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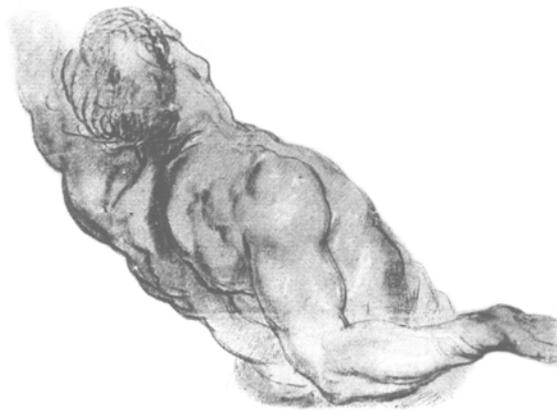


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Table of Contents

Editorial By Jacqueline Carleton, Ph.D.	2
Panic, Biology, and Reason: Giving the Body Its Due By Peter Levine, Ph.D.	5
Transference and Resistance: A Case Study in Bioenergetic Analysis By Elizabeth Rablen, M.D.	14
Shadows on the Moon: The Neglect of the Soul and the Feminine in Body-Psychotherapy By Katherine Brown, MA	22
Common Threads: Stories of Life After Trauma By Marcel A. Duclos, M.Th., M.Ed. and Connie Robillard, MA	29
Recent Body-Centered Publications Based on the Psychology of C. G. Jung By Aline LaPierre, Psy.D.	35
In Evan's Case: Reflections on the Different Bodies of Psychotherapy By Scott Baum, Ph.D.	42



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USABP Mission Statement

The USABP believes that integration of the body and 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. (revised October 1999)

Transference and Resistance: A Case Study in Bioenergetic Analysis

Elizabeth Rablen, M.D.

Abstract

The theory of transference is explored as well as the basis for the integration of bodywork and psychoanalysis. The historical roots of bioenergetic analysis are presented. The case study demonstrates how using the bioenergetic stool brings defensive structures and strong feelings into the patient's awareness. Aggression expressed in exercises of kicking on or hitting the bed break through psychological and muscular inhibitions, elucidating the role of muscle blocks and transference. Exercises in learning to say "No" while hitting the bed help the patient discover and correct early experiences of this right denied. With boundary exercises the patient becomes aware of violations to his boundaries and learns to protect them.

Keywords

Boundary exercises - Resistance - Transference - Transference and resistance

Introduction

In early childhood we develop behavior to ensure that our care givers meet our needs for love and security. This behavior becomes automatic and unconscious. As adults we tend to use the same behavioral strategies when interacting with family and others important to us. Because such behavior is no longer adaptive to adult reality, it is the source of much suffering.

This unconsciously determined behavior was given the name *transference* by Freud. Since it served our early survival needs, we do not give it up without a struggle. This Freud called *resistance* (Bemporad 1989, p.1825).

The record of these early adaptations is kept in the unconscious mind. Wilhelm Reich discovered that it is also remembered in the muscles' chronic tensions, of which we are often unaware.

The bioenergetic approach of working directly with the body brings the patient quickly in touch with the unconscious, obviating the temptation to intellectualize. What was an unconscious memory becomes an experience in the present. Painful events from childhood and transference reactions become lived events. The difference between patient expectations based on transference and actual therapist behavior makes the patient correct his misrepresentation of the therapist. He begins to live in the present rather than in the past.

The inclusion of the body in psychotherapy brings transference and resistance more sharply into focus, as will be evident in the case study.

A Brief History of Bioenergetic Analysis

Bioenergetic analysis has its roots in the work of Wilhelm Reich, an analyst who lived in early twentieth century Vienna and was a member of Sigmund Freud's study group. In analyzing his patients Dr. Reich observed that certain groups of muscles were in a state of chronic tension. He began to work directly with these muscles and asked his patients to breathe deeply in order to increase the body's oxygen supply and energy. As a result patients underwent remarkable changes: they became more alive, their eyes began to sparkle, their faces gained color, and their voices became stronger. In other words, "bioenergy" became more available to them.

Reich noticed that many patients experienced strong emotions, recalled vivid memories from childhood and gained access to repressed material, when in this state of heightened energy. Reich theorized that tight muscles represent the somatic aspect of psychological defenses.¹ The rigid body holds a record of a person's life history, including all aspects of transference and resistance.

When Reich came to New York City to give a course on character analysis at the New School for Social Research, Alexander Lowen (Lowen 1975, pp. 13-17), a lawyer interested in sports, heard about it. He was intrigued by the catalogue description referring to the fact that personality traits and the chronic muscular tensions in the body are functionally identical. His imagination was captured with the first lecture and Reich became Lowen's teacher for many years thereafter. In the second year of their relationship Reich suggested that only by undergoing therapy with him could he really know what his work was about. Lowen was not aware of having any emotional problems, but his first session taught him otherwise. Eventually he considered Reich's innovative

¹ Freudian psychoanalysis, through the use of dreams, free associations and transference analysis, performs the same function but it takes longer and is not as transparent as bioenergetic analysis.

approach to traditional psychoanalysis so revolutionary that he decided to study medicine and become a bioenergetic analyst.

After completing his medical studies Dr. Lowen went into private practice.

As he worked with patients using Reich's methods, he added postures as well as stretch and stress exercises to relax chronically tense muscles. He often gave these exercises as "homework" to his patients. He formulated the concept of bioenergetic grounding. A person was well grounded who was in energetic contact with reality. This energy, unhindered by muscular blocks, flows to those areas of the body that interface with the world—the sensory and sexual organs, hands, feet and skin. For Lowen the best example of a well-grounded person was a small child reaching for its mother. He saw how full of life such a child was and how harmonious were its movements. With energy flowing unimpeded in his body and to the world the child can express himself with soul and body integrated.

A Case Study in Bioenergetic Analysis

In the following case study it is important to note that bioenergetic work with the body is not an add-on or support for analysis but is integral to the analysis itself. Both bodily and psychological experiences become the material for therapeutic formulations.

Session 1: History

Carol is a 61 year old woman. Four years ago she began suffering from dysthymia, which three years later changed into depression with severe agitation, a gloomy view of the future and an inability to concentrate. Although she had been a sound sleeper, she was now waking up early, still tired. She worried constantly, blamed herself for being a failure and, although she knew it was irrational, considered whatever went wrong to be her fault. Although she had been strong and competent all her life, now she was weak and needy. She could not keep up with the ordinary tasks of life. Nothing except TV-watching could distract her from these morbid preoccupations.

Her early history revealed that Carol had been living in fear of her mother's emotional outbursts and impulsive behavior. She did everything to prevent upsetting her mother. When this failed, she hid in a corner or under the table. As a two-year old she became the protectress of her younger brother, urging him to hide with her under the bed and calming him down. Her father, a kind and loving man, was helpless with his wife's outbursts and could do little to protect his daughter.

Her recent history revealed that Carol developed dysthymia after having given up working as administrator in her father's firm, a position she had taken in order to help her father some seventeen years before. She waited six months before visiting a psychiatrist, whom she saw twice a month for two years. In the course of these two years she gradually lost all her meaningful care-giving responsibilities. Two of her daughters married. She was forced to give up the care of her sick brother, and an ailing aunt whom she was attending until she died that same year. Finally she had to give up the social work she loved and to which she had returned after leaving her father's firm. With no one left for whom she had to care, the depression became more severe and she began to see her psychiatrist on a weekly basis for another year. There was no improvement, and they agreed that traditional analysis had achieved all that was possible. Half a year later Carol came to me for bioenergetic analysis.

Based on her history I make a tentative formulation. Carol had learned even as a two-year old that she must avoid doing anything that might anger her mother, who would often get so upset that she would walk out of the house and leave a note saying she was not coming back. In order to prevent losing her mother, Carol had to be in control of herself. Surprisingly her mother was loving and playful when not upset.

As an adult Carol continued to care for the needs of family members and patients. Unaware that such responsibilities were the source of her security, she actually looked forward to the time when no one would need her assistance and she would be able to enjoy her independent life—concerts, lectures, more time with family. She was surprised to find that the loss of care-giving made life seem empty, meaningless and filled with anxiety. I explain to Carol that her experience is similar to what she had to repress as a two-year old. Suffering through these painful feelings will enable her to surrender the belief that in order to prevent abandonment she must serve the needs of others and deny her own.

Session 2: Basic grounding

I explain the nature of bioenergetic analysis and introduce her to the basic grounding exercise (Lowen 1977, pp. 17-22). This consists of standing and breathing deeply while making sounds, followed by hanging down from the waist until the legs shake or vibrate. One then comes up slowly, pushing into the feet rather than lifting the torso.

Carol begins the grounding exercise. When her legs begin to shake she complains that they hurt and that the exercise annoys her. She persists nonetheless and I let her continue.

Knowing the sort of relationship Carol had with her mother, I thought it essential not to intervene as the caring doctor. Otherwise she would try to “take care” of me and make me a successful therapist. But the old mother-child pattern would be enforced.

Session 3: The bioenergetic stool

After her grounding exercise I introduce her to the bioenergetic stool,² asking her to stretch over it and breathe deeply. After a few minutes she breaks into a spell of sobbing, occasionally interrupting with: “God, I can’t take it any more . . . I know I disappoint you . . . help me . . . I am so ashamed . . . I can’t let it happen . . . I want to scream.” I encourage her to scream. “Don’t I scare you?” she asks.

The lessening of chronic tensions in her back, bronchi and diaphragm caused her self-control to break down and overwhelming emotions to be released. Mother transference made Carol believe that she had disappointed me and that I would be upset by her screams. However, when she realized that I was not disappointed or frightened, she became aware of her transference.

After Carol comes off the stool we discuss her experience. She tells me that she was astonished at the power of her feelings. Never before has she felt such emotional pain. I point out that she has indeed felt this before—as a child. She had to make sure not to lose control over herself. She needed to be calm in order to protect her brother and not upset her mother, using all her will power to suppress frightened feelings. This memory prompted “I can’t let it happen” while she was over the stool.

Session 4: The bioenergetic bed

Carol again expresses her amazement over the intensity of her emotional experience in the previous session. Since then she has come to the realization that, in order to become whole, she must go through the suffering of her childhood. It now makes sense that psychoanalysis could not alleviate her depression. Simply talking to a therapist about her early experiences was not enough. She has to re-experience the terror she felt when her unpredictable mother would decide to abandon the family.

I ask Carol to stretch over the bioenergetic stool. She tells me that she feels too exposed in this position but continues nevertheless, breathing deeply, making sounds, all the while sensing her body and its changes. After a while I notice that she is trying to hold back her tears with a loud “No” to herself. Then she gives in to her longings and pleads, “I want to be taken care of . . . help me.”

Because I want her to feel safe, allowing her body to let go, I ask her to lie down on the bed. This position eliminates the stress of gravity. Carol rests on the bed, hides her face in her hands and closes her eyes. She tells me that she is in touch with the little girl who wants to be loved and comforted. When she opens her eyes, however, she becomes the impotent adult again. I ask her to keep her eyes closed and to stay in touch with the little girl as long as she can. After a while she remarks with disdain, “I am such a slob . . . so needy.” I say, “There is a lovable little girl in you; don’t judge her.” She breaks into tears.

Sadness soon changes into anger. Wanting to involve her body in the expression of this anger, I ask her to shout and kick on the bed (Lowen 1977, pp.108-109). This she does but only for a short time, saying that she feels ashamed and afraid.

We sit down and explore her bioenergetic experience. I explain to Carol that I did not hold her so she could discover that she did not need me for support, that she could be supported by the bed. She remained in touch with the lonely, sad child only briefly. Soon she was the adult again, critical of the needy child in her. My comment about not judging herself made her cry, because for the first time the superego mother had become as compassionate as I was.

We then look at the second part of the bioenergetic session when her sadness turned into anger. With eyes closed she was able to remember her childhood sadness, but soon the underlying anger emerged. Shouting and kicking made her get in touch with the intensity of the anger at her mother, which she had never before expressed. It also reminded her how her mother reacted to unrestrained behavior. Carol stopped kicking to let me know that she was again in control of herself, had misbehaved, and was ashamed. Because I did not need her admission of wrongdoing, Carol became aware of her transference and her superego became less stern.

Session 5: Learning to say “no”

Carol tells me that she now has a part that is out of her control, “mysterious.”; she prefers the familiar one in control. During the past week she was unable to work, get involved with life and forget about herself, as she did in

² This stool is 24" high with legs flared and braced with crosspieces to provide a wide and solid base. Two rolled up blankets are strapped to the stool, increasing the overall height by 6-8". One lies with one's back over the stool, with the blanket at the lower ends of the shoulder blades. This level is where the main bronchus divides into two branches, one going to each lung. It is an area of severe constriction in most people (Lowen 1977, pp. 118-128).

the past to cope with difficulties. It upset her that she was so helpless in the last session and asked that I take care of her. She was grateful that, despite her refusal to take the antidepressant medication I had recommended, I was still willing to work with her.

Since Carol was so pleased that I let her have her way, I knew I must give her opportunities to oppose me. She has to find out that saying “no” to others does not lead to losing them. A typical bioenergetic exercise used for this purpose consists of standing in front of the bed and pounding it with fists while shouting “No, I won’t!”³ She watches me demonstrate this, and in a tone of surprise exclaims: “My God, that was my mother!” She agrees to try the exercise, even though behaving like her mother frightens her. She hits the bed with short weak strokes, then stops and tells me that she is upset and wants to be held.

I have her hang down in the grounding position, and with her permission I gently pound her back.⁴ My goal is for her to feel in her body that she is an adult, but is not abandoned, as she was as a child when assuming an adult role with her mother. In touch with my body and grounded on her feet she could become aware of being an adult, independent, but not alone. After a while, overcome with sobbing, she says, “It sounds as if I am giving birth.” I wonder to myself whether she is not giving birth to the adult self. Soon she ends the exercise, stands up and tells me she wants to be alone. She permits me to stand behind her and place my hands on her shoulders.

Before leaving she asks: “Will I stay this way for the rest of my life?” I reassure her that life will change once she becomes familiar with her “mysterious” part and accepts it.

Session 6: The towel fight

Carol tells me that her sobbing during the last session reminded her of how lonely she had been as a child. The kicking exercise made her feel that she was like her mother, an unreliable person. She now understands why her brother often complains about her behavior.

I ask her to lie down on the mat, bend her hips and knees and oppose me by vigorously kicking a pillow I hold in front of me. She shouts: “Get away . . . leave me alone . . . I won’t do what you tell me . . . you trick me!” I then ask her to kick and shout while lying on the bed, without me as opponent. This she does, but her protestations turn weak and she stops. “I feel lifeless.” To help her experience a successful fight for life I introduce Carol to a towel fight. We each grab an end of a rolled up bath towel. I tell her that this towel represents her life, and I will try to take it away from her. She wrestles the towel from me, then hugs it and strokes it lovingly. At the end of the hour Carol says that she fears leaving the safety of the office, that the outside world seems untrustworthy.

Session 7: Therapist in the role of her brother

As Carol begins the basic grounding exercise, I encourage her to push more strongly into her feet and heels. Her grounding improves; her voice becomes louder and more expressive. I ask her to move to the bed and pound it with her fists. She shouts, “I hate it . . . it’s stupid!” She stops and turns around to check if I am still there (transference: did I leave?). Reassured, she continues hitting a little longer. She notices fear in the pit of her stomach and begins describing a vivid fantasy. She is standing naked on a beach, feeling vulnerable. Then she becomes Mephisto, a red-rimmed cloak around her shoulders. She fantasizes displaying her power but then realizes that her mother and brother will be incensed over this new aggressiveness. She feels helpless and terrified.

I tell her that I will impersonate her brother and that she should face me with our palms touching. With anger in my voice I say, “Carol, you always make mistakes!” She does not respond. I tell her to yell at me using words like, “I won’t deal with you if you talk that way to me.” She cannot utter a word. To help her feel the drama of standing up against her brother I suggest another towel fight. Carol defends her life with incredible vigor and succeeds in wrenching the towel from my hands. Triumphant she exclaims, “I got rid of my brother!” The tone of victory vanishes abruptly, and with fear in her voice she adds, “But that’s what frightens me—to be all alone.” I encourage her to take the towel home with her and bring it back next time.

Session 8: Strengthening boundaries

³ To express aggression with body and voice is essential for the patient to get the courage to override his irrational fear of authority. By striking the bed he can safely experience the power of his body. Transference to the therapist inhibits or makes impossible the expression of aggression. Aggression towards the therapist can be introduced gradually, however, as is done in session 6. In bioenergetic analysis aggressive activities are emphasized because persons with emotional or character problems, including those whose aggression is based on will power, always exhibit a limitation of aggression. Aggression enables us to meet and handle stress and to be in the present moment (Lowen 1977, pp. 112-115).

⁴ For most people having one’s back pounded is safer than being held. The strong muscles of the back make us feel well protected. In bioenergetics we have learned that the back represents our aggressive side and the front our vulnerable one.

Carol has again been helping her brother but worries that he will find something wrong with her work and yell at her. Since our last session she spent too much time in the “never-never land of TV-watching” and worries that she will remain irresponsible. Then she recounts the dream she had last night. She was in the upstairs bedroom of her home where she had lived with her husband and three daughters ten years before. She was alone with her cat, that looked intensely at the door. A matron appeared, hair in a bun, the way her mother used to wear it. Beside her was a man in a trench coat who looked like her brother. The matron grabbed Carol’s arm, as her mother often had done, and forced her to leave the house. She awoke terrified.

We attempt to grasp the meaning of this dream. Did her mother and brother force her out of her home because she failed in her obligations then and now? Could her recent irresponsible behavior have the frightening consequences portrayed in the dream? I ask her to do the basic grounding exercise, while I stand some eight feet away. I tell her that I will wait for her to come up and make eye contact with me. She does so but feels anxious and vulnerable. To increase her sense of safety with me I ask her to stand facing me, our palms touching, in order to help her get a bodily experience of boundaries.⁵ After some minutes she says that she is no longer frightened but now worries she will hurt me.⁶ She moves away and crouches behind the bed. From her hiding place she announces that she wants to be free of all responsibility and be taken care of.

Coming out from behind the bed she tells me that, despite the fact that such regressive wishes frighten her, it is appealing to have someone else be responsible for her. I agree that she has to accept having to take care of herself but should also give the child a chance.

Session 9: Progress

A few days ago Carol had a telephone conversation with her brother that was surprisingly pleasant. I suggest this was because she had gotten rid of him two sessions before. Through her words and tone of voice she gave her brother the message that she would no longer put up with his unreasonable behavior.

Carol observes that recently she has been so undependable that she cannot recognize herself. She is afraid she will never change. I suggest that she set priorities and take care of her most urgent obligations first. My suggestion angers Carol. I ask her to pound the bed and express this anger. She does so with great verve but then says with surprise, “I am just like my mother—dangerous and unpredictable.”

We repeat the towel fight. She is the dangerous mother and I am the strong, unfrightened child, holding firm to my end of the towel. Carol enjoys our equal strength. Knowing as I do that her mother’s power lay also in her neediness, I switch roles and become the mother by saying in a kind voice, “You are my good girl; I need you very much.” She says “That sounds like my mother!” She drops the towel, fills with tears and says that she wants to hide.

Session 10: The boundary exercise

Carol tells me about the positive changes in her recent life. She feels more alive, cares for people and enjoys contact with them. At home, however, she remains worried and helpless, and the loneliness has become even more painful. Carol wants to be better grounded and does some work over the stool. Then she tries kicking on the bed but stops, looking frightened. Hoping that the pillow kicking exercise would make her feel less helpless, we try it. Her anxiety only worsens.

I suggest we do the boundary exercise (Rablen 1982, pp.51-52; Rablen 1985, pp. 185-195; Rablen 2001, pp. 39-44). I tell her that we will stand ten feet apart with palms facing outward. I will slowly advance. When she notices any bodily or emotional changes, she should tell me to stop. She lets me approach until I am very close. She says nothing. When I am beyond *my* comfort zone, I stop and describe the bodily changes I observed in *her*—her smiles and shallow breathing. With a guilty smile she acknowledges her transference that caused her to let me cross her boundaries.⁷

Session 11: Carefree child with mother

Carol is disappointed and angry at the cancellation of a party to which she had looked forward. She expresses her anger by pounding the bed. Then she lies down on a mat and tells me that she feels lonely and

⁵ A simple boundary exercise. A much-expanded version is used in session 10.

⁶ Note the difference without and with palms touching. The body contact with the palms touching strengthened her boundaries, making her feel safe, but it released the wish to get back at others that underlies her fear of being hurt.

⁷ Because Carol could not use a fight or flight response to her mother’s outbursts or invasiveness she had to let her boundaries be violated.

sad, that nobody is there for her. I sit down on the floor next to her. I remind her of her conviction that, unless she takes care of some one else, there is nobody there for her. She reaches for my face. Still on the floor, she curls her body around me, saying that this position makes her feel safe. Then she remembers that she never cried over the loss of her parents.

We discuss her being curled around me. She was the carefree child again with her good mother—the mother who was lost to her when she was two years old. At that time her father was also lost to her because he could not protect her from her mother’s frightening emotional outbursts. She could not mourn these losses until now.

Session 12: Back-to-back exercise

Carol reports good news again. She has learned to prioritize her obligations. She sleeps well, has taken on some volunteer work and is enjoying life. She is more spontaneous, her old self again. The beauty of spring touches her. She was never aware of the passing of time, but now it saddens her that spring will soon end. I mention that a person concerned with obligations must focus on the future. Someone with an open heart lives in the present moment and experiences the beautiful as a singular event, never to be repeated.

We sit on the floor, back to back, exploring our contact in silence for some time.⁸ We turn around and she tells me that my back strengthened hers, but that she feared becoming too dependent on me. We repeat exercise. This time she gets up, walks around the room and returns to lean on my back.

We discuss the experience. She tells me she was glad that she could make up her mind to get up and leave. She felt safe and independent and was sure that I would still be there when she returned. When she sat down again, she found herself leaning more lightly against my back and was using her whole back rather than only the upper part of it. She could be a whole person when alone or with a trusted other.

Summaries of sessions 13-29

13-14 Although Carol had discovered that she could be a whole person when alone or with a trusted other, as in the back-to-back exercise, the demands of the child returned. I ought to take care of her since she has waited for this since she was a two-year old. She should not need to struggle with adult responsibilities. When I say this is impossible, she goes to the bed on her own to express her anger at me. She hits with her fists and shouts that she does not want to be told what to do. In an approach-withdrawal exercise⁹ she becomes fully aware of her ambivalence towards me, needing me but fearing to become dependent. She can see now that the need for mother love made her accept the burden of serving her mother’s needs. I help her to feel the weight of this burden in her body by leaning on her shoulders, a bioenergetic masochism exercise. To her surprise she feels her confident old self rather than burdened.

15 Carol is thrilled that her emotions are stronger than ever. Spring delights her and the recollection of her parents’ deaths saddens her. Since she believes that strong emotions indicate loss of control, I must be disappointed in her. That I am not makes her aware of the mother-transference. She remembers how important her mother’s love was for her. She fills with tears over her mother’s not having loved her for her-self.

16 Carol so enjoys coming that she is even angry that sessions have to end. At home she distracts herself to avoid the unbearable feelings of loneliness. I suggest that being alone makes her aware that her parents are no longer alive. To help her mourn I have her talk to her deceased mother in a Gestalt session. She sobs when telling her mother she loves her but feels used by her.

17-18 She tells me she loves to laugh with friends and enjoys food as never before. Alone, however, she feels miserable, mostly frightened. She now knows the importance of anger and is upset that traditional psychoanalysis was unable to help her access it. She is surprised that the grounding exercise makes her feel angry rather than frightened, as it did in the past. This suggests to me that she is finally able to be angry at her mother without fear. She has the same dilemma with her brother as she had with her mother. Because he is sick, she wants to help him but fears engulfment. I suggest that protecting her boundaries should have priority over her obligation to fulfill his needs. Although this makes sense to her, it sounds like heresy.

19 Her daughters tell her that she has changed, that they enjoy being with her and that she is easier to talk to. However, she still feels anxious and depressed. She admits that she does not do her “homework,” the “silly”

⁸ People are often better grounded while sitting. The back, as mentioned before, is a strong part of our body. Sitting back to back represent an intimate contact with maximum integrity of boundaries.

⁹ I stand next to her when she is hitting the bed and telling me off. When I move away to my chair, she says she needs me close; when I again move close, she objects, “I don’t want to become dependent.”

bioenergetic exercises. "Why don't you rebel openly?" I ask. She hits the bed but becomes terrified with the memory of being tied down as a child when her eardrum was pierced to treat otitis media. Neither the doctor nor her mother had explained the procedure beforehand. I suggest she say "no" to me while we confront each other with palms touching. She cannot say a word. I remind her that she had no trouble opposing me by refusing to do her homework. She laughs, "But that's a secret."

20-22 She accepts having a split self but worries that this is self indulgence. Quite the contrary, I tell her, it is actually brave to tolerate this split self. She hides behind a pillow and says she wants to try being alone and deciding what to do. She hits the pillow complaining angrily about life's injustices.

She observes that she has three sides: a calm, observing one; an absent one that watches TV; and a frightened one that is panicky over being split, vulnerable and out of control. When the end of the hour approaches, she fills with tears, disappointed that I do not let her stay.

23 Carol's many contradictory feelings make her fear that she is going crazy. I encourage her to let her body express this craziness. She takes the towel and twists it, strangling it with satisfaction. At the end of the hour she wants to tie herself to the bed so she can be without responsibility. At the same time she is angry at being tricked into coming here. The ambivalent bond to her mother is being re-enacted with me. She realizes this, saying that she needs to "wait it out." I suggest she get grounded to help her endure the chaotic, ambivalent feelings and the waiting.

24 I tell Carol that she believed she had to earn her right to exist by serving her mother's needs. Feeling the truth of this causes her to break into sobbing. That she must free herself from this bondage frightens her. Once she permits the self that is in bondage to fall apart, the true self will be revealed, I tell her; this will be hard work.

25 Carol says therapy is pointless and will never lead anywhere. I ask her to ground. She has a sudden wish to be destructive and scream. However, she can only make an agonized sound. She feels as if her back and head carry a heavy burden. Again a destructive urge overcomes her, followed by an intense anger at her mother for having denied her the privacy of her room and for having read her diaries. She is enraged, I say, because she had to carry the burden of earning her right to exist. At the end of this hour Carol holds onto the chair, does not want to leave and feels intense anxiety, as if she were going to die if she separated from the chair. I tell her that she if she survives this deadly separation, she will no longer be in bondage to her mother.

26 Carol sees a glimmer of hope. She recounts how she successfully accomplished a task she thought would fail. This raised her spirits and she feels like her old, positive self. She is no longer angry at her brother or afraid of him. However, she still fears engulfment when taking care of him.

She becomes aware of a wall at her left, somehow connected with the previous session and then she remembers that I told her she has not yet separated from her mother.

27-28 Carol tells me she often laughs. Now it is from her belly and not from a wish to charm. The hopeful feelings are still there. She cannot remember the last session but no longer thinks that she needs to remember it. Twice Carol expressed anger at her brother, once yelling at him, once hanging up on him. However, she feels guilty about it. "What would happen if you put down this burden of guilt?" "I would feel so light, I would float away" she says with a smile.

She remembers games she and her brother played as kids. They were movie actors, he a cowboy, she a barmaid. They played being seductive and kissing each other. When Carol was twelve she stopped without an explanation. She just knew it had to end. From then on her brother continued to get into trouble. Some years later at her wedding he seemed like a lost child. These thoughts about her brother make Carol anxious. She grounds on her own initiative. Her shoulders begin to feel lighter, as if a load has been removed. On impulse she hits the pillow, then stops, ashamed. She returns to the pillow, sobbing as she caresses it.

29 She reports a wonderful dream of loving a man and being loved by him. She was disappointed at waking up and glows when she recounts the dream. "Value this dream," I tell her, "because it demonstrates your potential for such love."

Postlude

This 29-session phase of analysis took place over a period of ten months. It is remarkable how much progress was made using bioenergetic methods. She continued coming for 41 additional sessions over a period of one year, during which she repeatedly experienced the intensely ambivalent relationship to her mother. As mentioned in the introduction, behavior based on transference is exhibited in all our interactions with significant

others. Carol had come to correct this with her brother and others with whom she had similar difficulties. With support she no longer submitted helplessly to demeaning or controlling behavior but defended herself. Over time she became increasingly competent in her daily life. She could not believe how much joy she felt in living. At the end of the year therapy was terminated with the option that she could come back for a bioenergetic refresher.

After six months she comes back for ten more sessions over a period of half a year. At some point she tells me that she fell in love with a man she had known when she was young. The dream of session 29 has become reality.

We end the final session with a bioenergetic leave taking. After grounding we stand opposite one another. I approach slowly until she tilts her head and says, "I am waiting." I retreat a little and stop. "You come with a message," she says. "You are my mother—the way the sun shines on your hair." She continues, now addressing her mother directly: "You are at peace now, no hard feelings. That's the message." Now to me, "It is important that *you* come towards *me*. I always had to go to her. You show me respect." She pauses and reflects, then ends with, "My mother needs me no longer; she is at peace."

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Biography

Elizabeth Rablen has a medical degree from the University of Graz, Austria. She holds the Diploma in Psychiatry from McGill University, Montreal and is board certified by The American Board of Psychiatry and Neurology. She completed the two-year Career Child Psychiatry Training Program of The American Association of Psychiatric Clinics for Children. For six years at the Worcester, MA, Youth Guidance Center she was Training Supervisor of psychiatrists, psychologists, and social workers. She was Medical Director at United Community and Family Services in Norwich, CT, for thirteen years and worked in Connecticut for four years as a child psychiatrist at Elmcrest and Altobello hospitals. She is a certified bioenergetic therapist and local trainer in Connecticut. She was in private practice for 25 years before retiring in 2001.

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