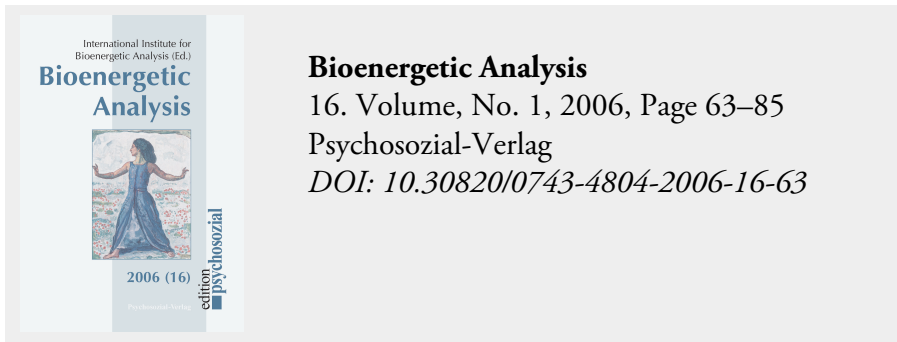


*Elaine Tuccillo*

# A Somatopsychic-Relational Model for Growing an Emotionally Healthy, Sexually Open Body from the Ground Up



Bibliographic information of Die Deutsche Nationalbibliothek (The German Library)  
The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie;  
detailed bibliographic data are available at <http://dnb.d-nb.de>.

2006 Psychosozial-Verlag GmbH & Co. KG, Gießen, Germany  
[info@psychosozial-verlag.de](mailto:info@psychosozial-verlag.de)  
[www.psychosozial-verlag.de](http://www.psychosozial-verlag.de)



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License (CC BY-NC-ND 4.0). This license allows private use and unmodified distribution, but prohibits editing and commercial use (further information can be found at: <https://creativecommons.org/licenses/by-nc-nd/4.0/>). The terms of the Creative Commons licence only apply to the original material. The reuse of material from other sources (marked with a reference) such as charts, illustrations, photos and text extracts may require further permission for use from the respective copyrights holder.

Cover image: Ferdinand Hodler *Ausschreitende Frau*, 1910, oil on canvas, 48,5 x 39 cm

<https://doi.org/10.30820/0743-4804-2006-16>

ISBN (PDF-E-Book) 978-3-8379-6879-8

ISBN (Print) 978-3-89806-517-7

ISSN (Online) 2747-8882 · ISSN (Print) 0743-4804

# A Somatopsychic-Relational Model for Growing an Emotionally Healthy, Sexually Open Body from the Ground Up

*Elaine Tuccillo*

## Summary

There is a foundation of relational elements upon which healthy adult sexuality is built. We have learned from Bioenergetic, Psychoanalytic and other developmental theorists that from birth on the child's capacity to connect, to make contact, and to expand energetically into relationship grows in depth and in complexity; and that the child's sexuality emerges developmentally along a path of increasing awareness of loving feeling, and somatic sensations and psychic perception of excitement and pleasure. This paper looks at the impact that the parent-child relationship can have toward the development of healthy, life-affirming, sexuality. Sexuality is at the core of the life force and it is organized by early relational events. Healthy sexuality has its origins in the complex nurturant attachment process and is formed in the mutual love and joy of the parent-child bond. There are key relational elements that characterize this bond that work synergistically to support healthy sexual development. They are: safety, love, acceptance and nurturance of the life force, admiration and adoration, and the positive parental model of relationship. Sexuality is an adventure, a journey that one must be equipped psychologically to take. These key elements are fundamental for the journey to be positive, constructive and life-affirming.

**Key Words:** Psychosexual development, sexuality, bioenergetics, parenting, relational child development

After hearing that the theme for the 2004 IIBA Professional Development Workshop was Sexuality, I posed myself the question: »How do we go about building a body, grounded in reality, that knows on a cellular level the profound value of sexuality for health and happiness?« That is, a body that knows in its cells and bones, and heart and genitals, that sexuality is at the core of the life force, and that it is good. My answer is what follows. It is my

vision of human sexual potential. In this paper I am proposing a relational model for the healthy development of human sexuality. I plan to look at, and where possible, integrate aspects of relational theories in Bioenergetics (Keleman 1979, Lewis 1954, 2003, Lowen 1993), Relational Psychoanalysis (Stern 1985) and Developmental Psychology and research (Bowlby 1969, Harlow 1958, Mahler 1979, Tronick & Cohn 1988). I have also been influenced, growing up professionally in the 60's, by the Humanistic/ Positive psychology theorists, A. Maslow and C. Rogers. At the outset, I would like to ask the reader to take a minute or so to think about the person, life event or situational context that had the most profound, positive effect on your own sexual development (if, in fact, this is possible for you). And, also, think about the earliest positive influence on your sexuality. Notice the characteristics that make these interactions or contexts positive. Are there elements or qualities about these life events that continue to the present to have an effect on your adult sexuality? These can be difficult questions to answer and the answers may be quite complex. As I convey my ideas about healthy sexual development, I invite you to think about these personal moments, as an experiential avenue for connecting to your own beliefs about what is nurturant, and to compare or add your ideas to what I am proposing. As I describe my relational model, look to see if any of the elements in it fit with your experience of positive, healthy sexuality.

In reading theories of psychopathology over the last 50 years, one may gain the impression that healthy sexuality, which frequently has been equated with orgasmic potency, develops from the tabula rasa of the infant's psyche that has experienced minimal negative impact from sociocultural oppression or psychic inhibitions due to castration anxiety, deprivation or characterological deformities. We also get the sense of a »holy grail« kind of phenomenon; an experience or condition of nirvana that we can aspire to, but never quite fully reach or embody.

I believe that there is a substantial foundation of relational elements upon which healthy adult sexuality is built. Sexuality is the core of the life force and it is organized by early relational events. Human sexuality is fundamentally grounded in and impacted throughout by the parents' relationship to the life force of the child. Mother and father influence their child's experience of themselves, particularly their experience of their own internal sensations, energy and temperament through such relational processes as attunement, receptivity and mirroring. Daniel Stern (1985), Ed Tronick (1988) and others have shown us through their research, the powerful impact the mother's attunement or lack of attunement can have on a child's attachment

and general sense of belonging within the mother-child dyad. We've seen videos of mothers who are »there« and others who are not, and the powerful impact the connected, attuned mother can have on the child's disposition. We also sense in these videos that the child's general comfort with herself and her own process is directly affected by her sense of connectedness to her mother. Stern points out that there is a »falling in love« that can go on between mother and infant; an intense, passionate, mutual intimacy at the level of the infant's capacity to emotionally metabolize. It is this matching, this balance, that the attuned mother gives within the dyad, that maintains, contains and facilitates this loving bond.

We have learned from Bioenergetic, Psychoanalytic and other developmental theorists that from birth on the child's capacity to connect, to make contact and to expand energetically into the relationship grows in depth and in complexity; and that the child's sexuality emerges developmentally along a path of increasing awareness of loving feeling, and somatic sensations and psychic perception of excitement and pleasure. As we watch toddlers, we see a growth spurt from infancy in their capacity for excitement and charge. It is at this phase of development, as the child progresses through stages of individuation, that we can notice the emergence of the beginnings of sexual attraction and excitement. Lowen (1993) has described the child's full bodied feelings and expression of sexuality. The child appears inspired at this age; she is infatuated with her excitement and with the loving attachment she has to her parents. Her spirit is bound in her attachment to the people she loves with her whole being. We can see the pleasure in her body as she opens her heart to her loving feeling. It all looks very connected and integrated in the child's three year old being. But the vicissitudes of this phase of development, as it progresses, include the Oedipal longings for the opposite sex parent and the Oedipal competition with the same sex parent, according to Psychoanalytic theory. This is the time – the beginning – of relational intensity and conflict. It is this stage of development that I would like to look at more closely in terms of the impact of each parent's relationship to the child's sexual development. Particularly I would like to look at the *positive impact* a parent can have toward the development of healthy sexuality. What happens here, at this time, between mother, father and child, profoundly impacts and crystallizes the character structure, as Lowen has explicated, in body and soul. What is the positive potential of this time of great energy, excitement and passion? It is my belief that we need to define, and to aspire to, a healthy vision of sexual development originating from the complex nurturant attachment process, and formed in the mutual love and joy of the parent-child

bond. Sexual development is a profoundly complex process with many aspects that are still debated. For example, what do we really consider to be healthy sexuality? Do we believe that Oedipal dynamics actually influence most parent-child relationships? Is it really possible to discuss sexuality at such an early stage of development as this? I will not answer or debate these questions, and I am not sure that I wish to tackle the many socio-political issues involved in exploring the theories that answer them. Rather I would like to set the stage for an examination of what I believe are the most significant relational elements that affect the child's growth toward healthy adult sexuality. And I do believe that these elements exist, at least at this toddler phase, if not earlier. Furthermore, these relational elements do not just pop out at a critical developmental moment; but rather, they exist on a continuum of greater or lesser intensity based on such stimulus factors as age, gender, temperament, birth order and so on. And, also, they can be influenced and intensified by transference stimuli and reactions.

My thesis is that healthy adult sexuality has its foundation in the healthy relationship, with respect to sexuality, of the child with each of its parents. What are the characteristics of that healthy sexual relationship? Key characteristics are safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis, and the model set in the relationship of the parents to each other. I see these six characteristics as working like nutritional elements in the growing healthy body. We need vitamins and minerals of different kinds, all working together, to make for sound development. We can't substitute two helpings of Vitamin A, for Vitamin C; and we can't skip calcium or potassium and just use iron exclusively to build strong bones. These elements work synergistically, facilitating and potentiating the effects of the others. They each contribute something unique and essential; and without each of them, there is usually malfunction, stunted growth or deformity. I have picked six key elements. There are probably some you may want to add to the list. Each of these elements can be broken down (because they are complex) to find important components of each to further enrich our understanding. They are again: safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis and the positive parental relationship model. They all contribute to self-acceptance which is fundamental to self-exploration. By self-acceptance I mean a non-judgemental attitude toward oneself, characterized by openness to one's experience; all of it; good and bad, negative and positive, painful and pleasurable. Sexuality is an adventure, a journey of exploration that one must be equipped psychologically to undertake. These key elements are fundamental, essential for that

journey to be positive, constructive and life-affirming. I would like to look at how each one contributes to healthy sexual development.

*Safety* – Most important for the child to develop the capacity to expand with excitement and passion, she must feel an underlying profound feeling of safety, since fear or anxiety can squelch or at least negatively transfigure the possibilities for expansive feeling and spirit. Safety also means containment, disciplined attentiveness to boundaries, a social-emotional somatic field (holding environment). Here I'm not talking about the build-up and discharge of instinctual energy, as much as the ongoing nurturant holding and accepting of an emerging passionate energetic love in which the child's life force is completely enmeshed. Keleman's (1979) concept of a somatic field is a good one to describe the parental envelope in which the child expands, emerges, expresses, is received, held and responded to with mutuality. Keleman talks of a somatic, mirroring body field, a parental envelope of safety, where the child begins to know herself in »the response of the others' somatic emotional shape«. The sense of safety is a constant and permits the child's revelations of excitement and adoration, feelings of longing and neediness, and demonstrations of upset when at times gratification is frustrated. Within the protective parental envelope, safety is defined as the freedom to express and experience expansive feeling, sexual feeling, passionate feeling, without fear of rebuke, retaliation, ridicule or rejection. The child can express herself, and the parent is there to see, acknowledge, hold, and respond with attunement to the child's capacity. This experience of safety in experience and expression is fundamental to the adult's ability for intimacy. Feeling safe to know her true feeling, to share herself through expression of her feeling, is key to the development of the capacity for intimacy.

Alexander Lowen talks about how the unsafe parent-child relationship can contribute to trauma and sexual pathology in his 1993 paper entitled »Sexuality, from Reich to the Present«.

»It becomes extremely important, therefore, to understand the child's sexual experience during this period. Because the child's sexuality is budding at this time, it evokes powerful feelings in the parents. They can become sexually excited, hostile and derogatory depending on their own sexual experiences as children. They often act out upon the child what was done to them. This situation generally forces the child to cut off or suppress its sexual feelings to avoid shame, humiliation and abuse. It will also repress the memory of these traumas to maintain some degree of sanity. But the effect of suppression is structured in the body as distortions and so can be read by an astute therapist. The split between upper and

lower half of the body, the lack of full development of the pelvis, the exaggerated heaviness in the lower part of the body, etc.« (p.7).

The relational elements are explicated by Lowen as to sexual inhibition and trauma. But what about the relational elements of healthy sexuality? Is it just benign neglect that fosters robust, passionate, joyful adult sexuality, or is it the complex nurturant process originating in the mutual love and joy of the parent-child bond? My belief is that it is the latter, and the safety in the relationship is the primary and cardinal element promoting healthy growth. That safety is experienced somatically as ground, as freedom to breathe, and to experience the breath opening the body in soft waves to sensation and feeling.

Lowen speaks eloquently and philosophically about this element of safety as it applies to adult healthy sexuality in the context of our current unsafe adult culture and its need for containment:

»Reich had forecast the sexual revolution decades before it occurred. He had also predicted that it would create a chaotic condition in the culture. We have witnessed that revolution and we have seen the chaos it produced which is the consequence of the breakdown of limits«. (p.8).

Lowen is talking here of restraint, control and grounding of impulses in the context of a healthy, loving, self-expression. He goes on to write:

»The philosophy of »anything goes« is disastrous (...) [and it has] broken down the barriers between the generations and fostered sexual abuse. I believe we therapists need to recognize the importance of containment as it applies to the sexual impulse. Sexual acting out is a self-defeating process. Intercourse where there is no deep feeling for the partner is unfulfilling. It operates, therefore, to create a seeming need for more sexual activity which must end also in unfulfillment. We all know that only when sexual activity is an integrated activity combining head, heart and genitals in the response is it a fulfilling experience. Learning to contain the impulse promotes this process of integration. Containment is an important aspect of self-possession.

Therapy aims to increase sexual feeling not only in the genitals but throughout the body. This translates into a sense of one's manhood or womanhood. It is reflected in the way an individual holds himself and moves. Holding oneself with dignity is the mark of manliness, just as moving with grace is the sign of sexuality« (p.8).

We recognize the relational elements in what Lowen is saying. Healthy sexuality has its origins in a mutuality of deep feeling (love) and protective con-



tainment. It is my thesis that this can be seen in the early dynamics of the child's relationship to her parents. The containment Lowen speaks about must be present in an early emotional and physical safety provided by the child's parents.

*Love* is the second most important element fundamental for the child's development of healthy sexuality. Healthy sexuality is not possible without the capacity for self-love. The child must be able to love herself, her body and her feeling experience, and can only do so to the extent that she receives genuine love from her parents. Love is an opening, and tender empathic surrender, of the heart to the other. Alice Miller (1981) speaks about the capability of the child to do this in her earliest years of childhood and more and more as she grows. Miller also speaks about how this loving surrender of the child can be used and abused by parents. But what if it is respected, treated with gratitude and returned, matched in its depth of attunement? The child will feel loved and will love and respect herself, and will know the power of that nurturant matrix to support her self-assertion and self-expression. This is another fundamental relational element and we can see how it would allow the child to experience her own desire and express it with expansive excitement.

Eric Fromm (1956) in *The Art of Loving* underlines the importance of self-love in the development of the ability for mature love.

»The logical fallacy in the notion that love for other and love for oneself are mutually exclusive should be stressed (...) love for and understanding of one's self, cannot be separated from respect and love and understanding for another individual. The love for my own self is inseparably connected with the love for any other being« (p. 49).

And Fromm writes of a mother's love, if just sacrificial-unselfish, that it can be a burden to the child.

»They (the children) are put under the obligation not to disappoint her; they are taught under the mask of virtue, dislike for life. If one has a chance to study the effect of a mother with genuine self-love, one can see that there is nothing more conducive to give the experience of what love, joy and happiness are than being loved by a mother who loves herself« (p. 52).

The experience of love is profound and as one matures, it can impact every aspect of life. Being able to love, to experience love in one's own body, is a great gift. It is the experience of the passion of one's own heart. The child's ability to give and receive love is often underestimated; but this capacity is

quite vulnerable to destructive forces. Yet, it can expansively soar and deepen in devotion with consistent nurturance. And we can see love in the body in the capacity for surrender, for soft tender feeling, and for bubbling joy in the presence of, or thought of, the beloved.

The third relational element is the one most interesting to me. It is the *Acceptance and Nurturance of the Life Force of the child*. For me the concept of life force includes the unique energetic thrust of each child, the temperament, tastes, talent, interests; the child's individuality; what the child is naturally attracted to or naturally avoids. When parents accept and nurture the child's individuality, they are supporting her spirit. It is a big deal for parents to find a healthy relationship to this complex element, because it guides the emergence of the child's unique personality and sexuality. A healthy acceptance and nurturance of the child in this aspect is determined by a compassionate attunement on the part of the parent and a willingness to be guided by (to trust in) the budding likes and dislikes, interests and avoidances of the child. It is around these issues that parents get into conflicts and power struggles. They see something emerging in their child, and then panic at its logical extreme. Surely a parent can provide love and much safety and containment, but fail at acceptance of and support for the child's individual preferences, tolerances and talents. Being attuned, respectful, accepting and nurturant of the life force – the spirit – can truly be a minefield of anxiety and confusion for parents.

There were numerous moments in the first 5 years of my two children's lives that my husband and I looked at each other with fear and confusion; Jon was obsessed with computer games at 3; Mica was only willing to dress in pants and a baseball cap. What did this mean? What should we do, if anything? How about Jon's capability of flooring another child in a single blow if he was angry? Or Mica's devotion to her fantasy playmate Elizabeth, from London? The confusions, questions and parental concern over these issues have stimulated the writing of thousands of parenting books and articles. Many parents think a child is being willfull when she refuses peas and will only eat french fries. Parents imagine a fat, diabetic, monstrosity – immediately, reflexively. And it's all their fault. Or if the child won't toilet train at a specific age, they imagine a fully grown person in diapers. And it's all their fault! Or if a child demands to sleep in their bed. What do we/they imagine then? And of course, whatever we do imagine, it's all our fault and we're persecuted by our fears. When is a child being willful? When and how does one set a limit for eating, sleeping, affection, play, homework? And how does a parent respect, accept and nurture the spirit of a child, the desire of the child,

the interests and the definitive dislikes? And for the purposes of this paper, what does this have to do with healthy sexuality? Everything! For this is about spirit, about joy, and about the child's internal knowledge of what feels good and what feels bad.

A parent's attunement and respect for this capacity in a child will set the foundation for a child's self-confidence, self-respect and her ability to be guided by her own intuitive sense of what fosters her well-being. It is the essence of the child's aliveness. It is the acknowledgement and respect for the child's passion. But aren't we building a narcissist here? Aren't we indulging a primitive being to run amok? Yes, this is a tricky one, but absolutely essential. Within the parental-child-family matrix, there can be the safety of containment and limit setting in the context of an absolute commitment to the acceptance and nurturance of the spirit. I have worked on all sides of this issue with children, teenagers, parents, families, parent groups and teachers. Empathy, mutual trust and negotiation are so important. It is clear to me that this attitude of attuned respect can be achieved, but it is the essence of the hard work of a relationship. You know when folks talk about marriage as a wonderful institution, but hard work? This is the hard work they are talking about – the work of relationship, of negotiation, respect and self-respect, giving and taking; and, of course, it has everything to do with healthy adult sexuality!

We can see self-respect and self-acceptance, self-confidence and spirit in the young child's grounded stance, her upright, dignified carriage, her passionate focus and clear-eyed contact, and her enthusiasm for life.

*Admiration and Adoration* are the next essential elements to building healthy sexuality. I combine them here, even though they have slightly different characteristics, because I feel that they are basically two sides of the same coin. Admiration is a perception of the goodness of something or someone. Adoration is a more deeply held loving admiration. It has elements of idealization, even awe, of the life force, of the essential energy and the full-bodied sexuality of the child. We can visualize these emotional elements in the child's idealization of her parents; and we can see the matching feeling in the gleam in her parents' eyes.

Admiration and adoration are certainly a part of healthy adult sexuality. But how are they an element in the parent-child relationship, with respect to sexuality? The expression of admiration and adoration is often a difficult aspect of the parent-child dynamic, with respect to sexuality, and can be fraught with problems of sexual acting-out, intrusion, mutual embarrass-

ment and guilt. We are aware, as therapists, that parental mismanagement of these feelings toward the child can, and often does, lead to emotional trauma. The Oedipal conflict emerges and threatens to contaminate and triangulate the child's relationship with her parents. How can this be negotiated? What does healthy admiration and adoration look like?

Virginia Wink Hilton (1987) talks about the ideal parental attitude that supports the task of healthy negotiation of the Oedipal phase of development:

If we had had the ideal situation for accomplishing this task, it would look like this:

»The opposite sexed parent is secure in his/her sexuality; his needs are satisfied and therefore he makes no demands on the child. The message is clear and unambivalent: »I affirm, accept and take pleasure in your sexuality. I am not frightened by your feeling, and I make no demand on you to meet my needs. And I am *emphatically* and *unequivocally* unavailable. Therefore you are completely safe to have and experience *your* feelings. I can wholeheartedly support your movement into the world to find the right object for your passion and your love.«

»The same sex parent, in the ideal situation, understands the projection of the threat. Sure in him/herself, (s)he sends this message: »I take pleasure in our likeness and similarity, and *delight in the power of your sexuality*. I stand behind you and support you as you confront the object of your desire, ready with understanding and empathy for the rejection and loss you will experience, and with joy and delight as you move on to find happiness and completion« (p. 79).

When a child is admired and adored by her parents, she learns that her own feelings of longing and desire are a gift of love. Parents with the capacity to take in their child's sexual excitement, love and longing, to receive it as a gift without feeling provoked, or intruded upon or overwhelmed, can contain and enjoy their child's full body expression and return feelings of admiration and adoration. These parents are not only undaunted and unafraid of their child's expression, but embrace it as healthy. These parents understand that their mature sexual feelings do not have a place in this moment of affection, but rather that the child needs from them in this moment, their ability to maintain their parental role as protective, receptive and grounded in reality. A child needs admiration and adoration from those she loves, to feel secure in her budding sexual excitement. Parents understand that to intrude on the child's process here could overwhelm, overly excite or frighten and inhibit the child, and provoke her withdrawal. Support for the child's loving, excited expression can only be given with grounded receptivity, admiration and ado-

ration, so that the child can walk away knowing that her love, her sexual excitement and her longing, is a true gift to the other. This inner security about one's sexuality as a gift to the other is not well understood, but is essential to a growing person's self-confidence and assertive expression of desire. The child learns from her parents that she is entitled to admiration and adoration; it is her birthright and that her bodily desire is her gift of love. Adult sexuality, of course, is based on the confident giving of oneself and the knowledge that this gift is received with deep gratitude. We can see that when a child knows her excitement and love is a gift, that her parents celebrate her gender, and that she is the gleam in her parent's eye, she is open, assertive and unafraid to feel and express desire.

*Pleasure Cathexis* – Cultures that value pleasure are not hard to find. But cultures that practice safe containment, love, acceptance, respect and nurturance of the life force, and value pleasure as a part of somatic health are much harder to find. Pleasure cathexis means valuing pleasure as wholesome and fundamental to physical and psychological well-being. Children will naturally seek what feels pleasurable if not interfered with or derailed. But as we grow in relationship to others, pleasure as a focus is hard to hold on to and often it is lost, deprecated, jealously stifled or ripped away. Family cultures that value pleasure as basic to the life force are rarely seen, especially by therapists.

It is important to mention the role of parents as educators in relation to pleasure and sexuality. Parents have a role to play as teachers. They teach the value of pleasure for our body and our health; they teach about bodily self-respect and self-care. They teach about the importance of sexuality for a healthy, positive life and adult relationship. They affirm sexuality in their attitude, their words and by their example. Of course in this day and age, parents must teach about safety and protection. There is much discussion and debate, and parents often err on the side of too much caution and too little positive, informative, explanatory education about the benefits of healthy sexuality.

The experience of pleasure opens our body, lets us know what is good for our body and connects us with the reality of benevolence in the universe. Without a deep-seated value of pleasure we cannot seek this for ourselves or our partner. The child learns from her parents through example and through the parents' attention and attunement to the child's bodily experience of pleasure. The parent's bodily reaction of pleasure, and grounded certainty in the goodness of the child's pleasurable experience, becomes embedded in the child's psyche and soma. With maturity, the growing person learns to calmly

follow the path of pleasure in her body; to follow what excites, what feels good, what feels relaxing, what makes her body pulsate, or flow. And a body that is grounded in the value of pleasure for life is open, flexible, and alive in all its parts.

Pleasure cathexis supports an internal focus and an ability to follow the body's path to pleasure; to explore all its aspects and possibilities. Sexuality is an adventure of pleasure, a journey of exploration and discovery. And as with all adventures, there must be the courage to explore, to seek the treasure. By valuing pleasure as basic to life experience, parents provide the fundamental belief system that supports a child's exploration of her connection to a benevolent universe, and to her unique sexuality.

The *Model Set by Parents* in their relationship to each other has a profound impact on the child's sexuality and, in particular, her eventual sexual relationship. All therapists are aware of the negative impact of failed marriages, spouse abuse, chronic parental conflict, etc., on the later relationships of their progeny. The unhealthy and traumatic dynamics of the previous generation invade and contaminate the present day relationship of husband and wife and their relationship to their children. Children learn to relate to others through their parents' relationship. Much of this trauma and pathology becomes imprinted, embedded in the unconscious and, although a young adult may vow never to repeat the mistakes of her parents, nevertheless, she often finds herself mired in similar relational traps, blind alleys, and painful conflictual entanglements. The model of healthy sexuality and healthy adult partnership can have the same imprinting, unconscious effect. A positive model can also impact on her eventual relationship and transferences to her partner and children. A child growing up within the context of a healthy parental relationship knows deep inside the goodness, the sanity, of that way of being, of living and relating. That awareness is unavailable to the child growing in the context of constant conflict or emotional pain, and can only come with tremendous effort.

Fromm (1956) writes about the art of loving and how unavailable the model of loving relationship can be.

»There are many people, for instance, (...) who have never seen a loving person, or a person with integrity, or courage or concentration (...) one has to have an image of complete, healthy human functioning – and how is one to acquire such an experience if one has not had it in one's own childhood, or later in life? While we teach knowledge, we are losing that teaching which is the most important

one for human development: the teaching which can only be given by the simple presence of a mature, loving person« (p.98).

And these words are also true for mature sexuality. A loving, respectful, positively sexual parental partnership is the somatopsychic teaching matrix that provides for, nurtures and promotes a healthy, self-possessed, sexually positive and relationally attuned human being.

If we follow Lowen's theoretical model, we can conclude that these six positive relational elements become somatically structured in the body. These elements build structures in the body that reflect healthy sexuality: grounded legs; open, flexible chest; connection and flow at the joints; full breath and sensations in the body; free, uninhibited aggressive movement toward pleasure, genital sensation and excitement; and an overall body openness to authentic feeling.

When we see armoring and splits in the body of a patient, and we move the patient toward cathartic expression, we help her to express her pain and realize her truth. But underneath the armor, or fundamental to the poor grounding and fragmentation, are missing elements that can not be recovered completely, for the time for their constructive impact is passed. If a tree is severely bent and grows that way to maturity, straightening it out cannot be done without breaking it in half; it will not lead to health. The best we can do sometimes, is to acknowledge the truth of the injury and learn ways of alleviation and compensation. Acknowledgement, alleviation and compensation are often all therapy can provide.

As Helen Resneck-Sannes says in her 2003 paper, »armor is a surface structure«. The unmet needs and the trauma that produced the armor have already happened. The positive model and nurturance was never there, never available. The only reparative possibility is in therapeutic relationship. She writes:

»Our ability to be empathic and attuned to the client is what is healing in the relationship. The current research utilizing brain imaging is finding that this somatic, empathic attunement appears to be necessary for developing attachment in infants and for any therapy process (pp. 16–17).

An empathic therapist is neither understimulating (too removed, neutral, not there) nor over-stimulating (not modulating the material) to prevent the client from flooding, disassociating or splitting off. When our clients are overcharged and over-stimulated, we need to calm and contain our own energy. The therapist needs to be attuned to such an extent that the material is within the therapeutic window (...) Our body interventions should become an invitation for the client

to explore somatically (sensate) feelings, meaning, imagistic representation, and internal object representations. We then become the mirroring, empathic, attuned other that hopefully will begin to live inside our client's body/mind and support them in being who they are – vulnerable, needy, scared, loving, hard, angry, punishing, resentful, sadistic, victim, a little child who wants to be rescued« (p. 20).

When client and therapist are exploring sexuality, these remarks are even more germane.

## Natalie

When Natalie first appeared in my office in New York City she was a 21 year old graduate student. She was attractive, with long sandy-blonde hair and a fair complexion. Her energy was lively and appealing; she had a strong, well-proportioned body and well-developed musculature. While her eyes looked somewhat frightened and sad, there was a determined effort to smile and be cheerful. When she stood in a charged position, knees soft, shoulders square, hips and shoulders aligned, gaze level, head balanced on her shoulders, she showed a strong, determined, but tense jaw and neck, strong, fairly grounded legs and feet (although this seemed more a capacity, since she didn't actually seem that in touch with her feet, at the time) and a locked, but well developed pelvis. Her upper body was also well-developed with strong, but tight shoulder muscles and fairly good lung capacity. Her voice was high, strained, somewhat nasal and tense. I assessed her body structure as predominantly rigid, with some combination of oral and masochistic features.

Natalie had grown up in an intact, well-to-do family environment. She was the first-born child of parents who were successful professionals. She described her family as supportive and loving. As we talked about her family, it was clear that Natalie was very attached to her father and he to her. Her feelings for her mother were openly more ambivalent. Natalie's father is a schizoid man, admittedly timid and fearful of life, who has worked in therapy for decades both in individual and marital counselling. He has gained much insight over the course of this therapy, including the awareness that he was raised in a deadening, frightening, horrifically contracting environment with hypercritical parents who evoked in him chronic feelings of intense judgement and intimidation. Presently at middle age his body is breaking down, to the extent that he may need multiple surgeries on cervical and lumbar vertebrae. Natalie experiences her father as sensitive and fragile; she experiences



her mother as »more passionate, life-affirming and assertive«. Natalie described some of the dynamics in the family: »Dad would get withdrawn or silent, and Mom would give up on her thing, or stew and eventually get angry.« Natalie said that her personality was more like her father's, and that she found her mother's personality intimidating and overwhelming at times.

Although she didn't tell me at first, she had come to therapy specifically to deal with sexual problems with a young man with whom she had fallen in love. Initially she complained of the problem of not being able to »French-kiss« or pet. After a while she was able to tell me that she felt little genital feeling and was unable to vaginally lubricate with sexual arousal. Natalie said she felt numb in her pelvis and with sexual excitement, she chronically felt the muscle in her left groin go into spasm, »like a charlie-horse«. As we went deeper into her difficulty with love making, she complained of anxiety, contractions in her body, feelings of repulsion at times, and an inability to let her body open to sexual feeling. She felt awkward and extremely nervous and avoidant when sexually intimate. Both she and her partner were severely inhibited. She was a virgin; he was not. She couldn't tell whether he was inhibited on his own, or whether she was inhibiting him because of her anxiety, avoidance and frozen unresponsiveness. She described her partner as sweet, sensitive and affectionate. She felt tender, loving feeling and sexual longing for him when they were apart. They had a great, »fun« relationship, always joking and kidding, physically wrestling and playful with each other. But after a short time of sexual contact, they would shut down and eventually pull away from each other. Natalie spoke about this with grounded sincerity; she was confused, didn't understand her responses, especially her body responses. She described fantasies and feelings of excitement thinking about her boyfriend or talking with him on the phone; but in person they couldn't get beyond »good pals«. She would freeze under his touch. Her neck and jaw would stiffen; her lips would clench shut, and there was a knot in her groin that would grow painful, immobilizing her pelvis. We explored the stiffening process and it revealed a noticeable vertical split in her body such that her left side was more pulled back, contracted and in spasm.

Historically, there was no childhood memory of sexual abuse of any kind. At first Natalie thought perhaps her difficult relationship with her last boyfriend was a factor. Her experience had been unpleasant. This young man was physically forceful with her and she felt humiliated by his derisive and threatening remarks. Her reactions to his sexual approach were to freeze, contract and be secretly resentful. She described being afraid, angry and guilty that there was something terribly wrong with her. As we talked about

it, (and it did seem like the most immediate and obvious cause of her negative withdrawal) it seemed that he was an arrogant and narcissistic young man. But when Natalie thought deeply about it, she sincerely felt that he was also being negatively triggered by her girlish, seductive flirtation, and then her private deep frozen withdrawal. She began to look elsewhere for the source of her problem. She sensed her fears and deep insecurities were triggered by her own feelings about her body as unattractive and deeply unsexual.

At this point Natalie's work in therapy took on new energy and commitment. She was on the trail of her lost desire and her travelling numbness and contraction. It was a path of self-discovery. She was willing to open to the process of looking at her physical and psychic reactions, to experiment and take risks in her relationship in order to reveal more about her somatopsychic process.

My approach with Natalie was to investigate the energetic contraction and splitting. Natalie was obviously an energized woman with strong defenses. We worked bioenergetically on opening her body and increasing the charge. Excitement and sexual charge would be experienced, but then shut down. Opening and releasing the neck, jaw and mouth often led to increased breathing and charge, but tightness or spasm in the pelvis or adductors. Opening the pelvic region through specific exercises often led to tightening in the neck and ankles, a shut down in breathing, or a frozen, frightened visage especially in the eyes and mouth. Natalie was amazed to follow her own body process and mental imagery. My attitude in this early phase of therapy was to be curious, exploratory. I made myself as attuned as possible (Lewis, 2003) to her energetic thrust. When she was fearful, I was soft, soothing and worked slowly with her to tease out her anxiety and what was stimulating it. When she was energetic, with more aggressive feeling, and courageous, I matched her energy with my own. When she frightened herself with her own passion, aggression or intensity and inevitably regressed, we returned to slow, small interventions and to tracking the flow and process of her feeling state. My concern was to make it as safe as possible for Natalie to reveal whatever the therapeutic process, exercises and discussion could show us.

It was important to develop a therapeutic alliance with both sides of the energetic split. There was a small, frightened little girl who needed my comfort, support and grounding; and there was a feisty, strong energetic young woman who sought the thrill of her own sexual experience. Processing these recurrent energetic splits led us to a role play in which Natalie spoke from her contractions and from her excitement. We found a little girl, stubbornly refusing to let go in her body, refusing to feel vulnerable. She didn't want to feel those feel-

ings, that energy inside her that wanted to jump on her father with loving sexual excitement. And we discovered an older teenager or young woman wanting to break free, who was angrily pushing, nudging, impatient, annoyed with the little child. As we explored these splits, they became more well-defined and the relational alliances became obvious. There was a war going on inside. The little child, about four years old, was deeply, empathically devoted to her father; to protecting him, loving him and desperately needy of his approval. She knew he loved her too, but he was a frightened, sexually repressed, inhibited man. In my office Natalie could feel her highly charged body longing to be with him, wanting to share her excitement and very high charge. But the closer she approached him, the more she knew she must shut down and approach him with a calm, tight, numb, but open-hearted, empathic demeanor; a highly charged, from the neck up, intellect. It was imperative that her body contract to be with him. She could feel her body slipping away from her as she imagined her connection to her beloved Daddy and their exclusive camaraderie and alliance with each other. This alliance was forged early between ages 3 and 5, just after her brother was born. Her father, who loved her, pulled her in; she experienced his neediness and fragility and his schizoid-oral regressed longings. Even though her father struggled to fulfill his role as a responsible parent, and despite his best conscious intentions to allow Natalie to grow and to encourage her identification with her mother, his own emotional damage compelled the pair bond between him and Natalie which would constrain and constrict her growth and development into a separate, sexually mature woman. The other side of the split, the frustrated teenager, yearning to break free, her passion hidden from awareness, was barely perceptible to Natalie. She recognized the energy of this part of her as more akin to her mother's. But like her mother, this part of her seemed intimidated by the little girl's determined commitment and devotion. The father-daughter alliance was the energetic partnership that dominated in the conflict.

Regressive work to explore these dynamics further led to a session where Natalie could see herself at her mother's breast. They were in bed and she, perhaps both of them, were in a blissful state of connection. Her body was safe, open and calm, but the pleasure she felt was intense. She could feel it all over. Her process moved to a vision of her father entering the room, and she could feel the beginnings of the need to shut down. (Was her mother also shutting down, colluding with Dad's need?) Natalie understood with extraordinary empathy that her father was jealously competitive, insecure and needy; that this was a secret that must be kept, and that she must dedicate herself to that secret and to keeping him comfortable and unafraid.

Natalie was beginning to understand her mother's experience of loss of her, and that mother and child had let go of each other. Natalie remembered the conflicts in the early years and in the later years in the context of her discovery that Dad must be protected; that he was the fragile one, the brittle one. She understood her mother's frustration, her love and passion for her, and her poignant resignation in letting her go. Was this the only resolution to the family's unconscious conflict? Natalie felt her mother's alive body in her own. She began to accept it as a positive, supportive, passionate life force. She went to her mother to tell her she loved her, to tell her she understood.

In another intense session, where she again processed the energetic split in her body, Natalie wondered at her trepidation at going to visit her father while on vacation from school. She wanted to tell him, »I love you«, but could feel the contraction in anticipation.

She had become quite excellent at tracking her body sensations by now. She began to wonder out loud how this contraction related to her contraction with her boyfriend. It seemed so much the same. In fact, the love, the excitement and the contraction all seemed to happen in her with both these men in her present life. The transference had become pretty clear, as well as her split-self relationship, the little protective girl and the passionate, frustrated young woman. In this session, we worked on her loving feeling, her open-hearted approach. But she expected disappointment, humiliation in reaction to his (father, boyfriend?) contracted response. I stood in as father in a role play. Natalie approached me, reaching out with her arms, open body, open heart, ready to say, »I love you«. I let my body stiffen as she approached. She said, »I love you, Dad«. I froze at her contact. I let my voice tone become flat, a monotone likeness of her father's. It hinted at fearfulness. The movement in me was subtle, but Natalie could feel it. It was familiar. I asked her to experience in her body the effect of my saying »I love you« as her father. Natalie was stunned. She could feel her body numbing. She could feel her heart hardening on the outside, her loving passion becoming a tiny, knotted ball inside her.

I asked Natalie to try the role play again. This time, I was the »ideal« Dad, without limitation on my ability to experience in my body my love for my daughter. She came to me; I let down. I opened my own body; my tone was responsive, heartfelt and grateful. Natalie's body responded. She was amazed at the difference in her body experience. She felt safe. She felt palpable mutual love. She felt support, nurturance and a lack of fear of her own passion and excitement. Her body didn't need to stiffen to protect, to not overwhelm or threaten the other. She could open, ground herself, breathe, stay alive in her loving experience.

I would like to share one more moment in the therapy that happened about three years into treatment. Natalie was working on her pelvic contraction. Lowen's exercises were very familiar by now. Her strategies were to stress her legs in various ways until she felt she could let go and feel the pulsating energy in her pelvis and legs. She had learned to pay attention to her neck, jaw, eyes. She had developed techniques to relax them, to keep breathing to enhance the flow. Of course, invariably something would tighten up and she had had infrequent success in letting go completely. Recently, however, she had been able to have some success in letting go of the knot in her groin. She had come to see this knot as a wall of defense, a chastity belt, a guard against penetration of her own sexual arousal. But today was different. The block did disintegrate, her eyes rolled back in her head, her neck and jaw stayed soft and her breathing was deep. It was happening and there was no stopping. She looked at me and said, »I never realized it, but the knot is not just a wall. It's a container for all my passion; all my feeling«. »Yes«, I said. »Yes«.

## Discussion

Natalie's body and psyche reflected the impact and the limitations of her social matrix. Natalie was afraid, not safe. In the therapy, transference reactions to me as an authority, as mother or as father, revealed the level of unsafe feeling. We needed to acknowledge the emotional risks Natalie was taking, and to collaborate to make a therapeutic alliance that was as safe as Natalie needed it to be in order to explore her somatopsychic process.

Natalie felt loved, but was deprived of much of the expression of that love. Due to her father's fear and withdrawal, and her mother's collusion, Natalie rarely experienced open expressions of affection. She developed body rigidities, contractions and spasms, to keep her internal experience from conscious awareness, and to contain her aggression and external expression of longing and desire. She consequently and defensively developed feelings of unattractiveness and inadequacy. Our work acknowledged both the love she did receive, and the limitations of it. We worked to allow her to risk having bodily loving sensations emerge in the therapy, and in her relationship with her boyfriend and her parents. We worked through, to a considerable extent, the historical transference blocks and the physical blocks, toward the experience and expression of loving feeling.

With respect to the third relational element, acceptance and nurturance of

the life force, Natalie had to deal with a powerful, unspoken demand coming from the parent-child relationship that her life force, especially her passion, be attenuated to meet the neurotic needs of her parents. In the transference, Natalie saw me as her mother, colluding to protect her father, inhibiting her, not fighting for her. As her transferential father, I was perceived as controlling, frightened, judgemental, constricted, and fragile. The complex transference-countertransference relationship teaches us not only about the client's feelings in the Oedipal triangle, but about the parent's as well. Working through transferential blocks can allow the eventual evolution of a healing therapeutic relationship. In my work with Natalie, attending to and processing these transferential pieces was essential to progressing to a healthy, positive, supportive and collaborative relationship. When this happens, to whatever extent it is possible, there is the possibility for the client to take from the therapist a genuine respect, acknowledgement and nurturance of her energetic spirit.

Natalie is growing to appreciate how beautiful she was as a child and is now, both inside and out. Looking back, remembering herself as a child, she opened to the vision of herself as a beautiful, energetic, optimistic, fun-loving, open little girl. She was able to see how her parents' limited ability to experience and express their admiration and adoration confused her and denied her the self-confidence and self-love she deserved to have. Natalie is still struggling to value and love herself as an adult woman, as so many of us are. But our therapeutic relationship, I hope, supports her growing awareness that she is a representative of the goddess.

Natalie's energetic blocks did not allow a full capacity to experience pleasurable sensation. Also, Natalie's belief that she was unattractive and unsexual, made pleasure more an idea than an embodiment of joy. I have taken time to teach Natalie about, and to support her exploration of, her body and her physical sexuality. We have grown more and more comfortable talking explicitly about sensation and pleasure. I have supported Natalie in developing an internal focus, especially on sensation that opens, arouses and streams through her body. She is learning to value pleasure as healthy, and to see that her adult sexual life can be an adventure.

The parental model in Natalie's case was of a strong mother who played the role of both mother and therapist to a frightened, inhibited father. While mother did confront and demand therapy for the marital relationship, she was also protective of the father's ego and colluded with his fear and resignation concerning their own sexual life. Natalie had to face the fact that her parents' modelling was inadequate, even damaging; she needed to understand, also,

the role she played, that was demanded of her. She had to grieve for lost opportunities of love, sexuality and intimacy for all concerned; for herself, her mother and her father. And she must now move on to more healthy patterns of intimacy based on our relationship and the other healthier models in her life. She must also reach out for support from an adult matrix that can respond to her sexuality with positive resonance.

Natalie's parents' sexual and energetic conflicts in their marital relationship were actually manifest in Natalie's mind-body dynamic. In the therapy, we explored, acknowledged and provided, where possible, the constructive relational elements of safety, love, acceptance and nurturance of the life force, admiration and adoration, pleasure cathexis, and positive modelling. Natalie has grown and brings to her sexual life awareness, self-compassion, energy and understanding. The door is open and she has walked through; there is no turning back. She has learned to give herself, increasingly, the safety, love and support she needs to open to life more and more each day. And she is learning to depend on her positive internalizations of me, of her mother, and of those loving aspects of her father that supported her development and individuation, to direct her search in the environment for the resonance to these internalizations, and to assertively reach for an adult attachment matrix that supports her life force.

The example of Natalie shows us the struggle of the young adult deprived of some of the necessary relational elements in the parent-child relationship. Margaret Mahler (1979) and others have taught us about bonding as an intrinsic part of the development of a separated and individuated self. She lays out a structure that combines the individual thrust of the child with the interpersonal dynamics of the parent-child relationship. The many relational elements I have delineated are essential to healthy negotiation of all stages of individuation and for the development of healthy adult sexuality. An emotionally healthy, sexually open adult incorporates these elements to provide a nurturant ground for a meaningful and profound relationship to herself and to those she loves. Harry Harlow (1958) and John Bowlby (1969) have shown in their research the negative impact that deprivation of contact and connection can have on individuation, on becoming a relational human being. Both these theorists provide research evidence that supports the conviction that deprivation of these elements – safety, love, respect, admiration, parental support and positive modelling – leads to withdrawal from life, incapacity to empathize or to interact with others, and to sexual dysfunction. Without all the healthy emotional nutrients for somatopsychic growth, an individual's potential for personal and interactive pleasure becomes severely limited. The

body contracts deeply, pervasively, turns away from life, and from the stimulation of others.

After raising two children and working three decades with children, adolescents and adults, I have come to appreciate the exquisite sensitivity of the child to the relationship she has with each parent. The child is like an interactive sponge, absorbing, reflective, incredibly responsive to all that is emotional and relational. What a remarkable difference can be seen in the impact of interpersonal abuse as opposed to interpersonal support. It is clear that the effects of early deprivation cannot be totally remedied. The client comes to us with the vulnerability and dependency comparable to a child's, with her history of trauma and deprivation; and as therapists, we are obliged to pay good attention to the healing that can come from our attuned, empathic relationship with our clients (Lewis 2003, 2004, Resneck-Sannes 2002). As therapists, our attention to the relational elements that foster healthy sexual development can deeply impact the path of recovery and the movement toward life expansiveness. For Natalie, her hard won insight that she is a container and that she contains the energy, passion and love that is a gift to herself and to others, is a victorious insight that put her in touch with the deep source of her sexuality, her sexual pleasure and her connection to goodness.

## References

- Bowlby J (1969) *Attachment and Loss*. New York: Basic Books.
- Fromm E (1956) *The Art of Loving*. New York: Harper & Row.
- Harlow H F (1958) *The Nature of Love*. *Am Psychol* 13, 673–685.
- Hilton V Wink (1987) *Working with Sexual Transference*. *Bioenergetic Analysis* 3(1) 77–88.
- Keleman S (1979) *Somatic Reality*. Berkeley: Center Press.
- Lewis R (1984) *A Psychosomatic Basis of Premature Ego Development*. In: *Energy and Character 7*
- Lewis R (2003) *The Anatomy of Empathy*. In: *Bioenergetic Analysis 2005* (15) pp 9–31; lecture at the IIBA Conference, Bahia, Brazil.
- Lewis R (2004) *Projective Identification Revisited – Listening with the Limbic System*. *Bioenergetic Analysis* 14 (1).
- Lowen A (1993) *Sexuality – From Reich to the Present*. *J Int Inst for Bioenergetic Analysis* 5(2) 3–8.
- Mahler M S (1979) *The Selected Papers of Margaret S. Mahler*. New York: Jason Aronson.
- Miller A (1981) *Prisoners of Childhood*. trans. R Ward. New York: Basic Books.
- Resneck-Sannes H (2002) *The Psychobiology of Affects: Implications for a Somatic Psychotherapy*. *Bioenergetic Analysis* 13 (1).
- Resneck-Sannes H (2003) *Bioenergetics: Past, Present and Future*. In: *Bioenergetic Analysis 2005* (15) 33–54. Keynote Address, IIBA Conference, Bahia, Brazil.
- Stern D N (1985) *The Interpersonal World of the Infant*. New York: Basic Books.



Tronick E and Cohn J (1988) Infant-mother face-to-face communicative interaction: age and gender differences in coordination and the occurrence of miscoordination. In: *Child Development* 60, 85-92.

## About the Author

Elaine Tuccillo, Ph.D., is a clinical psychologist and CBT in private practice in New York City. She is an IIBA faculty member and a faculty member of the New York Society for the Bioenergetic Analysis Psychotherapy Training Program.

Elaine Tuccillo, Ph.D.  
275 West 96th Street Apt 26 G,  
New York, N.Y., U.S.A.  
*DocETPsych @ aol.com*