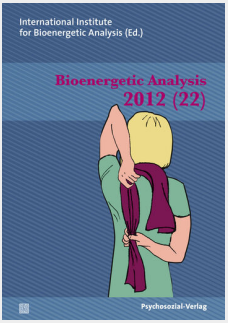
Helen Resneck-Sannes

Neuroscience, Attachment and Love



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Neuroscience, Attachment and Love

Helen Resneck-Sannes

Abstracts

English

Findings from the neuroscientific research with its emphasis on attachment are presented. The focus of this research is primarily on the body in the brain and there is little interest or discussion of what goes on below the head. This neuroscientific view of attachment is contrasted with the attachment theories of Harry Harlow and Alexander Lowen, both based on the relationship between the mother and infant's bodies. Other forms of somatic therapies are compared with bioenergetics, pointing out a few of the ideas they have borrowed from the theory and practice of bioenergetics, but have not truly understood. Finally, I present a model of psychotherapeutic change based on the therapist's responses being shaped by the early attachment needs of the client, which reflect the underpinnings of love.

Key words: neuroscience, attachment, somatic psychotherapy, touch, love

Neurowissenschaft, Bindung und Liebe (German)

Ergebnisse aus der neurowissenschaftlichen Forschung mit Fokussierung auf Bindung werden vorgestellt. Der Fokus dieser Forschung rich-

tet sich primär auf den Körper im Gehirn, mit wenig Interesse daran oder Diskussion dessen, was unterhalb des Kopfes geschieht. Diese neurowissenschaftliche Sicht von Bindung wird mit den Bindungstheorien von Harry Harlow und Alexander Lowen kontrastiert, die jeweils auf der Beziehung zwischen dem Köper der Mutter und dem des Kindes basieren. Andere Formen von somatischen Therapien werden mit der Bioenergetik verglichen. In diesem Zusammenhang wird auf einige Ideen hingewiesen, die aus der Theorie und Praxis der Bionergetischen Analyse geborgt, aber nicht wirklich verstanden sind. Abschließend wird ein Model von psychotherapeutischer Veränderung vorgestellt. Es basiert auf den Reaktionen des Therapeuten, als geformt von den frühen Bindungsbedürfnissen des Klienten, und reflektiert damit die Grundlagen von Liebe.

Schlüsselwörter: Neurowissenschaft, Bindung, Berührung, somatische Psychotherapien, Liebe

Neuroscience, Attachement et Amour (French)

Les découvertes qui sont présentées ici viennent de la recherche neuroscientifique avec l'importance qu'elle donne à l'attachement. Le "focus (centre)" de cette recherche est principalement "le corps dans le cerveau" et on y trouve peu d'intérêt ou de discussion sur ce qui se passe au-dessous de la tête. Cette vision neuroscientifique de l'attachement se trouve en contraste avec les théories de l'attachement de Harry Harlow et Alexander Lowen, toutes deux basées sur la relation entre les corps de la mère et de l'enfant. D'autres formes de thérapies somatiques sont comparées à la bioénergie, elles indiquent quelques unes des idées qu'elles ont empruntées à sa théorie et sa pratique mais elles ne les ont pas vraiment comprises. Finalement, je présente un modèle de changement psychothérapeutique basé sur les réponses du thérapeute qui seront formées par les besoins précoces d'attachement du client, qui reflète les "underpinnings" de l'amour.

Mots Clé: neuroscience, attachement, somatique psychotherapies, ecouter, amour

Neurociencia, Apego y Amor (Spanish)

Se presentan los hallazgos desde la investigación neurocientífica enfatizando el apego. El centro de esta investigación reside principalmente en el cerebro en el cuerpo y hay poco interés en discutir qué ocurre por debajo de la cabeza. Este enfoque neurocientífico del apego contrasta con las teorías del apego de Harry Harlow y Alexander Lowen ambas basadas en la relación entre los cuerpos de la madre y el bebé. Se comparan otros enfoques de terapias somáticas con la bioenergética, señalando algunas de las ideas que han tomado prestadas de la teoría y práctica del análisis bioenergético, sin comprenderlas profundamente. Finalmente, presento un modelo de cambio psicoterapéutico basado en como las respuestas del terapeuta son modeladas por las tempranas necesidades de apego del cliente, lo que refleja los apuntalamientos del amor.

Conceptos clave: neurociencia, apego, psicoterapia somática, contacto, amor

Neuroscienze, attaccamento e amore (Italian)

Vengono presentate delle scoperte che vengono dalla ricerca neuroscientifica, con particolare attenzione all'attaccamento. Il focus di questa ricerca riguarda il corpo nel cervello e c'è poco interesse o dibattito su ciò che accade al di sotto della testa. Questo punto di vista neuroscientifico sull'attaccamento è in contrasto con le teorie dell'attaccamento di Harry Harlow e di Alexander Lowen, entrambe basate sulla relazione tra i corpi delle madri e dei bambini. Altri tipi di terapie corporee sono paragonate alla bioenergetica, evidenziando alcune delle idee che hanno preso in prestito dalla teoria e dalla prassi bioenergetica senza comprenderle realmente. Infine, presento un modello di cambiamento terapeutico basato su risposte del terapeuta modellate sui bisogni primari di attaccamento dei pazienti, che riflettono i precursori dell'amore.

Parole chiave: Neuroscienze, attaccamento, psicoterapia corporea, contatto, amore

Neurociência, Apego e Amor (Portuguese)

São apresentadas descobertas da pesquisa em neurociência com ênfase no apego. O foco desta pesquisa é, primariamente, o corpo no cérebro e há pouco interesse ou discussão sobre o que acontece abaixo da cabeça. Esta visão neurocientífica do apego é comparada com as teorias do apego de Harry Harlow e Alexander Lowen, ambas baseadas na relação entre os corpos da mãe e do bebê. Outras formas de terapia somática são comparadas com a Bioenergética, enfatizando algumas idéias que elas tomaram emprestadas da teoria e prática da bioenergética, mas sem que se houvesse um verdadeiro entendimento a respeito destas.

Finalmente, apresento um modelo de mudança psicoterapêutica baseado nas respostas do terapeuta sendo formadas pelas necessidades precoces de apego do cliente, as quais refletem os fundamentos do amor.

Palavras-chave: Neurociência, apego, toque, psicoterapias somáticas, amor

Findings from the neuroscience research are discussed, primarily regarding the field of attachment, and it's emphasis on the body in the brain and I point out there is little interest or discussion of what goes on below the head. This neuroscientific view of attachment is in contrast to the attachment theories of Harry Harlow and Alexander Lowen, both based on the relationship between the mother and infant's bodies. Other forms of somatic therapies are compared with bioenergetics pointing out a few of the ideas they have borrowed from the theory and practice of bioenergetics, but have not truly understood. Finally, a model of psychotherapeutic change is presented based on the therapist's responses being shaped from the early attachment needs of the client, which reflect the underpinnings of love.

In this paper I risk being a fool by talking about love in the therapy relationship. However, I follow in the footsteps of two brave men before me, both who were renegades and creators – Al Lowen and Harry Harlow. They were very different people. Harlow was at the University of Wisconsin, Madison, when I was there, and he was a shy and retiring fellow. Most of us know that Lowen was aggressive and forceful, but both men challenged the zeitgeist of the psychological field during their times. Harlow emphasized the importance of physical contact for attachment and

love. Lowen focused on the body and it's muscular holding patterns. Both men were convinced of the importance of the mother's body for early attachment experiences, for the creation of bonding, for the development of pathology; and for Harlow, love.

After rereading the current neuroscientific research again, I was struck by several things. The first is the importance of attachment. Alan Schore has written extensively on the importance of the baby's early experience with his or her primary caretakers for building and developing the infant's right brain. He and others have focused on the caretaker's ability to downregulate and provide appropriate stimulation to the infant. They have emphasized primarily eye-to-eye gaze and the mother's voice, prosody. However, one important ingredient is ignored, that so permeates the theory of attachment in the literature of bioenergetic analysis, and that is the physical contact between the caretaker and the child, which was emphasized by both Harry Harlow and Al Lowen. It is interesting to me that the neuroscience literature is complete with findings regarding attachment and downregulation and emotional integration; face-to-face and eye-to-eye contact; but there is little mention of holding and touch in the neuroscience literature. Instead, emphasis is placed on mind-to-mind interactions, and little importance is given to what happens below the head. This is in contrast to Harry Harlow's view of mothering, as described by Deborah Blum in her article, "The Inventor of the Cloth Mother". She says:

> "In the late 1950s, … Harry F. Harlow set himself a challenge: he would build a perfect mother for the baby monkeys in his laboratory. There were, of course, some practical challenges to perfection. The mothers had to stand up to the tendency of little monkeys to chew, unscrew, and take apart all objects in their cages. Harlow and his psychology students first tried making the heads out of inexpensive pine balls. The small animals gnawed those into pulp.
>
> 'Professor Harlow,' one of the students told him worriedly. 'The baby monkeys are destroying the mothers.' Harlow, typically, was amused. He lit another in his ceaseless chain of cigarettes and deadpanned his answer: 'Children have been destroying their parents for years.'
>
> The scientists switched to hard maple billiard balls for the heads. They used bicycle reflectors for the eyes, hard plastic for the curved mouth and jug-handle ears. In photographs, Harlow's lab-designed perfect mother has a face that seems half-clown, half-insect. But then, as he would later point out, 'a face that will stop a clock won't stop a baby.' It wasn't the head, or the bug-eyed face, that was the point of the experiment anyway. It was the body that mattered.

> The body of the ideal mother, Harlow believed, would be as soft as a cushion, warm as sunlight. Under his direction, the 'cloth mother' would have a cylindrical terry cloth body padded with fluffy filling and warmed by a light bulb. He was positive, even before the study was finished, that she would prove to the world that babies need a soft touch. An irrepressible writer of verse, he serenaded the cloth mother in a 1958 speech to his fellow psychologists: 'Though mother may be short on arms/Her skin is full of warmth and charms/and mother's touch on baby's skin/endears the heart that beats within'. Perhaps, there was something absolutely essential, in what Harlow called 'contact comfort.' Perhaps, he suggested, in those early days, touch is our most effective way to convey love" (Blum, D., The Inventor of the Cloth Mother, NZZFolio, 2003 (8)).

Then, Harlow began to study the dark side of love, or what happens when monkeys are left without physical contact. Monkeys that had a wire mother did not known how to bond with others in the community. They didn't know how to play, have sex, to care for their young. Monkeys left in a cage with another monkey, and I saw this, spent their time wrapped around each other in a fierce hug, striving for contact. And then, monkeys left totally alone, fell into a deep depression and died. One of my professors, Chuck Snowden, hated the cage that held the isolated monkeys so much that he called it "the pit of despair". And shortly after Harlow left, he tore it down.

I suppose you are beginning to wonder why I am so concerned about attachment at this point, as this information has been available for quite some time. My answer is personal, and I want to share it with you. David Campbell for many years has been reminding us of it's importance, and Bob Hilton in a talk in Portugal some years ago described his attachment to Al Lowen, like being one of those ducks that early on imprint to their caregiver asking: "Are you my mommy?" I lost one of my primary attachment figures, at four years of age. Her name was Helen Bell. In a previous paper, I wrote about my unconscious body or implicit memory of my experiences with her. I described how the morning after the birth of my own infant who, I was lucky to birth at home, I began dancing to Gospel music, without any conscious memory or knowing, until many years later when my aunt told me that Helen Bell had danced with me as an infant. And, as I have said, I lost her when I was four years old. Looking back, that was not an easy year in my life, as I had my tonsils removed with ether as an anesthetic. The problem with ether is that while the brain is asleep, the body experiences the pain, and it is encoded in a different part of consciousness,

but not forgotten. I also fell off of a sliding board and was briefly unconscious, and then a month later I tripped on a step and hit my head and had to have stitches. I was not a particularly clumsy child, but was caught in some repetitive traumatic field, which we now have a clearer understanding about from the trauma literature. But what I couldn't remember, experience and grieve was the loss of Helen Bell. I was told that I was so attached to her, that once when our house caught fire, I calmly followed her out and would have gone anywhere with her. When David Campbell spoke on attachment and I told of him of my loss, he looked at me wisely, but still I really did not feel the loss. It wasn't until recently, when I read a book called, *The Help*, that I was flooded with memories of Helen Bell and was able to finally grieve and mourn my loss of her. I don't remember her eyes, although I still remember my mother's, whose eyes were a vibrant, sparkly blue green. But, I do remember the feel of Helen's breasts, the sound of her voice as she carried me, and the rich smell of her. Somehow, the book, like the birth of my daughter aroused those implicit stored memories of Helen Bell, memories of a real body, stored in my brain.

I will now tell you another story of a famous man, who suffered from early attachment loss. His story illustrates how our early attachment experiences impact our later adult choices. This is the story of Siddhartha or the Buddha. Queen Maya, Siddhartha's mother died 7 days after his birth. His father remarried and both his stepmother and father loved the young Siddhartha very much. He grew up amid the walls of the palace, living the life of the adored prince. When of age, he married a beautiful woman. It is written that he was so enraptured with her, that one day, while making love, they fell off a roof of the palace and continued without interruption. She gave birth to a son, but a few nights after his birth, Siddhartha looked at his perfect newborn son and his lovely wife, but refused to hold the infant, knowing that with that body to body bonding, he would become attached, and then be unable to leave. The story unfolds that Siddhartha left the palace, seeking enlightenment only to return many years later, realizing that Bodhisattva knowledge lies within. Knowing what we do now about mother/infant attachment and how those experiences are stored in the right brain, i.e. body memories, one wonders if Siddhartha's refusal to hold his own son and become attached was an unconscious avoidance of remembering the loss of his own mother. He looked, but he knew that once he held the infant, he would be attached and unable to leave.

We can gather from the story of Siddhartha and Harlow's research, the

importance of physical contact and touch for infant and caretaking bonding and attachment. Although the neuroscience literature directs us to the importance of body to body bonding, the focus is primarily on managing arousal.

Listen closely to the following quote from one of my favorite books, *A General Theory of Love*.

> "Psychotherapy is physiology … a somatic state of relatedness … it alters the living brain. Mammals … become attuned to one another's evocative signals and alter the structure of one another's nervous systems. Speech is a fancy neocortical skill, but therapy belongs to the older realm of the emotional mind, the limbic brain.
>
> These nonverbal communication channels are the language of the right hemisphere and literally wire up the child's early developing right hemisphere. They are the same circuits we utilize for 'rewiring' in the reparative attachment relationship called psychotherapy" (p. 168–169).

Two issues prevalent in the neuroscience literature are illustrated from the above quote. First, although the word somatic is used, it is the body in the brain, the mind that is still the focus of interest. Secondly, the neuroscience literature on attachment is focused primarily on the limbic system and the up regulation (excitation) and down regulation of the developing infant's nervous system by the caretaker. While discussing the ability of the therapist to regulate the client's nervous system, the specific developmental needs of the child at each age aren't considered. Little note is made of an ongoing process of adaptation and defensive reactions, as in the formation of character. Missing is the recurring tendency to think and feel as if we are still in the same environment in which we were born (i.e., character) and how we expect people to respond to us the same way our attachment figures treated us when we were growing up. It is as if as Bob Hilton has described, we have built a fortress to keep out the Indians from attacking us. They are gone now and we can't figure how to get out of the fortress. That fortress is our body, which operates at an unconscious level, so we aren't even aware of our assumptions. And it doesn't help that we find ourselves attracted to the same people, to whom we were attached when we were young. I do believe that as adults we become attached to one another without necessarily needing body-to-body contact, although it helps. However, infants sink into marasumus and die without physical contact. And most importantly for us as therapists, it is important to re-

member that the amount and quality of physical holding and relatedness we experienced in our infancy affects our emotional, as well as our physical development.

Since the idea of a body has now become important, other somatic psychotherapies are being developed. These other somatic modalities have taken ownership of many of the concepts of Bioenergetic Analysis (BA) without acknowledging their origin. And what is even more disconcerting, while using the language of BA, these other psychotherapies haven't truly understood some of the most important concepts of Bioenergetics and how they function, primarily those body interventions we so easily take for granted. George Downing's comments at Alexander Lowen's memorial in April, 2009, reminded me that: although we as a community have hopefully taken for granted the importance of body to mind resonance, i.e. the body/mind connection, *the other somatic schools of psychotherapy have adopted many of our techniques and ideas without understanding the literal ground on which we stand*.

Let us start with grounding. It is one of the most basic principles of bioenergetics and the word is used by so many other somatic modalities. It doesn't mean being centered or present, although these are both aspects of grounding. It doesn't mean necessarily going over into a bend over, although that is definitely helpful. I have had several clients who had previously been treated by Reichians, Radix, and Hakomi therapists, all who were excellent practitioners. Those clients, when I asked, all said that they knew how to ground. When I asked them to ground, none of them actually knew how. With the introduction of bioenergetic grounding, they sensed a change in how they handled being overwhelmed in their lives and began to feel a sense of self-possession. When one truly knows that she can stand up and feel supported by her own two feet without fear of falling backwards or forwards without bracing for the next attack, allowing the body to sink and rise with the energy of the earth. When one solidly feels held by oneself and the ground, then one truly begins to experience self-possession.

Now, if you choose, by following these simple instructions, you can have an opportunity to experience "grounding". First, stand up with your knees locked, your jaw tightly closed and stomach held in.

Look around the room at people and note quietly without speaking out loud, two words that describe how you feel. Now, stand with your legs about hip width apart. Let your mouth hang open and jaw relax. Inhale softly, bend your knees and exhale as you straighten without locking your

knees. Again, remember to allow your mouth to hang open. Your eyes are also open but with a soft focus. Repeat bending your knees as you inhale, and straightening you legs on each exhale. Do this several times, and each time you straighten, push your feet into the floor, like you are at the beach, and are trying to sink into the center of the earth. Now, look around the room and see how you feel. Use two words to describe it. This is such a simple concept, but a very complex series of events.

When you bend and straighten your legs, you are actually charging the body, but sending the charge down, rather than into your head. Such an exercise not only calms you, but it also builds the relaxing GABA fibers of the mind. Gaba Amino Buteric Acid, are thin inhibitory tracks that run from the brain centers behind your forehead, to the lower ones. These fibers reduce the chatter in your limbic brain. (Valium and other sedative-like drugs work because they activate these GABA pathways).

Let us look at some other somatic psychotherapies. Hakomi took bioenergetic character types without really understanding the developmental holding patterns in the body. Lowen meant character to be embedded in the body. Hakomi has added a very powerful method to the practice of psychotherapy, the concept of mindfulness.

This is a useful addition as people tend to get stuck in negative thought/arousal patterns. Mindfulness enables one to observe these patterns without becoming activated. However, Hakomi does not directly assess the developmental holding patterns, nor does it have the powerful somatic interventions developed in Bioenergetic Analysis.

Also, I am an advocate of Somatic Experiencing, which was developed by Peter Levine. No other theory has provided as complete analysis of the neurological and biological effects of trauma. The powerful and effective somatic interventions that have arisen from Peter Levine's extensive exploration into the origins and effects of trauma have impacted the entire field of psychology's treatment of PTSD. I also think that Family Systems Theory, Richard Schwartz and his use of what he calls, "protectors" has changed the way I now treat defensive maneuvers by the client. However, neither Somatic Experiencing nor Family Systems Theory is relational. Those mind to mind/body to body, transferential/counter-transferential interactions, which are so integral to the process of psychotherapy are ignored in these systems.

Any intervention must not only be based on the client's level of development when the trauma occurred, but also the contact (whether it involves

voice, eye gaze, or touch) must be contingently responsive**.** Contingently responsive means the contact should vary in response to the infant or client's reaction. Touch should be hard or soft, fast or slow and voice should be high or low, soft or loud, depending on whether the client or baby finds it pleasant.

A friend from graduate school, Ron Slaby and his associates carried out a remarkable study. (Roedell, & Slaby 1977). They took a group of 6-month old babies and provided them with walkers. Then they presented the babies with three different attachment figures. The first attachment figures touched the babies, rocked and patted them but weren't responsive, neither talking to nor looking at the infants. These persons were more like what we would call a disassociated caretaker or as Andre Green calls it: "the dead mother". The second attachment figures didn't touch the babies but were distally responsive in vocalization and eye gaze, i.e. looking and smiling at the infants. The behaviors of these attachment figures were contingent on the babies' responses, sustaining mutual eye contact, smiling, and breaking gaze when the infant looked away. Babies break eye contact when it feels too stimulating. The third figures neither touched nor were they distally responsive to the infants. Of course the babies chose to approach the responsive attachment figures. Touch alone is not enough. We need to provide the response that the client needs at that time. Character analysis and bodily holding patterns are guides to what happened to the client during those early interactions. If clients are touch or gaze avoidant, we can hypothesize that their caretakers weren't responding with sensitivity to their needs for soothing or excitation vis a vis eye contact or physical contact during infancy.

I am emphasizing two issues, both of which can guide the therapist toward being able to provide the best response to the client at that time. First, as therapists our interventions should be governed both by the client's reactions to us, that is contingently responsive. And secondly, bioenergetic holding patterns can guide us into making a diagnosis of the client's level of development at the time of the issue, which they are currently confronting. Such understanding enables the therapist to modify her interventions contingent upon the client's response. I will now give you an example, which emphasizes the importance of a developmental diagnosis, for understanding the client's reaction. For the purpose of this paper l call the client, Ingrid. Personal details, although interesting, are not important for the point I wish to make here. She had been working with several other somatic therapies,

i. e. Richard Schwartz, Family Systems therapy, emotional processing, and others, which had left her over-activated and highly aroused. I began to work with her slowly, trying to enable her to feel her legs and the ground. She wanted to continue with more somatic work to aid in her downregulation, so I sent her to a practitioner of Somatic Experiencing. There was an incident in which a prowler had broken into her house when she was young and fondled her, and that therapist began working with the trauma from an inescapable attack. She saw her going into a calm quiet place as a resource. What I saw (and I knew from her history) was an oral/schizoid collapse. Her shoulders slumped forward; her eyes weren't blank in shock, but not contactful. It was as if the world was devoid of soothing objects, and all she could do was give up and withdraw into a state, which the client described as a place of deep exhaustion. This is the state of the infant who goes into a collapse to self soothe, when there is no attuned caretaker. These other somatic therapies don't have the deep understanding that has been developed in the theory and practice of BA of the correlation between the first three years of life, the client's experience with her caretaker, and the body that develops. An important part of trauma work is developing a resource, a place to return again and again when the nervous system is overwhelmed. However, if one is not trained in reading different holding patterns and knowing the resources that one is capable of during different developmental stages, what may look like a resource is actually a character defense. In this situation the therapist needs to be present for the client, and aware of the deep helplessness, which is felt by the client. What the trauma therapist might label as a response to an "inescapable attack" was the result of an earlier character issue, in which withdrawal into self-soothing is Ingrid's recurring defensive response to stress, rather than only a response to the trauma of the attack. To me working with the body without being able to see and notice holding patterns is like being invited into an art gallery where one can feel the paintings, but not truly see them.

I also challenge another theorem from the trauma literature, that not much trauma still remains if the client can give a coherent narrative of his history. Fundamental to Van der Kolk and his collaborators' work is the assumption that psychological health is bound up with an individual's ability to provide a coherent temporal narrative of a traumatic experience (Van der Kolk & Van der Hart 1995; Van der Kolk 1996). One of my client's, whom I will call Frank, repeatedly describes two key events from his life, in which he didn't follow the calling of his internal voice, but instead succumbed to

his mother's desires of what she thought was best for him. He tells of these events repeatedly, without much feeling. However, as Frank is speaking, I notice his chest tightens, and his shoulders pull forward, disconnecting his arms from the rest of his body. Although he doesn't look like he is in a high state of arousal; on the contrary, he is disassociated from his body, cutting off his emotional reaction and feeling very little. I point out his body's position and have him exaggerate and release it. Once again, I have him tell me his story, and this time, Frank's anger and grief emerge regarding those decisions. As he reconnects to the emotions behind these decisions, I am able to direct his attention to how he cuts himself off from his feelings, and from using his arms to both protect himself and from reaching out to get his needs met. So, what looks like a coherent narrative is really a story, disassociated from feeling.[1]

Based on the animal literature, there is some powerful evidence that it is the bodily/emotional responses that are the important part of the therapeutic process, not the story. This recent research supports the concept that it is the emotional responses that are evoked separate from the intellectual and cognitive responses from therapy as usual, that are important for change in the therapeutic process. It has been found, more recently that even when investigators surgically eliminate all the neo-cortex areas of the brain, the area of cognitions in experimental animals, they still grow up to be seemingly normal creatures as far as their basic set of emotional energies are concerned. "What this research implies is that we can work more directly

1 Main describes securely attached parents as rated by the Adult Attachment Interview (Main 2000) as being able to revisit highly evocative terrain of their attachment histories, recalling very troubling experiences with their parents and still being able to maintain a balanced perspective. Although Frank appears to be able to do this, the only way to be clear about how Frank maps onto attachment researcher's classification of coherence would be to have them rate him in an Adult Attachment Interview. And Robert Lewis suggests that: Your description of your patient and what ensued from your intervention is internally consistent and obviously accurate – except, as I've said, I don't know if attachment researchers would describe his narrative as coherent. The proof of the coherence as a predictor of health hypothesis would seem to that the way they code the responses to the AAI questions has been consistently and powerfully predictive (70–80%) both of parenting behavior and how the offspring of these parents respond at one year to the Strange Situation test. I think a child's attachment classification also predicts the type of narrative he/she later develops as an adult. So it is hard to argue with this kind of data. What interests me is that there are probably all kinds of facial expressions, vocal timbres, gestures and things going on below the interviewees' necks that are-out of awareness-going into the AAI assessments! (Lewis, R., 2011).

with emotional feelings through body dynamics than cognitive inputs" (Panskepp, J., 2009, p. 19).

I have been talking about emotions, but in my introduction I promised I would talk about love and there hasn't even been a hint of that feeling in this paper so far. So, now I will introduce the topic by once more quoting from Harry Harlow. This is an excerpt from Harlow's speech to the American Psychological Association in 1958.

> "The apparent repression of love by modem psychologists stands in sharp contrast with the attitude taken by many famous and normal people. The word 'love' has the highest reference frequency of any word cited in Bartlett's book of *Familiar Quotations.* It would appear that this emotion has long had a vast interest and fascination for human beings, regardless of the attitude taken by psychologists; but the quotations cited, even by famous and normal people, have a mundane redundancy. These authors and authorities have stolen love from the child and infant and made it the exclusive property of the adolescent and adult."

For instance, we have the excellent paper by David Finlay on intimacy and love published post mortem in the journal, but that is about mature bonding between adults.

In contrast, Harlow goes on to say:

> "Thoughtful men, and probably all women, have speculated on the nature of love. From the developmental point of view, the general plan is quite clear: The initial love responses of the human being are those made by the infant to the mother or some mother surrogate. From this intimate attachment of the child to the mother, multiple learned and generalized affectional responses are formed" (Harlow 2000, p. 573–685).

Our adult capacity to love is formed out of our early attachment feelings to the persons who we loved and who probably loved us the most. However, these early experiences are also filled with unmet longings, traumatic encounters, abandonment, and sometimes terror. I remember lying on the mat, after my therapist had worked diligently for many sessions on opening my heart. As, I lay there crying, she asked, "Aren't you happy to be feeling your love, now?" When I entered bioenergetic analysis, I was hoping to open up to my feelings, but naively I had thought I would only experience more joy, love, and passion in my life. At the time of this therapy session, my mother was dying from a rare form of leukemia, and

I was feeling terrible grief at losing her. Also, my truth was that the people who loved me the most, my family, also had hurt me the most deeply. So, when we open ourselves and our clients to those emotions from our early attachment years, we are inviting ourselves to experience some difficult feelings. I remind us now of Winnicott's paradoxical connotation, the fear of breakdown is the fear of a breakdown that has already happened but not been suffered (Winnicott, 1963). For healing, the injury often needs to be suffered in the therapy room, within and between the client and therapist.

> "An irony of the therapeutic process (and one unpopular with patients) is that successful therapy … cannot escape reliving the emotional experiences he most wishes to rid himself of. If we could hone psychotherapy to an instrument of inconceivable precision, it would still entail instances of traumatic repetition. The only guarantee against them is an emotional distance that dooms limbic effectiveness" (Lewis,T., Amini F., and Lannon, R., 2000, p. 186).

By love in the therapy room I am not referring to the mother's love for her infant. As Frank Lachmann (1994) points out, clients are not babies or toddlers, who need us to mother them. Babies differ from pathological adults. Pathology develops in an individual who has been experiencing the world longer than the infant. The adult has many more capacities than the infant, even though the adult's body has erected defenses against experiencing the early traumas of the infant and child.

I will now give a final example from my Bioenergetic practice, which hopefully will illustrate this principle and why I bring up the notion of love in the therapy room. It also illustrates why only following a client's self report about his or her body, which is the hallmark of interventions from almost all other somatic therapies, is not enough. One of my clients, whom I will call, Tom described a "dead area" in his body, just above his navel, which I could see was an area of tension and deep holding. Departing from our more usual way of processing material, I invited him over the stool. As Tom sent his breath to the "dead area", he began to experience a great deal of early sadness and grief. In the past he was caught between his need of wanting me close and his fear of having to give up himself for the contact. I am feeling his sadness and say to him: "It is alright to feel and cry. I am here." He has enough presence to reach out and grab my hand, which he has never done before and says to me several times again and again, that my words are important. Once more, I tell him that I am here with him, that

it is ok to feel what he feels; he doesn't have to be strong. Now, I am really feeling his sadness and with tears in my eyes, I ask him to look at me and I repeat again the words: "I am here and it is okay to have your feelings." He breaks down sobbing and leans on me.

It is my physical, emotional presence, along with knowing the right words to say to my client at that moment that are so important. I know the right words, because we have worked together for over a year. Tom's father was an angry and sometimes violent drunk, who terrified my client, so much that he slept with his bedroom door locked. His mother left him at four months of age for a week's vacation. He recalled that later, when he was older, he felt he could receive her love, as long as he was a super achieving straight "A" student. The stool opens him up to his vulnerable feelings, and I know from working with him how important it is that I am there with him. In case I am not clear, I want to strongly state that it isn't the technique of the breathing stool that heals. I agree with this quote by Daniel Stern, which is echoed in the writings of Allan Schore:

> "Most of us have been dragged kicking and screaming to the realization that what really works in psychotherapy is the relationship between therapist and client. We are all devastated by this reality because we spent years and a lot of money learning a particular technique or theory, and it is very disheartening to realize that what we learned is only the vehicle or springboard to create a relationship; which is where the work happens" (Stern, D., 2008).

Knowing the body is not enough, although it helps us know where to intervene with clients and how. Although it is important to be able to read a client's early attachment issues from the holding patterns and muscular development of their body, it is not sufficient. Nor is it the cathartic emotional response from releasing the area held in a "dead spot" for this client, or an area of contraction enough. The fear of breakdown is the fear of a breakdown that has already happened but not been suffered (Winnicott, 1963). The injury needs to be suffered in the therapy room, within the client and between the client and therapist. I had to suffer the breakdown with Tom. Whether I cried or not, I had a body resonance out of my strong feelings of caring and connection to this man. That connection didn't happen immediately. It was developed after many hours of interactions, in which each of us allowed ourselves to soften into knowing the other. I can honestly say that I truly love Tom. When he was shaking and vulnerable over that stool, I wanted to gather him up in my arms and

soothe him. Instead, I resonated with his pain and gave him permission to come back to a real and earlier self, who he had so long ago left behind. Now he could have his feelings of grief for what he had lost, as there was another person to grieve with him.

Ed Tronick says that certain events are critical for pivotal changes in the dyadic consciousness of the therapist and client. I would like to add in the dyadic body/emotional/consciousness. For a session to function as a pivotal point of change, Tronick says the therapy session must contain the following elements:

1. It is marked by a sense of departure from the habitual way of proceeding in the therapy. It is a novel happening that the ongoing framework can neither account for nor encompass. It is the opposite of business as usual.
2. It is neither sustained nor fulfilled by a technical response.
3. It is not a transference interpretation.
4. It is dealing with what is happening here and now between us. The response of the therapist is both spontaneous and affective.
5. It is happening here and now and can't be verbally explicated.

I repeat that although Tronick describes it as a dyadic state of consciousness, I feel it is a dyadic state of body/emotional/consciousness. I didn't make an interpretation or explain to the client that he was crying because his mother had abandoned him unless he met her requirements of her image of him. Instead, I was there to experience with him the pain of that abandonment. I had tears in my eyes, and my heart ached for what had happened to him and he felt it. I loved him.

Working with clients week after week, sometimes meeting several times during a week is such an intimate experience, that I find that I am unable to prevent myself from caring for them. Only with a few close friends and family do I share such an intimate connection that I have with my clients. Of course the relationship is one-sided in that their story and feelings are the primary focus, but that does not prevent me from loving them. In case you might misunderstand what I am saying I want to point out that, even though I love Tom, all of my reactions aren't supportive. Out of a fear of abandonment, he had become a helpless victim in the relationship with his wife and male peers, who were taking advantage of him. My attachment to Tom opened up my heart and I was frustrated that I couldn't protect him. In fact, at one point I had sadistic feelings, because he wouldn't stand up

for himself with his wife and colleagues. Also, during our therapy sessions he was willing to blindly follow what I said, without thinking or hesitation, or checking in with what he really felt. I was frustrated so I developed a Simple Simon exercise, in which I led him into positions that he couldn't possibly follow, and that made him look foolish. I was aware at the time that he would feel humiliated. That session was also a very powerful session, and we had to work it through many times. However, I believe that it came out of feelings of attachment and love for him and was a pivotal session for change, both in the therapy and in his relationship with his wife and peers.

Therapy is such an intimate relationship. Clients come to us and eventually reveal their most hurt and vulnerable selves. I want to share this quote from the philosopher, Shopenhauer. I actually came across it in a book, authored by Irving Yalom:

> "We should treat with indulgence every human folly, failing, and vice bearing in mind that what we have before us are simply our own failings, follies, and vices. For they are just the failings of mankind to which we also belong and accordingly we all have the same failings buried within ourselves. We should not be indignant with others for these vices simply because they do not appear in us at the moment" (Yalom, I., 2005, p. 323).

I think with me, it is a little different. I love my clients because they have my vices or shortcomings. For as Rainer Maria Rilke states: "Love consists in this, that two solitudes protect and touch and greet each other." I may not have shared my clients' life experiences, but I can certainly resonate with their emotional reactions. When I do not judge their failings, I feel kinder toward my own. Their joys and sorrows open my heart to them and to myself, despite my own failings, defenses, and "dead spots". So I will end with this quote from Zora Neale Hurston, which I think summarizes much of what I have been saying. "Love makes your soul crawl out from its hiding place."

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