a psychologist and co-author of Women and Bioenergetic Analysis, Using Goals in Bioenergetic Analysis, and the NY Times bestseller, The G Spot and Other Discoveries About Human Sexuality. She is possibly the only living person in the USA today who met Reich in person. She wonders if this is true for Europe as well.

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Robert Oppenheimer (1904-1967) was an American theoretical physicist credited with being the father of the atom bomb. After the war, he was chairman of the General Advisory Committee of the United States Atomic Energy Commission. His achievements include work on the theory of electrons and positrons, nuclear fusion, and important contributions to quantum mechanics, quantum field theory, and the interactions of cosmic rays.